

Assessment of Adolescent Girls` Health and Other Problems with Special Reference to Gender Inequality in Rural Areas of District Fatehpur



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Abstract

Poor mental and physical health of rural adolescent girls is rooted in gender inequality and that whether in homes or outside, it reflects the power structures in society that relegate the status of women to be only after that of men. District Fatehpur is no exception in this regard. Discrimination against adolescent girls is putting a huge strain on the district's social and moral services and leads to heavy loss of productivity. The purpose of study is to create enabling environment to minimize gender inequality against adolescent girls in the rural areas of the district especially those facing social exclusion, promoting them to access their overall health and rights as well. For the purpose of programme-activities, the study involved five villages of Fatehpur district (Lakhpura, Ojhapur and Husainganj, Mahadevpur, Garheeb and Narayanpur) having different socio-economic characters. A number of discriminatory practices are existent in rural Fatehpur. Though, participants both liked and disliked growing up in a small rural community. The interpersonal intimacy of a rural community was seen as providing a sense of safety and belonging while taking away personal privacy and fostering prejudices. Schools and communities need to work together locally to support the plans that most rural adolescent girls would seem to naturally make: to live in a rural area to work and raise their own families in future. Besides, there is a need for health and nutrition education among rural adolescent girls and their parents. The fight against gender inequality is far from over and much remains to be done.

Key Words- Adolescence, Puberty, Gender Inequality, Gender Discrimination

Introduction-

The term adolescence has its origin in Latin word 'adolescere' implying 'to mature'. WHO has specified the adolescence period from ten to nineteen years and characterized by rapid physical growth and remarkable psychological, emotional variations. During this period, individuals gain about 50% of adult body weight and height growth with a unique pattern of sexual dimorphism. We can experience these changes the way adolescents behave, express their emotions and in the way they interact with the society. Adolescence might better be recognized as a specific phase rather than a fixed period in Individual's life. Almost 1/4th of Indian

population is adolescent and, therefore, must be dealt with cautiously. Sexual and other physical maturation that occurs during puberty results from hormonal changes. Girls experience puberty as a sequence of events, but their pubertal changes usually begin before boys of the same age. Each girl is different and may progress through these changes differently. Adolescent girls also experience menstruation, or menstrual periods.

Though gender discrimination against adolescent girls is well understood and transcends region, state, country, class, community and religion, it remains strongly pronounced in third world countries such as India owing to factors such as poverty, illiteracy, infrastructural deficit and socio-cultural norms that support gender discrimination especially against adolescent girls. Discrimination is a significant threat to the health and well-being of adolescent girls, yet it has only recently been recognized as a serious social health problem that encompasses physical, emotional, sexual, or psychological abuse committed by parents or society. Girls in India have been victims of discrimination for centuries in all the societies, regions, cultures and religious communities. According to various researches discrimination against women begins at home in adolescent age especially in the rural areas by parents, family members, relatives, neighbours and friends. Gender inequality is all pervasive.

Girls in rural areas of North India are born into a social and cultural system steeped in inequality and discrimination. They receive an unfair share of opportunities, attention and resources from the moment of their conception. In the context of Fatehpur district, the district is a caste-based society with strongly entrenched semi-feudal structures and a large rural economy. Scheduled caste constitutes over 20 per cent of the population while OBCs comprise over 50 per cent. Further, Fatehpur has a history of high crime in 1980s and viewed as an extremely unsafe district for girls. According to different surveys more than 15 per cent adolescent girls in Fatehpur district suffer major discrimination. Besides, girls in the district are also subjected to caste-related conflict and violence. Adolescent girls face restrictions in physical movement, as well as social and educational participation. Their mobility in the district is often found to be closely associated with caste and affluence of the family.

Objectives-

The main objective of this study is to understand the nature of discrimination against adolescent girls and its socio-economic dimensions. The paper aims to cover various kinds of discrimination and health issues in the private and public sphere faced by adolescent girls in Fatehpur district. The study also focuses on understanding gender inequality in its socio-economic and socio-cultural dimension that includes different kind of discrimination affecting SC, OBC, and Muslim adolescent girls in rural areas.

Hypothesis-

The following working hypothesis were formulated on the basis of previous observations and objectives of the study-

- There will be difference in social problems among adolescent girls belonging to different castes and economic status.
- There will be difference in physical problems among adolescent girls of different classes of society.
- There will be difference in health issues between adolescent girls of urban and rural areas.
- There will be difference in mobility of adolescent girls of different castes and classes of rural society.

Material and Methods-

Four villages from the northern area (Lakhpura, Ojhapur, Mahadevpur and Husainganj) and two from the southern area (Garheeba and Narayanpur) were chosen for the present study. These six villages have different socio-economic, cultural, religious, occupational and caste-based characteristics. Research started in June 2016 and completed in almost one month. A total of 254 adolescent girls were selected from the villages mentioned above. The selection was done through stratified random sampling method. In order to collect data and to test the working hypothesis following **tools** were used during field visits to each village to collect information from various stakeholders, PHCs, NGOs, and Village Heads etc.-

- Self-devised questionnaire
- Interview schedule
- Group discussion schedule

An attempt was made to cover as many perspectives of adolescent girls belonging to different social and economic groups within each village, such as dominant caste groups, vulnerable and weak caste groups, mixed caste or religious groups etc.

Results-

Various surveys indicated that crime against women in the district had been on the rise since the last two decades. The condition of girls was seen to be improving in Fatehpur district as compared to last decade. Surprisingly, adolescent girls from higher castes experienced more restrictions in terms of mobility as compared to the lower caste groups. Though, some discriminatory practices such as differential treatment towards sons and daughters, restricted mobility and decision making ability regarding their education and career, early marriages etc. were in existence. However, most girls across the villages were reportedly completing secondary education.

Findings showed that adolescent girls across the villages went on to complete their secondary education, but dropped out mainly to get married. In Lakhpura and Mahadevpur girls go to school and generally complete class 8th. However, they are not able to continue their education, owing to social pressure such as marriage etc. In Narayanpur, community-level interactions revealed that though girls did go to school, adolescent girls of lower caste were often not allowed to do so and were married between the age of 15-18 years. In Ojhapur and Garheeba, most adolescent girls are free to pursue education, but it depends on the

families` intention. In Husainganj, most of the adolescent girls are allowed to complete their schooling except for a few non-muslim girls. The condition of girls` education is, more or less, same in all the villages. In the present study it is observed that rural adolescent girls were experiencing lots of health related problems like anaemia, anxiety disorder, conduct disorder, emotional and behavioural disorder, menstrual disorder etc. The study indicates that 5% to 10% adolescent girls develop conduct disorder; more than 50% adolescent girls are anaemic; 20% to 25% rural adolescent girls suffer from menstrual disorder largely due to unhygienic conditions and anaemia; more than 30% adolescent girls suffer from emotional and behavioural disorder leading to anxiety; problems of pimples, headache, problem in eyesight, excessive sweating, throat problems are also noticed. In Narayanpur, adolescent girls show higher percentage (29.22%) of mild to moderate underweight issue. Present study population (adolescent girls of rural Fatehpur) are suffering from under nutrition which indicate serious situation according to WHO guidelines. However, for most rural adolescent girls, mental health and substance abuse problems are either unrecognized or inadequately treated.

Discussion-

Adolescence is a stage of transition and we find lots of problems at this stage especially with girls. These problems are usually related to the inception of pubescence and accompanied bodily changes, the primary and secondary sexual characteristics on one side at the same time the role of identity and the changes in the way an adolescent is treated as a grown up and sometimes as a child. Adolescence is a critical time for the health and future development of girls. There is a dearth of data on adolescent girls` health status despite the fact that their health and nutritional problems represent a heavy health burden. Experience and behaviour during these formative years can influence lifelong health at risk. To overcome this situation, girls should be aware of their food habits, dietary intake. Under nutrition affect physical growth of adolescent girls. Adolescent counselling will support more on health-related issue, menstrual problem etc. Under nutrition causes iron deficiency that causes anaemia which relates to different health hazard.

As far as mobility is concerned Muslim girls were seen to experience most restrictions in mobility as confirmed by the study. Common health and nutrition issues are the most worrying factor for adolescent girls of lower caste and class. The overall nutritional status among the rural adolescent girls was poor. Hence, more emphasis should be laid on planning and implementing nutritional programmes for adolescent girls in rural settings. The study reveals that girls have some major social problems. 70.15% girls dislike overprotecting behaviour of their parents. The result denotes that there is assertive association between physical and emotional adjustment with the respondents. It is observed that majority of respondents have adjustment problem in home. A very unsatisfactory emotional adjustment has been observed.

A well planned structured programme should be planned that can provide individual, group and family counselling and robust recreational opportunities. Each element should contribute to the transformation of adolescent girl`s troubled lives. Community service projects should be modelled that can allow these rural

adolescent girls to gain a sense of worth and significance. The Teen Challenge programme should be designed to develop a sense of personal responsibility and self-respect. We need adolescent girls who are full of hope for their future.

Conclusion-

A warm and supportive environment must welcome adolescent girls. As a society it's our duty to allow each adolescent girl to continue her education while facing the issues that prevent her from having a strong relationship with her family and the society and will limit her ability to have a productive and healthy future.

Limitation-

Definitely some remarkable limitations have been realized in the study carried out. The study is concerned with the problems of adolescent girls of six villages only. Had the larger area been covered, the result could have been satisfactorily generalised.

Suggestions-

The results drawn from the study can help for conducting further studies. A comparative study comprising rural and urban adolescent girls or adolescent boys and girls could be planned. There is also scope to conduct studies on behavioural, cognitive and professional development of adolescent girls and boys.

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Young Women Health in India: An Analysis

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Abstract

If health is defined 'as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity', it follows that existence is a necessary condition for aspiring for health. The girl child in India is increasingly under threat. In recent decades, there has been an alarming decrease in the child sex ratio (0-4 years) in the country. Access to technological advances of ultra sonography and India's relatively liberal laws on abortion has been misused to eliminate female fetuses. From 934 girls to 1000 boys in 2001 this ratio was decline as compare to 1991(958 girls to every 1000 boys in 1991), In some states in western and north western India, the Google Scholar, SAGE Journals are less than 900 girls to 1000 boys. The sex ratio is at its worst in the states of Punjab, Haryana, Himachal Pradesh and Gujarat, where severe practices of seclusion and deprivation prevail. Often in contiguous areas in these states, the ratio dips distressingly below 800 girls to every 1000 boys (RGI, MOHFW, UNFPA, 2003). Annexure I give the child sex ratio in different states and union territories of India as per the 2001 census. The Present paper analyses the Nutrition and women health in India.

Keywords: Women, Health, Nutrition.

Introduction

The health of Indian women is intrinsically linked to their stating society. Research on women's status has found that the contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. There is a strong son preference in India, as sons are expected to care for parents as they age. This son preference, along with high dowry costs for daughters, sometimes results in the mistreatment of daughters. Further, Indian women have low levels of both education and formal labor force participation. They typically have little autonomy, living under the control of first their fathers, then their husbands, and finally their sons. All of these factors exert a negative impact on the health status of Indian women. Poor health has repercussions not only for women but also their families. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. Finally, a woman's health affects the household economic well-being, as a woman in poor health will be less productive in the labor force. While women in India face many serious health concerns, this profile focuses on only five key issues: reproductive health, violence against women, nutritional status, unequal treatment of girls and boys, and HIV/AIDS. Because of the wide variation in cultures, religions, and levels of development among India's 25 states and 7 union territories, it is not surprising that women's health also varies greatly from state to state. To give a more detailed picture, data for the major states will be presented whenever possible. Health is complex and dependent on a host of factors. Are you putting yourself last? (2010). The dynamic interplay of social and environmental factors has profound and multifaceted implications on health. Women's lived experiences as gendered beings result in multiple and, significantly, interrelated health needs. But gender identities are played out from various location positions like caste and class. The multiple burdens of

‘production and reproduction’ borne from a position of disadvantage has telling consequences on women’s well-being. The present section on women’s health in India systematizes existing evidence on the topic. Different aspects of women’s health are *thematically* presented as a matter of presentation and the themes are not to be construed as mutually exclusive and water tight compartments. The conditions of women’s lives shape their health in more ways than one. The population of the world crossed 6 billion in 1999, and India’s population crossed 1 billion in 2000. In 2011, India’s population is expected to be around 1.2 billion. Some indicators on the quality of life in Asian countries, including India have improved over the years such as life expectancy, literacy and infant mortality, while others have remained static or deteriorated such as environmental sanitation and environmental degradation. (The Importance of Women’s Health, (2005))

Women’s Health in India

In India, gender-based health indicators have shown improvement over time, however, these developments are still far from optimal. In comparison to the European states, the difference in gender based indicators is enormous. For example, among cause-specific mortality rates, maternal mortality rate in India is 16.6 times, TB among the HIV positive population is 2.8 times, and age-standardized mortality rate from non-communicable diseases is 1.2 times the comparable rates in Europe. Only the incidence of cancer in India is significantly lower than in the EU (WHO, 2005).

Indian Women’s Morbidity

The health of Indian women is linked to their status in society. The society is patriarchal, and there is a strong preference for sons in India. This bias sometimes results in the mistreatment of daughters.

Further, Indian women have low levels of both education and formal labor force participation. Typically, they have little autonomy, living under the control of first their fathers, then their husbands, and finally their sons. To gain a better perspective on the health status of urban Indian women, it is important that we look at some of the selected diseases from which women frequently suffer, and compare them with the prevalence rates amongst their rural counterparts, and also compare them with men.

Diabetes, Asthma & Goiter

In cases of diabetes, asthma and goiter, urban women do worse than their rural counterparts. Also, women suffer from goiter more than men, both in rural and urban areas, by about 1.93 and 3.62 times, respectively. Moreover, urban women suffer more from asthma than their male counterparts (Sengupta & Jena, 2009).

Cancer

Though the incidence of cancer is still low in India compared to that of developed countries, incidence of breast and cervical cancer is becoming increasingly significant. According to the National Sample Survey (NSS, 2004), out of every 1000 women, 33 in urban areas and 39 in rural areas were hospitalized due to cancer. A recent survey, done by WHO, reveals that 132,082 women are diagnosed with cervical cancer every year and 74,118 die from the disease. In fact cervical cancer ranks as the most frequent cancer among women in India.

HIV/AIDS

Lack of gender-sensitive education is also leading to new infections such as HIV/AIDS and other sexually transmitted diseases. HIV prevalence in India among adults is estimated at 0.8% (4.58 million) in 2002. Out of these, women constitute 25% of the reported cases. The spread of HIV infection is not uniform across the states. Six states, Andhra Pradesh, Karnataka, Nagaland, Manipur, Maharashtra and Tamil Nadu, have been categorized as high prevalence states. Differences in power between men and

women are a major cause of the spread of HIV/AIDS among women. Pressures of migration, violence against women including trafficking and domestic violence, are manifestations of this problem, which in turn, subject women to HIV/AIDS infection risk. Lack of information and denial of access to safe practices during sex are additional reasons for the current situation (Mitra, 2009). Also, in general, Indian women have little power to negotiate the conditions of sex with their partners, both in and outside of marriage.

Malnourishment

Undernourishment among women in India is high. In the Global Hunger index calculated by IFPRI (2008), India ranks 66th among 88 ranks (higher numbers show hunger). India also scores 23.7 with an ‘alarming’ hunger incidence (Gandhi, 2009). Women’s nutritional levels are lower than men since women face discrimination right from the time of breastfeeding to their adulthood (Pandey, 2009).

Anaemia

According to estimates, 25-30% of Indian women in the reproductive age group and almost 50% in the third trimester are anaemic. One study found anaemia in over 95% of girls aged 6-14 years in Calcutta, around 67% in the Hyderabad area, 73% in the New Delhi area, and about 18% in the Madras area. This study states, “The prevalence of anaemia among women ages 15-24 years and 25-44 years follows similar patterns and levels” (Social empowerment, 2009). Anaemia increases women’s susceptibility to diseases such as tuberculosis and reduces the energy women have available for daily activities such as household

Chores and child care (see Table I for prevalence rates of anemia in urban women). In some states such as West Bengal, Orissa, Bihar, Assam and Arunachal Pradesh, between 63 and 85% of married women suffer from anemia (IIPS & ORS Macro, 2000).

Inter-state & Regional Variations in Women’s Health

There are wide variations among cultures, religions and levels of development among India’s 25 states and seven union territories. Hence, women’s health also varies greatly from state to state. India is a massive country in terms of its diversity and cultural practices. Availability and utilization of reproductive and child health services from state to state widely differ. It is essential to understand the extent of poor and non-poor disparities in urban areas across the states irrespective of their urban poverty. Son preference is very strong in states like Uttar Pradesh, Bihar and Rajasthan, which leads to larger families as couples continue to have children until they reach their desired number of sons (Singh, 2003). In the state of Haryana, the sex ratio in the 0-6 year group hit a five year low of 834 girls for 1000 boys. Moreover, families misuse and abuse new reproductive technologies to get rid of female pregnancies (Rustagi, 2006). Haryana is only one of many Indian states to grapple with the menace of female feticide. Several socio-cultural factors such as landholding patterns, inheritance norms and dowry have tilted the scales against the girl child (Times of India, 2010). Existing empirical literature on inter-state or regional patterns of gender bias shows girls to be more likely to be malnourished than boys in both northern and southern states. “The states with strong anti-female bias include rich ones (Punjab and Haryana) as well as poor (Madhya Pradesh and Uttar Pradesh), and fast-growing states Gujarat and Maharashtra) as well as growth-failures (Bihar and Uttar Pradesh)” (Sen, 2005, p. 230). The north-western parts of the country are known for highly unequal gender relations. Symptoms of this inequality include the continued practice of female seclusion, very low female labor force participation rates, a large gender gap in literacy rates, extremely restricted female property rights, a strong preference for boys in fertility decisions, neglect of female

children, and a drastic separation of married women from the natal family (Dreze & Sen, 1995).

Reproductive Health Status

The average Indian woman bears a child before she is 22-years old, and has little control over her own fertility and reproductive health. Between 1998 to 1999, only 48% of married women in the reproductive age group used any form of contraception. This figure is much lower (30%) in poorer states like Uttar Pradesh and Bihar. Abortion is the only method of contraception available for many disadvantaged women. More than 570 women die per 100,000 births, and 70% of the deaths are due to easily avoidable causes. Some estimates suggest that more than five million abortions are performed annually in India, with the large majority being illegal. As a result, abortion-related mortality is also high. According to National Family Health Survey (NFHS-3, 2005-06), almost 48% of women in India experience some kind of problem during delivery. However, only 50.2% of women giving birth went to a doctor for prenatal care, 22.85% received no prenatal care and 57.6% of women giving birth accessed no post-natal care at all. Almost 27% of urban mothers and 21.55% of rural mothers reported 'costs too much' as the reason for not delivering their child in a health facility. Maternal care has definitely improved in India since 1992-93; however, with only 76% women accessing any prenatal care and only 40.85% of births happening in a health facility, there is a long way to go (Sengupta & Jena, 2009).

Inter-state Variations in Reproductive Health

For the states of Uttar Pradesh, Rajasthan, Madhya Pradesh, Orissa and Bihar, practice of safe delivery is twice as high among urban non-poor than the poor, while the gap is comparatively smaller for the states of Maharashtra, Karnataka, Gujarat, Kerala, Tamil Nadu, Andhra Pradesh and West Bengal. Except Kerala, in every other state the urban poor are more likely than non-poor to deliver outside of a health-care facility. Substantial differences are also observed among urban poor and non-poor in case of prenatal care utilization. These differences cut across the states, irrespective of time. Among the states where deprivation level is comparatively high, the coverage of prenatal care is far from universal, particularly among the urban poor. For example, in case of Uttar Pradesh (17.0%), Bihar (18.5%), Madhya Pradesh (33.2%) and Rajasthan (41.5%) hardly one third of urban poor women have had access to prenatal care in 2005-06 (Kumar & Mohanty, 2010).

Quality of Health Services

Women's health is also harmed by the poor quality of reproductive services. "About 24.6 million couples, representing roughly 18% of all married women, want no more children but are not using contraception" . The causes of this unmet need remain poorly understood, but a qualitative study in Tamil Nadu suggests that women's lack of decision-making power in the family, women's lack of control over sexual/reproductive choices, opportunity costs involved in seeking contraception, fear of child death, and poor quality of contraceptive service, all play an important role" (Kumar and Mitra, 2004).

Health Status of Slum & Non-Slum Dwelling Indian Women

The slum dwellers experience widespread social isolation, are often illiterate and lack negotiation capacity to demand improved public services. They are particularly vulnerable to the many health risks that occur as a consequence of poor living conditions. Their indicators are much worse than urban averages and similar to or worse than those of rural populations. In a study done on a sample of 4,827 women in the age group of 15–49 years, it was found that less than half the women from the slum areas were not using

contraception. Also, discontinuation of contraception rate was higher among these women. Sterilization was the most common method of contraception (25%). The probability of prenatal care visits depended significantly on the level of health education and economic status ($p<0.05$). Also, among slum women, the proportion of deliveries by skilled attendants was low, and the percentage of home deliveries was high. The study also found that women from slum areas depended on the government India's urban poor live in cramped, low quality housing with limited sanitation and limited access to affordable and quality health care facilities for reproductive health services (Hazarika, 2010). Two small studies conducted after an eviction in 1998 found stunting, wasting, vitamin deficiencies and infectious diseases in this population (Ompad et al., 2008). These studies suggest that significant differences in reproductive health outcomes exist among women from slum versus non-slum communities in India. Efforts to achieve MDGs (Millennium Development Goals) what is MDGs? And other indexes of national or international health need to focus on the urban slum populations.

Gender-Based Violence

Gender-based violence in the form of rape, domestic violence, honor killing and trafficking takes a heavy toll on the mental and physical health of affected women. Gender-based violence is increasingly becoming a major public health concern in India, and constitutes a serious violation of basic human rights. Every 60 minutes, two women are raped in this country. What is more horrendous is that 133 elderly women were sexually assaulted last year, according to the latest report prepared by the National Crime Records Bureau (NCRB). A total of 20,737 cases of rape were reported last year registering a 7.2 per cent increase over the previous year, with Madhya Pradesh becoming the "rape capital" of the country by topping the list of such incidents (Crime in India, 2007) Delhi is the sexual-crime capital. The inefficacy of India's rape laws is viewed as one of the reasons for these crimes. A 2005 United Nations report revealed that around two-thirds of married women in India were victims of domestic violence and one incident of violence results in women losing seven working days in the country "Discrimination against girl child is so strong in the Punjab State of India that girl child aged two to four die at twice the rate of boys"(WHO (2002))

Gender -Related Educational Disparities

Gender disparities in education persist with far more girls than boys failing to complete primary school. The national literacy rate of girls over seven years is 54% against 75% for boys. In the Northern Hindi-speaking states of India, girls' literacy rates are particularly low, ranging between 33 –50%. While the enrolment rate is high in urban areas, it is conspicuously low in rural areas and amongst the slum and minority communities. The disparity is also regional with a higher literacy rate across the Southern and North-Eastern states, but very low in some of the most densely populated northern states. In Uttar Pradesh, the most populated state in India with a population of 172 million (larger than Brazil, which ranks the fourth most populated country in the world), on average, only one out of four girls is enrolled in the upper primary school. Amongst the marginalized communities in the state of Bihar, the situation is far worse where only one out of every six girls is literate. The national average shows that there are twice as many illiterate women as there are men (UNICEF, 2007).

Issues About Women's Empowerment

There is a strong relationship between women's empowerment and health. According to NFHS-3 (2005-06), only 27.1% of women in India seem to be able to make a decision about their own health care,

while 30.1% of decisions are made by husbands. While 62.2% of women decide on their own or jointly with their husbands about their health care, this seems to improve with education levels (NFHS-3, 2005-06). Only 60.3% of urban women and 41.5% of rural women are allowed to go alone to a health facility. However, the situation seems to improve with age, education and employment status, especially with employment for pay. All this indicates that there is a need for economic and educational empowerment of women in order to improve their basic access to health care (Nayak & Mahanta, 2008). Women also have reduced access to health care in terms of ability to pay. Table III shows that medical expenditure for both hospitalization and non-hospitalization is much lower for women. It also shows that rural women face more disparity (compared to urban women) in non-hospitalized treatments. Yet, urban women face more disparity in hospitalized treatments. In a study undertaken to investigate urban variations in health service access, women's visits to health services for prenatal check-ups were compared. The analysis showed that the wealthiest 20% of the population received about 25% of the actual government health spending while the poorest 20% received only 15%. (Urban Poverty, 2009) The health accessibility is affected not only by wealth but also by other socio-economic factors such as sex, race, ethnic group, language, educational level, occupation and residence. Poor women live in unhealthy environments which have serious implications for their health. Also, they need more money to spend on health care.

Access to Health Facilities

Apart from poverty, other contributing factors to poor health among the urban poor, is the low awareness and malpractice of recommended health practices. The high cost of health care and low accessibility victimizes the poor. Despite the concentration of health-care facilities in urban areas, the access of the urban poor to basic health services is hampered by several factors. The cost of travel may be prohibitive, women may not have anyone to leave young children with and/or slum dwellers may be treated shabbily or overtly discriminated against in health centres. Where free health services are not available, the cost of care may be unaffordable. Access must therefore be broadly defined to encompass its physical, social, cultural and economic dimensions. In central and northern regions of the country, health access is poorer, indicating a poor health infrastructure, poor services and low qualification of providers. The larger cities are more effective in providing a better health environment. Larger cities are less prone to rampant infections, communicable diseases like pneumonia or diarrhea. Similarly, cities from southern states of India have healthier populations, while the least healthy are from cities in central India (WHO, 2002). Due to poverty, many are unable to use health services. The poor hardly seek health-care when they are ill. The poor have to depend on loans and sale of assets—assuming they have assets—to pay for hospitalization. Cost is a greater barrier than the physical access to health providers. There is no provision in the government programs for the unorganized labour sector to access medical benefits while the organized employees often have provisions for medical benefits.

Nutrition

Nutrition is a determinant of health. A well balanced diet increases the body's resistance to infection, thus warding off a host of infections as well as helping the body fight existing infection. Depending on the nutrient in question, nutritional efficiency can manifest in an array of disorders like protein energy malnutrition, night blindness, and iodine deficiency disorders, anaemia, stunting, low Body mass Index and low birth weight. Improper nutritional intake is also responsible for diseases like coronary heart disease, hypertension, non-insulin dependent diabetes mellitus and cancer, among others. Nutritional deficiency disorders of different types are widely prevalent in the countries of south East Asia, with some pockets showing infelicity in certain types of disorders.

Iodine deficiency disorder is endemic to the Himalayan and several tribal areas and anaemia is a pervasive problem across most socio-economic groups of the country.

Maternal under nutrition plays a crucial role in influencing maternal, neonatal and child health outcomes (Mason et al., 2012). With India's commitment to Millennium Development Goal (MDG 4), actions for maternal mortality reduction has received substantial attention. New programme directions and strategies have been introduced. These include focus to increase antenatal service (ANC), institutional delivery coverage and provision of family planning services. With such intensive efforts, health services for women in India have increased substantially and the maternal mortality rate (MMR) has dropped from 301 per 100,000 live births in 2003 to 212 in 2009 (SRS Report, 2009). However, for reaching the MDG target of 109 and for reduction of stunting rates in children, interventions for improving nutritional status of women is crucial but has remained a low priority except for measures directed for reduction of anemia or policy for providing supplementary food to pregnant women under the Integrated Child Development Services (ICDS) programme of Government of India. Today, the relationship of women's nutrition with birth outcomes, and stunting rates in young children is well established and it is imperative that measures for improving nutritional situation in the country is accorded a high priority.

1. Nutrition Situation of Women in India:

National data (NFHS-1 1993, NFHS-2 1999, NFHS-3 2006, and CES, 2009) reveals that percentage of women with low body mass index (BMI) has remained almost stagnant in the last two decades despite improvement in provision of maternal health services, including institutional delivery which has increased significantly (Fig1). As per the national data (NFHS-3, 2005-06), over a third of women are reported to have low BMI and the under nutrition situation is almost stagnant since 1998-99 (NFHS-1, 1993)

As per the last national survey 13 states in the country have a higher percentage of mothers with low BMI compared to the national average of 35.6 percent (NFHS-6, 2007). A study of state-wise situation between NFHS 2 and NFHS 3 reveals that there has been a substantial decline in under nutrition in women in five states- Mizoram, Meghalaya, Manipur, West Bengal and Odisha.

Conclusion

Women's empowerment is hindered by limited autonomy in many areas that has a strong bearing on development. Their institutionalized incapacity owing to low levels of literacy, limited exposure to mass media and access to money and restricted mobility results in limited areas of competence and control (for instance, cooking). The family is the primary, if not the only locus for them. However, even in the household domain, women's participation is highly gendered. Nationally, about half the women are involved in decision making on their healthcare. Women's widespread ignorance about matters related to their health poses a serious impediment to their well-being. The NFHS-2, for example, reports that out of the total births where no antenatal care was sought during pregnancy, in 60 percent of the cases women felt it was 'not necessary'. And, at a time when AIDS is believed to have assumed pandemic proportions in the country, 60 percent of the ever married women have never heard of the disease. Women's inferior status thus has deleterious effects on their health and limits their access to healthcare. The household has been seen to be a prominent site for gender based discrimination in matters of healthcare in a number of other studies too. Marriage in India is predominantly patriarchal with the new bride relocating to her marital house after marriage. Early marriage usually follows a truncated education, disadvantaging girls in many ways. In such a setup, the new bride, already ignorant about health processes, may be in a difficult

position to seek healthcare. These illnesses that incapacitated girls from discharging their household responsibilities were treated quickly. The culture of silence prevented care seeking in problems related to sexual health. Some reproductive health problems went untreated because they were considered 'normal'. In the study by Madhiwalla, et.al, 45% of the episodes of ill health in women went untreated. In most cases it was financial incapacity that precluded women from seeking treatment. But, quite notably, in almost a quarter of the cases, women thought that the illness did not require medical attention. Treatment was also not sought for reasons like inaccessibility /inadequacy of the health facilities.

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Materialism and Compulsive buying tendencies among Adolescent consumers of India

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Abstract

Compulsive buying has become a hot issue that estimated millions of people from all over the world suffering from. The phenomenon can be seen in the daily lives of adolescents and young adults as well, as they have a constant need of fulfilling some level of social standard. This paper seeks to explore compulsive buying tendencies of adolescent consumers and also the relationship of materialistic values on compulsive buying behavior. Data was collected from 125 college and university students of Allahabad, Uttar Pradesh, India. The mean, standard deviation and variance of data collected was computed and was analysed by adopting Pearson Product Correlation using SPSS software programme to compute the correlation score. The findings of the present research acknowledge the prevalence of compulsive buying behavior among significant sample of young college going population of India. There is also a positive significant relationship between compulsive buying tendencies and materialistic values. People with higher compulsive buying tendency have higher materialistic values.

Keywords: *Compulsive buying, Materialism, adolescents*

Introduction

In the 21st century, shopping has been identified as a form of leisure activity among urban populations, with the same attitude existing in India as well. As a result of this consumer culture, especially in affluent countries, consumer spending has already exceeded disposable income. This phenomenon can be seen in the daily lives of adolescents and young adults as well, as they have a constant need of fulfilling some level of social standard with popular acts such as chilling at café and spending time at the mall with their peers. Young adults particularly adolescents college going students have been identified as the demographic that are more prone to exhibit impulsive buying in a retail environment. Thus, it becomes a hot issue that estimated millions of people from all over the world suffering from.

Compulsive buying is an uncontrollable desire to shop which results in spending large amounts of time and money on the activity. Generally a person who buys compulsively gets the urge to shop in response to negative emotions and often has problems with relationships and finances as a result of their shopping behaviour.

Exploring compulsive buying tendencies of adolescent consumers (d'Astous et al., 1990) or college students (Roberts, 1998; Mowen and Spears, 1999; Joireman et al., 2010; Palan et al. 2011) are of importance because when they begin their new career after graduation, they will make money and wealth and hence will designate the new frame of shopping behaviour. Estimating compulsive buying tendencies of college students is important because they are considered important actors in market in today and future. Further, exploring relationships between their materialistic and compulsive buying tendencies shed light on the future shopping trends. With 356 million i.e. 28 percent 10-24 year-olds, India has the world's largest youth population despite having a smaller

population than China, as per the latest UN report. Around 41 percent of India's population is below the age of 20 years.

In India there is scarce resource examining either all consumers' or college students' compulsive buying tendencies. This study is to understand their predisposition to compulsive buying behaviours and its relations with materialistic value and is proposed to fill the gap in related marketing literature in India as well as provide a valuable insight for the marketers. In this context, the present study begins by reviewing the literature of compulsive buying and materialistic values, then hypotheses are developed. After that, methodology and analyses is carried out. In the last section, the results of the analysis are discussed. Besides, the conclusion and suggestions for future research is presented.

Literature Review

Compulsive buying is medically defined as an impulse control dysfunction, a mental disorder characterized by irresistible impulses to engage in harmful or senseless behaviours (Palan et al, 2011). Marketing scholars use the term "compulsive buying" to define the behavior as "chronic, repetitive purchasing that becomes a primary response to negative events or feelings" (O'Guinn and Faber, 1989). Authors discuss compulsive buying in terms of personality traits, demographic variables, family structure and the patterns that classify buyers as compulsive and non-compulsive (Faber, O'Guinn and Krych, 1987; Faber and O'Guinn, 1988, 1989, 1992;)

Materialism is defines as an individual's practice to obtain money, status and belongings (Kasser, Ryan, Couchman and Sheldon 2004). It is a combination of principles which regards materialistic goals as a symbol of achievement where the goods are considered to be an important part of life and more goods will provide more satisfaction. Materialistic individuals consider attainment of possessions as the foremost goal of life (Richins & Dawson, 1992).

Very recent studies have found a significant relationship between materialism and compulsive buying. Dittmar (2005) demonstrated that an individual's materialistic value strongly predicts his compulsive buying behavior. Many similar researches indicate that compulsive buyers have high materialistic tendencies than non-compulsive buyers (Dittmar, Beattie and Friese, 1996; Mowen and Spears, 1999).

A study conducted by Villella et al (2011) shows a higher number of compulsive purchases made by adolescents. However, the financial dependency that adolescents have toward their parents helps them in restricting their purchases. In countries where parental or peer influence are strong, impulsive buying would tend to pose a problem as financial issues would rise up in the face of limited financial resources.

Thus it is important to study college students' materialistic values and its relations with their compulsive buying tendencies in India because materialistic tendencies are increasing among youth and college students dramatically. Possession of materialistic things is accepted as a means of self-expression, by adolescent consumers in particular. Present study aims to examine college students' materialistic tendencies and its relation with compulsive buying behaviour.

Objectives

The main objectives of the study are:

1. To examine the compulsive buying behavior among adolescent consumers of India
2. To study the factors that lead to materialism and compulsive buying among adolescents.
3. To study the relationship between materialism and compulsive buying among adolescents

Hypotheses

H1: There is significant relationship between adolescent consumer's, materialistic values and compulsive buying tendencies.

Methodology

Research Objective

In this research, examining the presence of significant relationships between materialistic values with compulsive buying is aimed. A survey is conducted to test the hypotheses.

Measures

Material Value Scale (MVS): The 9-item short version form of Material Values Scale (MVS; Richins 2004) was used in the current study to assess participants' level of materialism. Participants had to answer how much they agree or disagree with the statements on a five-point Likert scales which ranged from 1 as "strongly disagree" to 5 as "strongly agree". Original scoring provides scores on three factors of materialism: Success, Centrality and Happiness. The scale included three items to tap each of three factors.

Compulsive Buying Scale (CBS): The three dimension compulsive buying scale developed by Valence et.al 1988 was used to screen for problem of compulsive buying within genereal adolescent population. The three dimensions included tendency to spend, reactive aspect and post purchase guilt. The five point likert scale (never –very often) was adopted to answer the questions by the participants. The participants were required to rate on statements such as 'If I have money, I have to spend it', ' I buy things that I can't afford', 'buying things makes me feel better' etc.

Sample and Data Collection

Surveys were distributed to university and college students, using a convenience sampling technique. The final sample comprised of 125 college and university students of Allahabad, Uttar Pradesh, India.

Analyses and Results

Statistical Analysis

Descriptive statistics indicate that 58.4% of the sample group were female, while 41.6% of them were male. When their monthly expenses were looked at, 32.4% of the participants had expenses between Rupees 1000-2000 monthly and 67.6% of them had less than Rupees 1000 monthly. The questionnaire contained an item which asks whether to be a member of a consumption society makes respondent happy. The mean of this item is 2.93 which states that participants do not concern feeling happy or not with the consumer culture. No significant relation between gender and being happy to be a member of consumption society exists, while there's significant relation between

different expenses groups. Namely, higher-expense groups feel happier with the consumption culture than lower-expense groups.

The prevalence of compulsive buying in the sample group of respondents considered was arrived at 6.3%. Similarly on the basis of responses of sample group, the following information was obtained for materialism:

Descriptive statistics of Material Values Scale (MVS) for the sample of respondents

MVS items (H, S, C) ^a	N	Mean (SD)
1. My life would be better if I own certain things I don't have. (H)	125	3.6 (1.29)
2. The things I own say a lot about how well I'm doing. (S)	125	3.5 (1.28)
3. I'd be happier if I could afford to buy more things. (H)	125	3.5 (1.34)
4. It bothers me that I can't afford to buy things I'd like. (H)	125	3.1 (1.30)
5. Buying things gives me a lot of pleasure. (C)	125	3.1 (1.34)
6. I admire people who own expensive homes, cars, clothes. (S)	125	2.4 (1.19)
7. I like to own things that impress people. (S)	125	2.0 (1.12)
8. I like a lot of luxury in my life. (C)	125	2.1 (1.15)
9. I try to keep my life simple, as far as possessions are concerned. (C) ^b	125	1.6 (0.94)

The possession of expensive and luxury materials makes happy dimension most affect the materialistic values according to the findings of the present research. Previous literature indicated that people do not value “possession of a material to feel happy” as a crucial dimension of materialistic values, however this research's finding show that students in India give importance to acquire an expensive and luxury materials to be happy as a sign of materialism, although they do believe that possession of expensive things means success is not an important indicator of materialistic values. It means that the more they acquire luxury things, the happier they become according to the participants' answers. When this was associated with compulsive buying tendencies, participants with higher compulsive buying tendency was more disposed to having luxury and expensive materials as a means of happiness.

In the light of the literature, it is expected that people with higher compulsive buying tendency would have higher materialistic values which means existing a positive significant relationship between materialistic values with compulsive buying tendency. Findings of the present research acknowledge that there is a positive significant relationship between compulsive buying tendency with materialistic values. People with higher compulsive buying tendency have higher materialistic values.

The data collected from this study was analysed by adopting Pearson Product Correlation using SPSS software programme to compute the correlation score.

Below are the Mean, Standard Deviation and Variance for each instrument of this study.

Table 1. Scale statistics of all variables

Variables	Mean (M)	Std. Deviation (SD)	Variance
Materialism	60.27	6.963	48.490
Compulsive Buying	39.94	7.793	60.727
Behaviors			

Table 3. Correlation result between materialism and Compulsive buying

Pearson Correlation	+.357
Sig (2 tailed)	.001
N	125

As shown, there is a significant relationship between materialism and compulsive buying behaviors ($p<0.01$) which proved that the hypothesis is of this study is indeed correct and is accepted with 99% confidence. In this table, we can also see the positive sign next to the correlation result of this study with Person Correlation coefficients of ($r= +.357$, $p<0.01$). This implies that materialism and compulsive buying behavior is positively correlated. Results of this study are consistent and supported by the previous literature review which states the difficulty of controlling compulsive buying behavior when the individuals are materialistic.

Conclusion and Suggestions

The study confirms the intuition that more materialistic young adults are more likely to be involved in compulsive buying than are less materialistic young adults. The results were similar with the previous literature conducted in the western culture, indicating that also applies in a modern Indian society. The study reveals the prevalence of compulsive buying behavior among significant sample of young college going population of India. Further materialistic tendencies plays a major role in compulsive buying.

The study highlights the importance of understanding young adults' materialistic attitudes and consumption decisions and provides key knowledge for researchers, policymakers, and managers of leading brands. The findings highlight certain aspects of India's adolescent population. Firstly, some participants with higher compulsive buying tendency concern possession of expensive and luxury things to feel happy rather than take a pleasure. It is necessary that college students are told that to be happy in not just about possession of luxury items, but there are other values in life which is an intrinsic part of Indian culture and which must be given due attention. Secondly the findings reveal the influence of various social groups such as family, friends, celebrities etc. who actively propagate the idea of materialism which is turning out to be detrimental to the interests of the young population.

Thirdly there is lack of attention to the problem of compulsive buying behavior in among adolescents which calls for further study and researches in this sphere. Further studies need to be conducted with different samples of consumers in order to find out antecedents and consequences of this issue as well as relationships with various variables. In additions, it may present a valuable insight to study affects of development level differences on compulsive buying behavior as the subject, though investigated in detail in developed countries, has not been a matter of much issue in developing countries, so findings acquired from a developing country may be fruitful to make significant comparisons. Finally it is hoped that findings of the study provide useful understanding about compulsive buying behavior in India to all interested parties.

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Rural and Urban Adolescents` Issues in Kanpur (Nagar) and Kanpur (Dehat) Districts with Special Reference to Health: A Comparative Study



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Abstract-

Adolescents form the future generation of the nation. Their social, economical, educational, psychological, nutritional and other health related needs are critical for the well being of the society. Most significantly, investing in ensuring their overall health will have both short-term and long-term benefits of economic and social significance. Though, health is not the single issue for rural and urban adolescents dealing with various seemingly different issues. The importance of listening and understanding the unique concerns of adolescents in each rural and urban community is emphasized. Hence, this study was carried out with the aim to determine social, educational, and nutritional and health related status of adolescents in Kanpur (Dehat) and Kanpur (Nagar) districts of Uttar Pradesh. Stratified random sampling technique was used for sampling. The study population was divided into two strata-rural and urban and further into two sub-strata based on their gender i.e. adolescent boy or girl in each stratum. A total of 312 adolescents of different age groups from 12-19 years were randomly selected. They were provided the questionnaire that measures social and recreational activities, health and physical growth, nutritional aspect, sexual inclination and marriage, economic and living conditions etc. to see the difference in problem areas among adolescents along with the influence of gender. Gender-wise comparison revealed that male adolescents had more problems in economic and living conditions, employment etc. than female adolescents. However, adolescent girls face more problems in social and recreational activities. Adolescents in rural areas of Kanpur had higher problems in health related issues in particular and other issues in general.

Key words-

Adolescent, Health issues, Nutritional status, Psychological issues, Rural, Urban

Introduction-

During the phase of development adolescents start transition from childhood to adulthood. Issues of identity, independence, social mobility, career opportunity, sexuality etc. define this critical stage of life. Besides, several psychological disorders such as mood swing, suicidal tendency are also noticed.

The problems facing adolescents are many faceted. Economic instability and increasing poverty have characterized rural Indian populations in recent history. The deteriorating rural economic climate is particularly critical in Kanpur (Dehat) district. In the last two-three decades the most villages of the district lost population, unemployment rates of the rural areas were almost double the rates of Kanpur (Nagar) areas, the rate of employment growth in all rural areas declined. In recent years, there has been an out migration from rural areas to urban areas among young adults beginning their productive work. Fewer farm adolescents are choosing to stay on the family farm. There is evidence that rural youth who remain in the community generally have a diminished orientation toward success. Condition of urban adolescents is slightly different, though they have their own problems as well. Adolescents constituted almost twenty per cent of the districts in 2016. Apparently, adolescents have different health and other issues from those of adults and rural adolescents have different health and other issues from those of urban adolescents. The utilization of available health care services by adolescents and awareness regarding various health issues in the urban and rural areas of Kanpur (Nagar) and Kanpur (Dehat) districts. Practices of public sector health care providers were also scrutinized.

Objectives-

- To analyze comparatively health issues faced by rural and urban adolescents of Kanpur (Dehat) and Kanpur (Nagar) districts.
- To study comparatively and identify social problems faced by rural and urban adolescents.
- To study and identify emotional problems of rural and urban adolescents.
- To make a comparative study of physical problems between rural and urban adolescents.
- To analyze comparatively financial condition and employment opportunity of rural and urban adolescents.

Hypothesis-

- In consistency with the framed objectives the following hypotheses have been drawn-
- There will be difference in health related problems among rural and urban adolescents.
- There will be difference in social and recreational activities.
- There will be difference in living and economic conditions among adolescents of rural and urban areas.
- There will be difference in psychological disorders due to varied living conditions.
- There will be difference in curriculum and teaching procedures for adolescents of rural and urban areas.

Material and Methods-

Three villages from the eastern areas of Kanpur (Dehat) district (Chakchalpur, Mohammadpur and Chhateni) and two from the western area

(Hardua and Kalla) were selected for surveying problems of rural adolescents. Similarly, Nawabganj from the northern Kanpur and Kidwainagar from the southern Kanpur were selected for the current study. These villages and urban areas have different socio-economic and occupational characteristics. Research was carried out over a period of one and half month in May and June 2017. Questionnaire (as the primary tool), interviews, group discussion etc. were the main tools during field visits to collect information from various stakeholders, teachers, parents, NGOs etc. However, questionnaire prepared for the purpose was the chief tool. This questionnaire covers wide areas of adolescents' problems such as: health and nutrition; finance, living conditions and employment; consumption of alcohol and other intoxicating substances; social and recreational activities; sexual activities and marriage etc.

An attempt was made to cover as many perspectives of both urban rural adolescents belonging to different social and economic groups within each village or the urban area, such as dominant caste groups, vulnerable and weak caste groups, mixed caste groups etc.

Results-

In all the areas of problem questionnaire significant differences were noticed among adolescents in urban and rural areas. In areas of health and nutrition, living conditions, study and social activities, sexual activities and marriage, curriculum and teaching procedures and in total problems adolescents from rural areas had significantly higher problems than urban areas. Several health issues were common to adolescents of Hardua, Kalla, Chakchalpur and Chhateni. Even a number of common health concerns were found among rural adolescents and those of Nawabganj and Kidwainagar: use of tobacco, diet and body shape, anaemia, stress and depression. Depression was a major issue raised by male adolescents of Nawabganj, Mohammadpur and Hardua. In Kalla, Hardua and Chhateni limited choice of health professionals was noticed. Of the limited number of medical professionals fewer were female. Female doctors were preferred by adolescent girls particularly in rural areas.

Nutritional status that reflects the state of health is influenced by environmental and dietary factors. In the present study, the overall nutritional status among the rural adolescents was poor than that of the urban adolescents, for both the sexes that suggests that there is a need for nutrition education among rural population and more stress should be laid on planning and implementing nutritional programmes for adolescents in rural settings.

Male and female adolescents differed significantly in most of the problems. In areas like living and economic conditions; employment; personal psychological relations; educational, social and recreational activities and in total male adolescents had significantly higher problems than female adolescents. The interaction effect between area and gender for social and recreational activities were found significant. The chief findings of the study are rural adolescents were found to have higher levels of problems in all the areas mentioned above. Gender-wise comparison revealed that males had more problems in employment, living condition and finance. In Hardua adolescent boys generally drop the school after

class 8th for getting engaged in some sort of employment. Chakchalpur and Chhateni seem to be better in drop out issue but concern for employment is apparent among adolescents. Adolescents were keenly aware of limited employment opportunities. They recognised that they would have to leave town if they were to pursue educational and employment opportunities. However, that concern was less noticeable in Kidwainagar and Nawabganj. In Kalla and Mohammadpur study of social and recreational activities of adolescent girls seemed subdued in comparison to their male counterparts. Urban adolescents were found more socially active than the rural adolescents. Nevertheless, even in Kidwainagar and Nawabganj adolescent girls get lesser opportunities of social and recreational activities.

Discussion-

Adolescence is considered to be the very special period of human life cycle. It is that phase of human development during which adolescents move from childhood to adulthood- mentally, emotionally, physically and socially. It is a period of quick growth that is significant for the impact on the overall growth of one's personality. This adolescence stage is extremely important from the point of view of the physical growth. With the onset of puberty, physio-chemical transitions and hormonal changes cause rapid physical variations in adolescents. Consequently, there is remarkable increase of height, weight and other muscular development takes place.

Adolescence is also a period of social development. Adolescents get sensitive to public praise and criticism. They become highly conscious socially. They get self-assertive and want recognition for themselves. It is a stage of fancy and emotional instability. The paper describes differences in health risk among adolescents attending rural and urban areas in Kanpur (Nagar) and Kanpur (Dehat) districts. Variations in health risks regarding consumption of alcohol, tobacco, eating habits, and sexual activities were analyzed. A consistent pattern emerged from the going through the data; rural adolescents have been at most risk. The chief findings reinforce the requirement of focussing on the relationship between residences and health related risks, so that intervention programmes specific to the requirements of rural and urban adolescents can be developed

Conclusion-

There are some common health related problems among adolescents of Kanpur (Dehat) and Kanpur (Nagar). It has also been observed that there is significant difference of social, economical, educational condition among rural and urban adolescents. Awareness regarding various health issues like anaemia etc. was low among male adolescents as compared to the female especially in rural areas. School based health promotion programmes should be carried out to increase awareness among adolescents. Health facilities should be strengthened to provide adolescent friendly health services to enhance utilisation.

Limitation-

There have been some limitations remained in the present study. The area covered for the study was only from two districts of Uttar Pradesh. The result would have fairly been generalised if more number of districts had been used.

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POSITIVE EFFECTS OF YOGA ON MENTAL HEALTH

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UNDER THE GUIDANCE OF **DR. NEENA GUPTA &
MS. AKANSHA SINGH

ABSTRACT- Man's life have became a never ending race against time, technology and targets. This race leads to tension which further causes **dissatisfaction** and **frustration** and eventually manifest itself as **psychological** and **physiological stress** with **mental** and **emotional drain**. This review article aims to control mental illness from being the part of today's community . It deals to eliminate the root cause of the global burden of **non-communicable disease** to mental and behavioural disorder that is 28% irrespective of the age. (Prince *et al.* 2007).

- (KEY WORDS: yoga, asana, mental health, non- communicable diseases).

INTRODUCTION

YOGA is been emerged from a Sanskrit word meaning “to joint” i.e. joining mind and body. The origin of yoga has been speculated to date back to pre-Vedic Indian traditions, likely to develop around the sixth and fifth centuries. On Dec 1st, 2016 YOGA was listed by UNESCO as an intangible cultural heritage. Today's fast-growing lifestyle it is important to realize the major health concern emerging nowadays, that is mental health. According to a WHO - survey **1 million people** died due to suicide per year and it is the 3rd leading cause of death among the adolescent. The eight limbed path of yoga included **YAMA** (moral codes) , **NIYAMA** (self – discipline) , **ASANA** (postures) , **PRANAYAM** (breath practices promoting life force) , **PRATYAHAR** (sensory transcendence) , **DHARANA** (concentration) , **DHYANA** (meditation) , **SAMADHI** (state of bliss) . Yoga's greatest aim is to create compassion within and a deep sense of unity and one ness with all forms of life yoga is an individual activity that has social implications those who regularly participate in yoga typically interact with the world in calm and more responsible ways. More positive social interaction and relationships are one of the ripple effects of individual yoga practice . Accessible and complimentary yoga classes offer low income people the opportunity to experience the benefits of inner peace and healthier body. When practices such as yoga are accessible to all larger effects are possible without over stating the impacts , potential consequences of large scale population mental well – being initiatives such as this are less violence in society , less addiction , greater ability to authentic with one and another.

OBJECTIVE- To determine the effects of yoga in curing mental health.

JUSTIFICATION – yoga is a combination of stretching , gentle activity, breathing, and mindfulness having special benefits and is especially helpful because of its gentle, calming and fluid nature. Asana practice helps counteract anxiety – driven depression because it reduces stress hormone like cortisol and adrenaline. The postures and deep breathing are known to help and improve the physical and mindfulness and they both have been shown to help people with mental illness. Twenty minutes of hatha yoga improves brain function (speed and accuracy of mental processing) to a greater activity than 20 minutes of aerobic exercise (jogging).Potential mechanism including enhanced self-awareness and reduced stress .Yoga helps in improving mental health, including psychiatric disorders i.e depression , anxiety , attention deficit hyperactivity disorder

(ADHD) , (PTSD) post-traumatic stress disorder . some of the study also suggest yoga can have a similar effect to anti-depressants and psychotherapy .



RICK CUMMINGS

ADHO MUKHA ASAN

VIRABHADRASANA 2

Extend your fingertips →
to the sky & push
palms together





ADHO MUKHA VIRASANA

METHOD - Focuses on published research articles 'yoga and mental health'

RESULTS- It was found that yoga improved energy 84.5 %, happiness 86.5 % , social relationships 67.0 % , sleep 68.5 % and weight reduction 57.3 % but beliefs did not differ substantially according to race or gender.

Among the yoga practitioners, 66.1 % were aware of scientific research on yoga 57.6%, associated yoga with scientific research. 45.0 % had no intention of starting to practice yoga. The data is been acquired by Mumbai university to Graduate students aged (26 years male & female).

CONCLUSION

The practice of yoga shows promise for promoting better population mental health. It is acceptable , accessible , cost – effective and encourage self – reliance .Yoga is known to improve the level of **serotonin** which is a mood elevator it is also known to reduce stress hormone like **cortisol** and **adrenaline** secretion in the body which further provides relief from mental illness. The mechanism that make yoga seemingly more effective is health promotion , disease prevention , treatment , rehabilitation and intervention are not entirely understood , various researchers hypothesised that yoga works through positively affecting the nervous system cardiovascular system and gene expression .

Stimulation of the **vagal nerve** results in increased **parasympathetic activity** of the autonomic nervous system and also increases GABA (a neurotransmitter) activity in the brain , studies comparing gene expression in long term practitioners in yoga with controls suggest that yoga positively affect gene expression profiles in immune cells. **CUNNINGHAM** said – YOGA also helps in lowering blood pressure, increasing lung capacity, improving respiratory function and heart rate. It also improves your overall well-being while offering strength-building benefits. Hence, the only way towards the healthy mind is through a healthy practice of yoga.

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YOGA - A POTENTIAL TOOL FOR CHILDREN AND YOUNG PEOPLE'S TO DEAL WITH STRESS

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Abstract

Objective: The objective of present study was yoga as a potential tool for children to deal with stress. Yoga is a procedure to control and advance the psyche and figure to increase great health, adjust of psyche and self acknowledgement. It is about creating balance, strength, flexibility and relaxation in the body through a series of postures, movements and breathing patterns. Yoga provides training of mind and body to bring emotional balance too. The asanas may increase patient's physical flexibility, coordination, and strength, while the breathing practices and meditation may calm and focus the mind to develop greater awareness and diminish anxiety, and thus result in higher quality of life. In addition to these if we practice yoga in appropriate way it boosts our immunity, Regulates our adrenal glands, Makes us happier, Founds a healthy lifestyle, Helps us focus, Relaxes our system, Improves our balance, Helps us sleep deeper, Prevents IBS and other digestive problems etc. First, in today's world we address that how children and young people face numerous expectations and constant stimulation through the Internet and other media and communication technologies. One reason why children experience stress and mental health challenges is that globalization exposes the youth all over the world to various new demands, standards, and options. There is also increased pressure to succeed in school, partly due to increased competition but also a diverse range of options available for young people in contemporary times than in the past. **Conclusion:** This article claims that yoga can be a precious tool for children. "If you follow yoga every day with firmness, you will be able to face the disorder of life with stability and maturity" The trade activity has familiar with the importance of yoga globally.

Keywords: Mental health, Well-being, Yoga.

Introduction

Globalization exposes children and young people all over the world to various new standards and options. Now children not only have new resources in their lives, but are also expected to perform well. Different institutions in children and adolescents' lives, such as family, school, and the media, constantly provide stimulation as well as expectations. This exposure to new expectations and demands has the potential to create stress in young people's lives, especially related to evaluation of their performances. The impact of technology on our social, mental, physical and environmental health can be devastating. Listed below is a few such health concerns that you need to look out for and be aware of if you too are victims of technological dependence. Technological advances have ameliorated our lives but we are becoming too dependent on it with each passing day. Our love affair with new-age developments is leading to health concerns.

We have observed that children are quite good at hiding their distress and emotional stress from their parents, since they do not want their parents to worry on their account. They desire to please their parents by their "appropriate" and "socially right" behaviors. Children dislike upsetting their parents and being the reason for adding to existing parental stress. According to a constructivist approach, children actively participate in their own development process. Moreover, children and young people

interact with everyday life situations with world views that could be different from those of adults. In line with this theory, we believe that children function as an agency for their own well-being and have the evolving capacity to be partners of wellness with their families, friends, and society. However, children depend on the environment set by society to facilitate their potential for development. This article discusses yoga as a potential tool for the youth to deal with stress and to regulate themselves. Yoga provides training of mind and body to bring emotional balance. It is claimed that yoga leads to alignment and harmony. A recent thesis suggests that yoga is a tool to listen to your heart. We argue that children and young people need such aid to listen inward, to their bodies, feelings, and ideas. Thus, yoga may contribute to healthy development and good mental health; health promotion for children needs to include improvement of their attention, self-esteem, empowerment, and self-regulation. We believe that children and adolescents need to develop based on their unique personalities, and to interpret and achieve the balance between their own strengths and societal expectations. Yoga may assist them in developing in sound ways, to strengthen themselves, and be contributing social beings.

Objective

The objective of present study was yoga as a potential tool for children to deal with stress. Yoga is a procedure to control and advance the psyche and figure to increase great health, adjust of psyche and self acknowledgement. It is about creating balance, strength, flexibility and relaxation in the body through a series of postures, movements and breathing patterns. Yoga provides training of mind and body to bring emotional balance too. The asanas may increase patient's physical flexibility, coordination, and strength, while the breathing practices and meditation may calm and focus the mind to develop greater awareness and diminish anxiety, and thus result in higher quality of life. In addition to these if we practice yoga in appropriate way it boosts our immunity, Regulates our adrenal glands, Makes us happier, Founds a healthy lifestyle, Helps us focus, Relaxes our system, Improves our balance, Helps us sleep deeper, Prevents IBS and other digestive problems etc. First, in today's world we address that how children and young people face numerous expectations and constant stimulation through the Internet and other media and communication technologies. One reason why children experience stress and mental health challenges is that globalization exposes the youth all over the world to various new demands, standards, and options. There is also increased pressure to succeed in school, partly due to increased competition but also a diverse range of options available for young people in contemporary times than in the past.

Mental Health

Mental health is a level of psychological well-being, or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment. From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to the World Health Organization (WHO), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others. The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined

Well-Being

Well-being, welfare or wellness is a general term for the condition of an individual or group, for example their social, economic, psychological, spiritual or medical state; a high level of well-being means in some sense the individual or group's condition is positive, while low well-being is associated with negative happenings. In philosophy, the term 'well-being' (and 'welfare', 'utility', etc.) refers to the manner in which an individual's life manifests desires, objectives, and needs—among myriad more diverse variables and how these affect the individual's perspective. Philosophers, such as Fred Feldman and Brad Hooker, have suggested we should think of well-being in terms of a parent's expectations for a child (aka 'crib test'). Philosophical study of well-being identifies a number of different kinds of theory, such as: hedonism, desire-fulfillment theory, objective-list theory, perfectionism, and some 'mixed' or 'hybrid' views of well-being. Well-being features in normative ethical theories, most notably utilitarianism; one need not be a utilitarian, or a consequentiality, more generally, to think that well-being is a moral matter. Any plausible ethical theory will give at least some role to well-being.

Yoga and Psychological Well-Being

By now, it's no secret that the regular practice of yoga results in many physical benefits such as improved flexibility, strength, and posture. However, the many psychological benefits of yoga are often overlooked.

Psychological benefits of a regular yoga practice:

1. Stress reduction
2. Increased self-awareness
3. Less anxiety and depression
4. Improved concentration
5. Inner peace and calm
6. More positive view of self/others
7. Increased body awareness and acceptance
8. Increased energy and vitality
9. Heightened sense of control of one's body and mind Decline in self-destructive patterns
10. Improved self-confidence
11. Increased mental clarity
12. Improved reaction time
13. Improved learning ability and memory
14. Increased ability to be present in the moment
15. Greater creativity
16. Improved sleep
- ^{17.} Increased emotional stability

Yoga and Its Physiological Benefits

Yoga is a form of exercise that originated in ancient India and is practiced widely across the world today. Yoga not only enhances your physical strength but also contributes largely towards your mental health and spiritual growth. Looking at the popularity of yoga, Hon'ble Prime Minister Narendra Modi suggested at the UN Assembly that yoga be given a special day as it is beneficial for everyone and making it a world event would help in spreading awareness about its benefits. So, on 21st June 2015, World Yoga Day was observed for the first time across the world and has since been celebrated annually.

Yoga not only keeps you fit but also has a lot of long-term benefits when you make it an integral part of your lifestyle. Some benefits of yoga include.

1. For perfect posture

Your head is like a bowling ball—big, round, and heavy. When it is balanced directly over an erect spine, it takes much less work for your neck and back muscles to hold up it. Move it numerous inches ahead, however, and you start to tension those muscles. Hold up that forward-leaning bowling ball for eight or 12 hours a day and it's no doubt you're tired. And fatigue might not be your only trouble. Poor posture can cause back, neck, and other muscle and joint troubles. As you bend, your body may compensate by flattening the normal inward curves in your neck and lower back. This can cause pain and degenerative arthritis of the spine.

2. Improved bone

It's well documented that weight-bearing exercise strengthens bones and helps ward off osteoporosis. Many postures in yoga require you to lift your own weight and some, like Downward- and Upward-Facing Dog, which helps in making the arm bones stronger and helps which are particularly vulnerable to osteoporotic fractures.

3. Increased blood flow

More specifically, the relaxation exercises you learn in yoga can help your circulation, especially in your hands and feet. Yoga also gets more oxygen to your cells, which function better as a result. Twisting poses are thought to squeeze out venous blood from internal organs and allow oxygenated blood to flow in once the twist is released. Reversed poses, such as Headstand, Handstand, and Shoulder stand, promote venous blood from the legs and pelvis to flow back to the heart, where it can be pumped to the lungs to be newly oxygenated. This can help if you have swelling in your legs from heart or kidney problems. Yoga also boosts levels of hemoglobin and red blood cells, which carry oxygen to the tissues. And it thins the blood by making platelets less sticky and by cutting the level of clot-promoting proteins in the blood. This can guide to a decrease in heart attacks and strokes since blood clots are often the cause of these killers.

4. Drains your lymph and boosts immunity

When you contract and stretch muscles, move organs around, and come in and out of yoga postures, you increase the drainage of lymph (a viscous fluid rich in immune cells). This helps the lymphatic system fight infection, destroy cancerous cells, and dispose of the toxic waste products of cellular functioning.

5. Lowered the blood pressure

Two studies of people with hypertension, published in the British medical journal *The Lancet*, compared the effects of Savasana (Corpse Pose) with simply lying on a couch. After three months, Savasana was associated with a 26-point drop in systolic blood pressure and a 15-point drop in diastolic blood pressure.

6. Improved balance

Yoga involves focusing on holding postures for extended periods of time. This helps in improving your body balance and developing muscle tone. Regularly practicing yoga increases proprioception (the ability to feel what your body is doing and where it is in space) and improves body balance.

7. Relaxation and sleeping aid

Yoga can help you relieve the stress of modern life and helps you sleep deeper. Yoga encourages you to relax and slow your breath and to focus on the present. It shifts your focus from sympathetic nervous system to parasympathetic nervous system. Restorative asanas and meditation also encourage a turning inward of the senses, which relaxes the nervous system.

8. Improved lung health

Yoga draws attention to your breathing pattern and makes you aware of breathing correctly which filters the air, warms it and humidifies it removing the pollen and the dirt, supplying fresh oxygen into the lungs.

9. Reduced digestive problems

Yoga like any other physical exercise can ease constipation and lower the risk of colon cancer. The movements that Yoga involves improve the transport of food and remove waste through the bowels. This helps in getting rid of the waste from the system more effectively.

10. Eases your pain

Yoga can ease your pain and help people who suffer from arthritis, back pain and other chronic conditions. When you relieve pain, you're in a much better mood and are inclined to be more active.

Conclusion

This article claims that yoga can be a valuable tool for children. We believe that the following statement also applies for children and young people: "If you practice yoga every day with firmness, you will be able to face the disorder of life with control and maturity" The trade enterprise has recognized the value of yoga globally. Across urban areas in recent times, yoga training centers, practice centers, private agencies, and individuals for both profit and non-profit sectors have opened studios and organized sessions in various forms and approaches. Many people pay fees to use these facilities and practice yoga. However, schools, pre-schools, and the public sector of education are not keeping up with the trend, notwithstanding their prime responsibility of developing the full potentials of children and young people. Today's children require a creative, interactive syllabus, and participatory method in the teaching–learning process. This approach is applicable for learning yoga too. Thus, if we can communicate with children and young people effectively, they can adopt yoga as a powerful tool for themselves to minimize stress, as well as develop flexibility to deal with it. We believe in the need to focus on research to understand the ways children and young people can enjoy learning yoga, sustain it in practice, and use it in daily life. They may use yoga in any kind of emotional and social stress situations. As stated, practicing yoga has the potential to improve the mental health of children and young people.

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LIFE SKILL EDUCATION FOR ADOLESCENTS AND ITS RELEVANCE

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ABSTRACT

Adolescents is a stage and considered to be the most productive members of the society due to their physical, social, emotional, economical, environmental, intellectual and more other hidden capabilities. But in the age of globalization, industrialization, liberalization, expansion of information technology and rise in consumerism, most of the adolescents are unable to utilize their potential and efforts to maximum due to inappropriate environment. They are always engaging in antisocial activities and spoiling their life, for escaping, life skill education is necessary, and through which life of adolescents make valuable, help in the promotion of general well being, making strengths and capabilities, help individuals, facing problems of their everyday life with a positive attitude and go about with their everyday tasks effectively, who are the future of the Nation. Life skills empower adolescents to take action to protect and promote social relationships. The present paper focuses on the importance of life skills education and its relevance, developing physical, social, emotional, economical skills and empowering to the adolescents, because they are the main building blocks for the Nation.

Key words: Adolescents, Adolescents empowerment, Life skills, Life skills education, and Life skill challenges, Transition, Relevance.

INTRODUCTION:

Adolescence is a transition period that bridges childhood and adulthoods, during which major Physical, Mental, Biological and Psychological changes occurs [1]. A combination of Social, Psychological and Biological environment influences an adolescent development. It is a time when adolescents drift and keep distance from parents, this transition is so crucial that adolescents facing problems in conflicts, violence etc. which causes the Psychological changes [2-3]. Adolescent are considered as the more productive members of a society as well as the Nation. Now a days the life of adolescents are becoming miserable due to many reasons including inappropriate shelters, home, school, social and economical environment [4]. They are becoming individuals who are less motivated, less confident and are engaging in antisocial activities and spoiling their valuable life. Adolescence is a period when the intellectual, physical and all the capabilities are very high but their antisocial activities and behaviour are deteriorating all their hidden capabilities and they are becoming a burden to the society and the Nation also. Life skills are abilities for adaptive positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. Life skill education aims to provide students with strategies to make healthy choices that contribute to a meaningful life [5]. Life skills are the abilities that help to promote mental well being and competence in young people as they face the realities of life. It helps the adolescent to take positive actions to protect themselves and to promote health and meaningful social relationship [6]. Life skill facilitates a complete and integrated development of individuals to function effectively as social beings. Developing life skills helps adolescents in translating knowledge, attitude and values into healthy behaviour that

makes their life fruitful. Life skills also help in empowering girls by imparting healthy behaviour and helping them to avoid risks and to make appropriate decisions at the right time. Life skills may be viewed as a range of psycho-social and cognitive abilities that equip children to make informed decisions and choices manage their emotional well-being and communicate effectively. Efforts to address the achievement gap have typically focused on science and social subjects. A common belief is that life skills are optional and secondary to achieving basic literacy and numeracy only if resources are available. Imparting life skill training through inculcating life skill education will help our adolescents to overcome such difficulties in life. We conclude by analysing present opportunities for building the scope of life skills education in policy and practice in India.

LIFE SKILLS:

The world bodies such as UNICEF, UNESCO, and WHO [7] proposed different Life Skills (Thinking/Cognitive, Social and Negotiation skills) which help in promoting health and well being of children and adolescents are

Thinking Skills/Cognitive Skills	Social Skills	Negotiation Skills
Decision making	Effective communication	Coping with emotions
Problem solving	Interpersonal relationship	Coping with stress
Creative thinking	Empathy	
Critical thinking		
Self-awareness		

1. Decision making - Decision-making helps us to deal constructively with our lives. It can be regarded as the cognitive process resulting in the selection of a course of action among several alternative scenarios. Every decision making process produces a final choice. POWER method for decision making,

- (a). Problems (Describing and analyzing the problem objectively)
- (b). Options (Choices identified with the help of creative thinking)
- (c). Weighing (Positive, negative analysis of choices; Critical analysis)
- (d). Elect (Choosing the best alternative)
- (e). Reflect (Reviewing the impact of decision)

Whenever you are required to take decisions, you may go through the above stages (POWER). You must strongly feel the problem which need to be solved, and then find out options, analyze critically and take decisions. Reflect or evaluate the decisions taken in an objective way to sustain the behaviour to reach a problem solving level.

2. Problem solving: - Every person experiences problems in life from time to time. Some of problems are complicated while others are simple and can be easily solved. Problem solving is related to the ability to use knowledge, facts and data to solve problems effectively. This does not mean we need to have an immediate answer to it, it means we must think and assess problems and find solutions. Problem solving skills enable us to deal constructively with problems in our life but problems left unresolved can cause mental stress and give rise to physical strain.

3. Creative thinking: - Creative thinking is the ability to look beyond our direct experience and address issues. It contributes to both decision-making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience and can help a person to respond most appropriately and adapt with flexibility to various situations of daily lives. Creative thinking will help an adolescent to find out options to avoid various adolescent issues like negative peer pressure, addiction to drugs, Internet, and also find

out new ways to better one study, time management, money management, use of different media.

4. Critical thinking: Critical thinking is an ability to analyze information and experiences in an objective manner. It contributes to both decision making and problem solving by exploring the available alternatives and their various consequences. It is helpful to the effective and responsible utilization of resources. Critical thinking can contribute to health by helping us to recognize and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media.

5. Self-awareness:- Self awareness includes our recognition of ourselves, our character, our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us to recognize, when we are stressed or feel under pressure. It is also often a prerequisite for effective communication and interpersonal relations, as well as for developing empathy for others. A person may have dreams, visions, goals, etc. in his /her life which is also considered as a part of his self awareness. So the best way to understand our self awareness is to analyze our SWOT (Strength, Weakness, Opportunities and Threats). Every individual has innate abilities and potentials. It may vary from person to person. When we get an opportunity we can identify our strengths and weaknesses and try to overcome our limitations, reduce or remove our weaknesses by recognizing and developing our strengths. Self-awareness is having a clear and realistic perception of who you are. Self-awareness is not about uncovering a deep dark secret about yourself, but understanding who you are. It is directly related to both emotional intelligence and success. It helps to create achievable goals because you can consider your strengths, weaknesses while setting your goals.

6. Effective communication: - Effective communication means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions, desires, needs and fears and it also means being able to ask for advice and help in a time of need.

7. Interpersonal relationships: - Interpersonal relationship skills help us to relate in positive ways with the people we interact with. This means being able to make and keep friendly relationships, which can be of great importance to our mental and social well-being. It also includes keeping good relations with family members, which are an important source of social support.

8. Empathy: - Empathy is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to understand and accept others who may be very different from ourselves, which can improve social interactions, for example, in situations of ethnic or cultural diversity. Empathy can also help to encourage nurturing behaviour towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers, or people with mental disorders, who may be stigmatized and ostracized by the very people they depend upon for support.

9. Coping with emotions: - Coping with emotions involves recognizing emotions in ourselves and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions, like anger or sorrow can have negative effects on our health if we do not react appropriately.

10. Coping with stress: - Coping with stress is recognizing the sources of stress in our lives, recognizing how this affects us, and acting in ways that help to control our levels of stress. This may mean that we take action to reduce the sources of stress, for example, by making changes to our physical environment or lifestyle.

Inevitably, cultural and social factors will determine the exact nature of life skills. For example, eye contact may be encouraged in boys for effective communication, but not for girls in some societies, so gender issues will arise in identifying the nature of life skills for psychosocial competence. The exact content of life skills education must therefore be determined at the country level, or in a more local context. However,

described in general terms, life skills are being taught in such a wide variety of countries that they appear to have relevance across cultures.

Life skills education takes into account psychosocial competencies and interpersonal skills that help students to take right decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner. Life skills as the abilities for adaptive and positive behaviour that enables individuals to deal effectively with the demands and challenges of everyday life.

Life skill has been classified into three broad categories:

(i). Thinking skills: Thinking skills are the skill that enhances the logical faculty of the brain using an analytical ability, thinking creatively and critically, and developing problem-solving skills and improving decision-making abilities.

(ii). Social skills: Social skills include interpersonal skills, communication skills, leadership skills, management skills, advocacy skills, co-operation and team building skills, etc.

(iii). Emotional skills: Emotional skills, involves, knowing and being comfortable with oneself. Thus, self-management, including managing with feelings, emotions, stress and resisting peer and family pressure.

EDUCATION TO BUILD LIFE SKILLS:

Various mediums have been employed to inculcate life skills or 21st century skills such as sport, drama and fine arts, storytelling, experiential workshops, mentoring initiatives, interactive classroom learning and discussion [8]. There have been multiple innovations in the delivery of life skills in recent times, through games and simulations, experiential activities, and technology. In India and globally, many approaches to deliver life skills education have also been incorporated within other skill development activities. A collaborative approach of this nature can often secure greater buy-in from different stakeholders, from policy makers to funders, as it may be viewed as producing more tangible outcomes.

BENEFITS OF LIFE SKILL TRAINING:

Imparting life skill education in children and adolescents will bring valuable benefits which include

- Promotion of self esteem, peace education, self confidence [9].
- Prevention of antisocial activities and behaviour [10-11]
- Helps in the promotion of general well being and primary prevention [12-14]
- Life skills enable individuals to translate knowledge, attitudes and values into actual abilities and enable individuals to behave in healthy ways, given the desire to do so and given the scope and opportunity to do so.

Results of research studies also prove that life skill education improves the academic performance of individuals [15]

DISCUSSION:

Life skill education is a value added program which aims to provide students with strategies to make healthy choices that contribute to a meaningful life. It helps adolescents to understand their self and to assess their skills, abilities and areas of development. It also helps adolescents to get along with other people and adjust with their environment and making responsible decision [16].

The main objective of life skill education is to enable the learner to develop a concept of oneself as a person of worth and dignity. Life skill education is a basic learning need for all individuals. Various skills like leadership, responsibility, communication, intellectual capacity, self esteem, Interpersonal skill etc. extends its

maximum level, if it is practicing effectively. We need to create life skill education as the cornerstone of various youth programmers and an integral part of our formal education process.

In life skills education, children are actively involved in a dynamic teaching and learning process [17]. The methods used to facilitate this active involvement include working in small groups and pairs, brainstorming, role play, games and debates. A life skills lesson may start with a teacher exploring with the students what their ideas or knowledge is about a particular situation in which a life skill can be used. The children may be asked to discuss the issues raised in more detail in small groups or with a partner. They may then engage in short role play scenarios, or take part in activities that allow them to practice the skills in different situations as actual practice of skills is a vital component of life skills education. Finally, the teacher will assign homework to encourage the children to further discuss and practice the skills with their families and friends.

Skill based approach in life skill education [18] follows well established mentoring techniques to develop students innate quality and also motivating them to adopt socially acceptable pattern of life style, particularly, strategy consisting of a group of people combined together to help themselves by identifying their talents and directing them to choose an appropriate steps to enhance their skill and abilities as a part of development. In order to have an effective implementation of life skill education there is a need for professionally trained and skilled personal from within the country. Professional training requires a purposely planned programmed of study prepared by experts which has the approval of a competent authority and a group of experts to train the trainers of life skill education.

CONCLUSION:

Adolescence is a period when the intellectual, physical and all the capabilities are very high but their antisocial activities and behaviour are deteriorating all their capabilities and they are becoming a burden to the society and the Nation. Imparting life skill training through inculcating life skill education will help our adolescents to overcome such difficulties in life. Life skill education can serve as a remedy for the problems as it helps the adolescents to lead a better life. There for life skill education is a need of the society and every education system should impart life skill education as a part of its curriculum as it is capable of producing positive health behavior, positive interpersonal relationships and well being of individuals.

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COMMON MEDICINAL PLANTS USED AGAINST SKIN AND HAIR PROBLEMS THAT TEENAGERS FACE

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Abstract

Teenage is an important phase of life. The desire to look beautiful and handsome is a priority for them and constantly worried about their body image. This paper provides information on common plants for cure of skin and hair problems.

Keywords

Medicinal Plants, Essential oils, Chemicals, Cosmetics

Introduction

Teenage is an important phase of life which is full of stress and storms. Teenagers are constantly worried about their body image. Body image is the perception of self on how they look, feel and move, which is generally influenced more by external factors rather than self. It is a period of transformation, self discovery, excitement, fear, laughter and tears. The body is undergoing a number of physical changes and when it comes to the skin and hair, those changes are usually visible for the world to see.

Cosmetics are the substance especially prepared to enhance beauty and increase the attractiveness of the person. In Ayurvedic literature there are records of number of trees and herbs which promote hair growth, keep hair soft and silky, smooth and acne less skin, glowing skin and many more. Herbs have been integral part of health care system. Besides health care, beautification of body is also done by herbs, cosmetics and colour.

There is a list of some common medicinal plants used against skin and hair problems;

1. Haldi

Botanical Name- *Curcuma longa*

Part used- Dry rhizome

In Ayurvedic system of medicine turmeric is used as a stomachic, tonic and blood purifier. The juice of fresh rhizome is used as an antiparasitic for many skin infections.

Method of application for skin care- Dry rhizome powder is used as cosmetic since ancient time. Turmeric paste with the addition of little lime is a popular for sprain and bruises. The rhizome is used in 'ubtan' to enhance the colour of the skin.

2. Amhaldi

Botanical Name- *Curcuma amada*

Part used- Dry rhizome

In Ayurvedic system dry rhizome are recommended for gastric and stomach problems, also used on contusions and sprains. They contain essential oils.

Method of application for skin care- The dry rhizome powder is used in face packs to cure acne and blemishes.

3. Amla

Botanical name- *Emblica officinalis*

Part used- Dry fruits

Fruit sour and astringent, cooling, diuretic, laxative, a rich source of vitamin C, contains twenty times as much as vitamin C as orange juice, used in hair dyes. Seeds yield oil.

Method of application for hair care- Dry fruit powder is used for shampooing hair.

Also used as a tonic for hair roots. It is strongly recommended for hair care.

4. Manjit or Majith

Botanical name- *Rubia cordifolia*

Part used- Dry roots and stem

Roots tonic, antidyserteric, antiseptic and deobstruent. Decoction of leaves and stems is used as vermifuge.

Method of application for skin care- Dry roots and stem powder mixed with honey is used for dark spots on face. It is strongly recommended for skin care.

5. Ritha, Shikakai

Botanical name- *Acacia concinna*

Part used- Pods

Pods known as shikakai are used as detergent. Decoction of pods is purgative and relieves biliousness. Seeds are roasted and eaten.

Method of application for hair care- Dry powder of the pods is used to promote hair growth and prevent hair splitting, falling and dandruff. It is also used for healthy growth of hairs and keeps the hairs in their original colour.

6. Ghikumar

Botanical name- *Aleo barbadensis*

Part used- Leaves

Method of application for skin care- Aloe gel contains two hormones Auxin and Gibberellins. These two hormones provide wound healing and anti-inflammatory properties that reduce skin inflammation. Additionally, in Ayurvedic medicine, it is used to effectively heal chronic skin problems such as psoriasis, acne and eczema. It is perfect remedy for sunburned skin. It provides a protective layer to the skin which helps retain moisture.

Method of application for hair care- It contains proteolytic enzymes which repairs dead skin cells on the scalp. It also acts as a graft conditioner and leaves your hair all smooth and shiny. It promotes hair growth, prevents itching on the scalp, reduces dandruff and conditions your hair.

7. Shatavari

Botanical name- *Asparagus racemosus*

Part used- Roots

It is strongly recommended for skin care. Dry used powder is used in cure of wrinkle on face.

8. Neem

Botanical name- *Azadirachta indica*

Part used- Different parts

Method of application for skin care- Using Neem water as a skin toner regularly will help in clearing acne, scars, pigmentation and blackheads. Boil about 20 Neem leaves in half a litre of water till the leaves are soft and discoloured and the water turns green. Strain and store in a bottle. Dip a cotton ball into it and wipe your face.

Method of application for hair care- It is also used to condition dry and frizzy hair. Make a paste of Neem leaves boiled in a mixture of water and honey. Apply it to the hair and then follow it up with a regular hair wash. Your dry hairs will be well-conditioned, dandruff-free and frizz-free.

Discussion

Several plants are used for medical purposes. They are reported to have side benefits in place of adverse effects generally produced by the synthetic and chemical based harmful products. The herbs mentioned above covers a number of skins, hair besides providing natural colours and nutrients to the body. These herbs are commonly used for beautification during auspicious occasions in every Indian home. These products have side benefits, they tone up the whole system thus ensure effective cure.

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Role of Yoga in Reducing the Risk and Treatment of Diabetes

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Abstract

Introduction: An improper diet , inadequate physical activity and mental stress are considered to be major components of an unhealthy lifestyle that contribute to the pathogenesis of diabetes mellitus(Bijlani,2005). India with an estimated 31 million diabetics in 2000 and 79 million by year 2030 have the highest number of type 2 diabetes in the world (Singh, Kyizon,2008). For years exercise has been considered a cornerstone of diabetes management along with diet and medication. (Thangaswami, Chandani,2015).Yoga offers a safe and cost effective intervention of type 2 diabetes mellitus. **Objective:** The Objective of the study is to determine the effect of Yoga on reducing the risk factor of diabetes. **Justification :** To reduce the global burden of increasing number of cases of diabetes .This review focuses on understanding the Principle of Yoga to bring balance and health to the physical, mental ,emotional and spiritual dimension of individual. **Methods:** The review focuses on published research articles. A Comprehensive literature review of articles published in Pubmed was used. **Result & Conclusion:** Yoga can improve glucose uptake by reducing sensitivity and reducing body adiposity in population vulnerable to diabetes.(Thangaswami,2015) .Kapalbharti Pranayama stimulates abdominal organs & is beneficial. Matsyaendrasana improves digestion and exert pressure on abdominal organs. Dhanusasana is highly recommended as it regulates pancreas ,strength abdominal muscles and is good stress & fatigue buster. Shavaasana takes body into deep meditative state & help rejuvenate. Thus it is recommended to practice yoga asanas for preventing , reducing risk factors and treatment of diabetes.

Keywords: Diabetes ; Yoga benefit.; Blood sugar level.

normal. The defect is either due to pancreas not producing enough insulin or it produces sufficient insulin, but the cells of the body are unable to use the insulin properly .

Blood sugar levels in diagnosing diabetes :

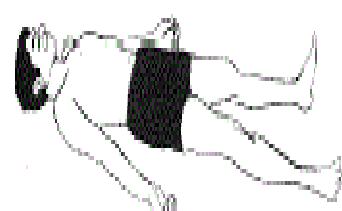
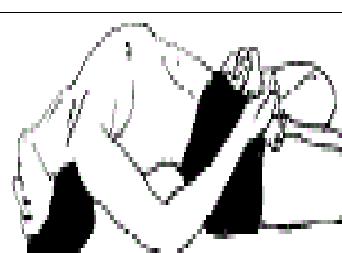
Plasma Glucose Test	Normal	Prediabetes	Diabetes
Random	Below 200mg/mol	N/A	>=200mg/dl
Fasting	Below110mg/dl	110-125mg/dl	>=126mg/dl
2 hrs postprandial	Below140mg/dl	140-199mg/dl	>=200mg/dl

The word yoga means 'union': union of mind, body and spirit - the union between us and the intelligent cosmic spirit of creation- 'the oneness of all things' India has more

diabetics than any other country in the world, according to the International Diabetes Foundation (2010), although more recent data suggest that China has even more (BBC news, 2010). The disease affects more than 50 million Indians - 7.1% of the nation's adults - and kills about 1 million Indians a year (Kleinfield, 2006). The average age at the onset is 42.5 years (IDF, 2010). The high incidence is attributed to a combination of genetic susceptibility plus adoption of a high-calorie, low-activity lifestyle by India's growing middle class (Kleinfield, 2006). An improper diet , inadequate physical activity and mental stress are considered to be major components of an unhealthy lifestyle that contribute to the pathogenesis of diabetes mellitus(Bijlani,2005).

India with an estimated 31 million diabetics in 2000 and 79 million by year 2030 have the highest number of type 2 diabetes in the world.(Singh ,Kyizon,2008).For years exercise has been considered a cornerstone of diabetes management along with diet and medication. (Thangaswami, Chandani,2015) .Yoga offers a safe and cost effective intervention of type 2 diabetes mellitus. About 30% of type 2 diabetes is preventable by changing diet, increasing physical activities and improving the living environment. Yet without effective prevention and control programmers the incidence is likely to continuously rising globally. Now-a-days more stress is given on preventing type 2 diabetes mellitus and its complication by proper diet, exercise and mental relaxation. Balaji et. all,(2011) reported that there was significant decrease in fasting and post prandial blood sugar in diabetic patients who underwent three month of yoga and pranayama.

Table 1: Various yogic asana which were practiced in the study.

S NO.	ASANA NAME	DURATION	
1	Pranayama	3- 5 mins per day	
2	Suryanamaskar	3 - 7 turns	
3	Shavasana	3 - 7 turns	
4	Matsyasana	Few seconds	

5	Padmasana	5-15 mins	
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Objective: The Objective of the study is to determine the effect of Yoga on reducing the risk factors of diabetes.

Justification : To reduce the global burden of increasing number of cases of diabetes .This review focuses on understanding the Principle of Yoga to bring balance and health to the physical, mental, emotional and spiritual dimension of individual. Following results clearly proves the beneficial effect of yoga : Fasting plasma glucose, serum total cholesterol, low-density lipoprotein (LDL), VLDL , the ratio of total cholesterol to high density lipoprotein (HDL) cholesterol, and total triglycerides were significantly lower, and HDL cholesterol significantly higher, on the last day of the course compared to the first day of the course.(Bijlani et al). Yoga group had significant decrease in FBS, Postprandial blood sugar(PPBS), glycosylated hemoglobin(HbA1c), triglycerides & LDL with $P<0.001$,compared with control group (Balaji PA).

Method : The review focuses on published research articles. A Comprehensive literature review of articles published in Pubmed was used in the study. Exclusion criteria includes Type 1 diabetics.

Result & Conclusion: Yoga can improve glucose uptake by reducing sensitivity and reducing body adiposity in population vulnerable to diabetes. (Thangaswami,2015). Kapalbharti Pranayama stimulates abdominal organs & is beneficial. Matsyaendrasana improves digestion and exert pressure on abdominal organs . Dhanusasana is highly recommended as it regulates pancreas , strength abdominal muscles and is good stress & fatigue buster. Shavaasana takes body into deep meditative state & help rejuvenate. Thus it is recommended to practice yoga asanas for preventing , reducing risk factors and treatment of diabetes.

Table 2 : Table showing results and outcome of various study done by different author.

S n o	Author	Design	Population(N)	interventio n	Durat ion	Outcome Measured	Result
1	Bijlani RL et al	Pre-post design	heterogeneous group of 98 patients with hypertension, coronary artery disease, diabetes mellitus, and a variety of other illnesses	yogasanas pranayama (breathing exercises), relaxation techniques	9 days	fasting plasma glucose and serum lipid profile	Fasting plasma glucose,serum total cholesterol, low-density lipoprotein (LDL), VLDL the ratio of total cholesterol to high density lipoprotein (HDL) cholesterol, and total

							triglycerides were significantly lower, and HDL cholesterol significantly higher, on the last day of the course compared to the first day
2	Kyizom T	Comparis on study	Sixty patients of type 2 diabetes	control group on only conventional medical therapy and yoga-group on conventional medical therapy along with pranayama and yogaasana	45 days	Basal recordings of P300 and blood glucose were taken at the time of recruitment and second recordings repeated after forty five days for both the groups. P300 was recorded .	yoga has a beneficial effect on P300 and thus can be incorporated along with the conventional medical therapy for improving cognitive brain functions
3	Balaji PA	Comparis on study	44 type 2 DM patients	22 patients were yoga group and the control group did not practice yoga	3 mont-- hs	FBS, PPBS, HbA1c, lipid profile and anthropometric measurements like weight, BMI, Waist-hip ratio were estimated before the starting and at the end of the study period.	Yoga group had significant decrease in FBS, Postprandial blood sugar (PPBS), glycosylated hemoglobin (HbA1c), triglycerides and LDL with $P < 0.001$, compared with control group ($n = 22$).

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URBAN ADOLESCENTS AND FAST FOOD INTAKE

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Abstract:

Eating fast food has become a trend as well as a global phenomenon. Flavour, variety, brand, fast service, reasonable price, home delivery service, ready to eat packages for microwave equipped homes and easy availability have become the main driving forces for fast food intake among urban adolescents. Besides urbanization, advertisements for non-nutritional foods and soft drinks, media influence and exposure act as catalysts for fast food/junk food intake among urban adolescents.

Adolescents comprise approximately 1/5th of world's population and about 84% live in developing countries. Adolescence is a significant period of physical, social and emotional development and is characterized by major neurobiological changes in brain. Nutrient needs are at the peak at this stage. Urban adolescents like to enjoy fast food (instead of normal nutritious meal) rich in calories, carbohydrate, fat, salt with low nutrient density, calcium and fiber etc. Intake of low nutrient density food poses threat to their growth as well as physical and mental performances. Poor dietary choices derail the normal adolescent maturation and neurodevelopment processes. Obesity is an emerging major health problem among adolescents. Fast food alters the brain activity in a manner similar to addictive drugs like cocaine and heroin. Healthy eating pattern instead of taking fast food/ Junk food may play a significant role in prevention of several chronic diseases like coronary heart disease, hypertension, type two diabetes and certain types of cancers etc.

Key Words: urban, adolescents, fast food, health consequences.

Introduction:

Rapid urbanization, busy life style and advancement in technology have greatly changed the way of life and behaviour of many people in developing countries. It has altered their eating habits along with changes in food environments. The street food/ fast food trade is world's fastest growing sector in food industry in many developing countries today. Its expansion is linked with the need of urban and semi urban populations for both employment and food. It was observed that urbanization has a greater influence on changing food habits of urban people especially student adolescents. Everything today is fast. People think fast, speak fast, walk fast, write fast and eat fast. Therefore, fast food has become an integral part of busy lifestyle. As a consequence of food globalization, the consumption of energy dense and nutrient poor foods has increased sustainability, particularly in urban regions. In 21st century, 'fast food' has gone global. The rapid proliferations of multinational fast food companies in Indian food market and westernization have replaced traditional home cooked meals with ready to eat processed/ fast foods in urban Indian households.

Fast food denotes food which is prepared and served quickly. It includes chips, sandwiches, hamburgers, fried chicken, fresh fries, noodles, pizza, ice creams, soft drinks and other Chinese foods. India has also a rich heritage of foods. Popular North Indian fast foods are aaloo tikia, chat, pakora, pav bhaji, chhole bhature etc. Tran's fat content in Indian fast foods is higher than western fast foods. Fast foods look so attractive and yummy for people of every age group.

Today, fast food is a growing component in diet and frequency of fast food has increased dramatically since early 1990's. Today, eating out has become a trend and children and adolescents hate homemade healthy food. Eating out is strongly associated with fast/junk food consumption. It is especially popular among urban adolescents. Flavour, variety, brand, quick service, reasonable price, home delivery service, ready to eat packages for microwave equipped homes and easy availability have become the main driving forces for fast food intake among urban adolescents.

In the current century, healthy nutritive food has been replaced by new food mantra - FAST/JUNK FOOD! That comprises anything tasty, quick and fashionable. Mostly, fast foods are low nutrient energy dense (LNED) foods. Junk/fast food is derogatory term for food containing high calories from sugar or fat with little or no fiber, vitamin A and C, folacin, iron and minerals etc. Fast food means simply an empty calorie food.

Adolescence is a grey area in spectrum of life falling between childhood and adulthood. Adolescents comprise approximately 1/5th of world's population and about 84% live in developing countries. During adolescence, physical growth increases with hormonal, cognitive and emotional changes. It begins with earliest signs of secondary sexual character development and ends when a person has achieved adult status. Adolescence is a significant period of physical, social and emotional development and is characterized by major neurobiological changes in brain. It is characterized by heavy demand of calories, proteins and nutrients for physical growth and it is time of changing life style and food habit changes that affect both nutrients needs and intake. You can say that nutrient needs are at the peak at this stage. Adolescent's food habits are important determinants of both present and future health. They exhibit unhealthy eating habits such as meal skipping and snacking on fast foods. Studies show that about half of adolescents skip breakfast at least once or twice a week during school days. There is dual burden of under-nutrition and over-nutrition in this age group. Intake of low nutrient density food poses threat to wide variety of health disorders, their growth as well as physical and mental performances.

Factors related to fast food intake:

Consumers patronize fast food to save time, satisfy hunger, for pleasure and for social interaction. On the other hand, several other factors have also contributed to increase in the consumption of fast food such as- day by day increase in number of working women, dual career families, nuclear families and diverse schedule of family members etc. Urban adolescent students prefer fast foods for their taste, convenience, fast service, easy availability and variety force them to eat fast/junk foods. Prevalence of intake of fast foods was more among the adolescent boys and girls than adults. On the basis of family type, prevalence of fast food intake, students living in hostel or PG were a little higher than the students living with their families. Studies shows that there was no association seen between their frequent and infrequent consumption of fast foods regarding the perception of fast food among college adolescents. Increased availability of junk/fast foods away from home may adversely affect the nutritive food intake. Environments and social influence also play important role in intake of Low nutrient energy dense (LNED) fast foods. For example- adolescents prefer junk/fast food often in school/peer settings or friends alike in their intake of snack foods, Laboratory based studies show consistent effects of 'food matching' in adolescents, sometimes adolescents tend to match the food intake of their friends etc.

Fast food promotion:

Besides urbanization, advertisements for non- nutritional foods and soft drinks, mass media influence and exposure act as catalysts for food choices and fast food/junk food intake among urban adolescents. Advertisements mould and strongly impact the young minds of children and adolescents to consume fast foods. Fast food restaurants aim younger generations with television and internet advertisements. Majority of nutritionists opined that youth was eating more fast food outside than their elders. Studies have also shown that teenagers who watch more than five hours of television a day eat more junk/fast food in adult life than those who view less.

Such had a 10% higher calories intake than those who spent less than two hours a day in front of box.

Fast food sale is generally promoted among children and teenagers through sponsorship of sports or cultural events with attractive free gift offers or vouchers. They also offer special discounts on purchase of their particular brand. Bollywood stars and sport celebrities are mostly advertise and market their products. Fast food companies are targeting youngsters through great promotion strategies, delicious recepies attractive advertisements. These companies also market to children through television advertisements using their favourite cartoon characters. These advertisements play important role in promoting unhealthy dietary practices among children. These children persist their craving for fast food till adolescence. Digital media also offers another platform for fast food industry to sink their teeth into. Mc Donald's has more than 70 millions followers on Face book and KFC has over 45 millions. Even Mc Donald's which are supported trying to demonstrate "responsible eating" does so by advertising its apple snacks in children meals- a not so subtle way of promoting fast food to children and their parents. Apple slices, though appealing does not make the accompanying cheeseburger or chicken nuggets a healthy option. The industry is well aware that peer influence can have lasting impact especially adolescents. Besides, other social media, mobile phones, newspaper, magazines and films are additional tools for marketing.

Consequences of fast food intake during adolescence:

Good health is necessity of healthy life for every one of us which needs to maintain a healthy diet and healthy habits throughout the life. However, the custom of eating fast/ junk foods in many especially adolescents is increasing day by day making our future sad and diseased particularly our future generations. Nutrient value of fast food is well below the required levels and its intake leads to many health hazards in adolescents and later in adults.

Poor nutrition during age of adolescence (11-21 years) can have lasting consequences on an adolescent development, resulting in decreased learning ability, poor concentration and performances. Adolescent's food habits are important determinants of both present and future health. Fast food intake and obesity in teenagers has been described as a global epidemic not only in developed countries but also in developing countries. Eating fast food and leading sedentary life leads to obesity. Because childhood and adolescent obesity persists until adulthood, an increasing number of adults will be at an increased risk of cardiovascular diseases, type 2 diabetes, and hypertension etc. Studies have found relationship between fast food intake and increased body mass index (BMI) and weight gain. Today's child ages 8-18 years, spend more time in front of computer, TV, game screen than any other activity except sleeping. Research has found strong associations between increase in advertising for non-nutritious foods and rates of childhood obesity. Product preferences affect child's product purchase requests and these request influence parents' purchasing decisions.

Fast foods have high level of fats and sugars that not only unhealthy but additive and that creates a vicious cycle making it hard for children and adolescents to choose healthy foods. High content of Trans fat in commercially available fast foods predispose children to risk of future heart diseases. High cholesterol also affects life on long run. Studies reveal that as early as the age of 30, arteries could begining clogging and lay the ground work for future heart attack. High fat and high sugar contents have negative effect on brain function. It alters brain activity in a manner similar to addictive drugs like cocaine and heroin. Dense sugar contents can cause dental cavities and type 2 diabetes. Because Junk/fast foods do not contain adequate amount of protein and good carbohydrate, blood sugar levels suddenly drops after eating resulting with fatigue feeling and craving for sugar. Another pathway in which acetyl CO A is involved in formation of ketone bodies, which is inactive when energy levels are high but is active in case when impaired glucose tolerance sets in.

Most of fast food contains high sodium which increases risk of high blood pressure. Besides, high sodium salt used in preparation has an impact on excretion through kidneys, thus having an effect on renal system. Osteoporosis and hypertension appear to have their earlier roots in childhood when eating habits are being formed. Fast/junk foods laced with colours which are

often inedible, carcinogenic and harmful to body. These foods affect digestive system and its effect can emerge after many years. Food colouring can also cause hyper activity in children and adolescents.

Most food additives are used as preservative or enhancer of palatability. One of such food additive, used in Chinese foods, is monosodium glutamate (MSG), commonly known as 'Ajinomoto'. Scientists believe that it enhances taste by penetrating taste buds to create a sensory taste experience- known by the Japanese as the ' fifth sense of taste', independent of four basic tastes of sweet, sour, salty and bitter. A report from the Federation of American Societies for Experimental Biology (FASEB) compiled in 1995 on behalf of the United States Food and Drug Administration (FDA) concluded that MSG is safe for most people when 'eaten at customary levels'. People differ in their tolerances to MSG, but typically always suffer similar reactions each time they ingest amounts of MSG that exceed their tolerance levels. It may be associated with migraine headaches, food allergies in children, obesity and hyperactivity in children. Some are the general MSG side effects that are commonly observed in people, as rise and drop in blood pressure, joint pain or stiffness, shortness of breath, dizziness, anxiety, nausea, weakness etc. Neuroscientists believe that the young and elderly are most at risk from MSG. In the young, blood-brain barrier is not fully developed, exposing the brain to increased levels of MSG that has entered the bloodstream. The elderly are at increased risk because blood-brain barrier can be damaged by aging, by disease processes, or by injury, including hypertension, diabetes, hypoglycaemia and stroke etc. Studies show that MSG in fast food diet may increase the risk of many neurodegenerative diseases including Alzheimer's, Parkinson's, multiple sclerosis and Huntington's diseases later in life. Glutamates being an important neurotransmitters in human brain, play a key element in learning and memory. Low nutrient energy dense food stuffs intake might cause dyslexia, attention deficit hyperactivity disorder (ADHD) and worse in autism.

What children eat during puberty affects the risk of prostate and breast cancers. Teen age girls with a taste for burgers, fries and shakes are far more likely to get pre- menopausal breast cancer, new research reveals. It is particularly damaging for young women at a time when their breasts are developing. Dr. Karin Michels at University of California, Los Angels, explains that during adolescence and early adulthood, the mammary glands is rapidly developing and is, therefore, particularly susceptible to lifestyle factors.

Fast food consumption in developing countries also includes poor hygiene during preparation, storage and handling leading to microbial contamination. Another issue is fast food industry's health hazards that fast food chains are prone to. A particular hazard is bacteria Escherichia coli that meat products are susceptible to.

There are much greater side effects of fast foods intake and people are unaware of its ill consequences which can tend to many detrimental diseases.

Strategy to reduce trend of Fast Food:

Consumption of a varied diet reduces the risk of developing a deficiency or excess of any one nutrient. Researches have also indicated that dietary diversity is a useful indicator of nutrient adequacy in adolescents or in adults. Food variety may provide several dimensions to human health-

- Encourages biodiversity and sustainability.
- Allows for nutritional adequacy.
- Minimizes the adverse consequences of food on health.
- Provides interest in food and likelihood that it will be eaten.
- Reduces prevalence of cancer, cardiovascular and other chronic diseases.

It has been observed that dietary diversity scores are an appropriate method to evaluate nutrient intake adequacy in adolescents and adults.

Health education and school based intervention programs can improve the dietary pattern of children. Akshayapatra foundation, a Non Government Organization in India has introduced

school mid day meal programme in government aided schools where healthy Indian foods are offered to children.

Imposing heavy tax on imported and manufactured readymade food items might control the habits of eating fast foods. Guidelines related to quality of food products advertised in Indian social media should be reviewed.

Conclusion:

After knowing the ever increasing widespread use of 'Fast Food' among adolescents and young adults, it is of concern that community based nutritional education interventions targeting the eating habits of adolescents and young adults are badly and urgently needed.

It is not impossible to win war against Fast Food. We have to be aware that the addiction to fast/junk food destroy only consumer's health and give profit only to business and marketers. It is only up to our adolescents and young adults to prefer fast food or health (nutritious food). So, they must remember the importance of making healthier food choices composed of nutrient dense food.

*Avoid Fast Food, Accept Health!
No Fast Food, Know Health!*

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MAJOR NUTRITIONAL ISSUES OF ADOLESCENT

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Abstract

The article consists of thorough study of major nutritional issues of adolescents. There are 1.2 billion adolescents ages 10-19 in developing nations, making up one fifth to one quarter of their country's populations. Adolescence is the second most critical period of physical growth in the life cycle after the first year and creates increased demands for energy and nutrients. Optimal nutrition is a requisite for achieving full growth potential and to prevent nutrition related health problems. Inadequate quality and quantity of food are the prime determinants of nutritional problems like stunting, overweight/obesity, iron deficiency anaemia, folate deficiency and other micronutrient's deficiency.

Typically adolescents have been considered a low risk group for poor health, and often receive few healthcare resources and scant attention. However, this approach ignores the fact that many health problems later in life can be improved or avoided by adopting healthy lifestyle habits in adolescence. With consideration of adolescence years as a foundation for one's future life, improving their nutrition therefore presents a key opportunity to improve health.

Key Words: - Adolescence, Nutritional issues.

Introduction

Adolescence is a critical transitional period^[1, 2] that includes the biological changes of puberty and developmental tasks such as normative exploration and learning to be independent.^[3] Due to rapid physical growth of adolescents, physiological activities are increased and they need more energy to meet increasing demands in comparison to previous developmental period.^[4] Adolescence is a transitional period between childhood and adulthood with specific physiological, psychological and social features that have a bearing on nutrition problems and intervention strategies.^[5]

Adolescents have typically been considered a low risk group for poor health, and often receive few health care resources and scant attention however, this approach ignores the fact that many health problems later in life can be improved or avoided by adopting healthy life style habits in adolescence.^[6] Good nutrition during childhood and adolescence is essential for growth and development, health and well-being and the prevention of some chronic diseases.^[5]

Major nutritional issues of adolescent

For many adolescents, inadequate quality and quantity of food are the prime determinants of nutrition problems. Major nutritional issues are -

1- Stunting (short stature) and Underweight – Stunting in both adolescent boys and girls was prevalent in 9 of 11 studies conducted by the International Centre for Research on Women in the early 90's, ranging from 27 to 65 percent. Data on underweight

(thinness indicated by low BMI for adolescents and adults) are largely unavailable for adolescents. ICRW reported low BMI ranging from 3 to 53 percent. Adolescents in India, Nepal, and Benin were the most severely affected among the 11 study sites.^[6] One study found that the rates for stunting were 27.4% and 28.4%, for the boys and girls respectively. The rate of underweight and stunting was more in late adolescents (15-18 years) than early adolescents (11-14 years). In boys, the prevalence of stunting was significantly (1.5 times) more in late adolescents than early adolescents. Their study provided evidence that the nutritional status of these adolescents were not satisfactory especially among late adolescents.^[7]

Mean calorie consumption among boys was 1472 ± 417 Kcal and in girls was 1360 ± 380 Kcal. 45.5% of boys and 51.5% of girls were underweight. Majority had regular meals and breakfast (72% &, 80.8% respectively). 46.8% consumed fruits less than three times per week, 58% had fried food twice or more per week and 40.5% consumed less than 2 litres of water a day.^[8] The increased metabolic requirements of pregnancy in affected adolescents increase their risk of nutritional deficiencies, maternal morbidity and mortality, low birth weight. Low birth weight babies are at increased risk of stunted growth and all the known co-morbidities of later life.^[9]

2- Overweight and Obesity- Poor diet and physical inactivity, resulting in an energy imbalance, are the most important factors contributing to the increase in obesity in childhood. Obesity is the most pressing challenge to nutritional health in this first decade of the 21st century (CDC, 1999).^[10] WHO estimates that 60 percent of deaths globally are due to non-communicable diseases associated with unhealthy diets and physical inactivity, with 79 percent of these deaths occurring in developing countries. The same changes in diet and physical activity contribute to the increased prevalence of obesity in youth, often seen side by side in communities with under nutrition. There is also some evidence that low birth weight may predispose individuals to obesity and associated chronic diseases later in life. In Chile, 12 percent of school children are obese; 17 percent of older adolescent girls in South Africa are obese; and in China, one study found that the prevalence of overweight and obesity (BMI >25), in young adults has moved up from 10 to 15 percent for urban areas, and from 6 to 8 percent in rural areas, over a ten year period (1982-1992).^[11]

The combined prevalence of overweight and obesity among school-going adolescents (12-18 years) in Delhi was shown to be 16.6%.^[12] In another study the prevalence of overweight was 4.2% according to the WHO standard. The prevalence of obesity is 0.8% among school children, which is very low. The possible reasons for this include a more traditional low-fat diet, less exposure to sedentary past-times, genetic constitution of adolescents of Manipur and a greater time spent playing outdoors.^[13] In a study the prevalence of overweight in students was 5.84% and obesity was 0.35%. The combined prevalence of overweight and obesity was 6.19%. The prevalence of overweight in boys is 5.31% and obesity was 0.63% and that in girls is 6.53% and 0% respectively.^[14]

It is estimated that at least one half of cardiovascular mortality is nutrition-related and up to half of type-2 diabetes cases are nutrition-related. In addition obesity in adolescent has other undesirable health consequences. According to a review by the WHO (1990) obesity-related issues include sleep disturbances; psychological and social problems; poor self-esteem and body image. In women obesity during adolescence may affect future marital and social economic status.^[9] Adequate nutritional intake is very essential for adolescent for normal development. But during adolescent period more prevalence of unhealthy food habits, skipping meals, remain fast to lose weight. Over half

of the children skipped breakfast, ranging from daily to once in two weeks, the main reason being getting up late in the morning.^[15]

3- Iron deficiency- It is the most prevalent micronutrient deficiency among adolescents. Iron deficiency and anaemia are associated with impaired cognitive functioning, lower school achievement and most likely lower physical work capacity. WHO estimates that 27 percent of adolescents in developing countries are anaemic; the ICRW studies documented high rates in India (55 percent), Nepal (42 percent), Cameroon (32 percent) and Guatemala (48 percent). Infectious diseases such as malaria, schistosomiasis, and hookworm affect both boys and girls, contributing to anaemia by affecting the absorption of or increasing the loss of iron. Following the end of their growth spurt, boys rapidly regain adequate iron status, whereas girls may continue to be or become more deficient because of the increased requirements for iron due to menstruation, pregnancy, and lactation.^[6]

The overall prevalence came out to be 73% among study subjects. On the basis of severity nearly half of subjects (54%) were found with mild anaemic, 18% of girls had moderate anaemia while 1% girls were severely anaemic.

Iron is the most widespread micronutrient deficiency. Deficiency is most prevalent among pregnant women, followed by pre-school children and adolescents – particularly girls. Key causes include poor dietary intake, reduced bioavailability and increased losses due to intestinal worms. Efforts to mitigate iron deficiency should include diets rich in Vitamin C (to increase bioavailability of iron) and Vitamin A (to increases the effectiveness of iron).^[9] The overall prevalence of anaemia in the study is 86.32% with a high prevalence (64.63%) of mild degree of anaemia. There is a significant association of anaemia in relation to caste, occupation of the head of the family and educational status of the mother. No significant association is found in relation to age, type of family and religion.^[16]

4- Folate deficiency- If not addressed during the pre or per conceptual period, may cause irreversible foetal damage. Addressing folate deficiency beyond the middle of the first trimester of pregnancy will not correct neural tube defects that occur in the early weeks of pregnancy. The unplanned nature of many adolescent pregnancies underscores the need to take a preventive approach to this specific nutritional issue for youth.

5- Iodine deficiency - In settings of endemic iodine deficiency, girls are affected disproportionately relative to boys, although all individuals are affected. Detrimental cognitive effects include neural impairment and poor school performance. The foetus of an iodine-deficient mother is at risk of spontaneous abortion as well as a range of neurological and intellectual impairments.

6- Other Micronutrient Deficiencies – Other micronutrients that may be deficient in adolescents include vitamin A, zinc, and calcium. The latter two are particularly important for achieving maximum growth potential. Calcium intake in adolescence is also important for preventing osteoporosis (brittle bones) later in life. Vitamin A deficiency appears to negatively affect growth and possibly sexual maturation. It is critical for healthy immune system functioning and optimal vision.^[6]

Breakfast is the most important meal in the dietary plan of an adolescent. Adequate intake of animal and plant sources of protein is vital for adolescence. Vitamins and minerals such as calcium, iron, and iodine must be included in adolescent's diet. Best sources of vitamins are fruits and vegetables while milk and dairy products are the best sources of calcium.^[4]

Materials and Methods – All available population based studies (with large sample size, being multicentre in nature, covering urban and rural areas), independent studies and reports published since 2003 were considered. Searches were conducted using Lancet, John Hopkins Bloomberg School of Public Health, The World Bank, Pub Med, Journal of medical Sciences, WHO reports, Acta Biomedica Scientia (ABS) . Various search terms and keywords were used, including adolescence, nutritional issues, underweight, stunting, obesity, foliate deficiency, anaemia & Iodine deficiency.

From the methodological perspective the study is empirical and all efforts were made to collect relevant literature reviews from the various sources related to the nutritional issues of adolescent. Case reports, case series were excluded from the search and no practical work has done.

Result - Adolescents are the most vulnerable section of our society. Inadequate quality and quantity of food are the prime determinants of nutritional issues like stunting, obesity & iron deficiency. Major nutritional issues among children and adolescents have shifted from nutrient deficiency diseases, common in the first half of the 20th century, to concern today about over consumption, poor dietary quality and food choices.

Good nutrition during childhood and adolescence is essential for growth and development, health and well-being, and the prevention of some chronic diseases. In addition to the impact on growth and development, children's diets are important to ensure overall health and well-being. Dietary practices of children and adolescents affect their risk for a number of health problems, including obesity, iron deficiency, and dental caries. The major long term consequence of adolescent obesity persists into adulthood and associate with an increased risk of cardiovascular and metabolic diseases later in life. Inadequate nutrition also lowers resistance to infectious disease, and may adversely affect the ability to function at peak mental and physical ability. A study done in Slovenia revealed that there is an association between inappropriate dietary habits of adolescent's and their growth problems.^[17] Another study conducted in China, found that the average quantity of protein consumption in children and adolescents in 1991 to 2009 has decreased and caused the deduction of weight and height among adolescents.^[18] Malnutrition is one of the major health problems of all developing countries in the world including India. It is the risk factor for most of the diseases. India has the second largest adolescent population in the world. Changes in dietary habits i.e. consuming fast foods and shifting to sedentary life style are likely to be the most important determinants.^[19]

Discussion- Good nutrition during adolescent is essential for their proper growth and development, health and well-being and also for the prevention of some chronic diseases. Nutrition of adolescent girls vital because improving female adolescence nutritional behaviour is an investment for improving health among future generations.^[20,21] In a study conducted on students aging 11 to 18 years in the Healthy Heart Project conducted by Esfahan Medical University of Medical Sciences has reported that the girls have moderate knowledge regarding nutrition.^[22]

Unhealthy dietary habits are still very much prevalent among adolescents. Obesity is also showing increasing trend among those having such poor dietary habits and life style.^[23]

Adolescents (both boys and girls) are at risk of developing iron deficiency and iron deficiency anaemia because of the increased iron requirements for growth. The school health authority should impart nutrition education among school adolescent girls to prevent the nutrition anaemia.^[24]

Lack of knowledge on dietary requirements, had resulted in moderate anaemia among respondents. This evokes the importance of nutrition education for adolescent girls focusing on anaemia, healthy choices in eateries to enhance their health.^[25]

Several studies have stressed that adolescents need to understand the importance of nutrition in this stage and have emphasized the importance of educational interventions.^[26,27] The implementation of nutrition education programs in schools and the designing of proper patterns towards healthier food choices could help to improve eating behaviours, the health maintenance of adolescents, and also to prevent diet- related diseases in adulthood.^[28]

The present review, though limited in nature highlights that adolescents as a population group have a very distinctive profile of attitudes and concerns in relation to dietary behaviour. Adolescence is the life stage during which the knowledge and motivations necessary to enable a healthy balanced diet need to be developed.

Acknowledgment - I cannot refrain myself from expressing my deepest sense of gratitude to Dr. Gurmeet Kaur, Head of Department, Home Science, Guru Nanak Girls Post Graduate College Sundar Nagar Kanpur U.P. Supervisor of my research work for her noble guidance, help and inspiration while preparing the manuscript.

I am also thankful to Dr. Nitu Singh, Associate Professor, Home Science, Hemwati Nandan Bahuguna Government Post Graduate College, Naini, Allahabad U.P. for her kind assistance in writing my research study.

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Empowering Adolescents with life skills education

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Abstract

Adolescents people are aged in the range 10–19 years, constitute about one-fourth of India's population. This large part of younger people represents a great demographic dividend with the potential to contribute to India's economic growth and development. Violence and hostility are the hall marks of the today living. Women and children are the worst affected section of the society. Changes in social, moral, cultural and religious values have made life stressful for adolescents. Life skills are those abilities which will help in the promotion of general well being and psychosocial competence of the individual.

Keywords: Adolescents Empowerment, Life Skills, WHO

I. Introduction

Adolescents have always remained in a dilemma, as they are neither considered children nor adults. Adolescence is the age of change. It is a vital stage of growth and development that marks the period of transition from childhood to adulthood. It is also characterized by rapid physiological changes and psychosocial maturation. Adolescence is also the stage when young people extend their relationships beyond parents and family and are intensely influenced by their peers and the outside world in general. It is a vulnerable time when kids can develop unhealthy habits that grow into problems in their adult life. These are truly the years of creativity, idealism, buoyancy and a spirit of adventure. While many adolescents are able to deal effectively with these challenges, some struggle more than the others. Behavior issues of adolescence, which are quite common, also crop up during this time, making it impossible for parents to reach out to their teenagers.

These are also years of risk taking, solving their own problems, taking decisions on crucial issues, peer pressures and coping with stress. Thus it is a turning point in one's life and a period of increased potential. There is a need to focus on physiological, emotional and socio-cultural dimensions of the adolescents. Moreover, the greater need is to equip adolescents with life skills, so that they can cope with the challenges and pressures. Life skill of a person develops over the years continuously in a dynamic manner.

According to World health Organization (WHO) Life skills are “the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life” [1]. These are understood to be an effective tool for empowering the youth to act responsibly, take initiative and take control. Life skills area is not only linked to the pedagogy of active learning but also concerned with addressing the balance between knowledge, attitude and skills. Life skill education promotes mental well-being in young people and equips them to face the realities of life.

II. Materials and methods

2.1 Life Skills for Adolescents

The World Health Organisation (WHO) categorizes life skills into the following components [1, 2]

Self-awareness

Self awareness helps adolescents understand themselves and establish their personal identity. It includes recognition of self, our character, our strengths and weaknesses, desires and dislikes. Creating self-awareness can help adolescents recognize when they are under stress or feel pressured.

Empathy

To have a successful relationship with our loved ones and society at large, it is important that we, during our adolescent years, learn to understand and care about other peoples' needs, desires and feelings. Empathy is the ability to imagine what life is like for another person. Without empathy, our communication with others will amount to one-way traffic. We grow up in relationships with many people – parents, brothers and sisters, cousins, uncles and aunts, classmates, friends and neighbours. When we understand ourselves as well as others, we are better prepared to communicate our needs and desires.

Critical and Creative thinking

It is an ability to analyze information and experiences in an objective manner. Critical thinking can contribute by helping the adolescent to recognize and assess the factors that influence attitudes and behaviour, such as values, peer pressure and the media. Creative thinking is a novel way of seeing or doing things that is characteristic of fluency (generating new ideas), flexibility (shifting perspective easily), originality (conceiving of something new), and elaboration (building on other ideas).

Decision making Problem solving

This is a skill that can help an adolescent deal constructively with decisions about their lives. Young adults can learn to assess the different options available to them, and consider what effects these different decisions. Problem solving helps us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

Effective communication

It helps the adolescents to express themselves, both verbally and non-verbally, in ways that are appropriate to cultures and situations. This means being able to express opinions, desires, needs and fears and also includes the ability of being able to ask for advice and help in a time of need. This may entail being able to make and keep friendly relationships with friends and family.

Coping with stress and emotions

This means recognizing the sources of stress in our lives, recognizing how this affects us, and acting in ways that help us control our levels of stress, by changing our environment or lifestyle and learning how to relax. Following stages are useful to control our emotions [3] (i) identify your emotion (ii) Analyze why the situation bothers you (iii).

Analyze the effect; the situation can have on your life (iv) Decide what you can and cannot change (v). Choose a positive way to react (vi) Think of something positive, one can learn from the situation Adolescents require proper emotional adjustments. They are more vulnerable to emotional problems due to various physiological and psychological changes. Adolescence is a period which tries to experience various emotions to reach emotional maturity. Hormones have great influence on up the emotional expressions of adolescents.

2.2 Life skill education

It helps adolescents to understand their self and to assess their skills, abilities and areas of development. It also helps adolescents to get along with other people and adjust with their environment and making responsible decision [4, 5]. The main objective of life skill education is to enable the learner to develop a concept of oneself as a person of worth and dignity. Life skill education is a basic learning need for all individuals. Various skills like leadership, responsibility, communication, intellectual capacity, self esteem, Interpersonal skill etc. extends its maximum level, if it is practiced effectively.

In life skills education, children are actively involved in a dynamic teaching and learning process. The methods used to facilitate this active involvement include working in small groups and pairs, brainstorming, role play, games and debates. A life skills lesson may start with a teacher exploring with the students what their ideas or knowledge is about a particular situation in which a life skill can be used. The children may be asked to discuss the issues raised in more detail in small groups or with a partner. They may then engage in short role play scenarios, or take part in activities that allow them to practice the skills in different situations as actual practice of skills is a vital component of life skills education. Finally, the teacher will assign homework to encourage the children to further discuss and practice the skills with their families and friends.

In order to have an effective implementation of life skill education there is a need for professionally trained and skilled personal from within the country. Professional training requires a purposely planned programmed of study prepared by experts which has the approval of a competent authority and a group of experts to train the trainers of life skill education.

2.3 Benefits of teaching life skills

Life skills and life skill based education help adolescents to deal effectively with real life situations. Adolescents require analytical skills to make decisions, solve problems, become aware of their strengths and weaknesses, set certain goals for themselves, and to gear their efforts towards achieving these goals. Social skills help adolescents establish positive relationships with other people and help them in communicating effectively with peers, adults and others in the society. Imparting life skill education in children and adolescents will bring valuable benefits which include

- Promotion of self esteem, peace education, self confidence etc [6].
- Prevention of antisocial activities and behaviour [7].
- Helps in the promotion of general well being and primary prevention [8, 9].
- Enable individuals to translate knowledge, attitudes and values into actual abilities and enable individuals to behave in healthy ways
- Research studies also suggest that life skill education improves the academic performance of individuals [10].

III. Results and discussion

In India, components of adolescent health are being looked after by separate ministries and departments. The Ministry of Health and Family Welfare (MoHFW) focuses on delivering adolescent health services. The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG-SABLA), launched in 2010 by the Government of India, addresses the education, health (mainly reproductive health) and nutrition needs of adolescent girls. The scheme, targets girls in the age group of 11 to 18 years across the country using the platform of the Integrated Child Development Services (ICDS). Similarly, program on nutrition and counseling of adolescent girls—Kishori Shakti Yojana—is being looked after by the Ministry of Women and Child Development. There is need for reinforcement of the life skills as the family and cultural factors seem no longer influence the development of young people's mind. Parents and teachers also play a major role in strengthening Life skills in children and adolescents.

IV. Conclusion

Adolescence is a period when the intellectual, physical and all the capabilities are very high but their antisocial activities and behavior are deteriorating all their capabilities and they are becoming a burden to the society. Imparting life skill training through inculcating life skill education will help our adolescents to overcome such difficulties in life. Life skill education can serve as a remedy for the problems as it helps the adolescents to lead a better life. Therefore life skill education is a need of the society and every education system should impart life skill education as a part of its curriculum as it is capable of producing positive health behavior, positive interpersonal relationships and well being of individuals.

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Study of breast feeding practices on women of Allahabad City

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Abstract:

In general breast feeding has been considered an ideal food for infants. Breast feeding has been found beneficial not only to the infants but also to the mothers. Breast milk is sufficient food for infants that provides nourishment for the first six months of infants' life. It provides all the nutrients essential for infant's growth and development. Few of the nutrients essential for the growth and development of any kid are vitamins and minerals. Breast milk is composed of all such essential nutrients. Moreover, it does not need to be supplemented by any other types of liquid or food i.e. breast milk is complete food for any infant. Feeding to the babies is beneficial for health of mothers as well. In this paper, we propose a study on infants of age between 0 to 12 months. This study is designed to describe breast feeding practices, attitudes and effect on growth and development of infants in urban area of Allahabad City. In this study we discovered and discussed causes responsible for abnormal growth of infants of age between 0-12 months. In this study 200 beneficiaries of different families were considered. Mother's concerns were interviewed in different areas of the Allahabad City to collect the data. Our proposed study shown that 58% mothers were aware about the breast feed practices and rest of them could not fed due to lack of breast milk, illness of mothers and job duties.

Keywords:, breast milk, complete diet, healthy food, Infants, Infant's growth, nutrient.

Introduction: - Infants breast feeding is also known as nursing, is the feeding of a baby with milk from a women's breast [1]. According to the health professionals breast feeding is the ideal feeding practices for infants who made the first communication path way between the mother and her infant. Previously studies have shown that breast feeding has advantages for both babies and mothers. It provides essential nutrition for the babies boosts the immune system of baby, helps mothers to lose weight after pregnancy, and stimulating uterus to return to its previous position.[2]. World Health Organization recommended that infants breast feeding is the main source of infants food for the first six months, it also encourage mothers to consider about the breast feeding only feeding source. Babies who are aged between six months to two years, it was recommended [2]. World breast feeding week focused on the seventeen sustainable development Goals (SDGs) that Government have agreed to achieve by 2030 around the world. The SDGs built on the millennium development Goals (MDGs) and cover a range of issues on ecology, economy and equity [3]. The survey on Children Ministry of Women and Child Development 2015 shows that only 45% infants are now being breast feed within an hour of birth in India and just 65% are being exclusively breast feed as per WHO recommendation [4]. World breast feeding week 2016 started to work together and its show how to achieve sustainable development by way of promotion, support and protection, of breast feeding [3]. NFHS-4 data of seventeen States shows that India is just doing average. The key indicators initiation of breast feeding is 50.5% while rate of institutional deliveries is 84.3%, exclusive breast feeding 57.0%, Complementary feeding 49.6% [5]. Foods given to new born babies before breast feeding is established or before breast milk comes in, usually on the first day of life known pre-lacteal feeds. The popular pre-lacteal feed in India is honey, boiled water, glucose water, sugar water and dilutes

milk [6]. In Utter Pradesh breast feeding practices which are not up to the mark only 39.4% of new born receive breast milk within one hour and about 20.8% infants sustain mother milk till 35 weeks(annual health survey 2012-13) [7]. Mother milk prevents babies to hunger and malnutrition in all its forms and it also ensures food security for babies and at time of crises no additional burden on income, breast feeding is no cost way of feeding and contributes to poverty reduction. Nutrition, food security and poverty reduction to achieving the United Nations sustainable development Goals [8]. After birth of infants only few days' mothers produce small amounts of a special milk which is called colostrums, which protect infants from infection and other disease. On first day infants tummy capacity is about 5-7 ml this is why just a few tsp of colostrums is needed to satisfy a baby's appetite. On day seven baby's tummy is about the size of ping pong ball, by then mother milk supply will be meeting infants' demands with mature milk. So new mothers have not to be worried about low quantity of the milk supply during the first few weeks. Breast feed the baby as often as mother can, so mother milk supply increases sufficiently. [8,9]. "When babies came to their mothers skin-to-skin immediately after birth, its kept babies to warm and both regulate their heart respiratory, and oxygen sufficient rate and not feel pain as acutely." [10]. The common reason for stopping breast feeding in the first week are due to problems with the baby rejecting the breast/ not latching on properly (27%) having painful breasts or nipples (22%) and feeling that they had 'insufficient milk'(22%). The proportion of mothers citing 'insufficient milk' as a reason for stopping breast feeding increased to a peak of 39% at six weeks to 4 months then fell to 23% at 6 to 9 months this was also the most frequently mentioned reason for stopping breast feeding overall[11]. Supplementary feeding is called the process starting when breast milk alone is not sufficient to meet the actual infants requirements, so the foods and liquids are needed, along with breast milk to them. [12].

Material and Methods: The proposed study was conducted on mothers to be aware of feeding practices and reduction of malnutrition and improve health and development through infant feeding practices. Our main purpose of this study infants and young child feeding is established as a social norm in all communities, so the study was conducted on two hundred (200) mothers of infants aged 0-12 months in Allahabad City (U.P.). The targeted sample size of 200 hundred subjects was achieved. All mothers aged between 20 to 40 years with infants aged 0 to 12 months. Subjects were explained orally about the study and verbal. Data collection and educational counselling was done by single observer. Pretested questionnaire was used, questionnaire includes various demographic and socioeconomic factors like age, religion, regarding initiation and duration of breast feeding, exclusive breast feeding, pre-lacteal feeding etc.

Results:- As my survey total 200 infants in the age group of 0 to 12 months are participated in the study out of them one hundred five (52.5%) are girls and ninety five (47.5) are boys.

Pre-lacteal feed:- Out of 200 infants 23.5% have given dilute milk, 39.55 given honey but only 37.0% have given breast milk it shows that 63% infants have given Per-lacteal feed which is very high percentage and very less infants have given breast milk after birth as shown in Figure 1.

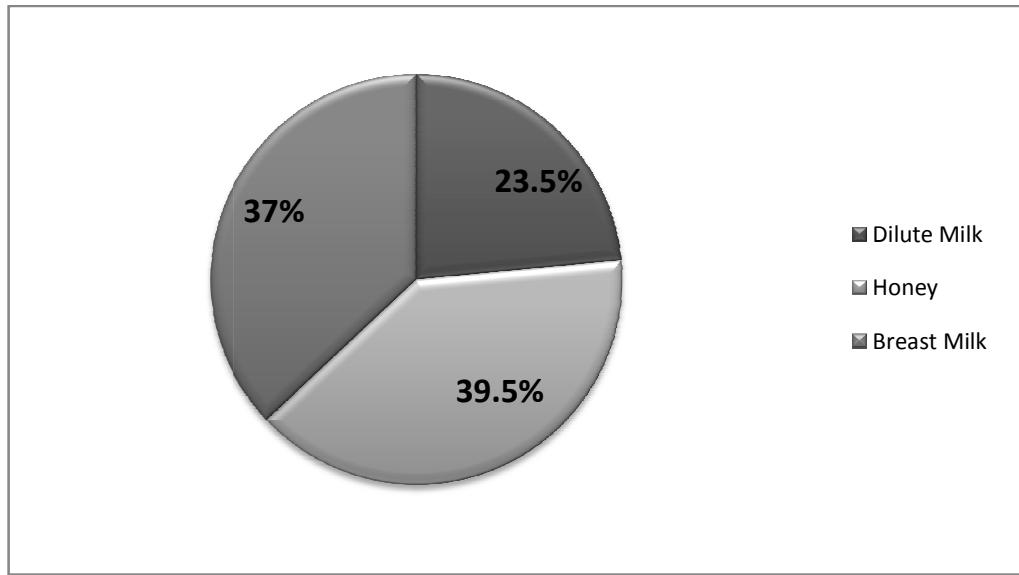


Figure 1: Per-lacteal Feed

First time of breast feeding within one hour 50.5%, 24.5% after 3 hours, 15.5% after 4 hours, 7.0% 1 to 2 hours and 2.5.0% due to some reasons not given breast feed.

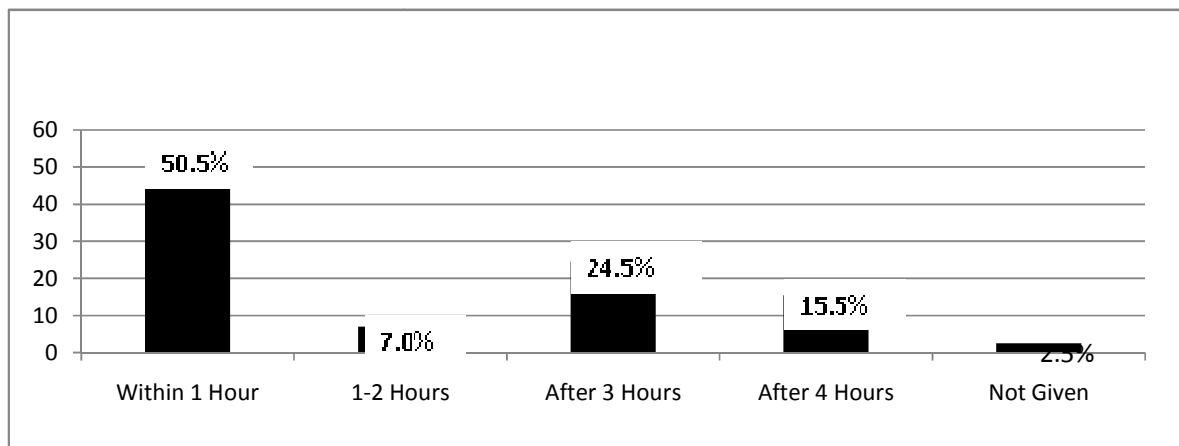


Figure 2: Time of breast feed

Causes of stop breast feeding:- According to my survey 19% mothers stop breast milk due to lack of breast milk, 5.0% due to next pregnancy, 3.0% due to illness of mothers, 12.5% due to working mother and 2.5% are not given by birth as shown in figure 3

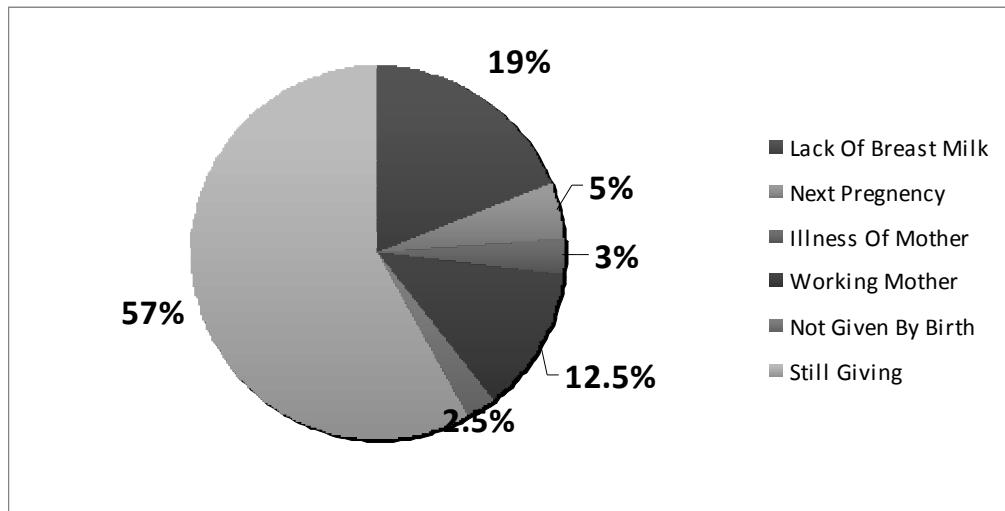


Figure 3: Stopping breast feeding

Discussion:- Breast feeding is an important topic in health education because of the many benefits that can be gained for babies, mothers and communities. For example, the components of breast milk provide the needed nutrition for babies and boost the baby's immune system. Also, practicing breast feeding helps mothers loss weight after pregnancy and reduces the risk of breast and ovarian Cancer in the mother. In my survey most of the mothers i.e. 39.5% given the first feed honey and 37.0% given breast milk and 23.5% given diluted milk, which is not sufficient for the infants and mothers health. The India new born action plan (INAP) developed by Ministry of Health and family welfare in 2014 is targeting a 75% rate of initiation of breast feeding within an hour of birth by 2017 and 90% by 2025 but the target was not archived 75% in year 2017. In present study most of the mothers (50.5%) are started breast feeding of their infants with one hour of the birth but due to lack awareness and different reasons 7.0% of mothers started to breast feed after two hours and 24.5% are given after 3 hours and only 15.5% are given after 4 hours and 2.5% are not given from birth due to their health and other problem. 35.0% mothers delivered their babies by caesarean so they could not feed their baby within one hour (out of 35.0% , only 4 mothers fed with their own milk). In our study 91% mothers are aware about to given colostrum so they are given to their baby because colostrum is the first breast milk after birth and is important for promotion of health and prevention of infections.

Conclusion: - Children who get mother's milk soon after birth are more emotional and mentally fit in compared to those who are deprived of it. "Colostrums" (Khees) has the ability to fight against any disease like coughs and cold, ear infections, bronchitis, pneumonia, meningitis, diarrhea etc. That is the reason it is called natural immunization for children. To contribute to the reduction in malnutrition, and improve infants and young child health and development through improved infant feeding practices our vision optimal infant and young child feeding is established as a societal norm in all communities. In our study out of 200 mothers as 50.5% are feeded milk within one hour which is about half percent, so this is not satisfactory result for infants as such rest of babies and their growth and development are not as good as provided in compare of the other infants who get mother milk on proper time. The aim of our study to done the best

interest of child and to insure the best possible start to life to every babies as foundation for full filament of every child's right to survival, growth, development, protection and participation without discrimination.

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A Study of Rising Major Health Issues of Adolescents in Present

By
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This paper is submitted for the presentation in the seminar sponsored by Department Of Higher Education, U.P which is proposed to be held at department of home science, **H.N.B Government Post Graduate College, Naini, Allahabad** during 3/02/2018.

Abstract:-

This paper entitled shows the major health issues of adolescents with special reference to India which is now rising day by day in present. This paper also illustrates the consequences of this issues and the need which compel us to tackle down all the problems at a very large scale else country will be facing major issues regarding its youth in nearby future. In addition to this paper describes the specific measures which can be exercised by the Government to tackle these problems.

Keywords:- Adolescents, Health, Awareness, Children, dissatisfaction, consequences.

Objectives of the study:-

- 1- To study the major health issues of adolescents at the global level as well as the country level specific to India.
- 2- To identify the problems related to the issues.
- 3- To trace out consequences of this issues.
- 4- To suggest the major.



What is Adolescence?

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Adolescence is a transitional stage of [physical](#) and [psychological development](#) that generally occurs during the period from [puberty](#) to legal adulthood. It is usually associated with the teenage years.

And India being one of the most populated countries the adolescents is higher in count too. Which raises many problems for a under developed country like us.

Example- Their growth, Education, Health etc.

Major Health Issues of Adolescents

Adolescents are a group of apparently healthy individuals and their health status is being determined by the health status in their adulthood whether they are male or female.

Many serious diseases that are caused in adulthood have their roots in from adolescence only. Also, many adolescents do die pre-maturely due to various reasons that are either preventable or treatable and many more suffer from chronic ill-health and disability.

Estimated 1.5 million adolescents died in 2015, over 3000 every day, mostly from preventable or treatable causes.

We can categorize the health needs of the adolescents broadly into three categories- **Physical, Psychological and Social.**

Main health issues include as follows-

1) Early pregnancy and childbirth

The leading cause of death for 15– 19-year-old girls globally is complications from pregnancy and childbirth.

Some 11% of all births worldwide are to girls aged between 15–19 years, and the vast majority of these births are in low & middle income countries.

The UN Population Division puts the global adolescent birth rate in 2015 at 44 births per 1000 girls this age.

This indicates a marked decrease since 1990. This decrease is reflected in a similar decline in maternal mortality rates among 15–19 year olds.

2) Mental health

Mental health problems are one of the most neglected issues among adolescent. Most of them don't even consider this as a disease and ignore them regardless of the consequences which will affect the life of a person as physical problems can be cured with medicines but mental problems require affection and attention from their closed ones.

The terms Mortality and Morbidity has come into rise due to mental disorders in adolescents and has increased and topped in recent years. A study from Goa, among 16 to 24 year olds, shows 3.9% of youths reported suicidal behaviors with females four times more prone than males. This suicidal behavior is independently associated with factors like absenteeism, independent decision making, premarital sex, sexual abuse, physical abuse from parents and mental disorders. This concludes that in India suicide among adolescents is higher than any other age group.

3) Nutritional Health

As adolescents require a lot of health and hygiene attention. So, it should be also taken under as an important part of their growth because it will affect their adulthood in future and if not taken care as if it should be then it can mislead to improper health.

Number of Adolescents have increased in nutritional requirements demanding diet rich in protein, vitamins, calcium, iodine, phosphorus and iron due to rapid growth spurt and increased physical activity. Around 2/1000 adolescent girls and 1/1000 adolescent boys suffer from diabetes. They are also highly prone for eating disorders like anorexia nervosa or binge eating due to body dissatisfaction and depression. These results show the extreme negligence of health maintenance of adolescents which requires proper maintenance.

4) Alcohol Use in Adolescents

Alcohol is the substance most often used by adolescents. About 70% of 12th graders report having tried alcohol, although only 55% say they have ever been drunk. About 50% of 12th graders have consumed alcohol in the past month and are considered current drinkers.

Heavy alcohol use is also common, and nearly 90% of all alcohol consumed by adolescents occurs during a binge. A binge is generally considered to be consuming more than 4 drinks within 2 hours or less. Binges put adolescents at risk of accidents, injuries, unwise or unwanted sexual activity, and other unfortunate situations. For these reasons, adolescents should be discouraged from drinking. Society and the media portray drinking as acceptable or even fashionable. Despite these influences, parents can make a difference by conveying clear expectations to their adolescent regarding drinking, setting limits consistently, and monitoring.

5) Tobacco Use in Adolescents

The majority of adults who smoke cigarettes begin smoking during adolescence. Even young children may experiment with cigarettes. In 2015, about 11% of high school students reported consuming cigarette, down from 27.5% in 1991. Only about 2% of high school students report smoking every day. About 7 to 8% of 9th graders report smoking regularly.

6) Road Traffic Accidents

Road traffic injuries emerged as a leading cause of death among adolescents. Rash driving, driving without license, drunken driving and use of mobile phones while driving are factors associated with road traffic injuries in young drivers.

This can be prevented by strict enforcement of law and by conducting awareness campaign targeting adolescents insisting the need for following safety rules. Even parenting guidance plays a vital role in this section of problem. They should act as active parent who directs them in a good way not just neglect them and let the child go in a wrong way of their life.

7) Violence

Violence is a leading cause of death in older adolescent males. Interpersonal violence represents 43% of all adolescent male deaths in LMICs in the WHO

Americas Region. Globally, 1 in 10 girls under the age of 20 years report experiencing sexual violence.

Promoting nurturing relationships between parents and children early in life, providing training in life skills, and reducing access to alcohol and firearms can help to prevent injuries and deaths due to violence.

Effective and empathetic care for adolescent survivors of violence and ongoing support can help deal with the physical and psychological consequences too.

8) Malnutrition and obesity

Many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. At the other end of the spectrum, the number of adolescents who are overweight or obese is increasing in low, middle and high-income countries.

Many health regard videos and audios are also promoted on televisions, radio and others by NGOs and Health Departments.

9) Exercise and nutrition

Developing healthy eating and exercise habits in adolescence are foundations for good health in adulthood. Opportunities to engage in physical activity are important for all but especially children and adolescents. Yet available survey data point toward that less than 1 in every 4 adolescents meets the recommended guidelines for physical activity.

On the other hand Iron deficiency anemia is the leading cause of years lost to death and disability in 2015. Iron and folic acid supplements are a solution that also helps to promote health before adolescents become parents. Regular deforming in areas where intestinal helminthes such as hookworm are common is recommended to prevent micronutrient (including iron) deficiencies.

10) Other infectious diseases

Besides all the main factors affecting the adolescent age there are many other infectious diseases but thanks to improved childhood vaccination, adolescent deaths and disability from measles have fallen markedly.

For example, a specific data from Africa shows that by 90% in the African Region between 2000 and 2012, Diarrhea and lower respiratory tract infections are estimated to be among the top 5 causes of death for 10–19 year olds.

How to Deal With Common Problems of Adolescence

Adolescence is not an easy time for kids or parents. The only way to deal with needs and problems at this age is to know about them and be ready to face them. Here is our list of the most common problems, and their solutions that adolescents have to deal with.

Parental guidance can help abate health problems in adolescence to maintain a healthy lifestyle. Lead by example and encourage your children to eat healthy food, exercise right and sleep on time.

- Ensure they get nutrition through their meals. Give them a balanced diet. Be there for them emotionally and physically as this will help them deal with any possible disorders.

- Children tend to imitate what they see at home. The following remedies for problems of adolescence will help abate aggression, violence and related issues.
- Teach your children to be kind and considerate. Nurturing relationships at home can help them become less aggressive.
- Prevent access to firearms and alcohol early to prevent violence.
- Teach them life skills and the importance of compassion. Lead them by being their model.
- Avoid exposing them to violent stories, games or movies at an age when they cannot differentiate between what is right and wrong.

SUGGESTIONS TO TACKLE IT

Parents, schools, social workers and healthcare professionals can have open, honest and educational talks with teenagers and preteens. ii. Government should plan to make sex education compulsory at both primary and secondary school levels. iii. Community-based and college-linked clinics can reduce pregnancy rates. In conclusion, all parties including parents, school, social workers, government, as well as the individual should do their parts, in order to prevent adolescent pregnancy from becoming serious life and death issue.

CONCLUSION

Adolescent problems are common to every country. But the way we tackle such problems from becoming more complicated is more important. An adolescent child is able to fall in a wrong path due to many misconceptions. And it's the duty of the parents, teachers and elders to correct them and provide them with a healthy life. Youth is the best asset of our nation, and by making use of that wonderful power, INDIA can reach to SUPER POWER position.

EVERY NEW BORN, ONCE WILL PASS THROUGH THIS STAGE AND IT CANNOT BE AVOIDED

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LIFE SKILL EDUCATION: STRATEGIES TO HANDLE ADOLESCENT BEHAVIOUR

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Abstract

Adolescence is a transition period of development and adolescents are considered as the productive members of a society. In modern era, the lives of adolescents are becoming miserable due to many reasons including inappropriate home and school environment. They are becoming individuals who are less motivated, less confident and are engaging in antisocial activities and spoiling their valuable life. Adolescence is a period when the intellectual, physical and all the capabilities are very high but their antisocial activities and behavior are deteriorating all their capabilities and they are becoming a burden to the society. The paper focused on the benefits of life skill education in shaping adolescent life in modern time. Life skill education aims to provide students with strategies to make healthy choices that contribute to a meaningful life. Life skills are the abilities that help to promote mental well being and competence in young people as they face the realities of life. It helps the young people to take positive actions to protect themselves and to promote health and meaningful social relationship. Life skill facilitates a complete and integrated development of individuals to function effectively as social beings. Life skills can be applied in the contexts of social and health events. With life skills, one is able to explore alternatives, weigh pros and cons and make rational decisions in solving each problem or issue as it arises. It also entails being able to establish productive interpersonal relationships with others.

Key words: adolescence, life skill, development, adolescent at risk

Introduction

Adolescence is the period of transition from childhood to adulthood during which young people go through many physical, intellectual and social changes. During this stage in the life cycle, a young person's social, economic, legal and political status is transformed. Adolescence is a time of preparation for the adult roles of worker, citizen and community participant, spouse, parent, and household manager. It is a period of capacity development and one of increased vulnerability and risk, especially for girls. In their transition from childhood to adulthood, adolescents face many challenges. Many of the problems adolescents are experiencing are related to their relative lack of power. Legally, politically, socially and economically, adolescents have less power than adults. This makes them vulnerable to exploitation and abuse, reduces their ability to demand better quality education, and limits their livelihood opportunities. Many adolescents are without protection from families, communities or the State. Empowering them has to be a fundamental component of any approach towards the development and protection of adolescents. Adolescence is a critical period of capacity building. Children and young people have to be supported to develop their skills. Adolescents have the right to take an active part in their own development, survival, protection in the family, in schools, child welfare institutions, orphanages, the media, in the community and at national and

international levels. Recognizing and harnessing the capabilities of adolescents in their own development contributes to realizing their rights. Empowered adolescents, who have access to information, knowledge and skills, expression, decision making, resources, services and the right to association, are able to better contribute to their own development and protection. Not empowering adolescents and failing to involve them in their own protection misses a key opportunity to develop and utilize their capabilities. It also denies them their rights. Adolescents are experiencing are related to their relative lack of power. Legally, politically, socially and economically, adolescents have less power than adults. This makes them vulnerable to exploitation and abuse, reduces their ability to demand better quality education, and limits their livelihood opportunities.

Life Skill Education for Adolescent:

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). ‘Adaptive’ means that a person is flexible in approach and is able to adjust in different circumstances. ‘Positive Behaviour’ implies that a person is forward looking and even in difficult situations, can find a ray of hope and opportunities to find solutions. Life skill education facilitates a complete and integrated development of individuals to function effectively as social beings. With life skills, one is able to explore alternatives, weigh pros and cons and make rational decisions in solving each problem or issue as it arises. It also entails being able to establish productive interpersonal relationships with others. Developing life skills helps adolescents in translating knowledge, attitude and values into healthy behaviour that makes their life fruitful. Life skills also help in empowering girls by imparting healthy behaviour and helping them to avoid risks and to make appropriate decisions at the right time.

The main objective of life skill education is to enable the learner to develop a concept of oneself as a person of worth and dignity. Life skill education is a basic learning need for all individuals. Various skills like leadership, responsibility, communication, intellectual capacity, self esteem, Interpersonal skill etc. extends its maximum level, if it is practicing effectively. We need to create life skill education as the cornerstone of various youth programmers and an integral part of our formal education process.

In life skills education, children are actively involved in a dynamic teaching and learning process. The methods used to facilitate this active involvement include working in small groups and pairs, brainstorming, role play, games and debates. A life skills lesson may start with a teacher exploring with the students what their ideas or knowledge is about a particular situation in which a life skill can be used. The children may be asked to discuss the issues raised in more detail in small groups or with a partner. They may then engage in short role play scenarios, or take part in activities that allow them to practice the skills in different situations as actual practice of skills is a vital component of life skills education. Finally, the teacher will assign homework to encourage the children to further discuss and practice the skills with their families and friends.

Components of life skill Education:

Life skills include psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner. Essentially, there are two kinds of skills - those related to thinking termed as "thinking skills"; and skills related to dealing with others termed as "social skills". While thinking skills relate to reflection at a

personal level, social skills include interpersonal skills and do not necessarily depend on logical thinking. It is the combination of these two types of skills that are needed for achieving assertive behaviour and negotiating effectively. "Emotional" can be perceived as a skill not only in making rational decisions but also in being able to make others agree to one's point of view. To do that, coming to terms first with oneself is important. Thus, self management is an important skill including managing/coping with feelings, emotions, stress and resisting peer and family pressure. Young people as advocates need both thinking and social skills for consensus building and advocacy on issues of concern.

The world bodies such as UNICEF, UNESCO, and WHO list the ten core Life Skill component as:

1. Self-awareness
2. Critical thinking
3. Creative thinking
4. Decision making
5. Problem Solving
6. Effective communication
7. Interpersonal relationship
8. Empathy
9. Coping with stress
10. Coping with emotion

Need for life skill education for adolescent in present age:

In the new millennium, education is undergoing a revolutionized change regarding science & technology, globalization, privatization, urbanization, industrialization, etc. Today's youth are facing many emerging issues such as global warming, famines, poverty, suicide, population explosion as well as social, emotional, physical and psychological issues. Cut-throat competition, unemployment, lack of job security, etc. are some of the major concerns for the educated and as a result, they are caught in the mad race. No one has time for his/her 'self', to develop empathy with surrounding and to have harmony in society. Young mind is being considered, as the most productive members of the society, due to their physical and intellectual capability. But in real scenario, most of them are unable to utilize their potential in an appropriate way due to lack of guidance and motivation. Social problems like alcoholism, drug abuse, sexual abuse, smoking, juvenile delinquency, anti-social acts, etc. have an adverse effect on them and others too, to a large extent. In a constantly changing environment, having life skills is an essential part to meet the challenges of everyday life. The dramatic changes in global economies over the past few years have been matched with the transformation in technology and these are all impacting on education, the workplace and our home life. To cope with the increasing pace and change of modern life, students need new life skills such as the ability to deal with stress and frustration. Today's students will have many new jobs over the course of their lives, with associated pressures and the need for flexibility.

In everyday life, the development of life skills helps students to find new ways of thinking and problem solving. It also helps the adolescents to recognize the impact of own action and teach them to accept their responsibilities rather blaming others. Life skill educations build confidence in overall personality and encourage their extrovert behaviour. It helps them analyze option, make appropriate decision making and develop a greater sense of self awareness and appreciation for other.

While students work hard to get good grades, many still struggle to gain employment. According to research by the CBI (Confederation of British Industry) in 2011 employers were looking not just for academic success but key employability skills. Adolescents require these life skills to enhance their ability to self-manage, solve problems, management of time human resource management and understand the business environment. It also assists them in working with team and develops leadership quality.

Thus, main objective of life skill education is to enable the learner to develop a concept of oneself as a person of worth and dignity. Life skill education is a basic learning need for all individuals. Various skills like leadership, responsibility, communication, intellectual capacity, self esteem, Interpersonal skill etc. extends its maximum level, if it is practicing effectively. We need to create life skill education as the cornerstone of various youth programmers and an integral part of our formal education process.

Strategies to handling adolescent at risk

Adolescence is a susceptible and important phase in an individual's life and is a period of transition from childhood to adulthood and embodies significant physical, physiological, cognitive, psychological and social changes resulting in sexual, psychosocial and behavioural maturation. It is the period of development from childhood to adulthood and the child moves from dependency to autonomy. The needs and concerns of adolescents are manifold and they find themselves in utter confusion and many at times fall into crisis and troubles due to lack of proper guidance and support. The adolescents are vary of asking their parents, teachers or significant others for clarification of their doubts which affect them physically, socially or mentally. The physical concerns of adolescents like health and hygiene- personal hygiene, body growth and function- puberty period, body image and size, idolizing styles of famous personalities, concern about skin, colour, complexion, nutrition and food habits, fashion, reproductive health, sex and sexuality and responsible sexual behaviour and physical changes and coping disabilities warrant immediate attention. The psychological concerns of adolescents are even more delicate and difficult to handle. Identity formation and crisis, self confidence, self esteem and self acceptance, career aspirations and guidance, lack of interest in academics, over indulgence in internet and social media, peer pressure, infatuation and attraction towards opposite sex, impulsive and risky behaviour, tendency to self harm, emotional outburst, etc. are quite common among the adolescents and they find themselves difficult to handle the pressure emanating from these issues. It is not only physical or mental issues that affect the adolescents in their day-to-day life. There are a whole lot of social concerns also which requires attention. Parental care and support, child-parent conflicts, erosion of values including disrespect to elders including teachers, interpersonal relationships and peer influence, influence of media especially social media, familial and societal pressure, etc affects the adolescents.

The empowerment of adolescents is a major concern of parents, teachers and government. There are various opinions about adolescent's development and the strategies to be followed for the same. Life skills based education is one of the major strategies adopted world across for adolescent empowerment. Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. It contributes to psychosocial competence, which is a person's ability to maintain a state of mental well-being and to demonstrate this in adaptive and positive behaviour while interacting with others, his/her culture and environment. Psychosocial competence plays a vital role in the promotion of health in its broadest sense; in terms of physical, mental and social well-being. Enhancement of

psychosocial competence can make an important contribution to the health of the person, especially when it is related to behaviour like inability to deal stress effectively and pressures in life. By teaching life skills in a supportive learning environment children and adolescents coping resources, personal and social competencies can be enhanced.

On the whole, life skills education, have found to be an effective psychosocial intervention strategy for promoting positive social, and mental health of adolescents which plays an important role in all aspects such as strengthening coping strategies and developing self-confidence and emotional intelligence, as well as enhancing critical thinking, problem solving and decision making skills as has been well documented in the aforementioned studies. Thus, there is, significance and importance of life skills education to be integrated into the regular school curriculum and given on a daily basis by a life skills trainer/ teacher/counselor to enhance the mental health of students, equip them with better adapted skills to face the challenges of changing life situations and empower them to become fully functioning contributors to the host society in particular and the world in general.

Conclusion

Adolescence is the transition period from childhood to adulthood and also a period of experimenting, experiencing and expanding. During this stage, many adolescents experience anxiety, confusion and difficulty in their preparation for adulthood. Adolescents need help and guidance in decision-making, problem solving, critical thinking, developing interpersonal skills, self-awareness, empathy, coping with stress and managing emotions. They need support and guidance which is the responsibility of the parents to help children by understanding and solving their problems. Life skill education enhances young people's ability to take responsibility for making choices, resisting negative pressure and avoiding risky behavior. It is helpful for the adolescent to take positive actions and improving their coping skills of stress and problem solving ability. Life skills are the building blocks of one behavior and need to be learnt well to lead a healthy, meaningful and productive life. Attempts should be made to understand the adolescent problems and guide them in acquisition of life skills.

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Strategies of Stress Management for Adolescents

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Abstract:

Stress is being experienced by everyone nowadays. Stress among the Adolescents can be crucial in the well being of the family as a whole. It can be caused due to many factors and can alter the relationships dynamics in the family. Excessive stress is considered to be one of the main factors affecting students' academic performance. It is being observed Adolescents are getting instant gratification from the electronic media and gadgets which led to lot of stress in them and in their relationships with family and peers. Healthy coping and stress management can reduce the negative impact of stress, which can affect both the physical and mental health of adolescents. Stress Management is very essential & managing stress is also a skill which we all have to develop. Various stress management techniques used either individually or in combination appear to have shown some minimal effectiveness in helping adolescent students cope with stress. Especially stress in the adolescence can be very taxing on the parents and the adolescents themselves. Health care professionals can play an important role in identifying and helping children and youth cope with stress.

Key words: Stress, Stress Management, Strategies of stress, Adolescents health,

Introduction:

According to the World Health Organization, stress is a significant problem of our times and affects both physical as well as the mental health of people. Stress is defined as a situation where the organism's homeostasis is threatened or the organism perceives a situation as threatening. Adolescence is one of the transitional periods in everyone's life. The term Adolescence has been derived from Latin word 'Adolescence' which means "to grow up". It will be very Vulnerable to Stress because of the rapid Physical and Psychological changes. Stress is a very uneasy feeling that we all go through in our life. The parents have to take care of their growing child because they may succumb to pressures from schoolwork, peer relationships, mood swings because of stress. During adolescence they imbibe both positive and negative things from their parents and environment. The reasons for Stress during adolescence may be because of disturbed family dynamics, peer pressure, inability to cope with studies, drug abuse, and lack of competence. One of the important trends which are being observed is getting instant gratification from the electronic media and gadgets. The chances of Adolescents to Indulge in deviant behaviours are very high when they are not paid attention by parents and teachers.

The choice they make in this phase is very much dependent upon the upbringing they get and expectations from Family, Society, Peers, and more importantly their own 'Self'. The problem arises when the adolescents are unable to cope with stressful situations and end-up themselves in the distressed state of mind. In this distressed situation they indulge themselves in Anti-Social and Self-Destructive Activities. Chronic

stress can contribute to lower immunity, can aggravate autoimmune disorders, and may play a role in the development of cardiovascular disease and metabolic disorders including obesity, insulin resistance, and Type 2 diabetes mellitus. Stress can be constructively channelized to reduce the stress. Health care professionals can play an important role in identifying and helping children and youth cope with stress.

Review of Literature:

BJ Cassey, Rebecca M. Jones et al (2010) indicate that the adolescence is the time of storm and stress. In spite of intense and frequent negative affect this period has been hypothesized to explain increased rates of affective disorders, suicide and accidental death. Yet some teens emerge from adolescence with minimal turmoil.

Angela J Dean et al (2010) conducted a literature search to locate controlled trials that described specific interventions focusing to improve abiding to long-term medication, where participants were aged 18 years & these findings suggest that education interventions alone are insufficient to promote adherence in children and adolescents and that incorporating a behavioral component to abiding intervention may increase efficacy.

Pamela Martyn-Nemeth et al (2009) The purpose of study was to examine relationships among self-esteem, stress, social support, coping and to test a model of their effects on eating behavior and depressive mood in a sample of 102 high school students, which indicate that stress and low self-esteem were to avoidant coping were related to unhealthy, eating behavior. These results also suggest that teaching adolescents skills to reduce stress, build self-esteem and use more positive approach to coping may prevent unhealthy eating and subsequent obesity and lower risk of depressive symptoms.

Earl Hipp, (2008) in his book *Fighting Invisible Tigers: Stress Management for Teens*, suggests that stress could be described as “the feeling you have when facing many challenges all at the same time”, and that it may be helpful to get youth to imagine all of their worries and problems as separate rubber bands around their heads, and the pressure they feel from the rubber bands as stress.

Sangeeta Chaudhary & Priya Mary. Joseph (2010) conducted a study to understand adolescents’ perceptions on coping with stress in middle income group, aiming to explore their awareness regarding adaptive coping, alternate ways of coping and its importance. The results revealed that across the four domains, adolescents perceive parental support for their adaptive coping styles, whereas for adaptive coping, adolescents perceive guidance or no support. However, adolescent girls have perceived parents to be stricter with boys especially in academics and boys have perceived parents to be more concerned for girls in heterosexual relationships and physical appearance.

Suvarna Sen (2006) has put forth the important aspects of adolescence by her review of research & reveals these major points: 1) the role confusion among adolescents 2) encouraging adolescents to explore opportunities 3) Influence on adolescents of family 4) Helping the adolescents with Identity crisis 5) the attitude of parents towards and vice-versa.

Suldo, Shannon M et al (2009) The study investigated the environmental stressors and psychological adjustment of adolescence students participating in the IB program and factor analysis revealed that primary source of stress experienced by students was related to academic requirements. In contrast, students in the general education program indicated higher levels of stress associated with parent-child relations academic struggler, conflict within the family and peers relations, as well as role transitions and societal problems.

Raymond Montemayor (1986) elicits by his studies that parents and adolescents who have good communication between them and when parenting style is helping the adolescents to communicate their stress have better relationship. And parents also facilitate the adolescents to combat stress.

Rex Forehand et al (1991) conducted a study on Adolescents and their parents stress, which indicated that the stress in the family like divorce, intrapersonal conflict and maternal depression leads to stress in the adolescents which deteriorates functioning. Further a positive Parent-Adolescent relationship as perceived by the Adolescents was associated with less deterioration in all areas of functioning.

The causes of stress during Adolescence:

Cognitive Development:

Cognitive development in the form of thinking, reasoning, learning, reflecting takes place during adolescence. It causes stress because an adolescent is expected to enter the final stage of cognitive development where adolescents try to experience the world on their own. This is the phase of information gathering and experimenting & in this computer age the adolescents try to experience both the real and virtual world on their own. It involves stages like Abstract Thinking, Hypothetical Thinking, Inter Propositional Logic and Reflective Thinking which may lead to risky and deviant behavior due to wrong use of information.

Confusion and Identity:

During the stage of adolescent the core conflict is between role Confusion and Identity. In confusion and Identity crisis an individual tries to understand themselves about their strength and weakness. They seek to establish their identity in the world around them. Confusion sets in when they are not sure of his potentialities and skills. According to Erikson developmental theory, Adolescent who forms a sense of Identity gains two key benefits: A feeling of being at home in one's body and a sense of psychological Well-being. Seeking Identity involves searching for continuity and sameness in one-self and trying to get a clear sense of what one's skills and personal attributes are to discover. Therefore an Adolescent may delay in taking up responsibilities and showing Rebellion Pattern where in the Adolescents go against their parents and well wishers in spite of being told for their own good. Where one is headed in life, and that one can count on recognition from "significant others".

The Biological Cause:

Stress occurs due to sexual and other physical maturation that occurs during puberty and results in hormonal changes. As child nears puberty, pituitary gland increases the secretion of a Follicle Stimulating Hormone (FSH). In girls it activates the ovaries to start producing estrogen while in boys it causes sperm to develop. Nutrition plays very important role in growth of the adolescents. The biological causes affect the adolescents both internally and externally. Internally the body undergoes hormonal changes and at this crucial phase counseling and advice by parents and teachers could stem the deviant behavior. It can cause disorders and it may even precipitate to suicide and an adrenalin rush often leads to risky behavior which may cause death. The internal imbalance may also result in extreme emotional behavior that could harm an individual.

Parental relationship:

The relationship between parents and adolescents is vital during stress times. Most teen parents' arguments concern the timing of rights and responsibilities. Parents should take great care, watch the adolescents and observe their movements among their friends and the external environment. The emotional support which the parents give to their adolescent is very essential as, this, would keep them in constant touch with their parents and would be easy to take care of them while in the absence of such a parent child relationship, the child would try to seek emotional support outside his family and demand for freedom which could be dangerous.

The Study indicated that the external factors like parents' divorce, domestic violence, bad company and unhealthy habits would affect the adolescents personality. These

adolescents deviant behavior are common where parents are of lower income groups, unemployed parents, compared to higher income middle class groups. This may also be true in higher income groups where they experience deviant behavior due to lack of parental attention and extreme indulgence.

Peer Relationships:

Adolescents spend more & more time with other Adolescents. Study found that they spend great deal of time talking with peers than doing academic work or being alone. The structure of peer groups seems to change over the course of adolescence. Adolescents move from small unisex groups to large groups and later develop contact with opposite sex. A peer group membership assumes more importance during adolescence than at any other time of life

A peer group can provide a refuge and a source of support for youngsters in conflict with their families. Dominance hierarchy it is the leadership quality that is developed during adolescence.

Experiencing some stress is normal and necessary, and should not be pathologized or feared. The positive stress (Eustress) is healthy and gives one a feeling of fulfillment. It can motivate, increase performance, and provide opportunities for learning. Let children and adolescents know that stressful events happen to everyone, and what is important is how they react to these stressful situations, if they react with effective coping and stress management strategies, they will be able to manage the demanding situation in a healthy way. All adolescent people will experience stress differently, and their reactions can vary depending on their age. Being able to recognize how they react to stress is important to help build prevention skills so that the next time a stressor occurs, they can use an effective coping strategy before they experience a negative stress reaction.

Symptoms which will be helpful in identifying the stressful behaviors of dolescents:

- Adolescents may be experiencing irritability because of lack of proper sleep at night.
- They may be unable to concentrate on academics and sports & skipping school.
- Adolescents may be having unexplained fears or increased anxiety.
- Adolescents may complain about headaches or stomach aches.
- Adolescents may have poor appetite and low immunity.
- Exhibiting poor self-esteem & putting themselves down or assuming that others don't like them
- Adolescents isolate from family activities or peer relationships.
- Adolescents may be experimenting with drugs and alcohol.
- Going against rules or expectations
- Showing a lot of anger or distrust or getting into fights
- Different strategies will work for different youth in different situations. Like:
- Appraisal-focused strategies means modifying the way one thinks
- Problem-focused strategies means dealing with the cause of the problem
- Emotion-focused strategies mean employing relaxation techniques.

Stress management strategies:

- Relaxation techniques
- Healthy lifestyle & environment
- Healthy thinking
- Behavioral strategies with Parents

Relaxation techniques:- Relaxation techniques have been shown to have immediate relaxation effects on adolescent, both physiologically as well as subjectively. These are found to be especially effective for adolescent who worry a lot, who can't settle down,

who are distractible or hyperactive, who have difficulty falling asleep, or who have depression or anxiety.

Deep Breathing: Belly breathing is one of the easiest and quickest ways to relax. It allows young people to visit their 'calm centre' whenever they start to feel overwhelmed by stress.

Progressive Muscle Relaxation: Progressive muscle relaxation (PMR) is a method of systematically tensing and relaxing muscle groups throughout the body. This technique can be done during the day or in the evening to relax or aid sleep for the adolescent having difficulties, including anxiety disorders, sleep disturbance, hyperactivity and impulsivity.

Massage Therapy: Massage therapy has been shown to be effective in reducing stress levels in adolescent psychiatric patient reducing sleep problems and difficult behavior in children with autism.

Visualization: Visualization (mental imagery) is a potent method of stress management, especially when combined with physical relaxation methods such as deep breathing.

Maintaining A Healthy Lifestyle:

Physically active : Being physically active, as well as eating and sleeping well, are some of the best stress-management strategies. Maintaining a healthy lifestyle can help keep the immune system strong and energy levels high, and can help to reduce muscle tension and mental fatigue that accompany stress.

Contact with Nature: Contact with nature can reduce feelings of stress and increase well-being.

Try encouraging children and their families to spend time outdoors, and if possible in or near nature.(e.g. parks, wilderness, areas with trees or water).

Social Support: A healthy social environment, most importantly social support, has been found

to be one of the most important factors in lowering feelings of stress. For adolescents, this social support – especially from peers – is particularly important. This seems to be especially true for teenage girls, when they are feelings stressed encourage them to talk to trusted friends and family members or other trusted adults about their worries.

Healthy Thinking:

Avoiding Thinking Traps: Learning to think in a healthy way is a powerful stress management tool. Talking to young people about the link between their feelings and thoughts can show them how managing difficult thoughts can help to minimize feelings of stress, while external circumstances can't always be changed. Encourage youth people to think about what their negative self-talk is, and how they can re-frame it.

- “I can handle it”
- “I will try my best and not worry about it”
- “Just because it is nasty to me doesn’t mean everybody dislikes me”

Focusing on Strengths and Resources:

Stress management can look at decreasing the demands, but it can also look at boosting the personal resources to cope. Internal resources could include believing they can handle stress, or having high self-esteem or a sense of humor. External resources could include support from friends, family or teachers. Changing their method of self-talk & encourage them to think about and write down the positive things in their lives, such as people, things or talents.

Mindfulness: A growing body of research suggests that mindfulness-based psychosocial interventions are effective for a wide range of mental health and physical health disorders in adult populations. It is the practice of “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally”.

Time Management: Stress can be caused by not having enough time to get everything done. For

Adolescents with some mental health conditions, managing time can be especially challenging – for instance, Writing out a weekly schedule and looking for ways to make it more balanced time management, Practicing saying no to tasks that are unimportant, Getting enough sleep-this ensures you have enough energy to get all necessary tasks done in time.

Problem Solving: Problem solving is a skill that can be applied to all situations. It can help to decrease stress once it has occurred, and can help to prevent stress from occurring in the first place. While the steps for solving problems are fairly straightforward, many children and youth have not learned these steps.

- 1: Choose the problem
- 2: Understand the problem
- 3: Come up with different solutions
- 4: Compare the solutions
- 5: Find the best solution and put it into action.

Behavioural strategies & Parents:

Positive Relationships: The parents have to be aware of their child's behavior and emotions. Parents should take care & watch the adolescents with their friends' behavior and the external environment. They have to be available and open to talk with their child when they are ready & have to teach and model good emotional response. Parents should observe their movements with love and support of family.

Ability to Learn from Mistakes: Their friends should remind them his/her ability to get through tough times & must learn to solve problems. Monitor television programs & gadgets that could worry adolescents and pay attention to the computer games, movies and the internet. Parents should help the adolescents to select appropriate extracurricular activities and limit over scheduling. Adolescent being Consistent, Positive and disciplined helps in combating stress. Encourage healthy and diverse friendships for cordial behaviour & relationship. They should take time out to relax or to do recreational activities to manage stress.

Conclusions:

Stress is part and parcel of every one's life. Stress among adolescents can create havoc in their life. But sometimes Stress can yield better results. It can make the Adolescents perform better at task and helps to become better and competitive person. Let adolescents know that stressful events happen to everyone, and what & how they react to these stressful situations – if they react with effective coping and stress management strategies, they will be able to manage the demanding situation in a healthy way.

Because of the biological, cognitive and social causes the adolescents go through a harsh period in their life. So the parents have to be alert in managing the stress during adolescence. Two common trends among adolescents being observed from the above literature are Academic Stress and Emotional Turmoil. Problem solving, cognitive interventions and relaxation techniques are widely used to combat stress among adolescents. The high level of stress during adolescence may cause dysfunctional personality like anti-social. The present day adolescents are extremely vulnerable to various kinds of bad influences through various sources of communication. Adolescents can take wrong decisions under the influence of stress. Adolescents sometimes use substances, such as alcohol, tobacco, cannabis, caffeine, or other drugs to cope with stressors in their lives. Excessive or inappropriate use of alcohol or other drugs can interfere with daily life and negatively affect school, relationships, and physical and mental health. Under stress the performance gets hindered. In order to overcome deviant behaviours the parents play a constructive role in channelizing energies of the adolescents. Proper care should be taken in helping to take the right decisions which may affect their future.

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The Dimensions of Change

By

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Abstract

Everything is changing every moment if not visibly then at microscopic level. The most important transformation through which an individual undergoes is adolescence. The chain is weakest at the joints but these joints gives desired flexibility to serve the designated purpose the similar thing goes with the change of generations in the journey of human race on this planet. The generation change brings its own challenges and complications but sailing through them gives us the ability to bring desired changes to stand tall in front of the test of time. Both the growing and grown have to understand the mind set of each other and find a way to agree or at least agree to disagree. Our ability to identify, understand and integrate the reforms needed have helped us thriving and these will keep us afloat and exploring on this planet and beyond.

Key Words: Victorian, Adolescence, Neurons, Rationality, Alienation, Amnesia, Metamorphosis, Bias, Information Tsunami

Introduction:

In the popular Victorian culture it has been always believed that the most important and interesting conversations, thoughts and events happen on the margins, fronts and on the shores. In the lay man's understanding of the term age of adolescence can be understood as the transnational period from childhood to adulthood. Scholars have agreed and disagreed on various numerical values of the upper and lower capping of the age of adolescences but in popular belief it has been given a term called teenage. The word teenage may sound over simplified but it succeeds to give the rough sense of idea about the concept which is the numbers which have teen in the last are the teenage no. i.e. 13-19 though in many countries 18 is the age of legal adulthood but I generally tend to agree with this number.

Objectives: Objectives of the present paper are:

- To know the importance, complication and struggle of the age of adolescences.
- To understand the dynamics of the interaction between the adolescences and the adults.
- To examine the other factors of influence.

What makes the age of adolescence so important.....?

The answer lies in the dimensions of the human personality which is by and large formed by the learning, impressions, and experiences of our early age. The

preadolescences things tend to remain in our unconscious mind which affects our Decision makings, likings, disliking and many more and the adolescence experiences and learning by and large remain in our conscious and subconscious mind which more or so determine our day to day conduct and character. The other factor which grows the importance of adolescences exponentially is hidden in the word itself, the word adolescence latterly means to grow. The catch is hidden in the physiology of the human body and brain. Adolescences is the age where one can channelize one's energies towards a desired sector much more efficiently then latter i.e. if someone wants to excel in the fields of logical and analytical analysis and in the adolescences age he starts playing with puzzles, rubix cube, Sudoku, a particular set of neurons develop and by exercising the same type of work over and over again the neurons form more strong and wide neural network it makes the reaction time less and calibrates the brain in such a manner which facilitates the specific task. It's like increased traffic on a particular route compels the authorities to build better infrastructure to facilitate the easy movement of traffic similar things goes with the development of motor and muscle capabilities. Apart from the above two the general factors the opportunity pool to get oneself in the formal sector of employment is optimum right after the age of adolescences and the occupation which one occupies by far decides the way of life and social circle in which one will interact and engage {there might be difference of opinion on this, people may have different opinions about it, but that's the human nature}.

Now what makes adolescence so challenging.....?

It's simply because the individual undergoes through mental, physical, and emotional changes all together at the same time it is much worst and complicated then our beloved nation fighting two front war. Mentally the brain starts to think as par the rationality which it has at that point in time it starts to question the most obvious things in and around him/her like religion, purpose of existence, universe and it starts to question the rationality behind the established, honoured and practiced customs and convention and on the other hand the body too is undergoing through its own transformation it unleashes whole bunch of activities all together growth of sexual organs, change in voice, rapid growth in muscle and bones which by default of human nature triggers a sense of comparison and competition among the peers and in worst case parents too become a party without knowing that how decimating and damaging it will be. (Those who are told they are weak it decimates their moral and those are told you are strong it damages their humbleness) and top of these two sits dreadful emotional loneliness and alienation the primary reason lies in the intricate emotional amnesia of our self. Let's take up a case study. If a lady becomes mother at the age of 25 which is after 6 years when her own teenage got over and by the time her child will hit age of adolescences i.e. 13 years she will be $6+13= 19$ years since her teenage got over and to my mind two decades are way more than enough to virtually erase most of the memories, experience, and struggles of her own adolescence and as seen in the recent trends people are getting kids at much later age by telling this the author does not want to advocate early marriage or anything of that sort it is to highlight something which is so overt that it becomes covert. It creates a very volatile and conflicting situation between two generations especially at home. Those who are mature they think why these teenagers ask so many seemingly insignificant questions ...? Why don't they focus on the important things as studies and making their career? Why don't they just obey and do what they are told to do? Why they want to involve initiate and engage in everything.....?

From the perspective of the growing ones it's their developing rationality and limited understanding of the world around them that push them to ask so many questions it is that which push them to challenge the dogma of decision of which they are not even consulted. For them it's their evolving and metamorphosing ambitions which push them

to be a stakeholder in the surrounding, society and to the larger world. When devoid of their stake in the decision making and in the society it makes them very vulnerable to emotional alienation. One reason among many to my mind for this is our disconnect from our roots and the increasing commercialization of persons, relations, emotions and festivals I can recall my own days of teenage where we had opportunity of planning and celebrating the Janmashtami, Durga Pooja, Vijayadashami and many more festivals under the minimum guidance provided by elders these events used to be window of opportunity where we can discover, evolve, and realize our potential and that much needed sense of being the part of surrounding and society and sense of accomplishment that yes we did something but now a days all these festivals have been treated as projects of projection of being influential financially or otherwise which led to the outsourcing of the things to event management firms or in hinterland to the much grown and influential adults. The domestic part of the problem is that we had seen departure from the joint family framework. In a joint family it is highly likely that there will be someone who is in his/her early twenties when there is a growing teen in the family who can easily recall, recollect and relate his/her struggle of the teenage and help the growing kid in a very positive and productive manner. According to “Pew Research Centre” 81% of the teenagers at some point in their life felt that ‘no one understands them’. This volatile situation pushes the adolescent to seek the assistance from their peers which are equally struggling and highly ill-equipped in front of this highly complex and demanding situation.

In the 21st century we are living in the “Age of Information Tsunami” where process finding the information {whether right or wrong, appropriate or inappropriate what so ever} is been reduced to just a few hits on mouse and keyboard. This information explosion leads to some very complex and intriguing problems. Media has never been unbiased so we are, we all have our own bias and we as individuals collectively contributes to media hence it can’t be unbiased there is a new dangerous dimension added to it in addition to 24x7 News channels and their obsession with breaking news which often leads to propagating negativity and apparently insignificant content. Breaking news and informal social media have diminished the distinction between the News, Fake News, Paid News and what not. News is just a small part of the whole environment where information is been flooding in an overwhelming magnitude in which the adolescent interacts it ranges from the sexually explicit material to radicalizing posts and the monstrous tendency of cyber bullying. The severity of the problem is been adequately illustrated by the massive radicalization of people done by ISIS which received its members from across the globe in all age groups specially adolescent girls which fled to ISIS infected parts of the world for becoming part of caliphate. The recent gun violence activities happening in the USA where a surprisingly in most of the cases culprit is an adolescent. The flip side of this information explosion is growing no. of young inventors, commercial and creative contributors to the society

Result:

The age of adolescences is highly important and it’s a very complicated and challenging situation to deal with, the complication and the multi-dimensional nature of the problem makes it even tougher. The increasing no. of vulnerable population of teenager and the general rise in the ratio of radicalization indicates that there is an urgent and immediate need to reform review and rectify the way we deal with our teenagers.

Conclusion:

The very conventional approach of shading things in two extremes i.e. black and white complicates the already complicated fabric we have to understand that there is a huge grey area which needs attention and addressal of their concerns. The works of Institutions like UNISEF, and prevention of cyber bullying by Facebook are doing a great job but as the problem is been generated by us in a collective manner then the solution too lies in our own collective efforts.

The challenge we face is in the form of finding means to transfer the knowledge experience and wisdom gained by one generation to the coming and so that they can further enrich the human race collectively. As to how it can be done the simple answer lays the 3 things.....

- (1) Shedding the dogma of knowing things, the moment we think that we know more than the one in front it leads to our inability to enrich our self the grown-ups may have much more knowledge experience and many more thing but there is a possibility that the young have a different a very unobvious way of looking at the same thing. We have to be open to learn from anyone and everyone irrespective of everything.
- (2) We as a human have somehow during the passage of time lost the core value of empathizing {I believe that fair no. of exceptions exists but still}. We need to cultivate the ability of looking at things, situations and events as second person and third person's perspective which will eventually lead to a greater understanding and harmony which will be an asset to us as a human race.
- (3) We need to understand the possibility of error, since the dawn of time it has been with us we started from believing that earth is flat plate and the centre of universe (these things were not true) and so on and so forth but this possibility of error is not limited to the realms of science it is equally present in every walk of life. We make mistakes every day but the embarrassment associated with being on the wrong grounds leads to the inability of acknowledging it. We need to understand that we can be wrong or the action or convention which was right at one point of time but on another it can't be same in the purview of the changing dimensions and situation. We need to learn to realize acknowledge and rectify the mistakes we do and disassociate the embarrassment which is so deeply ingrained in it. I hope that by this we will be able make harmonious relations and make our race and plant a lot richer with the continuing contribution of coming generations.

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INDIAN YOUTH AND SUICIDE

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Abstract-

The majority of suicides (37.8%) in India are by those below the age of 30 years. The fact that 71% of suicides in India are by persons below the age of 44 years imposes a huge social, emotional and economic burden on our society. The near-equal suicide rates of young men and women and the consistently narrow male: female ratio of 1.4: 1 denotes that more Indian women die by suicide than their Western counterparts. Poisoning (36.6%), hanging (32.1%) and self-immolation (7.9%) were the common methods used to commit suicide. Two large epidemiological verbal autopsy studies in rural Tamil Nadu reveal that the annual suicide rate is six to nine times the official rate. If these figures are extrapolated, it suggests that there are at least half a million suicides in India every year. It is estimated that one in 60 persons in our country are affected by suicide. It includes both, those who have attempted suicide and those who have been affected by the suicide of a close family or friend. Thus, suicide is a major public and mental health problem, which demands urgent action

KEY WORDS: - Suicides, Mental, Health, Individual, Media, Youth

INTRODUCTION:

Suicide is an important issue in the Indian context. More than one lakh (one hundred thousand) lives are lost every year to suicide in our country. In the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000. There is a wide variation in the suicide rates within the country. The southern states of Kerala, Karnataka, Andhra Pradesh and Tamil Nadu have a suicide rate of > 15 while in the Northern States of Punjab, Uttar Pradesh, Bihar and Jammu and Kashmir, the suicide rate is < 3. This variable pattern has been stable for the last twenty years. Higher literacy, a better reporting system, lower external aggression, higher socioeconomic status and higher expectations are the possible explanations for the higher suicide rates in the southern states.

Although suicide is a deeply personal and an individual act, suicidal behavior is determined by a number of individual and social factors. Ever since Esquirol wrote that "All those who committed suicide are insane" and Durkheim proposed that suicide was an outcome of social / societal situations, the debate of individual vulnerability vs social stressors in the causation of suicide has divided our thoughts on suicide. Suicide is best understood as a multidimensional, multifactorial malaise. Suicide is perceived as a social problem in our country and hence, mental disorder is given equal conceptual status with family conflicts, social maladjustment etc. According to the official data, the reason for suicide is not known for about 43% of suicides while illness and family problems contribute to about 44% of suicides.

Divorce, dowry, love affairs, cancellation or the inability to get married (according to the system of arranged marriages in India), illegitimate pregnancy, extra-marital affairs and such conflicts relating to the issue of marriage, play a crucial role, particularly in the suicide of women in India. A distressing feature is the frequent occurrence of suicide pacts and family suicides, which are more due to social reasons and

can be viewed as a protest against archaic societal norms and expectations. In a population-based study on domestic violence, it was found that 64% had a significant correlation between domestic violence of women and suicidal ideation. Domestic violence was also found to be a major risk factor for suicide in a study in Bangalore. The population-based study has been done in various cities in India, however the Bangalore study is the only psychological autopsy study that focused on completed suicide and domestic violence. Poverty, unemployment, debts and educational problems are also associated with suicide. The recent spate of farmers' suicide in India has raised societal and governmental concern to address this growing tragedy.

Objectives-

- 1- To analyze supports to organizations promoting mental health education.
- 2- To critically analyze coping skills in adolescents.
- 3- To study family history of suicide.
- 4- To analyze critically adolescents being diagnosed with serious medical condition.

Results- Mental disorders occupy a premier position in the matrix of causation of suicide. Majority of studies note that around 90% of those who die by suicide have a mental disorder. The number of published reports specifically studying the psychiatric diagnoses of people who die by suicide has been relatively small. The majority (82.2%) of such reports come from Europe and North America with a mere 1.3% from developing countries. Two case control studies using psychological autopsy technique have been conducted in Chennai [10] and Bangalore in India. Among those who died by suicide, 88% in Chennai and 43% in Bangalore had a diagnosable mental disorder. However, diagnostic evaluations were not done in the Bangalore study.

Countless experts have found that affective disorders are the most important diagnosis related to suicide. In Chennai, 25% of completed suicides were found to be due to mood disorders. However, the suicide rate increased to 35% when suicide cases with adjustment disorder with depressed mood were also counted. The crucial and causal role of depression in suicide has limited validity in India. Even those who were depressed were depressed for a short duration and had only mild to moderate symptomatology. The majority of cases committed suicide during their very first episode of depression and more than 60% of the depressive suicides had only mild to moderate depression. Although social drinking is not a way of life in India, alcoholism plays a significant role in suicide in India. Alcohol dependence and abuse were found in 35% of suicides. Around 30-50% of male suicides were under the influence of alcohol at the time of suicide and many wives have been driven to suicide by their alcoholic husbands. Not only were there a large number of alcoholic suicides but also many had come from alcoholic families and started consumption of alcohol early in life and were heavily dependent. The odds ratio (OR) for alcoholism was 8.25 in Chennai and 4.49 in Bangalore. About 8% of suicides in India are committed by persons suffering from schizophrenia. Srinivasan and Thara found that the male to female ratio for schizophrenic suicides is more or less equal. Although diagnosable mental disorders were found in 88% of suicides in the Chennai study, only 10% had ever seen a mental health professional. According to a government report, only 4.74% of suicides in the country are due to mental disorders.

Personality disorder was found in 20% of completed suicides. The OR was 9.5 Cluster B personality disorder was found in 12% of suicides. Comorbid diagnosis was found only in 30% of suicides. A history of previous suicide attempt(s) increases risk of subsequent suicide. The OR for previous suicide attempts was 5.2 in Chennai and 42.62 in Bangalore. In the Bangalore study, family history of completed suicides showed a

greater risk of suicide as compared to the suicidal risk indicated by the family history of attempted suicides.

Discussion- The media sometimes gives intense publicity to “suicide clusters” - a series of suicides that occur mainly among young people in a small area within a short period of time. These have a contagious effect especially when they have been glamorized, provoking imitation or “copycat suicides”. This phenomenon has been observed in India on many occasions, especially after the death of a celebrity, most often a movie star or a politician. The wide exposure given to these suicides by the media has led to suicides in a similar manner. Copying methods shown in movies are also not uncommon. This is a serious problem especially in India where film stars enjoy an iconic status and wield enormous influence especially over the young who often look up to them as role models.

The implementation of the recommendation of the Mandal Commission to reserve 27% of the positions for employment in Government created unrest in the student community and a student committed self-immolation in front of a group of people protesting against such a reservation. This was sensationalized and widely publicized by the media. There was a spate of student self-immolation around the country. These copycat suicides caused public outcry and was considered one of the reasons for the fall of the government in power at that time.

The effects of modernization, specifically in India, have led to sweeping changes in the socioeconomic, sociophilosophical and cultural arenas of people's lives, which have greatly added to the stress in life, leading to substantially higher rates of suicide.[13] In India, the high rate of suicide among young adults can be associated with greater socioeconomic stressors that have followed the liberalization of the economy and privatization leading to the loss of job security, huge disparities in incomes and the inability to meet role obligations in the new socially changed environment. The breakdown of the joint family system that had previously provided emotional support and stability is also seen as an important causal factor in suicides in India.

Religion acts as a protective factor both at the individual and societal levels. The often-debated question is whether the social network offered by religion is protective or whether it is the individual's faith. A study in Chennai found that the OR for lack of belief in God was 6.8 Those who committed suicide had less belief in God, changed their religious affiliation and rarely visited places of worship. Eleven per cent had lost their faith in the three months prior to suicide. Gururaj et al. also found that lack of religious belief was a risk factor In India, attempted suicide is a punishable offence. Section 309 of the Indian Penal Code states that “whoever attempts to commit suicide and does any act towards the commission of such an offense shall be punished with simple imprisonment for a term which may extend to one year or with a fine or with both”.

However, the aim of the law to prevent suicide by legal methods has proved to be counter-productive. Emergency care to those who have attempted suicide is denied as many hospitals and practitioners hesitate to provide the needed treatment fearful of legal hassles. The actual data on attempted suicides becomes difficult to ascertain as many attempts are described to be accidental to avoid entanglement with police and courts.

The view that suicide cannot be prevented is commonly held even among health professionals. Many beliefs may explain this negative attitude. Chief among these is that suicide is a personal matter that should be left for the individual to decide. Another belief is that suicide cannot be prevented because its major determinants are social and environmental factors such as unemployment over which an individual has relatively little control. However, for the overwhelming majority who engage in suicidal behaviour,

there is probably an appropriate alternative resolution of the precipitating problems. Suicide is often a permanent solution to a temporary problem.

Mrazek and Haggerty's framework classified suicide prevention intervention as universal, selective or indicated on the basis of how their target groups are defined. Universal interventions target whole populations with the aim of favorably shifting proximal or distal risk factors across the entire population. Selective interventions target subgroups whose members are not yet manifesting suicidal behavior but exhibit risk factors that predispose them to do so in the future. Indicated interventions are designed for people already beginning to exhibit suicidal thoughts or behavior.

India grapples with infectious diseases, malnutrition, infant and maternal mortality and other major health problems and hence, suicide is accorded low priority in the competition for meager resources. The mental health services are inadequate for the needs of the country. For a population of over a billion, there are only about 3,500 psychiatrists. Rapid urbanization, industrialization and emerging family systems are resulting in social upheaval and distress. The diminishing traditional support systems leave people vulnerable to suicidal behavior. Hence, there is an emerging need for external emotional support. The enormity of the problem combined with the paucity of mental health service has led to the emergence of NGOs in the field of suicide prevention.

The primary aim of these NGOs is to provide support to suicidal individuals by befriending them. Often these centers function as an entry point for those needing professional services. Apart from befriending suicidal individuals, the NGOs have also undertaken education of gatekeepers, raising awareness in the public and media and some intervention programmes. However, there are certain limitations in the activities of the NGOs. There is a wide variability in the expertise of their volunteers and in the services they provide. Quality control measures are inadequate and the majority of their endeavors are not evaluated.

The World Health Organization's (WHO's) suicide prevention multisite intervention study on suicidal behaviors , an intervention study, has revealed that it is possible to reduce suicide mortality through brief, low-cost intervention in developing countries.

There is an urgent need to develop a national plan for suicide prevention in India. The priority areas are reducing the availability of and access to pesticide, reducing alcohol availability and consumption, promoting responsible media reporting of suicide and related issues, promoting and supporting NGOs, improving the capacity of primary care workers and specialist mental health services and providing support to those bereaved by suicide and training gatekeepers like teachers, police officers and practitioners of alternative system of medicine and faith healers. Above all, decriminalizing attempted suicide is an urgent need if any suicide prevention strategy is to succeed in the prevailing system in India.

10th September - World Suicide Prevention Day: The World Suicide Prevention Day was formally announced on 10th September, 2003. Each year the International Association for Suicide Prevention (IASP) in collaboration with WHO uses this day to call attention to suicide as a leading cause of premature and preventable death. The theme for the year 2007 is "Suicide Prevention—Across the Life Span". It calls attention to the fact that suicide occurs at all ages and that suicide prevention and intervention strategies may be adapted to meet the needs of different age groups. It is hoped that the theme will

focus on vulnerable, ignored and stigmatized groups and also draw together researchers, clinicians, societies, politicians, policy makers, volunteers and survivors in a concerted action.

CONCLUSION:- Suicide is a multifaceted problem and hence suicide prevention programmes should also be multidimensional. Collaboration, coordination, cooperation and commitment are needed to develop and implement a national plan, which is cost-effective, appropriate and relevant to the needs of the community. In India, suicide prevention is more of a social and public health objective than a traditional exercise in the mental health sector. The time is ripe for mental health professionals to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of young Indians.

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