

Adolescents accept these prescribed gender roles, which shape their understanding of the 'man–woman relationship' and thus influence their attitude and behaviour towards the opposite sex and towards all sexual and reproductive health issues. Once such stereotyped gender-role attitudes are formed, it is very difficult to change them. This is why an urgent need is felt to provide adolescents with a non-stereotyped environment before they mature and begin to adopt rigid notions of stereotyped gender roles. Appropriate gender-role development among adolescents is regarded as essential for ensuring their healthy physical, emotional, and social growth and development. They need to appreciate the importance of equal relationships between men and women in all matters, including sexual relations and reproduction in a civilised society.

Gender roles need to be redefined in order to meet the following requirements:

- It is important to realise that women not only have a particular identity as women but that they also have an universal identity as human beings. Like men, women have equal self-worth, social worth, and dignity. All human beings are born free, and enjoy equal dignity and rights. A civilised society cannot afford to treat its women as objects. The man–woman relationship must be based on a respectful and harmonious partnership.
- It is important to respect the integrity of an individual. This requires mutual respect, mutual consent, and a willingness to accept responsibility for the consequences of sexual behaviour.
- Mutual respect and equitable relations between the sexes promote responsible sexual behaviour, thus contributing to the improvement of the quality of life of individuals.
- Society must take up reproductive health as a human rights issue encompassing women's right to have control over their bodies and to decide freely and responsibly on matters related to sexual and reproductive health, without coercion, discrimination, and violence. It is essential to create an environment in which women and girls can assert their wishes and take their own decisions.
- Sexual and Reproductive Health and gender relations are closely interrelated. These together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives.
- There is an urgent need to eliminate all forms of discrimination against the girl child and the root cause of son preference, which result in harmful and unethical practices. It is equally important to appreciate the value of the girl child and to strengthen her self-image, self-esteem, and status.





- The full participation and partnership of both men and women is required in reproductive life, including shared responsibilities for the care and nurturing of children and for the maintenance of the household. Underlying the plea for shared responsibilities is the need for addressing the larger question of unequal power relations between women and men and for questioning socially prescribed gender roles.
- Women's empowerment and male involvement in reproductive health are two sides of the same coin. Sensitisation of girls and boys to gender issues during adolescence is crucial in making them appreciate the importance of working together to achieve a healthy relationship.

Section II
RTIs/STIs and HIV/AIDS

2.1 Reproductive Tract Infections and Sexually Transmitted Infections

Reproductive Tract Infections (RTIs)

RTIs are infections of reproductive tract. RTIs include all infections of the reproductive tract and is not necessary that they are transmitted sexually only, for example, bacterial vaginosis or candidiasis, which is caused by a disturbance in the equilibrium of the vaginal flora, or Pelvic Inflammatory Disease, which is caused by iatrogenic infections (infections introduced or contracted at a health facility during a clinical procedure). These are examples of RTIs that have not been transmitted sexually.

On the other hand, pathogens that are commonly transmitted by sexual contact (HIV, hepatitis B, hepatitis C, hepatitis D, etc.) do not always or never cause an infection of the reproductive tract. Poor genital hygiene and unhygienic practices by service providers during delivery, abortion, or IUD insertion are common modes of infection.

Sexually Transmitted Infections (STIs)

STIs are those infections that are transmitted via the mucous membranes and secretions of the sexual organs, throat, and rectum.

They are relatively easy to contract, and so it is important to know what they are, what they look like, and what one needs to do to get them treated.

Some STIs may also be transmitted by an infected mother to her child during pregnancy (e.g. syphilis and HIV), at childbirth (e.g. gonorrhoea, chlamydia, and HIV), and during breastfeeding (e.g. if the mother is HIV positive or has hepatitis B).

HIV, hepatitis B, and hepatitis C can also be spread by the sharing of needles, by receiving infected blood, and by using unsterilised equipment for surgery, including circumcision.

Some STIs are easy to cure if they are detected and treated early, and hence they do not cause any serious problems. But if these STIs are not detected and treated early, the infection may spread and cause complications such as sterility. However, many STIs have no cure even if detected early, and hence will remain with the person for life. Hence it is extremely important to have knowledge of all STIs so that one knows how to prevent them.

In India, the incidence of STIs is high due to various factors. Most important is the lack of knowledge about the signs, symptoms, and mode of transmission of various STIs. Hence it is important to provide this knowledge to all young

people even if they are not sexually active; it is important that they be forewarned.

Medical treatment for STIs at the moment is not optimal in our country due to inadequate health facilities and inadequate utilisation of available health facilities because of the stigma associated with STIs. The recently launched Reproductive and Child Health (RCH-II) aims to provide better and more effective responses to STIs.

For adequate and effective treatment it is necessary to consult a qualified doctor. Self-treatment or treatment by quacks is not advisable. One should not feel ashamed to see a doctor. It is the doctor's duty to maintain strict confidentiality.

Common STIs

Chlamydia, chancroid, genital warts, gonorrhoea, hepatitis B, hepatitis C, herpes simplex, syphilis, and HIV which progresses to AIDS are the most common STIs. The bacteria and viruses that cause these diseases are all very small, and cannot be seen without a microscope.

Some of the Symptoms and Signs of STIs are:

Women	Both Women and Men
<ul style="list-style-type: none"> • An unusual discharge and smell from the vagina • Pain in the pelvic area (the area between the stomach and the sex organs) • Burning or itching around the vagina • Bleeding from the vagina in between regular periods • Fever 	<ul style="list-style-type: none"> • Sores, bumps, or blisters near the sex organs, the rectum, or the mouth • Burning and pain during urination • Need to urinate often • Swelling (the area around the sex organs) • A drip or discharge from the genitalia

Adolescents and STIs

Adolescent girls are thought to be more susceptible to STIs than adult women because in adolescent girls, protective, hormonally driven mechanisms have not yet had time to develop fully. The inadequate mucosal defence mechanism and the immature lining of the cervix in adolescence (especially in early adolescence) provide poor barriers against infections.

Diagnosis and Treatment of RTIs and STIs

RTIs and STIs can be diagnosed through medical examination and various laboratory procedures. If not treated properly at the initial stage, the first symptoms disappear but the microbes remain inside the body and may cause various complications, making a person suffer throughout life. If detected early and treated properly, STIs are curable.

Qualified doctors are the only ones who can guarantee a cure. Self-medication and recourse to quacks do more harm than good, and should be avoided. All government and private hospitals, health centres, clinics and private doctors can treat many STIs with antibiotics and antiviral drugs.

2.2 HIV/AIDS: Some Facts

When AIDS first emerged (in 1984), no one could have predicted how the epidemic would spread across the world and how many millions of lives it would change. People had no real idea what caused it, and consequently no real idea about how to protect against it. The HIV/AIDS epidemic is one of the most important and urgent public health challenges faced by governments and civil societies around the world. Adolescents are at the centre of the epidemic both in terms of its spread and in terms of the potential for changing the attitudes and behaviour that underlie this disease.

“India has the second largest population of HIV infected people in the world. Over 35 percent of all reported AIDS cases occur among people aged 15–24 years.”

(Source: India Resolves to Defeat HIV/AIDS, NACO, 2005)

HIV

Human Immunodeficiency Virus is a virus that infects and weakens the body’s defence or immune system. People who become infected with HIV are called HIV positive.

AIDS

A	Acquired	One gets it from a person who is already infected. It cannot be passed on through our genes.
I D	Immune Deficiency	It affects that part of our body that protects us from infections—the immune system. The immune system is weakened.
S	Syndrome	A set or a group of symptoms. AIDS is not just one single disease.

Effect of HIV on the Body's Immune System

The combination of body mechanisms that provides the organism with the ability to protect itself from infection by germs is called the **immune system**. This is an essential requirement for survival. White Blood Cells (WBC) are a very important part of the immune system. WBCs in the immune system:

- Recognise bacteria, viruses, and other organisms that are foreign or dangerous to the body, and begin to attack them; and
- Make specific substances called **antibodies**, which act against and eliminate the particular disease-causing organism that has infected the body.

In an HIV positive person, the virus begins to reproduce in the WBCs and multiplies rapidly. The WBCs begin to make antibodies to fight HIV; these are found in the blood about 6 to 12 weeks after infection. These antibodies are unable to eliminate the virus completely from the body as the virus hides in the WBCs. The virus gradually damages and reduces the number of WBCs, so that they can no longer do their job of protecting the body from other kinds of infections. It is when these multiple infections occur that a person is said to have AIDS.

Transmission of HIV

It has now been scientifically established that HIV can be transmitted only through the following methods:

- (i) Unprotected sexual activity with an HIV infected person**
- (ii) HIV-infected mother to newborn child**
- (iii) Infected blood transfusion**
- (iv) Sharing of needles, syringes, and other instruments with a person infected with HIV**

(For more details refer to www.naco.nic.in, www.naco.india.org, www.unaids.org)

The ways in which HIV cannot be transmitted

Apart from the modes of transmission mentioned above, HIV is not spread through any other way. HIV is not spread by:

- Ordinary social contact, for example, by shaking hands, travelling on the same bus, eating or drinking from the same utensils, hugging, etc.
- Being bitten by mosquitoes and other insects
- Through water or air
- Using toilets and urinals used by infected persons
- Sneezing or coughing
- Working with an infected person
- Using sterilised equipment and instruments for blood donation, injections, and surgery
- Stepping over the urine of an HIV positive person

Assessing the Risk for HIV Transmission

This table outlines the risk of HIV infection associated with different activities. This is not an exhaustive list, but provides an understanding of the principles underlying the different risks.

No Risk: Since these activities do not involve the sharing of bodily fluids, these activities have ZERO risk.

Low Risk: These activities have some element of risk, even if low. They often involve the use of instruments that pierce the body or that provide an opportunity for the exchange of bodily fluids.

High Risk: These activities carry major risks of infection and are the primary routes of HIV transmission.

One cannot get HIV/AIDS through everyday social contact with a person infected with HIV.

NO RISK	LOW RISK	HIGH RISK
<p>Going to school with a person living with HIV</p> <p>Young people living with HIV have a right to attend school just as anyone else. However, schools should be encouraged to strengthen the general precautions against any possible accidents that expose a person to the infected blood of a HIV positive person</p> <p>Sharing towels with/caring for people living with HIV/AIDS</p> <p>Contact with people living with HIV / AIDS has no risk if basic safety precautions are followed.</p> <p>Mosquito bites</p> <p>Unlike the malarial parasite, HIV does not survive inside the mosquito.</p>	<p>Tattooing, ear piercing, acupuncture</p> <p>All these involve instruments that pierce the skin, and therefore must be sterilised before use.</p> <p>Razors and blades</p> <p>Used razor blades, knives, and tools that cut or pierce the skin carry little risk of spreading HIV.</p> <p>Shared razors also increase the risk of contracting hepatitis B and hepatitis C and also other infectious skin diseases. Hence it is advisable to use a separate blade for each shave, so that these diseases can be prevented.</p>	<p>Sharing needles while injecting drugs</p> <p>Having transfusions of blood that is not certified HIV free</p> <p>Sexual activity with an HIV infected person</p>

(For more details refer to www.naco.nic.in, www.naco.india.org, www.unaids.org)

Vulnerability of Young People to HIV Infection

Young people are vulnerable to HIV infection due to the following reasons:

(i) Biological Vulnerability: Teenage girls are more vulnerable to STIs because their reproductive tract is relatively underdeveloped and the defence system against infections is not mature. Male-to-female transmission of HIV and other STIs appears to be 5–7 times as efficient as female-to-male transmission. There is a higher concentration of the virus in the semen.

Many women suffer from STIs and often do not know that they are infected, as STIs in women present fewer symptoms than in men. STIs make it easier for HIV to enter the body.

Many girls and women are undernourished and anaemic. Complications during pregnancy and childbirth make them more vulnerable to STIs.

(ii) Limited Information on Matters Related to Growing Up: Very few adults are willing or able to talk to young people as equals, to listen to their point of view, and to explain things clearly and without inhibition. This silence about sexuality spreads incorrect information, and leads to the propagation of myths and misconceptions.

- a) Sexuality is often treated as a taboo or ‘bad’ or ‘evil’ subject. Because of this, some young people may feel guilty, afraid, shy, or fearful about seeking information from reliable sources.
- b) Sexual behaviour is diverse and determined by a complex interaction of factors. It is affected by one’s relationship with others, by life circumstances and by the culture in which one lives. An individual’s sexuality is enmeshed with other personality traits, with his/her biological makeup and with general sense. It includes the perception of being a man or a woman and reflects developmental experiences through out the life cycle.

(iii) Early Marriage Norm: In some parts many parts of India, girls are married before they reach the age of 18 years (legal age of marriage).

(iv) Work for Survival: Many children and adolescents in India work as child labour in homes and workplaces. They are vulnerable because they are at an increased risk of sexual exploitation. Girls and boys who are pushed into sex work are vulnerable to HIV/AIDS.

(v) Experimentation with Drugs and Alcohol: Injecting drugs, where sharing of needles is common, increases the risk of HIV. Alcohol use also increases the risk of HIV infection because a young person may not be able to take rational decisions under its influence.

(vi) Social Expectations: Women are often economically dependent on their husbands. This curtails their freedom to take decisions and restricts their access to resources within the household and outside. They are often unable to negotiate.

Women often find it much harder to gain access to treatment of any kind, because they put themselves behind their children, husbands, and family. Women are the main home-makers, so when their husbands fall sick, they are the ones who take care of the sick.

(vii) Poor Access to Services and Information: In rural areas of India, girls lack formal education and know very little about their bodies, reproduction, sex, and sexuality. This is true for a large number of boys too.

Girls are often reluctant to ask for or seek information because of the social constraints.

Girls and women are often denied proper health care and medical treatment. In many rural areas of India, health facilities for women are few and inadequate.



Progression of HIV

Progress of HIV in the body	
HIV infection	Entry of virus in the body through any of the 4 routes
↓	
Window period	6 weeks–6 months (time taken for the appearance of antibodies against HIV in a concentration that can be picked up by a blood test.)
↓	
Silent infection	No symptoms for 5–10 years
↓	
AIDS	Uncontrolled diarrhoea and fever, unexplained weight loss, general weakness, enlarged lymph nodes, skin infections, and opportunistic infections

It is not yet understood why the length of time it takes for people with HIV to develop AIDS varies so widely from person to person. The following factors are thought to contribute to this:

- The amount of concentration of the virus in the blood and infection with different strains of the virus.
- Individual differences in immune responses.
- Poor lifestyle—general lack of fitness, lack of exercise, overwork, exhaustion, lack of proper rest, and poor diet and nutrition—weakens the immune system. Along with this, unhygienic conditions and exposure to repeated or severe infections increase vulnerability to HIV infection.
- One’s state of mind (anxiety and depression) is known to depress the immune system. This increases the risk of other infections, and so adds stress to the immune system.
- Other health risks such as drug abuse, and heavy alcohol consumption can increase the risk of HIV infection.

Signs and Symptoms of AIDS

As the infected person’s immune system starts deteriorating, signs and symptoms of AIDS develop. These are:

- Weight loss greater than 10 percent of body weight
- Fever longer than 1 month
- Diarrhoea longer than 1 month and
- Persistent and severe fatigue

These symptoms are also seen as a result of other infections in people who do not have HIV. However, when several of these symptoms, infections, and diseases occur in one person at the same time, and they are persistent, this may indicate the development of AIDS.

Protection against HIV Infection

One can avoid HIV infection by getting correct information and adopting safe behaviour. Steps that can protect a person from HIV infection are abstaining from sex; not having unprotected sex; having a mutually faithful monogamous sexual relationship with an uninfected partner; and not sharing needles with anyone.

Testing for HIV

Diagnosing HIV Infection

Most people with HIV show no symptoms of the disease. They may be asymptomatic for months and years, even up to ten years. These people may remain completely healthy and free from the symptoms of the disease, but they have the virus in their blood and are at risk of developing AIDS at any time in the future. Once a person is infected with HIV, he/she can transmit the virus to others even though he/she may appear perfectly healthy and may not know that he/she has been infected with HIV. There is no way of knowing whether a person is infected with HIV except by having a blood test.

When should one get Tested?

As the HIV antibodies will appear in adequate concentration only after 12 weeks of infection, some infected people will test negative because their body has not started producing antibodies at this stage. This period is referred to as the **window period**. But even during the window period, a person can pass on the virus to others through the modes of transmission mentioned earlier. This means he/she is infective to others. During the window period, the PCR-DNA test can detect the presence of the virus.

Where does a Person get Tested for HIV?

A person can get tested for HIV at a general hospital or at a Integrated Counselling and Testing Centre (ICTC) or at any medical centre that provides these facilities. Testing should be carried out by trained medical and paramedical staff. The person should receive counselling before and after the test. Counsellors can answer any questions that the person might have about risky behaviour and methods of protection. In addition, they can help in the understanding of the test results and share resource information on care and support in the local area. Counsellors are bound by confidentiality; this means that whatever is shared between patients and counsellors will not be discussed with others. NACO plans to expand HIV testing facilities in each district of the country during the next few years. HIV testing services address the multiple needs and rights of individuals at risk and of those who are already infected.

Tests for HIV Detection

The different types of tests used for HIV detection

1. Rapid Test/Spot Test
2. ELISA (Enzyme Linked Immunosorbent Assay)
3. Western Blot
4. PCR-DNA (Polymerase Chain Reaction - Deoxyribonucleic Acid)

When a person is infected with HIV, the body tries to protect itself from the virus by producing antibodies. The routine Rapid Test/Spot Test and ELISA test are called screening blood tests; they can find out if these specific antibodies are present in the blood of the infected person in adequate concentration. They do not detect the virus itself. It is important to note that one positive screening test is not sufficient to label a person HIV positive. Ideally, the screening test, if positive, has to be confirmed by the Western Blot test. If the Western Blot test is unavailable, then the ELISA test should be done three times; it should produce positive results each of the three times before a person can be declared HIV positive.

The virus can only be detected by the PCR-DNA test, which is costly and is not routinely available in India. But it is possible by this test to detect the virus during the window period when antibodies have not yet formed.

Drugs and Vaccines for HIV/AIDS

So far there is no cure for AIDS; the development of a vaccine is still a distant possibility. Many candidate vaccines are undergoing trials in different countries.

Currently, licensed drugs for HIV/AIDS have some effect, but only for a limited period. They delay the onset of AIDS, but ultimately most HIV positive patients will develop AIDS.

These drugs are called Anti-Retroviral (ARV) drugs, and the treatment for HIV positive patients is called ART (Anti-Retroviral Therapy).

However, ART is expensive and hence beyond the reach of many people in India. These drugs are available in special centres. They have to be taken for many years, or for the rest of one's life if the patient survives that long. They have to be taken under doctor's advice, and may produce severe adverse reactions.

HIV tends to develop resistance to the drugs (single/two-drug therapy) rather quickly, so a multiple drug therapy called HAART (Highly Aggressive Anti-Retroviral Therapy) is used, which increases both the cost and the side effects.

Remember that traditional healers and medicines cannot cure HIV and AIDS.

Drug Abuse and HIV Vulnerability

Among the North-eastern states, a significant increase of HIV infection was initially noticed in Manipur in 1990. It has now expanded to Nagaland and Mizoram as well. HIV prevalence among injecting drug users in Manipur is about 60–70 percent. It has reached 50 percent in Nagaland and 6–10 percent in Mizoram. Among the likely sources of infection in the reported AIDS cases in India, injecting drug use accounts for 5.3 percent. What is more disturbing is that the rapidly growing HIV infection rate among the high-risk population of injecting drug users in Manipur is followed by a slower but steady increase of prevalence in the general female population, which was considered a low-risk population until now. This emphasises the urgent need for providing AHI information to teenagers.

Care and Support of People Living with HIV/AIDS

Living Positively

PLWHA (people living with HIV/AIDS) is a term used for HIV positive people. Students who are PLWHA should lead as full a life as possible, and should not be denied the opportunity to receive education.

Likewise, educators who are PLWHA should lead as full a professional life as possible, with the same rights and opportunities as other educators, and without being subjected to unfair discrimination.

The refusal to study with a student, or to work with, or be taught by a teacher, or other staff member, with or who is perceived to have HIV/AIDS, should be pre-empted by providing accurate and easily understood information on HIV/AIDS to all educators, staff members, learners, students and their parents.

The situation should be resolved by the principals and teachers in accordance with the principles described in 'Education for All' [EFA]. Global Initiative for Basic Education which states that "create safe, healthy, inclusive and equitably resourced educational environments".

Most people living with HIV are supported by their families. However, some people, especially women, are abandoned and rejected by their families. It is important to understand that for PLWHA to lead a reasonably normal and healthy life, they need a nutritious diet, adequate rest, adequate exercise, and the love and support of family and friends.

Myths, Misconceptions, and Facts about HIV/AIDS

1. **Some STIs can be cured easily— Fact**

Some STIs such as gonorrhoea and syphilis can be cured easily if the person completes the full course of treatment. However viral STIs such as HIV and hepatitis B have no cure.

2. **You cannot catch an STI again after you have been treated and cured of it— Myth**

You can catch an STI again, even after you have been treated for it and have been cured. There is no medication or vaccination that offers lifelong immunity from an infection.

3. **Women can have an STI without knowing it— Fact**

Yes Women can be asymptomatic, that is, they can have an STI without knowing it. They may not display any visible symptoms of infection (e.g. chlamydia).

4. **Men are more likely to know if they have an STI than women— Fact**

Yes Men are more likely to know if they have an STI than women.

5. **You can't get HIV from a person who looks healthy—Myth**

People can continue to look healthy even after having HIV infection. During this time, they may continue to be healthy but may spread the virus to other people through any of the four routes of HIV transmission.

6. **Young People can't get infected with HIV—Myth**

Young people are at the centre of the epidemic. Lack of accurate knowledge and limited access to services make young people very vulnerable to HIV infection.

Section III

Preventing Substance Abuse

3.1 Preventing Substance Abuse

Substance abuse is emerging as a major problem. A majority of drug users are below 20 years. Forty percent of them started taking drugs when they were between 15 to 20 years of age (UNODC, 2002). Social factors such as illiteracy, economic hardship, unemployment, rural residence, and family disharmony increase the vulnerability of adolescents to drug abuse.

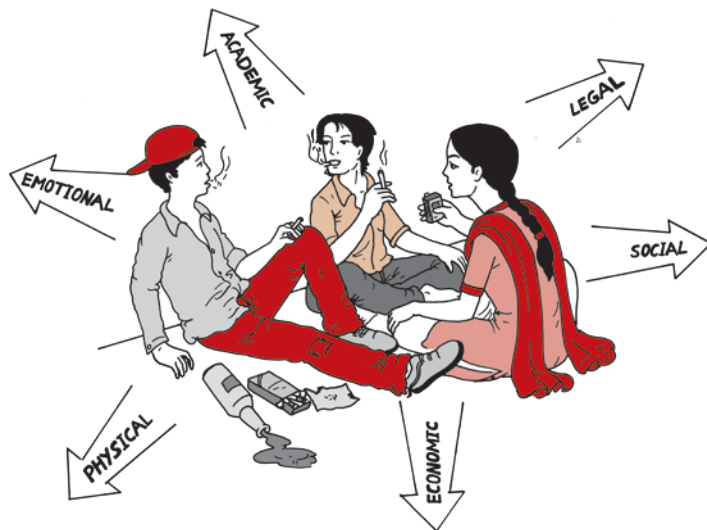
Various substances can be used for changing the way our body works. According to WHO, *a drug is any substance which, when taken into the body, alters its function physically and/or psychologically, excluding food and water.* Drugs can be legal and illegal, medical and non-medical.

Some substances that are commonly abused are:

- Cannabinoids (e.g. hashish and marijuana)
- Stimulants (e.g. amphetamines, cocaine, nicotine, tobacco)
- Depressants (e.g. alcohol, barbiturates)
- Narcotics (opioids and morphine derivatives, e.g. heroin, opium)
- Hallucinogens (e.g. LSD and mescaline)
- Other compounds (e.g. steroids and inhalants)

Substance Abuse

Substance Abuse is 'the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed'.



Substance abuse can be defined 'as a pattern of harmful use of any substance for mood-altering purpose'. Generally, when most people talk about substance abuse, they are referring to the use of illegal drugs. Alcohol, prescription and over-the-counter medications, inhalants and solvents, and even coffee and cigarettes, can be used to harmful excess. Theoretically, almost any substance can be abused.

People Who abuse Substances:

- Use the substance to help them change the way they feel about themselves and/or some other aspect(s) of their lives.
- Experience some problems associated with substance abuse, but use those experiences to set appropriate limits on how much and how often they use the substance.

- Seldom, if ever, repeat the substance-abusing-related behaviour that caused them problems in the past.
- Get complaints about their abusing substances and accept those complaints as expressions of concern for their well-being.

Risk Factors for Substance-Abuse Among Adolescents

Personal factors	Behavioural factors	Environmental factors	Physiological factors
<ul style="list-style-type: none"> • Beliefs and perceptions about the benefits of substance use • Lack of knowledge of consequences of substance use • Low self-efficacy • Personality factors, e.g. depression, low self-esteem • Poor psychological well-being • Academic achievement (statistically low achievement = higher risk) 	<ul style="list-style-type: none"> • Adolescents engage in heavy and frequent use of substances as compared with adults • Adolescents often use more than one substance • Adolescents tend to engage in high-risk behaviour more than adults • Adolescents may lack well-developed self-control and may behave more impulsively than adults • Curiosity leads to experimentation • Lack of various life skills, including critical thinking, ability to cope with stress 	<ul style="list-style-type: none"> • Attitudes and values of parents and peers • Substance use by parents, siblings, and peers • Influence of advertising and media • Easy accessibility of substances or drugs • Social and cultural norms • Factors such as low socio-economic status are statistically related to the tendency to use substances. 	<p>Developing brains and growing bodies are more sensitive to substances that can be abused</p>

The most compelling reasons that Adolescents give for experimenting with Drugs and continuing with Substance-Abuse are:

- To feel grown up;
- To take risks and to rebel against authority;
- To fit into and belong to a group;
- To relax and feel good; and
- To satisfy curiosity.

The Stages of Adolescent Substance use are:

- **Curiosity or Pre-Abuse:** Opportunity for prevention;
- **Experimentation:** Tried it for fun and peer acceptance; no associated behavioural changes;
- **Actively Seeking Drugs:** More drugs needed (increased tolerance); to escape reality; to escape from problems at home and school;
- **Preoccupation with Drugs:** Experiences loss of control over drug use; faces legal and relationship problems;
- **Dependence:** Drugs are used all day, every day.

Substance Dependence

Substance Dependence is defined as ‘compulsively seeking to use a substance, regardless of the potentially negative social, psychological, and physical consequences’.

Substance Abuse leads to substance dependence with the development of increased tolerance and withdrawal symptoms.

Tolerance is defined as the need for increased amounts of the substance to achieve the desired levels of intoxication as before.

Withdrawal Symptoms occur when the user who is dependent on a substance stops using it. Withdrawal symptoms range from mild tremors to convulsions, severe agitation, and sometimes even death. Withdrawal symptoms vary depending upon the substance abused, the duration of substance abuse, and the quantity of the substance abused.

Regular and excessive abuse of drugs leads to physical and psychological dependence. Some drugs produce only physical dependence while others produce both physical and psychological dependence.

- **Psychological Dependence:** When psychological dependence develops, the substance abuser becomes mentally ‘hooked’ to the drug. He/she constantly thinks only about the drug and has a continuous uncontrollable craving for it. This state is characterised by mental and emotional preoccupation with the drug.

- **Physical Dependence:** Physical dependence denotes a state when the body of the abuser requires the continuous presence of the drug within it. With prolonged use the body becomes so used to its functioning under the influence of the drug that it is able to function normally only when the drug is present. After the user becomes physically dependent on drugs, he/she develops withdrawal symptoms, if the intake of the drug is stopped abruptly. The withdrawal symptoms (i.e. when the abuser stops using the substance) may include mild tremors, convulsions, severe agitation, and fits. The withdrawal symptoms and their intensity depend on the type of drug abused and the amount and duration of drug intake.

These withdrawal symptoms make it difficult for the user to give up drugs. The user is caught in a vicious circle of his/her own making. He/she wants to avoid the experience of suffering unbearable withdrawal symptoms, and hence continues taking the substance. The addict is thus forced to continue with substance abuse even when he/she realises that the substance is dangerous.

Signs and Symptoms of Substance Dependence

Dependence on any substance may include these general characteristics:

- Feeling that one needs the substance on a regular basis to have fun, to relax, or to deal with one's problems;
- Giving up familiar activities such as sports, homework, or hobbies;
- Sudden changes in work or school attendance and in the quality of work or grades;
- Doing things that one normally wouldn't do to obtain the substance, such as frequently borrowing money or stealing items from the workplace, home, or school;
- Taking uncharacteristic risks, such as driving under the influence etc.
- Outbursts of anger, irresponsible behaviour, and overall attitude change;
- Deterioration in physical appearance and neglect of personal grooming;
- Avoiding friends who don't use substances and/or associating with known users;
- Engaging in secretive or suspicious behaviour such as making frequent trips to the toilet, keeping one's room and possessions locked up, leaving the house at particular hours, refusing to account for one's movements;
- Needing to use larger quantities of the substance to achieve the same effects as before;
- Talking about the substance all the time and pressuring others to use it; and
- Feeling exhausted, depressed, hopeless, or suicidal.
- Unusual flare-ups or outbreaks of temper;

- Withdrawal from responsibility or change in overall attitude;
- Deterioration in physical appearance and neglect of personal grooming habits;
- Association with known substance abusers;

Protection against Substance Abuse

The following factors protect adolescents against substance abuse and dependence:

Individual	Healthy self-esteem; high intelligence; optimism about the future; coping skills; belief in self; realistic expectations; strong values; spiritual beliefs
Family	Strong parent and youth attachment; consistent discipline and supervision; no family history of substance abuse
Peer-Group	Non-Substance Abusers; friends with conventional values and shared interests
School	Connectedness; quality school that offers opportunities to succeed
Community and Society	Health, support, and recreational facilities; safe neighbourhood; connectedness to culture, religion, etc.

People Who are Substance Dependent:

- Experience negative consequences associated with using the substance but who continue to use it despite those consequences;
- Set limits on how much or how often they will use the substance but unexpectedly exceed those limits;
- Promise themselves and/or other people that they will use the substance in moderation but break those promises;
- Feel guilty or remorseful about using the substance but still fail to permanently alter their behaviour; and
- Get complaints about their using the substance but resent, discount, and disregard those comments and complaints.

Consequences of Different Substances of Abuse

(i) Cigarettes

Many people smoke because they believe, quite mistakenly, that cigarettes calm their nerves. On the contrary, smoking releases **epinephrine**, a hormone that creates physiological stress rather than

relaxation in the smoker. Cigarettes are highly addictive. Most users develop tolerance for nicotine, and hence need greater amounts of the drug to produce the desired effect. One-third of young people who say that they are only 'experimenting' end up being addicted by the time they are 20 years old.

Smokers become physically and psychologically dependent. When they are denied cigarettes, they suffer withdrawal symptoms, including changes in body temperature, heart rate, digestion, muscle tone, and appetite. Psychological symptoms include irritability, anxiety, sleep disturbances, nervousness, headaches, fatigue, nausea, and craving for tobacco that can last for days, weeks, months, years, or even an entire lifetime.

Risks associated with smoking cigarettes

- Diminished or extinguished sense of smell and taste
- Smoker's cough
- Gastric ulcers
- Chronic bronchitis
- Increase in heart rate and blood pressure
- Premature and more abundant face wrinkles
- Heart disease
- Stroke
- Cancer of the mouth, larynx, pharynx, oesophagus, lungs, pancreas, cervix, uterus, and bladder
- Burns
- Violent arguments with non-smokers.

Cigarette smoking is perhaps the single most devastating preventable cause of disease and premature death. Smoking is particularly dangerous for teens because their bodies are still developing and changing, and the 4,000 chemicals (including 200 known poisons) in cigarette smoke can adversely affect this process.

(ii) Alcohol

Alcohol abuse is a pattern of problem drinking that results in health problems, social problems, or both. Alcohol dependence, or alcoholism, refers to a disease that is characterised by abnormal alcohol-seeking behaviour that leads to impaired control over drinking.

Short-term Effects	Long-term Effects
Distorted vision, hearing, and coordination	Loss of appetite
Altered perceptions and emotions	Vitamin deficiencies
Impaired judgement	Stomach ailments
Bad breath	Skin problems
Hangovers	Sexual impotence
	Liver damage
	Problems associated with the heart and the central nervous system
	Loss of memory

(iii) Consequences of Abusing Some Other Substances

The following table lists some of the most frequently abused substances. All of these drugs have a high potential for addiction.

(Source: <http://www.drugabuse.gov/DrugPages/DrugsofAbuse.html>, National Institute on Drug Abuse)

Drug name/ class	Effects of intoxication	Adverse health consequences
Marijuana Cannabinoid	Euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination	Cough, frequent respiratory infections, impaired memory and learning, increased heart rate and anxiety, panic attacks
Cocaine Stimulant	Increased heart rate, blood pressure, temperature, and metabolism, feelings of exhilaration and energy, increased mental alertness	Rapid or irregular heart beat, reduced appetite, weight loss, heart failure, nervousness, insomnia, chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition, panic attacks
Amphetamines Stimulant	Metabolism, feelings of exhilaration, energy, increased mental alertness, rapid breathing	Weight loss, heart failure, nervousness, insomnia, tremor, loss of coordination, irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behaviour, aggressiveness, psychosis

Drug name/ class	Effects of intoxication	Adverse health consequences
Barbiturates Depressant	Reduced anxiety, feeling of well-being, lowered inhibitions, slowed pulse and breathing, lowered blood pressure, poor concentration, sedation, drowsiness	Fatigue, confusion, impaired coordination, impaired memory and judgement, depression, unusual excitement, fever, irritability, slurred speech, dizziness, life-threatening withdrawal symptoms, respiratory depression and arrest, death
Benzodiazepines Depressant	Reduced anxiety, feeling of well-being, lowered inhibitions, slowed pulse and breathing, lowered blood pressure, poor concentration, sedation, drowsiness	Fatigue, confusion, impaired coordination, impaired memory and judgement, drowsiness, dizziness, respiratory depression and arrest, death
Heroin Narcotic (Opioid)	Pain relief, euphoria, drowsiness, unsteady gait	Nausea, constipation, confusion, sedation, respiratory depression and arrest, tolerance, unconsciousness, coma, death
LSD Hallucinogen (Lysergic acid diethylamide)	Altered states of perception and feeling, nausea, increased body temperature, heart rate, blood pressure, loss of appetite, sleeplessness, numbness, weakness, tremors, persistent mental disorders	Persisting perception disorder (flashbacks)
PCP Dissociative anaesthetics (Phencyclidine)	Increased heart rate and blood pressure, impaired motor functioning, possible decrease in blood pressure and heart rate, panic, aggression, violence	Memory loss, numbness, nausea and vomiting, loss of appetite, depression

Contd.

Drug name/ class	Effects of intoxication	Adverse health consequences
Inhalants	Stimulation, loss of inhibition, headache, nausea or vomiting, slurred speech, loss of motor coordination, wheezing.	Unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death.
Anabolic steroids	No intoxication effects	Hypertension, blood clotting, changes in cholesterol, liver cysts and cancer, kidney cancer, hostility and aggression, acne; in adolescents, premature stopping of growth; in males , prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females , menstrual irregularities, development of beard and other masculine characteristics

Psycho-Social Complications of Substance Abuse or Dependence

Financial	Occupational	Familial	Social	Legal
<ul style="list-style-type: none"> • Spending money on substance instead of on essential needs • Not fulfilling financial obligations • Exhausting savings • Borrowing money • Risking financial bankruptcy and destitution 	<ul style="list-style-type: none"> • Inefficiency due to decreased levels of performance • Unpunctuality • Fights, quarrels, thefts • Absenteeism • Accidents at school/ workplace • Suspension from school or loss of job • Frequent changes of jobs • Declining status in school and at workplace • Loss of work/ study habit • Long periods of unemployment • Unsuitability for meaningful employment 	<ul style="list-style-type: none"> • Arguments over substance abuse • Neglect of family obligations • Role change and conflict • Co-dependency • Quarrels and physical violence • Long absences from home • Frequent marital discord and separation • Divorce • Alienation from family 	<ul style="list-style-type: none"> • Alienation from peers • Misbehaviour with others • Arguments, fights • Loss of social reputation • Loss of social position • Social isolation • Ostracism 	<ul style="list-style-type: none"> • Violation of rules, regulations, and laws • Driving under influence of substance • Thefts and petty crimes • Arrests and court cases • Involvement with criminal gangs • Conviction • Imprisonment

Myths and Facts about Substance-Abuse

Myths	Facts
There is no harm in trying drugs just once, because one can stop after that.	Almost all drug addicts start by trying the drug just once. However, once the drug is taken, the user is always amenable to further drug intake, which eventually becomes a part of his/her habit. The best course of action is not to try the drug even once.
Drugs enhance creativity and imagination.	The drug addict loses clarity of thought and action, becoming incoherent and confused.
Alcohol enhances sexual performance and desire.	Studies show that alcohol not only affects sexual performance but that it also reduces sexual desire.
Drugs sharpen thinking, lead to greater concentration.	Drugs induce dullness and adversely affect the normal functioning of both body and mind. Drugs may remove one's inhibitions but this is only temporarily.
Alcohol promotes good sleep.	People dependent on alcohol cannot sleep well without it. Those who do not use alcohol regularly may experience disturbed sleep after consuming it.
Will power alone can help a drug addict stop taking drugs.	Addiction is transformed into a disease, which requires medical and psychiatric treatment.
Alcohol helps people forget their problems.	This statement has become a 'truth' because regular and heavy alcohol users often claim that this is the reason why they drink alcohol in the first place. However, very often, the opposite is found to be true; people bring up forgotten problems only when they are intoxicated.
Most addicts get their first dose of drugs from peddlers or pushers.	Most addicts get their first dose of drugs from a friend or a close associate.
Beer is not hard liquor, so it can be consumed safely.	Beer is an alcoholic beverage, although it contains a lower amount of alcohol than hard liquor like whisky or rum. Beer contains 4 to 8 percent alcohol. One 12-ounce (285 ml) bottle of beer is equal to one peg of whisky. Thus, if somebody drinks six bottles of beer in an evening, he/she has consumed the equivalent of six pegs of whisky.

Section IV

Teachers as Counsellors

4.1 Teachers as Counsellors

Introduction

The profession of counselling is a relatively new field. Nevertheless, its impact on society is growing at a tremendous pace. An increasing number of individuals are turning to counsellors for help in dealing with the sometimes overwhelming concerns of everyday living, e.g. job-related difficulties and unemployment, marital and family problems, lack of self-confidence, inability to make decisions, problems at school and college, etc.

Definition

Counselling is a learning-oriented process that occurs usually in an interactive relationship, with the aim of helping a person to learn more about the self, and to use such understanding to enable the person to become an effective member of the society.

Aims of Counselling

- **Facilitating Behavioural Change:** The goal of counselling is to bring about a change in behaviour that will enable the client to live a more productive and satisfying life as defined by the client within the limitations imposed by society.
- **Improving the Client's Ability to Establish and Maintain Relationships:** Many clients have problems relating to other people. This may result from the client's poor self-image causing him/her to act defensively when interacting with others or it may be the result of inadequate social skills. Counsellors work with clients to help them improve the quality of their relationships with others.
- **Enhancing Coping-Skills:** For a variety of environmental, biological, and psychological reasons, children may find it difficult to cope with the adversities and challenges of everyday life, e.g. examinations, peer pressure, failures, emotional setbacks, traumas, etc. The client may exhibit physical and psychological problems such as frequent headaches, inability to sleep, etc. The counsellor works with the client to develop healthy coping skills.
- **Promoting Decision-Making:** Counselling helps individuals obtain information and clarity, and sort out personal problems and emotional concerns that may interfere with or be related to making decisions. It helps such individuals to acquire an understanding of not only their abilities, interests, and strengths but also of their emotions and attitudes, which can influence their choices and decisions.
- **Facilitating Client Potential:** The goal is to improve personal effectiveness. Counselling seeks to maximise an individual's freedom within the limitations imposed by his/her own self and his/her environment.

Counselling is a much misunderstood concept. To the layperson, it means an occasion where an expert solves an individual's problems and has ready-made solutions. However, this is far from the truth. Counselling is a process involving the counsellor and the client in an interactive relationship extending over a considerable period of time during which both identify and work on solutions together in a joint venture.

Counselling Process

The process of counselling may be divided into three progressive stages:

- 1. Initial Disclosure:** In the beginning, the counsellor and the client do not know one another well. Therefore, the first task is to establish a rapport. The counsellor's task is to allay the client's fear and encourage self-disclosure. Without honest self-disclosure by the client counselling will remain an empty exercise. Attending (paying careful attention to the client's words and actions) is very important. The counsellor must earn the client's trust by showing empathy (understanding the experiences and feelings of another as though these were your own), genuineness (or dependability), unconditional regard (total acceptance of the client as he/she is), and overtness (using clear language to describe the client's life situation).
- 2. In-Depth Exploration:** During this stage, the counsellor brings into the discussion his/her impressions of the client's dynamics and coping behaviour. The counsellor tries to elicit the client's response about whether the counselling process is progressing satisfactorily, and also expresses his/her opinion about the progress achieved so far. This stage frequently becomes emotionally stressful because the client repeatedly faces the fact of his/her inadequacy of habitual behaviour and must learn to give up the old behaviour for the new behaviour learned during the counselling process. In addition, the counsellor and the client come to a mutually acceptable assessment and diagnosis of the problem.
- 3. Undertaking Action:** This is the stage during which decisions are made and action is taken. The client considers possible actions and then chooses some options to try out. The counsellor extends support to the client in this venture of trying out new behaviour patterns, and helps the client evaluate their effectiveness.



Counselling Interview

The counsellor's aim is to encourage the client to talk about his/her problem in all its dimensions, without offering his/her own views on the matter. This is essential to conduct effective counselling, and calls for some specific skills such as:

1. Attending Behaviour

This is the most basic and essential skill in counselling. It helps the client know that the counsellor is genuinely interested in what he/she is saying.

There are four critical dimensions to attending behaviour:

- **Eye contact:** Maintain eye contact at all times with the client.
- **Attentive body language:** Make encouraging gestures, appear interested, sit facing the client with your arms opened out rather than folded against your chest.
- **Vocal qualities:** Keep your tone gentle; speak slowly and clearly.
- **Verbal tracking:** Keep to the topic initiated by the client.

If the client keeps on talking without keeping to the topic at hand, gently bring him/her back on track so that the focus remains on the problem. Do not start talking yourself. The counsellor should be attentive to the client.

2. Questioning Skills

In the course of counselling, it is often necessary to employ questioning as part of the strategy to get the client to talk further. If the client is talkative, the counsellor may not need to ask many questions. However, if the counsellor asks the right questions, the client may share a lot of relevant information.

Questioning helps the counsellor:

- to begin an interview;
- to open up new areas for discussion;
- to assist the client in self-exploration.

Types of Questions:

- **Open Questions:** These are very useful in getting the client to talk. These are questions that cannot be answered in a few words or sentences. They encourage the client to talk and share the most information. They generally begin with the words 'how', 'why', 'could', and 'what'.
 - What? questions—lead to facts;
 - How? questions—lead to feelings;
 - Why? questions—lead to reasons.
- **Closed Questions:** These are questions that can be answered in a few words. They help in focusing on interview and bring out the specifics of the problem being discussed. They generally begin with the words 'is', 'are', and 'do'. For example, 'Where do you live?'

- A general framework for eliciting the required information during the first stage of counselling would be based on the following questions:

Who is the client? What are the key personal background details of the client? Who else is involved? What is the problem? What are the specific details of the situation? When does the problem occur? How does the problem occur? What happens immediately before and after the situation occurs? Where does the problem occur? In what environment and in what situation does the problem occur? How does the client react? How does the client feel about it?

It is important to remember that questioning can pose a problem if the client is bombarded with questions, or is grilled or interrogated too closely. The counsellor should never ask too many questions. This can put people on the defensive and confuse them.

3. Observational Skills

The third most important skill is that of observation. The counsellor should focus on the client's non-verbal behaviour in four areas. These are:

- **Client eye-contact patterns:** If the client breaks eye contact or looks away during the conversation, it could mean that he/she is confused, and the counsellor may have to probe the issue more deeply.
- **Body language:** Leaning forward can indicate excitement about an idea; leaning back and crossing one's arms could mean that the client is closing off.
- **Facial expressions:** Brow furrowing, lip tightening or loosening, and flushing can indicate tension.
- **Large-scale body movements:** These may indicate shifts in the client's reactions and thoughts or a focus away from the issue.

4. Encouragers and Paraphrases

These skills are used to let the client know that the counsellor has been listening to what he/she has been saying, that the counsellor has seen his/her point of view, and empathises with him/her. Encouragers are phrases interjected at appropriate points in the conversation, such as 'um', 'is it?', 'really?', and 'ah ha'. These also include head nods, open-palm gestures, and non-verbal gestures. Sometimes just the repetition of a keyword could become an encourager. This usually leads to the client elaborating on the meaning of that word or phrase to him/her. These words and actions encourage the client to continue talking, while letting him/her know that he/she is being heard attentively by the counsellor.

Paraphrases are the feedback given to the client by the counsellor by shortening and clarifying the client's comments. Paraphrasing is

not just the parroting of the client's words. The counsellor introduces his/her own words alongside some important words of the client. Paraphrasing can help the process of counselling by:

- Clarifying for the client what he/she has said, e.g. 'You appear to be saying . . .' and 'It sounds as though you are saying . . .'
- Clarifying for the counsellor what the client has said. By giving feedback about what the counsellor has heard, he/she can check the accuracy of what he/she has heard and understood, e.g. 'Did I get you correctly?' and 'Am I hearing you correctly?'
- Helping clients talk in more detail about the issues that concern them.
- Helping a talkative client to stop repeating the same facts or story.

5. Noting and Reflecting Feelings

This is a very useful skill that helps the client talk and makes him/her feel understood. It helps in identifying and sorting out the client's feelings. To do this one needs to observe:

- Emotional words used by the client, e.g. 'I was so angry that I felt like hitting him.'
- The counsellor may respond, 'You must have been really angry.'
- Non-verbally expressed emotional words. Emotions can be observed directly or can be drawn out by asking the right questions ('How do you feel about that? Do you feel angry?'). Then reflect back through the following steps:
 - Begin with phrases such as 'you feel', or 'sounds like you feel', or 'could it be that you feel?'
 - Use the client's name.
 - Add 'feeling' words that emphasise emotions (sad, happy, glad, puzzled, uncertain, confused).
- Add a context by paraphrasing or repeating the key content or issue ('It looks like you feel happy about getting a job').
- A present tense inflection is more powerful and effective than a past tense or future tense ('You feel happy right now' rather than 'You felt happy').
- After identifying a feeling, the counsellor should ensure that he/she is on the right track by asking the client to correct him/her if the situation has been misunderstood ('Am I hearing you correctly?').

Essential Skills of a Good Counsellor

- **Curiosity and inquisitiveness:** Has a natural interest in and curiosity about people.
- **Ability to listen:** Finds listening to others stimulating and interesting.
- **Comfortable holding conversations:** Enjoys verbal exchanges.
- **Empathy and understanding:** Can put himself/herself in the other person's place.
- **Emotional insightfulness:** Is comfortable dealing with a wide range of feelings.
- **Introspection:** Has the ability to see and feel himself/herself from within.
- **Capacity of self-denial:** Can set aside his/her own needs in order to listen to the problems of others.
- **Tolerance of intimacy:** Has the ability to sustain emotional closeness.
- **Comfort with power:** Has the ability to accept power with a certain degree of detachment.
- **Ability to laugh:** Can see the tragic and/or comic aspects of life events and yet maintain an optimistic outlook.

How to Deal with Difficult Situations when Communicating with the Adolescent Client

The following are some situations that require appropriate handling:

- **If the Adolescent is Silent:** Silence can be a sign of shyness or may signify anger or anxiety.
 - If the client is silent at the beginning of a session, the counsellor can say, 'I realise it's hard for you to talk. This often happens to people who come here for the first time.'
 - If the client seems angry, the counsellor can say, 'Sometimes when someone comes to see me against his/her will and doesn't want to be here, it is difficult to speak. Is that what is going on with you?'
 - If the client is shy, the counsellor can legitimise the feeling by saying, 'I would feel the same way in your place. I understand that it's not easy to talk to a person you have just met.'
 - If the client has difficulty expressing his/her feelings or ideas, the counsellor can use some brochures or posters as aids to encourage discussion or refer to a story or anecdote, so that the adolescent can talk about others rather than himself/herself.
 - If the client cannot or will not talk, the counsellor should propose meeting at another time.

- **Crying:** The counsellor should try to evaluate what provoked the tears and assess if this makes sense in the given situation.
 - If the client is crying to relieve tension, the counsellor can give the adolescent permission to express his/her feelings by saying, 'It's okay to cry since it's the normal thing to do when you're sad.'
 - If the client is crying as a way to manipulate the situation, the counsellor can say, 'Although I'm sorry you feel sad, it's good to express your feelings.'
 - If the crying is consistent with the situation, the counsellor should allow the adolescent to express his/her emotions freely and should not try to stop the feeling or belittle its importance.
- **Threat of Committing Suicide:** All threats or attempts to commit suicide must be taken seriously. It is essential to determine whether attempts have been made in the past, whether the adolescent client is really considering suicide and the reasons for doing so, or whether this is something that the client has said impulsively without thinking the matter through.
 - It is best to refer the adolescent to a psychiatrist or psychologist and accompany him/her to the appointment.
- **Refusal of Help:** The counsellor should try to find out discreetly why the adolescent feels this way.
 - If the client has been sent against his/her will, the counsellor can say, 'I understand how you feel. I'm not sure I can help you, but perhaps we could talk for a while and see what happens.'
- **Need to Talk:** Counsellors may have to face situations where the client is very vocal and wants an outlet to express other concerns that may not be directly related to the immediate counselling need as perceived by the counsellor.
 - Give the client an opportunity to express his/her needs and concerns. If you cannot help the client, show that you are listening attentively to the concerns that he/she is trying to express. Whenever possible, direct the client to someone who can help in resolving the problem.
 - The counsellor can say, 'I can see that you are very concerned about this problem. I wish I could do something to help you. Have you discussed this with . . .'
 - If you cannot help the client or direct him/her to someone who can provide assistance, demonstrate care and concern about the client's problem. However, make it clear when you cannot help with the problem.

Ethical and Legal Issues in Counselling

- **Confidentiality:** Counsellors are ethically obliged to keep information concerning the adolescent confidential. This means that a counsellor should not talk to anyone about the adolescent's problems without prior permission from the adolescent.
- **Professional Disclosure:** A counsellor must represent his/her professional qualifications and experiences correctly to the adolescent.
- **Professional Relationship:** Counsellors should respect and protect their clients. This means that counsellors should not engage in any other kind of relationship with the client that could cloud the counsellor's objectivity and judgement and interfere with the therapeutic process.
- **Referral and Termination:** Counsellors must protect their clients when making referral or when terminating the counselling process. These situations must be handled with sensitivity. The counsellor while referring should recommend competent and qualified counsellors and not ill-reputed and inexperienced counsellors. Counsellors should discuss with clients the termination of the counselling much in advance of the actual termination.

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