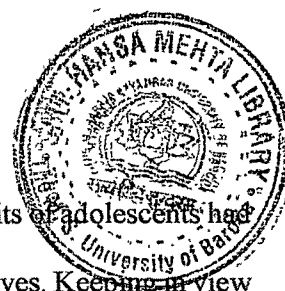


Chapter – 2

Initiatives of Government of India for adolescence education

India recorded 16.87 % of 6 billion world population and was ranked 2nd in the world after China (21.8 %) and before USA (4.63 %) (Census of India, 2001). Indian population had crossed 1 billion in the year 2000. The percent distribution for the age group 10-14 years (early adolescence) in India, was 12.1 % of total male population and 11.8 % of total female population. While in the age group 15-19 years (late adolescence), it was 10.45 % and 10.35 % of total Indian male and female population respectively. This shows that around 22 % of total Indian population is in the age group 10-19. Indian government is concerned about life development of its large young population in this age group. Indian Government policies were targeted on population, women empowerment, girl-child, AIDS control, child development issues, since years and modified time to time to meet new challenges. The policies are briefly mentioned in the following paragraphs.

Adolescents as a group were considered with youth or with children or with young adults. Different policies and programmes defined the adolescents' age group differently. Adolescents in the draft Youth Policy have been defined as the age group between 13-19 years; under Integrated Child Development Services (ICDS) adolescent girls were considered to be between 11-18 years; the Constitution of India and labour laws of the country consider people up to the age of 14 as children. While the Reproductive and Child Health (RCH) programme considered adolescents as 10-19 years of age group. Internationally and as was with most UN agencies like WHO, UNICEF, UNFPA etc. the age group of 10-19 years was



considered to be the age of adolescents. It was observed that the age limits of adolescents had been fixed differently for various programmes depending on their objectives. Keeping in view the totality of adolescents and the characteristics of this age group it was considered most appropriate between 10-19 years. GoI realized the importance of this population sub group and so, the Planning Commission set up a Working Group for the Welfare and Development of Adolescents, to provide inputs into the Tenth Five Year Plan.

Population Education projects had been implemented for the last two decades with UNFPA assistance. The first was the National Population Education Project (NPEP), launched in 1980 and implemented by the National Council of Educational Research and Training (NCERT). In 1988, a project with the Ministry of Labour was also implemented for incorporating population education in vocational training. India has wide coverage in order to create a positive environment for institutionalizing population education in the country. The most significant achievement of these projects had been that population education is accepted now, as an integral part of the Indian education system at all levels.

Around the period 1990s, the policy makers begun to recognize the need to address the sexual and reproductive health needs of young people. The Programme of Action of International Conference on Population and Development (PoA-ICPD) had considerable consequences for programmes for youth in India. Its commitment put sexual and reproductive health needs of adolescents and young people on the national agenda. While there were a growing number of NGO programmes that appear to respond successfully to young people's sexual and reproductive health needs in innovative and acceptable ways, access to information,

counseling and services, including reproductive health services that were affordable and accessible, still elude large numbers of young people.

This study and its recommendations on marketing strategies will help in creating awareness among adolescents as well as other concerned constituents like parents and teachers.

2.1 Integrated Population and Development Projects

Integrated Population and Development (IPD) project, as directed during ICPD and funded by United Nations Population Fund (UNFPA) was meant to improve access to and quality of Reproductive and Child Health (RCH) services, to make service providers more gender sensitive, and to create a supportive environment for women's empowerment. In 1996, the Programme Review and Strategy Development (PRSD) mission of UNFPA, recommended implementing the IPD project, because the norm-based interventions were to be planned based on local needs assessment and implementation capacities (unescoibkk.org). The IPD project begun in 1999 in six states in India including Gujarat. It covered 27 districts in the six states and five municipal areas of Maharashtra. All selected districts were poor, with the majority of the population being tribal. These districts also faced other constraints such as difficult terrain, inadequate educational facilities, and fewer livelihood options, especially for women. The health delivery system in these districts also suffered from problems such as poor quality infrastructure and an inadequate staff that lacks skills and had low level of motivation.

National Population Policy (2000) recognised the earlier invisibility of adolescents and viewed them as a section of population whose needs to be addressed and were the subject of

one of the 12 strategic themes. They were specifically referred to in the sections on information, nutrition, contraceptive use, STDs and other population-related issues. This was understandable in view of the crucial role adolescents will play in determining when we will reach replacement level of fertility and when India's population will finally stabilise. There was a special mention about developing a health package for adolescents and enforcing the legal age at marriage.

2.2 Partnership for progress of population programmes

Adolescent activities had been mainly supported through population education projects in partnership with the Ministry of Human Resource Development and the Ministry of Labour of Government of India, during last decade. In the recent programme, partnership with Non Government Organisations (NGOs) had been expanded. The National Population Policy of 2000, clearly recognized, for the first time, that adolescents and youth constitute an underserved group with special sexual and reproductive health needs that had remained unmet. It noted their need for free and compulsory education up to the age of 14, and the importance of measures to delay marriage. The immediate objective was to address the urgent need of contraceptives, health infrastructure, and health personnel and provide integrated service delivery for basic reproductive and child health care. The long-term objective was to stabilize population by 2045 at a level consistent with the requirement of sustainable economic growth, social development and environment protection.

The National Population Stabilization Fund (NPSF) was renamed as *Jansankhya Sthirta Kosh* (JSK) in June 2003. The fund was supposed to support projects and initiatives, to help

population stabilization both in government and voluntary sectors and canalize funds through voluntary contribution from individual, industries, trade organizations and other legal entities. A contribution of Rs.100 crores was made out of a plan budget.

A comprehensive programme, called “*Sarva Shiksha Abhiyan* (SSA), was launched in November 2000 in partnership with States. The programme aimed to improve the performance of the school system through a community-based approach and to impart quality elementary education to all children in the age group of 6 to 14 by the year 2010. It sought to bridge gender and social disparities at the elementary level.

2.3 Integrated Child Development Scheme (ICDS)

A number of programmes were available, in different parts of the country, that might not have focused directly on the sexual and reproductive health of young people, notably girls, but attempted to build skills and livelihoods, provided training and education, or, more generally, empowered girls in ways that might have a bearing on their sexual and reproductive health awareness and exercise of reproductive choices. The Integrated Child Development Scheme (ICDS) offered girls’ training in saving, credit service, health, hygiene and so on. The Adolescent Girls Scheme, now renamed *Kishori Shakti Yojana* aims at improving the nutritional and health status of adolescent girls (11-18 years), providing literacy and numeracy skills through the non-formal system, training and equipping adolescent girls with home-based and vocational skills, promoting awareness and encouraging them to marry after 18 years. This revamped scheme is expected to provide flexibility to states to adopt a need-based

approach, depending on the situation in each state. The *Balika Samridhi Yojana* aims at delaying the age of marriage and finally eliminating child marriages.

The National Policy for Empowerment was adopted in India in 2001, with the objective of ensuring women their rightful place in society by empowering them as agent of socio-economic change and development. The strategies were social empowerment, economic empowerment and gender justice by eliminating all types of discrimination against women and girl child. Education being an important tool for social empowerment of women, specific schemes to provide incentives to promote education and reduce the school drop out was being implemented. “*Saarva Shiksha Abhiyan*” and “*Mahila Samakhya*” were promoted extensively. *Mahila Samakhya* Programme was launched in 1989 for the education and employment of women in rural areas, particularly those from socially and economically marginalized group. The program covered over 12000 villages in 59 districts of India. The Ministry of Human Resource Development implements the Mahila Samakhya Programme which aims inter alia, at ensuring equal access to educational facilities for adolescent girls and young women. In the last few years the programme had responded to a growing demand from adolescent girls for opportunities to complete formal education and also to acquire leadership and vocational skills. National Policy for the Empowerment of Women (2001) recognized the girl child as a separate category and adolescent girls were to be covered. The policy stressed on their nutrition, education, holistic approach to health, violence against them, sexual abuse of them and the rights of the girl child.

2.4 National Youth Policy 2000

National Youth Policy 2000, incorporated the needs of 13 to 35 years of age group, stressed the need for a multi-sectoral approach to youth, with a thrust on “youth empowerment”, notably education, skills building and leadership, as well as nutrition, and equality of opportunity. Although the need for access to health services among young people, for reproductive health “guidance,” population and family life education was observed, but main focus lies on nutrition and education, rather than on sexual and reproductive health matters. The physical health of adolescents was also important for their personality development. The adolescent age group partly forms part of children who are to be provided primary education and also part of adults who are participants of adult literacy activity. However, the policy did not recognise adolescents as a group. The draft youth policy 2001, gives a special focus to adolescent health, their education including non-formal education and their nutritional requirements, as ‘they are the most important segment of the population.’

2.4.1 Nehru Yuva Kendras as youth centers

The Ministry of Youth Affairs & Sports is responsible for Nehru Yuva Kendras, which undertake the following activities:

NYK established Health Awareness Units to generate awareness, educate and adopt health and family welfare programmes, including adolescence education; among the masses through the active participation of youth organizations. Their activities included lectures, plays, immunization and sterilization camps to increase awareness on issues of adolescence, gender, early marriage, child bearing etc. Youth Awareness Drives provided a forum for addressing issues such as HIV/AIDS. The NYKs also arranged training in Self Employment Projects to

equip youth with income generating skills and vocational training programmes, which equipped youth to enter new trades more ably.

2.5 Reproductive and Child Health (RCH) programme

The reproductive and child Health (RCH) programme was launched in 1997, which combined, fertility regulation, safe motherhood, child survival and Reproductive Tract Infections (RTI), Sexually Transmitted Disease (STD). RCH was primarily implemented through primary health care infrastructure. The overall goal of the programme was to reduce maternal and infant mortality and morbidity and assure reproductive health and choice to citizens and contribute thereby to stabilization of population. In the second phase of RCH programme, a paradigm shift was considered from a focus on contraceptive targets to a client-centred focus on health needs, better quality gender-sensitive information and services and ensuring access. While the programme did recognize that youth as a special population with special needs, specific and bold measures to ensure their sexual and reproductive health and rights had not yet been advocated.

2.6 National AIDS Policy 2000

The National AIDS Policy 2000 discussed more directly measures to address risky sexual behaviour. Some Indian states had initiated specific programmes for youth, including in-school and community settings. Recognition of Human Immunodeficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) spread among young people, had resulted in a greater openness to address issues relating to sex. The National AIDS Policy (2000) was a crucial component of the national health strategy. Since unprotected sex was a major source of AIDS and adolescents form a significant portion of the sexually active population, they should form a special focus group under the Policy. Experimentation, lack of knowledge, peer pressures and a false sense of bravado made adolescents particularly vulnerable to Sexually Transmitted Diseases (STDs) including AIDS. Although the policy talked about programmes for adolescents through University Talk AIDS and Nehru Youth Kendras (NYKs), surprisingly, the policy did not specifically mention adolescents. One could say that even without specifically mentioning adolescents, the policy was crucially relevant to them and aimed at addressing their needs.

NACO estimated that the number of Indians living with HIV increased by 500,000 in 2003 to 5.1 million. Around 38 percent of these people were women. In November 2004, NACO published the number of AIDS cases reported. The total of AIDS cases in India were 87,596 of whom 24,504 were women. This data also indicated that 37% of reported AIDS cases were diagnosed among people below 30 years of age (avert.org/aidsindia.htm). The current data submitted by psgaidinfo.org to NACO is placed at Appendix-2.6. India had around 10% of the global HIV Population. Gujarat was considered moderate prevalence state for HIV/AIDS. A

single dose of Anti-retroviral (nevirapine) was provided to HIV positive mother in the center established for Prevention of Parents to Child Transmission (PPTCT). Government of India committed to provide Anti-Retroviral treatment free of cost in phased manner.

In Vadodara, eight NGOs were handling the HIV/AIDS project funded by National AIDS Control Organisation (NACO) and the Gujarat State Aids Control Society (GSACS). Their focus was on high risk groups like commercial sex workers, truck drivers, homosexuals and industrial workers. As per Vikas Jyot Trust, Vadodara “unless the main stream population is taken into confidence, the efforts will remain inadequate” (Times of India, 5-5-2005).

2.7 Support to Gender Issue (SGI)

The Ministry of Health and Family Welfare (MOHFW) and the United Nations Population Fund (UNFPA) drew up the Support to Gender Issues (SGI) Project in 1999 with the primary objective of developing partnerships with non-governmental organizations (NGOs) in the area of gender, with a special emphasis on women’s empowerment, gender equity, and equality. The SGI Project was expected to contribute through support to NGOs for addressing the issues related to women’s empowerment, violence against women, and personality and skills development for adolescents. Since 2000, grants had been sanctioned to 28 implementing NGOs through intermediary supporting NGOs (Mother NGOs under the RCH Scheme). National Programme for Education of Girls at Elementary Level (NPEGEL) provided additional support to girl child.

2.8 National Policy on Education (1986 modified in 1992)

The national education policy 1986 was modified in 1992, also recognized National Literacy Mission for Universalisation of Elementary Education and Non-Formal Education. The Total Literacy Campaign (TLC) was to attain a substantial threshold literacy rate of 75% by 2007 from 65% in 2001. They were implemented by *Zilla Saksharta Samities* (District Level Education Society). The adolescent age group partly forms part of children who are to be provided primary education and also part of adults who are participants of adult literacy activity. However, the policy does not recognise adolescents as a group per se. This leads to overlooking their special needs. To some extent, the employment related educational needs are addressed through vocational education at the higher secondary level. The policy also talks about meeting the non-formal and need-based vocational needs of youth (15-35 years). Education Policy, statement in the section “Education for Women’s Equality” has special relevance for education programmes for adolescents.

2.9 Draft Health Policy (1999)

This policy expresses concern for the health of special groups such as adolescent girls, albeit only with regard to their nutritional needs. Elsewhere adolescent girls are clubbed with pregnant women and children instead of treating them as a distinct group with specific needs and problems. Even so, like women it is only the pregnancy and maternity related health needs of adolescents that are referred to. A life cycle approach to the health needs of women is wanting. It is hoped that necessary changes would be made while finalising this Policy.

Cancer had become a major public health concern due to increase in life expectancy and changing life styles. The National Cancer Control Programme has been made a centrally sponsored scheme in Tenth Plan. 7 to 9 lakh cases come up every year. First use of tobacco by adolescents has to be discouraged by generating awareness on harmful effects of consuming of tobacco by smoking or chewing.

2.10 National Nutrition Policy (1983)

National programme of nutritional support to primary education (Mid-Day Meal scheme) was launched in August 1995 with the objective of boosting universal primary education by increasing enrolment, attendance and retention, while simultaneously impacting on nutritional status of children in primary classes. Presently 29 states/Union Territory are providing mid-day meals fully/partially to about 5.78 crores children, which is 54.8% of the targeted 10.57 crores children. The total allocation for mid-day meal scheme in the budget for 2003-04 was 1375 crores (education.nic.in, 2004-05). The National Nutrition Policy had focused on adolescent girls and in relation to the importance of their role as mothers and housewives.

2.11 Population and Development Education by UGC

The University Grants Commission (UGC) initiated population education through Population Education Clubs (PEC) in 1983. This was done to create awareness among college students, and through them to the community, regarding various population issues. PECs were envisioned to establish inter-linkages between the college, the community, and the Department of Adult, Continuing Education, Extension and Field Outreach (ACEE & FO) in the universities (ugc.ac.in). PECs were meant to generate co-curricular activities in the universities/colleges with an emphasis on outreach and extension activities. In 1986, when the joint project with UNFPA was undertaken by the UGC, Population Education Resource Centres (PERCs) were set up in the Departments of Adult, Continuing Education and Extension in 12 universities, and later expanded to 17 universities. The PERCs provide technical support to the colleges in organization, research, training, and monitoring activities related to population and development education. Capabilities of teachers strengthened through training in qualitative research, participatory training, adolescence education (AE), and telephone counseling. Experiential learning through activities at the college and community levels to provide students meaningful experiences related to understanding and promoting ASRH were organised. All the PERCs have been provided telephone-counseling facilities for limited hours.

Adolescents entering the college can get help from such PERCs as they are the most concerned group.

2.12 Overview of Government policies in India

It will be seen from the above that the present policies address themselves to specific sectors like education, health, family welfare, nutrition, HIV/AIDS, sports etc. or address certain population groups like women, children and youth. None of the policies however take an integrated view for adolescents as a group. The right approach to adolescent issues need more focus in all the policies. Adolescents in difficult circumstances like adolescents with disabilities, learning disorders, adolescent sex workers or children of sex workers and street children need much more visibility in policies. Most State Governments follow central policies and even when they do have their own policies, they tend to rely heavily on the central policy thrusts and strategies.

The Department of Family Welfare through its Reproductive & Child Health Programme provided for maternal care, including safe motherhood and nutrition facilities, prevention of unwanted pregnancies, safe abortion facilities to all women. Adolescents get subsumed under the general target group of women. The atmosphere and environment within which these services are provided are not at all conducive for adolescents. Services are denied to unmarried adolescents as well as lack of privacy and confidentiality prevent adolescents from accessing these facilities. Adolescent boys in the RCH programme need specific attention.

It is observed that the age limits of adolescents have been fixed differently under different programmes keeping in view the objectives of that policy and programme. However, keeping in view the totality of adolescents and the characteristics of this age group, it is felt that it would be most appropriate to consider adolescence as the age between 10-19 years. The Tenth

Five Year Plan should attempt to translate this policy into reality. The policy lays stress on providing youth with 'more access to the process of decision making and implementation of these decisions'

The policies of government of India were promoted through many Non- Government Organizations working in the field of adolescence healthcare areas.

2.13 NGOs in India on adolescent healthcare

NGOs play a very crucial role in promoting social issues. In India many NGOs are working towards various issues of education, health and social upliftment, which include adolescent boys and girls. During adolescence various physiological and psychological changes take place, requiring attention to promote the overall growth and development of adolescents. At present, adolescent groups are not considered to be a separate entity. However, the existing health care services often provide a compelling justification for safeguarding the entire population in general, despite the urgent need to respect, protect, and fulfill the particular health needs of adolescents. There is a need to incorporate Adolescent Reproductive Health (ARH) as an integral part of the primary public and private health care services. The emphasis should be on adolescent-specific and well-coordinated programme services that address the nutritional, growth, reproductive and sexual health, and counseling needs of the adolescents. Simultaneously, the entire mechanism of the health care system, including the health service providers (paramedical and medical), needs to be sensitized to the requirements of adolescents. Provision of quality health services for adolescents at various levels of the existing public and private health systems should include counseling services besides other

accessible and affordable health services. The systematic linkages within the health sector need to be streamlined and strengthened in order to meet the adolescents' reproductive health service needs at each referral unit: primary health centre (PHC), community health centre (CHC), and district hospital. Some of the projects carried out by Indian NGOs in the field of adolescents' healthcare and awareness are summarized below:

2.13.1 MAMTA Health Institute for Mother and Child, New Delhi/Haryana

The objective was to conduct a base line study through a survey and supplementing it with qualitative methods in order to understand the needs and perceptions of adolescent boys and girls, along with the outlook of the service provider. It tried to develop an enabling environment for adolescents' reproductive health needs through sensitization of and knowledge sharing with parents as well as the sensitization of the health service providers (mainly chief medical officers, medical officers, and paramedical staff). The project tested the feasibility of providing adolescent-friendly services in a selected block of Haryana (mamta-himc.org, 2005)

It was a good effort to involve parents and local medical officer, as their role is very important in RCH.

2.13.2 A counseling centre at the Community Health Centre (CHC), Bawal.

The project promoted Peer Educators (PE) as change agents in select villages in Bawal in Rewari district of Haryana. The PEs were selected on the basis of the criteria of self-motivated adolescent boys and girls on the issues, that was, those who had the potential to share information, those who could easily become acquainted with their peers, and those who could devote concerted attention to the issues. Information and the process of sensitization were the significant motivating aspects in sustaining the PEs in the community. Periodic meetings, once in a quarter with the PEs reinforced their status within the community and underlined their ability to play an effective role. They were given upgraded knowledge and equipped to address adolescent issues at the community level. Support from the district administration and *panchayat* members to facilitate the process of project implementation in Rewari district was forthcoming. (rewari.nic.in, 2005)

Peer Educator concept for promoting RCH among adolescents get more acceptance and can be experimented at every place.

2.13.3 Doosra Dashak, Foundation for Education and Development, Rajasthan

The Foundation for Education and Development (FED) had launched a project 'Doosra Dashak' means 'second decade of life' (11 years to 20 years), in Rajasthan to address adolescents. Adolescents (Doosra Dashak) as a group were characterized by a sense of suspicion and resentment at being 'talked to' by older people. They were restless and anxious. The only route through which they could learn, unlearn, and communicate was with their 'fellow beings', which they perceive to be trustworthy, sensitive, and knowledgeable. They

wanted to know and understand the world around them and were anxious about their future, but often they could not find the right people who could guide them. They had hardly any role models who could inspire them. They lacked a vision of what was worth pursuing in life, and they did not have the requisite skills to reflect, negotiate, and elicit social approval. Processes had been set in motion to bring adolescents and young adults to center stage and to empower them to make decisions about their future based on concern for the well being of the community and the family. Macarthur Foundation extended a grant of \$220,000 for Doosra Dashak, for this project (macfound.org, 2005).

Residential camps, generally of 3 months duration; provided the platform for the inculcation of values, to build empowerment, and to provide opportunities for learning and practicing of life skills. Peer education, imparted through specially selected and trained persons coming out of the residential camps, enlarged the coverage of the project and served as a means for widespread learning of life skills. Counseling was viewed as a skilled and informed method of mutual help at the local level for the balanced development of adolescents. Professionally trained counselors were not available in the remote rural areas. Hence, this important service was to be provided by peers and locally available personnel such as teachers, women activists, non-formal education workers, etc., who had received special training (portal.unesco.org/education).

If the 3 months time period is brought down to one-month residential programme during vacation, the project can have better participation. Training of counselors for Doosra Dashak can help much.

2.13.4 Education and Development of Adolescents by Sandhan, Rajasthan

Sandhan's past experience in training and research in elementary education revealed that educational interventions had limited outcomes in the absence of forward linkages. Children needed to have some role models before them; so that they could view their future in a positive and holistic manner. The adolescents, who have remained neglected, and hence felt frustrated and restless. Focused work had been not carried out with them so far. Adolescents' education required a clear curriculum, envisioned in an integrated manner, which has led to consultations with adolescent boys and girls to discover their needs. UNESCO and UNICEF supported this preliminary exercise. UNFPA provided encouragement and support for a fuller, more in-depth work with adolescents to elicit their counseling needs in a broad-based, holistic, and life-skills framework (unfpa.org in/reports).

The project was conducted in partnership with Doosra Dashak as well as with community members of an urban slum in Jaipur. Sandhan worked with three strategies involving 500 adolescents. They established a two-hour educational center six days a week, for one year with adolescent girls and community teachers. They organized short-duration residential camps for 4-7 days over a stretch of 6 months. They also organized month long residential camps with adolescent boys and girls to seek an in-depth understanding of their anxieties and attitudes (eruindia.org).

The adolescent counseling center as well as short duration residential camps for adolescence education are quite helpful to generate the awareness as well as to gauge their requirements.

2.13.5 Integrated Women's Empowerment and Development Project- Haryana

UNFPA has been supporting an adolescent programme, which has been implemented in Mahendragarh district since 1994. The first phase showed that the project had contributed substantially to creating awareness among women, especially the sanjeevanis (animators), had mobilized rural women into groups, and had initiated a process of the empowerment of both women and the community. The interventions built around this process ranged from training and information, education, and communication strategy, to gender sensitization and life-skills development for adolescent girls. Adolescent-based interventions under the project have included life-skills training, motivating mothers to send their daughters to school, and an integrated model of adolescents' development. Gender sensitization workshops, network meetings, camps for adolescent boys and Life-skills training for adolescent girls were adopted (wcd.nic.in/women.htm).

Adolescence education through interventions to girls as can empower them and involving animators in the project was a unique concept.

2.13.5.1 Lok Jumbish

Lok Jumbish (LJ), was started in 1992 jointly by Government of India and Government of Rajasthan. Since 1995 this project has been organizing residential Adolescents' Girls Camps of about 6 months duration for providing primary education and various empowerment activities. *Lok Jumbish* also started short duration camps for boys and girls in upper primary classes to introduce the students to reproductive health and other issues relevant for

adolescents. LJ's non-formal education programme has also contributed to education and development of adolescents.

2.13.6 Improved Health Care for Adolescent Girls in Urban Slums, Jabalpur

The slums in Jabalpur city, housed about 66,000 adolescents in the age group of 10-19 years. CARE India developed this project based on a situational analysis study of Jabalpur city in 1993. The study showed that adolescent girls in slums had limited knowledge about their reproductive systems, reproductive tract infections, and birth-spacing methods. The use of reproductive health services was limited due to societal, familial, and institutional barriers. Girls were vulnerable to sexual exploitation, infection, unwanted pregnancy, and this state of affairs contributed to the high rates of morbidity and fertility in this age group. Key processes and strategies that were used in this project include: Community mobilization and social sanction campaign with Girl-to-girl approach, distribution of Girls Health Guides, establishment of Adolescent Resource Centres (ARCs) for spreading adolescent and reproductive health messages, skills-building and income-generation activities and strengthening of basic minimum facilities to provide quality reproductive health services (careindia.org).

2.13.7 Gender Issue Programme on AIR (West Bengal)

A programme on adolescents called '*Sandikhan*' at the request of All India Radio (AIR), was launched. AIR first realized the need of adolescence education, when it received useful feedback from the 28,000 registered listeners, majority from rural areas of West Bengal. The transition from girlhood to womanhood traditionally in the rural context has been brief, full of

restrictions and hardships. To change this reality for girls and others in the areas of operation, more than a single intervention was required. '*Sandikhan*' programme was a starting point in this regard. Schools were situated in rural areas, and students belonged to poverty-stricken families with limited knowledge and understanding of adolescent health issues and gender deprivation. Interventions were made for schoolteachers, *panchayat* members, and students. It covered 3,000 students in 20 schools in two districts. Strategic interventions were made for skills building of adolescents, involving interventions for community outreach, behaviour change communication, sensitization of the school heads, capacity building for teachers, sustaining interest and motivation of adolescents to continue participation, and assessment of impact (unfpa.org.in/reports).

The radio broadcasting is a very good marketing media tool to reach adolescents in remote areas for adolescence education. The multiplicity of language as well as geography of India needs radio as communication medium to masses.

2.14 Pilot Projects Initiatives under CP5 of UNFPA

United Nations Population Fund (UNFPA) initiated certain pilot projects, under Country Programmes 5 (CP5), mostly through NGOs in India. The aim of the pilot projects were to work with the Indian community and professional associations to develop, learn from, and share good practices in the areas relating to population and development. Reproductive health had been incorporated into the ongoing programmes of the NGOs working mainly in the areas of literacy/vocational training. Some of the NGOs had included adolescent reproductive health (ARH) as a component of women and community development programmes briefly mentioned as under.

2.14.1 Life Line Education for the Adolescent (Lupin, Rajasthan)

The Lupin organization has organized Career Counselling Centres (CCCs) for adolescent girls and boys to help develop their skills for selecting their careers. Knowledge related to health, including reproductive health, was also imparted through these centers. The project covered 1,225 boys and 1,225 girls in 35 villages. Sensitization of the community to the needs of adolescents and gender disparity were administered. CCC for providing better guidance to adolescents was established. Interaction with the community and the parents of target groups through regular interfacing and meetings at the CCCs were organised. Training of adolescents to develop their self-confidence and skills, as well as to inculcate positive attitudes among them, towards issues of reproductive health and gender disparity was imparted (unescobkk.org).

2.14.2 Adolescent Boys and Girls – Gender Issues by DCT

Deepak Charitable Trust (DCT) had been operational in selected areas for a decade, with a focus on women's health in Baroda, Gujarat. A study conducted by DCT (1995) among 1,043 adolescents revealed that out of the total number of illiterates, 87 percent were girls, whereas only 13 percent were boys. A majority of girls (72 percent) dropped out by Classes 8 and 9 and only 0.85 percent reached Class 10. Boys also did not avail themselves of higher education because little value is attached to education. About 40 percent of the adolescents married between the ages of 15-19 years and almost all of them were married by 20-23 years of age (deepakgroup.com).

Under the pressure of the prevailing social customs, both boys and girls were forced into early marriage at an age when they are unaware of the basic concepts of sex, pregnancy, child birth and child care, child-spacing and family-planning methods, or even of the importance of nutrition in their lives. It was important to educate and seek behaviour change among adolescents before they were tied down with family life responsibilities.

With this background in mind, DCT started working with 1000 adolescents through imparting livelihood skills to adolescents; organizing adolescents into self-help groups; conducting trade-related exposure visits. They also organised for iron tablets daily to boys and girls; health education; hemoglobin estimation before and after 6 months' supplementation; awareness of reproductive health issues; developing cognitive, social, and negotiating skills for responsible behaviour.

2.14.3 AIDS Warrants Adolescent Reproductive Health Education (AWARE)

AIDS Warrants Adolescent Reproductive Health Education (AWARE) group worked for support to gender issues in Rajasthan. Social interaction had become more liberal, and access to articles of comfort and entertainment was increasingly easy for the younger generation. Adolescents struggling with emotional and physical changes needed to share their concerns with someone within or outside the family. Parents and teachers generally did not discuss sensitive issues related to sexuality and growing-up concerns in India. Hence, the adolescents' only source of information was their own peer group, which was equally ignorant and uncertain and was as anxious to gain information (unescoibkk.org/in).

Experimentation in sexual activities resulted into dangerous consequences like teenage pregnancies, sexually transmitted diseases, and mental anguish. As the traditional forms of support had weakened, so there was an urgent need for a programme that will help build new social and community support for this group. The project covered 4,000 adolescents each year in 5 private and 5 government schools/colleges of Jaipur city. The school principals were convinced first on the importance of such programmes and to develop acceptable methodologies of working. The educational materials were discussed and approved. Seminars were organised for parents and teachers of students in Classes 9–12 in the schools. Two teachers with good teaching and communication skills from each school, and other external resource persons from parents, were given training for counseling students. Students' conferences were held in each school for duration of two class periods. Students who were stiff and reticent at the beginning of the sessions became very informal and receptive in the latter part of the open session. An online telephone counseling facility called 'Friend

Anonymous' provided information and counseling in privacy to adolescents for two hours daily. It revealed a huge demand from young people for reliable information. Adult gatekeepers, parents and teachers in particular, may pose the main challenge to the promotion of school-based awareness raising activities.

A life skills programme is an appropriate mechanism through which sexual and reproductive health awareness can be imparted, and that demand for such programmes has been generated both among students and out-of-school youth (Damayanthi, 2003).

2.15 Peer Educator (PE) perspective

Some small and positive experiences, as the result of initiatives taken by motivated non-governmental groups in India yielded four significant insights:

1. It is possible to identify potential leadership talent and positive attitudes among adolescents in almost all contexts, and they can become peer educators (PE).
2. The unrealized potential of these adolescents needs systematic and sensitive educational investment in order to build their capacity as PEs.
3. For speedy and effective results in capacity building, the first step needs to be one of skill mapping of the identified group.
4. Contextually relevant pedagogical tools can be evolved to transact a core curriculum for the PEs.

The PEs thereby undertakes the basic transaction of life skills for a larger group of adolescents. The operationalization of peer-group education for life skills involved:

Identification of PEs, planning the action research activities, detailed process documentation activities, documentation of core findings, identification of patterns of causal linkages and sharing with the larger network

Participation of adolescents had to be encouraged from the beginning. Very few projects involved adolescents in the entire process of planning, implementation, and evaluation. Peer education as a strategy had been tried only in some projects. Mobilizing out-of-school boys had been a challenge. Further research for inputs can help in policy formulation.

Since the school education curriculum takes its own time to change and allow an innovative educational intervention to become institutionalized, the following two broad approaches have been adopted in order to meet the requirements of the existing school education system.

The formal curricular approach is to continue in order to facilitate an effective integration of population and development education elements reflected in the re-conceptualized population education in the school education system. The co-curricular approach has been emphasized in order to reach various target groups without waiting for these elements to formally become an integral part of the school syllabi and textbooks.

2.16 Bharat Scouts and Guides

The Bharat Scouts & Guides is an educational movement for young people, with the purpose, principles and method conceived by the Founder Lord Baden-Powell in 1907. The Bharat Scouts and Guides was officially formed on November 7, 1950. “The purpose of the

Movement was to contribute to the development of young people in achieving their full physical, intellectual, social and spiritual potentials as individuals, as responsible citizens and members of the local, national and international communities (Bharat Scouts & Guides, 2004). When Bharat Scouts & Guides broke from its colonial ancestry, it had also intended to extend its activities to non-student adolescents and youth. Unfortunately, that aspect of the movement never took off. Time has come to pay attention to that direction also.

The scouts/guides training to adolescents could result into development of a healthy body and pure mind. Adolescents could pursue hobbies and activities useful to themselves and to their fellow friends. The membership of the association was open to all citizens of India. Movement must be under oath to strengthen friendship and relationship.

Age wise branches were formed:

Age 6-10 years, CUBS (boys), BULBUL (girls), Motto: Koshish Karo/ Do your best

Age 11-17 years, SCOUT (boys), GUIDE (girls), Motto: Taiyar/ Be Prepared

Age 18-25 years, ROVER (boys) or RANGER (girls), Motto: Seva / Service

Adolescents as a member of Scouts & Guides have ample scope in India and abroad to travel extensively and also work with the United Nations, World Centres and other international organizations. Scout and Guide units were separate although they had some coeducational activities such as Jamborees, rallies, and conferences. Handicapped boys and girls could also participate in the Scouting program. India is a mix of many different languages, ethnic, and religious groups. Scouts and guide movement helped in the harmony of different groups. Guides could take part in nationally sponsored campaigns for literacy and leprosy awareness,

among others. Camping had become increasingly popular and every state had its own camping ground in addition to the national campsite.

Scouts and Guide membership can help in value education to adolescents. It encourages adventure sports and team behaviour.

2.16.1 Healthy Adolescent Project in India (HAPI)

The Healthy Adolescent Project in India was a health education project for adolescent girls in the Indian State of West Bengal. Originally funded in December 1999 by the David and Lucile Packard Foundation. The HAPI project was a partnership between the World Association of Girl Guides and Girl Scouts (WAGGGS), Family Health International and the Indian Bharat Scouts and Guides, working with Guides and Scouts both in the city of Calcutta and in other, less urban areas in the West Bengal State. HAPI covered a range of health issues including food and nutrition, preventing disease, reproductive health and self-esteem. The Guides and Scouts were also trained as peer educators and challenged to take their learning into the local community and share it with their friends, family and neighbors. Part of the project also included practical health services, as Guides and Scouts met local health workers, visited local clinics and found out what services were available to them. The girls became more comfortable accessing services they need due to acquaintance with the health workers. The project also trained health workers in adolescent health issues to make sure that their services were adolescent-friendly and that they were more understanding to the needs of adolescents (wagggsworld.org).

2.16.2 The Badge Curriculum

The curriculum was aimed at Guides and Scouts in two different age groups to ensure that participants were learning about subjects that were appropriate and relevant to them. The curriculum was also progressive. For example, at the 10-13 years of age level, participants learned about the changes happening to them during puberty. The very oldest Guides and Scouts, taking part at the 14+ age level also learned about issues such as preventing pregnancy. Learning took place through the Girl Guide/Girl Scout method of "learning by doing" so activities included games, quizzes, role-plays and songs. Once the Guides and Scouts had completed the curriculum they were awarded the HAPI badge. They could then go on to earn certificates for peer education activities.

The participants liked the HAPI curriculum and felt that the part of the curriculum relating to adolescents' emotional and physical changes was extremely important as, without the programme, they would be unaware of the changes until they actually took place. Some parents held reservations about their children attending the programme, but others were happy that the programme tackled subjects that they themselves could not discuss with their daughters. Parents at many schools asked for a course for themselves.

Some girls asked why they had to help so much at home when their brothers did not, and why they could not stay in education. HAPI has allowed the participants to question decisions that are made for them and to speak about problems that they were not usually able to discuss. There had been an incredible attitude-change towards the issues discussed in HAPI by the children, unit leaders, and trainers, Family Planning Association of India (FPAI) and the Bharat Scouts and Guides (BSG).

BSG has shown its skills in capacity building, managing projects, working in partnership, technical assistance, management skills and enthusiasm. BSG has also shown its ability to work in the fields of interactive education, both with adolescents and in the community and peer education. BSG has become a more highly respected organization and has helped FPAI to gain more access into the community. This gives them a much greater understanding of the problems that are experienced by the Scouts and the Guides.

2.17 National Service Scheme (NSS)

Community and social service was given an important place in Gandhiji's scheme of *Nai Talim*. The C D Deshmukh Committee (1956) had commended compulsory national service for all adolescents before they could have access to higher education or employment in government. The Education Commission (1964-66) had also recommended that community and social service should be an integral part of the educational process. NSS was launched in the Mahatma Gandhi Birth Centenary year 1969, as a student youth service, a two-year duration programme, aimed at creating social consciousness of the youth with an overall objective of personality development of the students through community service. Its motto was "Not me, but you". Programme had special ten days camping and community service work for 120 hours in a year. Few major activities included: Tree plantation, work in welfare institutions, adult and non-formal education, health, nutrition, family welfare, AIDS awareness campaigns etc. Ministry of Youth Affairs had 15 Regional Centres to guide and help the states and universities in NSS programme implementation.

In April, 1967, the Conference of State Education Ministers recommended that at the University stage, students could be permitted to join the National Cadet Corps which was already in existence on a voluntary basis and an alternative to this could be offered to them in the form of a new programme called the National Service Scheme (NSS). Promising sportsmen, however, should be exempted from both and allowed to join another scheme called the National Sports Organisation (NSO). The response of students to the scheme has been excellent. Starting with an enrolment of 40,000 students in 1969, the coverage of NSS Students has increased to over 8 lacs. Around 2000 senior secondary schools also introduced NSS (yas.nic.in)

Such programmes if implemented sincerely can develop the adolescents and youth as very responsible citizens.

2.18 *Patha Bhavana at Visva-Bharati, Shani Niketan – West Bengal*

The *Asram Vidyalyaya* founded in 1901 by Ravindranath Tagore, was renamed as *Patha Bhavana at Visva-Bharati*. It was partly a residential co-educational school for elementary and secondary education, preparing students for the School Certificate Examination of *Visva-Bharati*. Its unique features were open-air classes, personal contact between teachers and the students, training in self-government. Besides curricular performance emphasis was given on co-curricular activities aiming to unfold a child's personality through social, literary, artistic, musical and various other activities. In planning and execution of these varied aspects of co-curricular activities, *Asrama Sammilani*, a student council played a vital role. There were several wings of the *Asrama Sammilani* and in each wing a teacher acted as an Adviser/Guide.

All these activities like weekly *Sahitya Sabha*, *Dan Sangraha*, *Gram Paridarshan*, *Vana Bhojana* (Annual Picnic), excursion etc. were conducted with enthusiasm (visva-bharati.ac.in).

Today we all know that what the child imbibes at home and in school is far more important than what he studies at college, that the teaching is more easily and naturally communicated through the child's mother-tongue than through an alien medium, that learning through activity is more real than through the written word, that wholesome education consists in training of all the senses along with the mind instead of cramming the brain with memorized knowledge, that culture is something much more than academic knowledge. Tagore vision on value education holds good even today.

2.19 Sri Aurobindo International center of education

Sri Aurobindo International Center of Education was an integral part of Sri Aurobindo Ashram at Pondichery and it served as a field for new experiment and research in education, established since 1943. It had the faculties of humanities along with other subjects. The ideal was that every nation with its distinctive culture should have a contribution of its own to make so that it would find a practical and concrete interest in a cultural synthesis. So far as physical education was concerned, "A divine life in a divine body" was envisaged. The basic programme was to build a body, beautiful in form, harmonious in posture, supple and agile in its movements, powerful in its activities and resistant in its health and organic function. A programme included athletics, gymnastics, exercises, combative, aquatics and field games activities in every evening.

Contests and tournaments were spread over the year, helping to keep up the competitive spirit for urge for progress and inculcate an aspiration. A healthy body with grace and beauty, strength and endurance for physical perfection was the main goal. Body development had been most important during adolescent age and Sri Aurobindo vision is true even today. Adolescents give more importance to body image today and so developing the divine body for divine mind become easy, if motivated.

2.20 Outlook–Synovate survey

An Outlook–Synovate survey of 13 to 17 years old school children going through puberty in Chennai, Delhi, Kolkatta and Mumbai has shown an alarming concept about the state of sexual health education in the country. The survey was focused on the most privileged students. Their findings call for thorough overhaul of the way we teach our children about the fact of life. There were so many other problems that school must intervene with things such as dysfunctional homes and anger management that it gets pushed down the list of priorities. Yet most schools hide behind parents when they want to avoid the subject of sexual health. The problem was that while schools believe that onus lies on parents, parents thought school should do something, the student was caught in the middle (Outlook, 2004). The adolescents confronted with rapidly physiological revolution within self and with varied intellectual, social and vocational demands of adulthood that lie directly ahead. He/she was concerned with how he/she felt and skills cultivated earlier with the demands of tomorrow.

2.21 Adolescent Education in Gujarat

The concerns of adolescent boys and girls related to their health, including reproductive health, were not openly discussed. There are several myths and misconceptions that are neither addressed by the family nor by the education system. According to the Rapid Household Survey (RCH Project, Ministry of Health and Family Welfare (MOHFW), 1998. Health care programmes are almost oblivious to the health needs of adolescent girls. The health service providers make no initial effort to reach out to adolescents, and consequently adolescents do not utilize the primary health care services.

2.21.1 Sex Education for Better Reproductive Health' project at MSU of Baroda

Sex Education for Better Reproductive Health' project was taken up by Home science department at M S university of Baroda. The project was to develop sexuality education package for adolescents and field-test its effectiveness. In the first phase a survey of 1028 school going adolescents studying in IX and X standard was conducted to study their knowledge and attitudes towards human sexuality. Survey of 180 parents of adolescents and 25 schoolteachers was also conducted to know their views and opinions about sexuality education for adolescents' schools. The module containing of lesson plans on different aspects of sexuality of adolescent was prepared. An educational film titled 'Reacting out' for parents and teachers about their role as sex educators was produced. A Booklet titled 'Adolescence Road from Childhood to Adulthood' with information about adolescence as the developmental phase was prepared for adolescents and parents.

In the second phase, total 194 students from three schools were selected and were divided in experimental and control group. Sexuality education programme was implanted with

experimental group and the intervention was evaluated in terms of its effect on the level of knowledge and attitudes with regard to sexuality.

It was concluded that there is an urgent need to introduce a formal program of sex education for adolescents. Studies had documented the lack of proper knowledge and positive attitudes towards sexuality among adolescents. Moreover, increasing concern over the spread of HIV/AIDS, high-risk behavior, wide spread misconceptions about reproductive and sexual health related aspects and influence of media are significant reasons, demanding a prompt action. There was a definite change in the knowledge and attitude of adolescents who received interventions. A package of sex education can be developed and implemented to create a change in an adolescent's level of knowledge and attitude towards sexuality and reproductive health. (Project, 2003a)

2.21.2 Health awareness and need assessment study at Medical College, Baroda

Vadodara is the third largest city of the state of Gujarat with around 15 lacs population as per census 2001. The department of preventive and social medicine, Government medical college carried out a need assessment study in October, 2003, funded by WHO (India). The sample size was 748 girls and 692 boys studying in VI to XII standards in 7 English medium and 23 Gujarati medium schools. The major findings were as under:

1. Adolescents fears were related to their parents and school examinations.
2. Friendship between same age and same sex preferred.
3. Girls perceived gender bias from parents' behavior.
4. Menarche started with median age of 13 years in girls and informed by mothers.

5. The sources of information on human reproduction were schoolbooks, teachers, friends and parents in that order.
6. During health related problems adolescents consulted their mothers first and for academics related problems, they consulted their teachers.

Teachers responded that boys and girls become more conscious about their body image. Also gender biased behavior noticed. Reproductive health syllabus was generally assigned for self-study. Teachers expect parents to impart reproductive health education to their sons and daughters.

The recommendations of the study include;

1. Physical growth related 'Body Image issue', should be taken up in more detail.
2. Diet and nutrition awareness need improvement.
3. Teachers' orientation on adolescents' care and information on human reproductive system needed.
4. Adolescent Friendly Centre (AFC) recommended.

Their recommendations on adolescent needs are good and can be implemented.

2.21.3 Peer Education Strategy to Build Life Skills by WOHTRAC, Vadodara

The Women's Health Training and Advocacy Centre (WOHTRAC) established as a project under the Women's Studies Research Centre (WSRC), at M.S University of Baroda, Vadodara, had initiated an advocacy programme on the physical, social, psychological, and sexual aspects of development, and which was supported by UNFPA. The principal objectives included developing self-awareness and self-esteem; inculcating gender-sensitive perspectives; instilling understanding of parent-child and peer relationships; and providing

information about the human reproductive system and its functioning. It focused on the identification of Peer Educators (PEs) for Life Skills education and training them to effectively reach out to adolescents in order to prepare them to face the realities of life. 120 peer educators of which 60 were school going and 60 out-of-school adolescents (60 boys, 60 girls) participated in the programme.

2.21.4 Schemes from United trust of India (UTI)

The schemes – notably the ‘Apna Beti, Apna Dhan’ scheme and the Rajalakshmi scheme of UTI -- offer families monetary incentives for delaying the marriage age of their daughters beyond 18; under these schemes, insurance policies in the name of the girl are initiated and mature in the name of the girl if she has not married by age 18. While an array of such schemes exist, they have a limited reach, and have rarely been evaluated.

2.21.5 Skills For Adolescence (SFA) : Lions-Quest programme

Skills For Adolescence (SFA) Program had focused on a positive prevention approach and life skills that could be consistently taught and reinforced throughout adolescence. It is designed appropriately to the levels of cognitive and social development targeted for students of 10 to 14 years of age group. Parents are considered as the primary educators of adolescents and are involved as an integral part of the program's implementation. Program was value-based, emphasizing the core positive values of self-discipline, responsibility, healthy living, volunteer service, and commitment to family, school, peers, and the community. A strong "no use" philosophy for the use of drugs was emphasized and young adolescents learnt specific strategies for saying "No" to negative influences and "Yes" to healthy living.

A set of seven books was developed for complete structured SFA programme. Five books were developed namely: Teachers resource book, workshop guidebook, parents' meetings and students' workbook on skills for adolescence (part-I and part-II). One book developed specifically for the parents 'Surprising Years' informing the overall program content and parents understanding of adolescents. One workbook developed for students containing all information, exercises, projects and presentation work.

SFA programme had teachers' training workshop for 3 full days and trained trainers conduct the workshop. The researcher himself took the training and during its implementation many difficulties were faced. The parents as well as teachers attitude towards changes of puberty and understanding of physical and emotional development needed improvement. This motivated the researcher to register the Ph.D. on this subject for developing marketing strategies for the adolescence education in Gujarat (western India) on a mass scale.

2.21.6 Anemia control project by UNICEF

A survey amongst adolescent girls in the city of Vadodara in Gujarat state, raised an alarm with 75 percent suffering from anemia, although Gujarat is one of the economically better-off states in India. As a result, a pilot intervention was started in 2000 with all school-going adolescent girls being given an Iron & Folic Acid (IFA) tablet once a week to control anemia. 'The red tablet is the secret of my energy' concept was promoted. It was for the first time that an anemia control programme was jointly implemented by the Health and Education departments with support from UNICEF. The tablets were administered to girl students from Class VIII onwards under the supervision of a schoolteacher. About 800 teachers were

provided training. Girls were also oriented by the trained teachers on the benefits of IFA tablets and dietary sources of iron, etc.

The pilot programme was implemented in 426 schools of Vadodara district, covering 69,000 adolescent girls. Posters, brochures, and a “20 questions booklet” were distributed to enhance awareness about anemia control. Two girl students were appointed as anemia monitors to distribute the IFA tablets every Wednesday and ensure supervised consumption. Teacher gave a motivating talk on the benefits and necessity of consuming iron tablets and then demonstrated to eat the IFA tablets during the school assembly for two days. This had an immense impact on the girls and they started taking IFA tablets willingly. IFA tablets helped in stamina and food intake has increased with better sleep, (UNICEF, 2005).

After a year and a half of implementing the programme, an impact evaluation, conducted by Government Medical College, Vadodara showed encouraging results. The level of anemia went down by 22% and hemoglobin levels had gone up by 75%. Parents of the schoolgirls had also appreciated the benefits of the programme. The success of this initiative had not only motivated the Government of Gujarat to expand the programme to all the 25 districts of Gujarat, but also it is proposed to introduce a package of other interventions like awareness about life skills, menstrual hygiene and prevention of HIV/AIDS in partnership with other organisations.

While UNICEF is supporting the programme in 16 districts, covering approximately 750,000 girls, Micronutrient International has joined hands to support 9 districts, covering 200,000 adolescent girls. The programme is seen as a model for replication across India for anemia control among adolescent girls (unicef.org).

2.21.7 Art Excel by Art of Living Foundation

Established in 1982, The Art of Living Foundation was an educational and humanitarian foundation, registered in the US as a tax-exempt and nonprofit organization run by shri shri Ravishankar. The Art of Living worked in special consultative status with the Economic and Social Council (ECOSOC) of the UN, and as such it had accredited representatives at the UN in New York, Geneva and Vienna. It also worked in formal consultation with the World Health Organization (WHO). The 5H Programme, which focused on: Home, Health, Hygiene, Human Values and Harmony in Diversity (5H), aimed at bringing about a social transformation so that the complete potential of each individual was expressed.

ART Excel programmes were conducted for teenagers of 13 years to 17 years, over six 3-hour sessions (artexcelsfba.info). It nurtured the human values in young people and supports the overall well being of children and teens by teaching them a variety of empowering techniques that foster peace of mind, mental clarity and focus, physical relaxation and health, and emotional stability. It created mental focus to facilitate the learning process and provided leadership training to enable youth to become positive role models for their peers. Through simple play-way techniques and awareness games the participants learnt how to develop their personal potential and to manage stress in their life. This highly admired programme was currently offered in major Indian cities and very popular in the state of Gujarat. The Art of Living program was working closely with UNICEF to make this program available to the world community at large.

Youth Training Project (YTP) was covered under the 5H program of Art of Living Foundation. Adolescents were trained in meditation, yoga and breathing exercises as well as training in rural management, leadership development with spiritual values, physical training and communication skills. YTP also promote health, hygiene, harmony and leadership qualities in young women.

2.21.8 Life Programme by Swami Sukhabodhananda

Life Programme, developed by Swami Sukhabodhananda, was a workshop on personal effectiveness through interaction and meditation sowing the wisdom of physical diet, mental diet, and spiritual diet and thus creating an enlightened being. The training involved interactive enquiry, group discussion, games play and meditation. Outer Winner was explained through goal setting, diet management, effective communication, confidence building, decision-making, team building and interpersonal skills. Inner Winner was explained through: The art of being blissful, restful and loving, the art of healing psychological wounds, fear management and meditation to bring about healthy inner healing and enlightenment. The programme was also popular among students in Gujarat.

2.21.9 ARSH pilot project in schools

‘Adolescent Reproductive and Sexual Health (ARSH)’ pilot project focus on its implementation. It is being introduced in 15 schools of Gujarat in various districts in 2005-06. The schools are selected and specific teachers will be trained first on the subject as well as teaching method. Based on its success it will be introduced in all schools from 2006-07, as stated by V. B. Nanavati, secretary of Gujarat secondary and higher secondary board (Times of India, 20-08-2005). Gujarat state education minister Anandiben patel emphasized the

importance of ARSH to make the change in attitude of students and parents towards the subject and to expand the limited definition of sex.

2.22 An overview

From the above information one can see that Indian Government is concerned about overall development of adolescents. In years to come policy makers will further focus on adolescent health specific issues. Even adolescent boys need special care in competitive environment. ARCH programme along with HIV/AIDS awareness programme seek continuous improvement in delivery system. The telecommunication and Information technology can help in developing new modules to reach remote areas. Gujarat State government has geared up in girl child education as a top priority. Educated girls and mothers can only achieve the success in promoting reproductive healthcare issues.

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