

PROBLEMS OF TEENAGE AND NEED OF LAWS AND POLICIES TO EMPOWER ADOLESCENT GIRLS

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INTRODUCTION AND BACKGROUND:

THE CONTEXT

India, as the world's biggest democracy with the second largest population of approximately 1.3 billion, hosts nearly 20 percent of the planet's population of adolescent girls. 1 While one in ten Indians is an adolescent girl, they remain an invisible group. Adolescent girls are often marginalized or even excluded from national laws and policies, their needs subsumed under those of children or women. The National Census 2011 projected 12.2 crore adolescents in India aged 15 to 19, consisting of 6.5 crore boys and 5.7 crore girls. 2 Further, it is estimated that at least 50 million women and girls are "missing" from India's population due to "discrimination leading to death" - gender bias in mortality caused by sex-selective abortions, female infanticide, and insufficient care given to girls.

In the Indian context, adolescence is a time when a boy's world expands, and a girl's world contracts. For boys, adolescence represents financial independence, expanded participation and enhanced status in family, community and public life. While a boy's world expands, a girl's world contracts upon entering adolescence. For girls, this period marks a growing dependence on natal and marital families, and restrictions on speech, expression, thought, mobility and conduct, etc. Adolescence confines girls to socially constructed gender roles of being wives and mothers. They are relegated to the home, excluded from public life, and remain absent in national laws and policies and the processes that shape their lives.

Key Facts: Global Data

- **More than 1.1 million adolescents aged 10-19 years died in 2016, over 3000 every day, mostly from preventable or treatable causes.**
- **Road traffic injuries were the leading cause of death among adolescents in 2016. Other major causes of adolescent deaths include suicide, interpersonal violence, HIV/AIDS and diarrhoeal diseases.**

- **Half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated.**
- **Globally, there are 44 births per 1000 to girls aged 15 to 19 per year.**

Adolescence is the age of change. It is a vulnerable time when kids can develop unhealthy habits that grow into problems in their adult life. Behaviour issues of adolescence, which are quite common, also crop up during this time, making it impossible for parents to reach out to their teenagers. The **most common problems** among adolescents relate to growth and development, school, childhood illnesses that continue into adolescence, mental health disorders, and the consequences of risky or illegal behaviours, including injury, legal consequences, pregnancy, infectious diseases, and substance use disorders. Unintentional injuries resulting from motor vehicle crashes and injuries resulting from interpersonal violence are leading causes of death and disability among adolescents.

Psychosocial adjustment is a hallmark of this phase of development because even normal individuals struggle with issues of identity, autonomy, sexuality, and relationships. "Who am I, where am I going, and how do I relate to all of these people in my life?" are frequent preoccupations for most adolescents. Psychosocial disorders are more common during adolescence than during childhood, and many unhealthy behaviours begin during adolescence. Having an eating disorder, poor diet, obesity, smoking, using drugs, and violent behaviour can lead to acute health problems, chronic disorders, or morbidity later in life.

Behaviour Problems in Adolescents:

Adolescence is a time for developing independence. Typically, adolescents exercise their independence by questioning their parents' rules, which at times leads to rule breaking. concern are adolescents who cause serious injury or use a weapon in a fight.

Because adolescents are much more independent and mobile than they were as children, they are often out of the direct physical control of adults. In these circumstances, adolescents' behaviour is determined by their own moral and behavioural code. Parents' guide rather than directly controls their children's actions. Adolescents who feel warmth and support from their parents are less likely to engage in risky behaviours, as are those whose parents convey clear expectations regarding their children's behaviour and show consistent limit setting and monitoring.

Emotional changes and problems:

Adolescence tend to feel overly emotional (blame it on the hormones). Just about anything and everything can make them happy, excited, mad or angry. Adolescent girls are vulnerable to crying. Mood swings are common among teenage boys and girls, Bodily changes result in self-consciousness. Feelings of inferiority or superiority may arise at this time. Adolescence is the age when sexual feelings arise in youngsters. Feelings and thoughts about sex can trigger a sense of guilt. Adolescence is the time when kids develop and exercise their independence. This can give rise to questioning the parents' rules (seen as argumentative) and standing up for what they believe is right (seen as stubbornness). Significant developmental change in the brain makes teens moody, tired and difficult to deal with. The raging hormones in teenage boys can even push them to get into physical confrontations. They would also want to listen to loud music. As a part of their new-found independence, adolescents may also want to try new things and take risks, resulting in careless behaviour. Sometimes, peer pressure and the need to 'fit in' can make them behave in a certain way or develop certain habits that are hard to break. Lying is one of the common teen behavioural issues. Teens may lie to avoid confrontation with parents or out of fear.

Attention-deficit/hyperactivity disorder (ADHD) is the most common mental health disorder of childhood and often persists into adolescence and adulthood. Once thought of as a "nuisance" disorder of childhood, research has shown poor long-term functional outcomes in children diagnosed with ADHD as compared to their In some cases, an adolescent may complain of symptoms of inattention in an attempt to obtain a prescription for stimulants, either to be used as a study aid or recreationally. Because of the high potential for misuse and dependence, stimulants should be prescribed only after a diagnosis of ADHD has been confirmed.

Violence:

Children occasionally engage in physical confrontation and bullying. During adolescence, the frequency and severity of violent interactions may increase. Although episodes of violence at school are highly publicized, adolescents are much more likely to be involved in violent episodes (or more often the threat of violence) at

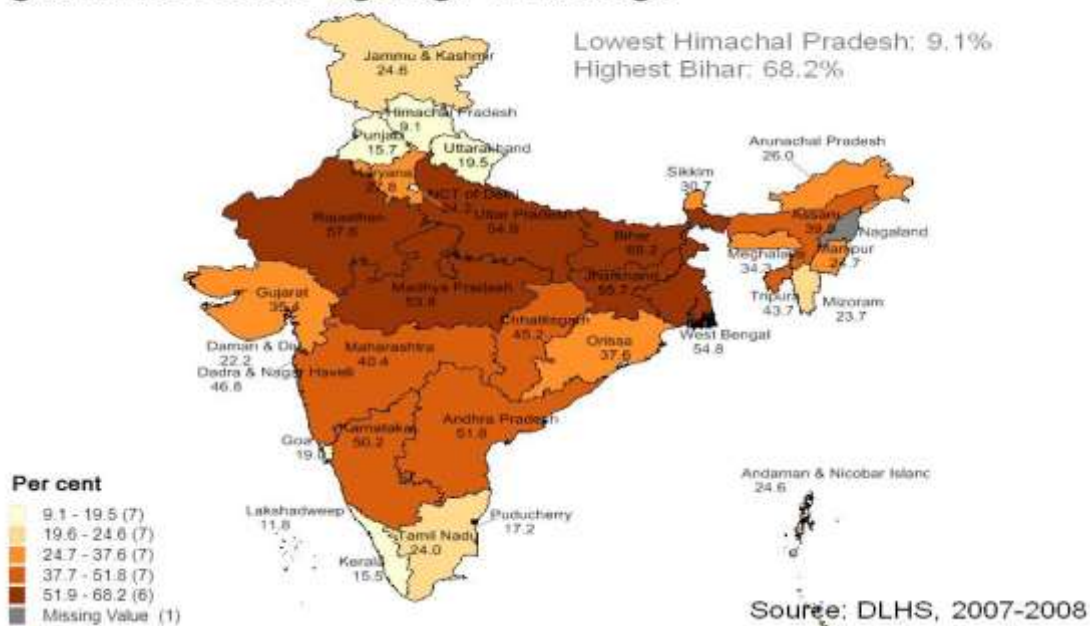
home and outside of school. Many factors contribute to an increased risk of violence for adolescents, including: Developmental problems, Gang membership, Access to firearms, Substance use.

Violence prevention begins in early childhood with violence-free discipline. Limiting exposure to violence through media and video games may also help because exposure to these violent images has been shown to desensitize children to violence and cause children to accept violence as part of their life.

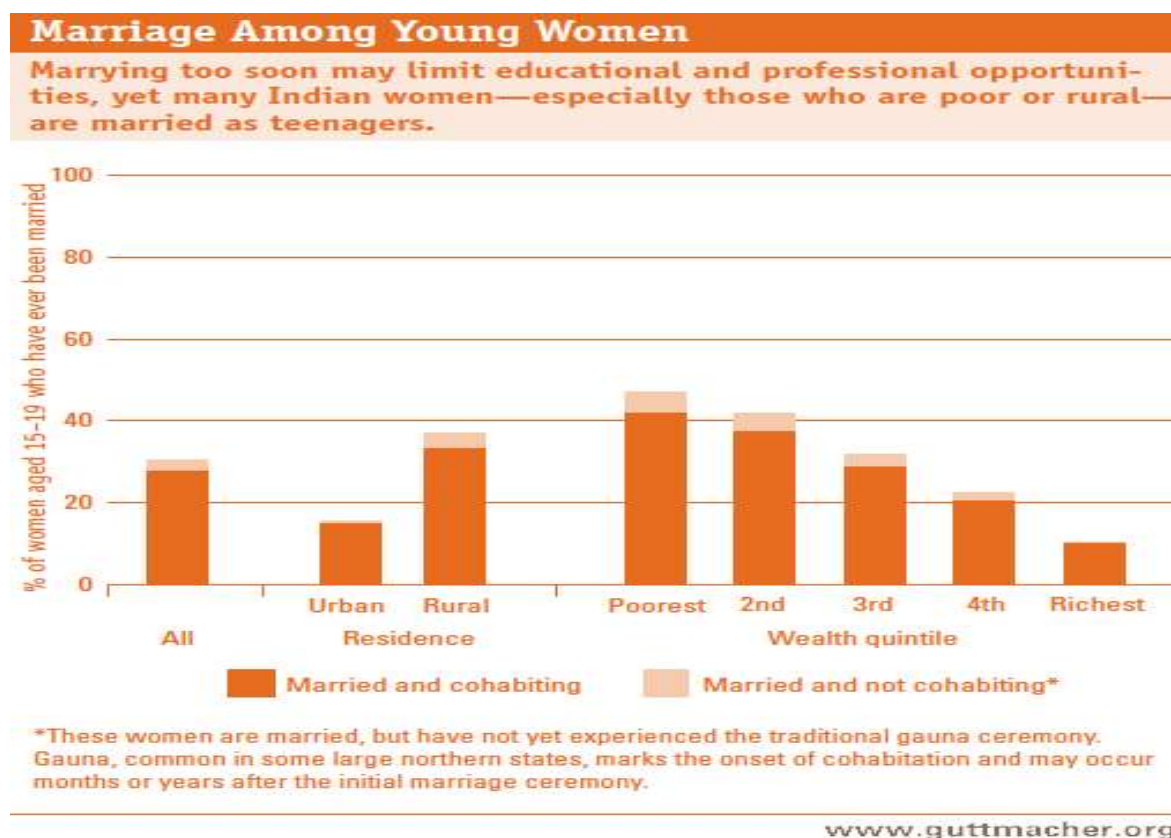
Contraception and Adolescent Pregnancy:

Many adolescents engage in sexual activity but may not be fully informed about contraception, pregnancy, and sexually transmitted diseases, including HIV infection. Impulsivity, lack of planning, and concurrent drug and alcohol use decrease the likelihood that adolescents will use birth control and barrier protection.

One in two women (age 20-24 years) in six states continue to get married before legal age of marriage



Child marriages are prevalent in India. Estimates vary widely between sources as to the extent and scale of child marriages. The International Center for Research on Women-UNICEF publications have estimated India's child marriage rate to be 47% from a sample surveys of 1998



Any of the adult contraceptive methods may be used by adolescents. The most common problem is adherence (eg, forgetting to take daily oral contraceptives or stopping them entirely—often without substituting another form of birth control). Although male condoms are the most frequently used form of contraception, there are still perceptions that may inhibit consistent use (eg, that condom use decreases pleasure and interferes with “romantic love”). Some female adolescents also are shy about asking male partners to use condoms during sex.

Having an abortion does not remove the psychologic problems of an unwanted pregnancy—either for the adolescent girl or her partner. Emotional crises may occur when pregnancy is diagnosed, when the decision to have an abortion is made, immediately after the abortion is done, when the infant would have been born, and when the anniversaries of that date occur.

Times of India reported that ‘since 2001, child marriage rates in India have fallen by 46% between 2005 and 2009’ However, the latest survey showed that 48% of the women aged 20-24 were married or are in union before the age of 18 years. Jharkhand is the state with highest child marriage rates in India (14.1%), while Kerala is the only state where child marriage rates have increased in recent years. Jammu was reported to be the only state with lowest child marriage cases at 0.4% in 2009. Rural rates of child marriages were three times higher than urban India rates in 2009.

Drug and Substance Abuse in Adolescents:

Teenagers are vulnerable and can be easily swayed to the wrong side. Substance abuse is one of the biggest problems that parents of adolescents around the world have to deal with. Peer pressure is one of the significant factors that drive adolescents to take up smoking and drinking or to do drugs. The tendency to take risk encourages most teens to try smoking or drinking even before they are of legal age. What may start as a ‘thrill’, can become a habit if it remains unchecked. If there is somebody who smokes or drinks at home, they can become your teen’s role models. Poor self-esteem and the need to be ‘cool’ can push adolescents to smoke or drink. Easy access to substances like cigarettes, alcohol, drugs, and anabolic steroids may increase the temptation to try illicit substances.

Adolescents use substances for a variety of reasons i.e. To share a social experience or feel part of a social group, To relieve stress, To seek new experiences and take risks, To relieve symptoms of mental health disorders (e.g., depression, anxiety)

Additional risk factors include poor self-control, lack of parental monitoring, and various mental disorders (e.g., attention-deficit/hyperactivity disorder and depression). Parental attitudes and the examples that parents

set regarding their own use of alcohol, tobacco, prescription drugs, and other substances are a powerful influence.

HIV/AIDS: An estimated 2.1 million adolescents were living with HIV in 2016; the great majority in the WHO African Region. Although the overall number of HIV-related deaths has been decreasing since the peak in 2006, estimates suggest that this is not yet the case among adolescents. This reflects the fact that most of today's adolescents were born before prevention of mother-to-child transmission of HIV by antiretroviral therapy became widespread. Better access to HIV testing and counselling, and stronger subsequent links to HIV treatment services for those who test HIV positive, are also needed.

Nutrition and Micronutrient Deficiencies:

Iron deficiency anaemia was the second leading cause of years lost by adolescents to death and disability in 2016. Iron and folic acid supplements are a solution that also helps to promote health before adolescents become parents. Regular deworming in areas where intestinal helminths such as hookworm are common is recommended to prevent micronutrient (including iron) deficiencies. Developing healthy eating habits in adolescence are foundations for good health in adulthood. Reducing the marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt and providing access to healthy foods are important for all, but especially for children and adolescents.

Obesity:

Obesity is now twice as common among adolescents than it was 30 years ago and is one of the most common reasons for visits to adolescent clinics. Although fewer than one third of obese adults were obese as adolescents, most obese adolescents remain obese in adulthood.

Although most of the complications of obesity occur in adulthood, obese adolescents are more likely than their peers to have high blood pressure. Type 2 diabetes mellitus is occurring with increasing frequency in adolescents due to insulin resistance related to obesity. Because of society's stigma against obesity, many obese adolescents have a poor self-image and become increasingly sedentary and socially isolated.

Overview of Psychosocial Problems in Adolescents:

Clinicians must be aware of the high frequency of psychosocial disorders that occur during this stage of life. Screening for mental health disorders is considered a routine part of adolescent health care. Depression is common and should be screened for actively. Although suicide is a rare occurrence (5/100,000), suicidal ideation is common, with as many as 10% of adolescents reporting thoughts about suicide in their lifetime according to some studies. Anxiety often manifests during adolescence, as do mood disorders and disruptive behavioural disorders (e.g., oppositional defiant disorder, conduct disorder). Individuals with thought disorders (psychosis) will often present with a "**psychotic break**" during adolescence. Eating disorders, especially in girls, are common. Some patients go to extraordinary lengths to hide symptoms of an eating disorder.

Physical Problems in Adolescents:

Physical changes happen due to change in the teenager's hormone levels.

- Development of full breasts in girls can be awkward in the beginning. Girls may start to feel conscious about their figure.
- Acne is one of the major problems.
- The growth of pubic hair in girls.
- Body odour becomes evident.
- Girls start their periods.

Acne is extremely common and needs to be addressed because of its impact on self-esteem.

Trauma is very common among adolescents, with sports and motor vehicle injuries most frequent. Motor vehicle crashes, other unintentional injuries, homicide, and suicide are the 4 leading causes of mortality in the adolescent age group.

Disorders that are common among all adolescents include

Infectious mononucleosis

- Sexually transmitted diseases
- Endocrine disorders (particularly thyroid disorders)

Disorders that are common among adolescent girls include

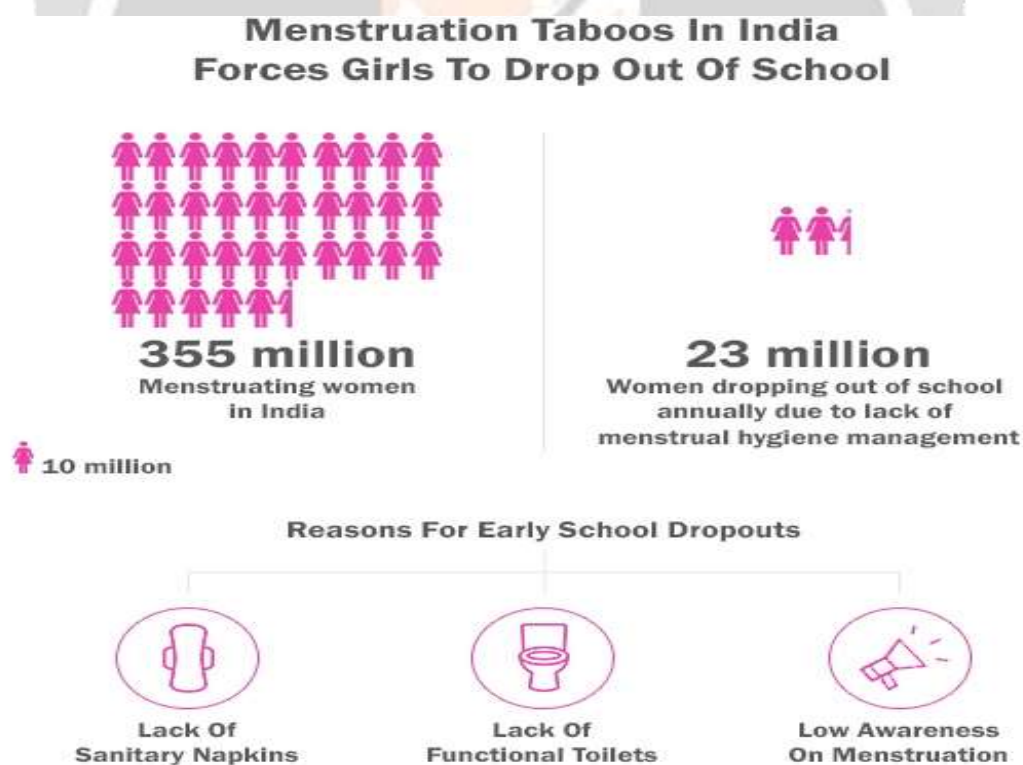
- UTIs
- Menstrual abnormalities
- Iron deficiency

School Problems in Adolescents:

School constitutes a large part of an adolescent's existence. Difficulties in almost any area of life often manifest as school problems. Learning may manifest for the first time as school becomes more demanding, particularly among bright children who previously had been able to accommodate for their areas of weakness. Sometimes, mild intellectual disability that was not recognized earlier in life causes school problems.

Particular school problems include

- Fear of going to school
- Absenteeism without permission (truancy)
- Dropping out
- Academic underachievement (particularly a change in grades or a drop in performance)



Source- Spot On! a 2014 report by the NGO Dasra

Between 1% and 5% of adolescents develop fear of going to school. This fear may be generalized or related to a particular person (a teacher or another student—see also Bullying) or event at school (such as physical education class). The adolescent may develop physical symptoms, such as abdominal pain, or may simply

refuse to go to school. School personnel and family members should identify the reason, if any, for the fear and encourage the adolescent to attend school.

Social problems – dating and relationships:

Attraction to the opposite sex begins during puberty. Adolescence is the time when their sexual or reproductive organs start developing. At such a vulnerable time, it is but natural for kids to feel awkward in social situations.

- Teenagers want to have an identity of their own. They tend to look up to role models at home or outside.
- Adolescents also start thinking about what is ‘right’ and ‘wrong’ and question your take on certain things.
- They need time to understand and get comfortable with their sexuality. Girls and boys start experiencing ‘weird’ feelings towards the other sex and may not know what to do about it.
- Sexual feelings and thoughts of sex may seem wrong to an adolescent, because of which they may feel guilty.
- Their social circle expands during this time as they seem occupied interacting with friends on social media sites, through their phone and outside.

Addiction to cyberspace

The advent of social media has changed the way we interact with each other. It has affected teenage lifestyles the most. Adolescents addicted to the internet tend to have fewer friends and a less active social life. They lead solitary lives and are happy browsing the internet for hours. Addiction to cyberspace also cuts short their physical activities, resulting in an unhealthy and sedentary lifestyle. Internet addiction adversely impacts academic performance.

WHY INDIA NEEDS LAWS AND POLICIES THAT WILL EMPOWER GIRLS ?

Adolescent girls in India face intersecting forms of discrimination on the basis of gender, age, class, caste, race, ethnicity, socio-economic status, and other factors that create specific obstacles that prevent them from experiencing their civil, political, social, economic, and cultural rights to the fullest. These obstacles must be addressed by legislators and policymakers, separately and equitably, with a full understanding of how laws, policies programmes, plans, budgets and schemes intended to empower women and girls translate to ground realities. This understanding must be gender-responsive and rights based, to assess the effectiveness of national-level measures to promote gender equality.

Empowering girls can break the cycle of poverty, result in public health benefits, and reduce costs to the state. The current female mortality rates in the age groups of 15-19 years, and 20-24 years, are substantially higher than those of males. This can be attributed to early marriages and health complications during pregnancy and childbirth, as well as entrenched gender discrimination that prevents effective responses to health needs of adolescent girls.⁷ Youth fertility accounts for more than half of the India’s total fertility, with 44 percent of married women in the 15- 19 age group having one or more children, many of who are both into extreme poverty.⁸ Adolescent girls, especially those living in poverty, also have high rates of malnutrition and anaemia, and are at heightened risk of being affected by HIV. Finally, at least 32 percent of married women aged 15-24 reported sexual violence and 25 percent reported physical violence, according to a study by the Population Council.⁹ Another study has shown that India has the highest rate of domestic violence among women married by 18, with a rate of 67 percent compared to 45 percent of women reporting not experiencing violence

FUNDAMENTAL HUMAN RIGHTS OF ADOLESCENT GIRLS:

1. The right to life (**PROTECTED BY:**The Universal Declaration of Human Rights (UDHR).
2. The right to a healthy childhood (**PROTECTED BY:** The Convention on the Rights of Child (CRC).
3. The right to freedom from all forms of discrimination, including sex- and gender-based discrimination, which includes all forms of violence such as domestic violence, physical, psychological and emotional violence. (**PROTECTED BY:** The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) – the definition of discrimination article 2 of CEDAW includes violence against women.)
4. The right to education, including free and compulsory education for ages 6 to 14(**PROTECTED BY:** The CRC).
5. Rights relating to health, such access to health services including sexual and reproductive health rights (SRH) and HIV/AIDS services, food security, nutrition, water and sanitation.

- (**PROTECTED BY:** The International Covenant on Economic, Social and Cultural Rights (ICESCR) and CEDAW, which upholds sexual and reproductive health and other rights).
6. The right to free speech and freedom of expression. (**PROTECTED BY:** The International Covenant on Civil and Political Rights (ICCPR).
 7. Labour rights, including prohibitions of child labour and forced labour, minimum wages, equal pay for equal work, workplace health and safety, and the right to collective bargaining and to form and join unions(**PROTECTED BY:** The CRC, the ICESCR, and the core International Labour Organization (ILO) Conventions including the Fundamental Principles and rights at Work).
 8. Age of marriage, agency in marriage, rights within marriage and rights upon termination of marriage. (**PROTECTED BY:** The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).
 9. Land, housing, property and environment rights such as those addressing adequate housing, matrimonial property, land and forestry rights. (**PROTECTED BY:** ICESCR. The Declaration on the Rights of Indigenous Peoples (DRIP) also outlines property and environmental rights for indigenous peoples.)

KEY LAWS THAT IMPACT ADOLESCENT GIRLS IN INDIA:

The Right of Children to Free and Compulsory Education Act (2009) (RTE)

This law: provides free and compulsory education to all children in India aged 6 to 14 years. No child can be held back, expelled, or required to pass a board examination until the completion of elementary education, and that a child who has not completed elementary education has a right to receive special training, and would be entitled to free education until the completion of elementary education, even if it extends beyond 14 years of age.

The Prohibition of Child Marriage Act (2006)

One of the most powerful provisions in this law is that child marriages are voidable where the contracting party is a child at the time of marriage, as discussed earlier. Strong punishments include males over 18 years being imprisoned for up to 2 years.

Child Labour (Prohibition and Regulation) Act 1986

This law prohibits child labour in hazardous occupations and regulates conditions of work in the non-hazardous zones. It was amended in 2006 to ban the employment of children aged under 14 even in non-hazardous industries such as hospitality (restaurants, hotels etc.) and domestic work.

The Immoral Traffic (Prevention) Act (ITPA) (1956)

Sex work is legal where there is no third party involved, it is not done in or near a public place, it is not forced, where is no solicitation, or when a sex worker resides alone. This law is limited because it focuses only on abolishing trafficking for sex work and sexual exploitation, it fails to integrate rehabilitation with rescue of victims, it fails to expressly provide for the confiscation of traffickers' assets, and it has no mandatory provisions on the role of NGOs.

POLICIES THAT IMPACT ADOLESCENT GIRLS IN INDIA:

12th Five Year Plan (2012-2017) by the National Planning Commission (which is informed by the Working Group on Child Rights).

Focuses on vocational training and life skills education, mainstreaming gender into the policy and institutional framework, and extension of the Right of Children to Free and Compulsory Education Act to guarantee education of girls up to senior secondary level.

Five Year Strategic Plan (2011-2016) of the Ministry of Women and Child Development National Plan of Action for Children (2005):

Aims to considerably reduce anaemia among girls and aims to empower adolescent girls through nutrition, health care and life skills education.

Objectives include promoting physical, mental, emotional and reproductive health among adolescents, sexuality and sexual responsibility, promotion of education including life skills, self-esteem and decision-making, protection from all forms of social, economic and sexual exploitation, violence and discrimination, and training opportunities to prepare them for sustainable livelihoods.

National Charter for Children (2003):

Includes specific on adolescents, and reflects the recognition by government of adolescents as a specific group with specific needs. It obliges the State and community to take all steps to provide the necessary education and skills to adolescent children to become economically productive citizens.

Draft National Youth Policy (2001)

Unlike the National Policy for the Empowerment of Women (2001), this adequately addresses gender inequality and provides a comprehensive view of adolescents and their concerns.

CONCLUSION:

Body image is an essential part of personality, which can be viewed from the way the individual views his/her body, the influence of society, culture, and personal experience. Body image is also affected by biological cognitive and emotional factors; this will affect the psychological health of the human being. Adolescents concentrate on their bodies; they consider their body as an integral part of their self-concept. females were more affected by others' views about their body, weight, height, and society standards about beauty and attraction.

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