



CHILD PROTECTION BULLETIN

STATE CHILD PROTECTION SOCIETY, ASSAM

MONTHLY BULLETIN OF ACTIVITIES CONCERNING CHILD PROTECTION IN ASSAM

EDITORIAL

The transition from being a child, dependent upon one's parents, to an independent and self-reliant adult, that is, the adolescent transition, represents one of the most dynamic, broad and influential periods of human development. The changes that occur during this period are sweeping, spanning biological, physpsychological and behavioral domains of functioning. The extent of these changes makes the period somewhat risky, given that problems in one domain may spill over and influence functioning in other domains. At the same time though, the transition may also represent an ideal time for interventions, largely for the same reason. Small alterations in one domain could have large, cascading and potentially longterm effects across other domains.

The view that adolescence represents a critical period of development where interventions might be especially beneficial has received growing attention and support in recent years. Indeed, as the article in this issue reveal, exciting and influential bodies of science are now focusing on understanding how children navigate this transition, how they respond to the challenges the transition presents, and what types of resiliency and protective factors may be particularly important for adolescents during this developmental period.

Editorial Board, State Child Protection Society,

Adolescent Growth and Development

What is adolescence?

Adolescence (10-19 years) is a phase of life which has recently gained recognition as a distinct phase of life with its own special needs. This phase is characterized by acceleration of physical growth and, psychological and behavioral changes thus bringing about transformation from childhood to adulthood. Adolescence has been described as the transition period in life when an individual is no longer a child, but not yet an adult. It is a period in which an individual undergoes enormous physical and psychological changes. In addition, the adolescent experiences changes in social expectations and perceptions. Physical growth and development are accompanied by sexual maturation, often leading to intimate relationships. The individual's capacity for abstract and critical thought also develops, along with a sense of self-awareness when social expectations require emotional maturity.

Age Groups

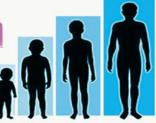
Adolescents are defined as individuals in the 10-19 year age group, "youth" as the 15-24 year age group. The Government of India, however, in the National Youth Policy defines youth as the 15-35 age group and adolescents as 13-19 years. "Adolescence" is recognized as a phase rather than a fixed time period in an individual's life. It is important to note that adolescents are not a homogenous group. Their needs vary with their sex, stage of development, life circumstances and the socioeconomic conditions of their environment.

Developmental Characteristics of Adolescents

Adolescence, the transition between childhood and adulthood, is a stressful period of life characterised by discernible physical, mental, emotional, social and behavioural changes.

Physical development

Rapid and dramatic physical development and growth mark adolescence, including development of sexual characteristics. Marked morphological changes in almost all organs and systems of the body are responsible for the accelerated growth and the changes in contours and



sexual organs. In case of boys, active acceleration in growth of coarse pubic hair and facial hair usually precede other signs of puberty such as

voice changes. In girls, development of breasts, broadening of hips and rapid growth in height usu ally begins about two and a half years before menarche.

Emotional development

Adolescents have to cope, not only with changes in their physical appearance, but also with associated emotional changes and emerging and compelling sex urges. Bodily changes cause emotional stress and strain as well as abrupt and rapid mood swings. Getting emotionally disturbed by seemingly small and inconsequential matters is a common characteristic of this age group.

Hormonal changes are likely to result in thoughts pertaining to sex, irritability, restlessness, anger and tension. Attraction to the opposite sex leads to a desire to mix freely and interact with each other. However, in reality, this may not always be possible, partly due to societal restrains on pre-marital sexual expressions and also because of other priority needs in this period, viz. education, employment, etc. Hence, it becomes almost necessary for adolescents to learn how to face and deal patiently with the turbulence they face. It requires development of a sense of balance and self-imposition of limits on expression of one's needs and desires. An inability to express their needs often leads adolescents to fantasize and daydream that helps them to at least partially fulfil their desires.

Adolescence is also marked by development of the faculty of abstract thinking that enables them to think and evaluate systematically and detect and question inconsistencies between rules and behaviour. Parents as well as service providers often overlook this development, one of the basic reasons for the popularly known 'generation gap'.

Socially, adolescence consists in shifts from dependency to autonomy, social responses to physical maturity, the management of sexuality, the acquisition of skills and changes in peer groupings. The need to be a part of a gang or a large group is replaced by a preference for maintaining fewer, more steady and binding relationships.

"Adolescence is a new birth,higher and more completely human traits are new born"

Stage with Age	Early Adolescence (ages 11- 13 years)	Middle Adolescence (ages 14-15 years)	Late Adolescence (ages 16-19 years) Physical maturity and reproductive growth levelling off and ending		
Physical Growth	Puberty: Rapid growth period Secondary sexual characteristics begin to appear	Secondary sexual characteristics further develop 95% of adult height reached			
Intellectual / Cognition	Concrete thought dominates "here and now" Cause and effect relationships are underdeveloped Stronger " Self" than "Social awareness"	Growth in abstract thought Reverts to concrete thought under stress Cause and effect relationships are better understood Highly self-absorbed	Abstract thought established Future oriented; able to understand, plan and pursue long term goals Philosophical and idealistic		
Autonomy	Challenge the authority of family structure Lonely Wide mood wings Begins to reject childhood likings Argumentative and disobedient	 Conflict with family predominates due to ambivalence about emerging independence 	Emancipation: Vocational/ technical/college and/ or work adult lifestyle		
Body Image	Preoccupied with physical changes and	Less concern about physical changes but	Usually comfortable with body image		
	critical of appearance Anxiety about secondary sexual characteristics Peers are idealized as a standard for normal appearance (comparison of self with peers)	increased interest in personal attractiveness • Excessive physical activity alternating with lethargy			
Peer Group	Intense friendship with same sex Contact with opposite sex in groups	Strong peer allegiances-fad behaviours Sexual drives emerge and adolescents begin to explore ability to date and attract a partner	Decisions /Values less influenced by peers Relates to individuals more than to peer group Selection of partner based on individual preference		
Identity Development	"Am I normal?" Day dreaming Vocational goals change frequently Begin to develop own value system Emerging sexual feelings and sexual exploration Imaginary audience Desire for privacy Magnify own problems: "no one understands"	 Experimentation - Sex, drugs, friends, jobs, risk-taking behaviour 	Pursue realistic vocational goals or career employment Relates to family as adult Begin to distinguish their imaginations from real Establishment of sexual identity, sexual activity is more common		

Social/Behavioral Development

- Searching for identity, influenced by gender, peer group, cultural background and family expectations
- Seeking more independence.
 Seeking more responsibility, both at home and at school
- Looking for new experiences. May engage in more risk-taking behaviour.
- Thinking more about 'right' and 'wrong'.
- Influenced more by friends' behaviour- sense of self and self-esteem
- Starting to develop and explore a sexual identity
- Communicating in different ways. Communication with peers through internet, mobile phones and social media

Problems during adolescence

Adolescents today are more vulnerable to health implications due to their nature of experimenting and exposure to limited information regarding issues affecting their health and development. Problems in this age are related to their physical and emotional development and search for identity and risky behaviour.

Physical Changes Sexual Development Changes **Emotional and Psychological** Changes Normal growth - anxiety and tension Desire to have sex -unsafe sex, Increase in height and weightunwanted pregnancy, RTI/STI, Development of self-identity-HIV/AIDS malnutrition and anaemia confusion Ejaculation-fear, guilt, myths and Curiosity -risk taking behaviour, Breast development -stooping of emotional problem eating behaviour and life style Masturbation-myths, confusion, shoulders, abnormal posture and disorders such as smoking, alcohol back pain inadequate knowledge and drugs Skin becomes oily -acne Menstruation-menstrual disorder, Relationships-peer pressure, parental relationships and sexual unhygienic practices leads to Body image -requirement for

Priority health problems of Adolescents and role of health workers

relationships

Nutritional problems

protein, energy, prevalence of

- Psychosocial problems
- Acute and chronic diseases
- Substance abuse

Role of Health workers to attaining maintaining the optimum health

- Provide necessary and adequate information to adolescents parents and public
- Collaboration with teachers, parents, institutions to help adolescents
- Use of IEC (Information, edu, Communication)

Profile of Adolescents in India

- Adolescents comprise a sizeable population there are 243 million adolescents comprising nearly one-fifth of the total population (21.4%).
- Composition varies by age and sex Of the total population, 12.1% belong to 10-14 age group and 9.7 % are in the 15-19 age group.
 Female adolescents comprise 46.9% and male adolescents 53.1 % of the total population.
- At national level 27% of 15-19 year old girls (33% rural and 15% urban) are already married as compared to only 4% rural and 1% urban men in same age group According to NFHS-3, 47% of currently married women aged 20-24 were married before 18 years of age..
- Maternal mortality rate due to teenage pregnancy is 9% (2007-2009) –
 A high risk of pregnancy and childbirth results in a high level of female mortality in the reproductive age group. Maternal mortality of teenage mothers is a grave cause for concern. TFR amongst 15-19 yrs old is 14% in urban and 18% in rural of the total fertility (NFHS 3)
- There are marked inequalities in education among adolescents in India.
 53% dropout during class 1 10, only 2.35% adolescent continue higher secondary education with high dropout rate for both girls and boys.
- Economic compulsions force many to work Nearly one out of three adolescents in 15-19 years is working 20.6 % as main workers and 11.
 7 % as marginal workers. Economic compulsions force adolescents to participate in the workforce. Despite adult unemployment, employers like to engage children and adolescents because of cheap labour.
- Findings from (NFHS 3) indicate that as many as 56% of females and 30% of males in the 15 - 19 age group are anemic. In 15 - 19 yrs age group 47% females and 58% males are thin and 2.4% females and 2% males suffer from obesity.
- More than 33% of the diseases burden and almost 60% of premature deaths among adults can be associated with behaviors or conditions that began or occurred during adolescence for ego Tobacco, alcohol use, poor eating habits, sexual abuse and risky sex (WHO 2002).
- Crimes against adolescents are prevalent Sexual abuse of both boys and girls cuts across economic and social classes. According to a survey, in 84 % cases, the victims knew the offenders and 32 of the offenders were neighbours. Crimes against girls range from eve teasing

- to abduction, rape, prostitution and violence to sexual harassment. Unfortunately, social taboos prevent these crimes from being registered. Even when registered, prosecution rarely takes place.
- Unmet need for contraceptives The contraceptive knowledge is quite high among adolescents but there are high gaps between knowledge and usage. Only 23% of married girls reported use of any contraceptive method.
- Trafficking and Prostitution has increased Extreme poverty, low status
 of women, lax border checks and the collision of law enforcement
 officials has lead to increase in prostitution. Expansion of trafficking and

clandestine movement of young girls has also increased across national and international borders. Misconceptions about HIV/AIDS are widespread - There is a high level of awareness about HIV among young people especially among those who are more literate. As per (NFHS 3) awareness of STIs' and HIV/AIDS was limited in 15-24 yrs age group. Just 19% of young men and 15% of young women reported awareness of ST.

Courtesy:http://vikaspedia.in/health/women-health/adolescent-health-1/managementof-adolescent-health/adolescent-growth-and-development

A SMILE CAN CHANGE SOMEONE'S LIFE

Let your smile change the world but never let the world change your smile. Smile is a gift which you can give anyone/share with anyone without any cost as it is free. A smile is a beautiful thing. It's a universal symbol of happiness and a force of nature. Yes, a force of nature. Have you ever observed what happens within you when you smile, or better yet, forced yourself to smile when you're feeling down? Give it a try right now. No matter how you're feeling or what's going on in your life, close your eyes and smile. Observe the feeling of warmth that wells up in your belly as you do it. Observe the shift in your energy as you turn that frown upside down. If you're still not convinced, go in front of a mirror and notice how you look when you're smiling. Once again, observe how you feel within and how you look when you're smiling. It's a particularly sheet and approximately the sheet was a smile of the particularly sheet and approximately the sheet and approximately sheet and

turn that frown upside down. If you're still not convinced, go in front of a mirror and notice how you look when you're smiling. Once again, observe how you feel within and how you feel about the reflection looking back at you as your facial expression changes. If you're feeling particularly cheeky, look yourself in the eyes, smile and say: "You're awesome!" A smile is one of the most powerful and most underrated gifts that we, as humans, possess. It embodies our ability to create and our ability to express the infinite love that is within us. So many of us go through our days dragging our feet, lamenting our struggles, waiting for this or that to happen to cheer us up and we forget that all the while, we have this incredible tool at our disposal to raise our spirits. When we smile, something lights up inside us; we connect to our Source and we are actually able to alter our mood. What's even more amazing is that we can share this gift with others. The only thing more powerful than one person smiling is two people smiling at each other. We all know that wonderful feeling we get when we look into someone's eyes and with the simple exchange of a smile, a world of meaning is communicated. It can be an expression of love, of joy or of laughter. Smiling is contagious, as is laughter, and the only thing they cost us is whatever suffering we are holding on to. So today, smile and smile often. Smile at a loved one and smile at a stranger. And whatever that thing is that you love to do, do it and share it with someone. Play a song for a friend, write a poem for a loved one, paint a landscape for your sibling, photograph your favorite nooks of the city, sing your heart out for the birds, pick some flowers for your mom. And do it all with a smile, knowing that you are spreading love, joy and inspiration.

SUCCESS STORIES ON ADOPTION

- Puja was born on 30th March, 2015 in a nursing home of Dibrugarh and was surrendered on 2nd April, 2015 by her parents before the CWC, Dibrugarh due to deformity, as she was born without the upper limbs. The CWC Dibrugarh handed over the baby to SAA, Lakhimpur through short term order and since then she had been staying in the SAA Lakhimpur till 9th August, 2018. Gradually the girl grew up in the SAA (Morom) Lakhimpur. She used to pick up things using her legs, also she could eat and hold things with her legs. But has delayed speech. Puja was reserved by a PAP of USA through Inter Country Adoption on dated 2nd February, 2018. The name of the parents are Luke Edwin Nelson & Lucia Noemi Wade Nelson.
- Kalyan was an abandoned baby who was rescued by Childline Lakhimpur when he was only 2 yrs old. CWC Lakhimpur placed the child in short term restoration at SAA Lakhimpur on 13th December, 2014. His parents had died and there was no one to look after him. He was diagnosed with Severe Acute Malnourishment (SAM). He also had speech problem. But he started developing gradually. He was reserved by PAP of USA through Inter Country Adoption on 7th December, 2017. The name of the parents are Jaffrey Pierson Whaley & Stephanie Marie Whaley.

Glimpse of Training on Reporting & Documentation at IIE, Guwahati on dated 25th September 2018





"Be someone else's sunshine. Be the reason someone smiles today"

Status Report on the functioning of the Juvenile Justice Boards and Child Welfare Committees in Assam for the month of August 2018

SI. No.	Districts	Juvenile Justice Boards			Child Welfare Committees		
		No. of cases instituted	No. of cases disposed	Total cases pending	No. of cases instituted	No. of cases disposed	Total cases pending
1	BAKSA	Cases are jointly dealt with Nalbari JJB			2	2	0
2	BONGAIGAON	2	4	19	6	1	35
3	BARPETA	5	1	123	16	15	242
4	CACHAR	0	1	15	5	3	9
5	CHIRANG	5	5	21	3	0	15
6	DARRANG	0	10	54	2	2	19
7	DHEMAJI	1	4	15	1	6	9
8	DHUBRI	3	2	101	5	4	11
9	DIBRUGARH	3	6	25	29	21	11
10	DIMA HASAO	0	2	17	1	1	17
11	GOALPARA	3	4	42	2	4	10
12	GOLAGHAT	5	3	25	8	11	16
13	HAILAKANDI	2	2	16	3	1	5
14	JORHAT	0	8	36	14	12	20
15	KAMRUP (M)	10	13	72	101	53	438
16	KAMRUP (R)	9	8	34	34	31	45
17	KARBI ANGLONG	2	0	36	4	5	6
18	KARIMGANJ	1	2	48	8	8	18
19	KOKRAJHAR	5	7	148	8	8	22
20	LAKHIMPUR	5	2	47	13	15	13
21	MORIGAON	6	4	27	11	11	22
22	NAGAON	12	7	164	22	21	20
23	NALBARI	3	1	15	9	12	84
24	SONITPUR	5	6	67	5	11	25
25	SIVASAGAR	3	7	75	12	10	74
26	TINSUKIA	2	2	16	20	14	44
27	UDALGURI	0	0	16	22	1	76
	Total	92	111	1274	366	283	1306

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