



PAINTING THE CANVAS

Unravelling an adolescent's life

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LIST OF ABBREVIATIONS

ANMs	Auxiliary Nursing Matrons
ASHA	Accredited Social Health Activists
CPHC	Comprehensive Primary Health Care
IJHSSM	International Journal of Humanities Social Science and Management
KHPT	Karnataka Health Promotion Trust
MHPs	Mental Health Problem
NGOs	Non-Government Organisations
PHCs	Primary Health Centres
PHCOs	Primary health Care Officers
PUBG	Player Unknown's Battle Grounds
USHNC	Urban Sanitation, Health and Nutrition Committee

1. EXECUTIVE SUMMARY

1.1 Introduction

KHPT has worked for several years in partnerships with government-owned Primary Health Centres (PHCs) in Mysuru and other locations, to enable Comprehensive Primary Health Care (CPHC) for vulnerable populations. These efforts are now being expanded to cover adolescent populations in selected vulnerable urban geographies of Mysuru city, Karnataka. The team had realised during its CHPC interventions that adolescent health, both mental and physical has unique, urgent and specific needs, as also reiterated by data from around the world.

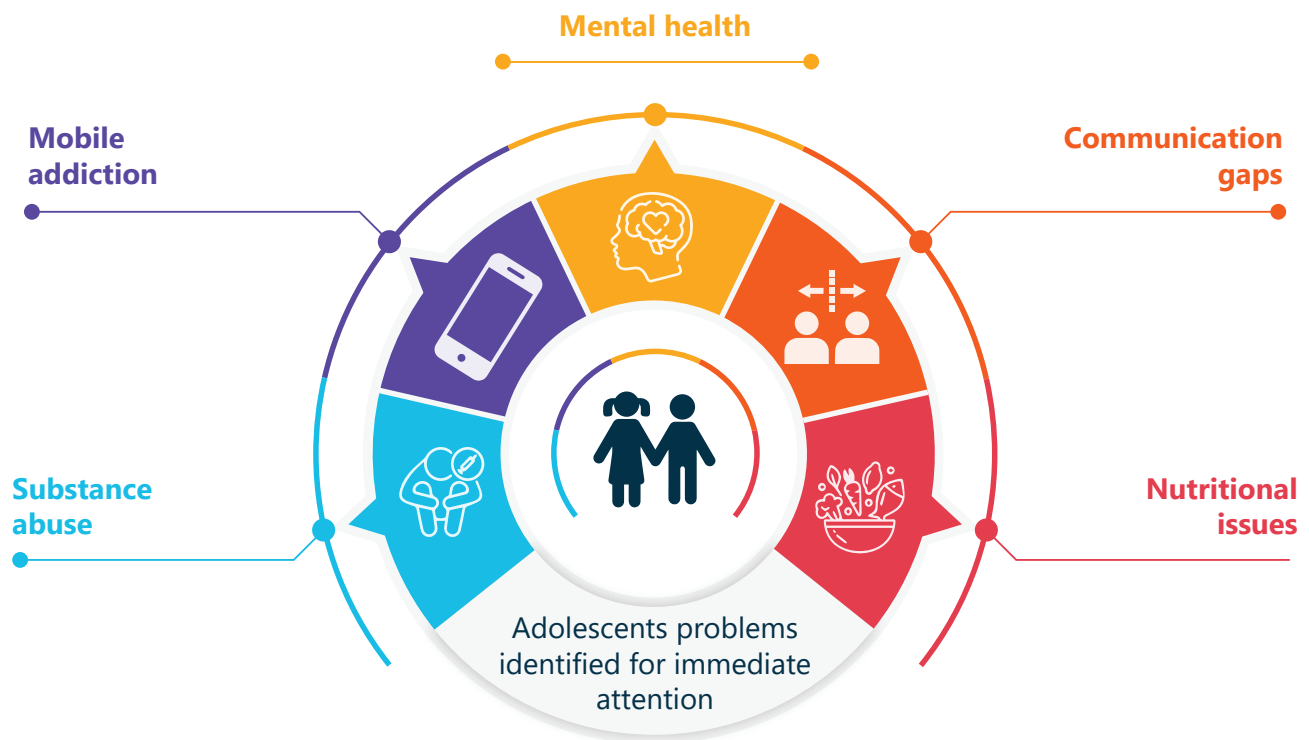
In an effort to bridge this gap, KHPT is piloting an initiative specifically focused on adolescent health. The first important phase of the initiative is the exploratory phase, which consists of five workshops, intended to elicit insights and particular needs of adolescents and their parents as well as teachers. This is expected to enable KHPT to understand and design need-based interventions for them.

1.2 About workshop

The workshops were held over five weeks, at the convenience of the community. After the combined, introductory workshop where parents, children and teachers etc., were present, the initiative went on to hold separate workshops for various groups i.e. parents, boys, girls etc. Divided into several sessions, the workshops used the sessions to a) help the participants think independently b) trust they were in a safe space c) discuss matters they could otherwise not talk openly about.

A very gradual, and yet deepening process was adopted which was visibly effective. Each session helped them explore their feelings more deeply and express them. Confidentiality was assured through the sessions, which helped reassure participants.

The problems were evident; they were known to all groups and yet, the solutions were hard to find despite deep discussions. However, hope was ever present among the participants of the workshops through the process. They were sure that through consistent efforts, even the most rebellious adolescent would see sense. Even the adolescents were aware that their lives were fraught with risks, which they wanted to avoid. After deliberations the top five problems that needed urgent attention, were identified for attention. Some recommendations are listed below. At the micro-level, the problems were numerous. For ease of addressing, they have been put into the larger buckets. They are listed below:



1.3 Recommendations

Overall, as well as specific recommendations for each of the issues identified, are made in the Analysis and Discussion section. Chief among them are: (a) awareness (b) better communication between adolescents and other stakeholders and (c) motivation to moderate their lifestyles i.e. be it mobile usage, substance abuse or any other. These broad areas of recommendations have been broken into micro-recommendations under each category. Broadly however,

- ♦ The means to do all of the above can be several. The required knowledge and awareness can be imparted through group discussions, where the parents and other stakeholders can be brought together with the specific purpose of finding solutions.
- ♦ It is recommended that boys and girls be addressed separately in order to bring sharper focus.
- ♦ As already discussed after each workshop, Sundays and holidays are recommended for such initiatives.
- ♦ All stakeholders must become part of the solution in one way or another e.g. father's vigil groups, mothers' groups to innovate on food; siblings who can inspire etc.

Teenagers are the very foundations on which future societies are built. Neglecting to build physical and mental strength in them means neglecting to protect the future. Adults with fractured minds and unhealthy bodies can never contribute to the progress and productivity of nations. They can only become a drag force on society and their families. Hence, this intervention is vital as well as an opportunity to demonstrate that these very valuable human resources need attention, love and care at the right time and in the right way.

2. BACKGROUND

2.1 Adolescent health-an area needing attention

KHPT has worked for several years in partnerships with government-owned Primary Health Centres (PHCs) in Mysuru and other locations, to enable Comprehensive Primary Health Care (CPHC) for vulnerable populations. These efforts are now being expanded to cover adolescent populations in selected vulnerable geographies of Mysuru city, Karnataka.

The team had realised during its CHPC interventions that adolescent health, both mental and physical has unique, urgent and specific needs, as also reiterated by data from around the world (see box). Data also points to the fact that it is an under- explored and under-developed area, both in India, and worldwide. In an effort to bridge this gap, an initiative is being piloted specifically focused on adolescent health.

Dr Swaroop, Project Lead, says, “The uniqueness of this initiative will be that the stakeholders themselves will decide which areas they need assistance, awareness and skills. We will merely facilitate the process. To enable this, we are implementing five exploratory workshops so they can voice their concerns and prioritise their needs.”

2.2 Exploratory Workshops

All the workshops are designed to elicit insights and particular needs of adolescents and their parents as well as teachers. This is expected to enable the organisation to understand and design need-based interventions for them.

For this, KHPT has given priority to creating non-intimidating, safe spaces where participants shared their thoughts without fear. “This is expected to reveal gaps of understanding between parents and adolescents as well as help them express their hitherto unvoiced aspirations, needs and challenges. Additionally, it will help us understand better, what they actually need,” says Ms Ambuja Kowlgi, Deputy Director, Qualitative Research

World Health Organisation (WHO)

- ♦ Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19.
- ♦ Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them.
- ♦ Despite being thought of as a healthy stage of life, there is significant death, illness and injury in the adolescent years. Much of this is preventable or treatable.
- ♦ Adolescents need information, including age- appropriate comprehensive sexuality education; opportunities to develop life skills; health services that are acceptable, equitable, appropriate and effective; and safe and supportive environments.
- ♦ They also need opportunities to meaningfully participate in the design and delivery of interventions.
- ♦ Expanding such opportunities is key to responding to adolescents’ specific needs and rights.

2.2a WORKSHOP: 1

WORKSHOP DETAILS



Venue

Vivekananda Institute for Leadership Development (V-LEAD), Mysuru



Date

Saturday, 11 January 2025



Time

2 to 6 pm



Participant profile

Adolescent boys and girls (age 10-19), community members, parents



Methodology

Interactive sessions, aided by specially designed games and tools



Medium of instruction

Kannada



Proceedings

On a mild winter afternoon, the large, airy room was buzzing with the enthusiastic chatter of adolescents and their parents, teachers and facilitators from KHPT. They belonged to vulnerable populations from nearby areas in Mysuru i.e. Chamundipuram, Kumbarakoppalu and Visvesvaranagara, Mysuru. It was mid-afternoon and the gathering was waiting for the workshop to begin. Colorful charts on the wall demonstrated that the afternoon was to be interactive and participative.

Divided into several sessions, the workshop used the sessions to a) help the participants think independently b) trust they were in a safe space c) reveal matters they could otherwise not talk openly about.

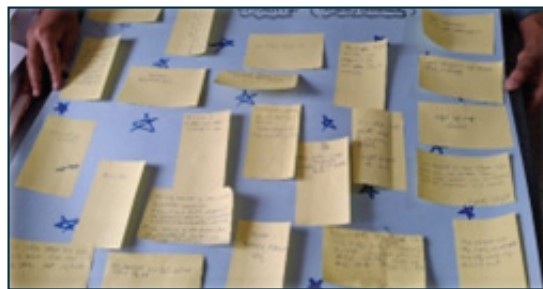
A very gradual, and yet deepening process was adopted which was visibly effective. Beginning with a simple session/ice-breaker which involved encouraging participants to write down one dream they held close. Following this, each session helped them explore their feelings more deeply and express them. Confidentiality was assured through the sessions, which helped reassure participants. It was observed that as the afternoon wore on, the participants had begun to enjoy the workshop and they had begun to open up about sensitive issues as well. They displayed a willingness to talk and contribute to the discussions, from an initial position of shyness and hesitation. The sessions and the insights they revealed are described in more detail in the following sections.

Ice breaker: Kanasugalu (Dreams)

Participants were given the task of writing down one dream they had on a sticky note and paste it on a chart. It helped the participants loosen up. It encouraged self-reflection and gave valuable insights to facilitators on their values, interests and strengths, which could further help them design a relevant intervention. While most of the responses revealed their ambitions for a career, some respondents

broadened their aspirations, dreaming for the world and society at large. Significantly, two respondents were not happy with their lives and expressed frustration, finding no meaning in life. Parents had aspirations for the futures of their children, and girls had career goals. Some specific responses are listed below:

- ♦ A healthy, peaceful environment
- ♦ Happiness for all
- ♦ Aspiration to bring about positive changes in society
- ♦ Good health in order to work well
- ♦ My children should have good education, get a stable career and be a good citizen
- ♦ Children should grow up in a healthy environment.
- ♦ Children should work for betterment of the society.



Kanasugalu (dreams)

Session 1: Ondu dinada kathe (The story of one day)

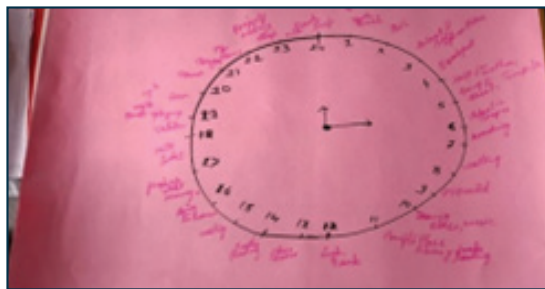


Tool

Charts with drawings of clocks with the day divided into 24 hours (see pic)

For this session, the participants were segregated into smaller groups i.e. boys, girls and parents. They were further divided into smaller groups if they were too large. Each group had a facilitator to help the process. They were asked to fill up separately, the routine of the day for boys and girls. Parents too had their own chart to fill.

The objective was to ascertain the routine of the adolescents from the time they woke up till they went to bed. The session was also expected to reveal whether there were gender differences in the structure of the



Clock activity

girls and boys had more or less identical responses. The discussion thereafter however, revealed a lot. It also brought several serious concerns to the fore. Only a few are listed below as the next session brought the same concerns but in greater elaboration:

day. There was also an attempt to find out if the adolescents understood their responsibilities and allocation of time within their community contexts.

Reading the charts after they were filled showed ideal, well-structured days with children waking up, eating, attending school, setting aside time for play and study and going to bed. There were no obvious gender differences. The schedule for boys and girls were mostly the same. Importantly, parents,

Responses from girls 11-13 years	Responses from girls 14-19 years
Morning rituals - bathe, dress etc.	Morning rituals, help with household chores
Yoga/ Study	Yoga/study
Attend school	Attend college
Rest after returning from school	Return home and rest, particularly during periods because of tiredness
Watch TV or use a mobile	Browse on the mobile or watch TV
Pursue hobbies, play games and/or attend social events	Step out for a walk or to play a game (under strict restrictions from parents)
Watch TV	TV and channels on the mobile phone (YouTube, Facebook etc.)
Dinner and bed	Dinner and bed

Parents, boys and girls (combined):

- ♦ The chart is a wish-list. In actuality there is no fixed time for waking up, studies or play;
- ♦ Sometimes they wake up just in time to leave for school;
- ♦ Children study only before their examinations. Regular study is not a habit with all;
- ♦ They spend far too much time watching TV or playing games on the mobile phone;
- ♦ Rebellion is a matter of routine. All advice is met with resistance;
- ♦ They listen to peers far more than parents;
- ♦ Girls get more household chores than boys. Boys get outside chores;
- ♦ Boys have more relaxed curfew hours than girls;
- ♦ Girls have dress restrictions. Boys don't;
- ♦ Parents impose restrictions. They don't give us reasons.

Insights:

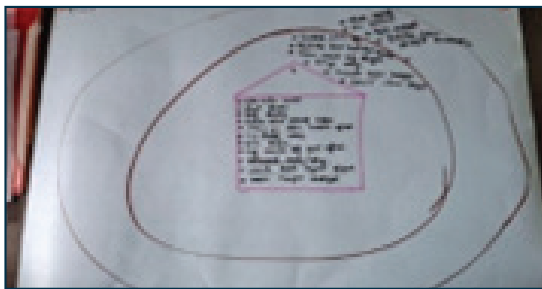
- ♦ There was consensus among the parents and teachers that attitudes of boys towards girls must be respectful and this must be encouraged from home and be non-negotiable.
- ♦ While gender discrimination was not obvious at first, it existed in subtle ways:
 - Segregation in the chores given to girls and boys – household for girls and outside for boys;
 - More relaxed curfew hours for boys;
 - Greater freedom in the choice of clothes and friends for boys than girls;
 - More control over the girls under the rationale of their being protected more;
 - Clear expectations from parents that boys needed to study and do well in order to look after their families, get their sisters married, etc., and that girls must be docile and well-behaved in order to receive praise from their in-laws.

Session 2: Nanna jagatthu nanna samasyegalu (My world, my problems)



Tool

charts depicting a home, the immediate environment outside home, and the world at large



Nanna jagathu, nanna samasye

This session was aided by charts that showed environments the adolescents were influenced by and interacted in. These were a) home b) outside home c) the larger world.

The objective here was to understand more thoroughly, perception of the respondents about their world and the way they thought they could make it better.

The participants were again divided into homogenous age groups and aided by a facilitator. They were asked to list challenges they faced within each environment

which impeded them. Parents similarly were given the task of listing challenges they perceived their children faced. Adolescents in the younger age-band were excluded despite their being considered adolescents. This was because they might not be able to contribute meaningfully to the discussion. Additionally, the older adolescents felt uncomfortable speaking in the presence of younger children.

Aided by facilitators, the three groups listed out challenges they faced. These were peculiar to urban areas and manifested both at home and within their communities, and have the potential to impede their development and well-being.

The responses showed issues at three broad levels i.e. breakdown or lack of communication between parents and children; lack of safe environments for play and recreation in their immediate neighbourhood and; a larger world which was unsafe for both boys and girls. The tables in the following chapters show more granular issues which can be worked on during the intervention.

Session 3: Kanna muchhe kade gude

Understanding adolescents involves recognizing the unique phase of life they are in, characterized by significant physical, emotional, and cognitive changes. The places they visit regularly, their opportunities for freedom, and their overall well-being play crucial roles in their development.

To understand this, the session sought to identify places considered safe to visit without permission, places that required some supervision and yet others, which must never be visited without adult permission and supervision. This will aid the granting of careful and judicious



“They keep saying we are grown-up and need to be more responsible, but continue to try and control us like children.” **an adolescent boy.**

freedom and autonomy to adolescents. It can also further collaboration between families, schools, and communities and create a nurturing. The charts below indicate the findings. Shopping malls, cinema theatres and long journeys were completely taboo for both boys and girls.

Insights:

There was clarity and unanimity among the adults and adolescents as the above chart demonstrates. The places marked in red, such as malls, cinema halls etc., were strictly taboo for children to go to without adult escorts. Parks and playgrounds were considered safe during daylight hours. Girls were however, more restricted in their movement while boys enjoyed greater freedom. Very young adolescents too were protected a little more. The 11- 14 years group was focused more on social determinants, while the 15-19 years group focused on issues, challenges, and aspirations of adolescents.

The parents dominantly responded by voicing their aspirations for their children, or worry about their children's future, and strive to fulfill expectations of their children. The parents felt out of control as their children grew up and became more independent, not realizing that their parenting styles had to change as their children became young adults with individual thoughts and opinions. This led to major gaps in communication.

The first workshop ended with the announcement of further workshops with separate groups of boys, girls and parents etc.

2.2b WORKSHOP: 2

WORKSHOP DETAILS



Venue

Community Hall, Kumbarakoppal, Mysuru



Date

Saturday, 18 January 2025



Time

2.30 to 5.30 pm



Participant profile

Adolescent girls (age 10-19)



Methodology

Interactive sessions, aided by specially designed games and tools



Medium of instruction

Kannada



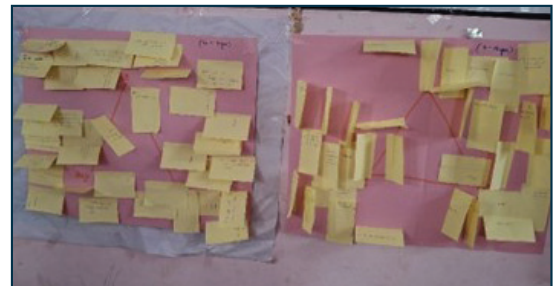
Proceedings

The second workshop of the series was held in a large community hall in Kumbarakoppalu, Mysuru. It was adorned with pictures of famous women leaders and role models of India. The afternoon was warm and the room was packed with adolescent girls between ages 10-19. They were from adjoining areas of Chamundipuram, Kumbarakoppalu and Visweshwaranagara.

There was muted excitement in the air as many of the girls were attending a workshop of this kind for the first time. The younger ones were dressed in their best clothes, had colourful ribbons in their hair and looked pretty and festive. The older ones were in jeans and t-shirts or salwar kurtas. Before the workshop began, they chatted incessantly, wondering what the afternoon held. Facilitators from KHPT, who had sought permission from the parents of the girls and escorted them to the workshop, were at hand to help and escort them back home too. Their care and concern for the safety of the girls were clearly visible.

Sessions and tools

The sessions and tools used were the same as for the first workshop and their objectives are described in the narrative of the same. This was done to elicit standardized and consistent responses in order to reach a conclusion where the top problems would clearly emerge.



Session 1: Likes, dislikes and fears

The participants were divided into two age groups-11-13 and 14-19, and given three slips each. On these slips, they were asked to enter one fear, one like and a dislike. This helped the girls reflect on life aspects they might not have done at a conscious level before. This session elicited active participation from the girls. Their responses are reflected in the charts below. Some interesting responses emerged when the respondents shared their dislike for being compared to their peers and others shared their fear of speaking in public or being scared of society. This session set the tone for the rest of the afternoon which was participative and got the girls thinking.

Session 2: Ondu dinada kathe (The story of one day)

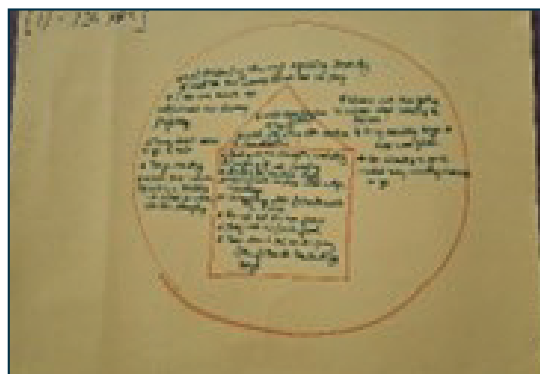
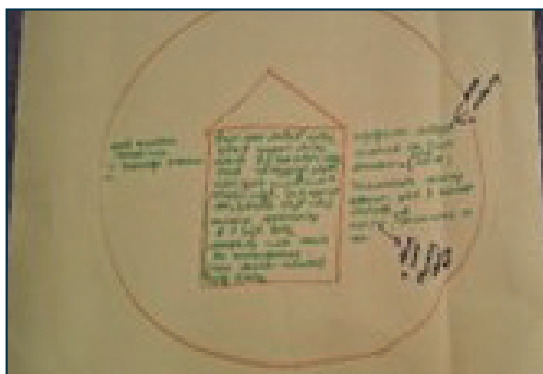
As in workshop 1, the participants were given the task of outlining how their days were structured over a full 24 hours. For this, they used a chart which had a clock divided into 24 parts, drawn on it. They did this in closed groups, divided based on the same age bands as the previous session. The groups were helped to negotiate the process by the facilitators. After active conversations and deliberations, the girls of both age groups were able to determine the structure of their days. However, they were not able to accurately estimate the number of hours they spent on each activity. Their responses are listed below:

Session 3: Nanna Jagathu, Nanna Samasyegalu (My world, my problems)

As in the previous session, the participants worked in two age-segregated groups – 11-13 and 13-19. They were given charts with a house and its immediate and larger surroundings demarcated on them.

The objective was to help the girls identify triggers that caused them discomfort or anxiety at home and outside.

Aided by the facilitators, both the groups voiced their feelings which were consistent with the responses from the earlier sessions. Their concerns both inside and outside the home were well articulated and are listed in the table below:



Nanna jagathu Nanna samasyegalu

Girls (11-13)		Girls (14 – 19)	
Inside home	Outside home	Inside home	Outside home
<ul style="list-style-type: none"> Too many restrictions on going out; Excessive monitoring of mobile usage and TV watching; Monitoring usage of mobile; Drunk brawls and violence at home; Not sent on trips fearing safety; Not allowed to speak to boys; Several restrictions on dress; Exam stress brought on by parents' pressure; Resentment towards male siblings being given more freedom. 	<ul style="list-style-type: none"> Noisy or quarrelsome neighborhood; Excessive traffic making moving around unsafe; Not allowed/ not safe to play outside the house. 	<ul style="list-style-type: none"> Excessive disciplining; Restrictions on mobile phone usage; Lack of trust from parents/caretakers; Discrimination between siblings - male and female; Lack of opportunities; Dress restrictions; Deprivation or unfulfilled desires (parental denial); Lack of extracurricular activities Parental pressure to get married Instances of child marriage Violence and drunkenness at home. 	<ul style="list-style-type: none"> Censure from neighbours; Social media trolling; Eve-teasing; Lack of information on menstruation and other matters from school or health authorities.

Insights:

- The girls were initially inhibited but opened up as they became comfortable with the process;
- The chart shows more internal than external problems; this could be attributed to the fact that girls are more restricted from going out;
- Most girls were seen to give thought to their future careers, though they were unclear which direction to take; many, especially in the younger group wanted to be teachers;
- More than one girl shared that she witnessed domestic violence alcoholism in a family member;
- Some girls from the younger groups reported that both their parents were given to alcohol consumption;

“Our parents give us permission to step out of the house and then don't trust us. They think we are out with boys. - college girl aged 19.”

Girls are definitely more at risk than boys. We have to face this. Therefore, we are more protective. We are at a loss to make them understand this. - **Mother of a teenage girl from workshop 1.**

- ♦ One girl even said that she did not like staying at home owing to constant pressure from parents to study, clean up their belongings or help with housework;
- ♦ Both groups objected to being compared to peers;

- ♦ The older group reported being mistrusted while out of the house;
- ♦ The older group resented being over-protected in comparison to their male siblings being given a lot more freedom;
- ♦ Very few girls shared that they spent dedicated time with their family;
- ♦ Mobile addiction was evident in that several girls from the senior age-group periodically stepped out of the workshop to check their phones;
- ♦ Menstrual problems were often voiced – these included abdominal pain or bleeding which prevented normal activities and also led to fatigue;
- ♦ Girls reported taking pain-killers to manage menstrual cramps;
- ♦ Relationships with boys were reported by many girls (of other girls they knew);
- ♦ Sexual awareness of tertiary nature was evident

Our parents tell us what we shouldn't do. But they never explain to us why we shouldn't do something. They never tell us WHY. - **girl participant (15)**

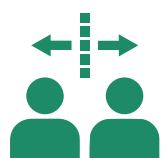
Session 4: Samsaye bage harisona (Let us solve the problem)

Having identified pressing issues that challenged their lives, the girls were encouraged to further think of ways to address them. Furthermore, they were helped to think of the most challenging issues that needed addressal. These would later form the main buckets under which smaller issues of the same nature could be fitted. The problems that emerged were:

Gender discrimination



Communication gaps with parents



Stress management



Menstrual health



Lack of trust



Through an exercise, the girls shared their preferences for means to address the issues. They suggested interactive sessions at community spaces on holidays once a month, as tabled below:

How	Where	When
Parents needed to be sensitized and educated Equal opportunities for jobs Need to educate boys Use of videos/short films	Hold workshops and interactive sessions at Samudhaya Bhavans / schools/ anganwadis	Once a month on holidays

2.2c WORKSHOP: 3

WORKSHOP DETAILS



Venue

Community Hall, Kumbarakoppalu, Mysuru



Date

Saturday, 25 January 2025



Time

2.30 to 5.30 pm



Participant profile

Adolescent boys (age 11-19)



Methodology

Interactive sessions, aided by specially designed games and tools



Medium of instruction

Kannada



Proceedings

It was another warm afternoon; the same large community hall in Kumbarakoppalu. The difference was in the participants. They were adolescent boys between the ages of 11-19 years. They hailed from the catchment area of the PHCs of Chamundipuram and Visveshwaranagara. While the girls were mostly demure and muted in their behaviour, the boys were more vocal, and moved around animatedly. They had to be requested to stay quiet so the workshop could begin. The facilitators escorting them were at hand to help.

Sessions and tools

The sessions and tools used were the same as for the first two workshops and their objectives are described in the narrative of the same. This was done to elicit standardized and consistent responses in order to reach a conclusion where the top problems would clearly emerge.

Ice breaker

The afternoon began with an ice-breaker game where the boys were divided into two age groups and given a ball to pass around. The person who received the ball had to respond with one name – that of a person who he (the boy) regarded as a role model. The responses were almost the same in both groups. They are therefore listed together and not segregated:

- ♦ Most boys listed family members - fathers, mothers, uncles, grandparents or aunts as their favourites or role models;
- ♦ Mothers were appreciated for the care and values they gave;
- ♦ Their reasons were several - some appreciated the encouragement they got, other mentioned that they received gifts;
- ♦ Parents who gave the boys whatever they wanted were also acknowledged. Only one boy who was in college mentioned Swamy Vivekananda as his role model.

It is noteworthy to mention here that all the boys seemed rooted to their families and regarded them with love and respect.

Session 1: Ondu dinada kathe (The story of one day)

Participants were divided into smaller groups based on the same age criterion as the previous session. Group spokespersons were identified to present the findings. On a chart with a clock on it, they were asked to map their daily routing.

The objective was to help facilitators to understand how they perceived their day, utilized their time and resources and fulfilled their responsibilities.

The responses are in the table below:

Group 1 – 11-14 years	Group 2 – 15-19
Morning routine – bathe, breakfast etc.	Morning routine – bathe, breakfast etc.
Yoga & study hour	Yoga or sports & study hour or newspaper run
School	School or college
Play hour after returning from school	Part-time jobs after school or college

Run errands/shop for family/help mother	Play PUBG or Free Fire
Visit roadside food stalls	Visit roadside food stalls
Watch TV (favourite programme Big Boss)	Watch TV (favourite programme Big Boss)
Use a mobile to watch YouTube, play games etc.	Visit a library

Insights:

What emerged was pictures of ideal days, neatly divided into bands of time devoted to sleep, food, study, play etc. In reality however, as shared by parents in workshop one, this was a wish list, as the children had mostly unstructured days. The boys were unable to articulate how much time they spent on each activity.

It is difficult to structure their days. My son spends much of his day watching TV or playing games on a mobile phone. We are left helplessly watching. - **mother of a boy.**

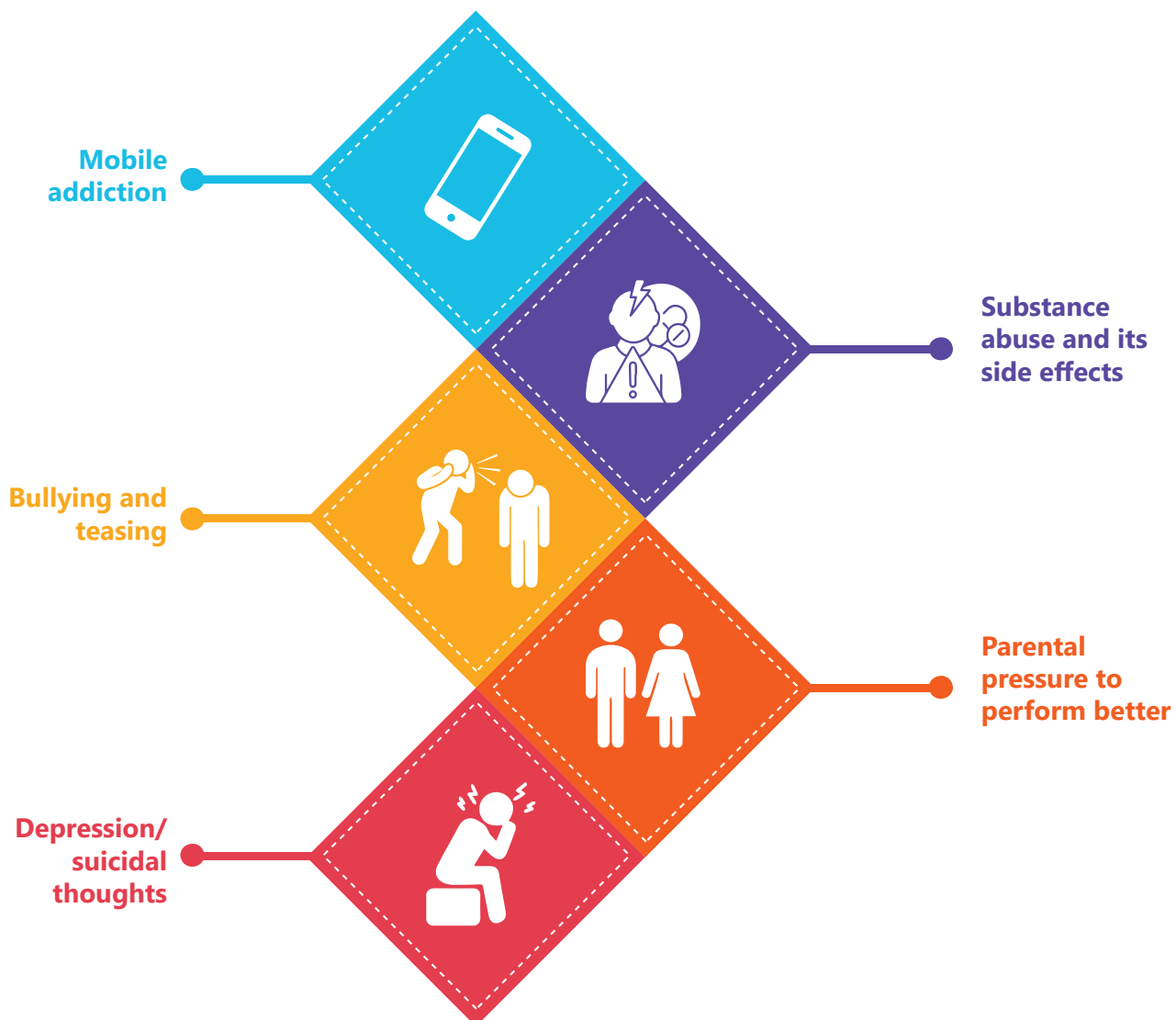
Session 2: Nanna jagathu, nanna samasye (My world, my problems)

As in the previous session, the participants worked in two age-segregated groups – 11-13 and 14-19. A drawing of a house and its immediate as well as larger surroundings drawn on it was given to the groups. The boys were given a brief to identify triggers that caused them discomfort or anxiety at home and outside. The boys responded with enthusiasm and soon the chart was full of thoughts they had voiced. Substance abuse, resentment towards disciplining and mobile addiction stood out starkly. More detailed responses are in the tables below.

Boys (11-13)		Boys (14 – 19)	
Inside home	Outside home	Inside home	Outside home
<ul style="list-style-type: none"> Excessive controls on what the children watch on social media sites; Censure on using foul language; Pressure to complete homework; Domestic violence; Exposure to parents' quarrels. 	<ul style="list-style-type: none"> Peer pressure to smoke/drink/chew tobacco; Children are known to pick up and smoke used beedies; Rampant use of gutkha, sniffing of whitener and other addictive substances; Peer pressure to dropout; Influence of miscreants outside the house. 	<ul style="list-style-type: none"> Parental pressure to perform well in academics; Restrictions on choice of friends; Alcoholism among both parents; Unpleasant home situations leading to decision to run away from home; Comparisons with peers leading to demotivation; Subject to physical abuse/violence; Situations leading to suicide – failed love, gambling debts, etc. 	<ul style="list-style-type: none"> Unable to go outside the home owing to bad and smelly drainages; Lack of playgrounds for sports; Playgrounds also used by elders; this situation leads to conflicts; Dangerous interactions with drug peddlers, addicts and other anti-social elements; Vulnerable to vices, drugs, petty thefts Exposed to gamblers, porn peddlers, online gambling etc.

Session 3: Samsaye bage harisona (Let us solve the problem)

There were a number of issues which were discussed but the five following were shortlisted by the participants through discussions among them and the facilitators:



How	Where	When
Parents needed to be sensitized Boys need to be educated on the implications of bullying	Samudhaya Bhavans / schools/ colleges	Once a month on holidays
Videos, short films, interactive sessions and counselling can be used for this.		

2.2d WORKSHOP: 4

WORKSHOP DETAILS



Venue

Community Hall, Ningayana Kere



Date

Wednesday, 29 January 2025



Time

10.30 am to 1.30 pm



Participant profile

Parents of adolescent children – 12 fathers & 10 mothers



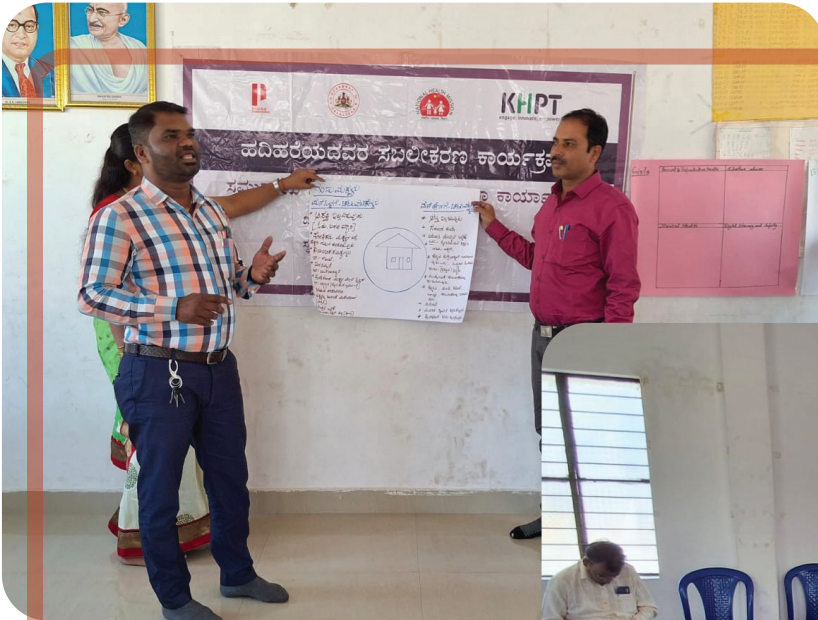
Methodology

Interactive sessions, aided by specially designed games and tools



Medium of instruction

Kannada



Proceedings

A roomful of men and women in neat attire were seated on chairs in a bright, sunny hall, which serves as a multi- purpose hall for the community. They were parents of adolescent/teenage boys and girls from Kumbarakoppalu PHC and its catchment areas and were attending the workshop on invitation from KHPT. They were getting acquainted and knew they had come for an important task, which would impact the lives of their children and others as well. Coordinators from KHPT facilitated the workshop.

Kanasugalu (Dreams)

The morning began with an icebreaker which helped the parents open their minds and think of the broader world in which their children lived. It helped them articulate what kind of world and professions they wanted for their children. The parents were divided into two groups: fathers and mothers. On the slips of paper given to them they wrote out their aspirations for their children and pasted them on a cardboard sheet. The responses were on predicted lines with parents listing engineering, medicine, business etc., on the slips. Some of them mentioned they wanted peace, or quality of life for their wards. The underlying fact was that all of them were invested emotionally and mentally in their children.

Session 1: Ondu dinda kathe (The story of one day)

As in previous sessions, the participants were requested to list down, on the given chart, the daily routines of their wards. They worked in groups segregated gender-wise. A group spokesperson was identified to make the presentations of responses. The responses are in the table below:

Responses - Fathers		Responses - Mothers	
Girls	Boys	Girls	Boys
Help mothers at home	Some engaged in newspaper distribution	Help mothers at home	Attending school/ college. Spending time with friends, tuitions, help running errands. Part time jobs as food delivery boys, newspaper delivery boys or salesmen in showrooms
Homework and study hour	Homework and study hour	Homework and study hour	Homework and study hour
School/college	School/college	School/college	School/college
Play/pursue hobbies/ browse on their mobiles/watch TV	Play/pursue hobbies/ browse on their mobiles/ meet friends/ run errands for parents	Play/meet friends/pursue hobbies	Meet friends/consume junk food from roadside stalls/ browse on the mobile/play online games/ride vehicles
Communicate with parents and family & share their day-to-day events	Communicate with parents and family & share their day-to-day events	Communicate with parents and family & share their day-to-day events	Communicate with parents and family & share their day-to-day events

Mothers about daughters (at home)	Mothers about daughters (outside)
Complaints about conflicts at home	Negative peer pressure
Financial problems	Lack of menstrual awareness
Excessive TV watching and mobile usage	Resistance to dress restrictions leading to eve-teasing, molestation etc.
Lack of nutrition No intake of vegetables	Vulnerable to sexual abuse
Lack of menstrual hygiene/ awareness	Interaction with boys leading to love disappointments and even suicide

Session 2: Nanna jagathu, nanna samasyegalalu (My world, my problems)

As in previous workshops, it was important to know how safe or otherwise the parents perceived the world their children lived in, both outside and inside home. This session did exactly that by having them describe or identify problems their children faced in both environments.

Fathers about daughters (at home)	Fathers about daughters (outside home)
Excessive pressure to perform better academically	Gender bias & fetal sex determination
Disturbed about financial crunch	Exposure to substance abuse
Mobile addiction	Sexual harassment
Always being compared with siblings and others	Working-parents-led situation where they have to resort to sharing their concerns with outsiders
Menstrual problems	Lack of value education in school
Lack sense of dressing up for the occasion	Junk food consumption
Argumentative	Fear of sexual abuse at school and in parks and playgrounds

Fathers about sons (at home)	Fathers about sons (outside home)
Excessive controls at home	Junk food addiction
Being compared	PUBG and other online games addiction
Financial stress	Gambling
Aspirations which cannot be satisfied	Substance addiction e.g. inhaling whitener, ganja and rubber solution
Argumentative	Overuse of social media and addiction to porn films
Fights inside the house	Frequenting bars and pubs with friends
Sibling rivalry	Risky behaviour e.g. selfies on rail-tracks, wheelies on highways etc
Small thefts at home for want of money	Missing college / school

Mothers about sons (at home)	Mothers about sons (outside)
Argumentative behaviour and fights at home influenced by friends	Negative peer pressure
Financial problems	Exposure to anti-social elements leading to deviant behaviour
Excessive TV watching and mobile usage	Love failures leading to suicidal tendencies
Sibling rivalry	Substance usage and junk food consumption
Indulging in petty thefts at home for fulfilling desires	Interaction with boys leading to love disappointments and even suicide
Rebelliousness	Risky behaviour – dangerous driving, rash acts of bravery etc

Session 3: samasye bage harisona (Let us solve the problem)

The following problems were shortlisted for addressal and there was discussion around where and when the initiatives could be conducted.

What	How	Where	When
Mobile addiction Online betting	Counselling to teachers, parents and students Educate boys through videos/ short films, motivational talks by NGOs Monitor screen time	Hold workshops and interactive sessions at Samudhaya Bhavans / schools/ colleges	Once a month/on holidays
Substance abuse and its side effects	Short documentary films		
Menstrual awareness Sexual harassment Good and bad touch	Girls and boys need to be made aware and sensitized		
Parental pressure to perform better	Parents need to be sensitized		
Suicide / depression	Counselling		

As is evident, parents, while they were aware of the problems they and their children were facing, they displayed helplessness and lacked clarity on how to address the problems. They were more than willing to make suggestions; however, out-of-the-box initiatives are the key to addressing the issues. It is imperative to move out of the usual norm of using force and harshness to discipline children and instead, become more responsive to their needs with relevance and methods that can conform to current trends.

2.2e WORKSHOP: 5

WORKSHOP DETAILS



Venue

Community Hall, Ningayana Kere



Date

Wednesday, 12 February 2025



Time

10.30 am to 1.30 pm



Participant profile

PHCOs, ASHAs, USHNC members, HIO, government and private school teachers



Methodology

Interactive sessions, aided by specially designed games and tools



Medium of instruction

Kannada



Proceedings

Tertiary stakeholders such as Primary health Care Officers (PHCOs), Accredited Social Health Activists (ASHAs), school teachers and Urban Sanitation, Health and Nutrition Committee (USHNC) members gathered at this meeting to share their thoughts about the problems of adolescents. The uniqueness of this workshop was that despite their being parents in their own right they spoke objectively about other adolescents. They appeared to have distanced themselves from their roles as parents.

Session 1: Problems as they perceived

Participants were divided into allied health professionals and non-health professionals and given time to have a group discussion to identify problems faced by adolescents inside and outside home. They are presented below:

Issues presented by the non-health professionals	
Mothers about daughters (at home)	Mothers about daughters (outside)
No interest in pursuing academics	Child marriages
Parents not able to give enough time to children because of poverty, family issues, marital discord or alcoholism	Peer pressure
Comparisons drawn with siblings and their peers	Friends, partying, films – demanding pocket money from parents
Sibling rivalry	Mobile addiction
Depression	Failure of love affairs leading to suicide
No encouragement for their talents e.g. sports, singing, skating, karate	Role models anti-social elements
Failure of love affairs and suicidal tendencies	Alcohol and drug abuse
Lack of respect towards elders and extended family	
Poor or no sex education and awareness about bodily changes	
Running away from home when corrected, blackmail	

Issues presented by the healthcare professionals

Common to boys and girls

- ♦ Awareness in bodily changes
- ♦ Family issues, lack of communication with parents, poverty, illiteracy, blind superstitious beliefs
- ♦ Education not a priority
- ♦ Physical attraction to opposite sex
- ♦ Lack of awareness on impact of unsafe sex e.g. HIV and AIDS
- ♦ Aversion to comparisons with siblings and peers
- ♦ Exposure to social media
- ♦ Want to explore uncharted territories
- ♦ Caste discrimination at play and school
- ♦ Love affairs failure- suicide
- ♦ Broken family, single parents / nuclear family – lack of communication with parents
- ♦ Sexual abuse within and outside home

Session 2: Samasye bage harisona (Let's solve the problem)

The following problems and ways to mitigate them were discussed and tabled. They are below:

What	How	Where	When
Mobile addiction	Sensitize adolescents through the use of short films and documentaries	Workshops and interactive sessions at Samudhaya Bhavans /schools/ colleges	Once a month on holidays
Substance abuse and its side effects	Short documentary films		
Suicide / depression	Sneha Clinic on Thursdays		
Sex education	Parents/ adolescent boys and girls need to be sanitized		
Nutrition and personal hygiene	Counselling		

3. ANALYSIS AND DISCUSSION

3.1 Painting the canvas

Influencing an adolescent's life doesn't merely involve monitoring or disciplining him/her. It means creating an enabling and supportive environment where the adolescent can thrive and grow in a healthy and wholesome way, in order to become a productive adult. It also means promoting a way of life that can result in not merely physical, but also good mental health, as it is evident that lack of this results in problems for the individual, as well as society at large.

While not immediately apparent, mental health, or the lack of it, is not a monolith but a many-layered condition. It is impacted by family, friends, the environment, living and eating habits and so much else. In the course of the workshops, several causal factors such as substance abuse, exposure to violence, sexual abuse etc., came to the fore which can and do affect the mental health of an adolescent. According to The Lancet, "Mental health is multi-factorially determined. Determinants of mental health problems (MHPs) can influence presence of MHPs and its severity across an individual's life span directly.¹¹ Across the lifespan, a complex interplay between psychosocial, environmental, cultural, socioeconomic, biological and genetic factors contribute to protecting or harming mental health.¹²" Additionally, a diet, which is not balanced can cause psychological problems, mood disorders, impaired sleep and depression.

3.2 Situational analysis

The series of workshops held over five weeks with different stakeholders revealed insights which were often known but not acknowledged. Parents, teachers, health-workers and even the general public are aware of the vulnerabilities and issues that an adolescent has to grapple with on a daily basis and yet, little has been done about it over the years, save to judge, admonish or discipline the adolescent/s.

It is however, challenging, given that teenagers are known to resort to being rebellious if denied their wishes. They are victims to peer pressure that demands they conform to norms set by their friends and associates, wrong as they maybe. Additionally, social media trends and influencers create desires in them, that they are not able to resist in their desire to keep up. Parents are often overwhelmed by the situation and react in a manner that creates rebellion in the teenager, not realising that they require a changed way of parenting. They refuse to be treated as children anymore.

In a phased manner, various stakeholders were encouraged to voice concerns over the challenges an adolescent has to face, including physical and hormonal changes, which influence the way s/he behaves or interacts in the outside world. Parents often conveyed their helplessness while dealing with their children, while the children conveyed their frustrations with parents who suddenly seemed authoritarian. The responses uncovered helplessness, inevitability and yet, also the conviction that adolescents were like flowers waiting to blossom, if only they received the nurturing care they deserve.

3.3 Reaching solutions

The solutions were hard to find, despite deep discussions. However, hope was ever present among the participants of the workshops. They were sure that through consistent efforts, even the most rebellious adolescent would see sense. Even the adolescents were aware that their lives were fraught with risks, which they wanted to avoid. After deliberations the top five problems that needed urgent attention, were identified for attention. At the micro-level, the problems were numerous. For ease of addressing, they have been put into the larger buckets. Some recommendations for addressing the same are listed below:

- ♦ Substance abuse;
- ♦ Mobile addiction;
- ♦ Risky behaviour i.e. rash driving, unsafe sex, criminal acts etc.;
- ♦ Physical and mental health issues i.e. nutritional deficiencies, suicidal tendencies, menstrual issues etc.;
- ♦ Communication gaps.

3.3a Substance abuse

Substance abuse includes consumption of alcohol, chewing tobacco, sniffing whitener fluid, rubber solution, consumption of cough syrups which contain diphenhydramine.¹ Availability of such substances are not problematic and they can be procured at neighbourhood petty shops, stationery stores and roadside kiosks at low cost.

Male adolescents are more prone to acquiring and consuming substances as per data available.² This could be attributed to the fact that they are more exposed to peer pressure as their interaction with the outside world is greater; they are sent out to run errands; a lot more freedom is given to them and they have a larger circle of friends and influencers.

The workshops also consistently demonstrated, through the voices of parents and children that the problem is widespread and rampant. According to a study by International Journal of Humanities Social Science and Management (IJHSSM)³, “...Youth adults and adolescents are especially vulnerable to addiction. Statistics show that about 10% of the adolescent population in India may be affected by substance abuse problems...” The problem, which is rapidly becoming a major public health concern, needs urgent attention. A few recommendations are made below:

- ♦ As a pilot initiative, do a risk analysis through a group of interested fathers, on the ‘hot spots’ where substances are easily available in a neighbourhood;
- ♦ Sensitize the owners/salespersons/peddlers/sellers about the implications of what they are doing and the ill-effects that their actions can have on young adults/adolescents;
- ♦ Directly address parents on the ways in which children can become addicted and suggest ways to avoid the same;
- ♦ Directly address boys to spread awareness on the implications of substance abuse and enlist support of some responsible boys to become AMBASSADORS OF HOPE;
- ♦ Enlist the support of some of the above to spread positive messages among parents and adolescents;
- ♦ Use the ‘carrot and stick’ approach; make children aware of the provisions of the law under which they can be punished for substance use or substance peddling;
- ♦ Expose them to inspiring stories and films;
- ♦ Arrange visits to de-addiction centres where the boys can see first-hand the impact (end-result) of their actions, and interact with counsellors and others.

¹https://diamondrehabthailand.com/what-is-benadryl-addiction/#Why_is_using_Benadryl_addictive

²<https://pmc.ncbi.nlm.nih.gov/articles/PMC3147098/#:~:text=Prevalence%20of%20substance%20use%20was,rural%20students%20%5BTable%20%5D>

³https://ijhssm.org/issue_dcp/A%20Study%20on%20the%20Implications%20of%20Addiction%20on%20the%20Youth%20of%20India.pdf

3.3b Mobile addiction

A study “Cell Phone Addiction – A Review” cites, “...The problematic use of cell phones has been associated with personality variables, such as extraversion, neuroticism, self-esteem, impulsivity, self-identity, and self-image. Similarly, sleep disturbance, anxiety, stress, and, to a lesser extent, depression, which are also associated with Internet abuse, have been associated with problematic cell-phone use. In addition, the present review reveals the coexistence relationship between problematic cell-phone use and substance use such as tobacco and alcohol...”⁴

In the light of the wide-ranging negative impacts that overuse of cell-phones can wreak, it becomes very important to encourage teenagers to minimize usage of the same. However, following the recent COVID-19 pandemic, the use of cell-phones became integral to every part of an individual's life, teenagers not excluded. This has resulted in a dependence that is difficult if not impossible to reverse. Unmonitored content, explicit language and visuals, inexpensive data and most importantly, easy availability of smart phones has created problems that can leave lasting impact, even violent behaviour among its users. Some recommendations to address the same are made below:

- ♦ Content on the internet never dies. Thus, irresponsible behaviour on the internet leaves permanent damage behind. This is the **FIRST MESSAGE ADOLESCENTS MUST UNDERSTAND**;
- ♦ Their actions on the internet can take lives and damage reputations; teenagers lack awareness on this but this initiative has the potential to change that by promoting digital literacy through experts;
- ♦ Negotiate rather than specify how adolescents must use phones;
- ♦ Encourage them to think of the ill-effects by making them aware;
- ♦ Demonstrate to them that empathy in their online behaviour can counter even the damage others have caused to victims of cyber-bullying;
- ♦ Make meal times ‘no-phone usage’ times and encourage conversation instead;
- ♦ Incentivize less usage e.g. reward less recharges/less time spent on phone, with small gifts;
- ♦ Set small goals at first e.g. reduction of cell-phone usage for 1 hour/week and gradually increase the goals into larger time periods;
- ♦ Collaborate with schools to reward adolescents who can prove they have overcome or reduced phone usage;
- ♦ As parents, set examples by using phones only when necessary;
- ♦ Encourage group discussions among adolescents on the negative impacts of cell-phone usage.

3.3c Poor nutrition

It is known that poor nutrition can lead to depression and poor performance in academics too. Junk food, street food and fast food such as noodles, burgers and bhel puri etc which contain unhealthy, even toxic additives are a constant source of concern for parents and lead to poor nutritional status. Given that some problems cannot be solved, they can only be managed, it might be time to find ways to negotiate on, rather than ban junk food altogether.

- ♦ Impress on adolescents the ill-effects of junk food and negotiate with them so that they temper the frequency, monitor their vendors and eat from the more credible ones in their localities;
- ♦ Adolescents can be motivated to become part of the solution by realizing they have the responsibility of making their neighbourhoods safe and shun the more unscrupulous vendors;

⁴De-Sola Gutiérrez J, Rodríguez de Fonseca F, Rubio G. Cell-Phone Addiction: A Review. Front Psychiatry. 2016 Oct 24;7:175. doi: 10.3389/fpsy.2016.00175. PMID: 27822187; PMCID: PMC5076301.

- ♦ Cooking classes for mothers can be held so they can serve traditional foods in non- traditional ways e.g. ragi noodles, gobi made at home with rice flour rather than maida etc.
- ♦ Hold cookery contests for teenagers who can cook traditional foods in non-traditional ways so they become ambassadors of good diets.

3.3d Communication

Good communication holds the key to successful relationships, be it between parents and children, at workplaces or anywhere. Given the rapid physical and emotional changes an adolescent is undergoing, and that they have an increased need for empathy and understanding, it becomes even more vital to (a) keep communication lines open with them and (b) adopt a non-judgmental form of communicating with them. Parents, caretakers, teachers and others who impact an adolescent's life are advised to always be cognisant of the fact that adolescents exist in a vital state of formative growth, mentally and physically.

Thus, proper, adequate communication is not only important, it is non-negotiable. However, this is easier said than done, given the sudden rebelliousness nature adolescents seem to suddenly develop, after being obedient, calm children. Some recommendations for better communication are listed below:

- ♦ Parents often 'speak to' adolescents; they do not 'speak with'. It is important for parents to hold conversations with adolescents, where they listen more than speak;
- ♦ Parents are advised to change their parenting modes in order to stay relevant to adolescents i.e. authoritarian to collaborative;
- ♦ Is it possible for children and parents to always keep communication lines open? For this, it is important for parents to be non-reactive because the children do not always say things which are palatable; thus, non-reactive communication skills are important.
- ♦ Reassure teenagers that speaking about sensitive matters such as sex and substance use is not taboo; in fact, it is desirable in order for them to get accurate information;
- ♦ Communication is not only verbal. Ensure that teenagers are exposed to value-based behaviour, politeness, respect and morals. This will help them emulate the right examples.

3.3e Risky behaviour i.e. rash driving, unsafe sex, criminal acts etc

All of the above causes come together to shape a teenager's personality and influence his/her behaviour. Lack of values, absence of support systems and home and at school/college and too much of censure drive teenagers away from families and into the company of anti-social or negative influences. It also results in risky behaviour. It cannot be stressed enough that good communication, empathy and understanding can make a vital difference in a teenager's life. Some recommendations are below:

- ♦ Stress on the negative effects of breaking laws, traffic rules etc. in a non-threatening manner;
- ♦ Share information on sex factually and in an objective manner through conversations or by sharing written material which has been fact-checked;
- ♦ Teach the benefits of safe sex i.e. avoidance of sexually transmitted diseases, unwanted pregnancies, better sexual health etc.;
- ♦ Unsafe sex leaves larger impact on girls. This calls for them to be more cautious;
- ♦ Sex by consent must be emphasized as the lodestone for respect for each other among potential lovers;
- ♦ Teach teenagers to respect the other sex and behave with honour at all times;
- ♦ Impress on adolescents strongly that suicide is never a solution; show them there are ways out of any problem;

- ♦ Menstrual hygiene does not come automatically, it needs awareness, open conversations and hand-holding. Early awareness on menstrual issues will bear dividends in a woman's later life;
- ♦ Impart confidence that sharing information about a peer's risky behaviour and helping him/her to change is not 'snitching' or letting him/her down. Rather, it is a way of preventing trouble;
- ♦ Teach values through example and not moral lectures.

3.4 Overall recommendations

- ♦ The means to do all of the above can be several. The required knowledge and awareness can be imparted through group discussions, where the parents and other stakeholders can be brought together with the specific purpose of finding solutions.
- ♦ It is recommended that boys and girls be addressed separately in order to bring sharper focus.
- ♦ As already discussed after each workshop, Sundays and holidays are recommended for such initiatives.
- ♦ All stakeholders must become part of the solution in one way or another e.g. father's vigil groups, mothers' groups to innovate on food; siblings who can inspire etc.

End note

Teenagers are the very foundations on which future societies are built. Neglecting to build physical and mental strength in them means neglecting to protect the future. Adults with fractured minds and unhealthy bodies can never contribute to the progress and productivity of nations. They can only become a drag force on society and their families. Hence, this intervention is vital as well as an opportunity to demonstrate that these very valuable human resources need attention, love and care at the right time and in the right way.

4. ANNEXURE

4.1 Workshop agenda

Urban Public Engagement Workshop

Session	Topic	Duration	Facilitators
Workshop 1: January 11, 2025			
Venue: SVYM- Ring Road, Hebbal –Mysuru			
Registration		1.00 pm-2.00 pm	Dr Swaroop N Thematic Lead, CPHC
Session 1	Context setting & Objective Why are we here? What will we do?	2.00 pm-2.15 pm	
Session 2	Kanasugalu	2.15 pm-2.30 pm	Dr Prarthana B S Thematic Lead, MNCH
Session 3	Ondu dinada kathe	2.30 pm-3.00 pm	
Session 4	Nanna jagatthu-nanna samasyegalu	3.00 pm-3,40 pm	Ms Ambuja Kowlgi Deputy Director, Qualitative Research
Tea break		3.40 pm-3.50 pm	
Session 5	Mobility analysis Kanna mucche kade gude	3.50 pm-4.10 pm	Mr Praveen Kumar Urban Intervention Lead
Session 6	Hashtag solutions # samaye bageharisona	4.10 pm-4.30 pm	
Session 7	Joteyagi	4.30 pm-4.50 pm	Mr Krishna Prasad Program Manager
Session 8	Conclusion and way forward	4.50 pm -5.00 pm	
Workshop 2: January 18, 2025			
Venue: Vidyaranyapuram Community Hall, Mysuru			
Registration		1.00 pm-2.00 pm	
Session 1	Context setting & Objective Why are we here? What will we do?	2.00 pm-2.15 pm	
Session 2	Kanasugalu	2.15 pm-2.30 pm	Ms Ambuja Kowlgi Deputy Director, Qualitative Research
Session 3	Ondu dinada kathe	2.30 pm-3.00 pm	
Session 4	Nanna jagatthu-nanna samasyegalu	3.00 pm-3,40 pm	Mr Praveen Kumar Urban Intervention Lead
Tea break		3.40 pm-3.50 pm	
Session 5	Mobility analysis Kanna mucche kade gude	3.50 pm-4.10 pm	
Session 6	Hashtag solutions # samaye bageharisona	4.10 pm-4.30 pm	
Session 7	Joteyagi...	4.30 pm-4.50 pm	
Session 8	Conclusion and way forward	4.50 pm -5.00 pm	

Workshop 3: January 15, 2025

Venue: Ashokpuram Community Hall, Mysuru

Registration		1.00 pm-2.00 pm	Mr Krishna Prasad Program Manager Mr Praveen Kumar Urban Intervention Lead
Session 1	Context setting & Objective Why are we here? What will we do?	2.00 pm -2.15 pm	
Session 2	Kanasugalu	2.15 pm-2.30 pm	
Session 3	Ondu dinada kathe	2.30 pm-3.00 pm	
Session 4	Nanna jagatthu-nanna samasyegalu	3.00 pm-3.40 pm	
Tea break		3.40 pm-3.50 pm	
Session 5	Mobility analysis Kanna mucche kade gude	3.50 pm-4.10 pm	
Session 6	Hashtag solutions # samaye bageharisona	4.10 pm-4.30 pm	
Session 7	Joteyagi...	4.30 pm-4.50 pm	
Session 8	Conclusion and way forward	4.50 pm -5.00 pm	

Workshop 4: January 29, 2025

Venue: Kumbaurukoppalu, Mysuru

Registration		1.00 pm-2.00 pm	Mr Praveen Kumar Urban Intervention Lead Dr Ashwini Pujar Research Manager Mr Krishna Prasad Program Manager
Session 1	Context setting & Objective Why are we here? What will we do?	2.00 pm -2.15 pm	
Session 2	Kanasugalu	2.15 pm-2.30 pm	
Session 3	Ondu dinada kathe	2.30 pm-3.00 pm	
Session 4	Nanna jagatthu-nanna samasyegalu	3.00 pm-3.40 pm	
Tea break		3.40 pm-3.50 pm	
Session 5	Mobility analysis Kanna mucche kade gude	3.50 pm-4.10 pm	
Session 6	Hashtag solutions # samaye bageharisona	4.10 pm-4.30 pm	
Session 7	Joteyagi...	4.30 pm-4.50 pm	
Session 8	Conclusion and way forward	4.50 pm -5.00 pm	

Workshop 5: February 12, 2025

Venue: Community Hall, Ningayyanakere, Kumbarakoppalu, Mysuru

Registration		1.00 pm-2.00 pm	Mr Praveen Kumar Urban Intervention Lead Mr Krishna Prasad Program Manager
Session 1	Context setting & Objective Why are we here? What will we do?	2.00 pm-2.15 pm	
Session 2	Kanasugalu	2.15 pm-2.30 pm	
Session 3	Ondu dinada kathe	2.30 pm-3.00 pm	
Session 4	Nanna jagatthu-nanna samasyegalu	3.00 pm-3.40 pm	
Tea break		3.40 pm-3.50 pm	
Session 5	Mobility analysis Kanna mucche kade gude	3.50 pm-4.10 pm	
Session 6	Hashtag solutions # samaye bageharisona	4.10 pm-4.30 pm	
Session 7	Joteyagi...	4.30 pm-4.50 pm	
Session 8	Conclusion and way forward	4.50 pm -5.00 pm	

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