

# Adolescence Education Programme

## Life Skills Development



National Aids Control Organisation



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## Introduction

Adolescence Education Programme has been launched to address the needs of adolescents, especially in relation to their reproductive and sexual health concerns including HIV and AIDS and substance abuse.

Adolescence can be defined in numerous ways, considering such factors as physical, social, and cognitive development as well as age. Though adolescence refers to an age range, chronological age is just one way of defining adolescence. For the purpose of this document, the term adolescent is used for all individuals in the age group of 10-19 years (based on the definition given by WHO). It may also be defined as a phase in human life that begins with the onset of puberty and ends with reproductive maturation

Today in India we have about 225 million adolescents in the age group of 10-19 years, the largest ever cohort of young people to make a transition to adulthood. The physical changes that herald adolescence are the most visible and striking markers of this stage. However, these physical changes represent just one aspect of the developmental processes that adolescents experience. Their developing brains bring new cognitive skills that enhance their ability to reason and to think abstractly. They develop emotionally, establishing a new sense of who they are and who they want to become. Their social development involves relating in new ways both to peers and adults and they begin to experiment with new behaviour.

Despite the negative portrayals that sometimes seem so prevalent—the picture of adolescents today is largely a very positive one. Most adolescents in fact do fairly well in school, are attached to their families and their communities, and emerge from their teen years without experiencing serious problems such as substance abuse or involvement in violence. With all of the attention given to negative images of adolescents, however, the positive aspects of adolescents can be overlooked. Educationists and Teachers can play an important role in shifting perceptions of adolescents to the positive. The truth is that adolescents need adults and want them to be part of their lives, recognizing that they can nurture, teach, guide, and protect them on the journey to adulthood. Directing the courage and creativity of normal adolescents into healthy pursuits is part of what successfully counselling, teaching, or mentoring an adolescent is all about.

India ratified International Conference on Population and Development (ICPD) and its Program of Action, the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) highlighting the need for addressing the sexual and reproductive health concerns of young people.

*“in collaboration with non-governmental organizations, all governments have been urged to meet the special needs of adolescents and to establish appropriate programs to respond to those needs”.* ICPD Program of Action 7.47

ICPD Program of Action 7.46 declares that all countries “*should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies*”.

The commitment to such declarations has been the guiding principle for translating those consensus related to adolescent health in the policies and programmes of Government in the country. India’s commitment to ICPD’s principles and recommendations is being progressively established since the very first population programme introduced in 1997 and the National Population Policy-2000 (NPP 2000). In the NPP 2000, adolescent group is addressed as an underserved group in one of the 12 themes that have been stated to be pursued simultaneously in “stand alone” or intersectoral programmes in order to achieve the national socio demographic goals for 2010. The policy acknowledge that the needs of adolescents, including protection from unwanted pregnancies and sexually transmitted diseases (STD), have not been specifically addressed in the past. Thus, it emphasize on programmes for adolescents promoting access to information, counselling, education on risks of irresponsible sex, right age for marriage and child bearing and improving access to services with special attention to the needs of adolescents in rural India.

The **National Health Policy, 2002** asserts, “It is widely accepted that school and college students are one of the most impressionable targets for imparting information relating to basic principles of preventive health care. The policy will attempt to target this group to improve the general level of awareness in regard to ‘health promoting behaviour”.

**The third phase of National AIDS Control Programme (NACP-III)**, calls for a comprehensive approach to reach young people especially highly vulnerable groups. The overall focus of this five-year plan will be on AIDS education, condom promotion, and the establishment of an improved blood transfusion system, among other areas. The Adolescence Education Programme, Red Ribbon Clubs and Link workers scheme are a few initiatives that have been specifically designed for young people and women who otherwise are often missed out in the AIDS education drive.

Last but not the least, **Adolescent Reproductive and Sexual Health Programme (ARSH) under RCH-II** reflects Government’s unceasing commitment to international declarations towards promoting and protecting adolescent health and development. The **RCH –II programme** states that addressing adolescents in the program framework will yield dividends in terms of delaying the age at marriage, reducing the incidence of teenage pregnancy, the prevention and management of obstetric complications including access to early and safe abortion services and the reduction of irresponsible sexual behaviour. The two-pronged strategy under the Adolescent Reproductive and Sexual Health (ARSH) programme calls for integration of adolescent issues in all communication materials, and specific activities to address stakeholders at all levels and delivery of SRH services to adolescents through OPD on a dedicated day and time at PHC/CHC.

Besides, several ministries and departments of the government have schemes, services and plans that impact different aspects of the lives of adolescents. The ICDS Programme,

Kishori Shakti Yojana, National Nutrition mission, prevention of trafficking and exploitation of women and children being implemented by Department of Women and Child Development (DWCD) and Sarva Shiksha Abhiyan (SSA), an effort to universalize elementary education; Alternate Schooling Programme (ASP) to address children in remote/inaccessible habitation and National Population Education Programme by MHRD and Department of Education are to name a few. The National Population Education Programme (NPEP) was introduced in India in 1980 with the aim of institutionalizing population education in the existing education system of the country. The NPEP has now been institutionalized as part of the GOI's Tenth Five Year Plan. This program is currently focussed on integrating adolescence education elements in the school curriculum and teacher education courses. The National Youth Policy, 2000 by Ministry of Youth Affairs and Sports has a National Policy for Youth introduced in 2000 and it is contributing in a big way towards the holistic development of Youth through Youth Affairs Scheme; Sports Schemes; Scheme for financial assistance to Youth; National Service Scheme and activities by Nehru Yuva Kendra at the district level. Ministries of Social Justice and Empowerment working for social welfare of socially backward and marginalised sections of the society also works on the social issues related to adolescents and supports education of girls from socially backward sections of society through scholarships and hostel facilities.

Other Ministries like Information and Broadcasting, Rural Development, Urban Affairs, Tourism and Culture, Environment and Labour and employment are too doing their bit to streamline health and development of adolescents in a holistic way.

Increasing investment in improving the lives of adolescents will also have an impact on achieving several of the Millennium Development Goals (MDGs) that includes gender equality, education maternal and child health and reversing the trend of HIV infection<sup>1</sup>.

### **Facts about adolescents' passage to Adulthood**

Adolescence is a period of formative and dynamic transitions, when young people take on new roles, responsibilities, and identities. It is a period of life full of basic changes and young people attempt to achieve autonomy from their parents/guardians. Adolescence also marks cultural transitions through traditions. At the same time, for many it is the transition to work. During this period, health behaviours that will last long into adulthood can be strongly influenced as during adolescence values are firmed and vocational skills are developed. Gender norms, notions about appropriate sexual behaviour, and awareness of such issues are shaped during adolescence. Increasing percentage of young people are spending their adolescence at schools. It is widely acknowledged that students in schools and collages are the most impressionable target for imparting information relating to basic principles of preventive health care.

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<sup>1</sup> MDGs: i. Eradicate extreme poverty and hunger, ii. Achieve universal primary education, iii. Promote gender equality and empower women, iv. Reduce child mortality, v. Improve maternal health, vi. Combat HIV/AIDS, Malaria and other diseases, vii. Ensure environmental sustainability and viii. Develop a global partnership for development

- **Early Marriage and Parenthood:** 2001 census indicates that more than 49 lakh, girls under the age of 18 years are married. More than half of women are married before the legal minimum age of 18. Among women in 20-49 age group, the median age at first marriage is 17.2 years. Men in the same age group get married six years later, at a median age of 23.4 years. Sixteen percent of men in 20-49 age group are married by age 18, 28 percent by age 20, and 58 percent by age 25<sup>2</sup>.

Early marriage pushes girls into early childbearing and they do not have children by choice. Risks include haemorrhage, anaemia, delayed or obstructed labour, low birth weight of the baby, miscarriage, damage to the reproductive tract and in some cases, even death of the mother. Besides there is an intergenerational impact on the overall socio-economic status of the family. The health and education of married adolescent girls are the first casualty.

Teenage pregnancy is common. Overall, one in six women in 15-19 age group, have reached the stage of child bearing. Twelve percent have become mothers and 4 percent were pregnant with their first child at the time of the survey. Among women age 20-49, half had a birth before they were 20 years old, and more than one in four before they were 18 years old. Early childbearing is most common in rural areas and among women with no education<sup>3</sup>.

A high risk of pregnancy and childbirth results in a high level of female mortality, in addition to high morbidity, in the reproductive age group. Maternal mortality and morbidity of teenage mothers is a cause for concern. The pervasiveness of discrimination, lower nutritional status, early marriage and complications during pregnancy and childbirth among adolescents contribute to female mortality (CSO 2002, SRS 1999)

Unplanned pregnancies are relatively common. Some 15 percent of births to adolescents aged 15 to 19 in India have been reported to be unplanned.<sup>4</sup> The available evidence suggests that this is because of the fact that contraceptive use is infrequent and irregular. It was estimated by one study, for example, that between 1 and 10 percent of abortion-seekers in India were adolescents.<sup>5</sup> However, a few facility-based studies report that the proportion of adolescent abortion-seekers is much higher, even as high as one in three.<sup>6,7,8,9</sup> Among

<sup>2</sup> International Institute for Population Sciences (IIPS) and Macro International. 2007. National Family Health Survey (NFHS-3), 2005–06: India: Volume I. Mumbai: IIPS.

<sup>3</sup> International Institute for Population Sciences (IIPS) and Macro International. 2007. National Family Health Survey (NFHS-3), 2005–06: India: Volume I. Mumbai: IIPS.

<sup>4</sup> Pachauri, S. and K.G. Santhya. (2003). "Contraceptive behaviours of adolescents in Asia: Issues and challenges." Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia, ed. S. Bott et al., pp. 108–113. Geneva: World Health Organisation

<sup>5</sup> Ganatra, B. (2000). "Abortion research in India: What we know, and what we need to know." Women's Reproductive Health in India, ed. R. Ramasubban and S.J. Jejeebhoy, pp. 186–235. Jaipur: Rawat Publication

<sup>6</sup> Chhabra, S., N. Gupte, A. Mehta et al. (1988). "MTP and concurrent contraceptive adoption in rural India." Studies in Family Planning, Vol. 19, No. 4: pp. 244–247

unmarried abortion-seekers, adolescents constitute a disproportionately large percentage in studies addressing this topic. At least one-half of unmarried women seeking abortions at facilities are adolescents, many of whom are below 15 years of age.<sup>10</sup>

The NFHS-III also states that an overwhelming majority of women who reported domestic violence were first assaulted by their husbands less than two to five years into their marriage. According to the figures, 23% experienced physical or sexual violence within the first two years of marriage, while 32% experienced violence in the first five years. One in 10, or 10%, has experienced sexual violence like marital rape on at least on one occasion.

Findings from a recent study '**Youth in India: Situation and Needs Study**' that provides state level information (from Maharashtra, Tamil Nadu and Jhar Khand, IIPS and Population Council 2007<sup>11</sup>) and a number smaller and less representative studies suggest that :

Opportunities for young women men and women to form romantic relations abound. More than one in five young women and men report that they have made or received an offer to become romantically involved with a member of opposite sex . About one in five males and about one in twenty females have engaged in sex before marriage and many more have experienced physical contacts with a romantic partner. In cases where there is a sexual relationship, it takes place by age 16, especially in case of girls. For some adolescents, such a relationship is a result of force.

Median age at first sex was reported to be 18 years in rural and urban areas as well as for male and female respondents. Eight percent of the youth in BSS 2006 (as against seven percent in BSS 2001) reported sex with non-regular partners during preceding 12 months. Among the youth who had sex with a non-regular partner in the last 12 months, 62 percent reported condom usage during last sex with non-regular partner.<sup>12</sup>

Disturbing number of adolescents (although the percentages may be small), largely females (but also males) experienced forced sexual relations or unwanted sexual touch; few share the experience with a parent or other trusted adults for

7 Solapurkar, M. and R. Sangam. (1985). "Has the MTP Act in India proved beneficial?" *Journal of Family Welfare*, Vol. 31, No. 3: pp. 46-52

8 Ibid.

9 Ibid.

10 Jejeebhoy, S. (2000). "Adolescent sexual and reproductive behaviour: A review of the evidence from India." *Women's Reproductive Health in India*, ed. R. Ramasubban and S. Jejeebhoy, pp. 40-101. Jaipur: Rawat Publications

11 IIPS and Population Council 2007, *Youth in India, situation and needs 2006-2007: Fact sheets* Maharashtra, Tamil Nadu and Jhar Khand, Mumbai, IIPS.

12 National AIDS Control Organization, Ministry of Health and Family Welfare Government of India and National Institute of Medical Statistics, (Indian Council of Medical Research), New Delhi, 2008, *Youth, National Behavioural Surveillance Survey (BSS), 2006*.

fear of being blamed for the incidence; health outcomes of such an incidence are serious.

Young people's knowledge about any matter relating to reproductive and sexual health is limited or very superficial. Almost 20% were not even aware of the minimum legal age at marriage for females and males in the country. Only one in three young women and half of all young men were aware that a girl could become pregnant the first time she engages in sexual relations. As far as HIV/AIDS is concerned, while about eight in ten young women and nine in ten young men had heard of HIV, only about half of all young men and one in three young women were correctly aware of HIV, its transmission routes and protective measures.<sup>13</sup>

In 2006, 8.2% (1,593) of the total victims of rape were girls under the 15 years of age, while 17.4% (3,364) were teenaged girls (15-18 years)<sup>14</sup>.

- **Irresponsible sex and consequent risks:** Worldwide most young people have heard about HIV/AIDS, but few know enough to protect them against infection. Since there is reluctance to speak out in public on anything related to sexuality, large numbers of young people do not get sufficient information or training in the skills needed to refuse sex or to negotiate safer sexual practices.

47 percent youth (15-24 years) in BSS 2006 reported consistent condom usage with non-regular sexual partner in last 12 months. Higher proportion of youth in urban (59%) than rural areas (42%) reported use of condom every time with non-regular partner. Across urban areas, higher proportion of males (60%) reported consistent condom usage with non-regular partner as compared to females (54%), while in the rural areas the trend was reverse (males 41%, females 48%)<sup>15</sup>.

Government statistics indicate that 40 per cent of all new sexually transmitted infections are among young people in the age group of 15 to 29 years. Overall, five percent of the respondents in BSS 2006 (4% in BSS 2001) reported any STD symptom (self-reported prevalence) in last 12 months. Over one-fifth of the respondents who suffered from STD during last 12 months had not sought any treatment<sup>16</sup>.

<sup>13</sup> IIPS and Population Council 2007, Youth in India, situation and needs 2006-2007: Fact sheets Maharashtra, Tamil Nadu and Jhar Khand, Mumbai, IIPS.

<sup>14</sup> <http://ncrb.nic.in/cii2006/cii-2006/CHAP5.pdf>

<sup>15</sup> National AIDS Control Organisation, Ministry of Health and Family Welfare Government of India and National Institute of Medical Statistics, (Indian Council of Medical Research), New Delhi, 2008, Youth, National Behavioural Surveillance Survey (BSS), 2006.

<sup>16</sup> National AIDS Control Organisation, Ministry of Health and Family Welfare Government of India and National Institute of Medical Statistics, (Indian Council of Medical Research), New Delhi, 2008, Youth, National Behavioural Surveillance Survey (BSS), 2006.

Over 31 percent of AIDS burden of all reported AIDS cases in India occur among 15-29 years indicating that many of them are at high risk of contracting HIV infection. Majority of these young people infected are through unprotected sex. However, The proportion of respondents with comprehensive correct knowledge of HIV/AIDS transmission and prevention has increased from 22 percent in BSS 2001 to 28 percent in BSS 2006. In both the surveys, the corresponding percentage was significantly higher among males and in urban areas. This proportion was relatively higher for 20-24 age group (30%) compared to the 15-19 years age group (27%).

Only 22 percent (males 23%, females 20%) received interpersonal communication on STD/HIV/ AIDS in last one year<sup>17</sup>.

This evidence is applicable to all young people- those in and out of school, those living in rural and urban areas, those from different socio economic groups. It clearly suggests the need to equip adolescents with the information and skills to practice responsible sexual behaviour, to manage peer pressure, to make informed decisions and to say 'no' to risky behaviour.

- Mental Health, Substance Abuse:** A recent article in the Lancet series on adolescent health has reviewed the global literature on youth mental health<sup>18</sup>. This review found that youth is the stage in which most mental disorders have their onset. Young people have a high rate of self-harm and suicide is a leading cause of death in young people. Important behavioural disorders, particularly in young men in India, are alcohol abuse and tobacco abuse. Mental health can be strongly correlated with many other health and development concerns for young people, notably with educational achievements, substance use, violence and reproductive and sexual health outcomes. These have been comprehensively reviewed<sup>19</sup>. Recent National level data indicates that 3.5 percent of 15-19 years girls chew and 0.1 percent smoke tobacco while 28.6 percent of 15-19 years boys chew and 12.3 percent smoke tobacco. 11 % of boys of the same age group drink alcohol<sup>20</sup>.

### What do the stakeholders have to say about school based Adolescence Education?

<sup>17</sup> National AIDS Control Organisation, Ministry of Health and Family Welfare Government of India and National Institute of Medical Statistics, (Indian Council of Medical Research), New Delhi, 2008, Youth, National Behavioural Surveillance Survey (BSS), 2006.

<sup>18</sup> Patel V, Flisher A, Hetrick S, McGorry P, the mental health of young people: a global public health challenge. The Lancet 2007; 365:1302 – 1313

<sup>19</sup> Patel V, Flisher A, Hetrick S, McGorry P, the mental health of young people: a global public health challenge: The Lancet 2007; 365:1302 – 1313.

<sup>20</sup> International Institute for Population Sciences (IIPS) and Macro International. 2007. National Family Health Survey (NFHS-3), 2005–06: India: Volume I. Mumbai: IIPS

NFHS-3 has reported on acceptability of providing information in schools on HIV/AIDS and related family-life topics. Virtually all Indian adults agree that children should be taught moral values in school, and most adults think that children should learn about the changes that occur in their bodies during puberty. Men and women differ somewhat on whether children should be taught in school about contraception. About half of women and two-thirds of men think that girls should learn about contraception in school.

While youth have many questions, they are unlikely to approach their parents for information as young people fear that their parents will become suspicious and mistake their curiosity for sexual experience. Parents themselves are unwilling, uncomfortable or simply not well informed to communicate with their children on these matters. The 'Youth in India: Situation and Needs study in Maharashtra' shows that less than 1% of unmarried young men and 5% of unmarried young women reported that one or both parents had ever talked to them about reproduction or how pregnancy happens.

At the same time, about nine in ten unmarried youth – female and male – believe it is important for young people to have sex education. Most believe that this education should be imparted to youth by the time they are 15-17 and about half of them believe that it should be imparted by teachers or others who are considered to be experts.

Of those who received sex education, more than eight in ten reported that it had answered many of their concerns, nine in ten reported that teachers explained the material in ways that the young people could understand. About one quarter of males and two fifths of females reported that they were embarrassed during these sex education sessions.

Findings from several studies show that even where parents and schools do not provide young people information on sexual matters, youth are resourceful and seek to satisfy their curiosity through other channels. Peers are a significant source of information, especially among young men. Unfortunately peers are also likely to be as poorly informed as those who seek information from them, thereby perpetuating the cycle of misinformation. A small group of young males, obtain information from pornographic films and many young people through print media and increasingly the internet. These can sometimes be sources of misinformation and titillations<sup>21</sup>.

### **Rationale for Adolescence Education Programme in Schools**

Throughout adolescence, many behavioural patterns are established that affect our likelihood of developing mature, respectful relationships. It is clear that mental health is an important aspect of achieving the overall health of an individual. Although considerable progress has been made in developing effective interventions for mental health problems, the rate of unmet need is likely to be in excess of 80% in India. In part, this is because young people rarely use formal health services. The adolescence education programme provides an opportunity to address the mental health needs of adolescents in

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<sup>21</sup> Jejeebhoy SJ, KG Santhya, R Acharya. "Promoting youth health in India: The importance and acceptability of school based interventions" (unpublished).

a comprehensive manner and the schools provide an youth-friendly and appropriate setting for this purpose.

A comprehensive literature review of sixty-eight reports on the impact of HIV/AIDS and sexual health education on young people's sexual behaviour was made by UNAIDS<sup>22</sup> and out of 53 studies that evaluated specific interventions, twenty-two reported that HIV and/or sexual health education delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancies and STD rates, 27 reported no change in patterns of sexual activity. .

A recent review<sup>23</sup> of 83 evaluations of Sexuality and HIV education programs was undertaken. The review finds that these programmes are more likely to have a positive impact on behaviour than a negative impact. Furthermore, some of these programs had positive impacts for two or three years or more. In general, the patterns of findings for all the studies were similar in both developing and developed countries. They were effective with both low and middle-income youth, in both rural and urban areas, with girls and boys, with different age groups, and in school, clinic, and community settings.

Provision of accurate and comprehensive reproductive and sexual health education can contribute to improving the health of young people. Although knowledge and skills gained through education are not sufficient in themselves to result in sexual health, they are positive steps towards this goal.

The large gaps between existing levels of knowledge and actual practice of protective behaviours indicate that better information life skills most probably insufficient on its own to bring about this change. In addition to acknowledging the fact that change can be slow and incremental, and may take a number of years, it is important to look into what other barriers than lack of knowledge exist and may counteract young people's ability to act upon what knowledge they do have.

### **The Adolescent Education Programme (AEP) : An Approach**

AEP is positioned by the Department of Secondary & Higher Education and the National AIDS Control Organization (NACO) as a key intervention for reducing the vulnerability of youth to HIV by providing access to accurate information and lifeskills and thus preventing new HIV infections among youth. The programme is developed for implementation of life skill education programme in most states across India through the State Department of Education (DoE) in collaboration with the State AIDS Control

<sup>22</sup> Impact of HIV and sexual health education on the sexual behaviour of young people: *a review update* Anne Grunseit [http://data.unaids.org/Publications/IRC-pub01/JC010-ImpactYoungPeople\\_en.pdf](http://data.unaids.org/Publications/IRC-pub01/JC010-ImpactYoungPeople_en.pdf).

<sup>23</sup> Kirby, Douglas, BA Laris, L Rolleri. 2005. Impact of sex and HIV education programmes on sexual behaviours of youth in developing and developed countries. Youth Working Paper No 2; FHI Working Paper Series, Research Triangle, FHI. <http://www.ibe.unesco.org/AIDS/doc/DougKirby.pdf>

Societies (SACS).

The Programmes' target audience is the students in class IX and XI in schools, who are generally between the ages of 14–17 years. Depending on the state-specific context, the State Education Department authorities may consider it appropriate to initiate the Life skills based programme in lower classes – using age-appropriate material.

**The AEP aims to support Young People in :**

- Knowing about themselves, their adolescence and their sexuality,
- Learning basic facts on HIV and other sexually transmitted infections,
- Understanding the risks involved in substance abuse ,
- Developing and reinforcing life skills that enable them to protect themselves,
- Dispelling myths and clarifying misconceptions,
- Finding ways in which they can help fight the HIV epidemic and encourage positive attitudes towards people living with HIV.

**The Adolescence Education Programme will ensure to :**

1. Provide accurate age appropriate information to young people in school on growing up during adolescence.
2. Make available basic facts on STIs and HIV transmission, methods of prevention and addressing common myths and misconceptions.
3. Provide information on substance use and the associated high risk behaviour,
3. Reinforce existing positive behaviour and instil life skills that enable young people to translate their knowledge and attitudes into responsible behaviour and to protect themselves (life skills essential to manage risk, communicate effectively, and deal with gender stereotypes and to cope/resolve with risky situations young people encounter in their lives).
4. Develop and encourage positive attitudes towards people living with HIV and AIDS.
5. Make available to young people resources for additional information and linkages to youth friendly health and information services.

**At the end of the programme, it is expected that:**

1. Learners will be better informed on a range of issues related to adolescence, HIV, STIs, substance abuse, and mental health.
2. Learners will develop and strengthen existing life skills to deal with challenges in real life situations
3. Learners will have a supportive attitude towards people living with HIV and AIDS and will be motivated to be 'agents of change' in their community.

## **AEP at the School Level: At a Glance**

The AEP is transacted by a trained Nodal Teacher using a minimum of 16 hours in an academic year. The methodology for all sessions is interactive, skills based and participatory. The 16 hour programme includes four sessions. These are:

**Section One: From Childhood to Adolescence: A Passage**

**Section Two: Adolescent Reproductive and Sexual Health**

**Section Three: Mental Health and Substance Use**

**Section Four: Life Skills and HIV Prevention.**

### **Session 1 — From Childhood to Adolescence: A Passage**

In this section, adolescent development with reference to physical, cognitive, emotional, social, and behavioural development has been discussed. Very often adolescents have difficulties coming to terms with these changes, and have questions like “Am I normal”? The session presents basic information about what is known about that aspect of adolescent development and suggests roles professionals can play to help support adolescents. This session also deals with common myths surrounding puberty and growing up.

### **Session 2: Adolescent Reproductive and Sexual Health**

This session aims to provide information on reproductive and sexual health issues that is of interest and relevance to adolescents. This includes information on the process of changes taking place in them; physical, psychological and social. Certain critical issues of sexuality appropriate for the needs of adolescents including those of teenage pregnancy has been discussed briefly, emphasizing on information and skills that can empower a person to practice responsible sexual behaviour.

### **Session 3 – Mental Health and Substance Use**

Adolescents are most vulnerable to substance use as a result of peer pressure and tendency to experiment. This session deals with the issue of substance use, its consequences and its relationship with other high risk behaviours. It also aims to develop life skills to deal with situations that present in day to day life.

### **Session 4 – Life Skills and HIV Prevention**

This session outlines information on Sexually Transmitted Infections (STIs) and HIV/AIDS and gives specific information on how to protect oneself against such infections. This session also discusses the essential life skills required for protection against HIV and provides an opportunity to the learners to practice these skills in a safe and supportive classroom environment.

Essential life skills have been incorporated into the various activities and exercises and all the sessions. This will empower the students to effectively translate knowledge into action.

### **Tools and Materials for Conducting AEP**

The AEP implementation is guided by a package of materials for transacting AEP and includes the following training and advocacy materials:

- **Facilitators’ Handbook for Training of Trainers / Teacher Educators / Teachers**
- **Teachers’ Workbook**
- **Advocacy materials for conducting advocacy at state, district and community / school levels**

### **Purpose and Organization of the Teachers’ Workbook:**

This workbook has been designed to guide teachers in conducting the AEP in schools. **It is organized in two sections:**

- Section I: Introduction to AEP and rationale for introducing AEP in schools
- Section II: A detailed guide of how to conduct the four sessions with students.

The classroom sessions are planned around key exercises and activities – developed to reinforce and instil the essential life skills. It is imperative that the sessions conducted in classroom include all the mandatory exercises provided.

Although 16 hours is recommended as the minimum required duration, it is recommended that Nodal Teachers use more than 16 hours where feasible. The entire process of internalizing the content and reinforcement of critical life skills needs continuous inputs, interactions, exercises and ongoing support.

### **Tips and Tools for Nodal Teachers**

As a teacher, one tends to carry one’s personal experiences, values and norms into the session. It is, therefore, important to ask yourself what you are comfortable talking about, and identifying your strengths and limitations.

There are many areas within sexuality that can be sensitive and difficult, so try to find your comfort level to facilitate the sessions. Nobody is perfect the first time; you need to practice and learn from your mistakes. The Training of Teachers provides an opportunity to overcome this hesitation and practice the skills that are required to be a good facilitator.

### Qualities of a Good Facilitator and Nodal Teacher

- Well be informed and well organized for the session
- Fluency in language used
- Ability to listen carefully/patiently
- Non judgmental, open to different views
- Ability to provide unbiased /balanced view on sensitive issues
- Willing to support and guide students at all times
- Ability to facilitate and stimulate discussion
- Being able to link up session/s and activities with real life situation/s
- Ability to include all engage all students during the sessions
- Ability to create conducive learning environment
- An empathetic attitude towards students

### Task of the Nodal Teacher

1. Before the Classroom session
2. During the Classroom session
3. After the Classroom session

#### Before the classroom session

##### 1. Get to know your students

- What are their cultural backgrounds?
- Do the students have any previous knowledge on issues that will be addressed through AEP?
- Which region do they belong to (e.g., which state, rural or urban setting)?
- What are the common myths and misconceptions prevailing among the students or in the local community?
- Are there any cultural or religious taboos among students that may inhibit discussion on these topics?

**2. Familiarize yourself with the day's topic for discussion, the resource material and other essentials** – such as transparencies, cards, articles, the games to be played, handouts, questionnaires, etc.

**3. Setting up the room:** Try to create some open space for children for the exercises and role-plays they will be involved in. If feasible, move desks and chairs to form a semicircular arrangement.

### **During the classroom session**

1. As far as feasible, keep presentations to a minimum. Conduct the skills-based exercises given in the Teachers' Workbook in the classroom/workshops.

Learning about issues like cannot be merely about memorizing new information. The aim of AEP is to promote positive behaviours. For the information to have a practical impact on a person's behaviour, it must be relevant and should take into account what that person already believes. Participatory methods should be used to validate the learners' experience and to give them confidence, knowledge and skills.

2. Introduce the topic of the day and allocate adequate time to various exercises, activities, discussions, question box, reinforcing key messages.
  - Collect ideas on paper, charts, blackboards (individually, without adding your viewpoints or words).
  - Cluster and discuss information.

Teaching teenagers about changes during adolescence, HIV and other STIs requires a sensitive approach to sexuality and concerns of young people. It is important that teachers acquire a sense of comfort in dealing with these issues during the training period. If as a teacher, one is convinced that this education is most important for protecting our children and we have really no choice but to provide the information, then it gives us the strength to overcome our own biases and misgivings.

3. Remember that students in the classroom have different experiences; some of them may be into substance use or sexually active, others may not be; some may be victims of sexual abuse; some might have had the opportunity to learn about sexuality with a caring adult or older sibling, others may have only "street" knowledge.

As a teacher your language should not be judgmental: this would make some students feel excluded, and therefore, uninterested.

4. Present sexuality in positive terms so that students are prepared to accept the physical and emotional changes and thus have a positive body image and high self esteem.
5. Unless young people are able to be open and honest about their experiences, views and fears, it is difficult for them to see how STIs, HIV or substance use affects them, and what they can do about it personally.
6. Handling sensitive topics and successfully transacting sessions with students can be both challenging and rewarding.

### **Rapport with the students is critical**

- Students should not be made uncomfortable. Create opportunities during the session where all students are given an equal chance to participate in the activities and discussions. However, do not force students to express their views /opinions on an issue if they do not want to respond.
  - Never get personal, never be argumentative, or try to prove that you are right. Most of our statements are based on our values, upbringing and belief systems – on what we perceive to be right or wrong. Tell the students that no question is ‘silly’ or ‘stupid’ and they should feel free to clarify their doubts. Never embarrass a student by telling him or her that their question is silly.
  - Encourage all students to respond and participate.
  - Summarize the discussion – ensuring all essential points are covered.
  - Be very alert to the moods of students – yawning/signs of boredom/sleepiness etc. Take an energizer when spirits are sagging.
7. Issues not pertaining to the sessions, however important, should be placed in a Parking Lot. Ensure that all parking lot issues are discussed before the end of the day/end of the workshop session.
  8. Any personal questions can be answered at your discretion, but if it is unanswerable, just calmly say that you cannot answer it.
  9. Do not say “is it clear, have you understood?” Instead say, “Have I made myself clear?” etc.
  10. Keep track of time.
  11. Have a contact phone number of a senior/technical resource person to take advice on any issues during the session.

### **After the classroom session**

- i) The teachers can use different ways of evaluating if the students have understood the content transacted during the session. In case some students have not understood, ask them to stay back or talk during lunch time.
- ii) The methodology employed for AEP should be extremely interactive – giving students space to give their views and opinions. Respond to criticism with a positive attitude.
- iii) Summarize each session and ensure that objectives are realized and topics are covered.

- iv) Respect the suggestions made by the students and try to incorporate them, if possible, into the future sessions.

### **Tips on Facilitation**

*When interacting with students the following points need to be kept in mind.*

#### **Respect Confidentiality**

At the beginning of the AEP sessions, establish ground rules in the class. One of them must be for the students and the Nodal Teacher to respect confidentiality under all circumstances (for eg. issues discussed within the classroom must remain within the classroom).

#### **Respect Values**

An effective facilitator needs to respect the values of the young people in the classroom. **Facts can be right or wrong, but values cannot be.** For instance, the misconception about masturbation: once it was a “fact” that it was unhealthy and dangerous, today we know it is neither; or about homosexuality: for some people it is a deviation from ‘normative’ behaviour while for others, it is as normal as heterosexuality. Values, on the other hand, are shaped through socialization, which in turn is determined by education, socio-cultural factors, religion, familial environment etc. Example of values shaped by socialization patterns includes acceptance of premarital sexual activity, smoking, or occasional drinking (eg., beer).

#### **Be non-judgmental**

Do not sit in judgement over various views and choices of young people. Students neither want, nor need, moralizing or pointing of fingers; what they do want and need is a compassionate and empathetic teacher.

**Adults often have misconceptions or pre-conceived notions about young people’s sexuality.**

**As a Nodal Teacher, guard against being carried away by your biases – don’t judge people based on the questions raised though the Question Box. Keep the channels of communication open at all times.**

Never question motives when a person asks a question. The primary purpose of the programme is to address the real concerns and issues young people have.

#### **Empathize with Students**

At the outset, it is necessary for teachers to empathize with students. The teacher needs to remember his/her phase of adolescence, and issues that she/he grappled with. It takes time for one to accept and adapt oneself to change, to go through sudden bodily changes, mixed feelings, confusion, living up to new expectations, social awkwardness, discovering things about oneself as well as others, or dealing with mood swings.

## Strategies to deal with special problems

The following strategies might be used to deal with personal questions, explicit language and inappropriate behaviour.

- Respond to statements that reinforce stereotypes (for example, statements that imply that some groups of people are responsible for the HIV epidemic or role of girls and women in the society) by discussing the implications of such statements.
- Be assertive in dealing with difficult situations. For example, “That topic is not appropriate for discussion in the classroom. If you would like to discuss it, I’d be happy talk to you after class”.

## Scheme of content

At the age of 14 (mid adolescence) there are many changes in the brain. There is a change in the number and density of synapses which extends from adolescence to adulthood, followed by a period of synaptic elimination (selective pruning) of synaptic terminals in the brain throughout adolescence. There are spurts in brain growth which occur concurrently with the emergence of each developmental level. There is a developmental increase in metabolic rate for a particular neuroanatomic structure which corresponds to the time at which that structure begins to contribute to the emerging behavioral repertoire of the individual and can explain the increased thoughts, impulsiveness at this age.. There is increased axonal myelination in frontal and parietal cortices at 14 yr of age. At this point, areas of the brain associated with motor and sensory functions mature but their integration doesn’t occur. Neuroendocrine axis affects growth and development both by undergoing major qualitative and quantitative changes during puberty. At this stage role of various hormones comes into play with their levels increasing to produce the development of secondary sexual characteristics. Considering the multiple changes occurring in the brain at structural, chemical and endocrine level the following can be explained.

## The likely teaching content for a 9<sup>th</sup> std. child looking at his physical, sexual development/behavioral pattern/risk perception

Objectives	Physical Changes (in girls)	Content outline
1.To understand physical, physiological changes during adolescence	Development of breasts and nipples become prominent	A process of growing up
	Development of mucus secreting cells in the uterus resulting in thin,white,odorless vaginal discharge	Physiological leucorrhoea

Objectives	Physical Changes (in girls)	Content outline
	Pubic hair become more coarse and dark	A process of growing up
	Skin becomes oily due to surge of hormonal activity in adolescents	Reassurance, nutritious diet and physical exercise
	<b>Physical changes(in boys)</b>	
	Hair on face and body Pubic hair becomes more coarser and darker, increase in size of penis and scrotum	Normal growing up process
	Voice changes	Enlargement of voice box, muscles/vocal cords grow
2.To appreciate the reproductive and sexual health and interpersonal relationships between adolescents and members of opposite sex	Onset of menstruation	Physiological process, myths/misconceptions associated with it, hygiene during menstruation
	Nocturnal emissions	Physiological, myths involved
	Heterosexual attraction	Unsafe sex(its consequences),STIs,HIVs, Contraception
	Masturbation	Myths /Misconceptions
3.To appreciate and understand the psychosocial changes	New thoughts, decision taking attitude begins Aggressive and rebellious behavior	How carrying guns, knives can be dangerous, avoid settings where violent behavior occurs(arguments, gang fights, drug trafficking)
	Assertion of identity, Self image ,Self esteem	undereating leading to Malnutrition,anaemia,early osteoporosis

Objectives	Physical Changes (in girls)	Content outline
	Tend to avoid parents, spent more time with friends, peers-Alcohol and substance use, cigarette smoking ,speed driving, accidents	Names of commonly abused substances, Cigarette smoking leading to early Coronary heart disease and other consequences, Signs and symptoms of drug use, consequences, dependence, social implications
4.a)To know modes of transmission of HIV	Peer pressure, alcohol and substance use, unsafe sex	Meaning of HIV and AIDS, its signs and symptoms, final consequences
b)To know ways to prevent HIV transmission  c)Myths about HIV transmission		Abstinence from sex, risk of sharing needles, risk of transfusion of HIV infected blood and blood products  Not transferred through talking, hugging, kissing, embracing or touching a HIV positive person

\* Pedagogically it will be better to integrate the programme from primary/ upper primary onwards but for the limitations of AEP 2005, it is being tailored for transaction in 9<sup>th</sup> and 11<sup>th</sup> standard.

At the age of 16 (late adolescence) the process of myelination and selective pruning continues. The grey matter level in temporal lobes reaches its peak at about 16-17 years of age. Regions which subserve more precise regulation of behavior, like cerebellum start becoming active only in late adolescence. Areas associated with integration of motor and sensory functions mature at this time, those associated with impulse control and decision making also mature at this age. The development of Dorsolateral Pre Frontal Cortex which is associated with control and judgment occurs in late adolescence. This explains the concrete thinking and decision taking behavior at this age. Neuroendocrine axis affects growth and development both by undergoing major qualitative and quantitative changes during late adolescence also. The multiple maturational changes occurring in the brain at structural level in late adolescence together with the role of hormones explain the following

**The likely teaching content for a 11<sup>th</sup> std. child looking at his physical, sexual development/behavioral pattern/risk perception**

Objectives	Changes (in girls)	Content outline
1.To understand physical, physiological changes during adolescence	Breasts attain their normal size and shape and areola recedes to level of surrounding breast tissue.	A process of growing up, may have individual variations
	Pubic hair extends down the medial aspect of thighs	A process of growing up, may have individual variations
	Skin becomes oily due to surge of hormonal activity in adolescents	Reassurance, nutritious diet and physical exercise
	<b>Changes(in boys)</b>	
	Development of beards and moustaches, pubic hair extends down the medial aspect of thighs Penis and scrotum attain adult size	Normal growing up process
2.To appreciate the reproductive and sexual health and interpersonal relationships between adolescents and members of opposite sex	Menstruation	myths/misconceptions associated with it, hygiene during menstruation
	Nocturnal emissions	Physiological, myths involved
	Heterosexual attraction	Unsafe sex(its consequences),STIs,HIVs, Contraception, adolescent pregnancy(medical, social implications)
	Masturbation	Myths /Misconceptions
3.To appreciate and understand the psychosocial changes	Concrete thinking developed, ambitions, efforts to achieve goals, preparing to occupy adult roles	Helping them develop positive attitude and guiding them in overcoming problems and attaining their goals

Objectives	Changes (in girls)	Content outline
	Worried about self image	undereating leading to Malnutrition, anaemia, early osteoporosis
	Overexcitement, overconfident attitude- speed driving, accidents Peer pressure continues	Names of commonly abused substances, Cigarette smoking leading to early Coronary heart disease and other consequences, Signs and symptoms of drug use, consequences, dependence, social implications
4.To appreciate gender roles in respect of reproductive and sexual health issues		Gender equity, Changing role-stereotypes of males and females, respect for females
5.To appreciate the importance of socio-cultural norms of sexual behavior		Abstinence from sex till marriage, general social disapproval to pre-marital and extra-marital sexual relations
6.To understand the need for adolescent health services		AFHS –facilities offered by them
7.a)To know modes of transmission of HIV	Peer pressure, alcohol and substance use, unsafe sex	Meaning of HIV and AIDS, its signs and symptoms, final consequences

Objectives	Changes (in girls)	Content outline
<p>b)To know ways to prevent HIV transmission</p> <p>c)To understand need of compassion for AIDS affected individuals and their families</p>		<p>Abstinence from sex,risk of needle sharing, risk of transfusion of HIV infected blood and blood products</p> <p>Responsibility as an individual, as a part of the society, towards AIDS affected individuals</p>

\* Pedagogically it will be better to integrate the programme from primary/upper primary onwards but for the limitations of this programme, it is being tailored for transaction in 9<sup>th</sup> and 11<sup>th</sup> standard.

## Section I:

### From Childhood to Adolescence – A passage

Sessions	Objectives	Methodology	Time in minutes
I Introduction to Life Skills	<ul style="list-style-type: none"><li>● 1. To understand the concept and need for life skills</li><li>● To know the life skills used by the students/participants in their day-to-day life</li><li>● To understand the basics of ten core life skills</li><li>● To identify the life skills that students use in their day-to-day life.</li></ul>	Group discussion	60
II Understanding Adolescence	<ul style="list-style-type: none"><li>● To learn about physical, physiological and psychological changes during adolescence</li><li>● To practice some of core life skills in coping with these changes</li></ul>	Group Discussion	60
III Physiological Changes	<ul style="list-style-type: none"><li>● To inform students about the physical changes experienced during puberty by both boys and girls.</li><li>● To discuss life skills that can be used for coping with the pubertal changes in their day to day life</li></ul>	Role play	60
IV Emotional and Mental Changes	<ul style="list-style-type: none"><li>● To bring about awareness on the mental and emotional changes occurring during adolescence.</li><li>● To support the students in accepting these changes as a part of growing up</li><li>● To help the students deal with body image concerns and enhance self esteem</li></ul>	Group discussion	60
V Maximizing the use of the Question Box.	<ul style="list-style-type: none"><li>● To provide a sense of ownership to the students for the questions box</li><li>● To empower students with correct information, dispel myths and misconceptions and address their various concerns</li></ul>	Group Activity	15

## I. Introduction to Life Skills

The life skills approach is an interactive educational methodology that not only focuses on transmitting knowledge but also aims to shape attitudes and develop interpersonal skills. The main goal of the life skills approach is to enhance adolescent's ability to take responsibility for making healthier choices, resisting negative pressures and avoiding risk behaviour.

We all experience the adolescent stage in our life cycle. We can recount the problems, dilemmas, stresses and excitement that we experience as a young person. Today adolescents are living in a more complex world, which has resulted in increased stress, a phenomenon that is directly related to their health. They need to have a number of skills to function as individuals and as members of social groups. Effective acquisition of life skills can influence the way adolescents cope with stress and face the challenges present in their lives.



The World Health Organization has defined life skills as, "*the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life*". In other words Life skills are abilities that facilitate the physical, mental and emotional well-being of an individual".

Over the years, the educational program has focused on life skills development, which has contributed to the reproductive and sexual health of adolescents and young people around the world.

### Exploring Life-skills

It is widely agreed that life skills are generally applied in the context of health and social events. They can be utilized in many areas including: relationship management, interpersonal communications, consumer education, environmental education, and livelihood and income generation, among others.

It is an accepted fact that young people have a right to life skills education, since it provides them with knowledge and enables them to acquire appropriate skills to protect themselves against abuse<sup>1</sup>, exploitation, unintended pregnancies, sexually transmitted diseases and HIV/AIDS.

<sup>1</sup> Findings from child abuse study commissioned in 2005 by GoI, Ministry of WCD carried out by NGO Prayas, in association with UNICEF and save the children revealed the shocking figure of 53.22% of children exposed to sexual abuse.

The study also interviewed 2,324 young adults between the ages of 18 to 24, almost half of whom reported being physically or sexually abused as children.

**Objectives**

- To understand the concept and need for life skills
- To know the life skills used by the students/participants in their day-to-day life
- To understand the basics of ten core life skills
- To identify the life skills that students use in their day-to-day life.

**Materials:** Coloured markers, Board/flip charts, Flash Cards (can be made by cutting square or rectangle piece of coloured or white chart paper)

**Duration:** 60 minutes

**Active interaction****Step 1: (30 minutes)****Active Interaction with students on following -**

- Invite the participants to sit in a circle. Ask them if they have heard of the term “life skills”? What do they know about it?
- Explain that all of us possess certain skills that allow us to live our lives. For example, the skill to write, work with others or make a decision.
- Distribute two-three flash cards (square or rectangle piece of coloured or white chart paper) to each participant, and ask her/him to write the most important skills she/he possesses.
- Allow the participants 5 minutes to do this exercise.
- Invite the participants to display their flash cards by spreading them out on the floor. Then ask them to group similar cards.
- Ask if the cards represent most of the skills required for leading a healthy and productive life. If not, ask them to add the remaining skills.
- While the participants are busy doing their work, prepare three flash cards with the headings –
  - “All of us have them”,
  - “Some of us have them”
  - “None of us have them”.
- After the participants finish ask them to group the flash cards in the form of life skill and put it in a horizontal line on the floor.
- Place the three cards, which you have prepared, in a vertical line next to the

horizontal line of cards. Once this is done, you should be able to draw a matrix of rows and columns on the floor.

- You should have 4 rows and as many columns as there are skill cards.
- Now, ask the participants to start from the top and fill in the matrix.
- Move from left to right.
- Once the matrix is complete, ask the participants to discuss the reasons for this exercise. For example, why is it that only some people have certain skills, and why are certain skills absent?
- Invite one or two volunteer from the class to copy the matrix on a chart, and put it up on the wall.
- Summarize and close the discussion by using the WHO definition of life skills. Explain to the students that there are ten core life skills that we are likely to use in our day to day life. Enumerate and explain these life skills.

### Talking points

#### **Understanding ten Core Life-skills**

UNICEF, UNESCO and WHO list the ten core life skill strategies and techniques as: **Problem solving, critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self-awareness building skills, empathy, and coping with stress and emotions.**

**They can be categorized under three main categories**

Thinking Skills	Social Skills	Negotiation Skills
<ul style="list-style-type: none"> <li>▪ Self awareness</li> <li>▪ Problem solving</li> <li>▪ Decision making</li> <li>▪ Critical thinking</li> <li>▪ Creative thinking</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interpersonal relationships</li> <li>▪ Effective Communication</li> <li>▪ Empathy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Managing feelings/ emotions</li> <li>▪ Coping with stress</li> </ul>

### **Step 2:**

#### **Duration: 30 minutes**

Narrate the situations given below. Students should pair each situation with the appropriate life skill needed for handling that situation

Encourage the student/ participant if the answer is correct without being biased to any one. Move to the next student/ participant to get more responses. Then narrate the next situation and continue until all of them have been discussed.

**Situations** (The hints for appropriate life skills are only to be seen and used by the teachers.)

1. Rajat is in class 9<sup>th</sup>. He wants to be among the academically the top performing students in his class. He is an average student and has been scoring about 60% marks. He decides that he will make all efforts to achieve. He now studies few hours every day. (*Self-awareness*)
2. Hemant was a very good student. His father passed away just before his exams. He failed in the exams. His best friend said that he could not understand how Hemant could have failed in such an easy examination. (*Empathy*)
3. Mohit is not very good in studies. He needs extra help. He is not able to tell his problem to his teachers or his parents. (*Communication Skills*)
4. Sakshi has failed her exams. She is very scared that when her father comes to know he will be very angry. She is very depressed and does not know what to do. (*Coping with stress, conflict resolution*)
5. Rakesh is very close to Pawan. One day Pawan brought a bottle of alcohol and said they would enjoy themselves. Rajesh believes that drinking is not good for them. (*Critical thinking, Communication skills, Interpersonal relationships*)
6. Ranjana gets to know that one of her friends is spreading ill rumours about her in the class. She feels betrayed and heartbroken. She doesn't want to break her friendship as they are childhood friends. (*Decision making, coping with emotions, coping with stress, problem solving*)



...Self awareness



...Decision making, coping with emotions, stress, problem solving...



...Empathy, interpersonal relationship



... Decision making, problem solving, Communication skills, critical thinking

7. Rajeev is good in languages but his parents want him to be an engineer. (*Decision making, problem solving, communication skills, critical thinking*)
8. Shrilata's father transfer orders have arrived. She is very upset, as she will have to leave her school and friends. (*Coping with emotions*)
9. Paramjeet's friends are planning to go to a movie during the school hours. They cajole him also to bunk his classes. He doesn't want to do it but at the same time he doesn't want to offend his friends. (*Critical thinking, creative thinking, problem solving, interpersonal relationships*)
10. Aruna gets to know that her friend is suffering with a chronic illness and will have to undergo prolonged treatment. (*Empathy, interpersonal relationship*)

It would be better if the teacher describes each of the life skills depicted in situations, as it would be easier to understand them with examples (*Refer to the Resource sheet/ fact sheet given at the end of the chapter*).

### Key Messages

At the end of the session the teacher will highlight the following key messages (The teacher can also write these points on the board)

- Life skills help adolescents deal effectively with real life situations.
- Adolescents require analytical skills to make decisions, solve problems, become aware of their strengths and weaknesses, set certain goals for themselves, and to gear their efforts towards achieving these goals.
- Social skills help adolescents establish positive relationships with other people and help them in communicating effectively with peers, adults and others in the society.
- Negotiating skills are required to resist peer pressures, temptations and to make mutual compromises.

***It needs to be mentioned here that we will draw on these life skills throughout this curriculum and will have more opportunities to practice these skills. Adolescent will require these life skills to deal with different situation throughout their life. In the next session we will see what types of changes an adolescent passes through his and her growth and development and what type of life skill is needed to deal with these changes.***

**Fact Sheet: 1**

1. **Self-awareness** includes recognition of one's 'self', of one's character, of one's strengths and weaknesses, likes and dislikes. Developing self-awareness can help one to identify the feeling of stress or being under pressure. It is also often a prerequisite to effective communication and interpersonal relations, as well as developing empathy for others. Self-awareness should be encouraged in the light of realizing self-worth/esteem and confidence.
2. **Critical thinking** is an ability to analyze information and experiences in an objective manner. Critical thinking can contribute to health by helping one to recognize and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media.
3. **Problem solving** enables a person to deal constructively with problems in his/her life. Problems left unresolved can cause mental stress and give rise to physical strain.
4. **Creative thinking** contributes to both decision-making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can help a person to respond most appropriately and adapt with flexibility to various situations/exigencies of our daily lives.
5. **Decision-making** helps us to deal constructively with decisions about our lives. Making an appropriate decision generates ripples of positive consequences for the health and well-being of oneself. It is most rewarding when health behaviours are modified during youth, when habits are still being learnt.<sup>2</sup>
6. **Interpersonal relationship** as skills help a person relate to the people surrounding him/her. This may mean being able to make and maintain friendly relationships, which can be of great value to our mental and social well-being. It may also mean having good relations with family members, who are an important source of social support.
7. **Effective communication** means that we are able to express ourselves, both verbally and non-verbally, in ways that are relevant to the situation and culturally appropriate. This means being able to express opinions and desires, but also needs and fears. And it may mean being able to ask for advice and offer help during time of need.
8. **Empathy** is the ability to imagine a situation that another is experiencing despite possessing familiarity with that situation. Empathy can help us understand and accept others who may be very different from ourselves. Empathy can significantly improve ones social interactions, for example, in situations of ethnic or cultural diversity, it facilitates in relating to people of various cultures and origin as well as being sensitive to their value system(s).

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<sup>2</sup> World Development Report 2007, Ch 5 'Growing up Healthy' Pg. 122.

9. **Managing feelings and emotions** includes skills to express feelings and emotions in a socially acceptable manner and essentially includes control and management of anger and stress.
10. **Coping with stress** means that we take pro-active steps to reduce the sources of the stress, for example, by making changes to our physical environment or lifestyle. It also means learning how to relax so that tensions created by unavoidable stress do not give rise to health problems.

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***For reference:*** Websites

[www.wikipedia.com](http://www.wikipedia.com)

[www.school.discoveryeducation.com](http://www.school.discoveryeducation.com)

[www.caseylifeskills.org](http://www.caseylifeskills.org)

[www.dist102.k12.il.us](http://www.dist102.k12.il.us)

[www.lifeskills4kids.com](http://www.lifeskills4kids.com)

## II. Understanding Adolescence

### Introduction

Adolescence is often described, as an exciting transitory phase in the human life cycle but is perhaps the most challenging stage as well. This is a time when adolescents evolve into adults with newly discovered independence and renewed responsibilities. They are constantly in search of their own new identity. They tend to question and appreciate the values of the adult world and try to assert their identity. During adolescence they develop skills that will help them to grow into caring and responsible adults. When adolescents are supported and encouraged by caring adults, they thrive in unimaginable ways, becoming resourceful and contributing as members of their families and societies.

Vibrant with enthusiasm, resilient with energy, and filled with curiosity, adolescents are responsive and responsible given the positive contextual environment. They have the immense potential to change negative societal patterns of behaviour and break cycles of stereotyped dispositions. With their creativity and energy, adolescents can change the present world in astonishing ways, making it a better place not only for themselves but also for all.

In this session the students are introduced to the topic of adolescence as a stage of growing up with its varied ramifications.

### Objectives

1. To learn about physical, physiological and psychological changes during adolescence
2. To practice some of core life skills in coping with these changes

**Material:** Blackboard; Chalk; Blank chart paper/ordinary sheet of paper and markers; pictures of toddler, 7-8 years boy and girl; a teenage boy and girl; a middle aged man and woman; a young couple; an old couple (*students can be asked to bring these pictures from their family album or teacher can cut it from magazines*)

**Total Duration:** 60 minutes

The session can be divided into two parts of 30 minutes each as follows:

- Part I - Step 1 and 2
- Part II - Step I and 2

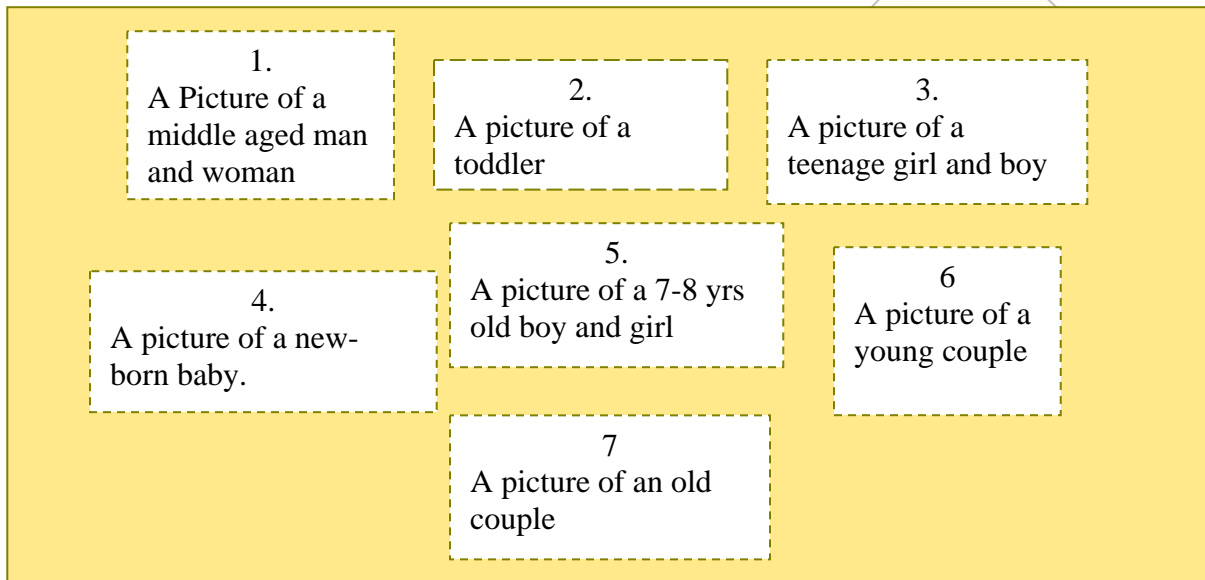
### Part I

#### Step 1: Active Interaction

The teacher greets the class and recaps the discussion on life skills from the previous session. After that s/he introduces the new lesson as follows.

Divide students in 4-5 groups according to the classroom strength. Invite volunteers from each group. Request volunteers to collect all pictures brought by students in their group. Then ask students to categorize the collected pictures according to their understanding : new-born, toddlers, 7-8 years boys and girls; teenage boys and girls; middle aged men and women; young couples; and old couples.

Teacher requests a volunteer from each group to put up one picture from each category on the black board/chart paper.



The teacher then initiates a discussion by asking the students the following questions:

- What do the pictures show?
- What are we trying to learn from this exercise?

### Talking Points

*“Today we are going to discuss Human Development. With passing years, human beings grow older. As we grow older, there are certain changes that take place in our bodies at each stage of our lives. For example when we are born, we are small in size and we are totally dependent on our parents for all our needs. As we grow older we grow in size and become more and more independent.*

*Every stage of human development is marked by certain milestones, which are considered normal for that stage of development. E.g. when we are about 1.5 year’s old, one of the key milestones for this stage is the ability to walk. Between ages 1.5-2.5 the next major milestone is the ability to speak. Whichever milestones we are achieving at a developmental stage, we enjoy being involved in activities related to this development. For example, 1-1.5 yrs old infants enjoy walking and moving from one place to another. Their parents and elders have to constantly monitor their movements, lest they get hurt or fall down. Toddlers 1.5-2 yrs old enjoy repeating whatever adults around them are saying.*

*We are now going to do a small activity through which you will be able to identify some of milestones that you have achieved over the years.”*

**Step – 2**

The teacher begins by making 3 groups A, B, C with equal number of students. S/he then assigns one picture to each group as given below



*A. Four-six years old children playing on the swings*



*B. Eight-ten years old playing group games*



*C. Thirteen- sixteen years old playing competitive games*

**Teacher then informs the class as follows:**

*“At different stages in your life, you enjoyed doing some things more than others. See what the children in the picture are enjoying. Look at the pictures and try and remember your own experiences when you were that old. Then discuss in your groups what were the activities you learnt and enjoyed doing at school, at home, with friends etc. at that time of your life.”*

Each group presents their key discussion points and the teacher summarizes in brief the developmental milestones at each stage of human development. The teacher can refer to the fact sheet for information.

**Note for teacher:**

The teacher can end one part of the session after 35 mins at step 2 and resume second part in next class.

**The teacher must also remember that second part (step 3-5) requires separate classes for girls and boys.**

**Part II**

Teacher should do a recap of learning from Part I.

For this part of the session, the students should be divided into separate classes for boys and girls.

**Activity****Step 3**

The teacher divides the class into four groups and asks them to discuss the following questions:

- What are the activities they like doing these days?
- Which are the things that interest them the most?
- What are the various changes they see and experience within themselves?
- What do they think are the major developmental milestones at their current age?

### Step 4

Ask the groups to give a presentation of the key points emerging from the small group discussion. The teacher can pick pointers from the group's presentation to explain features of adolescent development given in the Fact sheets.

### Talking Points

*One of the key milestones of your stage of development is the onset of puberty which we all have discussed in the earlier sessions. The onset of puberty also means that we are now maturing and forming our own identity. We are now forming your attitudes as males and females in the context of the opposite sex, the world around us and our personal preferences. We may think of the qualities we would like in our partner, and the type of relationship that we would like to share with our future partner etc.*

*Our sexuality is expressed through our beliefs, attitudes, values and your behaviour as a girl and a boy. How we think of ourselves as a girl or a boy and the manner in which we express these attitudes and behaviours is the key to the development of our personality.”*

*Enjoying this stage of our development is natural. One of the key things we must master at this stage of your development is ‘self control’ Tell me, how many of you feel angry at times and want to be extremely rude to the extent of sometimes causing physical harm to the person who has upset you?*

*After the class responds now ask the students to think of how many times they have managed to control this feeling and reacted with tolerance (let one or two children share their experience). This is an example of self-control. As a child every time you were upset, you cried. You were not able to control your emotions and reactions. As you grew older, every time you are upset, do you cry? No! You have now mastered controlling your reactions. Thus each one of us has the ability and capacity to master our reactions and not fall prey to temptations that are not appropriate at a certain time and place. Can you tell me the life skills that will help you in gaining self-control?*

*(After the students respond) So self-awareness is the first skill needed for self-control. Your ability to think critically and arrive at an appropriate decision is also an essential skill for self-control. Self-control acts like a dam to contain the overflow of your emotions, distractions and thoughts. In the way that overflowing water can cause floods and serious damage, lack of self-control can cause us to lose sight of our priorities and dreams in life.*

*Every time you experience attraction there is no reason to be bothered about it. One of the key things to master at this stage of development is self-control.*

*It is important to enjoy each stage of our development. But moderation is the key. Doing things in moderation ensures your growth as responsible, healthy and happy human being.*

**Step 5**

Ask the students to discuss on the other essential aspects which they come across at the time of growth and development

Divide the students into four groups and give assign two groups each the following points to discuss and present before the class

- **Attraction and relationships among the adolescents**
- **Sexual Feelings and meaningful relationships among the adolescents**

The teacher should explain the above points with the use of the fact sheet given below

**Key messages**

The teacher summarizes the session with the **key messages**:

- Expressing and demonstrating sexual responsibility is the key to one's sexual health.
- Self control through self-awareness and critical thinking in the face of temptation is the key to healthy and responsible sexual behaviour.

**Fact sheet-1****Developmental stages and milestones:**

Developmental milestones are a set of functional skills or age-specific tasks that an individual can do in a certain age range. Although each milestone has an age level, the actual age when a normally developing child reaches that milestone can vary quite a bit. Every child is unique!

**Self-control:** Self-control can be defined as the ability to control your body, thoughts and behaviour. We can even relate it to the word 'will power', which we use very frequently. If we have control over our mind and our senses, we can protect ourselves from desires and temptations, which may be harmful for us. We are so flooded with thoughts, emotions and sexual feelings during adolescence that we feel like breaking through all the barriers that are placed by our parents, society, and teachers. Self-control is what then acts as a dam to control the overflowing thoughts and emotions. It also helps us take more self-enhancing and fulfilling decisions.

Our mind is like a container, which contains our thoughts, emotions, intellect, logic, and reasoning. It keeps on expanding as we give it more exposure and shrinks when it is devoid of experiences. Self-control is all about first being aware of your internal reactions and responses to an experience, then thinking through it critically and then taking a decision to react appropriately to the situation. Self-control through self-awareness, critical thinking and decision making, allow you to have more choices about how to react when you are faced with a temptation.

### III. Physiological Changes

#### Introduction

This session explains how to creatively inform adolescents about scientific information on pubertal changes and to encourage the use of life skills in coping positively during this phase of human development. The rapid physiological and psychological changes can be a cause of anxiety, emotional stress and anguish for many adolescents. The teacher's task throughout this session is to make this transitional phase comfortable and 'normative' for the adolescent students and link the use of life skills to their day-to-day experiences while coping with pubertal changes.

#### Objectives:

- To inform students about the physical changes experienced during puberty by both boys and girls.
- To discuss life skills that can be used for coping with the pubertal changes in their day to day life

**Materials:** Blackboard / Chalk; Chart papers; Colours / Pencil / Eraser; Double sided tape; Pictures on growing up (Male and Female); VIPP Cards (can be made by cutting thick sheets of paper of different colours into rectangles of size 14x 8 cms)

**Duration - 60 Minutes**

#### Step-1: Active Interaction

Do a recap of the key points discussed in the previous exercise and then begin the present session with the following activity.

Distribute one blue and one yellow VIPP card amongst the students. Now ask the students to list the body parts, which they like and are happy about on the yellow cards. List the body parts, which they dislike and are unhappy about on the blue cards

After the students have finished the listing activity, ask two volunteers to collect the cards and display them on the display board / chart paper.

The teacher will then initiate a discussion by asking the students to what life would be like if they lost the organs that they disliked. On basis of the responses she/he will explain that each and every organ has a specific function to perform and we should respect our body. Students need to be explained that no two people are alike.

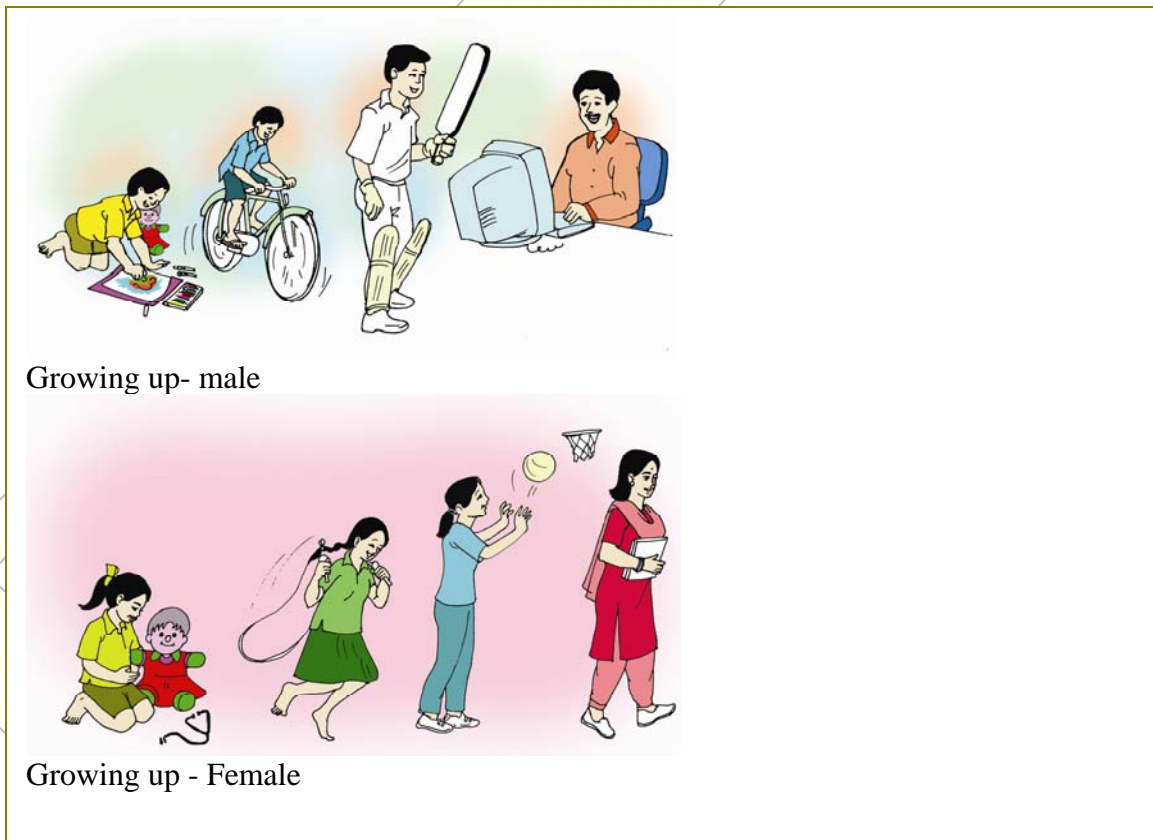
### Talking Points

In the previous session, we discussed how human beings develop and various milestones of each stage? You had all made presentations listing all the changes that occur during adolescence. Today we are going to focus on some of the important physical changes that occur during puberty. The onset of puberty is characterized by physiological changes in the human body.

We have already seen that changes are essential characteristics in our developmental process. There are changes in size, height and body structure. The physiological changes are rapid especially during adolescence; Adolescents are sensitive towards these rapid changes and at times get affected by them psychologically.

These changes occur in case of all human beings. Some of these changes are common for boys and girls and some are gender specific, i.e. different for boys and girls.

With the help of pictures and fact sheet given below the teacher will explain the different changes in male and female.



**Fact Sheet - 1**

**Physical changes in Males during adolescence:**

**Gain height and weight**  
**Shoulders and Chest broaden**  
**Muscles develop**  
**Voice breaks and then deepens**  
**External genitalia enlarges, shows growth of hair, pigmentation**  
**Skin becomes oily (resulting in acne sometimes)**  
**Active sweat glands**  
**Body Hair appears**

**Physical changes in Females during adolescence:**

**Gain height and weight**  
**Hips widen**  
**Breasts develop**  
**Menstruation begins**  
**Skin becomes oily (resulting in acne sometimes)**  
**Active sweat glands**  
**Body Hair appears**  
**External genitalia enlarges, shows growth of hair, pigmentation**

**Step- 2****Activity**

Select two students as volunteers to enact the role play. Explain the situation to them and give them about five minutes to discuss the situation. Divide the rest of the class into two groups. Give them the following case study to read and discuss in the group and also watch the role play. At the end of the role play, ask one of the volunteers from each group to join in the role play and address the concerns of the two protagonists.

Appreciate the volunteers for their effort and also the two groups for suggesting ways to handle this situation.

**Situation for Boys:**

Raja and Prakash are good friends. They meet each other after a long time. Prakash can see that Raja does not seem to be his usual self. He asks Raja how the things are progressing in the school. Raja shares that he was playing an important character in the school's annual function. But he has recently been replaced by another boy. He thinks that this is because his voice is changing and he looks thin and lanky.

Prakash starts to think about this own situation and his anxiety regarding his height comes back to him. He can see that everyone in his class is growing taller! Is he normal? Will he gain height?

**Situation for Girls:**

Reema and Vaishali are good friends. They met after a rather long period of time and are happy to see each other. Reema is not her usual bubbly self, but looks a bit depressed. When Vaishali asks her if everything is OK with her, Reema shares that she is quite upset by the fact that she has recently developed acne and does not know what to do about it. She feels that she looks quite unattractive because of them.

This sets Vaishali thinking about her own concerns. She is very conscious of the fact that she has not grown as tall as most of her class mates and feels that her body is quite 'flat' and does not look womanly enough. She thinks that her friends may be making fun of her.



Applaud the volunteers for their presentation. Now facilitate the discussion in the class using the following questions.

- How can Raja and Prakash cope with their situation using different Life skills.?
- How can Reema and Vaishali cope with the situation?
- What do they think are the most important qualities that they seek in their friends? Does physical appearance matter the most?

### Talking Points

You can add points that have been missed or not brought up by the students. Some of the life skills that can be used are:

- Self- awareness; about their rapid growth
- Effective communication; with a person who knows about it.
- Empathy; every adolescent undergoes this
- Coping with emotion and stress; we should have positive attitude

The key messages through these role plays should be that:

- Adolescents enter puberty at different ages, but finally most of them will achieve their full potential in terms of growth. This is influenced by the genetic makeup of the person.
- All adolescents grow at a different pace-they should be reassured about this fact.
- It is important to focus on one's personality as a whole than to only consider the outward appearance as the sole measure of attractiveness.
- At the puberty boys and girls passes through nocturnal emission and menstrual cycle that many a time causes cause mental stress among the adolescents in the absence of information and knowledge about change in their body. In the next unit we will learn about those changes.

### Step 4:

#### Menstrual Cycle

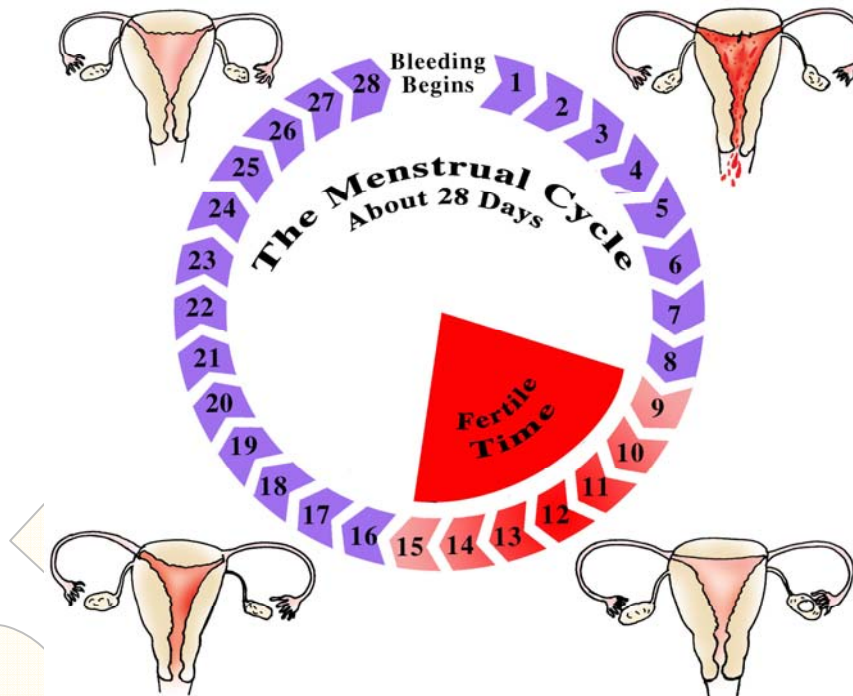
Menstruation is a natural body function. This is one of the processes, which signifies that a girl now has the ability to get pregnant. It thus indicates that the reproductive system is functioning well.

**Notes for Teacher:** It is important to talk about Menstruation since a significant number of adolescent girls have concerns related to the menstrual cycle, most of which require only reassurance or counselling. Also a number of myths and misconceptions in the society have led to it being perceived as something, which is unclean or polluted. Many traditional cultural beliefs and practices, which are followed even today, are not very helpful or sometimes harmful for the growing girl. With the use of the fact sheet given below the teacher can make the information clear to the students.

### Menstruation Cycle-

The teacher can show the following diagram and explain it. (The diagram can be drawn on a chart and displayed in the classroom. The students can be involved in preparing this chart.

### Menstruation Diagram



**The menstrual cycle is of about 28 days, varying from 21-35 days from woman to woman.**

#### Cycle Begins (days 1-3)

Lining of the uterus sheds. The brain begins to produce a hormone (GnRH), which helps the egg to mature in the ovary.

#### Early Days (3-10 Days)

Within days after menstrual bleeding begins, the endometrial lining begins to rebuild, stimulated by increased production of a hormone secreted from the ovary.

**Near Midcycle (10-16days)**

Around midcycle, the egg is released from the ovary (ovulation). The inner lining of the uterus becomes thicker and its blood supply increases, preparing the lining to accept an embryo if fertilization and implantation occur. **This is also the most fertile period of the cycle.**

An unfertilized egg lives only up to 24 hours after ovulation. However, sperm cells can live as long as three to five days in the female reproductive tract. If sperm are present as the egg travels from the ovary through the fallopian tube, fertilization can occur.

**Late Cycle (21-28 days)**

If the egg is fertilized, production of hormones continues and the endometrial lining becomes even thicker. The fertilized egg may become implanted in the endometrial lining. The endometrial lining does not shed, and the pregnant woman's menstrual period does not begin.

If fertilization does not occur, hormone levels fall, the endometrial lining sheds, and menstrual bleeding begins again.

**The duration between two menstrual cycles can vary from 21 days to 35 days, the average being 28 days.**

**The bleeding may last from 3-5 days and the menstrual flow may vary.**

**Step 5: 'Night Fall/ Nocturnal emission**

The teacher can start by saying that a number of adolescent boys may be concerned about a situation called Night fall or Nocturnal Emission. Many quacks even offer treatment for this condition, which is a normal physiological process.

**Formation and discharge of mature sperms can occur during middle adolescence and manifests as nocturnal emission. It signifies reproductive maturity for an adolescent boy.**

Boys may experience occasional spontaneous erection particularly in early morning. Many of the adolescent boys may also experience 'wet dreams' (nocturnal emission) at night when they may involuntarily ejaculate (i.e. discharge semen). It does not represent loss of manhood or sexual weakness and are essentially harmless and do not require any treatment. Adolescent boys need to be reassured so that it does not become a cause for embarrassment or undue worry.

**As the semen and the sperms are continuously produced by the body the loss through night fall is replaced. The loss of semen does not lead to weakness.**

This condition does not require any treatment as it is a natural body process and its occurrence /frequency will gradually decrease as one attains maturity.

### **Key messages**

Conclude the session by reinforcing the following Key Messages:

- **Physical changes during adolescence are a normal biological process. Everyone undergoes/experiences this important phase.**
- **Adolescents may experience different rates of growth which is within a range of normalcy. Adolescents should not get worried unduly of account of delay on growth spurt or rate of growth as these also depend on the genes inherited from parents.**
- **By using life skills like self-awareness, effective communication, coping with stress, coping with emotions etc. we can handle the concerns related to physical changes in a more effective manner.**

At the end of the session ask students to write down their queries, doubts and concerns and drop them in the question box. These will be answered in the next session which deals about Mental and Emotional changes in the adolescents.

**Fact-sheet-2****Puberty and Adolescence:**

**Puberty** is the name given to changes that happen to girls and boys as they grow up. It refers to both physical and sexual maturation. Most boys and girls begin to notice these changes taking place within their bodies between the ages of 10 to 14.

**Adolescence** refers to behavioural characteristics of this period, which are influenced both by culture as well as physical changes. These changes can be spread over a number of years and are also accompanied by emotional changes.

The changes take place in all boys and girls but they could start at different times. Generally the changes start later for boys than girls. In some people they start before the age of 10. Other may start after the age of 14. The changes also take place at a different rate in different people. In some people all the changes take place in 2 years. In other people they can take as long as 4 years. Adolescents should not get worried unduly of account of delay on growth spurt or rate of growth as these also depend on the genes inherited from parents. Puberty starts when extra amounts of chemicals called hormones start to be produced in the body. These hormones guide the changes that take place in the body physical as well as emotional changes.

**Physical changes during adolescence**

	<b>Major Changes in Females</b>	<b>Major Changes in Males</b>	<b>Key Message</b>
<b>Skin</b>	Skin becomes oily (because of hormonal changes that make the oil glands active), resulting in pimples or acne	Skin become oily, sometimes with pimples or acne	This usually lasts through teenage years and then ends. The reason is the hormonal changes in the body. It is not related to eating oily food or fantasizing. Medical Treatment is now available.
<b>Hair</b>	Hair growth under arms, and in pubic area.	Hair growth on legs, chest, face, under arms, and in pubic area.	The amount of new body hair that grows is different for each young man and woman.
<b>Breasts</b>	Breasts grow, sometimes there can be tenderness in the initial phases	Sometimes the breast can become prominent, however this eventually will subside on its own	In girls, the size of the two breasts may vary but gradually equalizes.

	Major Changes in Females	Major Changes in Males	Key Message
<b>Body Size</b>	Hips broaden, breasts enlarge, weight and height increase	Shoulders and chest broaden, weight and height increase.	The height of an adolescent is influenced by the height of the parents as well as nutrition.
<b>Voice</b>		Voice starts to crack	This happens due to growth of the larynx (voice box) .
<b>Female external genitalia and reproductive organs</b>	Hair appears on external genitalia, and becomes pigmented. Internal organs also enlarge. Menstruation begins, there may be a whitish discharge due to physiological changes		It shows that hormonal changes lead to maturation of the egg in the ovaries and the girl has acquired the potential to become pregnant
<b>Male external genitalia and reproductive organs</b>		Hair appears on external genitalia, which enlarge in size and become pigmented. Wet dreams and erections can occur	Wet dreams and erections are physiological processes and denote sexual maturity in the males. It does not require any medical treatment

For reference: **Websites**

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[www.health.ninemsn.com](http://www.health.ninemsn.com)  
[www.pamf.org](http://www.pamf.org)  
[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)  
[www.avert.org](http://www.avert.org)  
[www.sexualityandu.ca](http://www.sexualityandu.ca)

### BOOKS

1. Puberty: The story of growth and change by Kenneth I. Packer
2. Puberty: by Jacqueline Movsessian
3. Puberty: by Adam Hibbert
4. puberty, sexuality, and the self: boys and girls at adolescence by Karin a.matrin
5. encyclopedia of adolescence by Richard M. Lerner, Anne C. Petersen, Jeanne Brooks-Gunn

## IV. Mental and Emotional changes

### Introduction

This session deals with the emotional, mental and intellectual development associated with adolescence. The phase of adolescent development is a crucial one, and thus the fundamental aim of this session is to foster a healthy and positive development among adolescent students. Students are encouraged to form/understand links between life skills and the use of these life skills in their day-to-day experiences. This will empower them to identify positive coping skills and enhance their self-esteem and body image.

### Objectives

- To bring about awareness on the mental and emotional changes occurring during adolescence.
- To support the students in accepting these changes as a part of growing up
- To help the students deal with body image concerns and enhance self esteem

### Material

1. Blackboard/ chalk
2. Chart papers
3. Sketch pens/ colours
4. Flip Chart
5. Write up for role play

### Duration- 60 minutes

This session can be divided into two parts of 35 minutes each as follows:

- Part I - Step 1- 3
- Part II - Step 4- 5

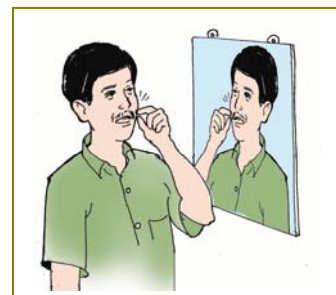
### Active Interaction

#### Step 1

#### Warming Up

The teacher greets the class and begins by reading out some of the questions related to growing up that may have been collected in the question box. If there is no question in the box or if the questions in the box are not relevant for this session, the teacher can frame some of the questions as follows:

1. I am very worried about the fact that I am not growing tall and that all the others in my class have already got a moustache?
2. I am not happy about how I look these days with all the pimples and my skin is becoming very oily.



3. Why do girls have to get periods? Why is it painful sometimes?
4. Why has my parents' attitude changed so much since I came in 9<sup>th</sup> class?

### Activity

The teacher will now divide the students into five groups. Each group will be given a few questions for discussion and a blank chart /white paper. Students will note down the key discussion points on the charts given to them. After the group discussion, a volunteer from each group will make a presentation.

**Note for teacher:** The questions given for the activity have been categorized in a way that each group is given a set of questions that deal with specific aspects of emotional and mental changes during adolescence.

Group	Questions for Discussion to be given to students	Reference points (related to areas of emotional and mental changes) for the teacher to summarize after the group discussion.
Group 1	<ol style="list-style-type: none"> <li>1. How do the physical changes during puberty affect adolescents?</li> <li>2. What have been the most significant changes?</li> <li>3. External changes affect an adolescent's appearance. How do they deal with this?</li> </ol>	<ul style="list-style-type: none"> <li>• Adolescence is associated with not just physical but also emotional and mental changes.</li> <li>• Concern about appearance</li> <li>• Physical changes throw up many emotional challenges related to self-esteem and body image.</li> </ul>
Group 2	<ol style="list-style-type: none"> <li>1. Do adolescents have different emotions and feelings than before and do they handle their emotions differently? The teacher can give the following example if needed. E.g when children are about 3-4 years old, every time they don't get something they want, or their mother scolds them, or they fall down, they express their emotion through tears, by crying?</li> <li>2. How do adolescents express these emotions?</li> </ol>	<ul style="list-style-type: none"> <li>• Emotional maturity and growth</li> <li>• Mood swings</li> </ul>
Group 3	<ol style="list-style-type: none"> <li>1. How do adolescents make their decisions and choices?</li> <li>2. Who affects and influences adolescents' decisions?</li> </ol>	<ul style="list-style-type: none"> <li>• Intellectual growth</li> <li>• Seeking independence</li> <li>• Increased Peer influence</li> </ul>

Group 4	<ol style="list-style-type: none"> <li>1. How are adolescent relationships with their parents and other family members different as compared to younger children's relationships with their parents?</li> <li>2. Do adolescents relate differently with their friends/classmates and does their attitude toward each other change during their growing up years?</li> </ol>	<ul style="list-style-type: none"> <li>• Increased peer influence</li> <li>• Seeking independence</li> <li>• Distancing from family</li> <li>• Attraction towards the opposite sex.</li> </ul>
Group 5	<ol style="list-style-type: none"> <li>1. Do adolescents feel pressurized to prove themselves?</li> <li>2. What do they do in such situations?</li> </ol>	<ul style="list-style-type: none"> <li>• Positive and negative peer pressure</li> <li>• Risk taking behaviour</li> </ul>

**STEP-2**

Each group is now asked to give a presentation highlighting the key points discussed. The teacher summarizes each group's presentation with the relevant and missing information related to that topic from adolescent mental and emotional development. The teacher can refer to the knowledge/fact sheet to support her explanations.

**Note for teacher:**

The teacher can end one session after 35 mins at step 2 and resume session 2 later. Before beginning session two on a separate day, the teacher may just recap some of the highlights and key messages from session 1.

The teacher summarizes the first session with the following key messages:

- **Adolescence is not just about physical growth but also about emotional maturity and mental development.**
- **Becoming aware and obtaining scientific knowledge about growing up, empowers adolescents to grow up as healthy, happy and responsible adults.**

**Step – 3****Activity-Role play**

The teacher makes two groups and gives each group a situation for a case study and a role-play.

**Case Study:**

Varun is 15 yrs old. Varun has been performing poorly in Mathematics and goes for extra classes after school. In spite of all his efforts, in his last exam his score was low. Because of his poor performance, his parents were very upset. His schoolteacher also expressed her disappointment in him. All this has made Varun very sad and depressed. He now totally dislikes the subject. He doesn't feel like going to his extra class anymore.



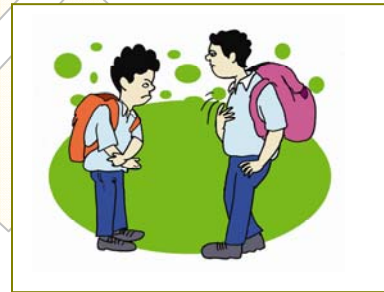
Ask the group to think about how Varun can be helped in this situation? Who all can help Varun? Can Varun deal with the situation on his own? How?

### Role Play:

Varun's friends are going out for a movie. Varun has to attend an extra class as he fared badly in his Mathematics examination this year. Varun would like to go for the movie but he is also afraid that his parents will come to know about it and will be very angry.

Varun meets his cousin Pritam who studies in the same school and senior to him by two years and asks him what to do?

- Which life skills can Varun's cousin Pritam use to help him? (E.g Pritam can show good communication skills and listen to Varun's problems. He can be empathic towards Varun and then give him appropriate advice).
- Which life skills can Varun use while dealing with his friends? (Ask the students to depict a scene with Varun and his friends as using these skills. e.g Varun can think critically of the consequences and then make a decision about what he should do. He can use his communication skills to state his decision to his friends).
- Which life skills can Varun use while dealing with his parents?



### Note for teacher:

As this is the first session where students will be made to think of using life skills, the teacher can spend some time separately with each group. S/he can give them ideas to begin with and then let the students make their own role-plays. But the initial help from the teacher may be required at this stage. Students may find it difficult in the beginning to link life skills and the situations in the role-play.

### Step 4

The teacher applauds the students for their efforts.

After the role-play, the teacher can encourage the students to think other effective ways for Varun in dealing with the situation. This can be like an additional brainstorming session to highlight as many life skills as possible, which Varun can use. S/he can list all the effective and positive suggestions on the blackboard and highlight the use to life skills.

## Step 5

Ask the students to brainstorm the different qualities and life skill that a student requires to deal with the mental and emotional problems. Some of the answer that would come out be:

- Intellect of the person
- Concern about self
- Attraction
- Quality to handle the change etc.

Let the students to discuss on each aspect and explain these aspects with the use of the fact sheet given below.

### Key messages

Finally the teacher can summarize the session with the key messages.

- **Adolescence is not just about physical growth but also about emotional maturity and mental development.**
- **Becoming aware and obtaining scientific knowledge about growing up, empowers adolescents to grow up as healthy and responsible adults**
- **Life skill can help adolescents to deal effectively with their growing up issue**

### **Fact- Sheet- 1**

#### **Intellectual development**

The development of advanced intellectual processes or cognitive development begins during early adolescence. Between the ages of 10 and 15, many young people begin to develop the ability to think abstractly and reflectively. Younger children think concretely. Young adolescents may think about “what might be” instead of “what is.” They begin to develop the ability to understand abstract concepts and to reason about ideals like justice, religion, or love. These behaviours are linked to these new cognitive abilities. For example, adolescents may question accepted rules and may argue whether rules are

reasonable and fair. They may question others' beliefs and values because they are able to comprehend that not everyone thinks the same way as they do about social or moral issues. Young people start to see the future in terms of years, so they may relate their interests and present circumstances to the roles they will play as adults. These cognitive abilities develop slowly, so your students may behave in a way that shows both abstract and concrete thought.

***The five I's of intellectual development are:***

**Independence:** Adolescents need to become less dependent on parents. The dependence begins to shift from parents to peers and from existing to new belief systems in order to achieve independence. This shift is strong and may manifest in the form of rebellion against parents and elders or guardians.

**Identity:** Adolescents usually look out for a renewed self-image and identity. They search for answers to the questions like: "Who am I? What can I be?" This process involves doubts and experimentation..

**Intimacy:** Adolescents develop special interest in the opposite sex and also in other members of their peer group. They are quite often driven towards search for intimate relationships, with a feeling of love and also a desire to be loved.

**Integrity:** Adolescents develop a foundation for sorting out values. Parents provide a base for this. However, there is a tremendous amount of other inputs at this phase -peers, media, school, etc. Adolescents engage themselves in deciding what to believe in and how to behave.

**Intellect:** The adolescent's intellectual capacity develops and changes from concrete thinking to abstract thinking. Adolescents become capable of conceptual thinking and understanding logic and deductive reasoning. This increased ability tends to heighten self-esteem. Some adolescents tend to see things from an idealistic point of view.

### **Mental and Emotional Change**

Almost all physical changes may be accompanied by marked mental psychological changes. Though, physical change may be visible, mental and emotional change takes time to be apparent. The mental change can also be psychological in nature due to the problem faced by the people at the time of their growth and development. A child with was deprived of love and affection in his/ her childhood may grow up as mentally unhealthy and socially unresponsive adult. However, this characteristic cant be universal it may be different from child to child.

**Concern about Appearance:**

During the passes of adolescence, a person go by different phases of development. In each phase s/he witnessed change in his/her body and appearance. The notion of his/her appearance largely dependence upon the prevailing social, cultural notion of the society. A young boy may like to dress like a smart boy, be physical fit, good stylish hair, likeminded friendship etc. Similarly the girl may like to look beautiful, have good body structure, weight, likeminded friends etc.

Although, if the adolescents do not see their appearance according to the norms of the society and with the accepted norms or current trends, he/she suffers from depression and may end up with loss of his/her confidence, morale and even self-esteem that affects their performance in the class, concentration and behaviors. Therefore, at the time of growth and development it is utmost important to make adolescents aware about the body change at different stage of life and impart them information that these change are not similar to every one. Some person may be tall, some small, some may have well built body some may be thin, fairness of the skin may also differ from person to person. Hence, it should not affect our confidence, concentration and self-image.

**Curiosity about Sexual Matter and Attraction to the Opposite Sex**

During adolescences individuals feel attracted to people of the opposite sex. This is a normal process of growing up. However, all attraction can not be categorized as sexual attraction. In the age of adolescence, a boy or girls may like to talk to each other, praise their intellect and beauty, share their books and notes all these are simply a likeness and friendship. In addition, at this age young people witness change in their body resulting into some behavioral change and that raises their curiosity to know the opposite sex. This normal human curiosity normally can't be categorized as sexual attraction for both boys as well as for girls. But if this curiosity is not handled in positive manner it may hamper the behaviour of the adolescent about the opposite sex negatively. Therefore, adolescence is the right time to make them understand the process of change so that they can take it as normal and natural aspect of life and show mutual respect for each other..

**Distancing from Family and Forming new Relationships:**

While growing up the adolescents want to act like adult and take independent decisions. In their effort to become independent and develop their own instinctive identity they adolescents slowly distance themselves from their parents and start taking their own decisions and start questioning to the others.

In such a process the moral values attitudes and religious beliefs are often questioned and they form their own opinions that may be radically different from those of parents and elders. As adolescents are developing their own identity, real disagreements may emerge for the first time. However, it may be taken as a part of growth and development of the adolescents by the elders, parents as well as teachers. This is a process of independent

decision making life skill which they would be needed in the future to handle many problems in their life and society. As an adult we should respect the adolescents and build confidence in them having regular talk with them. That will build their skills to convey their opinion in more flexible, respectful manner with the elders.

### ***Taking Risks:***

Adolescence is the age of learning new things and experimentation is a part of learning. Therefore, in the process of learning new thing they take risk in the absence of information and new skills to deal with the situation. This involves trying out new experiments, some of which may be risky and even dangerous. They do this for various reasons:

- To behave like adults
- Because of Peer pressure
- For the sake of experimentation and finding out for themselves

Therefore, it is important for us to impart education and equip them with the life skills so all those issue which may affect the life of adolescents adversely could be handled in a positive manner.

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## V. Maximizing the Use of the Question Box Technique

### Introduction

The question box is used during transaction of all the sessions included in the curriculum. Before beginning the sessions, this activity will help the students to build a sense of ownership toward the question box and thus encourage its use.

The primary objective of this activity is to deal with the myths and misconceptions prevalent amongst the adolescent learners. These myths and misconception can be related to their reproductive and sexual health or any other aspect of their life. This technique will also give them a platform to share fears, concerns and confusions, which are a characteristic of their developmental stage.

And finally this activity may also serve as a powerful therapeutic intervention. It gives the learner a window to anonymously share his/her individual and personal growing up issues, including those related to very sensitive area of sex and sexuality. When a teacher deals with the shared information objectively and with a solution focused approach, the students may see things in a different light or may be encouraged to seek help and cope with the situation.

Thus the question box technique can indeed be used extensively to empower the students with accurate information, positive coping techniques and life skills.

### Objectives

- To provide a sense of ownership to the students for the questions box
- To empower students with correct information, dispel myths and misconceptions and address their various concerns

### Material

1. Any card box
2. Sticking tape to seal the box
3. Magazines for collage or coloured paper
4. Markers/sketch pens/crayons.

**Duration:** 15 minutes

## Active Interaction

### Activity:

Make four groups of students. Keep an adequately sized cardboard box in the middle of the classroom. Each group is assigned one face of the cubical box. They have to use all their creativity and imagination to decorate their face of the box. The teacher can give them some ideas to begin with.

### Note for Teacher

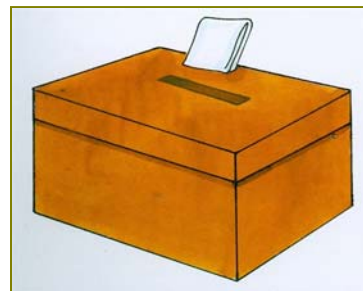
The teacher has to make it clear with the students that the questions in the box should be related to the topics being discussed in the AEP sessions. And they can ask any question they have without mentioning their name on the chit. Teacher can also encourage the students to share an uncomfortable experience that they may have had about their adolescence.

One of the primary objectives of the question box technique for this section of the AEP is to deal with the myths and misconceptions about reproduction and sexuality that are prevalent amongst the adolescents. The second fundamental objective is also to give a platform for the students to pour out their confusion and share their personal experience about their growing up years. When students share their personal anecdotes, these can be used effectively to convey messages related to responsible actions and behaviour related to sex and sexuality.

Ideas for decorating the question box:

Students can use slogans, or phrases that mirror their thoughts, the state of their mind, their confusion etc. e.g.

- I was wondering if this was normal....
- Who are my true friends?
- Is it OK if I....
- Why can adults do it and not me?
- Why am I being taught all this?
- Students can use old magazines or newspapers and make a collage on the box.
- Teacher could collect latest news cutting highlighting adolescent issues or use the ones provided here and distribute them to the students to use in their decoration.



### Guidelines for Maximizing the Use of the Question Box

- Reintroduce and reinforce the question box in the classroom at the end of the session on conception. Follow the instructions given for the question box activity in that session.

- Give the students a sense of ownership toward the question box.
- At the end of each class remind the students about using the box.
- Be prepared with the questions and their answers before you begin each session.

### Preparing to answer questions:

- Collect the questions from the box a day prior to your next session.
- Segregate the questions into categories and prepare yourself adequately with answers.
- **Questions related to Myths and Misconceptions:** The teacher can use this opportunity to explain to the students why a myth is myth. It is important to dispel these wrong ideas that students may have about their growing up issues. This is because wrong ideas can lead to confusion and misdirect students into taking a misinformed decision. For example, a young boy can have a misconception about drug use, that using it just one or twice does not lead to an addiction. He may then indulge in a risk taking behaviour and to impress his peer. This one bad choice can have serious and damaging lifelong implications for him.

The teacher can refer to the knowledge/fact sheets provided at the end of the session ‘Addressing Myths and Misconception’ to prepare for the answers based on scientific facts and figures. The teacher can also address myths and misconception related to other topics by referring to the relevant knowledge/fact sheet provided throughout this workbook or access information on the additional resources mentioned at the end of each chapter.

- **Questions related to Responsible Sexual Behaviour and Questions related to interpersonal relationships issues dealing with friendship, love intimacy etc.** The teacher can use questions related to interpersonal relationship as a good starting point to emphasize Responsible Sexual Behaviour. Often students will ask questions about what they should do in about a particular relationship, how they should handle a difficult situation in a relationship, who can they confide in, how should they deal about their confusion between friendship or more than friendship or is it true love etc. all these questions can be used for discussion in class and asking other students to offer solution. The teacher can then select and highlight those solutions that showcase responsible sexual behaviour in adolescence.
- **Sharing of very personal and private issues:** Those questions dealing with private and personal issues should be read out with discretion in the class and the teacher should encourage the student to confide in an adult at the earliest. The teacher can also invite the student to seek his/her guidance in person after the class (and in strict confidentiality) so that the student may be guided to the appropriate assistance.
- If a student has shared an uncomfortable personal experience through the question box, the teacher should also encourage the student to write another chit, which

tells to the rest of the class about how he/she dealt with it. This will help other students to learn and cope with similar experiences.

- If a student has shared being a victim of an uncomfortable incident related to his/her sexuality, the teacher can also use this opportunity to discuss the problem in class and ask other students for solutions. This will act as a peer education and increase the chances of coping positively and seeking the appropriate help for the student being victimized.
- **Questions related to reproductive and sexual health/HIV/STI etc. which will get covered in the coming sessions:** Questions which will be answered in the following sessions of AEP, should only be read out and assure the students that they will find their answers in the upcoming sessions. It is important that the teacher makes the students aware that she has been through all the questions and she will answer all of them as they proceed with the program. The students should not be left feeling that the teacher is only choosing some of the questions and ignoring the rest.
- **Topics that I am not equipped to deal with or have no knowledge about:** The teacher should read these questions and tell the students that she is unable to answer. However the student must be guided and referred to appropriate resources like speaking to the school counsellor; a science teacher; discussing with a parent; refereeing to a authentic website; referring to a book etc. to seek answer. This will discourage the student from seeking information from misleading sources.

In case you aren't getting a good response for the question box try some of the following:

- Have an open house discussion with the students to find out what is stopping them from asking questions.
- There is a very small chance that you are addressing all the adolescent issues on your class and therefore the students don't have any questions. Remember during this phase of our development, the human mind is filled with doubts and confusion. There will be students in your class who have doubts about their growing up issues. We need to tap these and empower our students with accurate knowledge.
- To begin with you can write your own questions based on the myths and misconceptions provided in the fact sheet. This can act as a starting point to encourage the students.

**Note for the teacher:** At the end of the session explain to the students that in the next session we would deal with the issue of adolescent sexuality and our reproductive health. Request them to use the question box to drop their questions related to the issue so that their queries can be answered during the session.

## Section 2

### Adolescent Reproductive and Sexual Health

Sessions	Objectives	Methodology	Time in minutes
I Gender and Gender Roles	<ul style="list-style-type: none"> <li>● To bring out the difference between 'gender' and 'sex'.</li> <li>● To bring about an understanding on the influence of gender on the health and development of males and females</li> <li>● To enhance interpersonal relationship skills that foster gender relationships based on equality and mutual respect.</li> </ul>	1. Group Discussion  Role plays	70
II Adolescence and Sexuality	<ul style="list-style-type: none"> <li>● To understand the broad concept of sexuality.</li> </ul>	<b>1.</b> Group Discussion <b>2.</b> 'Yes' and 'No' Cards	30
III Our Reproductive System and Process of Conception	<ul style="list-style-type: none"> <li>● To enhance the knowledge about the male and female reproductive system</li> <li>● To explain the process of conception</li> <li>● To discuss about responsible behaviour and mutual respect towards the members of the opposite sex.</li> </ul>	1. Group Discussion  2. Case study Analysis	70
IV Teenage Pregnancy And Its Consequences	<ul style="list-style-type: none"> <li>● To make students aware of the reasons for Teenage pregnancy</li> <li>● To help students identify &amp; understand the consequences of Teenage pregnancy</li> <li>● The students will be able to understand the responsibilities associated with having a baby</li> <li>● To make students aware of the important life skills to they use in their day-to-day life</li> </ul>	1. Group Discussion  2. Case Study Analysis	70

V Addressing Myths and Misconceptions	<ul style="list-style-type: none"><li>• To help the students differentiate between commonly existing myths and facts.</li><li>• To help students clarify their misconceptions</li></ul>	1. Group activity	35
VI	<ul style="list-style-type: none"><li>• Fact Sheet on Abstinence</li></ul>		

DRAFT

## I. Gender and Gender Roles

### Introduction

Gender relation is a role and responsibilities a men and women play or are aspected to play in a society. Therefore it defines the activities of men and women according to the social situation. It has a largely affects both males and females in different ways. In this unit the students would be made to understand how the concept of gender affects our own opinion, our role, perceptions abot us and about the others, our attitude and its larger impact on ourselves, our body , mind and at society at large.

The fundamental aim of this session is to not only make the students aware of the disparities and difference but to empower them with life skills. These life skills will help them deal and work through the situations and aspire to make a more equal and happy world.

### Objectives

1. To bring out the difference between 'gender' and 'sex'.
2. To bring about an understanding on the influence of gender on the health and development of males and females
3. To enhance interpersonal relationship skills that foster gender relationships based on equality and mutual respect.

Life skills focused - critical thinking, creative thinking, problem solving, self awareness, and interpersonal relationship skills.

### Material

1. Black board
2. Chart paper
3. Crayons/ sketch pens/markers for use on chart papers.

**Duration:** 70 minutes

Can be divided into two Parts of 35 minutes each as follows:

- Part I - Step 1- 5
- Part II - Step 6- 8

## Active Interaction

### Step-1

#### Warming Up -

The teacher greets the class & starts discussing questions from the question box especially the ones related to the previous session. The teacher can refer to the guidelines given in the section on ‘Maximizing the use of the Question Box Technique’.

This will encourage students to bring in more questions that will address their worries and concerns about their growing up issues.

The teacher can also begin the session by reading out a newspaper clipping or making reference to current issues in TV/Media related to the current topic.

### Step -2

#### Activity

#### Talking Points

The teacher begins a small discussion in the class with the following questions:

*“Let’s play a small game. I’ll say a word or a phrase and you have to say the first thing that comes to your mind when I say it.”*



*The first few words could be:*

- A boy should be.....
- A girl should be.....
- In our society, men.....
- In our society, women.....
- Taking care of children....
- When girls grow up they study ....
- When boys grow up they study....
- Boys who cry....
- Girls who enjoy boxing games ....
- Earning for a family.....
- During puberty boys....
- During puberty girls.....

As the students are expressing their thoughts, the teacher writes down adjectives, values and characteristics of males and females as they surface. The teacher has to make three columns as shown below and write as many points as possible.

**Notes:** If participants do not give any negative or positive traits, abilities or roles for either sex, add some to ensure that both columns include positive and negative words.

*This is how your blackboard should look:*

Man		Woman
Tough Decision makers Strong Aggressive Moustache Violent. Responsible Breaking of the voice during puberty Engineering Aeronautics Army		Sensitive Weak Soft Beautiful Having babies Loving Menstruation Gossip mongers Teacher Cooking Fashion designing etc.

**Note for the teacher:**

Remind the students about the ground rules and the importance of following them once again. Ensure that students don't make demeaning and offensive comments during the class. Also make sure that no personal comments or judgments are passed.

**Step -3**

**Talking Points:**

The teacher now asks the class to think whether the words mentioned in the columns are interchangeable. For eg. can a woman be tough and can a man be sensitive, or can a woman join the army and earn money, can a man cook food and manage household activities.

As the teacher works through the list, there will be some points that can be interchanged while some that cannot be. These include: having a moustache, having babies, breaking of the voice during adolescents etc.

As the class is discussing, the teacher re-labels the column as shown below.

**This is how your blackboard will look like after re-labelling:**

<p><b>Woman</b> <del>Man</del></p>	<p><b>Sex</b></p>	<p><del>Man</del> <b>Woman</b> <b>Social differences which refer to our gender and gender roles</b></p>
<p>Tough Decision makers Strong Aggressive <del>Moustache</del> Violent. Responsible <del>Breaking of the voice during puberty</del> Engineering Aeronautics Army</p>	<p>Moustache Having babies Menstruation Breaking of the voice</p>	<p>Sensitive Weak Soft Beautiful <del>Having babies</del> Loving <del>Menstruation</del> Gossip mongers Teacher Cooking Fashion designing etc.</p>

**Step -4**

The teacher should explain this concept by using the following:

Every characteristic that has an arrow toward the middle column is an example of sex, or what it means to be male or female. The remaining characteristics are things related to gender. Be sure to point out how much similarity there is between men and women and that often the differences we think exist are really just societal expectations and stereotypes of the two sexes.

**Talking Points:**

Explain that all the words in the column titled 'Man' and 'Woman' refer to gender while those that have been put in the middle column refer to sex.

**Sex has to do with biological and genetic characteristics.** For instance, the ability to become pregnant and give birth is a biological characteristic associated with being female. Having a nocturnal emission is a physiological characteristic of being a male.

**Gender refers to women's and men's roles and responsibilities that are socially determined.** It is related to how we are perceived and expected to think and act as men and women because of the way the society is organized, not because of our biological differences. For example, many consider farming to be a manly (or masculine) occupation, while nursing is often perceived as a womanly occupation. Or, many believe that being emotional is typically a female characteristic, while being strong is typically a male characteristic.

Gender describes whether someone is masculine or feminine according to behavioural differences, for example, how they dress, their work and their status in society. Gender roles are ideas about how men and women should behave. They are created by society, cultures and traditions. As they grow up, girls and boys learn from their parents, community, religious institutions, schools, and the media about the way women and men should behave. Gender roles are also different for people of different ages – for example, young girls may be given very different tasks and levels of responsibility than their grandmothers. Gender roles vary from one society to another and change as society changes. Because gender roles are created by society, it is possible to change them.

**Step -5: Activity**

Divide the class in groups. Assign each group one-picture composition. Ask the groups to describe the given picture based on what they perceive as the roles that male and females are playing in the pictures.

(The activity can be made more interesting by cutting pictures from newspapers and magazines. For example- advertisements for washing machines, home appliances, cars, sports gear etc. to show the messages that these images send to people.



**Step – 6**

A representative from each group comes forward and makes a presentation. They can also describe what they would change they would like to see in the picture if it has to be redrawn.

Encourage the discussion around the gender issues and how it facilitates or restricts the overall health and development of both boys and girls.

**Talking points:**

As each group makes their presentation, teachers should make students aware of the gender roles and gender inequalities prevalent in our society. The teacher can refer to the knowledge sheet for assistance.

**Highlight some of these problems that result from a society where there is no gender equality**

- Girls in villages are often deprived of education, when resources are scant
- A girl child is unwanted and not given a fair chance to be born- as a result we see a poor sex ratio and increasing evidence of female foeticide
- Some women are at the receiving end of violence from their male partners
- In some societies it is expected or condoned that men will be sexually experienced- this makes them take unnecessary risks and often do not admit that they lack information about these matters

**Note for the teacher:**

Before beginning session two on a separate day, the teacher should recap some of the highlights and key messages **from session 1**. Also remind the students about the key points that they discussed in the last group presentations because session two describes activities related to the same topic.

**Step-7****Activity**

The teacher divides the students into two groups and assigns each group a story for discussion. The teacher can give script 1 to a group with a majority of boys and few girls and script 2 to a group with a majority of girls and only a few boys. This will help each gender to be more empathic towards the needs of the other. Ask the group to discuss how they would like to change in Shushma's /Rahul's story. Ask them to build a role play based on the new story that they make and give it an appropriate ending.

**Note for teacher:**

As the students are discussing and changing the original stories about Shushma and Rahul,. Encourage them to think how each character needs to change their attitude and beliefs so that Shushma and Rahul's can have equal and important say in their lives.

**Script 1 –**

Sushma is 18 years old and lives with her parents. She passed out of school a year back and is a good student. Her brother is two years older to her and about to complete his graduation. Her parents have already started to look for a suitable match for her and are planning to get her married as soon as possible. Her parents feel that if she gets older and more educated, it will be difficult to find a match in their own community and also they will have to pay a significant dowry.

Sushma always had a dream to become a teacher. She wants to continue her studies like many of her classmates. She is wondering if all her dreams will soon be shattered.

**Script 2 –**

Rahul is a class 12 student. Rahul has always been an average student in studies. Since the beginning of this year, Rahul has been under tremendous pressure from his parents to study hard and score well in the examination for class 12<sup>th</sup> so that he can join a reputed institute. The pressure has been mounting as the board exams are approaching.

Rahul secretly harbours the dream to become a chef in a reputed hotel one day. He wants to share this with his parents but is skeptical about how they will take it. They want him to become a pilot just like his father. Rahul does not know how to share his future plans with his parents or convince them about this choice.

**Note for teacher**

Ask the group to discuss how they would like Shushma and Rahul's stories to end. Ask them to build a story based on equal opportunities for them. Encourage them to think about how each character needs to change their attitude and beliefs so that Shushma and Rahul can achieve their full potential and pursue their dreams.

**Step -8**

After the role plays, the teacher should summarize the session by gathering some of the unique and important messages that emerge from the new stories that the students present in the class room.

Through this discussion, the teacher can ask the students to discuss how gender inequality affects our education, health, livelihood aspect etc. The teacher can make some key notes on the blackboard and how stereo typed gender roles can limit our potential as an individual and if required explain the issue with the use of the fact sheet given below. Invite the students to highlight what each one of us can do to change the gender inequality in our society.

At the end the teacher should answer questions from the question box and complete the session by highlighting the following key points.

**Key messages**

- We are born different not unequal!
- Each one of us can work toward lessening gender inequalities in our society.
- A relationship is fulfilling, enjoyable and meaningful when it is based on equality and mutual respect.
- Ask the students that on the basis of the learning the next unit will discuss on the issue of reproductive system and process of Conception with the adolescent perspective.

**Fact sheet -1**

Difference between Sex and Gender:

Sex	Gender
Sex is biological. It refers to visible differences in genitals and the related differences in anatomy and procreative functions.	Gender is socio-cultural and refers to masculine and feminine qualities, behaviour patterns, roles and responsibilities.
Sex is constant.	Gender is culture specific and hence variable. For example, the norms of dress change across regions and across times: in some places males dress in a <i>salwar-kurta</i> but in others it is looked on as definitely female attire. In the same way, the roles can differ. In many countries, the bus and truck drivers are women while in India they are all men.
Sex cannot be changed except by a deliberate surgical procedure or medical interventions.	Gender roles evolve over time and over generations. For example, earlier women were considered to be responsible for household activities only; but these days, women are also the bread-earners of the family. Also there are a significant number of women who are pilots now.

**Gender Discrimination and its impact: on the health of both men and women.**

**For women:** Gender has important consequences for women's health. The negative impact of gender begins at or even before birth when a preference for sons may put baby girls at risk of infanticide—or with new ultrasound technology, at risk of sex-selective abortion. Throughout childhood and adolescence, girls also are more likely than boys to be sexually abused by male authority figures.

After marriage, women's low status continues to limit their ability to control their own lives, including their fertility and their access to health care. A woman may not be able to determine and how many children to have or which family planning methods to use. In communities where having a large family is a woman's only way to improve her social status women may feel pressured to have many, closely spaced children despite the toll it takes on their health. As a result, women cannot protect themselves against unwanted pregnancies, STIs, and their adverse health consequences.

**For men:** In many societies, boys are expected to be sexually active. They may be under pressure from their peers to experiment sexually which may put them at risk of infections. The boys are also expected to have knowledge about sexual matters. Boys frequently pretend to be sexually experienced and to be very knowledgeable about the reproductive process. However many of them do not have a reliable source of information and are reluctant to ask for information because they do not want to appear uninformed or inexperienced. They may also take risks to prove their 'manliness'.

Alcohol and other substance use often accompany the early sexual experiences of young men and increase the risk of STI, HIV infections and unwanted pregnancy.

### **Gender Discrimination and its impact: Female Foeticide, Sex selective abortions**

According to a recent report by the United Nations Children's Fund (UNICEF) up to 50 million girls and women are missing from India's population. In most countries in the world, there are approximately 105 female births for every 100 males. In India, there are less than 93 women for every 100 men in the population (Census of India, 2001). The accepted reason for such a disparity is that female foeticide and female infanticide has become one of the social problems. The easy availability of technology and misuse of pre-natal sex detection has led to an increase in sex selective abortions.

It is significant to note that the figures show that the fall is much higher in the economically developed States in India. There is steep fall in sex ratio in States like, Punjab, Haryana, Gujarat and Maharashtra, along with the Union territories of Delhi and Chandigarh. Kerala is the only State where females are 1,058 per 1,000 males.

Government of India had enacted Pre Conception Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 which clearly says that determination of sex of an unborn child is prohibited. It also prohibits advertisements relating to pre-natal determination of sex and punishment if these rules are not followed.

The consequences of rampant sex selection are already there to see. Recent reports in local media show that young men in Punjab and Haryana were finding it hard to find brides. There are families with only sons who are importing women from other states who are often treated badly.

### **Gender Discrimination: What can be done?**

The only long-term solution is to change attitudes. Traditionally girls are seen as a burden, as huge dowries have to be paid for their weddings. When girls are educated and earn an income, it adds only benefits the family into which they marry.

The situation can change only when women's contribution to the society is recognized and her status improves. The opportunities for girl child to be educated should be increased and all efforts should be made to retain them in school. Vocational training can help girls/ women become financially independent and see them as an equal earning partner/member in the family. In addition the Law should be implemented so that medical practitioners offering such services and those seeking sex selective abortion can be brought to book.

## II Adolescence and Sexuality

### Background:

It is an accepted fact that development should be about increasing people's well-being. It has been recognized that social and legal norms and economic structures based on sexuality have a huge impact on people's physical security, bodily integrity, health, education, mobility, and economic status.

We have policies, programs, laws and services to cater to an array of problems from poverty, ill health to social ills but seldom has 'Sexuality' been contemplated as one of the causes hampering the underlying wellness of people irrespective of age, sex, gender or class. However linkages between sexuality and different issues suggest that we can constructively engage with sexuality as a development issue to address the larger development agenda.

In many parts of our country, a girl is stopped from going to school the day she starts menstruating, while a boy with feminine characters or not such of a 'macho man' type will drop out from school for fear of harassment, from peers and inferiority. People including children who diverge from sexual norms are often stigmatised or ostracized (including single/ unmarried person, intersex, homosexuals) while those who keep to the rules (mainstream heterosexual norm) are well accepted.

### Introduction:

Sexuality needs to be understood beyond physical relationship and reproduction; especially in context of gender, gender identities; gender roles, friendships; interpersonal relations and social relations as well.

Reproductive Sexual and Health's are clearly important components of overall health and well-being. Sexual health is significant part of personal health and healthy living. As stated by the World Health Organization (1975) "Since health is a fundamental human right, so must sexual health also be a basic human right".

Sexuality can also be a positive force that can lead to empowerment, enjoyment, and well-being, and can enhance human relations with shared intimacy or pleasure.

It is when we are comfortable with our physical body and emotional changes that we be comfortable with our in sexuality.. Sexuality determines our sexual behaviour, including high-risk behaviour resulting in unwanted pregnancy, STI and HIV infection –at times to manifesting as sexual coercion and violence. Sexuality precedes Reproductive Health.

**Objectives**

1. To understand the broad concept of sexuality.

**Material**

- 'Yes' and 'No' Cards
- Blank Charts / papers and markers.

**Duration:** 30 minutes

Class: IX- XII

**Note for Teacher:**

Divide the students into two separate groups of boys and girls. Male teacher conducts the class for boys and a female teacher for girls.

**Active Interaction****Step1 – Welcome the student**

Teacher greets the class and takes the queries of the students if they have in the question box. This will help teacher to start the session and link it with the previous learning.

**Step -2 – Value game (yes, no)**

- Place two card written “Yes” on one and “NO” on the other in two corners of the class room.
- Ask the students that if they agree with the following statement they should stand in the Yes corner and if they do not agree they should stand in the No corner.

Now read out the following statements, one by one and ask the students to opt either Yes or No

1. Sexuality is only about sex
2. Human being is sexual by nature

- With each statement once students have taken their stand, ask them to discuss the reasons within the group and present it to the entire group.

After listening the reasons of both the group if any students want to change his/ her opinion and join the other group, the teacher should welcome those students.

***Note for the teacher:***

Here, students may hesitate to spell out the reason and may request teacher tell them the right answers but the teacher should motivate them to reflect their feelings while they were taking their decisions. It could also be related to the Core life skills, if the students called upon their learnings from the Life skills sections to make their decisions and placement in this activity. the teacher could encourage the students to re-think and take

their decisions. The teacher could mention here that there are no concrete answers of right or wrong. It depends on the perception that one carries and values.

### **Step -3**

- After this exercise, split the students in five groups and give them a chart paper, written as "sexuality" in the centre.
- Ask the students to discuss how using this word feels.
- What other, if any, word can be used as an alternative of this word.

### **Step -4:**

Question for discussion with the students

- Does the word "sexuality" come with any negative connotation or does it have other associated feelings which we reflect/demonstrate in our daily lives? Encourage students to share any instances of positive experiences of feeling good about sexuality. (You could give leads like – compliment from the opposite sex, sharing day to day activities like sharing class notes, a helpful attitude with the opposite sex)

### **Step 5**

#### **Key messages**

At the end of the session, the teacher highlights the following key messages. (The teacher can also write these messages on the blackboard to make his/her point more emphatic)

- Sexuality is a broad concept and it is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. It is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal and historical factors.
- In our day to day life, we show affection, love, feelings with our friends and relatives which are part of our sexuality and behavior.
- In the next unit, we will see how responsible sexual behavior leads to overall healthy outcomes.

### III. Reproductive System and Process of Conception

#### Introduction

In the previous unit we learned about sex and gender and how gender discrimination affects our mind, body and the society surrounding us. The fundamental objective of this unit is to help the students in accepting the act of sex as a law of nature and value its social implications. This chapter deals with the process of conception in human beings. This objective is achieved by empowering the student with the knowledge of procreation in human being. Conception is the central theme of the chapter. The student is taught that it is natural to have desires and that sex should be based on consent and respect for each other. Apart from this the process of fertilization, internal and external sexual organs and their role in the process of conception is explained. The chapter also provides an insight into how the students can use and enhance their (various) life skills and use it in their daily life situations.

#### Objectives

1. To enhance the knowledge about the male and female reproductive system
2. To explain the process of conception
3. To discuss about responsible behavior and mutual respect towards the members of the opposite sex.

The student will be able to enhance life skills like Empathy, Critical Thinking, Decision Making and Communication etc.

#### Readiness for the Class/ getting ready

##### Material

- Flip Chart (Human Reproductive System)
- Blackboard and chalk
- Blank Charts / papers and markers
- Beads of two different colours , two bags (that are not see through)

**Duration:** 70 minutes

This session can be divided into two sessions of 35 minutes each as follows:

- Session I - Step 1- 2
- Session II - Step 3- 5

#### Active Interaction

##### Step1 – Warming Up

Teacher greets the class and introduces the lesson as follows;

*“We all know that every living being has the ability to reproduce. Just as a small seed goes into the fertile earth and a small plant is born, that grows into bigger plant or tree.*

*It produces lots of fruits and seeds that in turn can produce many more of its kind and the process goes on.*

*Similarly birds and animals are born, grow, and reproduce their off springs through the reproductive activities. If species do not reproduce their off springs, they will eventually become extinct. The story of humanity is no different. Where does each one of us come from and how we originated is the story of each one of us”.*

The teacher precedes the discussion by explaining:

- **“Whether animals, birds or humans, there is always a male and female involved in the process of reproduction.”**
- **“Reproduction is a law of nature and almost a principle of life.”**

### **Step 2** –

**Teacher should ask the students to recollect the information given to them in the Science Textbook of Class X, NCERT on the subject of reproduction.** (The teacher can also refer to the Science Textbook of Class X, NCERT to aid his/her explanation of the reproductive system and the terms and terminology for all the organs).

### **Step 3**

Now let’s understand the process of human reproduction in a little more depth. The first stage of reproduction is the stage of **conception**.”

Conception is the first step toward creating a new life. It is way we all came into the world. It is a process, which leads a woman to become a mother.

When male and female sex cells (sperms and ovum) unite during intimate physical relationships between two people, it leads to conception. The sperms are deposited into the female reproductive tract (vagina). These sperms have the capacity to swim and they eventually make their way to the uterus and the fallopian tubes. If the ovary has released an egg – then the sperm may encounter the egg in the fallopian tube (An egg remains fertile for about 24 hours after it is released from the ovary) and egg and sperm may fuse. The process of fusion of egg and sperm is called fertilization.

During the next few days, the fertilized egg moves down the uterine tube into the uterus. It attaches itself to the thick lining and develops into an embryo and this is called *Conception*. The embryo gradually develops into a baby during the nine months of pregnancy. And a new life comes into this world. In case the egg is not fertilized then the thick lining of the uterus is shed off in the form of menstruation.

#### **Note for teacher:**

The teacher can end one session after 35 minutes at step 2 and resume next session later. Before beginning the next session on a separate day, the teacher may just recap some of the highlights and key messages from session of session one.

**Step – 3**

Explain to the students that they will now TRY TO understand how the sex of the baby is determined.

All human beings have 46 chromosomes (22 Autosomes + XX or XY Sex Chromosomes). 23 of these come from the egg cell (the female) and 23 from the sperm cell (the male). Together they make 23 pairs in the baby. Sex chromosomes include the X and Y chromosome. The male has XY chromosomes while the female has XX chromosomes. Thus the egg contains only X chromosomes. Since the male has XY chromosomes, the sperm can contain either X or Y chromosome. If the egg which can only have X chromosome is fertilized by a sperm containing Y chromosome, a baby boy is conceived. And if the egg is fertilized by a sperm with X chromosome a baby girl is conceived. Thus the baby's sex is determined by the male and not by the female parent.

*Note for teacher: For more details please refer to Science Textbooks of Class X th , NCERT, Delhi*

For this the teacher can facilitate a simple activity.

Place beads of just one colour in the first bag (example- red). In the second bag, mix the beads of two different colours (example red and white).

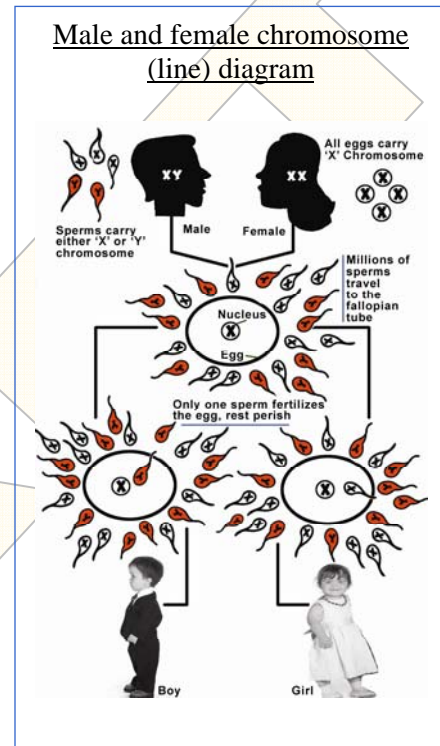
Ask 6-8 students to volunteer and come in front of the class. Pass around the first bag and ask each volunteer to pick up one bead (at random ). At this stage all volunteers have the same colour beads. Now pass around the second bag (with mixed beads). Again ask each one to draw out one bead and keep it with the first bead.

Now ask the students to show what they have with them. Some of them may have two red beads or one red and one white bead.

If red bead represents the X chromosome and the white bead the Y chromosome then those with two red beads represent a female and one red and one white bead represents the male.

Also emphasize that it is the male gamete which finally provides the X or Y chromosome and thus the sex of the baby is determined. However this is a process that cannot be controlled or influenced by either the male or the female partner. The birth of the male or a female baby is thus a matter of chance.

Answer the queries of the students raised in the class or kept in the question box with the use of the fact sheet given below



**Fact-sheet-1****Conception:**

When the pre-embryo attaches to the lining of the uterus and pregnancy begins, it is termed as conception. It is also described as fertilization of the egg.

**Menstruation:**

Ovaries release one egg every month and the uterus prepares itself to receive the fertilized egg by thickening its membrane lining into a spongy environment that is nourishing for the embryo. If the egg is not fertilized then this lining is not needed any longer and it slowly sheds through the vagina as blood and mucus. This cycle is repeated every month and called Menstruation.

**Female Reproductive Organs:**

The female reproductive organs consist of:

**Ovaries :**They are two in numbers. They produce eggs as well as female sex hormones.

**Egg-** Egg is a female gamete containing 22 chromosomes plus an X chromosome.

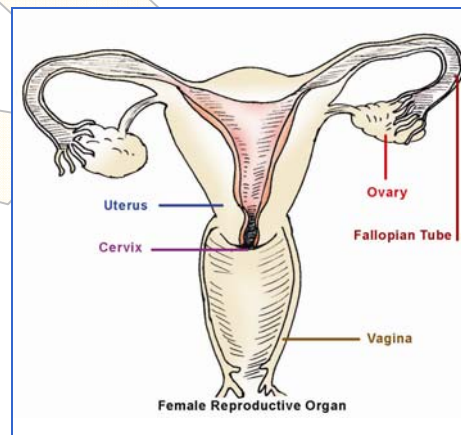
**Uterus/womb:** An inverted pear shape organ made of muscles. It grows in size as the baby grows.

**Fallopian Tube:** These are the two tubes leading from the ovaries to the womb which carries the ovum from the ovary and it is here that the ovum meets the sperm and fertilization occurs.

**Cervix:** The neck of the womb. It is normally almost closed with just a small opening through which menstrual blood passes out or sperms pass up.

**Vagina:** Tubes about 8 cm long, highly elastic so that it can easily stretch at the time of delivery to allow the baby pass through.

The vagina is externally protected by two sets of folds, Labia Majora and Labia Minora.

**Male Reproductive Organs:**

**Testicles-** A pair of Testicles are located outside the abdominal cavity in the scrotum sac. They Produce sperms and the male sex hormones, testosterone.

**Vas deferens-** Tubes which carry the sperms from testicles to urethra.

**Urethra-** Urethra is a tube, which forms a common passage for both the sperms and urine.

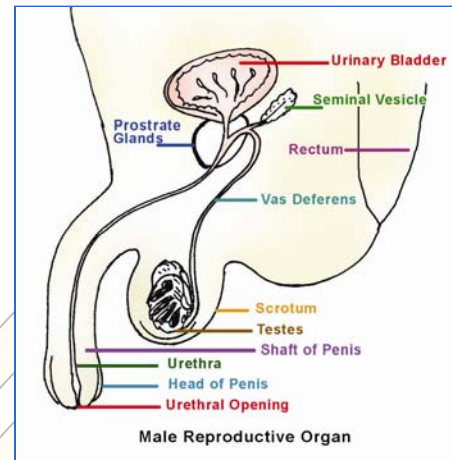
**Prostrate gland-** This is situated at the base of the bladder and produces a fluid which is part of the semen.

**Seminal vesicles-** These sit at the back of the prostrate gland and produce the thick milky fluid of the semen.

**Semen-** Is a thick and whitish fluid containing sperms and secretion of prostate gland and seminal vesicles. This fluid provides nutrition to the sperms and acts as a medium for transportation.

Sperm is a male gamete containing 22 chromosomes plus an X or a Y chromosome.

**Penis-** A tubular structure made up of spongy tissue, which fills with blood during an erection. The urethra passes through it. The helmet shaped head of the penis is called glans and it is covered by loose skin which should be pulled back for cleaning.



## IV. TEENAGE PREGNANCY AND ITS CONSEQUENCES

### Introduction

In the previous unit we discussed the reproductive system. The recent data from 2001 census indicates that more than twenty percent of the over 1,500,000 thousand girls married under the age of 15 years becomes mothers in the country. This is the issue of teenage pregnancy that causes many social and economical and health problem with the adolescent. Understanding of reproductive system that was dealt in the previous chapter can help students to avoid teenage pregnancy. The primary objective of this unit is to inform the students about the consequences of teenage pregnancy and its impact on the Family, Education and Health of the teenage mother. It provides ample opportunity for the adolescent to identify and understand that skills such as *Assertiveness*, *Critical thinking*, *problem solving*, *Decision making* & *effective Communication* are critical life skills that one must use in any decision making situation. This unit aims at achieving all this by using various activities, role plays & group discussion.

### Objectives:

- To make students aware of the reasons for Teenage pregnancy
- To help students identify & understand the consequences of Teenage pregnancy
- The students will be able to understand the responsibilities associated with having a baby
- To make students aware of the important life skills to they use in their day-to-day life

### Material :

Blank Charts/ papers, markers; Black board

**Duration:** 70 minutes

Can be divided into two parts of 35 minutes each as follows:

- Part I - Step 1- 3
- Part II - Step 4- 6

### Warming Up

The teacher greets the class and starts discussing questions from the question box especially the ones related to the previous topic and the current topic. The teacher can refer to the guidelines given in the section on ‘Maximizing the use of the Question Box Technique’.

This will encourage students to bring in more questions that will address their worries and concerns on growing up issues.

**The teacher can also begin the session by reading out a newspaper clipping or making reference to current Media (print and TV) reports that highlight the fact that many adolescent girls end up with an unwanted pregnancy.**

**What according to them are the possible reasons for increasing incidence of unwanted pregnancy?**

**Activity – Small Group work****Step 1**

The Teacher asks one of the students to read out the situation loudly.

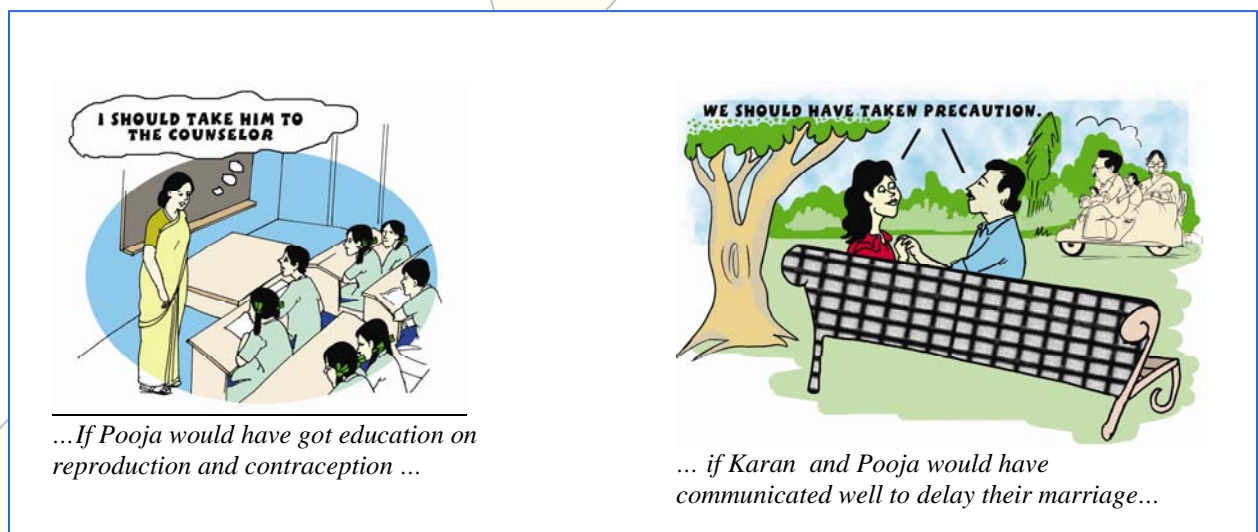
*Pooja was the youngest in the family & adored by everyone. Pooja for some time was in a relationship with Karan. Pooja's parents knew Karan's family well and for a long time. Pooja and Karan's parents decided that it was best to get them married because if others come to know about this relationship, there would be much talk about it. Pooja has just taken admission in the college. She was sure that she wanted to continue with her studies even if she gets married.*

*Six months later, Pooja realized that she was pregnant. Pooja wasn't overjoyed to hear this news from the doctor. When Karan and his parents came to know about this they wanted her to give up her college and take care of herself.*

**Step – 2**

After the narration, the teacher now divides the class into 3 groups & assigns each group the following question.

- Group 1- Why do you think that Pooja and Karan ended in this situation?
- Group 2- What are the likely consequences of Pooja's pregnancy?
- Group 3- How do you think this situation could have been avoided?



Each group discusses the situation amongst themselves for 5 minutes. After that, a representative from each group will come and present the key points from the discussion.

**Note for Teacher:**

Draw four columns on the chart paper & starts putting down the responses into different columns, without giving it any title. Once all the groups have given their view-point, assign a heading to each column: Education, Health, and Other issues.

Education	Health	Other issues
<i>Eg. Drop out from college-limited educational opportunities , future employment opportunities reduced</i>	<i>Eg. Girl's body is not completely developed to bear a baby before she completes 19 years of age</i>	<i>Eg. Additional responsibilities associated with having a baby</i>

### Step 3

#### Talking Points:

The teacher will sum up different points by emphasizing the consequences of teenage pregnancy and its impact on the Family, Education, Social life & Health of the young mother and her child. The teacher will discuss the responsibilities associated with having a baby and why having a baby at a very early age will constrain them in terms of doing what they want in life. The teacher can also touch upon the aspect of teenage unwanted pregnancy before marriage. The issues of social acceptance and complications arising from unsafe abortions can also be brought to light.

*(Note for the teacher: Teacher may refer to the knowledge sheet for more information)*



#### Note for teacher:

The teacher can end one session after 35 mins at step 4 and resume the next session later. Before beginning session two on a separate day, the teacher may recap some of the highlights and key messages from session 1.

**Step 4****Activity: Group Discussion**

Start the session from the key messages emerging from the first session. Now asks each group which was formed in the previous day's exercise to discuss and identify the life skills that could have helped or will help the individual's handle in the situation.

- Group 1- Which life skills will Pooja need to address the situation?
- Group 2- What life skills will Karan need to deal with the situation?
- Group 3- Which life skills can be used by Pooja's parents, friends & school teachers in this situation?

**Talking Points:**

The teacher now summarizes the discussion by identifying skills required to handle the situation. The teacher will now write down the skills required by each group on the black board. The teacher must add to the following skills if the participants have not mentioned them.

Pooja: self awareness, assertiveness, effective communication, critical thinking, decision making

Karan : Empathy, effective communication, interpersonal relationship

Pooja's friends, parents & teachers: Empathy, Interpersonal relationship, Effective Communication, Interpersonal relationships, problem solving

**Step 5**

Ask the students that in the above case study we have seen the impact of teenage pregnancy, thus it becomes important to know the various methods to avoid the problem of unwanted pregnancy. We will now learn about some of the contraceptive methods that can be used to prevent unwanted pregnancy and at the same time be protected from Sexually Transmitted Infections (STIs), including HIV and AIDS.

The teacher explain different contraceptive methods to the class (The teacher can also refer to the NCERT science text for class x to aid his/her explanation).

<b>Mechanical Barriers</b>	<b>Chemical Barriers</b>	<b>Intrauterine devices</b>	<b>Surgical Barriers</b>
Barriers that do not allow sperms to reach the egg – can be used by both Male & Female <b>Eg.- Male and Female Condoms,</b> Provides protection against unwanted pregnancy and Sexually transmitted infections	Drugs that change the hormonal balance of the body so that eggs are not released & fertilization cannot occur – can be used by females <b>Eg.- Birth control Pills</b> Provides protection only against unwanted pregnancy	Loops that can be placed in the uterus –they make the uterus hostile to implantation of the fertilized ovum – can be used by females (usually for those who have given birth to a baby already) <b>Eg. – Copper T</b> Provides protection only against unwanted pregnancy	Surgery to block the sperm and egg to reach the fallopian tube- can be for male & Female <b>Eg. – Vasectomy or Tubectomy (Sterilization)</b> Provides protection only against unwanted pregnancy

*Note for teacher: For more details please refer to Science Textbook of Class X, NCERT Delhi (Ch -8 : How do Organisms Reproduce ) & Fact Sheet*

*After explaining different types of contraceptives the teacher should answer questions if there are any in the question box. End the session by highlighting the following key points.*

**Key messages**

At the end of the session the teacher should highlight the following **key messages** and answer the question box if there are any queries from the student.

- Early pregnancy has a long-term impact especially on the girl's life.
- Sex is not just a physical act, but just one aspect of a relationship of which trust, communication & mutual respect are important parts.
- It is important to analyze the situation and evaluate advantages & disadvantages of each of your actions & then choose the most appropriate one.
- Decision without information may have consequences that could affect or threaten one's life.
- It is important for adolescent boys to understand that both boys and girls have an equal responsibility for avoiding an unwanted pregnancy.

DRAFT

## V. Addressing Myths and Misconceptions

### **Introduction**

The key objective of this session is to dispel students' wrong beliefs, myths and misconceptions about their reproductive and sexual health. This is because wrong ideas can lead to confusion and experimentation sometimes (so that they can confirm it for themselves). For example, a young boy can have a misconception that taking drugs once or twice do not lead to an addiction. He then indulges in a risk taking behaviour by taking drugs and to be accepted by the peers. This experimentation can have serious and damaging lifelong implications for him.

Thus the objective of this session is to equip students with scientific knowledge, facts and figures while also empowering them with skills to make informed choices / decisions.

### **Objectives**

- To help the students differentiate between commonly existing myths and facts.
- To help students clarify their misconceptions

### **Getting ready**

Material

1. Cards with the words 'AGREE', 'DISAGREE' and "NOT SURE"
2. Sticking tape

**Duration:** 35 minutes

### **Active Interaction**

#### **Step 1**

#### **Warming up:**

The teacher enters the class and before greeting them, appears confused and acts and says the following:

1. He/she announces that there has been a mistake in the time table and s/he has come in at the wrong time and in the wrong class.
2. S/he addresses the class as 12 year old students of class 6 and wishes them good afternoon instead of good morning.

When the students start correcting the teacher, s/he can ask them to prove that the information they are giving her is true. . S/he asks the students to prove they are right and that she is wrong.

Expected responses:

- Students will show the teacher the clock, the calendar, their school timetable.
- To prove their age, they will ask the teacher to talk to their parents, to seek their birth certificates etc.

**Talking Points:**

“We can all have wrong information, misleading ideas and misconceptions about various things. A misconception is also a wrong idea that one can have. Thus this morning I could have woken up thinking it’s a Tuesday instead of a Wednesday. That would have been a wrong idea, or a misconception. As long as this idea was in my head, there was little to worry. But when I decide to act based on my misconception, that’s when the real problem begins. Just think of the chaos that would be caused if I acted on my belief that it was indeed Tuesday and refused to accept any scientific evidence that proved otherwise.

A myth is a widely believed notion but it does not have any scientific basis. For example, the superstitious belief that a black cat crosses one’s path brings bad luck! This belief is widely held by many people. But is it true? How do we know it’s not true? One strong reason is scientific evidence. There is no evidence that the black cat can bring bad luck.

Each one of us has myths and misconceptions about certain things or at certain times. The thing to remember is that we must check and be aware of the scientific basis for our beliefs. We must not act on ideas we are not sure of. We must check our ideas and thoughts scientifically through dependable resources like books, teachers and parents before we make important decisions based on them.

In today’s sessions we are going to address some of the myths and misconceptions that most adolescents might have about growing up issues.”

**Step 2****Activity**

Bring up each of the myths and ask the students if this is true .If not, then ask them if they can explain this using scientific facts.

**Note for teacher:**

The teacher must read the fact sheet and be prepared before engaging in this session. Sometimes students have such strong myths/misconceptions that they may prove powerful arguments to support their stand. In such situations, it is important for the teacher to be well prepared and have researched the topic before class.

It is important that by the end of the session, the teacher has dispelled the myths and misconceptions and equipped the students with accurate and scientific information.

**Teachers can devise an interactive activity by asking both the boy and girl students to list locally prevalent myths or misconceptions in their school/peer groups. This can be followed by a discussion as to what the scientific explanation (if any) of these are and how these myths can be dispelled.**

Some of the sample statements are given here.

- Those who have sexual thoughts get pimples.
- A boy who is short is less manly.
- A girl who hasn't started her periods by the time she is 16 should seek medical advice.
- Menstruation is unclean and unhealthy.
- A boy who started growing a moustache by the time he is 14 should be worried.
- Nocturnal emissions make men weak
- It is the Right of individuals to have physical intimacy and relationship at any age, even during adolescence.
- Physical manipulation of the sexual organ by the individual (male/female) (Masturbation) is harmful
- The mother determines the sex of the baby
- Abstinence is the only method of birth control that is 100 percent effective
- Education of Human Sexuality in schools and colleges will lead to experimentation by students

### Step 3

The teacher summarizes the session with the following key messages

#### Key message:

- We must equip ourselves with knowledge based on scientific and accurate information before making any decision based just on our beliefs and notions.
- Every decision that we make has consequences and thus we should think critically and logically before making choices.

**Fact Sheet-1**

- **Those who have sexual thoughts get pimples. – Myth**  
During puberty, pimples appear due to hormonal changes in the body that lead to the sweat glands being overactive. The sweat glands grow more rapidly than the ducts that carry out the secretions (sweat). As a result, the pores can get clogged and closed. If not kept clean, inflammation and infections take place, resulting in blackheads and pimples. Thus our thoughts or fantasies have nothing to do with getting pimples.
- **A boy who is short is less manly.- Myth**  
The height of a boy has nothing to do with his capacity to execute any of his lifetime responsibilities as a man. No person's height or weight can determine their inner strength or beauty. A person's worth is valued with his/her qualities as human beings not by their external appearance.
- **A girl who hasn't started her period by the time she is 16 should seek medical advice– True**  
A girl who does not menstruate by the time she is 16 and does not have breast development should seek medical advice as this indicates delayed puberty. There can be various reasons for this delay including genetic or hormonal reasons.
- **Menstruation is unclean and unhealthy– Myth**  
Menstruation is part of a normal physiological process in the life of a girl or a woman. This involves the preparation of the uterus for the implantation and growth of the fertilized ovum in case conception was to occur. However, if fertilization does not occur, the inner layers of the uterus are shed along with blood. This is called menstruation and this is a normal and natural process.
- **A boy who started growing a moustache by the time he is 14 should be worried. – Myth**  
The onset of puberty and the changes associated with them can vary for each individual. This is also true for appearance of facial hair (moustache). Some boys may begin to experience these changes earlier than other boys. However this should not be a cause for undue concern as all boys will sooner or later experience these changes.
- **Nocturnal emissions make men weak – Myth**  
The loss of semen through a wet dream or, masturbation does not lead to weakness. The sperms and the semen is replenished in the body regularly.
- **It is the Right of individuals to have physical intimacy and relationship at any age, even during adolescence.-Myth**  
The pivotal point of adolescence is the discovery of sex. In this phase of life, teenagers should be encouraged to realize that sex is not only a physical adventure but also a truly fulfilling if it is practiced in the context of a mature emotional relationship. The kind of relationship you want to have might change around puberty.

You might start feeling sexually attracted to other people. Most people feel attracted to people of the opposite sex. Some people feel attracted to people of the same sex. Both of these feelings are natural, but our family and society's values make a big impact on our expression of these feelings.

Starting to feel sexually attracted to other people happens partly because of the sexual changes that take place in our bodies. Most sexual feelings have physical signs. There is no reason to act upon one's sex drive every time it is felt. One of the key skills to master at this stage of development is 'self-control'

Adolescents, at times may be impulsive and do not hesitate to take risk. They may take decisions without realizing the consequences. They are easily attracted to each other physically and get infatuated (falling in love blindly). **Therefore, adolescents need to be convinced that certain social norms have innate protective qualities. Social acceptance of sex within marriage is one of them.** Such relationships are enjoyable and fulfilling only after marriage.

- **Once a male is sexually aroused, he must have sexual intercourse or it could be harmful to his health – Myth**

An erection with or without sexual stimulation (when standing with friends, at a meeting, in classroom, when walking, sleeping....) is a perfectly natural reaction of the body. It is not necessary to have sexual intercourse following an erection. Similar to the egg/ovum of the female, the unused sperm is disintegrated/ destroyed in the body as part of the natural process and there is no build-up of semen in the scrotum.

- **A 14 year old girl and a sixteen year old boy know what true love is and can have a meaningful intimate relationship and can do as they please- Myth**

Relationships play an important role in ones life. They are the heart and soul of human experience, which is necessary for the survival of man as a social animal. Therefore, relationships need to be handled carefully. Healthy interpersonal relationships that are cooperative, interdependent and mutually supportive are sources of security and enjoyment for every individual.

Curiosity about sex is a natural part of growing up and is a part of preparing for adulthood. The walls of a boys' bedrooms are often plastered with sensual images of women while girls' bedrooms are similarly covered with current images of masculine heroes.

The pivotal point of adolescence is the discovery of sex. In this phase of life, teenagers should be encouraged to realize that sex is not only a physical adventure but also a truly fulfilling if it is practiced in the context of a mature emotional relationship. The kind of relationship you want to have might change around puberty.

You might start feeling sexually attracted to other people. Most people feel attracted to people of the opposite sex. Some people feel attracted to people of the same sex.

Both of these feelings are natural, but our family and society's values make a big impact on our expression of these feelings.

Starting to feel sexually attracted to other people happens partly because of the sexual changes that take place in our bodies. Most sexual feelings have physical signs.

There is no reason to act upon one's sex drive every time it is felt. One of the key skills to master at this stage of development is 'self-control'

Adolescents, at times may be impulsive and do not hesitate to take risk. They may take decisions without realizing the consequences. They are easily attracted to each other physically and get infatuated (falling in love blindly). **Therefore, adolescents need to be convinced that certain social norms have innate protective qualities. Social acceptance of sex within marriage is one of them.**

- **Physical manipulation of the sexual organ by the individual (male/female) (masturbation) is harmful –Myth**

There is scientific evidence that physical manipulation is not harmful. One should not feel guilty for masturbating as it is natural .However it is often said that one should canalize oneself into more interesting activities like sports, games, music, and art.

- **The female partner determines the sex of the baby – Myth**

The sex chromosomes of the male are X Y. So the spermatozoa produced contain either X or Y chromosomes. The sex chromosomes of the female are X X, so the ovum contains only the X chromosome. When the X ovum unites with X spermatozoa, a female child (X X) is born. And when the X ovum unites with the Y spermatozoa, a male child (X Y) is born. Hence the spermatozoa and hence the male partner determines the sex of the baby.

- **Abstinence is the only method of birth control that is 100% effective – Fact**

Abstinence means no sexual relations whatsoever – therefore there is no opportunity for fertilization of the ovum and the sperm. However it should understood that abstinence is a behavioural trait and not a contraceptive method.

- **Education of Human Sexuality in schools and colleges will lead to excessive sexual experimentation - Myth**

Adolescents and teenagers are adventurous and like to experiment and experience new things. This may apply to sex also. The aim of human sexuality education is to provide accurate and correct knowledge about human sexuality and the hidden dangers involved in reckless experimentation. This will help them to take informed and correct decisions at the appropriate time. Available data on sexuality and HIV education programmes shows that these programmes do not lead to increased sexual activity, and that the percentage of youth involved in sexual activity markedly decreases after such programmes. In addition such programmes increase abstinence among adolescents and also delay sexual debut.

## VI. Fact Sheet on Abstinence

### What is Abstinence?

**Abstinence** is a deliberate decision to avoid something. People choose to abstain from many different things, such as sweets, meat, candy, tobacco products, voting, alcohol and/or other drugs, and/or sexual activities. People choose to abstain for many different reasons, such as health (avoiding sweets or fat), personal religious beliefs (avoiding meat, alcohol), commitment to a cause or person (abstaining from voting and/or participating in some behaviours), fear (of punishment, of negative consequences), and disinterest.

People define sexual abstinence in many different ways. For one person, it may mean no physical contact with potential partners—no kissing, no holding hands. For another, it may mean abstaining from one particular behaviour, such as avoiding intercourse.

Abstinence is the only 100 percent effective method for avoiding unintended pregnancy and sexually transmitted infections (STIs), including HIV. Teens—especially young teens—should be encouraged to delay sexual initiation. Adolescents should be encouraged to delay sexual behaviours until they are physically, cognitively, and emotionally ready for mature sexual relationships and their consequences.

### Why Abstinence?

#### **Abstinence education is important for the youth & must be imparted with the objective of:**

1. Teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
2. Teaching abstinence from sexual activity outside marriage as the expected standard for all school age children;
3. Teaching that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
4. Teaching that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
5. Teaching that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
6. Teaching that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
7. Teaching the importance of attaining self-sufficiency before engaging in sexual activity."
8. The Teacher should acknowledge the importance of abstinence and provide youth with the knowledge, attitudes, and skills necessary to make abstinence work. Even youth who pledge to remain abstinent need information about contraception and condoms to help them prevent unintended pregnancy, HIV and other STIs when they do become sexually active.

**Research says:****U.S. TEENS REMAIN ABSTINENT LONGER THAN IN THE PAST**

- In 2003 and 2005, 53 percent of U.S. high school students reported *never* having had sexual intercourse, up from 46 percent in 1991.
- Between 1991 and 2005, the percentage of U.S. youth that said they *never* had sex increased in all high school grades. For example, 33 percent of high school seniors in 1991 said they *never* had sex, compared to 53 percent in 2003 and 66% in 2005.
- Abstinence rates also increased between 1991 and 2005 by gender and by race/ethnicity. In 1991, 49 percent of high school teenage women said they had *never* had sex, compared to 54 percent in 2005; among males, the numbers were 43 and 52 percent, respectively.

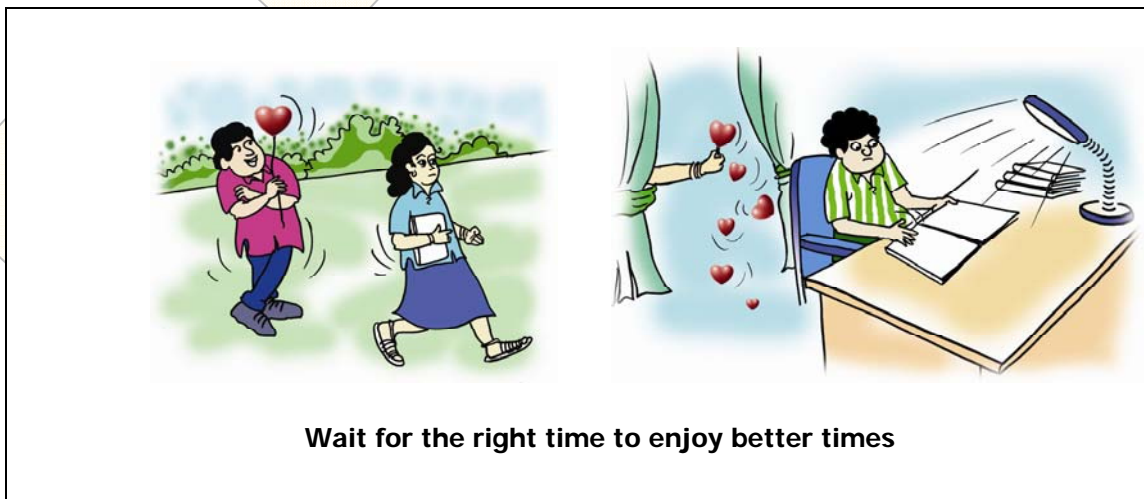
Ref: (<http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsprotective.htm>)

**Why & How to promote abstinence?**

It is not a question of Abstinence vs. Condoms as is often the case. All three elements ABC, must be promoted together to provide maximum protection to those at risk. Each of these strategies — abstinence, fidelity and condoms — are often applied imperfectly, but the answer is not to throw out any of these strategies but to ensure that people at risk have access to quality information on all three strategies.

**Strategies to promote Abstinence:**

- **Poster Campaign** for youth with a pro-abstinence message. For e.g. *(Illustrations will be replaced by suitable illustrations)*



- Wait...before it is late...
- Wait for a wife to enjoy love life
- Patience pays

**Ad campaign:** Ad showing parents talking to their children about sex and telling them to “wait.” In the end, the narrator-giving message, which says, “Tell your kids you want them to wait ’til they’re married to have sex.”

- **Youth Rallies:** Groups mainly involving the youth in their late teens can conduct rallies, carrying banners & saying slogans such as: "Abstinence is safe and healthy" or "I chose abstinence because it is a smart way to protect my life".
- **Educate the parents:** Equip the parents with information to help [teens make healthy choices](#). Encourage them to talk with their kids about waiting to have sex.
- **Celebrate Abstinence:** Schools can have a week dedicated to this issue where students can actively participate in promoting the cause through skits, plays and competitions such as poster making, slogan-writing etc.

### Section III

## MENTAL HEALTH AND SUBSTANCE ABUSE

Section/session	Objectives	Methodology	Time
I Understanding substance abuse – The Problem & the Challenges	<ul style="list-style-type: none"> <li>To name some of the substances that can be abused</li> <li>To increase awareness regarding the consequences and impact of substance use</li> </ul>	Group Discussion, case study analysis,	60 minutes
II Substance abuse and its relationship to other high risk behaviors	<ul style="list-style-type: none"> <li>To establish linkages between substance use and other high risk and problematic behaviours.</li> </ul>	Group discussion	30 minutes
III Communicating assertively	<ul style="list-style-type: none"> <li>To understand different styles of communication</li> <li>To understand the importance of an assertive style of communication</li> </ul>	Group discussion	30 minutes
IV Learning to say “no”	<ul style="list-style-type: none"> <li>To develop coping skills to resist negative peer pressure in context of substance use</li> </ul>	Group discussion, role plays	70 minutes
V Communication as a tool for healthy interpersonal relationships	<ul style="list-style-type: none"> <li><b>To understand</b> the characteristics of interpersonal relationship</li> <li>To learn about the technique of reflective listening</li> </ul>	Group activity, discussion	40 Minutes
VI Teaching peaceful solutions for conflict resolution	<ul style="list-style-type: none"> <li>To learn different ways of resolving conflicts</li> </ul>	Brainstorming, role plays, discussion	50 minutes

Section/session	Objectives	Methodology	Time
VII Coping with stress	<ul style="list-style-type: none"> <li>To recognize the meaning of stress &amp; different reasons for being stressed</li> <li>To recognize healthy ways of dealing with stress</li> </ul>	Brainstorming, group activity, discussion	40 minutes
VIII Sexual abuse – Awareness building and sensitizing	<ul style="list-style-type: none"> <li>To help the students recognize different forms of sexual abuse</li> <li>To discuss different ways of handling abuse</li> </ul>	Case study, discussion, role play	35 minutes

DRAFT

## 1. UNDERSTANDING SUBSTANCE ABUSE – A PROBLEM

In the previous chapters we have discussed the growth and development of adolescents and the issue of their reproductive health and sexuality. Here this chapter will discuss the issue of **substance abuse and** mental health of young people. The word 'mental' means 'of the mind'. It describes our thoughts, feelings and understanding of ourselves and the world around us. The word 'health' generally describes the working order of our body and mind. So when we talk about 'mental health' we are referring to the working order of our mind. One can interpret this as an individual's psychosocial well-being.

Drugs can change the mental order of an individual and affect their mental health. **The non – medical use of drug that changes the individual's mental health** is known as substance abuse. The word substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. Medline's medical encyclopaedia defines drug abuse as "the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those indicated or in an undirected manner or quantity."

The menace of drugs abuse at the world level can be understood on the ground of overall turnover that is around \$500 billions. It is the third largest business in the world, next to petroleum and arms trade. About 190 million people all over the world consume one drug or the other. Drug addiction causes immense human distress and the illegal production and distribution of drugs have spawned crime and violence worldwide. Today, no part of the world and social strata is free from drug abuse that causes trafficking and drug addiction. Millions of drug addicts, including the young people all over the world, are leading miserable lives, hanging between life and death. Some of the common forms of substance abuses are: tobacco, alcohol, opiates, cannabis, solvents and aerosols inhalants, caffeine, cocaine and ecstasy.

As adolescents mature cognitively, their mental process becomes more analytical. They become capable of abstract thinking, better articulation and of developing an independent ideology. These are truly the years of creativity, idealism, buoyancy and a spirit of adventure. But these are also the years of experimentation and risk taking, of giving in to negative peer pressure, and of taking uninformed decisions on crucial issues, especially related to their bodies and their sexuality. Adolescence is thus a turning point in one's life, a period of increased potential but also increased vulnerability. Some in the absence of support system and appropriate life skills to deal with those issues, the increased vulnerability may lead to the drug abuse further leading to the mental health problems.

In India, as many as 12.8 % adolescents suffer from mental health disorders, according to the Indian Council of Medical Research. Of these, about 3 – 4 % is clinically depressed. During adolescence, girls are twice as likely as boys to develop depression as they undergo far more hormonal change and feel gender related discrimination at the age of adolescents.

Stress alone doesn't disturb the mental health of adolescents. The multi-factorial causes of disturbed mental health are hereditary, personality and environmental factors, particularly in adolescence. "Teenagers are almost constantly stressed: first it's the fear of exams, then results, followed by admissions in the next class, finding a job and maintaining healthy relationships through this process. Any of these may cause a susceptible person to break down and slide into mental health problems. What's important is that when identified, these concerns are manageable like most other problems or disorders.



To manage the problems related to mental health and drug abuse schools have a significant influence on the behaviour and development of children and adolescents. Educational institutions provide an efficient means of promoting the health, academic and emotional development of young people. A holistic educational approach to mental health promotion increases mental well-being and reduces the risk for mental disorders to develop in children and adolescents. This thus entails the expansion of school programmes by teachers to identify the emotions, problems, temper tantrums in its early stage and to understand its nature.

Thus a comprehensive mental health programme should be a part of the school health programme. The programme should include health instruction, guidance or counseling at all grade levels, easily accessible health service, a nurturing and safe environment and interaction with families and community organizations. The aim of school-based interventions is to create an environment that will strengthen children's coping abilities and allow them to counter the environmental stresses and disadvantages they face.

*(National Curriculum Framework 2005, Position Paper - National Focus Group on Health and Physical Education)*

## I. Understanding substance abuse – The Problem & the Challenges

### Introduction

Substance abuse is not just an individual's problem; it's a problem that affects society as well. Adolescents are most vulnerable to substance abuse. Adequate, correct and timely information helps reduce the temptation of adolescents to consume drugs. In this unit, we will learn what the substance abuses are, and how it can affect our life.

### Objectives

1. To name some of the substances that can be abused
2. To increase awareness regarding the consequences and impact of substance use

### Material:

1. Photostat of case study
2. Blank sheets of paper
3. Pens
4. White/ black board

**Duration:** 60 minutes

### Active interaction

- **Step1: warming up**

**Teacher will initiate the session by introducing the word “drug” to the students**

Drug is a chemical substance which, when consumed by the body, alters its function physically and/or psychologically. (This excludes food and water). It could be a pharmaceutical preparation or a naturally occurring substance (such as opium) used primarily to alter the physical or mental functioning of an individual. Thus a drug is a chemical or naturally prepared substance that changes the way our body works.

### Step -2

Ask the students to name any drugs they may know of and write them down on the blackboard

After their response, ask them who they think a substance user is and write all the responses on the black board.

Using the following fact sheet, explain the types of substance users.

**FACT SHEET : 1****Types of Substance Users:**

- ❖ **Experimenters:** Begin using drugs largely because of peer pressure and curiosity usually confine their use to recreational settings.
- ❖ **Compulsive Users:** Devote considerable time and energy into getting high, talk incessantly about drug use, and become experts of street drugs

**Step 3:**

Divide the students into six groups and give each group a copy of the case study along with one question given below. Instruct them to discuss the case study among themselves and to try to answer the questions given to them.

*“Rahul is a good student, well liked and popular in school. His parents have recently started noticing some changes in him- he has stopped playing football, he comes home late at nights and sleeps all day and often misses school. He is irritable and is constantly asking for money. Sometimes, Rahul, who was earlier quiet person, breaks into sobs and asks his mother to forgive him. His mother suspects that he may be stealing money from her purse. His school results are suffering and his principal has issued a warning. His parents are worried of their son and have no close friends to confide with.*



*Ultimately, their parents find out that Rahul is taking drugs. He started experimenting with drugs just for fun. His parents have no money or courage to take their son to a de-addiction center. They are frightened they will be asked to vacate their flat by their landlord and that Rahul will be suspended from school. Rahul's parent's life has become a living hell.”*

**ASK STUDENTS TO PONDER UPON THESE QUESTIONS**

- What are the symptoms that expose Rahul's drug abuse?
- What are the behavioral changes associated with drug abuse?
- What do you think Rahul's parents should do?
- What are the risks that Rahul is taking?
- How will you differentiate between experimentation and addiction?

**Step 4:**

Let each group give their answers followed by a group discussion. Teachers should make use of the fact sheet (given below) in order to provide complete information to the students after the group discussion.

**Step 5**

The teacher can lead a brief discussion on the laws and substance use, by drawing information provided at the end of the session (in the fact sheets).

**Key messages:**

After hearing the students' responses, the teacher should tell them that substance abuse manifests itself into various forms of high-risk behavior that they will discuss in the next unit. S/he should answer the question raised by the students in the question box and complete the session by highlighting the following key messages

- **Substances such as depressants, stimulants and hallucinogens are harmful and have serious consequences on one's health and well-being.**
- **These substances have effect on personal, physical and psychological growth of an individual.**
- **Life skills like decision making, critical thinking, coping with stress, coping with emotions, communication skills helps in protecting oneself from risky situations.**

**FACT SHEET: 2**

Make students understand various terms related to substance abuse:

**Substance abuse:**

It refers to the overindulgence in and dependence on a stimulant, depressant, chemical substance, herb (plant); leading to effects that are detrimental to the individual's physical health or mental health, or the welfare of others. Addiction of substance abuse is a compulsion to repeat behaviour regardless of its consequences. A person who is addicted is sometimes called an addict.

**Addiction:**

Repeated use of substances, to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain the substance by almost any means.

**Tolerance:**

Tolerance occurs when an organism builds up a resistance to the effects of a substance after repeated exposure. Tolerance creates the need to consume progressively larger doses to attain the desired effect. There are two types of dependence, both of which develop over a period of time.

- **Physical Dependence:** With prolonged use the body becomes able to function only if the drug is used.
- **Psychological Dependence:** This is a kind of subjective feeling when a user needs a particular drug to maintain a feeling of well-being. It is a state characterized by emotional and mental pre-occupation while experiencing the effects of the drug and persistently craving additional consumption.



**FACT SHEET: 3****Long and short term effect of various substance of abuse:**

<p><b>TOBACCO</b></p> <p><b>Description</b> It consists of the crushed and dried leaves of the tobacco plant. It is the most commonly used drug. The nicotine in tobacco is largely responsible for the short-term effects of smoking and its addictive nature.</p> <p><b>Other Names (forms of tobacco)</b> Cigarettes, smokes, sticks, butts</p>	<p><b>Short-Term Effects</b> The user's pulse rate and blood pressure increases. The amount of acid in the stomach and urine production increases. Activity in the person's brain and nervous system initially speeds up but then slow down. The appetite decreases.</p>	<p><b>Long-Term Effects</b> Blood vessels in the heart and brain are narrowed; person develops shortness of breath and cough. Infections in the lungs, such as pneumonia, are more likely. Cancer of the lungs, mouth, larynx, oesophagus, bladder, kidney or pancreas is more likely. Stomach ulcers may develop. The skin ages prematurely. A pregnant woman who smokes is more likely to have a premature baby, or one with a lower birth weight. A woman smoker who takes birth control pills is more likely to develop blood clots and also increases her risk for heart attack and stroke.</p>
<p><b>ALCOHOL</b></p> <p><b>Description</b> It is the most commonly used drug made through fermentation of fruits and or gains. It is a depressant that slows down the activity of the central nervous system.</p> <p><b>Other Names</b> Beer, brew, suds, wine, spirits, booze, grog, hooch, moonshine</p>	<p><b>Short-Term Effects</b> At first, the person feels relaxed and less inhibited but s/he actually loses the reflection and ability to clear thinking, judgment and decision making. The person's reflexes will become slower; he or she will have trouble working and doing anything that requires any physical and mental co-ordination. The person's mood may change; he or she may become angry or take more risks. If the person drinks a large amount of alcohol on a single occasion (binge drinking), the respiration system may slow down seriously or even stop, causing death (alcohol poisoning). The effects of alcohol may increase if combined with certain other drugs. Short-term effects are intensified with binge drinking. Hangover may occur. (Discomfort occurs the next day due to rebound excitation of an alcohol- depressed nervous system. Symptoms include headache, low blood sugar levels, dehydration and irritation of the lining of the digestive system).</p>	<p><b>Long-Term Effects</b> A person who drinks heavily on a regular basis may develop: Inflamed stomach or pancreas Cirrhosis of the liver Certain cancers of the gastrointestinal tract Heart disease; high blood pressure Brain and nerve damage. In men, especially, the production of sex hormones will decrease</p> <p>In pregnant women, prenatal exposure to alcohol can cause Foetal Alcohol Syndrome (FAS) or Foetal Alcohol Effects (FAE) (facial abnormalities, growth deficiencies and damage to the central nervous system which can result in developmental delays, learning disabilities, and hyperactivity and memory deficits).</p>

<p><b>OPIATES (OPIOIDS, NARCOTICS)</b></p> <p><b>Description</b> Opiates include plant derivative substances, such as drugs from the opium poppy, and opiate-synthesized synthetic drugs such as codeine and methadone. Technically, the term opiates refers only to drugs of natural origin. They are used medically for the relief of pain.</p> <p><b>Other Names</b> Junk, horse, smack, heroin, morph. This family of drugs is frequently referred to as narcotic analgesics or narcotics.</p>	<p><b>Short-Term Effects</b> The higher centres of the brain get briefly stimulated but then the central nervous system gets depressed causing an initial surge of pleasure or a rush. Restlessness, nausea, vomiting and dry mouth may develop. There is a warm feeling in the body and extremities will feel heavy. User will go “<i>on the nod</i>” — a state where the user is in and out of consciousness. Breathing becomes slower. Pupils contract to pinpoints. Skin becomes cold, moist and bluish. Profound respiratory depression can result in death. Overdose potential is high.</p>	<p><b>Long-Term Effects</b> A person who uses opiates may experience:</p> <ul style="list-style-type: none"> <li>● Infections from unspecialized needles: including infection of the heart lining and valves, HIV and AIDS, abscesses, cellulites, liver disease and brain damage</li> <li>● Depressed respiration in overdose</li> <li>● Dependence</li> </ul> <p>Withdrawal symptoms upon stopping drug</p>
<p><b>CANNABIS</b></p> <p><b>Description</b> Marijuana comes from the cannabis plants.</p> <p><b>Other Names</b> Marijuana, hashish, dope, ganja</p>	<p><b>Short-Term Effects</b> Person experiences “<i>feeling high</i>,” and becomes relaxed and talkative. The person’s pulse rate, heartbeat and blood pressure rises, eyes get red. After a while, the person may become quiet and sleepy. Short-term memory, concentration, and the ability to think clearly is impaired. In a very large dose, the person may become confused, restless, excited or begin hallucinating. It can be used to control pain and nausea for some medical ailments, e.g., chemotherapy, AIDS.</p>	<p><b>Long-Term Effects</b> Regular, heavy use will make the person dependent on the drug. The person may lose interest in activities; the ability to learn new information decreases. Problems with memory may develop. The person becomes susceptible to infections because of harm to the immune system. The person may develop chronic bronchitis, throat cancer, and heart attack, stroke, and blood pressure complications.</p>
<p><b>SOLVENTS &amp; AEROSOLS/ INHALANTS</b></p> <p><b>Description:</b> Solvents and aerosols are manufactured by the chemical industry to be used in all sorts of products, such as gasoline, shoe polish, paint removers, model airplane glue, nail polish remover, spray deodorants, hairsprays and insecticides..</p> <p><b>Other Names</b> Glue, gas, sniff</p>	<p><b>Short-Term Effects</b> The user experiences feelings of euphoria that are characterized by lightheadedness, exhilaration and vivid fantasies. Nausea and drooling can develop. Sneezing and coughing can occur. There is a loss of muscular co-ordination. Reflexes are slow. The person is sensitive to light. Death from suffocation or heart failure and permanent brain damage could occur after even one use.</p>	<p><b>Long-Term Effects</b> Physical effects such as pallor, thirst, weight loss, nosebleeds, bloodshot eye and sores on the nose and mouth occur. There is interference with the formation of blood cells in bone marrow. Liver and kidney function is impaired. Mental confusion and fatigue may occur. Depression, irritability, hostility, paranoia may occur. Mental function is severely impaired due to brain damage. Lack of motor co-ordination and tremors may develop. Lead poisoning may develop.</p>
<p><b>CAFFEINE</b></p> <p><b>Description</b></p>	<p><b>Short-Term Effects</b> It may initially elevate mood, while reducing feelings of drowsiness and</p>	<p><b>Long-Term Effects</b> Daily use in low to moderate doses does not appear to produce any</p>

<p>It is derived from a number of plants, including coffee, tea, cocoa and some nuts. It is the most widely used drug in the world, mainly because caffeine is found in coffee, tea, soft drinks and chocolate.</p>	<p>fatigue. Larger doses may cause irritability, restlessness, nervousness and insomnia. It constricts blood vessels and increases heart rate and blood pressure. It increases the amount of urine produced. It increases the production of gastric juices. It increases the likelihood of birth defects in pregnant women.</p>	<p>harmful effects. Large daily doses (250 mg/day) may cause restlessness, nervousness, excitement, insomnia, gastrointestinal disturbances, muscle twitching, abnormally rapid and irregular heartbeat and periods of inexhaustibility and agitation</p>
<p><b>COCAINE (CRACK)</b> <b>Description</b> Cocaine is a powerful drug that stimulates or speeds up the body's central nervous system. Cocaine may be snorted, injected or converted to a freebase form that is smoked</p>	<p><b>Short-Term Effects</b> Appetite will decrease. The person may initially feel more energy and may not get tired easily. S/he will feel more alert but in actuality is more unwary. Breathing will speed up. Heart rate and blood pressure will increase, and the person will be at greater risk of stroke, heart attack and angina. The person's pupils will be enlarged. The person may act bizarre or violent. The person may experience paranoid psychosis. The person may experience a seizure (convulsion).</p>	<p><b>Long-Term Effects</b> If cocaine is sniffed, the nose tissues will get damaged. If the person is undernourished, s/he may get more susceptible to infections. It is highly addictive. With continued use, tolerance develops and more drugs would be needed to obtain the same effect. With increased tolerance comes increased risk of overdose. There is a risk of HIV infection if injected. The person may experience paranoid psychosis (may be irreversible).</p>
<p><b>ECSTASY (MDMA)</b> <b>Description</b> It is a psychoactive drug with hallucinogenic and amphetamine-like effects. It has no approved medical use. Ecstasy's use has been associated with young people who attend "raves." Recently, it has also gained popularity among urban professionals at nightclubs.</p>	<p><b>Short-Term Effects</b> Scientific evidence shows that earlier claims of ecstasy as a "safe drug" are unfounded. In low to moderate doses, it produces a mild intoxication, a strong sense of pleasure and feelings of euphoria, increased sense of sociability or closeness with others, enhanced communication skills and increased energy and confidence. Users may also experience an increase in sweating, increased blood pressure and heart rate, nausea, grinding of the teeth, jaw pain, anxiety or panic attacks, blurred vision, vomiting, insomnia, paranoia and convulsions. Higher doses of ecstasy may intensify the negative effects and may produce a distortion in perception, thinking or memory. It also may produce psychosis, paranoia, hallucinations, and long-lasting bouts of anxiety or depression. There is a potential for strong negative effects and psychiatric complications that may last for days or weeks.</p>	<p><b>Long-Term Effects</b> There are reports of weight loss, confusion, irritability, depression, paranoia, psychosis and exhaustion. Reactions may be severe and unpredictable. Jaundice and liver damage have been reported.</p>

**FACT SHEET: 4****Law related to Drug and substance abuse:**

OFFENCES AND PENALTIES		
OFFENCE	PENALTY	SECTIONS
Cultivation of opium, cannabis or coca plants without licence	Rigorous imprisonment-up to 10 years + fine up to Rs.1 lakh	Opium - 18(c) Cannabis - 20 Coca-16
Embezzlement of opium by licenced farmer	Rigorous imprisonment -10 to 20 years + fine Rs. 1 to 2 lakhs (regardless of the quantity)	19
Production, manufacture, possession, sale, purchase, transport, import inter-state, export inter-state or use of drugs	* Small quantity - R.I. up to 6 months or fine up to Rs. 10,000 or both  * More than small quantity but less than commercial quantity - R.I. up to 10 years + fine up to Rs. 1 Lakh  * Commercial quantity - R.I. 10 to 20 years + fine Rs. 1 to 2 Lakhs  Small and commercial quantities are defined for each drug separately through a notification. Quantities for important drugs are mentioned in a separate table in this information sheet.	Opium - 18 Prepared opium-17 Cannabis - 20 Manufactured drugs or their preparations-21  Psychotropic substances - 22
Import, export or transhipment of narcotic drugs and psychotropic substances	Same as above	23
External dealings in NDPS-i.e., engaging in or controlling trade whereby drugs are obtained from outside India and supplied to a person outside india	R.I. 10 to 20 years + fine of Rs. 1 to 2 lakhs (Regardless of the quantity)	24
Knowingly allowing one's premises to be used for committing an offence	Same as for the offence	25
Violations pertaining to controlled substances (precursors)	R.I. upto 10 years + fine Rs. 1 to 2 lakhs	25A
Financing traffic and harbouring offenders	R.I. 10 to 20 years + fine Rs. 1 to 2 lakhs	27A
Attempts, abetment and criminal conspiracy	Same as for the offence	Attempts-28 Abetment and criminal conspiracy - 29
Preparation to commit an offence	Half the punishment for the offence	30
Repeat offence	One and half times the punishment for the offence. Death penalty in some cases.	31 Death - 31A
Consumption of drugs	Cocaine, morphine, heroin - R.I. up to 1 year or fine up to Rs. 20,000 or both  Other drugs- Imprisonment up to 6 months or fine up to Rs. 10,000 or both  Addicts volunteering for treatment enjoy immunity from prosecution	27 Immunity - 64A
Punishment for violations not elsewhere specified	Imprisonment up to six months or fine or both	32

Source: Drug information sheet -1, Centre for Narcotic Training, National Academy of Custom, Excise and Narcotic, Faridabad

**Step: 6**

After describing the long and short term impact of the drugs the teacher may ask the students to brainstorm or discuss in groups the perceived advantages and real - disadvantages of using drugs.

Students could be divided into two groups

- a) One group should mention all the perceived advantages (which they personally feel or what they believe is perceived by the society)
- b) The same sheet should be given to the other groups to evaluate those perceived advantages and mention the real disadvantages
- c) The teacher can clear the issue on the basis of following fact sheet

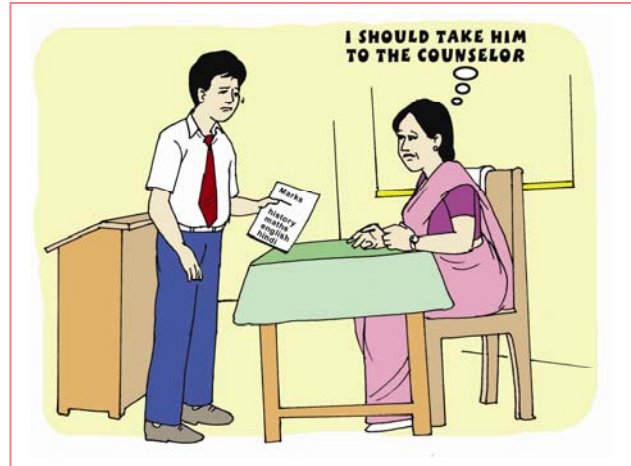
**FACT SHEET: 5****Some of the perceived advantages and real disadvantages in taking drugs**

	<b>Perceived advantages</b>	<b>Actual disadvantages</b>
<b>Personal</b>	<ol style="list-style-type: none"> <li>1. Satisfy curiosity</li> <li>2. Help in coping with boredom</li> <li>3. Feels like have something to do</li> <li>4. Develop capacity to rebel or defy parents or seniors</li> <li>5. To get revenge</li> <li>6. Helps in gaining attention from family</li> <li>7. Helps in avoiding loneliness</li> <li>8. Helps in dealing with stress/to survive</li> <li>9. Helps in forgetting disappointments</li> <li>10. Helps in avoiding family arguments or family problems</li> </ol>	<ol style="list-style-type: none"> <li>1. One should not subject one's body to harm in order to satisfy curiosity. There are many other ways in which one can satisfy his/her curiosity in a positive manner. Excitement dies</li> <li>2. May get the "wrong" type of attention</li> <li>3. May lose control of emotions, i.e. may become angry or violent, depressed or anxious</li> <li>4. May act against family/religious values</li> <li>5. Creates problems with family, e.g., loss of trust</li> <li>6. Person loses the ability to resolve family or personal problems</li> <li>7. May lose pleasure in everyday activities</li> <li>8. May lose self-esteem</li> <li>9. May lose his friend and family gradually</li> </ol>
<b>Friends and community</b>	<ol style="list-style-type: none"> <li>1. To fit in with a group or find new friends</li> <li>2. To deal with shyness or lack of confidence</li> <li>3. To be able to talk with strangers or feel comfortable in large groups</li> <li>4. To avoid having to talk</li> <li>5. To imitate role models</li> </ol>	<ol style="list-style-type: none"> <li>1. Often groups/friends change. May let friends down.</li> <li>2. Gives false sense of confidence or courage.</li> <li>3. May become more isolated.</li> <li>4. May say or do things one will regret later.</li> </ol>

	Perceived advantages	Actual disadvantages
	<ol style="list-style-type: none"> <li>6. To create a positive social image (along with “<i>approved</i>” dress, hair and music)</li> <li>7. To be the “<i>real me</i>”</li> </ol>	<ol style="list-style-type: none"> <li>5. May make a fool of oneself or act bizarre.</li> <li>6. May become uncharacteristically rude.</li> <li>7. May become someone no one recognizes.</li> <li>8. May lead to negative episodes, e.g., Drive when should not have; get involved in sexual situations otherwise would not have (others could take advantage of you)</li> </ol>
<b>Performance at School</b>	<ol style="list-style-type: none"> <li>1. To stay awake</li> <li>2. To feel more creative</li> <li>3. To have an edge</li> <li>4. To try to focus/concentrate better</li> <li>5. To forget school disappointments</li> <li>6. To be in control of emotions</li> <li>7. To avoid having to live up to too many pressures]</li> <li>8. To forget that school is not where they want to be</li> </ol>	<ol style="list-style-type: none"> <li>1. Difficult to sleep/rest. May become very sleepy.</li> <li>2. May become less motivated to do well in school/at work — a “<i>who cares</i>” attitude.</li> <li>3. Memory, ability to concentrate and think clearly may be affected.</li> <li>4. Moods may change and may have difficulty controlling emotions.</li> </ol>
<b>Health/ Physical</b>	<ol style="list-style-type: none"> <li>1. To control pain</li> <li>2. To control weight</li> <li>3. To gain muscle mass</li> </ol>	<ol style="list-style-type: none"> <li>1. May lead to chemical dependence.</li> <li>2. May become undernourished.</li> <li>3. May change the appetite.</li> <li>4. Females may become masculine- looking — includes body hair.</li> <li>5. Males may experience breast development, decrease in size of testicles/lower sperm count.</li> <li>6. May get infections more easily (e.g., HIV/AIDS or hepatitis may be contracted through needle use).</li> <li>7. May damage major organs, body systems.</li> </ol>
<b>Financial</b>		<ol style="list-style-type: none"> <li>1. Cost of purchasing drugs</li> <li>2. The effort to obtain drug may lead to other social evil.</li> </ol>
<b>Legal</b>		<ol style="list-style-type: none"> <li>1. Negative implications regarding possession, purchase and use of various substances.</li> <li>2. Could jeopardize opportunities in future.</li> </ol>

**Step: 7**

- Once students are aware about the real disadvantage of drug use, the teacher may ask them to discuss “Are adolescents more vulnerable to drug abuse?”
- If yes ask them to innumerate some of the causes and write them down on the black board.
- The teacher can explain the negative impact of drugs on the students with the use of the following fact sheet

**FACT SHEET: 6****FACT SHEET****Risk factors for Teenagers Using Drugs****a. Personal Risk Factors**

- ❖ Being young is in itself a risk factor
- ❖ Psychological difficulties,
- ❖ Undeveloped or underdeveloped personal skills
- ❖ Lack of knowledge of consequences (i.e. the dangers of alcohol use)
- ❖ Beliefs and wrong perceptions about the benefits of alcohol or other substances

**b. Environmental Risk Factors**

- ❖ The young person's parents do not know how to look after him/her emotionally, physically or in terms of providing the right kind of support and guidance;
- ❖ Many a time young people do not take the family support as they hide the fact.
- ❖ The young person could be mentally, physically, sexually or verbally abused;
- ❖ The young person may find it difficult to cope up the peer pressure and could be forced to abuse drugs;
- ❖ Some times society and cultural and/or religious values that encourage substance abuse
- ❖ The attractive advertising many a times leads to drug abuse by the adolescents.
- ❖ Having accessibility to substances.
- ❖ The poverty and lack of support system could lead towards drug abuse sometimes under pressure or some times to get support from the other people.
- ❖ Few/no opportunities for education and of free unstructured time in which there is no constructive, imaginative and challenging activities to take part in drug abuse.
- ❖ Lack of employment may lead to pressure and stress resulting into drug use
- ❖ Health services are not provided or if they are provided, they are not youth friendly;
- ❖ There is widespread availability of licit and illicit substances, since laws and regulations that are supposed to discourage or prevent abuse are not stringent or are not enforced.

**Protective Factors Preventing Teenagers from Using Drugs****a. Personal protective factors**

- ❖ Well-developed personal skills to deal with difficult situations such as the ability to analyze situations, to make quick decisions, to communicate with others, to relax, to negotiate and make compromises etc.

**b. Environmental Protective Factors**

- ❖ Good personal connections to people including family members and friends, animals and things that encourage caring, sharing and bonding.
- ❖ Adequate resources to meet physical and emotional needs of the person
- ❖ Cultural norms that discourage substance abuse
- ❖ The laws that regulate substance use are stringent and well enforced.
- ❖ Access to licit and illicit drugs is limited or difficult.

**Step: 7**

Once the students have discussed the impact of drug abuse on adolescents, ask them to identify what skills are needed to avoid drug abuse

List the points raised by them on the black board and explain the information.

Also inform the students that in the next unit of this course they will be informed of the high risk behavior associated with drug abuse.

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**REFERENCES**

[www.Library.thinkquest.org](http://www.Library.thinkquest.org)

[www.Unfpa.org](http://www.Unfpa.org)

[www.Who.com](http://www.Who.com)

## II SUBSTANCE ABUSE AND ITS RELATIONSHIP TO OTHER HIGH RISK BEHAVIOURS

### Introduction

In the previous units we have seen various forms of drug abuse that affect adolescents. In this unit we will see how abuse of these drugs leads to high risk behaviors, especially in adolescents. Drug abuse brings with it a range of illnesses like jaundice, tuberculosis, sexually transmitted diseases, and infection. Some addicts may become depressed, even suicidal when they are deprived of their “fix”. Drug abuse is also linked with unsafe sexual encounters and the risk of HIV and even anti social behavior.

### Objectives:

- To establish linkages between substance use and other high risk and problematic behaviours.

**Life skills focused:** communication skills, coping with stress, coping with emotions.

### Material:

1. Black board/white board
2. Chalk and markers

**Duration:** 30 minutes

### Active interaction

#### Step1: warming up

The teacher should open the discussion by asking the students whether they think substance abuse is related to other behaviors that can cause problems

The teacher should then facilitate an open discussion along the following pointers. Divide the students in four groups and ask them to discuss in their group on one of the following pointers and present their discussion.

- ◆ The relationship between Substance abuse and HIV/AIDS:
  - How sharing needles while injecting drugs is a potential risk factor for contracting HIV.
  - How being intoxicated can lead to promiscuity and unprotected sex, another potential risk factor for contracting HIV.
- ◆ The relationship between Substance abuse and physical well being:
  - Can lead to various health issues and in some cases even to death

- ◆ The relationship between Substance abuse and psychological well being:
  - Can lead to depression, psychosis, alcoholism and substance abuse disorder
  - Can lead to lowered self esteem and self confidence
  - Can increase the risk of suicide
  - Can lead to withdrawal from others
  - Can lead to being alienated by others
  
- ◆ The relationship between Substance abuse and social well being:
  - Can lead to family discord
  - Can lead to absenteeism and poor performance at school or at work resulting in expulsion from school or loss of job
  - Can lead to financial problems
  - Can lead to difficulties with the law – drunken driving, aggressive behaviours, stealing, etc.

### Step2

Let the teacher ask students about what they have learnt and explain the relations between drug abuse and with the high risk behaviour with the fact sheet given below.

At the end of the session the teacher should highlight the following key messages

#### Key messages

- **Substance abuse is not an isolated problem but it leads to many other problems as well.**
- **It can lead to a number of high-risk behaviors and other problem behaviors that can interfere with and hamper an individual's well being.**
- **Effective acquisition and use of life skills are needed to deal with situations that involve high risk.**
- **In the end, inform the students that we will next discuss the life skill needed for dealing with the problems of drugs and other forms of abuses.**

**FACT SHEET: 1****Drug abuse and HIV vulnerability**

Drug abuse is one of the causes of HIV and AIDS infection in our country. Though it was initially noticed in Manipur in 1990, almost all Indian states are showing increasing evidence that this problem exists. The increasing trend of substance use among adolescents has increased the chance of HIV infection, especially among this risk group.

- Use of drugs, alcohol can reduce or remove inhibitions, thus making people experiment or behave irresponsibly
- When a person gets addicted, s/he may be forced to get involved in activities that carry high risk, in order to earn money or pay for drugs
- Those people who inject drugs are at risk of HIV transmission due to sharing of needles and injecting equipments

Drug use can have a severe impact on health, social and economic aspect of the person such as in the form of isolation, discrimination, loss of family support etc. Some of the reasons of drug abuse and its effect are listed below.

Reasons for drug use	Effects of drug use
Hunger Boredom Fear Feelings of shame, depression and hopelessness Difficulty falling asleep Need to stay awake No recreational facilities Social isolation Loneliness	Lessens hunger pangs Creates sense of excitement Generates a feeling of bravery Helps to forget  Produces drowsiness Help user to stay awake Offers entertainment Provides a sense of connection with other drug users Promotes socializing
Source : ESCAP HRD Course on Drug Use and its Relationship with Sexual Abuse and Sexual Exploitation of Children and Youth, (ESCAP, 2000)	

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- [www.Library.thinkquest.org](http://www.Library.thinkquest.org)
- [www.unfpa.org](http://www.unfpa.org)
- [www.who.com](http://www.who.com)
- Drug abuse briefing, 6<sup>th</sup> edition, Institute for the study of drug dependence, United Kingdom, 1996.

### III COMMUNICATING ASSERTIVELY

#### Introduction

Adolescents are exposed to innumerable changes and stimuli in their environment. Many of these stimuli are new and evoke a feeling of anticipation, excitement and curiosity—though not all promote healthy behaviour. While some adolescents succumb to the new stimuli, others stand firm and resist external attempts to mold their thoughts and behavior. The kind of behaviour that adolescents adopt has a great impact on the relationship with peers. Thus, it's vital for adolescents to use productive assertive techniques when confronting peer pressure rather than developing behaviours that are passive or aggressive.

#### Objectives:

1. To understand different styles of communication
2. To understand the importance of an assertive style of communication

**Life skills focused:** effective communication, interpersonal relationship skills, coping with stress, critical thinking

#### Material:

1. Word cards (square pieces of paper with cues written on it)
2. Hand out
3. Markers

**Duration:** 30 minutes

#### Active interaction

##### Step1: Warming up

Invite the participants to sit in a circle. Explain that communication is about using speech, actions, body language, expression, seeing and listening. This exercise will allow them to practice their communication skills to make them more effective.

##### Step 2:

Start at one end of the circle and ask the participant to pick up two cards kept in a container. Pass the container to the next participant and continue until each participant has two cards.

Ask each participant to read their cards and to think of a sentence that includes the words on the cards.

Word cards that may be used for this game are as follows:		
I feel that we can	I will not	Listen I am
Sadness	Happiness	Sex is
It is so good	I am not at all	I think it will
Love	Dislike	Future is
What do you	I told you	Of course I
Life is	Tomorrow	Protection is
No, I am	I want to	Hold and hug
Yes, darling	Just wait for	Can you
It is so	I feel	I have to
You should	Think	I will

**Step3:**

Give the Participants 5 minutes to prepare.

**Talking points:**

Encourage the participants to be creative. Let them use words, facial expressions and body language for maximum effect.

**Step4:**

Start presentation at one end of the circle moving from one participant to the next. Each member of the circle will have a chance to participate.

**Step5:**

After each participant has presented his/her sentence, invite the entire group to give feedback. Ask them to confine their feedback to whether the sentence was effective in conveying an assertive message? Why?

**Talking points:**

Make students aware of the feelings associated with assertive behaviour i.e.

- Feeling good about oneself
- Self-confident
- In control
- Respected by others.

**Step 6:**

After all the Participants have had a chance to practice their two sentences, facilitate a discussion. You may choose to use the following questions for the discussion:

- *How did you feel practicing your assertive statements? Why?*
- *Are there moments in your life when you want to say “No” and end up saying “Yes”? Why?*
- *What are the key characteristics of an assertive person?*
- *What are the advantages and disadvantages of being assertive?*
- *Are girls usually less assertive than boys? Why?*

**Talking points:**

Students should be able to understand that in an assertive behaviours, s/he don't hurt other people but respect your rights, and that people take you seriously. Thus, everyone wins. However, using other forms of behaviour such as non assertive or aggressive often humiliate one selves and the person to the person communicating with. In addition, the non assertive behaviours build up negative self-image by giving into what others want. Moreover, it will lead the person to be involved in risky behaviours.

However, being assertive requires use of life skills that include critical thinking, communication skills, and interpersonal relationship skills.

The teacher should discuss the following table which assertive, aggressive and non-assertive behaviours and its impact on the person.

**Non- Assertive****Assertive****Aggressive**

**FACT SHEET: 1****Comparison of Assertive, Aggressive and Non Assertive Communication and its impact on the person:**

<b>ASSERTIVE</b>	<b>AGGRESSIVE</b>	<b>NON-ASSERTIVE</b>
Strong and steady voice	Loud and explosive Voice	Soft, uncertain voice
Good eye contact	Intimidating looks	Downcast eyes
Strong body language	Intimidating body language	Shifting weight back And forth
Aware of other feelings (sensitive)	Insensitive (what you want isn't important)	Doesn't feel comfortable talking about how he or she feels
Confident	Demanding	Nervous
In control	Cannot control temper	Uncertain
This is what I think	This is what I want	My thoughts aren't Important
"I" statements	"You'd better," if you Don't, then look out"	"I guess, may be"
I would like to hear what you think	This is what I want	Is everyone else doing it?

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- [www.schoolpsychiatry.org](http://www.schoolpsychiatry.org)
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- Englander-Goldern, P., Jackson, J., Crane, K., Schwarkopf, A., and Lyle, P. (1989). Communication skills and self-esteem in prevention of destructive behaviours. *Adolescence*, 14: 481-501.
- World Health Organization. Programme on Mental Health. (1993) Life Skills Education in Schools.

## IV LEARNING TO SAY 'NO'

### Introduction

Learning to say "No" is an assertive life skill behavior which a person should learn and use in order to prevent drug abuse. In the previous units we have discussed various forms of drug abuse. Here we will learn some of the life skills needed to deal with drug and other forms of abuse. Saying No to peers and elders is generally difficult for adolescents.

Peers are the individuals with whom a child or adolescent identifies. They are usually but not always of the same age group. Peer pressure occurs when an individual is persuaded to adopt similar values, beliefs, goals or to participate in the same activities as those of his/ her peer group.

The level of peer pressure increases with age. Peer pressure can be both positive as well as negative. The ability to manage negative peer pressure is a necessary skill that needs to be cultivated in students.

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**Life skills focused:** interpersonal relationship skills, communication skills, critical thinking, problem solving, decision making

### Material

1. Paper chits with Situations for role-plays
2. Blackboard, chalk, and
3. Chart with 10 ways of saying 'NO' written on it

**Duration:** 70 Minutes

### Active interaction

#### Step 1- Warming up

Greet the class and introduce the topic as follows:

Being an adolescent is not always easy. In fact, teenagers are often faced with very complicated and important decisions. Deciding to drink or smoke are just a few of the many decisions an adolescent must make. Many want to say "no" but **peer pressure** & a desire to look "**cool**" or the **lack of assertiveness** prevents them from doing.

Learning how to say no can be hard, but it's a skill that can aid in reducing stress and creating focus on the positive things in the life of an adolescent.

Learning how (and when) to say no is something that takes practice, especially if you're someone that is honestly interested in helping everyone you can, or if you are one of the many who feel guilty every time you turn down a request for help.

### Share with the students examples of the ways to say 'NO'

Method	Persuader	Decider
1. Polite refusal	"Can I get you a drink?"	"No thank you"
2. Give reason	"How about a beer?"	"I don't like beer" "I am taking medicine and my Doctor told me not to drink alcohol"
3. Be firm (Broken record technique)	"Here Smoke this cigarette with me" "Come on!" "Just try it"	"No thanks" "No thanks" "No thanks"
4. Walk away	"Hey do you want to buy some charas?"	Say "No" and walk away after you say it.
5. Cold shoulder	"Do you want to smoke?"	Keep going as if you did not hear the person. (Not the best to use with friends)
6. Give an alternative	"Let's go upstairs to my room"	"I'd rather stay here and watch T.V."
7. Reverse the pressure	"Come upstairs with me"	"What did I just tell you? "Were you listening"
8. Avoid the situation	I will wait for you near the canteen.	If you know of people or situations where people will pressurize you to do things you don't want to do, stay away from these situations.
9. Strength in numbers/ groups	"Come on with us"	Stay with people who are like minded and who support your decision to not drink, use drugs, etc.
10. Own your feeling	"Hey try this"	"I am not comfortable doing this" "It makes me unhappy"

### Step 2:

Divide the class into 5 groups, and assign one role-play to each. It does not matter whether the groups are all boys or all girls or mixed.

**Role-plays:**

1. Sanjay is being pressurized into smoking by his friends. Ask the group to come up with ways in which he can get out of the situation?
2. Meena has come to the park with her friend Jatin. He is asking her to kiss him like they do in the movies. She does not like the idea. Ask the group to come up with suggestions on how she can refuse?
3. Some boys are forcing Rohit to bunk school to go to see the latest movie. He does not want to go. They then threaten him that he will have to leave the group since he is too “Goody goody”. Ask the group on how he should say “No”?
4. Alka’s best friend Pragya has invited her to a party at her house, where boys will also come, and they will get beer. Alka does not want to go, but does not want to lose her friend. What should she do? The group should suggest ways for Alka to say ‘No’.
5. Jimmy’s friends want him to go with them to bully a younger boy. Ask the group to consider, how Jimmy can say ‘No’ and also prevent his friends from bullying the boy.

**Step 3:**

Ask each group to enact their play. Write on the board the methods (assertively, none assertively or aggressively) used by each group to say ‘No’.

**Step 4:**

Applaud their efforts. Ask the class if they can think of any other methods of saying ‘No’

**Talking points:**

Adolescents usually don't say NO for fear of offending 'good friends/ boyfriend/ girlfriend' and the thought of losing them. Tell the students that if their friends were so concerned about their feelings they would not be forcing them to do or take part in certain acts. Also, in such a situation, even if we say 'No' and lose out on our friendship then we're actually better off for our friends who never really cared for us & force us to do things against our wishes. In such situations, we can then seek out similar people and be friends with them instead.

Make them understand the following points:

**Remember: -**

- We say, "Yes" to others because we want to please them. But when eventually we can't continue, we let them down and we feel guilty. Both parties suffer. Recognize that a desire to please often prevents us from saying no.
- Make sure you understand exactly what is being asked of you before you respond. Perhaps the task is more time consuming than you thought. On the other hand, it may not take much effort at all.
- You have a right to say no. Remember that others may take you for granted and even lose respect for you if you don't say no.
- Be polite, but firm in saying no. You only build false hopes with wishy-washy responses. For instance, the phrase "I'll try to be there" in response to a party invitation is giving yourself an excuse to avoid a commitment.
- To be successful in relationships by not annoying the other person and taking a firm decision on your own requires the attainment of life skills like interpersonal relationships, communication skills, and decision-making skills.

**Step5:**

At the end summarize the session through these **Key Messages**

- **We must be able to say 'No' when we feel that we are being pressurized to do something against our wishes.**
- **We must keep practicing various techniques to say 'No' to get us out of difficult situations.**
- **Effective Communication is a tool for healthy Interpersonal relationships, to be an effective communicator; we must learn to communicate assertively. Tell the students that in the next unit we will discuss healthy interpersonal relationship skills.**

**Talking points:**

For those wanting to say "no" but are having problems, here are some ways to say "no" that work.

- Say no and keep saying no as many times as it takes to get the point across (Broken record technique).

- Before the occasion arises, practice what you would say if someone pressured you to engage in something you don't want to.
  - Get out of a troublesome situation by walking away and staying away.
  - Use body language that helps makes your point.
  - Don't stick around with the groups that pressurize you to do things their way.
- Teacher can share the handout on “ways to say no” with students.

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**REFERENCES**

- [www. Teenresolutions.org](http://www.Teenresolutions.org)
- [www. Schoolpsychiatry.org](http://www. Schoolpsychiatry.org)

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## V. Communication as a tool for Healthy Interpersonal Relationships

Along with assertiveness, healthy interpersonal relationships are the heart and soul of human experience. It is an important aspect for survival and adolescents need to understand this to gain an insight into their thought process so that appropriate remedial actions can be taken.

A healthy interpersonal relationship adds to the self-esteem of the individual and provides the individual with a well-integrated and congruent personality that enables him to take on the challenges of life smoothly.

### Objectives

- To understand the characteristics of interpersonal relationship
- To learn about the technique of reflective listening

**Life skills focused:** interpersonal relationship skills, empathy, and effective communication

### Materials

1. Blackboard
2. Chalk, markers

**Duration:** 40 minutes

### Active interaction

#### Step 1- Warming up

Introduce the topic by telling them that engaging in healthy and harmonious relationships is not an easy task and requires good interpersonal communication skills. Communication not only includes merely talking but listening also. Lack of communication skill can cause the interpersonal relationship problems some of them could be:

- Poor communication
- Unresolved conflicts
- Insufficient time together
- Emotional or physical abuse

### To work on an important element of interpersonal relationship i.e. communication

#### Teachers will clarify that

Good listeners have a style that lets the speaker know that he/she is heard, understood, and cared about. A good reflective listener helps a speaker, sort out emotions and issues and puts the pieces together to make a problem more manageable. With the help of

following chart make understand the students about the concept and process of reflective listening

### Steps of Reflecting Listening

<b>STEP 1</b>	Let the person know you respect him/her by taking the time to set up a good listening situation with few distractions and enough time to listen effectively.
<b>STEP 2</b>	Concentrate on what is being said. Make eye contact. Try to listen more and talk when appropriate.
<b>STEP 3</b>	Listen and reflect the feelings behind the problem stated. <i>"You sound frustrated because the husband keeps saying he will help, but never follows through"</i>
<b>STEP 4</b>	Avoid the "closed responses" of the judge, Consoler, or Know-It- All.
<b>STEP 5</b>	Do not make every situation a problem-solving session. Often good reflective listening helps the person in need to solve the problem him/herself. Sometimes they will need to explore alternatives to solve the problem.

#### Step 2:

Initiate the activity by dividing the group into pairs. Ask one person to share a problem and the other to practice reflective listening.

#### Step3:

Reunite the group and have everyone discuss the exercise.



#### Talking points:

Explain that a good reflector can get very tired when listening to too many problems. It is okay to hint that you must end a session. It is okay to say, *"I'm just too worried about something else to listen right now - let's talk later"*. Make sure participants know that it's important to say no when necessary and that there are gentle ways of doing this.

Tell the group that reflecting is not always easy, especially for those who have never been encouraged to express their feelings.

#### Step 4:

Conclude the session by discussing that listening also entails communicating which gives the message of being understood.

When we reflect in listening, we are trying to help the person in need truly understand their problem.

**Step5:**

Let students understand that to maintain interpersonal relationships, certain things have to be kept in mind. For example:

- Figure out what methods work for you to control your anger.
- Learn different life skills that help in effective communication and maintaining interpersonal relationships.
- Talk to an adult you trust if you feel intensely angry, fearful or anxious.
- Decide on your options for handling a problem. Talk out the problem calmly, staying away from certain people, or getting others involved in settling a dispute, such as a teacher, peer mediator, or counsellor.
- Understand that retaliation (getting back at someone in a violent way) is not an effective way to respond to teasing, insults, rough play, and offensive touching (pushing, grabbing, shoving, slapping, kicking or hitting), moreover it will spoil the relationship.

At the end, summarize the session by inviting the students to highlight their learning's in this session. Answer any questions in the question box. Tell them that there are times in life when we face many types of conflict; this is why it is important to resolve problems in a peaceful manner. In the next unit we will discuss peaceful conflict resolution strategies.

**FACT SHEET: 1****Good listening skills:**

In addition to the qualities of empathy, respect, congruence and being concrete, a number of other qualities are useful in achieving good listening skills. These include:

- Being able to challenge contributions in a creative and constructive way.
- Being able to build links between an individual's contribution and something else they have said or done, or between an individual's contribution and something that another person has said or done.
- The ability to concentrate fully on another person and suspend your own personal anxieties and concerns.
- Showing that you take someone seriously and that you recognize the uniqueness of his or her experiences and feelings.
- Being able to make sense of events, for which the person experiencing them seems to be confused or bewildered.

**Strategies for Developing Listening Skills:**

- Show that you are giving your undivided attention by having adequate eye contact. Find a balance between staring and avoiding all eye contact.
- Some body language will directly encourage people to talk to you. If you lean slightly forward you will encourage communication, slouching can indicate boredom or lack of interest, smiling and occasionally nodding your head generally encourages a person to continue, crossed arms can communicate superiority or defensiveness and may well create a barrier.
- Asking open-ended questions encourage an individual to expand upon what they are saying. For example How? What do you feel about...? Can you give me an example of...?
- Repeating key words is sometimes a useful way of prompting and avoids breaking into a train of thought. For example the response to "I find it all so frustrating... .. "Frustrating"?"
- Where any uncertainty exists, check with individuals as to what they are really saying. It is all too easy to make inaccurate assumptions about what someone else is saying or feeling. Also if you try to work out the meaning of what someone has said while they continue talking you are likely to miss what they go on to say.



- Summarizing provides an opportunity for you to check that you have heard accurately what has been said. It also enables the individual speaking to see more of a total situation.
- Reflecting back to an individual what they are saying can provide helpful clarification for them. It also provides them with an opportunity to tell you if you are misunderstanding what they are saying.
- Notice disparities between verbal and non-verbal messages.
- Before concluding a discussion on a topic, take time to check that everyone who wants to contribute has had the opportunity to do so.

### **Negative form of listening:**

#### **These include:**

- Displaying boredom, impatience or hostility
- Being condescending or patronizing
- Devaluing, by minimizing, disbelieving or laughing inappropriately
- Prematurely drawing conclusions from a contribution
- Passing judgment
- Overtly favouring one to two people
- Joining in with a group to scapegoat an individual
- Talking too much
- Distracting body gestures like fiddling with a pen or constantly looking at your watch
- Filling in silence too quickly
- Interrupting
- Asking too many questions when someone is trying to think something out
- Insisting that your perceptions and beliefs are correct only.

**FACT SHEET: 2****Different Styles of Listening:**

**The Know-It-All:** These persons have all the "right" answers because they feel they know everything about the problem. They lecture, quote facts and figures, and often act superior to the person in need. They feel they have helped the person by giving information with the expectation that the person in need will use that information in order to solve their problem.

**The Judge:** These listeners feel they are always right. No matter what the person in need feels might help the situation. The judge decides if the solution is right according to his judgment. The judge is always interested in proving that he or she is right and others are likely to be wrong if they disagree.

**The Consoler:** Consolers try to make things better through a sympathetic ear and lots of stroking. They often make light of problems that seem much more serious to the person in need. They often tell the person in need "*Things will be all right. I'll be there for you*".

**Commander in Chief:** Persons who play the role of the commander in chief are interested in keeping things under control. They tell the person in trouble to "*get rid of the bad feelings*" and take control of their lives. They order, command, demand, or threaten the person in need, thinking that, through demand, the person they are helping will be forced to "*feel better*".

**The Moralist:** The moralists find the solutions to problems via their own value system and life's experience. "*You should do this; you should do that*" is a common line offered. They feel their ideas of what will work best should be the starting point for problem-solving, forgetting that the person in need might live in different circumstances with different pressures affecting their behaviour.

**The Critic:** Critics try to change behaviour through criticism, ridicule, cajoling and subtle comments with hidden agendas. Their method can be especially discouraging as the person in need is consistently "*beaten down*" with ridicule relative to their problem.

**The Psychologist:** Psychologists try to analyze the problem, often with too little information and skills to make a difference. They quote "*experts*" and theory as a way to offer answers. They exasperate the person in need with too many questions as they try to find the "*issue at hand*."

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## VI. TEACHING PEACEFUL SOLUTIONS FOR CONFLICT RESOLUTION

### Introduction

A peaceful solution for conflict resolution is one of the most important life skills that adolescents should learn. Conflict can be defined as any situation where incompatible activities, feelings, or intentions occur together. Conflict may take place within one person, between two or more people or between large groups of people. The conflict may be expressed through verbal condemnation, accusations, and threats or through physical violence to a person or property. Conflicts may also remain unexpressed, as in the form of avoidance and denial.

### Objectives

- To learn different ways of resolving conflicts

**Life skills focused:** interpersonal relationship skills, effective communication, problem solving, decision making, empathy, coping with stress, coping with emotions, critical thinking

### Material

1. Copy of the handout (Steps for Mediation on a larger scale).
2. Blank cards
3. Pen or pencil
4. Chart papers

**Duration:** 50 minutes

### Active interaction

#### Step 1- Warming up

Give students a blank card that describes a conflict between two adolescents of their own age for example, "*Jimmy, Sushant, and Akthar are supposed to put up a bulletin board display together, but they can't agree on what the theme should be*". Ask all of them to write on their cards how it can be solved in a non-violent way. Once it is complete, collect all the cards and choose two to use as role-play scenarios.

(Note: Ask them not to use the names of anyone who is in the same class.)

**Step 2:****Talking points:**

Explain that the conflict can end with hurt feelings or anger but should not involve a physical fight.

Instruct them, that they now will be acting out (role-playing) some of the conflicts which they had described on the cards. Ask two volunteers to come to the front of the room. Read one of the conflicts to the whole class. Assign roles to the participating students. The first student's goal is to initiate a fight. The second student's goal is to resolve the conflict peacefully, or at least prevent a fight. Quickly review the list "How to Resolve a Conflict without Violence." Remind all students to use their active listening skills. (Refer to earlier activity)

**How to Resolve a Conflict without Violence:**

- Tell the other person what's bothering you - but do it nicely
- Listen to the other person's point of view
- Try to understand how the other person is feeling
- Look for a compromise
- Walk away
- Stay calm - take deep breaths
- No name-calling or insults
- Don't yell or raise your voice
- Agree to disagree
- Ask someone else to help (a parent, relative, teacher, etc)

*Role-Playing Guide:* If necessary, freeze the actors and interrupt, to make sure everyone knows what is happening. When the role-play situation has developed, you can also freeze the actors and ask students questions such as: What did you see? How did it make you feel? How do you think it made the character feel? Who said what to whom? What tone did he/she use?

**Step 3:**

When the role-play has finished, begin a discussion by asking the students questions such as: How did this go? What was the actor's no 1's perspective of the conflict? What was actor no 2's perspective of the conflict? Were their perspectives the same?

Ask for suggestions on how the actors could have played the scene differently.



Discussion questions for the actors include: How did you feel as that character? What would you have done differently yourself? How would you advise these characters? What was most difficult about your role? How do you think the other character felt?

**Step 4:**

Repeat role-play one more time, using a different conflict (with different participants).

**Talking points:**

Make the students understand that conflict resolution is nothing but a reaching agreement between conflicting parties, especially through some form of negotiation. The success of the conflict resolution depends upon the attitudes of the disputants (the people who are in dispute) and the arbitrator (or mediator).

**Step 5:**

After each role-play, look back at the list you created earlier, "How to resolve a conflict without violence." Did the actors use any of these methods to resolve the conflict? Add any new methods (of there is any) to the list.

**Step 6:**

Ask questions and facilitate discussion to help students come up with the methods listed. (for example: When the characters Neeta and Amita decided to take turns playing with the ball, what did they do? Answer: Compromise.)

**Talking points:**

Make sure that you make students understand that conflicts can be internal as well as external and that managing conflict needs to be strengthened through examining strengths, weaknesses, opportunities and threats as well as assertive training i.e. indirect life skills which help you in dealing with different situations.

**Step7:**

Teacher should end the session by posing the following questions to the students:

What did we learn? What are some ways to resolve a conflict without using violence? Ask students how they can use what they've learned outside of the classroom. Do you think you will practice any of the new methods we've learned (such as active listening, empathy, peer mediation) in real-life?

**FACT SHEET: 1**

Conflict can be defined as any dispute or disagreement between two or more people. Conflict resolution is solving the problems created by the conflict. Positive conflict resolution has three qualities:

- It is non-violent
- It meets some important need or needs of each person involved
- It maintains - and can even improve - the relationships of the people involved

Likewise, there are three key concepts in teaching conflict resolution. First, conflict is a normal and natural part of life. Without conflict there is stagnation. The goal of conflict resolution is to use conflict for its constructive and positive aspects, rather than its destructive ones. Second, conflict is not a contest. In a contest, only one person is the winner; everyone else loses. In conflict resolution we aim for what is called the Win-Win resolution, where both parties get what they want or need. Lastly, there is no one right way to handle all conflict situations. Though, there are six ways to handle conflict. Each of them is appropriate in some situations and inappropriate in others.

**Directing/Controlling** - "We're doing it my way and that's that."

**Collaborating** - "Let's sit down and work this out."

**Compromising** - "Let's both give a little."

**Accommodating** - "Whatever you want is fine."

**Avoiding** - "Let's skip it."

**Appealing to a third party** - "Let's get some help."

The key to successful conflict resolution is knowing which style to use when, and not getting stuck in one or two styles or using them inappropriately. Conflict resolution is about expanding our options and increasing our skill toward non-violent outcomes.

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## VII. MANAGING ANGER

### Introduction

In the previous chapter we have learnt about managing conflict but if conflict is left unmanaged it causes anger. It is an emotion that is managed in one of two ways- keeping inside or letting it go out.

The connection between thoughts and action is two fold. Feelings and actions also affect each other. It is important to acknowledge, accept, manage and appropriately express feelings rather than being overwhelmed by their strength. Anger, which comes out, can harm oneself, damage friendships, interfere with learning, disturb family relationships, and limit participation in team sports.

Managing anger is one of the most important skills that need to be learnt by each individual especially adolescents, who are much more prone to anger.

### Objectives

Students will be able to understand:

1. Anger and its effects on them
2. Their inappropriate action when angry and to change it to more constructive behaviour

**Life skills focused:** interpersonal relationship skills, coping with emotions, communication skills, critical thinking, and decision-making

### Material:

1. Blackboard
2. Chalk

**Duration:** 45minutes

### Active interaction

#### Step1: warming up

Explain that today; the topic will be “what happens when people get angry, and the ways of expressing anger. Initiate the topic as follows:

“Anger is a kind of human emotion that is expressed in many different ways. The common methods used in dealing with anger are either to express it openly and honestly or to release it in a passive-aggressive manner. The most common recipients of misdirected anger are younger siblings, peers, mothers, and teachers.”

**Step 2:**

Ask the class to reflect what they did the last time when they felt angry. Ask them to focus on where that anger came from. Can they replace the angry feelings with other identical feelings they have experienced such as frustration, rage, disappointment, etc.?

**Step 3:**

Ask them to share, what happened to them when they got angry. Examples: went to sleep, yelled at their dog, confronted someone, cried, punched a wall, irritated, flight or fight, etc.

Pair the students up and ask them to share what they felt like when someone was angry at/with them. How did you know the other person was angry? What did they do in reaction to the other person's anger? Have each pair give a brief summary to the group. Record the main ideas on the blackboard.

**Step 4:**

Go back to the list on the board and highlight anger management techniques that students come out with and make them understand the difference between constructive and destructive ways of handling anger. Let them come up with some healthy ways on their own. Complete their information with the help of the fact sheet.

**Talking points:**

Talk about inappropriate ways of venting anger, such as physical fighting, punching walls, etc. Make them understand that physical fights are admired within certain peer groups, and that often children are instructed by their parents and peers to stand up for themselves physically. Listen and divert to more positive options, rather than challenging the method. Punching a wall and other physical manifestations of anger, if repeated constantly, is a mental health issue. The actual physical pain is a catharsis for the internal pain that the student is unable to handle.

**Step 6:**

At the end of the session highlight the following key points:

- Expressing anger is a need for every individual but expressing it in socially acceptable and harmless way is what needs to be learnt.
- Uncontrolled anger can lead to violence.
- It is important to be aware of our emotions and our reactions to it.
- All emotions are neither good nor bad but how we express them is important. In the next unit we will learn how to deal with sadness and loss.

**FACT SHEET: 1****Types of Violence**

Van Acker (1996) described four types of violence common among adolescents who demonstrate aggressive behaviour. These are:

- **Situational Violence:** This results from factors associated with his environment like crowded conditions, poverty etc.
- **Relationship Violence:** Conflicts with persons involved in ongoing relationships.
- **Predatory Violence:** This often results in personal gain from aggression.
- **Psychopathological Violence:** This type of violence is related to paranoia, depression, and skewed views of reality etc.

**Steps for Anger Control:****STEP 1:** Prepare for the Provocation

If possible, get yourself ready for a potential conflict. Make statements such as: "I can handle this. I know how to control my temper. This could get ugly, but I know how to handle myself. Remember to breathe. If it is not going well, calmly excuse yourself and address later."

**STEP 2:** Confront the Provocation

While the conflict or problem is going on or after it has happened and you are going to address it, make statements such as: "Keep calm. Be cool. This is not that big of a deal. I will control the situation if I stay in control. Yelling and screaming is not going to solve anything. This person is really acting poorly, she must really be upset. I can help this person if I remain calm. I am not going to let him upset me."

**STEP 3:** Coping with arousal and distress

When you start to notice your body getting upset and you may be losing your cool, make statements such as: "I can feel my heart pounding, take a few breaths. My head is pounding, take a break and talk about it later. I have reason to be annoyed, but I am going to stay in control. He can probably see that I am getting upset, but my voice and words will be calm. Even though I am steaming, I am going to try to work this problem out. I am way too upset to confront her; I will talk to her later."

**STEP 4:** Self-Evaluation

After the episode is over, make statements such as: "That was not so bad. I got a little peeved, but I stayed in control. I did good job breathing. My breathing helped me. I can see that keeping myself cool turned out to be better in that situation."

**Alternative Ways to deal with Anger:**

- Write out and log recent times of anger. Explore what happened, what the issues were, how you felt and what resulted. Then think of some times in the past when you were able to control your anger... probably at work... how did you control it? What did you do or say? What did you tell yourself to calm down?
- Learn to take time-outs immediately. You can walk away from situations/people who trigger your anger. Give yourself time to cool off: 10-20 min. Take a run, pray and think about what it is that you are really upset about. What is the real issue and what are the feelings underlying your anger? What do you want to request from the person? How can you negotiate or compromise some conflict you are having?
- Avoid too much caffeine. Completely avoid alcohol and drugs, unless you are taking a prescription. Caffeine increases the metabolism, heart rate and blood pressure, and causes mood irritability.
- You may be dealing with a lot of stress or loss. Begin an exercise program so that you can work off some of the stress in your life physically.
- Learning to communicate assertively is one of the most important tools for expressing your anger in a healthy way. Begin to share more openly & lovingly your needs, requests and opinions with others.
- Learn to forgive. Bitterness plays a big part in anger and rage. When you hold on to resentments from the past, then, when someone does or says anything hurtful or disappointing, you perceive it as more hurtful or disappointing. Your perception of events is skewed at that time.

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## VIII. DEALING WITH LOSS AND SADNESS

### Introduction

Emotion of loss and sadness immensely impacts our life. Though all too common, our losses are uniquely personal. While encountering our own helplessness to control life, we do end up making our world hostile and barren.

There is no magical formula or instant solution to rebuild life after loss. There is neither a right nor a wrong way but “Just your way” which you need to carve out in a particular situation. To mourn, to cope, to accept and eventually to recover will definitely help you emerge triumphant in the long run.

### Objectives

Students will be able to understand:

- The personal losses and ways of dealing with them

**Life skills focused:** interpersonal relationship skills, coping with emotions, communication skills, critical thinking, and decision-making

**Readiness for the class/ getting ready**

### Material:

1. Paper slips with situations
2. Chalks
3. Blackboard

**Duration:** 45minutes

### Active interaction

#### Step1: warming up

Introduce the topic “dealing with loss/ failure” by telling the students that loss/ failure is an inevitable part of life. Each one of us experiences such painful moments at some points in our lives. And how we deal with them makes a difference in our lives. Initiate the topic as follows:

“. Young people are prone to having depression and other negative tendencies when experiencing loss and failure without any coping strategies. Recovering from loss is a painful business, however this process changes a person, makes him stronger and more resilient. Thus effective coping is important to let that experience overpower you.”

**Step 2:**

Divide the class into 5 groups and give each group a situation to reflect upon. Ask them to identify the feeling associated with the situation and the way of dealing with that feeling. Give them 10 minutes for discussion.

**Situations**

- (1) Your pet dog “Shera” , a part of the family for the last 3 years, has died recently. You were very fond of “Shera” and just cannot think of home without him. How will you react to this news and deal with it?
- (2) Your neighbour’s son/daughter has broken the most possessive gift of your birthday given by your late dad. The gift was very precious and close to your heart a treasured memory of your late father, which you valued more than your life. You no longer possess that. How will you react in such a situation?
- (3) You suddenly came to know that your father has got transfer and you have to shift to another town now. You have so many good friends over here. The ones who were always there when you needed them, with whom you have shared all your secrets. Though you don’t want to leave, but you have to. You are feeling very sad and depressed. How would you manage yourself in such a situation?
- (4) There is financial crisis going on in the family. You have the Farewell Party in your school, much awaited by you for the last 10 months. You wish to go but are not sure how as you know it’s difficult to pay for the entry pass. How will you deal with your feelings?

**Step 3:**

Let each group representative come up and present his or her main points in front of the entire group. List the responses on the blackboard.

**Talking points:**

Make them understand that sad moments come in every one’s life and how he/she manages those moments, depends on the capabilities of an individual. Inability to manage one’s sad moments can make one vulnerable to develop depressive disorders. Let them be told about the different stages of grieving a human being experiences after a sudden loss. Such moments may become more frequent in the life of adolescents as their coping abilities are highly variable and they are more likely to develop these disorders.

Adolescents are very sensitive to criticism and failure, and can feel sad for any adverse events. These reactive mood changes can be dealt with by proper counselling by any person the adolescent loves and respects. This could be you, a teacher or the parents. Make them aware of the “**loss cycle**” as described in the fact sheet.

**Step 4:**

At the end of the session answer the questions of the students and highlight the following

**Key messages:**

- It is important to be aware of our emotions and our reactions to it.
- All emotions are neither good nor bad but how we express them is important.
- Learning to deal with the losses and gains of life is an important skill to have. Coping with stress is a part of this skill. In the next unit we will discuss the methodology and strategy of coping with stress.

DRAFT

**FACT SHEET: 1****Depressive illness**

The symptoms of depressive illness are much the same in adolescents as in adults - low mood, lack of pleasure in any activity, altered sleep and appetite, and depressive thoughts.

Fleeting suicidal thoughts are quite common, but completed suicide is rare.

Moderate and severe depressive illnesses are uncommon in pre-pubertal adolescents but increase steadily in incidence over the teenage years.

Adolescents with mood disorders are most often referred to physicians because of their behaviour. The most common types of adolescents referred are:

- Adolescents who are irritable, oppositional, and negative; refuse to do work in school; and have severe emotional outbursts at home and school.
- Adolescents with unexplained physical complaints, headaches, or stomach-aches and whose degrees of disability are in excess of any clear medical cause
- Hyperactive, impulsive, motor-driven adolescents who tear up the world around them, often with severe aggression and deny all along that anything is wrong.

None of these adolescents fit the layperson's perception of the mood of depressed adolescents; yet the first two are typical descriptions of adolescents who suffer from depression, and the third describes an adolescent with bipolar disorder.

The diagnosis of depression is based on clinical interviews that use established criteria for depression in adolescents.

**Suicidal attitude**

One of the most serious outcomes of depression is suicide. Suicide is one of the leading causes of death in youth ages 10 - 24 years. The majority of children who attempt or contemplate suicide are likely to suffer from depression. Prompt identification and treatment of depression is important. Untreated depression may lead to failure to achieve full academic potential, disruption of key relationships within and outside the family, loss of self esteem, and self-harming behaviours which may include drug use, risk taking behaviours, and suicide.

Media reports suggest that lot of young adults seem to use suicide (attempted / or completed) as an effect of their frustration and stress. An attempt is often seen as a cry for help, by the teenager who is feeling overwhelmed and incapable. Stressors sometimes are acute (sudden losses and unforeseen events e.g. - loss of a parent by death or accident) and sometimes chronic (long-term, ongoing issues for which no solution seems

to be forthcoming). The first type of stressors takes the teenager by surprise and he / she may find coping with the stress beyond his immediate resources. The second type of stressor gradually saps the energy out of the adolescent and leads to growing feelings of helplessness, hopelessness and worthlessness. Nothing seems to work.

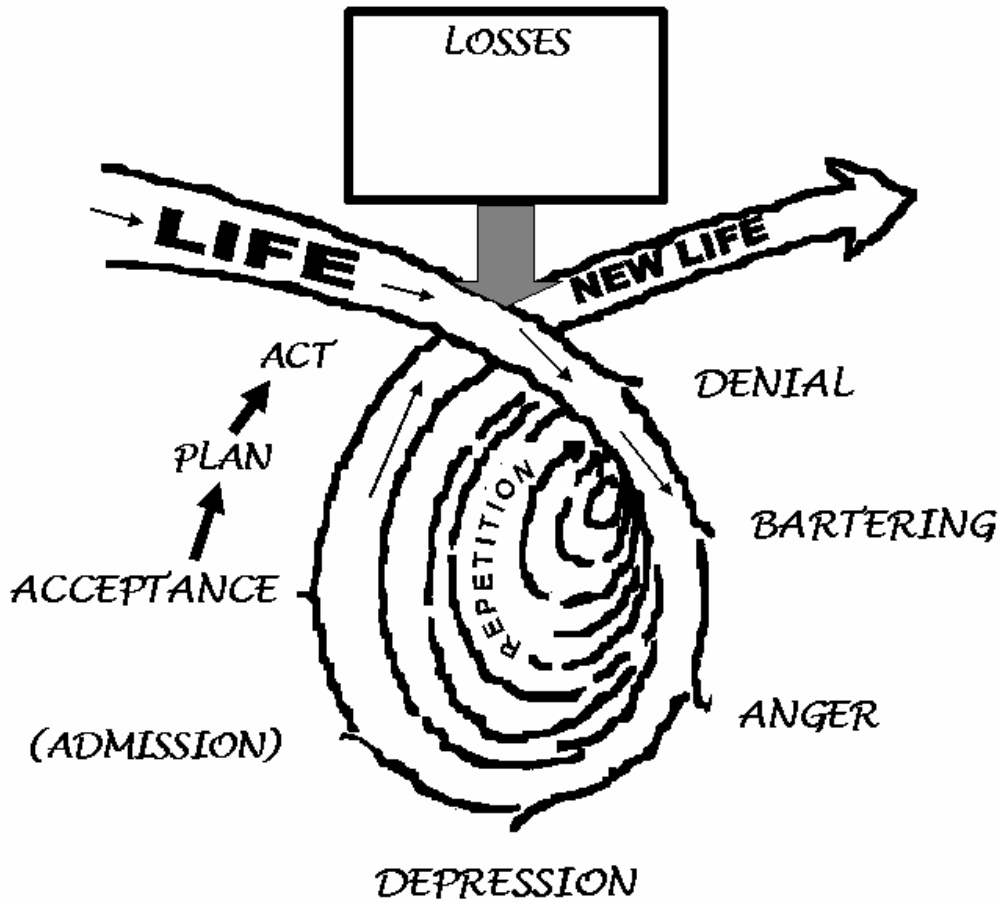
Young people who have a very inhibited personality, are excessively shy, lack close friends, do not share problems, and tend to be lonely and are extremely sensitive are at a disadvantage. Due of lack of communication with peers of the same age group, they feel that it is only they who are going through the distressing experience and that no one close has suffered similarly. Ventilation and sharing which can reduce the depression is not available to them.

### **Stages of Grieving**

- **Denial**
  - Shock and disbelief, this is not right
- **Anger (why me, why them)**
  - Anger, resentment and envy
- **Bargaining (often with God)**
  - Striking a deal to postpone death
- **Depression or Sadness**
  - Sadness over past and impending losses
- **Acceptance**
  - Struggling against death ends
  - Contemplating its coming with out fear or despair

# The Loss Cycle

*The Normal Cycle for All Losses*



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## IX. COPING WITH STRESS

Stress comes in all forms and is an unavoidable consequence of life. Transient feeling of anxiety and stress are a part of life for every individual. It is experienced and usually mastered by every child and adolescent. It is nothing but the body's response to any unpleasant situation. Stress has both physical and emotional effects and creates both positive and negative feelings.

### Objectives

- To recognize the meaning of stress & different reasons for being stressed
- To recognize healthy ways of dealing with stress

**Life skills focused:** interpersonal relationship skills, communication skills, coping with stress, coping with emotions

### Material

1. Cards in the shape of a star, in the center write words that students come up with.
2. Handout that can be distributed

**Duration:** 40 minutes

### Active interaction

#### Step 1- Warming up

Initiate the activity by asking students different words that are related to stress. Students may come up with words like worry; anxiety, anger etc. Also ask them to list down, why they some time feel stressed.

#### Step 2:

After this brainstorming, write each word in the center of the star and give it to the students by dividing them into groups. Ask them to write the different ways in which they depict the fact that they are stressed.

Instruct them to present their ways by choosing one group representative in front of the class.

#### Talking points:

Make them understand that **“stress is a combination of physical, mental and emotional feelings that results from pressure, worry and anxiety.”**

A mild degree of anxiety and stress may be stimulating and motivating, and may help to overcome stress; but a high degree of stress may be disrupting. The idea is to function with a level of stress that is life enhancing, not life threatening.

#### Step 3:

When one group presents, let the other groups give feedback on that particular way of demonstrating stress and whether it would help or not.

### Talking points

Teachers will emphasize the following points while conducting the session.

- Too much change too quickly can be a cause of stress.
- Stress can be caused by pleasant and unpleasant events.
- The cause of stress may not always be apparent.
- Usually stress is a result of built-up of related and unrelated events.
- Often your stress is more apparent to others than to yourself.
- Reactions to stress can be emotional, physical and behavioural.

### Step 4:

However, the positive way of thinking can help us to cope with stress. The teacher should make students understand the difference between stress builders and stress busters by giving the following examples:

<i>Stress Builder</i>	<i>Stress Buster</i>
I'll never get this assignment in on time.	If I stay focused and take it one step at a time. I'll make steady progress
My teacher did not respond to my saying good morning. He's probably displeased with my work, and I'll get a bad evaluation	I'm jumping to conclusions. My teacher may have been in a bad mood. So far all my evaluations have been positive, so unless I get some negative feedback, I'll assume my teacher is pleased with my work
I can't get my mistake on Q10 out of my mind. The paper is ruined. I have disappointed everyone.	No one is perfect. I did my best. I'm overreacting to one mistake when the overall paper is fine



Summarize the session by discussing the techniques to help reduce stress:

1. **Acknowledging the stress and strain** - In everyday life, stress manifests as mental or physical tension, which you would rather not have. Recognize that stressors of various kinds are inevitable and in the preparedness of life, one needs to learn to handle them.
2. **Appreciating what causes your stress** -Then, instead of blaming yourself or failing to cope, you enumerate and end up pinpointing the sources and then tackling it.
3. **Alleviating pressure** is all about resorting to simple stress-busting techniques. Perhaps you have calming vision to look at when you need a mental escape from your surroundings. Or you may relax your muscle before you go to sleep.
4. **Altering your lifestyle** is the next step towards Stress. Once you've seen the benefits of relaxation, it will encourage you to develop more permanent ways of reducing stress. If stress continues to be persistent, either you haven't tried the major stress alleviating formulae or alternately you haven't kept them up long enough to deliver the needed result.
5. **Avoiding** – This last step is the toughest but also the most beneficial. You have to start avoiding stress increasing habits and burnouts. Avoid irregular eating, sleeping and sedentary habits which may compound the levels of stress.

The teacher can also distribute the following handout to the students to help them to understand life skill of coping with stress.

However, managing stress requires understanding and awareness of those issues which impact children and adolescents negatively. Some of them include child abuse, sexual abuse etc. Tell the students that in the next unit we will understand the skills needing to deal with various forms of abuses.

### **HANDOUT**

#### **Exercises to help reduce stress**

**S-T-R-E-T-C-H** - stand on your toes whenever you feel under pressure and stretch your body. Pretend you are reaching out to grasp something a few centimetres beyond your immediate reach. Hold this pose for five seconds and relax.

Laugh hard, as much as you can, see a comic, cartoon film, and share a joke with a friend. They make effective emergency substitutes to relieve stress.

**Be a breathing beauty** - the right kind of breathing can dispel stress. Take a deep breath and exhale slowly, concentrate on the air leaving your lungs. Slow down your breathing.

A two-second inhalation and a five-second exhalation is ideal. Do it five times in the morning and five times in the evening.

**Listen to music** - Music has always had a soothing effect. Put on the music of your choice-film songs, jazz, ghazals, pop etc.

**See the sunlight** - Feel the morning sunshine soak into every pore of your body. Feel the incredible sense of well being that it brings.

**Discover the yogi in you** - Yoga has always been a panacea for stress. Pick up a book on yoga exercises or go to a teacher and get started with half-an hour sessions whenever you can spare the time.

**Practice shrugging**-shrug - 'you don't know you don't care'. Whenever you feel stressed, roll your neck from right to left a few times. Follow this by shrugging your shoulders. Loosen your muscles. Believe from the bottom of your heart that you don't care.

**Talk less, listen more** - an age-old remedy - Listening banishes stress, makes you more popular, more knowledgeable, more sensitive, altogether a nicer person. It doesn't take much effort.



**Count your blessings** - There is no better way to banish stress. No one has bad things happening to him or her all the time. Make a mental note of good things. Then put it down on paper, and refer to it every time you feel stressed.

**Compare with yourself and see the changes.** If you want genuine pleasure in life, compare yourself not with others but yourself.

**Do nothing sit out** - This requires no effort from us, as nothing stays bad forever! Acceptance of the situation helps to reduce stress.

**Express your stress - let the emotions flow-** Stress is a highly emotional experience. When we bottle –up our stress we become increasingly dysfunctional. Stress increases as a result of which health, welfare, relationships suffer. Our anger, depression, fear, frustration and range need to ‘FLOW’ out of us. Flowing out can take the form of writing, talking, poetry, vigorous physical activity etc. Mind and body become clearer and more energized. Situations and opportunities are perceived more clearly. This results in a set of wiser choices and decisions.

**Take charge** - Believe that “I am in charge of my life!” Parts of our stress is derived from the way we react to what is (or is not) happening and the way others reactions to us.

- **Sports** – Engaging in some sports activity will help in venting out your frustrations
- **Reading** - Read a book with positive message, to relieve your stress

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## X. SEXUAL ABUSE – AWARENESS BUILDING AND SENSITIZING

### Introduction

Abuse can be physical, sexual, emotional or verbal; it is intimidation or manipulation of another person or an intrusion into another's psyche; the purpose is to control another person. It is generally a long-term pattern of behaviour although specific short-term interactions can be labelled abusive. Abuse may coexist with neglect, which is defined as failure to meet a dependent person's basic physical and medical needs, emotional deprivation, and/or desertion. Neglect is sometimes described as passive abuse.

When a person is used as a sexual object without consent, it is called sexual abuse. Child sexual abuse often begins with nonsexual touches like patting, pinching, touching, or hugging. The child accepts it as non-threatening. But gradually abuser may increase the methods of abuse. Often adolescents can make out “what a good touch is and what a bad touch is”. Once an adolescent senses a “bad touch” by another person, it is better to keep a distance from those persons.

### Objectives

- To help the students recognize different forms of sexual abuse
- To discuss different ways of handling abuse

**Life skills focused:** communication skills, coping with stress, coping with emotions, interpersonal skills, critical thinking

### Material

3. Photocopies of the case study/role play
4. Paper and pencil

**Duration:** 35 minutes

### Active interaction

#### Step 1- Warming up

Greet the class and ask them to discuss the learning of the previous unit. Once they have recapitulated the previous session introduce the present topic in the following manner:

“Abuse refers to harmful or injurious treatment of another human. This may include physical, sexual, verbal, psychological/emotional, intellectual, or spiritual maltreatment. Abuse is a form of long-term torture usually inflicted by one’s nearest and dearest. It is a grievous violation of trust and it leads to disorientation, fear, depression, and suicidal ideation.”

**Step 2:**

After this, divide the students into two groups and give each group the following case study to discuss among them.

**Case study 1**

*“Sumit is a 15 year old boy who does well in school and is considered a good student by his teachers. As his parents go out to work, he is alone at home throughout the day. His father’s friend, who Sumit calls “uncle” happens to stay in the same building and drops in at their house many times, especially when Sumit is alone, and insists on sitting very close to him. Once, he even tried to hug Sumit and touch his genitals, but somehow Sumit managed to get away from him on the pretext of making tea for him. However, after this incident Sumit is upset, worried and confused. He knows that the uncle’s behavior is wrong, but he does not know what to do about it, and he is unable to discuss this with anyone. This is affecting his performance at school.”*

Give the first group the following questions to discuss. Let each group representative present answers in front of the class. Let a discussion take place.

- Q1. What is Sumit going through?
- Q2. What are the options available with him?
- Q3. What kinds of pressures are acting on him?
- Q4. Who do you think he can approach in order to seek help?
- Q5. How do you think he should deal with the situation now?
- Q6. Is it a kind of abuse? What are other kinds of abuse?

**Case study 2**

*“Neetu is a girl who goes to dance class after school, on a bus. She feels uncomfortable traveling in a bus as many people stare at her and a few times have even pinched her. By the time she could do anything, the people get down from the bus. Neetu feels very bad about the incidents and is not able to confide in anyone. At times, she feels very helpless.”*

Ask students to discuss following questions among their group:

- Q1 What is Neetu experiencing?
- Q2 What are the options available with her?
- Q3 Who do you think, can she approach for help?.
- Q4 How do you think, Neetu should approach the situation?
- Q5 Do you think boys can help to create safer environment for girls. How?

**Step 3:**

Let each group come and role play the situation if possible. Ask the groups about the discussed answers and make them aware of the correct answer.

When they are done with their role play, inform the students about the various forms of abuse taking into consideration the following points.

**Talking points**

**Make the students understand the difference between sexual abuse and sexual harassment (example-eve-teasing).**

**Sexual abuse** includes any situation in which children are being used for someone's sexual gratification, ranging from hands-on abuse, such as fondling or exposing to disturbing sexual material. Sexual abuse can be traumatic to children since it is an overwhelming, out of the ordinary experience and elicits feelings of helplessness and instinctual arousal.

The teacher should emphasize the fact that sexual abuse can take place within the family, by a sibling or other relative; or outside the home, for example, by a friend, neighbour, an elder person whom you respect, or a stranger. More often the abuser is someone you already know.

**Sexual harassment** is any unwanted sexual attention/ behavior which a girl or boy experiences in various situations. The behavior may be intentional or unintentional with implicit or explicit sexual connotations. It can be verbal, non-verbal or physical harassment. What Neeta was experiencing is "sexual harassment".

**Eve teasing** is a form of harassment that usually takes place at public places ie parks, public transport, roads, crowded places, cinema halls, colleges etc. Most of the times, females are at the receiving end.

Sexual harassment is a type of sexual abuse. The subtle difference is that in sexual harassment, there is no sexual contact and the harassment is often done anonymously in public places. However, the known person can be involved in sexual harassment.

**Step 4**

Make a list of various types of behaviours that students recognize as sexual harassment, from various situations/day to day experiences.

**Board Work**

- Brushing against a person's body
- Unwelcome touching, patting or pinching
- Obscene phone calls or writing obscene letters
- Exposure of genitals (Indecent exposure)
- Showing pornographic material
- Eve teasing
- Making sexual remarks
- Making remarks about a person's clothing, body

**Step 5**

Ask the students: **What can you do to prevent sexual harassment?**

**What role can boys play in reducing the incidence of sexual harassment (against girls)?**

### Tips to handle eve teasing/ sexual harassment

- Be aware of your circumstances at all times. If you feel you are being followed, go to a public building and call Police Help line Number or someone who lives close by for help. Do not take a chance.
- In case, some one tries to take advantage of your situation in public places, resist then and there if possible. Try to shout /scream for help or attract the attention of those around you.
- Be assertive- don't let anyone violate your space.
- Indicating that one is aware of harassment & practices ways to deal with them.
- Predicting and avoiding the harasser.
- Watching out for unwanted visitors.
- Informing to a supportive sibling, friend, parents or teacher if the harassment is repetitive.
- Avoid walking alone especially at night and unknown places.

### How to Avoid Situations of Sexual Abuse

You can prevent or lessen the chance of sexual abuse by remembering some of these useful tips:

- If someone tries to invade your personal space or tries to touch your body and do things that make you uncomfortable, say a firm NO to that person and do it right away.
- Respect your elders but that does not mean blind obedience to adults and to authority. Remember that most often the abuser is someone you know well and respect. Avoid being in a situation when you are alone with a person who is not your immediate family (parents, brothers, sisters, grandparents etc.)
- Never allow strangers to enter your home without showing some sort of identification.
- Do not let strangers or other people know that you are alone at home. Do not be out alone particularly if you know that it is unsafe or it is a new place.
- If you are in a situation where you recognize that you have been abused or likely to be abused, share this information with someone older, whom you trust. Do not be threatened by the situation, even if you are afraid or feel embarrassed / humiliated. The abuser will only feel more confident of their act if they can prevent you from sharing this with others.

**Step 6:**

At the end, discuss with the students highlighting on the following key points:

**Talk of good touch and bad touch.**

- Every girl/ boy has a right to personal boundaries or space.
- Suggest reporting bad touch to an adult in whom they have total trust – father or mother or a teacher.
- Equipping yourself with the life skills will definitely give you much more power to deal with these kinds of situations.
- Point out different forms of sexual abuse. Emphasize that apart from adolescents and adults even a child can face abuse.

**FACT SHEET: 1****What is child abuse?**

“Child Abuse or maltreatment constitutes all forms of physical and/or emotional ill treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power”. (WHO, 1999).

**Types of Abuse**

1. **Physical Abuse-** Physical abuse of a child is that which results in actual or potential physical harm.
2. **Sexual Abuse-** Sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or is considered taboos in the society.
3. **Neglect and Negligent Treatment-** Neglect is the inattention or omission on the part of the caregiver to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions.
4. **Emotional Abuse-** Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potential, and in the context of the society in which the child dwells.
5. **Exploitation-** Commercial or other exploitation of child refers to the use of the child in work or other activities for the benefit of others.
5. **Conscription of Children-** Conscription corrupts a child by making him engage in violent, destructive, and anti-social behavior, such as killing and destruction of property thus making him unfit for normal social experience.

**Effects of Abuse**

Physical Changes	Behavioural Changes	Emotional Changes
<ul style="list-style-type: none"> <li>● Bed wetting</li> <li>● Sleep disorders</li> <li>● Physical symptoms such as headaches and chronic pain</li> <li>● Repeated self-injury and sometimes Suicide attempts</li> </ul>	<ul style="list-style-type: none"> <li>● Alcohol and/or other drug abuse</li> <li>● Attention problems</li> <li>● Behavior problems</li> <li>● Dissociative states</li> <li>● Eating disorders</li> <li>● Failure to thrive</li> <li>● Fear or shyness; Fear of</li> </ul>	<ul style="list-style-type: none"> <li>● Aggressive behavior</li> <li>● Anxiety</li> <li>● Depression</li> <li>● Deep sense of isolation</li> <li>● Overly complaint, shy, passive, withdrawn</li> </ul>

Physical Changes	Behavioural Changes	Emotional Changes
	certain adults or places <ul style="list-style-type: none"> <li>● Lying</li> <li>● Panic attacks</li> <li>● Risky sexual behaviors</li> <li>● Running away, Truancy.</li> <li>● Sexual dysfunction</li> <li>● Social withdrawal</li> <li>● Stealing</li> <li>● Stuttering</li> <li>● Thumb-sucking or any age-inappropriate behavior.</li> <li>● Self neglect</li> </ul>	

### **Signs and symptoms abuse:**

- Depression
- Regressive behavior such as thumb sucking
- Consistently anxious, fearful, irritable
- Reluctance to be with a particular person or in particular place
- Over compliance
- Acting out sexual behaviour
- Sexually transmitted diseases

### **Dealing with abuse**

What to say when a child has been abused:

- Encourage them to talk freely. Don't make judgmental comments
- Show that you understand and take seriously what the child is saying.
- Assure the child that they did the right thing by telling.
- Tell the child that they are not to blame for the sexual abuse.
- Offer the child protection, and assure them that you will promptly take steps to see that the abuse stops.
- Convey them "Your challenge is not to keep trying to repair what was damaged; your goal instead is to reawaken what is already wise, strong, and whole within you, to cultivate those qualities of heart and spirit that are available to you in this very moment."
- Ask them to write a diary to ventilate their emotions and put them down on paper.

### **Some facts about sexual abuse:**

**Sexual abuse** happens when someone who is more powerful than another person takes advantage of that person in a sexual way. Sexual abuse is used to describe sexual relations and behaviour between two or more partners which are considered criminally and/or morally offensive or unacceptable. Sexual abuse may include touching the body parts like breasts or genitals, kissing or fondling forcibly or without consent, and includes crimes like molestation or rape. Both boys and girls face abuse, though boys may face them to a lesser extent.

### **Myths about sexual abuse**

There are many commonly held beliefs about sexual abuse.

- One myth is that the abuser is usually a stranger. Most of the abusers are immediate family members or persons close to the family. Remember - people with wrong intentions don't always look bad; they're often the people we trust. Typically it maybe a friend, a parent, someone you love and trust - and it often happens at home.
- Another myth is that the abuser is always hated. Often the victim loves and protects the perpetrator. Some children may feel "special" about the abuser. It may be the only attention or physical contact they're getting from the abuser who maybe a close loved one. Because of this, some survivors even into adulthood will deal with the abuse by minimizing it. Thus, they make the abuser and the events "OK", to make it feel like they're okay.
- A third myth is that only females are sexually abused. Sometimes, male children and adolescents may be abused as well. This is known to happen more in boarding school settings, where older bullies may often abuse the younger boys.

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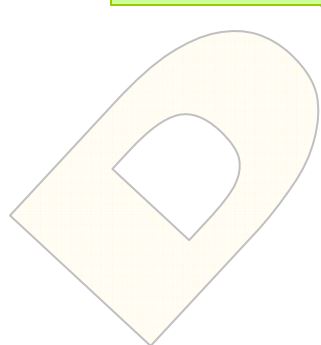
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## Section 4

### HIV prevention and Life Skills

<b>A. Basic Facts about HIV/AIDS and Sexually Transmitted infections</b>			
<b>Chapter</b>	<b>Objectives</b>	<b>Methodology</b>	<b>Time</b>
I HIV: Understanding Social Aspects and Significance of Knowledge and Awareness	To encourage young people to reflect upon their socio-cultural reality and gender stereotypes in context of HIV epidemic and their role in addressing it. To develop understanding on HIV prevalence in the country.	Brainstorming and Lecture	35 mins
II HIV and AIDS: The Basic Facts and Modes of Transmission	To share basic facts about HIV To impart information on modes of HIV transmission	_Group Work	60 mins
III Prevention: The best strategy to fight against HIV and AIDS	To discuss ways in which HIV transmission can be prevented	Group work and presentation	30 mins
IV Sexually Transmitted Infections (STI)	To learn the basic facts about STIs, its causes and symptoms To list factors that enhance vulnerability of adolescents to STIs To understand the linkage between STIs and HIV infection	Brainstorming and question -answer session	30 minutes
V Dealing with Myths and Misconceptions related to STI, HIV and AIDS	To discuss and clarify the Myths and Misconceptions regarding STIs To discuss and clarify the Myths and Misconceptions regarding HIV and AIDS	True/False Game or Buzz by Myths	40 minutes



<b>B. Life Skills for HIV and AIDS Prevention</b>			
<b>Section/session</b>	<b>Objectives</b>	<b>Methodology</b>	<b>Time</b>
I Making An Informed Decision	To experience the process of decision making  To learn to make decisions that are informed	Group discussion, Role Play	30 minutes
II Learning To Negotiate	To understand the importance of peer pressure in decision making  To understand the importance of negotiation in certain situations  To learn how to negotiate assertively	Group discussion, Role play	30 minutes
III Communicating Empathy For People Around Us	To understand the need of empathy for healthy relationships. To identify ways in which students can support people living with HIV and AIDS (PLWHA)	Group discussion, Role play	40 minutes

## I. HIV: Understanding Social Aspects and Significance of Knowledge and Awareness

### Introduction:

AIDS which causes due to Human Immunodeficiency Virus ( HIV ) has emerged as an epidemic all over the world and it is infecting and affecting large sections of society and especially the youth. In spite of the fact that knowledge and awareness can prevent HIV young people's access to information, skills, services and support regarding HIV and their sexual and reproductive health and rights (SRHR) in general is alarmingly low. Furthermore the socio-economic circumstances like urban migration, discontinuation of school, early marriage, early pregnancy and individual's social status in context of gender, caste or class puts young people, especially young women, at the increased risk to HIV and other sexually transmitted infections.

Worldwide, statistics on HIV prevalence present young people as the group with rising rate of HIV infection. Scenario in India is no different. This calls for an urgent need to build capacities of young people with scientific information and enhanced skills to identify risky situations in one's life to prevent and protect themselves from HIV and other sexually transmitted infections. The processes entail life-skills development for overall protection from coercion and exploitation of any kind to safeguard oneself from disturbing consequences. It also aims to empower young people to deal with associated stigma and discrimination and ensure their meaningful participation in addressing the menace of HIV in the country.

This unit aims to develop an understanding among the students, about the current social scenario of HIV in our country. The core objective of this session is to make students aware of how a person can contribute in containing spread of HIV by simply reducing one's own vulnerability to the infection by increasing his/her own knowledge as well as learning some life skills.

### Objectives:

- To encourage young people to reflect upon their socio-cultural reality and gender stereotypes in context of HIV epidemic and their role in addressing it.
- To develop understanding on HIV prevalence in the country.
- To identify reasons that makes young people and especially young women vulnerable to HIV.

**Material:**

1. Black Board and chalks/ Flip chart and marker pens
2. A Map or state-wise data on HIV prevalence in India (*the map or data should be latest available as far as possible and can be procured from <http://www.nacoonline.org> or State AIDS control office*)

**Methodology:** Brainstorming and Lecture**Duration:** 45 minutes**Step 1**

The teacher facilitates a brain storming session with the students asking them to name some of the currently prevalent diseases that they are aware of. The probable answers may include:

Blackboard-Work

Cancer / Tuberculosis/ Hepatitis/ Jaundice/  
Typhoid / Pneumonia / Cholera / Diarrhoea/ Flu / Cold and  
Cough / Viral / AIDS/ HIV

Once the group has mentioned HIV or AIDS, the teacher will introduce the topic of the day and explain to the students that in this and subsequent sessions they will discuss more about the HIV and AIDS epidemic.

**Step 2**

The teacher will start the session by asking students one question at a time in the following sequence:

1. What is the current estimate of people living with HIV in India?
2. How many of them are young people (age group 10-24 years)?
3. What makes young people vulnerable to HIV?
4. What makes young women more vulnerable to HIV?
5. Do people living with HIV have basic human rights?
6. How are the rights of people living with HIV and AIDS being denied? What can you as students see that these people can live with dignity and respect?

The responses of students against each question can be written on the black board or flip chart and with reference to the information in the fact sheet given at the end of the chapter, the teacher can further discuss each question/issues highlighted.

**Fact sheet: 1****Origin of Human Immunodeficiency Virus ( HIV)**

We do not know the definite origin of HIV. Scientists have different theories, but none have been proven. The earliest known case of HIV was from a blood sample collected in 1959 from a person in Kinshasha, Democratic Republic of Congo. (How the person became infected is not known.)

From 1979-1981 rare type of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of gay patients. However, later on females were also found infected with same type of symptoms. These were conditions not usually found in people with healthy immune systems.

In 1982 public health officials began to use the term "Acquired Immunodeficiency Syndrome," or AIDS, to describe the occurrences of certain kinds of infections and cancers in healthy men. Formal tracking (surveillance) of AIDS cases began that year in the United States.

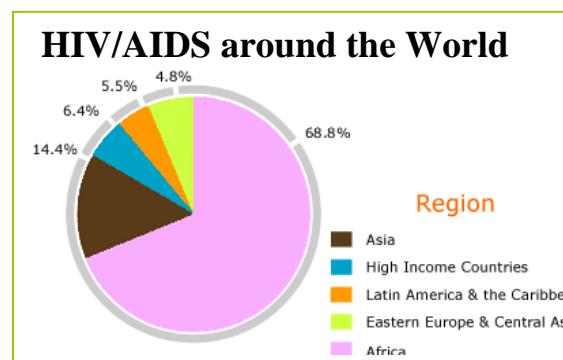
The cause of AIDS due to HIV virus; scientists isolated in 1983. The virus was at first named HTLV-III/LAV (human T-cell lymphotropic virus-type III/lymphadenopathy-associated virus) by an international scientific committee. This name was later changed to HIV (Human Immunodeficiency Virus).

The case of HIV in India was for the first time reported in 1986 in Madras and it was followed by establishment of a National AIDS Control Program (NACP) by the Government of India within the Ministry of Health and Family Welfare.

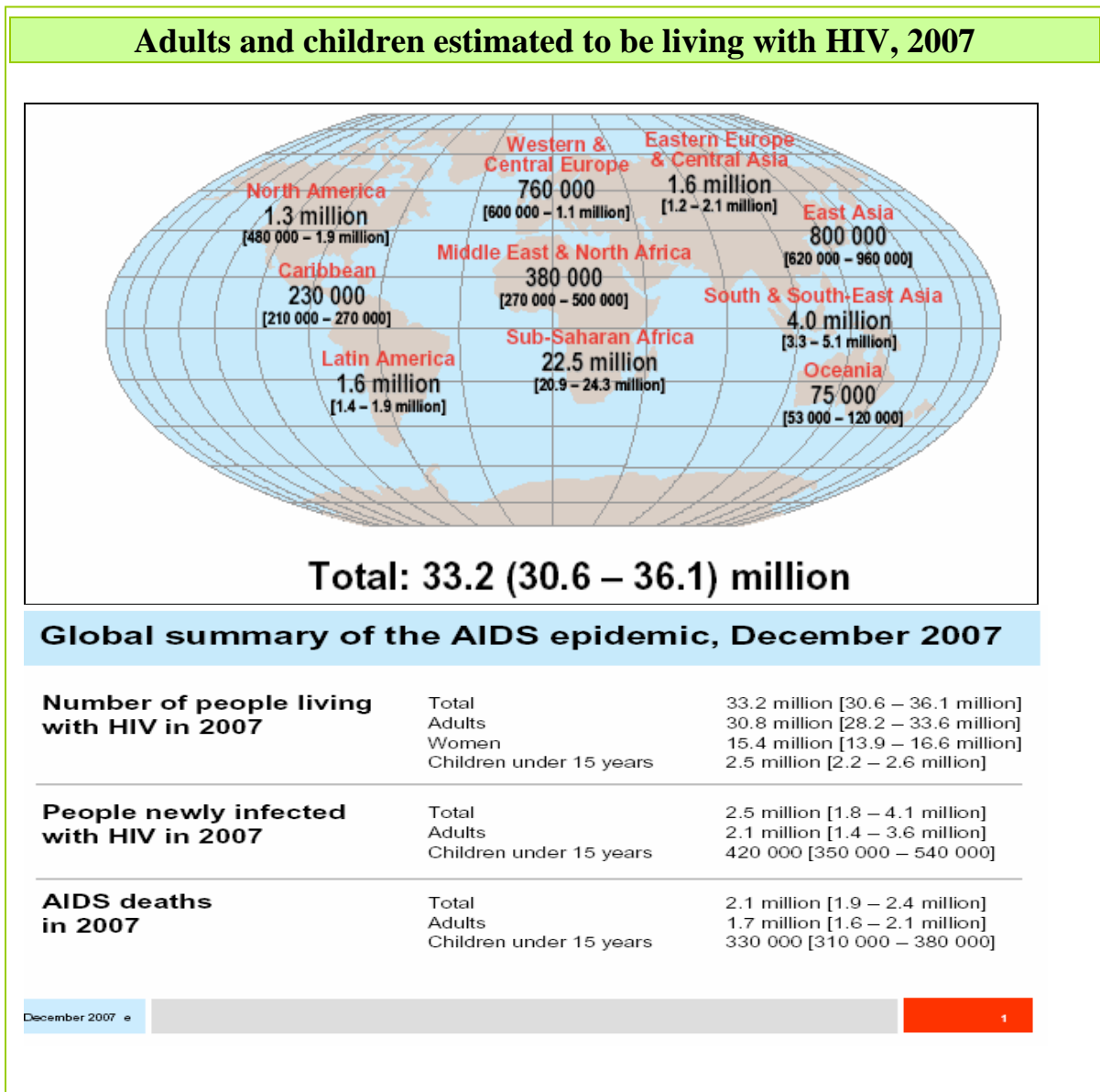
The inescapable conclusion of more than 15 years of scientific research is that people, if exposed to HIV through the contact of HIV infected blood through sexual contact or injection while drug use, blood transfer or even a baby at the time of delivery may become infected with HIV. If they become infected, most of them will eventually develop AIDS. *(Source NACO)*

Surveillance for the HIV in India began in 1985, even before the first case of HIV infection was reported in May 1986 from Chennai, Tamil Nadu.

The overwhelming majority of people with HIV, some 95% of the global total, live in the developing world. The proportion is set to grow even further as infection rates continue to rise in countries where poverty, poor health care systems and limited resources for prevention and care fuel the spread of the virus. The chart on the right shows the distribution of people living with



HIV around the world, according to 2007 data.



In India about 2.5 million people, aged between 15 and 49, are estimated to be living with HIV and AIDS, the third largest in the world. Although the HIV and AIDS prevalence rate in our country is 0.36 percentages, in the terms of absolute number we are third largest HIV and AIDS affected population in the world.

In terms of AIDS cases, the most recent estimate comes from August 2006, at which stage the total number of AIDS cases reported to NACO was 124,995. Of this number, 29% were women, and 36% were under the age of 30. These figures are not accurate reflections of the actual situation though, as large numbers of AIDS cases go unreported (*NACO, August 2006, Monthly updates on AIDS*)

With regard to young people, globally half of new infections of HIV are in the age group of 15-25 while in India, in the year 2005, nearly 33 % of the reported AIDS cases were in the age group of 15 to 29 years.

Women and Children are most vulnerable due to both biological and socio-economic reasons. Early marriage, violence and sexual abuse against women are the major socio-economic reasons of their vulnerability to HIV infection. Their biological construct makes them more susceptible to HIV infection in any given heterosexual encounter.

(Source: [http://www.nacoonline.org/Quick\\_Links/Women/](http://www.nacoonline.org/Quick_Links/Women/) accessed on 3<sup>rd</sup> April, 08)

Earlier it was a myth that HIV infections spreads mostly amongst the homosexual people but the trend in India reflects that most of the infection are in among the heterosexual people. In the northeastern part of the country, however, injecting drug use is the major cause for the epidemic spread

Over the years the HIV epidemic has moved from urban to rural India and from high risk to general population largely affecting youth.

Given this prevalence scenario, the primary concern of National AIDS Control Programme–III (NACP III) is to halt and reverse the epidemic in India over the next five years.

Infection rates soared throughout the 1990s, and have increased further in recent years. The crisis continues to deepen, as it becomes clearer that the epidemic is affecting *all* sectors of Indian society, not just the groups with high risk behaviours– such as sex workers and truck drivers – with which it was originally associated with

All states in India are facing the problem of HIV infections though the prevalence is higher in the Maharashtra, Karnataka, Tamil Nadu, coastal Andhra Pradesh, and parts of Manipur and Nagaland.

Young people are at the centre of the HIV epidemic. Most young people have limited knowledge about HIV, largely because young males and females are not comfortable talking about it as sexual mode of transmission is the major route of HIV transmission (85% cases) and earlier perception of it being associated with commercial sex work and injected drug use. The fact is that HIV is spreading fast in general population as well and anybody can be at risk of acquiring HIV if she/he or her/his partner ever indulges in high-risk or unsafe behaviours. This culture of silence and associated stigma makes HIV scenario grimmer in comparison to other infections.

HIV and the vulnerability of young people have a gender dimension as well. A female does not seek information, as it is considered “not right” or undesirable for a woman to be knowledgeable about matters related to sex even if it is in context of sexual well-being and sexual health. A male does not seek information from responsible sources as “he as a man is expected to know everything” and he hides his ignorance for fear of being

ridiculed. (*It will be important to relate learning of the Section 2; Chapter - Gender and Gender Roles and myths related to masculinity*).

Adolescents are vulnerable to HIV transition, because they are no longer children but not yet adults to take assertive decision; public health services available are not youth friendly. At the same time, social norms and expectations, along with peer opinion, powerfully affect young people's behaviour, often in ways that increase their health risks.

The transition of the Indian family system from joint to nuclear family has led to change in social bonds and traditions that used to shape young people's behaviour and help them make the transition to adulthood. They have weakened in the face of urbanization, new attitudes toward sexuality, and the breakdown of the extended family.

The risks of HIV may be particularly difficult for young people to grasp. Because HIV has a long incubation period, a person's risky behaviour does not have immediately apparent consequences. At the same time, the potential social costs to a young person of preventing HIV infection—including loss of the relationship, loss of trust, and loss of peer acceptance—can be too high a price for most adolescents to bear.

Even if young people/adolescents appreciate the risks for HIV in general, many adolescents believe that they are invulnerable themselves.

Most young people are sensitive to peer opinion. Especially among older adolescents, perceptions of what peers think often have a greater influence on their behaviour than the opinion of parents and other adults.

Adolescents are at high risk of contracting HIV and other STIs because, among other reasons, they may sometimes be involved in risk taking behaviour and practice unsafe sex. They also tend to lack sufficient information and understanding of HIV/AIDS: their vulnerability to it, how to prevent it, and the skills necessary to protect themselves. Almost 73 percent of young people have misconceptions about modes of HIV transmission (*National Behavioural Surveillance of 2001*), tendency to experiment and an environment that makes discussing issues around sexuality a taboo, adds to their vulnerability.

Young women are particularly vulnerable to HIV and other STIs for both biological and cultural reasons. Adolescent women have fewer protective antibodies than do older women, and the immaturity of their reproductive organs increases the likelihood that exposure to infection will result in the transmission of the disease. Sexual violence and exploitation, lack of formal education (including sex education), inability to negotiate with partners about sexual decisions, and lack of access to contraception and reproductive health services work together to put young women at especially high risk. Additionally, women in many societies are not accustomed to discussing issues of reproductive health and sexuality with others, which further increases their vulnerability.

**Fact sheet: 2****Sexual and Reproductive Health Rights (source IPPF Charter on Rights)**

**All Young People of the world regardless of Sex, Religion, Colour, Sexual Orientation and mental and Physical ability have the following Rights as Sexual beings**

- **The Right to be involved** - in planning programmes with and for youth, attending meetings/seminars etc. at all levels and trying to influence governments through appropriate means.
- **The Right to be yourself** – free to make your own decisions, to express yourself, to be safe, to choose to marry, [or not to marry] and plan a family
- **The Right to protect yourself and be protected** – from unplanned pregnancies, STIs/HIV and sexual abuse
- **The Right to Know** – about sexuality, contraceptives, STIs/HIV, and about your Rights
- **The Right to Have Health Care** – which is confidential, affordable, of good quality and given with due respect.

**Fact sheet: 3****Three of the most important rights in the HIV scenario:****Right to Informed Consent**

The implications of HIV are very different from most other illnesses. Testing for HIV requires specific and informed consent of the person being tested and any research on data of HIV positive people.

**Right to Confidentiality**

A person has the right to keep information on HIV status confidential. People with HIV are often afraid to go to court to vindicate their rights for fear of their HIV status becoming public knowledge. However, they can take the help of Suppression of Identity under a pseudonym. This ensures that Person Living with HIV (PLHA) can seek justice without fear of social ostracism or discrimination.

**Right against Discrimination**

The right to be treated equally is a fundamental right whether it's something as simple as using a public well or something more serious like denial of housing.

One can seek remedy in a court of law if one tested for HIV without informed consent, or one's confidentiality is breached, or any of its rights have been violated. One has the support of the legal system to ensure it.

(Source : [http://www.nacoonline.org/Quick\\_Links/Know\\_Your\\_Rights/](http://www.nacoonline.org/Quick_Links/Know_Your_Rights/) as accessed on 3 April, 2008)

### Key Messages

At the end of the session teacher should answer the question of the students on this issue and highlights the following key messages.

- ❖ **About 2.5 million people in India, aged between 15 and 49, are estimated to be living with HIV and AIDS, the third largest in the world.**
- ❖ **Young people are at highly vulnerable to HIV infection because of many reasons.**
- ❖ **Women are more vulnerable to HIV infection because of biological, social and economic reasons.**
- ❖ **People infected and affected by HIV face stigma and discrimination thus, there is need to create awareness about modes of transmission, availability of treatment facilities and the fact that those with HIV can live positively for a long time.**

Tell the students that in the next unit we will learn about the basic fact and mode of transmission of HIV.

## II. HIV and AIDS: Basic Facts and Modes of Transmission

### Introduction:

Everyone is vulnerable when it comes to HIV/AIDS, especially young people. Global data shows that 50% of all new infections occur in the 15-24 year age group and 35% of all reported new infections in India are in the 15-29 year age group.

The present session aims to provide students with basic facts about HIV; modes of HIV transmission; ways to prevent HIV infection and an opportunity to clarify myths and misconception surrounding the issue. Through various activities, the students will be provided accurate information about HIV and AIDS, and thus they would be empowered

### Objectives:

1. To share basic facts about the HIV epidemic
2. To impart information on modes of HIV transmission

to make informed choices using relevant life skills.

**Methodology:** Group Work

### Material Required:

- Chart papers / paper sheet
- Marker pens/sketch pens/ pen or pencil
- Pictorial representation of HIV

Duration: 30 minutes

### Step 1

The teacher will divide the class into 7 groups and every group will be given one question to discuss with a discussion time of 5 minutes and presentation time of 3 to 5 minutes. The group will select a leader who will present the opinion of entire the group. The teacher will also nominate a volunteer for time keeping at the time of presentation.

1. What does HIV and AIDS stand for? How are the two different?
2. How is HIV transmitted?
3. How does HIV affect the immune system?
4. What are the different stages in the progression of HIV in the human body?
5. Who can be affected by HIV and AIDS
6. How can it be confirmed if one has HIV infection or not?
7. Are there any drugs available for treatment of HIV and AIDS?

**Note for teacher:**

The teacher should write all the above points on separate piece of paper and distribute to the students for discussion in their respective groups.

Distribute chart papers and marker pens to be used in working on the presentation. Once the presentations are ready ask every group to present the response of the group.

As each group presents, the teacher should summarize every presentation by adding the relevant information and displaying corresponding pictures if available:

Some points to be presented while summarizing the presentation:

- The teacher should emphasize upon the difference between HIV and AIDS, and how the two terms are not to be used interchangeably.
- S/he should emphasize that each individual being unique responds to HIV infection differently. People living with HIV can lead normal healthy lives with care and medication.
- While discussing about HIV and AIDS treatment, it is important to mention that there is no cure but one can only prevention is possible. The available drugs do not treat HIV infection but helps to manage the opportunistic infections and boosts the immune system. Therefore prevention is the only measure to fight against HIV and AIDS.
- The teacher should create linkages to the hormonal, physical changes in the body and change in perception, emotion feelings, desire to experiment, take risks and curiosity and this experimentation might lead them to a vulnerable position e.g. experimenting with drugs, unsafe sex etc.

**Step -2****Distinguishing 'High', 'Low' and 'No Risk' Behaviour from HIV infections:**

**Materials:** Coloured markers, Board/flip charts

**Duration:** 30 minutes

**Active Interaction**

1. Read out the following statements one by one and ask participants whether they represent high risk, low risk or no risk situations for the HIV transmission.
2. Check ( with the help of the answer given in the bracket ) whether the answer given by them is correct or not and give explanations for each of the statements. Clarify any further doubts and questions.

### Statements

- (i) Abstinence (No risk)
- (ii) Riding on a bus with an HIV positive person (No risk).
- (iii) Kissing on the cheek and hugging (No risk)
- (iv) Sharing a razor to shave (High risk).
- (v) Sharing needles for injecting drugs (High risk).
- (vi) Sharing needles for getting ear pierced/tattooing (High risk).
- (vii) Donating blood (No risk)
- (viii) Being bitten by a mosquito (No risk)
- (ix) Cleaning blood body fluids while wearing gloves (made of latex or polythene)



3. Ask participants why it is so important to get the facts right.  
How can one spread the right information about HIV transmission to other people?

Explain the statements with the help of following suggested answers:

### **Suggested Answers**

#### **Statements (i)**

**When one observes abstinence, there is no chance of HIV infection. Since abstinence implies that there will be no exchange of body fluids (semen or vaginal secretions), there is no risk of transmission of HIV.**

#### **Statements (ii) and (iii)**

HIV does not spread through contact with a HIV positive person. HIV cannot survive for long outside the body. Also it can infect only when it gains entry into the bloodstream through exchange of body fluids (blood, semen, vaginal secretions, breast milk). It does not spread by shaking hands, sharing a towel, sharing combs, going to school with, or touching someone with HIV/AIDS.

#### **Statements (iv), (v) (vi)**

Yes. Any instruments that cut or puncture the skin can collect small amounts of infected blood. Unless the instrument is sterilized, the virus in the infected blood can be passed on to the next person who uses it. That is why it is important to avoid tattooing, ear piercing, acupuncture, bloodletting ceremonies or sharing razors unless one is absolutely sure that the instruments used have been sterilized or boiled in water for half an hour.

#### **Statement (vii)**

Donating blood does not cause transmission of HIV if the needle used for drawing blood is sterilized or disposable.

#### **Statement (viii)**

- Evidence clearly shows that mosquitoes and other insects do not spread HIV. For example, bedbugs, lice and fleas in the households of people infected with HIV do not spread the virus to others in such households.
- We know that HIV and white blood cells get easily destroyed in the highly acidic medium of the mosquito's stomach HIV is not like the malaria parasite, which thrives inside the mosquito and spreads to people when mosquitoes bite.

#### **Statement (ix)**

Nurses and other health service staff who come in close contact with HIV infected body fluids such as blood, mucus etc., are trained to take precautions as part of the hospital routine. By wearing gloves, a barrier is created between the skin and the body fluids.

*(Source: School Health Education to prevent AIDS and STD- WHO, UNESCO, 1994)*

**Fact sheet: 1**

- ◆ **HIV** stands for Human Immunodeficiency Virus. The word **AIDS** stands for Acquired Immune Deficiency Syndrome.
- ◆ AIDS is a medical diagnosis for a combination of symptoms, which results from a breakdown of the immune system.
  - 'A' stands for acquired which means that it is received by a person (and is not genetic).
  - 'ID' stands for Immune Deficiency which means there is deficiency in the immune system or that the immune system is weakened.
  - 'S' stands for syndrome that stands to emphasize that AIDS is not just one disease or symptom but presents as a group of diseases or symptoms.
- ◆ The immune system carries out the body's defence against infections produced by pathogenic (disease-causing) agents and it also destroys or eliminates foreign bodies. The cells that HIV preferentially attacks are known as CD4 cells or T4 lymphocytes. They are the most important cells for the body's defence. As infection progresses, the number of these cells decreases. When immune system (the CD4 cells or the body's defence cells) fails due to HIV infection resulting into combination of symptoms of other infections, the person is said to have AIDS. In persons who have AIDS, infections that occur as a result of HIV infection are also known as "opportunistic" because they are contracted only when the immune system fails to function adequately and the ability to fight disease-causing agents has been lost.
- ◆ People with advanced HIV infection are vulnerable to infections and malignancies that are called 'opportunistic infections' because they take advantage of the opportunity offered by a weakened immune system. They would not usually affect someone with a normal immune system.

**These body fluids have been proven to spread HIV:**

- Semen
- Vaginal fluid
- Breast milk
- Blood

**HIV may be transmitted by**

- Unprotected sexual relations with a person who is HIV positive (because of exchange of semen or vaginal fluids/secretions). This is the most common route of HIV transmission. Unprotected sex means any sexual act involving sexual organs into penetrative sex without a condom.
- Transmission of infected blood from one person to another. HIV can enter the body when contaminated blood or blood products that contain HIV is given to a person through blood transfusion

- Through the use of non-sterilized and /or infected needles and syringes. This mode of transmission includes the use of contaminated needles and syringes, transfusions involving HIV-infected blood, and transplants involving HIV-infected organs and tissues. HIV transmission through the use of contaminated needles and syringes may occur through needles shared among intravenous drug users or through accidental punctures sustained by health care personnel. This form of transmission also includes needles used for tattooing, injection of steroids, scarification, and ear piercing

### The virus can be transmitted from infected parent to child

The chances of passing HIV to child from HIV positive mother before or during birth are about one in four, or 25 percent, for each pregnancy while the mother is already infected with the virus.

That can transmit:

- During pregnancy.
- During birth.
- During breast-feeding.

There are about 30 percent chances of passing the HIV infection from a mother to her child through breast milk.

### HIV spreads by ....



... Infected needle  
sharp blade

... Transfusion of  
Infected blood



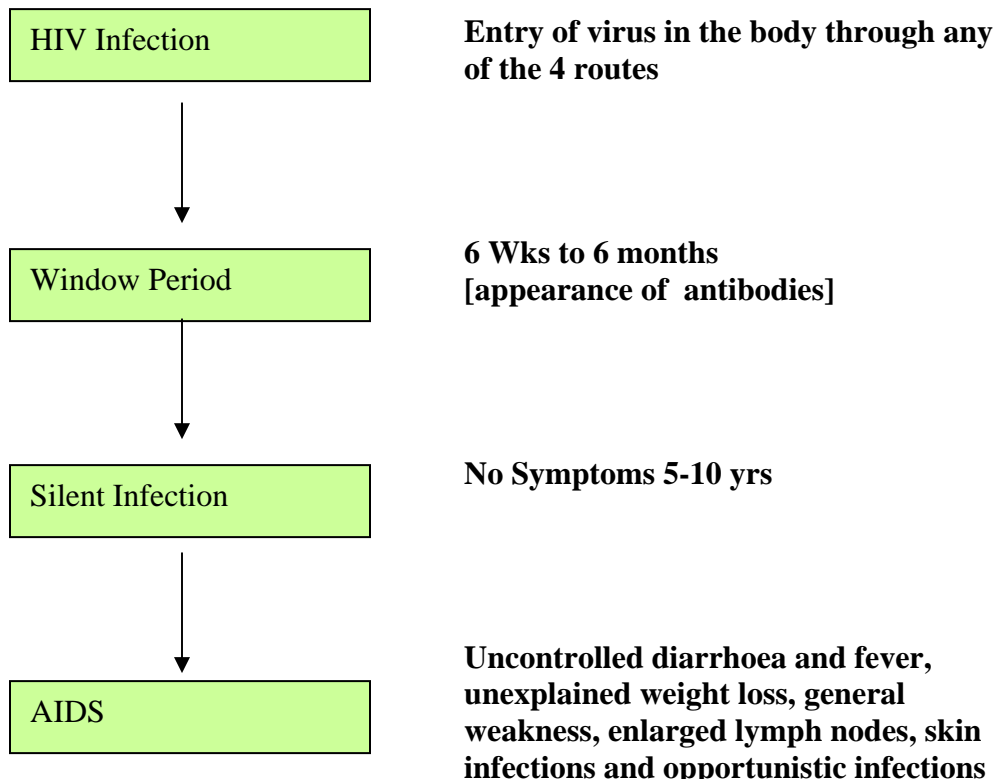
...Infected pregnant  
mother to child

### HIV progress in the body in three phases:

1. **Window Period (Asymptomatic Stage):** After the virus enters into body, antibodies are produced against the virus. It takes about 3-6 months to detect the

- antibodies by a blood test. This period during which the presence of HIV antibodies are not detectable in the blood is called a window period. During this period, a person may pass on the infection to others unknowingly. Or the person may pass on the infection if he has already tested his blood within three months after the exposure and has found to be negative.
2. **Symptomatic Stage:** After the window period is over, the virus starts to gradually destroy the white blood cells and thus affects the body's immune system. At this stage, the presence of HIV in the body presents with some symptoms in the form of many opportunistic infections like flu, fever, diarrhoea or tuberculosis. Most of them get cured after treatment.
  3. **Full-blown AIDS Stage:** At this stage, the virus completely overrides the body's immune system and many opportunistic infections such as flu, fever, diarrhoea or tuberculosis starts occurring repeatedly, or together. Some people develop AIDS a few years after becoming infected with HIV. Some people can be infected with HIV for 10 years or longer without developing AIDS. It is believed that everyone who has HIV will eventually go on to develop AIDS.

#### Progress of HIV in the body



### Diagnosis of HIV infection:

It is not possible to tell if a person has HIV unless the person undergoes a blood test. This is because a person with HIV looks just as healthy and well as all other persons. There are two broad categories of HIV test: screening test and confirmatory tests.

#### Screening tests

Screening tests are used for initial period because they are simple, well suited to testing large number of sample and less costly. However, screening tests are not as specific as confirmatory tests, so in a small percentage of cases the test may show positive even if the person is not infected. Therefore, the screening tests should always be verified through a confirmatory test. The most common screening tests are enzyme-linked immuno-sorbent assay (ELISA) tests. This test measure antibodies to HIV.

#### Confirmatory tests

A confirmatory test is done when result of the screening test is positive. The confirmatory test is expensive but is very specific and reliable. The Western bolt test is considered to be the best confirmatory test for HIV. This test also measures antibodies to HIV.

- ◆ At the moment there is no known cure for AIDS. But there are medicines that can help people living with HIV to fight the opportunistic infections and prolong life. Antibiotics and other medicines can help people with AIDS to feel much better and to live longer, the antiretroviral agents combat virus at different levels and retard the growth of the virus to a large extent, and thus improve the quality of life.

### HIV does not spread...

1. During casual contact, social situations such as touching, handshaking, living in the same house or sitting next to someone in a crowded bus or train.
2. From a colleague or co-worker by touching or being near to him or her. There is no evidence that sharing equipment like telephone, computer, typewriter, books, pen and other similar items spreads the virus.

#### HIV does not spread by...



...sharing eatables



... mosquito bite



... toilet seats



... handshake, hugging  
or playing together

3. By playing together. Scientists believe that the amount of HIV present in sweat or tears of an infected person is so low that it is not enough to infect others.
4. By sitting near or playing with a child who has HIV or from a teacher with HIV.
5. By sharing of food, drinks, plates, and glasses and other items.
6. Through toilet seats, washbasins, bathtubs or swimming pools.
7. Through air so it does not get spread through sneeze or cough.
8. By mosquitoes, bed bugs or other insects.

### Key Messages:

- HIV is spread only by people and not by animals or insects.
- Young people/adults can prevent spread of HIV infection and protect themselves and others by abstaining from risky situations or taking proper precautions in situations that involves any of the above-stated four modes of HIV transmission.
- Do not feel shy to talk about your doubts and fears about HIV or AIDS. Get these clarified.
- Do not let friends pressurize you into unsafe or risky behaviours.
- HIV does not differentiate according to economic or social status. It is the risk behaviour of an individual that puts a person at risk of infection.
- Anybody can get HIV but everybody can prevent it. The next unit will discuss about the best strategies to prevent HIV infection.

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### References:

- \* UNAIDS (2007, July 6th), '2.5 million people in India living with HIV, according to new estimates', press release
- \*\* [http://www.nacoonline.org/Quick\\_Links/Youth/](http://www.nacoonline.org/Quick_Links/Youth/)
- \*\*\* **Youth and HIV/AIDS** ([www.nacoonline.org](http://www.nacoonline.org))

### III Prevention: The best strategy to fight against HIV and AIDS

#### Introduction:

In the pervious unit we have learnt about the causes and reasons of spread of HIV infection but it is important to mention here that till date there is no cure for HIV and AIDS. Therefore, prevention is the only machanism available in dealing with the epidemic. Evidence suggests that about 86 percent HIV infection in the country spreads from from irresponsible sexual behaviour. Perinatal transmission of the infection is 2.72 percent, whereas 2.57 percent HIV infection is due to transfusion of infected blood or blood products. HIV transmission through injecting needles is only 1.97 percent of overall prevalence. In such a situation large scale awareness and mass sentitization is needed to make people aware about the prevention strategy so that they can protect themselves from HIV infection. In this unit studnets would be make aware on the various preventions strategies which is more apporprate for the young people.

#### Objective:

1. To develop understanding on the prevention strategy against HIV and AIDS

#### Material:

1. Blank sheets of paper
2. Pens
3. White/ black board

**Duration:** 30 minutes

#### Step -1

Suggest all the students to stand in a room and place sheets of paper in three corners of the room, written as:

Tell students that now they will get a question with three options as an answer. Each corner of the room represents one of the three options

- Yes
- No
- Don't know/ cant say .

**Step -2**

State the question to students : **‘Is HIV and AIDS curable?’**

Now ask students to take their stand by opting any of one three corners. Once they have taken their position given them five minutes to each group to discuss the reasons why they have opted that particular corner. Provide them chart paper to write down all the responses and present it before the entire group.

**Step -3**

After the presentation make it clear that till date there is “ **NO CURE FOR HIV and AIDS** - prevention is the best strategy to fight against this epidemic.

**Step -4**

Divide the students into four groups and suggest them to discuss all possible ways for HIV prevention.

Once the group has completed the task suggest one person from each group to present the findings.

Write down all the common responses on the black board and explain the points with the use of followings fact sheet.

**Fact sheet: 1**

Correct information, education, communication and social mobilization in relation to correct health practices can help prevent HIV infection

Responsible sexual behaviour are:

Practice the ABC of Prevention

**A** – Abstinence till marriage

**A = Abstinence:** Abstinence is one of the choices that young people can make. However they need information, skills and support so that they can continue to delay their sexual début till the time they have attained emotional and physical maturity and are ready for physical intimacy with his/her partner. Sometimes, young people face peer pressure to become sexually active; hence they require information and skills to reason out in favour of the choice of abstinence.

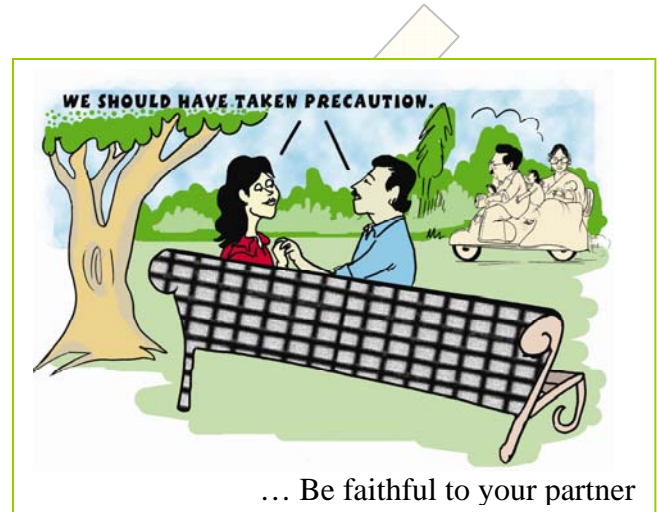
Also, one should marry only after attaining the legal age of marriage i.e., 18 for girls and 21 for boys, the age that is medically and psychologically considered as the right age for marriage.

**B** – Continue to have monogamous relationship after marriage

**C** – Use Condoms Correctly and Consistently.

**Other safe practices:**

- Safe blood and blood product transfusion
- Safe injecting practices and not sharing injecting equipments
- Preventing Parent to Child Transmission ( PPTCT) by accessing services through national programmes



**Key Messages:**

Consolidate the session by informing that

- There is no cure for HIV and AIDS but by adopting preventive measures and avoiding high risk behaviors one can protect themselves from HIV infection.
- As HIV is also one of the sexually transmitted infections (STIs), it is important for us to know about other STIs as well.
- The knowledge will enable us to understand HIV in a better way as how STIs can lead to HIV (STIs increase the vulnerability to HIV) if appropriate precautions are not taken.
- Ask the students that in the next session they will learn about basic facts about STIs which is important in the direction of protection against many types of infections including HIV.

DRAFT

## IV. Basic Facts: Sexually Transmitted Infections (STI)

### Introduction

In the previous unit we have discussed about the HIV, here in this unit we will learn about all those infections that are communicated through sexual contact with infected partners are known as sexually transmitted infections (STI). Some of them, such as HIV and AIDS, can also be transmitted in other ways. STIs are infectious and one can get them through various form of sexual contact with an infected sexual partner. One can be infected with more than one STI at a time and the person may not have knowledge about his/ her status. Thus knowledge, awareness and treatment of STIs is utmost important in the direction of prevention of STIs among the partner.

### Objectives-

1. To learn the basic facts about STIs, its causes and symptoms
2. To list factors leading to increase in STIs among adolescents
3. To understand the linkage between STIs and HIV infection

### Material:

Written questions  
Blank sheets of paper  
White/ black board

**Duration:** 30 minutes

### Step -1

#### Note for teacher-

- ❖ Divide the students into two separate groups of boys and girls. Male teacher conducts the class for boys and a female teacher for girls.
- ❖ In question- answer session, the teachers are requested to prepare the question slips before the session starts.
- ❖ In the starting of the session teacher should inform the participants that today they are going to have a session on sexually transmitted infection, as we know that this is a purely technical session.
- ❖ So the participants are requested to listen the topic carefully and if have any doubt then clarify with teacher because after the information the teacher will conduct the quiz depicting the same topic.

**Step –1. Brainstorming and question -answer session**

Activity -1 Write all these questions on separate piece of papers so that it can be given to six groups for the group discussion :

- 1.What are the Sexually transmitted infections (STIs)?
2. Name any STI/s that you have heard of?
- 3.What are the sign and symptoms of STIs?
- 4.What happens if a person is infected and does not get treatment of STIs?
- 5.What one should do it he/she finds the symptoms of STI?
- 6.What is the prevention of STIs?

Activity-2 question -answer session

1. The teacher will ask whether the students have ever heard the word STIs and when they hear this word what they understand with this word?
2. The teacher will have a number of questions which he/ she provide to the group. The students should try to gather as much information as they can.
3. The teacher should identify incorrect information, and ask the group to try and correct it. If they are unable, then the teacher should correct.
4. For answer teacher should refer to the fact sheet and for more detail information. The detail information is only for teacher's knowledge.

**Fact Sheet : 1****Sexually transmitted infections (STIs):**

The infections transmitted from one partner to the other, during sexual contact are called Sexually transmitted infections (STIs).Some of these may be additionally transmitted through other routes like from mother to her unborn baby (syphilis, HIV) or from contaminated blood (Hepatitis B and HIV).

The germs or virus that causes infections and further diseases are very small and we cannot see them through our normal eyes. Group of communicable diseases transmitted predominantly by sexual contact and caused by a wide range of bacterial, viral, protozoan and fungal agents and ectoparasites. The most common STIs are: - Chlamydia, chancroid, genital warts, gonorrhoea, Hepatitis B, Herpes simplex, syphilis, and HIV.

**Some of the factors leading to increase in STIs in adolescents:**

- a. Experimentation , without fear or knowledge of associated risks
- b. More prone to take risks
- c. More vulnerable to sexual exploitation/abuse
- d. Girls are more vulnerable due to biological and social factors
- e. Lack of awareness

- f. Lack of access to services
- g. Emotional immaturity
- h. Urbanization and industrialization
- i. Alcoholism, and substance use

**Some of the symptoms of STIs in an adolescent could be:-**

- ❖ For adolescents of both sex (men and women) : -
- ❖ Genital ulcers (sores).
- ❖ Burning sensation while passing urine.
- ❖ Swelling in the groin.
- ❖ Itching in the genital region.

For women: - Unusual vaginal discharge. Pain in lower abdomen. Pain during sexual intercourse	For men: - Discharge from the penis.
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**Diagnosis of STI:**

STIs can be diagnosed through medical examination and various laboratory procedures. If young people detect signs and symptoms they should be encouraged to report soon to a qualified medical practitioner without hiding the facts or misguiding the doctor out of shyness. However HIV, which is also a STI, caused due to viral agent, can't be treated.

The person can transfer STIs to his/her sexual partner. The reproductive organs of the person can be damaged and he/she may no longer be able to have children. A pregnant woman can infect STIs to her baby. This could lead to serious health problem as well as to the extent of death of the baby at the time of birth or shortly after birth, due to syphilis. The eyes of the baby could be infected at birth, leading to blindness. Persons with genital sores and discharge will become easily infected with HIV or pass the virus easier on to other during sex.

STIS can be effectively treated if right medications are given according to established medical, protocols/guidelines. Hence it is important that services are sought from a qualified doctor. Ignorance, self-medication and consultation to the quacks (resulting in inadequate treatment where the symptoms may disappear but the infection lingers on) do more harm than good. It could lead to serious health problem as well as fertility loss in some situation thus should be avoided.

STIs can be prevented in adolescents if treatment is taken on time by consulting a qualified doctor.

If a person comes to know that he or she has an STI, the person should consult a qualified doctor and get treated and inform his/her partner to obtain a medical advice too. Take necessary steps to prevent further transmission of the infection by reflection responsible behaviour.

Followings are the some prevention point for STIs:

- ❖ Practicing responsible sexual behaviour. Being faithful to life partner.
- ❖ Avoiding sexual contact, if either of the partner has a STIs.
- ❖ By not neglecting any unusual discharge.
- ❖ Ensuring complete treatment of oneself and one's sexual partner.
- ❖ Awareness among adolescents and community.

#### **Key Messages:**

- The teacher can decide about sharing the following information in context of the socio cultural milieu.
- STI can be treated ( except HIV) if timely action are taken to consult qualified doctor
- Person may look healthy but may be infected by STI and thus can spread infection in the partner.
- A person can get a STI mainly if one is sexually active.
- All discharges are not the symptom of STIs.
- Adolescent girls have physiological discharge in certain phases of the menstrual cycle and should not be confused with a pathological discharge (for example due to an STI). The confusion may cause many myths and misconception.
- However, there are many myth and misconception attached with HIV and STI that cause stigma and discrimination.
- Tell the students that in the next unit we will see what are the myths and misconception attached with STI and HIV infection and how it affects the people suffering from those infections.

## V. Dealing with Myths and Misconceptions related to STI, HIV/AIDS

### Introduction

Absence of scientific knowledge related to STI and HIV and AIDS leads to various form of myth and misconceptions, especially among the adolescents. This is the age in which they pass through various form of change- physical, psychological, social and hormonal. In such a situation any inadequate or wrong information could lead to serious consequences on the body, mind and on the health of the young people. It may lead to their indulgence in high-risk behaviour, low social and self-moral, discrimination etc. Therefore, in this unit an attempt have been mde to clarify all the myths and misconceptions related with HIV and AIDS for natural and balanced growth and development of young people.

### Activity-1: Identifying ones Myths and Facts regarding STIs

#### Objective

1. To discuss and clarify the prevalent myths and misconceptions around STIs

#### Material:

“True” and “False” Sheet  
Blank sheets of paper  
Pens  
White/ black board

**Duration:** 20 minutes

#### Step -1

Tell the students that they are going to participate in a quiz. Explain that you will read out a statement and those who think that the statement is “True” should come and stand your left, while those who think that is “False” should stand your right. Those who are unable to decide should stand in the middle. Make sure that everyone understands the instruction.

**Step -2**

Begin the quiz by reading out the statements one by one, given in the myths and facts regarding STIs box below. Let the participants take a stand –‘True’, ‘False’ and ‘cannot decide’ positions after each statement.

**Step -3**

After each statement, once the participants have made their decisions (True/False/Cannot Decide), ask one or two participants from each group to explain why they feel that way.

Help students come to a right conclusion for their wrong answer, using the matrix given below. Continue with a discussion for each statement. Once all the statements have been made, ask the participants to return to their seats.

Tell the students that it is normal to have strong feeling and values about these topics. Also explain that learning to be aware of their own values while being sensitive and non-judgmental.

S.N	Statement	Answer	Explanation
1	A healthy looking male/female will not have STIs.	False	Even after having a STI a person can continue to look healthy.
3	If a person has a STI, she/he is, 8 to 10 times, more at risk of getting HIV infection.	True	HIV can enter the body much faster if a person has a STIs that lead to genital sores, ulcers (since the skin or mucous membrane which acts as a barrier is damaged).
4	STIs take their own time to disappear and one cannot do much in this regard.	False	STIs can be treated by medicines. If untreated, some symptoms might disappear, but the causative agent remains in the body and can cause complications later on.
5	A person suffering from STI should keep it a secret from his/ her partner	False	To treat the infection, it is important to get both the partners treated. If an infected partner takes treatment without informing his/her partner, he/she may be re infected through the partner who acts as a reservoir of infection.
6	If one partner has symptoms of STI, both the partners need to take treatment (medicines) for it.	True	Even if the symptom of infection is not visible in the partner she/he needs to be treated, otherwise she/he could be harbouring germs of STIs in his/her body.
7	STIs can cause infertility in men and women.	True	STIs are infections in the reproductive systems and can disrupt its normal functions e.g. STIs can lead to blocked fallopian tubes in women or blocked vas-deferens in men and therefore both can face infertility.
8	If a person is suffering from any disease of Sexually Transmitted infection, he/she should never talk about it with others.	False	STI are like infections of any other part of the body and one should seek medical advice for them. Timely management can lead to complete cure for most infections.

## Activity-2 : Identifying Myths and Facts regarding HIV and AIDS

### Objective:

1. To discuss and clarify the prevalent myths and misconceptions around the HIV and AIDS.

### Material :

1. Blackboard and chalk
2. One packet of Toffee
3. Fact sheet on myths and facts

**Duration:** 20 minutes

### Step -1

Ask the students to prepare some of the common myths and misconception related to STI what they know. Let the students work and prepare a list.

Once the list is prepared include some other one from the list given below as statements.

### Step -2

Divide the participants into two separate groups and give the name respectively to the group (example- rose group or sunflower group).

Teachers are requested to write the groups name on the black board and ask the following statement to the participants given below.

If the participants give the correct answer the marks obtained by the group is plus five (+5) and the marks should be written on the black board.

At the end of this session the marks should be totaled and the wining group should get one toffee respectively.

For correct information regarding each myths please refer the given fact sheet below.

If you find difficult to answer any myth ask them that you would get back with appropriate answer in some other session.

**These are the following statements for identifying myths and facts.**

1. Intravenous drug users are at high risk of acquiring HIV infection.
2. Breast-feeding can transmit HIV infection.
3. HIV does not spread through hugging, shaking hands with HIV positive person.
4. HIV spreads from sharing public toilets, swimming pool and having food together.
5. Having (unprotected) sex with more than one partner can increase a person's risk of acquiring HIV.
6. Mosquitoes can transmit HIV
7. Presence of STIs increases the chances of contracting HIV.
8. In case of sexual transmission of HIV, women are more at risk than men.
9. There is cure for Sexually Transmitted Infections (STIs)
10. Transfusion of HIV positive blood is the most potent way of HIV transmission.
11. Pregnant women can pass the HIV virus to their unborn child
12. Using disposable needles reduces chances of HIV
13. Tattooing does not transmit HIV
14. Using condom during every sexual act protects one from HIV transmission

**Fact sheet: 1**

**Myths and facts regarding HIV/AIDS**

S.N.	Statement	Answer	Explanation
1	Intravenous drug user can transmit HIV through sharing of drug injecting equipment.	True	Sharing of infected needles can cause HIV infection. This is because minute quantity of blood is present in the needles and syringes. This blood gets injected into another persons' bloodstream if these needles are shared.
2	Breast-feeding transmits HIV.	True	HIV is present in breast milk. However the chances of transmission are only 30%. But the breast milk offers advantage in terms of protecting the baby from many infections and is a source of good nutrition.
3	HIV does not spread through hugging; shaking hands with HIV infected person.	True	As there is no direct contact of body fluids there is no chance of transmission of HIV while hugging, shaking hands with HIV infected person

S.N.	Statement	Answer	Explanation
4	HIV spreads from sharing public toilets, swimming pool and having food together.	False	As there is no Direct Contact with any of the Body fluids sharing public toilets, swimming pool and having food together does not result in spread of HIV infection.
5	Having sex with more than one partner can increase a person's risk of getting infected with HIV.	True	Unprotected sex with more than one partner can increase the risk of HIV infection.
6	Mosquitoes can transmit HIV	False	No, it has never been reported that HIV has spread through mosquitoes. White blood cells and HIV are destroyed in the highly acidic environment of the mosquito's stomach. HIV cannot exist in mosquito's saliva, which is the mode for transmission of Malaria.
7	Presences of STIs increase the chances of contracting HIV.	True	STIs cause local inflammation and breach in the continuity of membranes in the genitals. This increases the chances of acquiring as well as transmitting HIV infection.
8	In case of sexual transmission of HIV from an infected partner, women are more at risk than men.	True	Women's reproductive organs have more exposed surface area, are more prone for breach in the membrane hence they have more risk of HIV infection.
9	There is cure for STIs but no cure for HIV/ AIDS.	True	STI can be cured if treated with antibiotics. HIV infection cannot be cured through the quality of life can be improved to a great extent by Antiretroviral drugs.
10	Transfusion of HIV positive blood is the most potent way of HIV transmission.	True	Firstly blood has the highest concentration of the HIV virus in case where the person is HIV positive. Secondly through a transfusion the HIV virus reaches directly into the blood stream and thus has a very high chance of infecting the recipient.
11	Pregnant women can pass the HIV virus to their unborn child	True	If the women if HIV positive she can transmit the infection through Placenta. However the chances of transmission are only about 30%.These can be reduced very significantly if the mother receives the right anti retroviral medications before and during delivery.
12	Using disposable needles reduces chances of HIV transmission	True	It eliminates the chances of infected blood being injected into other person's body if they are being used for the first time and only once.
13	Tattooing does not transmit HIV	True	Generally it does not transmit if universal precautions are taken such as use of new needle for every new person etc.But if the same needles are reused with out proper sterilization the HIV virus can be passed on.

**Key Messages:**

At the end of the session teacher highlights the following key messages. (The teacher can also prepare a chart with these messages to make his/her point more emphatic.)

- ❖ STIs among adolescents are preventable.
- ❖ Untreated STIs can lead to serious complications.
- ❖ It is important for both partners to be treated simultaneously.
- ❖ Adolescents should be encouraged to seek available health service for concerns related to health problems including STIs only from qualified health care providers.
- ❖ The myths and misconceptions related to STIs, if not clarified can lead to discrimination against the infected person.
- ❖ Adolescents should acquire life skills application ability learn life skill to protect them from risky behaviours so that they can prevent themselves form HIV infection.

Tell students that in next coming unit they will learn various life skills to protect themselves from the infection of HIV and AIDS such as assessment of risk, communication in relationships, decision-making and negotiating skills

## Life Skills for HIV prevention

### Introduction

In the previous session we have learnt the reasons why adolescents are vulnerable to HIV infection. In this session we will learn about various life skills that can help an adolescent to reduce their risk to HIV infection.

Six young people are infected every minute with the HIV virus. Half of all new HIV infections worldwide are among young people aged 15-24 years. As the HIV/AIDS pandemic advances, it is increasingly important that services – including Counselling and Testing facilities, treatment and other medical care, and social, economic and psychological support are provided along with information and education about HIV/AIDS. We must send out a message of hope and positive living.

Evaluation of the Adolescence Education Programme has revealed the tremendous demand for accurate information among young people. Very often the Nodal Teacher because of proximity to students becomes the confidante of students and the obvious source of information. For HIV/ AIDS “Prevention” is the key word and knowledge of essential Life skills helps in it immensely.

### **Key concepts and ideas to be assimilated in the life skills for HIV prevention Session:**

- Making an Informed Decision
- Importance of Self Esteem
- An understanding about our values and beliefs.
- Risky behaviour and vulnerability of young people to HIV.
- Communication and how we communicate.
- Review and improve our critical thinking and decision-making skills.
- Peer pressure and how we deal with it.
- Coping and stress management skills.

## I. Making an Informed Decision

### Introduction

We encounter a lot a situation in our day to day life when we must take decisions. Sometimes we face dilemmas and find it difficult to reach a decision or choosing an option that would be in accordance with our values and goals. In this session we will learn about ways in which we can make decisions that are informed and well thought out.

### Objective:

1. To understand step by step , the process of decision making
2. To learn to make decisions that are informed
3. To practice decision making skills

### Material:

Coloured markers, Board/flip charts  
Situation sheet

**Duration:** 30 minutes

### Note for the teacher

Situations can be selected from the ones given at the end of this unit. Further additional situations can be added depending on the need of the group.

Tell students that it is all right to feel/ discuss negative/positive or ambiguous aspects about a situation. They should think about the positive & negative aspects of each situation with stress on the positive one and the required ability to relieve of & cope up stress. Remember to include in the discussion some questions about where and from whom they got the information, who helped in making the decisions, were they always the right decisions, etc. Difficult decisions should be about practicing abstinence, relationships, family, school, friends, drugs, alcohol, violence etc.

### Step -1

#### Active Interaction

Remind the group that they make decisions every day e.g. what to wear, what to eat, when to do one activity or another. Ask the class to describe the steps they take when making a decision.

Ask them to think of how they dealt with a difficult decision or how they dealt with a difficult decision in their life.

The students are asked to explore the advantages and disadvantages of different ways of making decisions, such as:

- by impulse;
- by procrastinating, or "putting off" making a decision;
- by not deciding;
- by letting others make decisions for us;
- by evaluating all choices and then deciding.

The teacher then tells the group that the last way - evaluating different aspects of the situation - is the best process to use when making an important decision. And the following model, which is called power model, influence our decision making process. .

### Step -2

**Explain the power model to the students to make them understand how they take decision and what can influence their decisions.**

### P.O.W.E.R. MODEL

**P = PROBLEM** Step 1: Stop and state (or identify) the problem.

**O= OPTIONS** Step 2: Think of different things you can do and use them. The more options you have, the better.

**W = WEIGHT** the options Step 3: Look at the good things and weigh them against the bad things of every option you thought of to solve your problem. The things you value, should guide you in your decision-making.

**E= ELECT** Step 4: Choose the best option; talk to a person you respect, then take the best option action. Elect the option, which obtains what is important to you (values).

**R = REFLECT** Step 5: Think or reflect about what happened because of your decision. Was it is the best choice? Did you learn something for the next time you have to make a decision?

The students go through the model for example decision making dilemmas/ situations, first together and then in small groups. Then the students compare how the different people handled the same dilemma. The teacher asks if anyone wants to share a real dilemma that the group could try to look at using the decision-making steps.

The following questions are raised.

1. Has anyone in the group ever made a decision that didn't turn out well? Would the decision making model have helped? How?
2. How do you know if you have all the facts you need to make a decision? Who could you talk to?
3. Do you think you could really use this model?

**Step -3**

Tell the students that many decisions have severe/irreversible consequence, such as to have unprotected sex. This could lead to pregnancy, or infection. It is therefore very important that participants learn and be informed about the pro and cons of the situation before making any decision

**Step -4**

Ask the students to form pairs. Tell them to think about a situation where the decision has to be made –for example you have to decide, where you will spend your summer vacation. Now, try to reach a decision with help of steps in the P.O.W.E.R. Model.

Bring the class back together and have a group discussion on how making difficult decision was helpful while using the P.O.W.E.R. Model analyzing the following situations:

- Why does your partner think you don't trust him/her when you say "we should wait"?
- Your parents think they know what is best for you? How do you convince them otherwise?
- Why do you feel that you want to or that you have to please your friends?
- Is it difficult to make good decisions? What makes it difficult? (Influence of friends, drugs, or not realizing a decision has to be made) What makes it easier? (Knowing how to resist peer pressure, being sure about your values and goals, planning ahead.)
- How are most decisions made in reality? (They are not made consciously, and events or things just happen.)
- Have you drifted into a decision, or let other people/someone else lead you into a decision?
- What were the consequences?

## Situation sheet

### Decision making dilemmas/situations

1. Your friend has invited you for a night out at her house. You are not sure who are the other invites and you suspect that the hard drinks will be served there. No adults will be present there.
2. You have gone out for a trip from your institute. At night you have to stay in a room along with some your seniors. They woke you up at night. You see them doping. They tell that you should not let anyone know about this.
3. Your friend is really upset, as her boyfriend has asked her for physical intimacy to prove her love. She feels that though she really loves him and wants to be his life partner but she doesn't want physical intimacy before marriage.
4. A girl is going to get married in a couple of months. Her fiancée demands to have physical intimacy and threatens to break the engagement if she does not agree..



You are at a party. You have taken a couple of drinks with your friends. One of your friends asks for coming out for a long drive.



A girl is unexpectedly visited by a neighbor. Her parents have gone out of the house for some work. Should she ask him to stay for a cup of tea, or ask him to leave immediately?

**Step -5****Key Messages:**

Highlight following Key Messages to the students

- It is important to analyze the information before taking a decision
- Environmental factors such as peer pressure often influence our decision.
- It is important to evaluate the consequences for each of the options and only then take the decision.
- If there is a problem in obtaining right information regarding a decision, you should take help of a trusted adult.
- Decision-making is strongly influenced by our self-esteem.
- When we value ourselves as special, unique and as important members of the society, then we have high self-esteem.
- With a positive self-esteem one is able to think independently and make wise decisions.
- Factors which influence our decision making process are peers, family, society, culture, education, attitudes, traditions, experiences, knowledge, religion, government and social conflicts.

At the end of the session explain to the students that when we were children our decision-making was based on the moral values we received from our parents. As young people and adults, we begin to judge, and our decision-making becomes based on our own views of situations many a time we negotiate to assert our decision. In the following unit we will learn the skill of negotiation so that we can communicate our decision to others and be able to take informed decision.

## II. Learning to Negotiate

### Introduction:

We all in our lifetime face situations where the best way out is an assertive “No”. The peer pressure and the rapid changes happening around make adolescents vulnerable in many situations. Therefore it becomes mandatory for them to understand the strength of being able to say “No” as well as to negotiate with the situation. In this unit we will learn the life skill how negotiate and take decision to save ourselves.

### Objective:

1. To practice skills for resisting peer pressure especially in reference to high-risk behaviours
2. To recognize importance of negotiation in certain situations and learn how to negotiate assertively

### Materials

Sheets with statements that persuade young people to say “YES” when they may want to say “NO”, markers, and sheets of paper.

Role play sheet

**Duration:** 30 minutes

### Note for the teacher

This exercise provides students an opportunity to learn while having fun and allows room for creativity. Young people enjoy coining phrases and using them although it requires practice. In the small groups they get the chance to discuss their difficulties and reservations. However, the activity should be done only after the students are comfortable and at ease with each other. The students can also do the activity in pairs. Teacher can use option A or B (given below) to approach the issue. Teacher may give more than one phrase card to each group so as to allow maximum participation. Before starting with the situation based activity, make students well versed with the “Refusal Techniques”. Tell them that for every reason to say “NO”, someone has found a way to persuade you to say “YES”.

### Step -1

#### Option A

#### Active Interaction

- Ask the participants to break into groups of four.

- Tell them that you will be giving them statements that they often hear from their peers and friends. These statements usually persuade young people to say “YES” when they may want to say “NO”. Give them hand outs on refusal techniques (given later in the session).
- In their groups they will develop appropriate responses for dealing with such statements, taking cue from the various types of refusal techniques mentioned in the handout.
- Assure them that this exercise will help them learn ways of dealing with a situation where they are being persuaded into doing something that they are not sure about.
- Ask them to discuss the statements in the group and come up with as many responses as they can in 20 minutes. Give them paper and marker for preparing their responses.
- When the groups come back, ask them to present their responses.
- They may do this through a dialogue or a quick role-play. Every person should get the opportunity to demonstrate at least one response.
- Encourage the participants to discuss the responses. Ask them if they found it easy to come up with their responses? Did they enjoy the task? Will they be able to give such responses in a real life situation? If yes, how? If not, why?

**The statements for which the participants need to frame their responses:**

- Come on, you are not a kid anymore; you can smoke a cigarette now.
- Let’s bunk the school tomorrow and go for a movie.
- My parents are going out. Why don’t you tell your parents that you are going do group study at a friend’s place and stay at my place tonight?
- Come on, just have one shot. It will relax you.
- Smoke this stuff and you will be in paradise.
- No one will know about it, it’s just you and me.
- You may not get another chance like this; let’s watch that movie tonight.
- Let’s get a tattoo made on our arms from the person who sits in the community market, it is cool nowadays.

**Step -2**

**Option B**

I am not interested!

**ACTIVE INTERACTION**

The teacher can also group the students into five groups and have them enact the following role-play scenarios in their respective groups.

## Role Play Scenarios

### Saying 'No'

1. You have decided to get a tattoo or your ears pierced. Your friend has told you that you can get it done in a nearby shop. You arrive but the place does not look very clean. You have heard about HIV spreading through unclean needles. You decide to ask the person if the needles are clean and to see the equipment they use for cleaning. When the person can't show you, you decide to say 'No' assertively, even if your friend says there is no problem with tattoos.

2. A friend of your family meets you after school and asks if you want a ride back home in his car. You don't feel very good about this person and you feel uncomfortable about the situation. You decide to be assertive and to refuse the ride.

3. You are talking to some of your friends. They share that they have been sexually active and are teasing you about the fact that you have not made it out with anyone. You decide to give an assertive reply.



4. A person of the other sex has asked you to go to another city with him/her. You don't know anyone who else is going, which makes you feel a little uncomfortable. You have also heard that this person likes you however he/she does not have a very good reputation at school. You decide to be assertive and say no to him/her.

5. You have gone to a friend's place to sleep over as her/his parents are away. When you get there, you realize that her boyfriend/his girlfriend and his/her friends are also visiting. Some alcohol is also being passed around. The friend you are with is close to you and you have known him/her for years. He/she comes to you with a glass of alcohol and wants you to have only one glass, if you are his/her friend. You do not want to have the alcohol and decide to be assertive.



6. Your friend wants you to skip school and go to see a movie. He/she tells you that the whole group is going. He/she says, "you are afraid, aren't you? You got caught skipping school last month and don't want to get caught again". You decide to tell him/her that you don't want to go.

7. Your parents are at a wedding in another city and you invite a friend of the

opposite sex over to study. After doing the homework he/she holds your hand. You push him/her away but they say, "come on, you didn't invite me over just to do the homework." All our friends are doing it – You take a firm stand so it won't happen again.

8. Two of your friends have started smoking and are "showing off" in front of the others. Some of the others in the group want to try smoking. They ask you also to try. You do not want to smoke and decide to say so.

### Step -3

#### Discussion Points for role-plays:

- What are the best ways of avoiding being pressurized to do something you do not want to do?
- Can peer pressure be positive?

Yes, positive norms among friends in keeping with your values (Intend to do well in exams as all your friends are studying hard and aiming high; Practicing abstinence is "Cool and Hip"/Smoking cigarettes is uncouth/"Not in".)

Remind the group that there are many ways to say "NO" – they need to practice saying "NO" and in a way that it is clear that it means "NO".

It is very important to say what you want to say assertively and that it is important to stand by your values.

Have the right information, and the assertiveness to make the argument and make the right decision. It is also important that you think ahead and do not put yourself in the wrong situation or place.

**Step -4****Key Messages**

- For every reason to say 'No', someone will find a reason to push you to say 'Yes'.
- Have the right information, and the assertiveness to argue your cause and make the right decision
- Think ahead and do not put yourself in a dangerous situation or place
- It is very important to say what you want to say assertively and to stand by your values and beliefs
- Be assertive and stand up for your decision
- Remove yourself from a situation where you are facing peer pressure.
- There are many ways to say "NO" —you need to practice saying "NO" and in a way that it is clear that it means "NO".
- Ways of Saying "No" to negative peer pressure.
  - Be Assertive and stand-up for your decision.
  - Avoid the situation.
  - Get out of the situation.
  - It is very important to say what you want to say assertively — and to stand by your values.
  
- Have the right information, and the assertiveness to make the argument and keep the right decision.

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## Fact Sheet : 1

### Saying No: Negotiation Skills

#### 1. Define negotiation.

Negotiation can be understood as the use of information and power to affect behaviour within a "web of tension" or "conflicting situation".

#### 2. Why is it important to develop good negotiation skills and what does it accomplish?

- Negotiation allows a person to solve an issue, problem or conflict.
- It is a way to get what one wants without using anger, intimidation, in subordination, aggressive behaviour or force.
- In a conflicting situation, it is best to negotiate as soon as possible for effective communication.

#### 3. What do negotiation skills depend on?

These depend on many personal and external factors. For example, personal factors could be:

- a. Education    b. Power    c. Motivation
- d. Experiences    e. Knowledge

External:

- a. Family upbringing    b. Traditions and culture
- c. Socioeconomic status    d. Religion

#### 4. How does one develop negotiation skills?

To negotiate one must decide which alternative can be accepted and what issues cannot be compromised. This can be done in following stages:

- a. Identify the problem/issue.
- b. Collect more information/knowledge.
- c. Identify the physical, emotional and psychological feelings associated with the problem on either side.
- d. Ascertain the possible ways of solving the problem.
- e. To communicate with the persons involved.
- f. To offer possible alternatives by effective communication skills.
- g. To reach a mutual decision.

#### 5. Which are the elements present in every negotiation?

Three crucial elements present are:

- a. **Information:** The other side seems to know more about you and your needs than you know about them and their needs.
- b. **Time:** The other side doesn't seem to be under the same kind of pressure, time

- constraints and restrictive deadlines you feel you're under.
- c. **Power:** The other side always seems to have more power and authority than you think you have.

**6. How are negotiating skills important to an adolescent?**

Good negotiating skills help the adolescent to deal constructively with various problems. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strains.

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### III. COMMUNICATING EMPATHY FOR PEOPLE AROUND US

#### Introduction

Being assertive and able to negotiate to take informed decision is an important life skill but we don't live in isolation; we have many people around us. Some of them are part of our family, some of friend circle, some might be our neighbours and many others can be there whom we know in some way or the other. Everyone leads a different life. In order to have a successful and healthy relationship with people around us we need to know how to empathize and understand their circumstances. If we know someone who is living with HIV and AIDS in our circle, we need to support and empathize with them. It is important to recognize that they have the Right to lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their ability. Likewise, educators/teachers living with HIV and AIDS should lead as full a professional life as possible, with the same rights and opportunities as other educators and with no unfair discrimination being practiced against them. Refusal to study with a student, or to work with or be taught by a teacher or other staff member with, or perceived to have HIV/AIDS, should be preempted by providing accurate and understandable information on HIV/AIDS to all educators, staff members, learners, students and their parents. Those who are concerned that they themselves will be infected should be counselled.

The situation should be resolved by the principal and teachers in accordance with the principles contained of education for all, and the code of professional ethics for teachers/educators. Should the matter not be resolved through counselling and mediation, disciplinary steps may be taken.

Most people living with HIV are supported by family. However some especially women are abandoned and rejected by their family. It is important to understand that an HIV infected person to lead a reasonably normal and healthy life if they have access to treatment ,care and support.

Compulsory disclosure of a student's or educator's HIV/AIDS status to school or institution authorities is not advocated as this would serve no meaningful purpose. In case of disclosure, educators should be prepared to handle such disclosures and be given support to handle confidentiality issues.

#### **Objective :**

1. To bring about an understanding on the need for empathy for healthy relationships
2. To identify ways in which students can support people living with HIV/AIDS (PLWHA)

**Materials**

- Prepare the reaction cards as mentioned in the activity.
- Write the following messages on two different sheets of paper so that they can be used as face masks
  - (a) I have AIDS
  - (b) I am HIV+

**Duration-** 20 minutes

**Step -1**

Take four cards and write following reactions (one reaction per card):

**Reaction #1** You meet one of the volunteers and shake hands without noticing the sign that he/she is wearing, suddenly you read the sign and pull your hand away. Then you run to the restroom and wash your hands. (Pretend you are doing this.)

**Reaction #2** You read the message and say, "You're joking, right?" Then you ask the PLWHA how he/she is even allowed to work here and quickly leave the room.

**Reaction #3** You read the message and say, "Oh, you must be a former intravenous drug user. You should be locked up somewhere where you can't hurt the rest of us." Then leave the room.

**Reaction #4** You read the message, shake the PLWHA's hand and say, "It's nice to meet you." Then sit down in the next chair.

**Step -2**

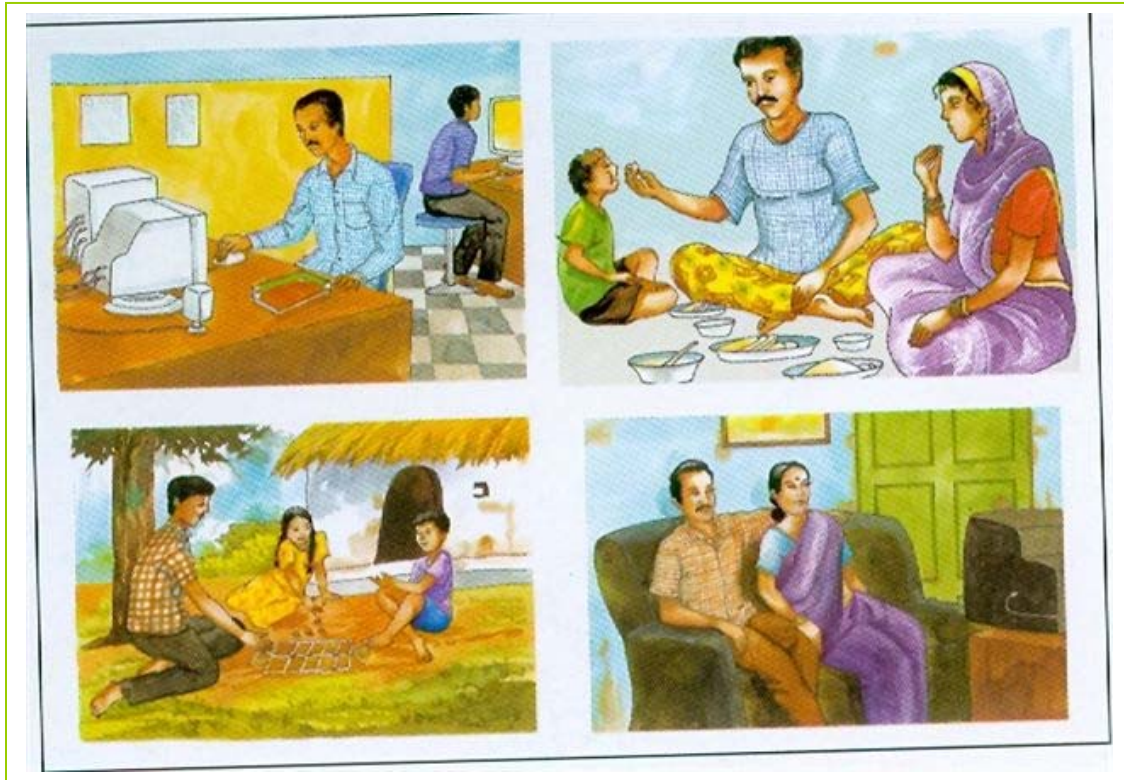
1. Inform the participants that there will be a role-play. Ask for six volunteers. Give two volunteers one mask each, and one reaction card to each of the other four volunteers.
2. Ask the four volunteers to read their reaction cards thoroughly as they are required to act their roles according to the reactions written on their respective cards.
3. Ask the larger group to observe the role-play carefully, and note down their reactions.



4. Ask the two volunteers with masks to sit in the middle of the circle.
5. Let each of the four volunteers enact their reactions one by one to the volunteers with masks.
6. Ask the group to reflect for 5 minutes on what happened in the role-play.
7. Note some of the responses (Expected responses: Felt sorry for the character, one should not discriminate; HIV does not spread through handshakes, etc.).
8. Ask the volunteers who acted as the PLWHA how they felt in each situation.
9. Use the following questions to stimulate group and individual learning.

### **Questions for Processing Role-play**

- How did the participant feel when she/he was given the message, "I am HIV Positive?"
- Do you think the situations presented are realistic? Why or why not?
- What are some of the reasons, which make us, discriminate?
- If you were infected with HIV, would you want society to discriminate against you? Why or why not?
- Do you think that this activity has helped you to empathize or understand the feelings of PHLWA? How and why?
- Have you ever met, or do you know, a person living with HIV and AIDS? What are they like? Describe. Have you met any individual or family that was discriminated against? Why? Do you think that it was rational ?
- If a member of your family were infected with HIV, how would you care for him/ her?
- In all honesty, are you afraid of, persons with HIV/ AIDS? Why?
- How would you advise others not to discriminate against a person with HIV/AIDS?

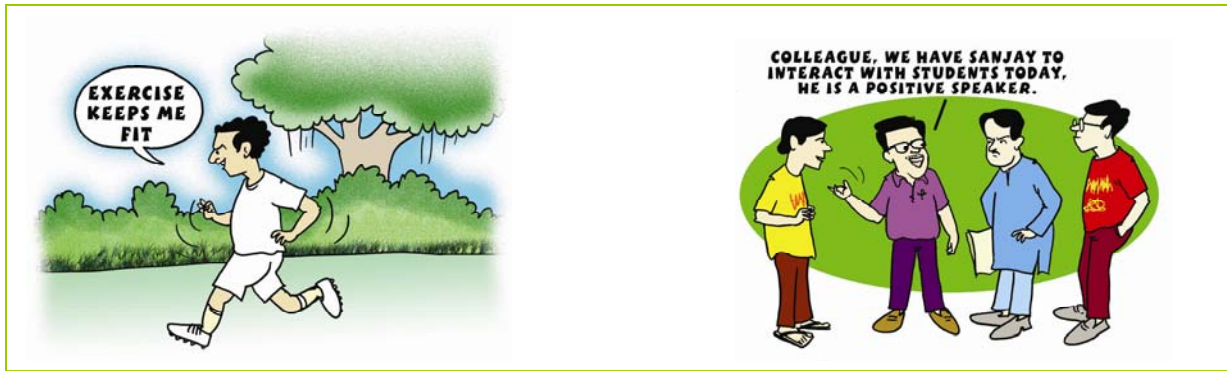


### Notes for the Teacher:

The teacher should have the students reflect on their own personal feelings and clearly express these feelings of fear, or compassion when they act in the different roles. This will make the role-play more realistic for the players and for the other students. The students playing the role(s) of the HIV+ persons may really feel the discrimination and fear of the others. During the debriefing after the role-play, this person should try to clearly express what they have experienced.

Emphasize that the Persons living with HIV/AIDS need:

- Love and support from family and friends.
- Prompt treatment of opportunistic infections.
- A healthy life style.
- A nutritious diet, sufficient rest and exercise.
- To be treated with respect and dignity



### Step -3

#### Key Messages

- Young people with HIV/AIDS should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their ability.
- No learner may be denied admission to or continued attendance at a school or an institution on account of his or her HIV/AIDS status or perceived HIV/AIDS status.
- No learner or educator with HIV/AIDS may be unfairly discriminated against directly or indirectly.
- Individuals living with HIV need our support and understanding just as with any other life threatening illness.
- Persons living with HIV need to be respected and be treated with dignity
- Persons living with HIV/AIDS need to be respected and treated with dignity.
- It is possible for them to lead a normal and healthy life.
- They have a right to education, accurate information, friendly health services, and support and understanding from the community.

ASK – Do not be afraid to ask questions, to parents, teachers or someone you trust.

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