

**TRAINING AND RESOURCE MATERIALS  
ADOLESCENCE EDUCATION PROGRAMME**







About these Materials .....	ii
Guiding Principles of Adolescence Education.....	iv
Acknowledgements.....	v
Adolescence Education: Scheme of Content .....	vii
The Training Material Package .....	xiv
Planning and Conducting Training of Facilitators: Guidelines.....	xviii

## TABLE OF CONTENTS

<b>SECTION – I INTRODUCTION FOR MASTER TRAINERS AND NODAL TEACHERS .....</b>	<b>1</b>
Module – 1 Adolescence Education in India .....	2
Module – 2 Adolescence Education Programme in India.....	18
<b>SECTION – II PROCESS OF GROWING UP .....</b>	<b>32</b>
Module – 3 Establishing and Maintaining Positive and Responsible Relationships.....	33
Module – 4 Understanding Adolescence .....	50
Module – 5 Understanding and Challenging Stereotypes and Discrimination ...	82
Module – 6 Understanding and Reporting Abuse and Violations .....	98
Summative Activity: Question Box on the Process of Growing Up.....	107
<b>SECTION – III PREVENTION OF SUBSTANCE MISUSE .....</b>	<b>116</b>
Module – 7 Understanding Substance Misuse .....	117
Module – 8 Consequences of Substance Misuse .....	129
Module – 9 Clarifying Myths and Misconceptions .....	136
Module – 10 Accessing Support for Prevention and Treatment.....	139
Summative Activity: Question box on prevention of substance abuse.....	146
<b>SECTION – IV PREVENTION OF HIV AND AIDS.....</b>	<b>149</b>
Module – 11 HIV and AIDS: Transmission and Prevention.....	150
Module – 12 Situation of HIV/AIDS in India.....	159
Module – 13 Vulnerability of Adolescents and Women to HIV .....	166
Module – 14 Testing, Counseling and Confidentiality .....	174
Module – 15 RTIs, STIs and Relationship with HIV.....	186
<b>SECTION – V FOR MASTER TRAINERS AND NODAL TEACHERS .....</b>	<b>192</b>
Module – 16 Skills of a Facilitator .....	193
Module – 17 Advocacy .....	202
Module – 18 Training of Peer Facilitators.....	210

## Make It Yourself (MIY) Activities for Students

### Annexures



## Foreword

Adolescence is a very special period of any person's life. It is a period of change, mental and physical; a period of re-adjustments, self-doubt, inexplicable desires, idealism (thought by many adults as impractical!), passions, highs and lows. It is a time when we deal with different kinds of pressures-peers, parents, partners, and internal ones. It is a period of our lives when each of us believes we are going through a time that 'only me and no one else' is having to deal with. Thus, each one of us needs support, and looks for somebody who will understand 'what I am going through', and will be able to help. Who is that somebody? Usually a supportive adult who we have easy access to, and usually not a parent!. Thus, the required adult would usually be a teacher.

Keeping this in mind, the Adolescence Education Programme (AEP) has been designed, and implemented in India, by the National Council of Educational Research & Training (NCERT), in partnership with the Ministry of Human Resource Development (MHRD), Government of India, and the United Nations Population Fund (UNFPA). This programme is a major initiative within the larger Quality Improvement in Schools Scheme of MHRD.

The NCERT coordinates this programme, which is in line with the National Curriculum Framework, 2005. The interventions include support for integration of life skills in the secondary curriculum of State Boards and the National Institute of Open Schooling. The other important programme component is implemented through schools in the Navodaya Vidyalaya Samiti (NVS), Kendriya Vidyalaya Sangathan (KVS) and selected private schools affiliated to the Central Board of Secondary Education (CBSE).

This programme component builds on a cascade training approach that has created a pool of key resource persons, who orient nodal teachers, who are further entrusted with the responsibility of transacting a life skills based education to secondary school students using interactive methodologies. To facilitate this transaction, NCERT has developed **Training and Resource Materials**, that recommend a minimum of 16 hours of transaction time around the themes of understanding changes during adolescence and being comfortable with them, establishing and maintaining positive and responsible relationships, understanding and challenging stereotypes and discrimination related to gender and sexuality, recognizing and reporting abuse and violation, prevention of HIV and AIDS and substance abuse.

The development of this material is the result of several consultations and reviews, both at the national and regional levels, with national implementing agencies, SCERTs, leading educationists, civil society, health professionals, school principals, teachers, adolescents and UN agencies. This material also draws substantively from the NCERT publication **Adolescence Education in Schools: A Package of Basic Material**. Materials from other national and international organizations have also been referred to and adapted, in line with the cultural ethos of Indian society.

I take this opportunity to express my sincere thanks to the UNFPA for providing technical and financial assistance in developing the AEP Training and Resource materials. I also congratulate Prof. Saroj Yadav, Project Coordinator, and her colleagues in the National Population Education Project, on designing and developing this unique training package.

I hope this package will be useful in enabling a range of facilitators to effectively respond to health and well-being concerns of adolescents in classroom settings. We would welcome comments and suggestions on any aspect of this material for its improvement.



(Prof. Parvin Sinclair)  
Director, NCERT  
New Delhi

February, 2013





## Foreword

India is home to an estimated 358 million people (2011) in the age group of 10-24 years comprising 31% of the country's population. Not only does this cohort represent India's future in the socio-economic realms, but its experience will largely determine the extent to which the nation will be able to harness its demographic dividend and achieve the Millennium Development Goals (MDGs). In recognition of these facts, young people in India are receiving more attention in government policies and programs pursued by various Ministries, among development partners and also from civil society organizations.

Today's youth are more connected and tuned in to the world than any generation before. They are growing up fast, in a world that is changing even faster. Young people have the potential to transform the social and economic fortunes of their communities, particularly in least developed countries. With the right investments, today's young people can reach their full potential as individuals, leaders and agents of progress. But delivering this transformation requires collective action on health, education, employment, sexual and reproductive health and a commitment to real civic engagement.

The International Conference on Population and Development (ICPD) 1994 identified adolescents as a distinct population segment with special needs and called for urgent action to comprehensively respond to the concerns of young people specifically related to their reproductive and sexual health. In line with the ICPD agenda, United Nations Population Fund (UNFPA) has positioned its adolescent reproductive and sexual health niche within the broader framework of the holistic development of young people. Empowerment of adolescents and youth with the knowledge and life skills necessary for maintaining better reproductive and sexual health is a key focus area of UNFPA's India country program. In this endeavour of empowering young people so that they become the drivers of change for a more developed, self-reliant and progressive India, UNFPA has joined hands with the Ministry of Human Resource Development (MHRD) in implementing the Adolescence Education Program (AEP).

Post 2005, in the wake of the controversy around sex education; the programme was restructured as the Adolescence Education Program (AEP) that focused on enhancing life skills among adolescents to enable them to take informed and responsible decisions related to their health and well being. Positioning AEP in the wider context of an educational approach to develop life skills to empower young people proved to be a useful strategy with a clear focus on age/ experience appropriate and culturally sensitive information. As a sincere effort to respond to the dynamic nature of health and well-being concerns of adolescents, the National Council of Educational Research and Training (NCERT) undertook an enormous and important task of updating the AEP training and resource materials by engaging a diverse group of stakeholders including the adolescents. These materials focus strongly on the development and application of life skills in real life contexts through participatory, process-oriented and non-judgmental approaches that build on the experiences of learners.

We sincerely hope that these interactive materials will be useful to the master trainers, nodal teachers, Government Education Departments, school administrators, relevant civil society organizations, individuals and officials engaged in interacting with adolescents in teaching-learning situations.

Ms. Frederika Meijer  
UNFPA Representative

January 2013





# ADOLESCENCE EDUCATION PROGRAMME

## TRAINING AND RESOURCE MATERIALS

Adolescence Education (AE) is guided by the National Curriculum Framework (NCF), 2005 which recommends that “*education should instill ‘independence of thought and action, sensitivity to others’ well-being and feelings, learning to respond to new situations in a flexible and creative manner, predisposition towards participation in democratic processes, and the ability to work towards and contribute to economic processes and social change.*” Based on these principles, AE aims to provide young people with accurate, age appropriate and culturally relevant information; promote healthy attitudes and develop skills to enable them to respond to real-life situations effectively.

This publication recognizes adolescents as a positive and valuable resource that should be appreciated, respected and nurtured to realize their abundant potential. Furthermore, these materials have a strong focus on development and application of life skills in real life contexts rather than being treated as a knowledge domain. Drawing upon the principles of AE (elicited overleaf), these materials aim to empower young people through participatory, process-oriented, non-judgmental approaches that build on the experiences of learners, provide them with opportunities to critically think, analyze, and infer learning rather than prescribing pre-determined set of behaviors. These materials are the outcome of a series of consultative workshops organized both at the national level and in the states of Bihar and Odisha. Each of the following stakeholders contributed with a lot of enthusiasm:

The Odisha National Implementing Agencies

- Kendriya Vidyalaya Sangathan (KVS)
- Central Board of Secondary Education (CBSE)
- Navodaya Vidyalaya Samiti (NVS)
- National Institute of Open Schooling (NIOS)
- Council of Boards of School Education (COBSE)

- State Council of Educational Research and Training (SCERTs)
- United Nations (UN) agencies
- Leading educationists
- Civil society
- Social scientists
- Health professionals
- School principals and teachers
- Adolescents

**The development of these materials is part of a continuous process of updating and revising Adolescence Education which being a program for youth needs to be dynamic and responsive to the changing context and concerns of young people.** This training and resource package draws heavily upon ‘A Package of Basic Materials on Adolescence Education in Schools’ developed by NCERT in 1999. The materials published by various national and international organizations were also consulted. However, the materials drawn from different sources have been adapted and reformulated to suit the requirements of the school education curriculum, the cultural ethos of Indian society and to respond to the concerns of young people.





In the last quarter of 2010, the draft version of these training and resource materials were field tested in training programmes. In this process, 152 master trainers and 504 nodal teachers provided feedback on the draft version of these resource materials across five criteria including: 1) Content, 2) Understanding, 3) Transaction, 4) Learners' participation, 5) Relevance and Usefulness. Each criterion was rated on a scale of 1 to 5 with 1 being unsatisfactory and 5 excellent. The average rating given by the master trainers was 4.5 and by the nodal teachers was 4.3 suggesting that these materials were well appreciated and valued by these stakeholders who are key to programme implementation. Besides quantitative feedback, master trainers and nodal teachers also provided qualitative feedback. Furthermore, in the first quarter of 2011, the draft version was uploaded on the NCERT website for approximately 40 days to elicit feedback from a wider range of stakeholders. Seventy responses were received of which 30 stakeholders also provided detailed qualitative feedback. The qualitative feedback received from all the stakeholders was carefully reviewed by a group of experts and integrated as appropriate. The entire effort of seeking feedback was immensely meaningful and we are certain that it has contributed not only towards making the materials more comprehensive and relevant but also increasing their ownership among different stakeholders.

We are very happy to report that these training and resource materials have been immensely enriched by adolescents' portrayal of their understanding of Adolescence Education themes through their art work and slogans. National Council of Educational Research and Training (NCERT) and United Nations Population Fund (UNFPA), organized poster making and creative writing competitions in 2010 and 2011, respectively across the school systems of NVS, KVS and certain private schools affiliated to CBSE in the 5 states of Bihar, Odisha, Madhya Pradesh, Maharashtra and Rajasthan. Detailed guidelines were provided on the format and themes that included, *understanding changes during adolescence and being comfortable with them, establishing and maintaining positive and responsible relationships, understanding and challenging stereotypes and discrimination related to gender and sexuality, understanding and reporting abuse and violation, prevention of substance misuse and prevention of HIV/AIDS*. Both these competitions were initiated at the school level, selected entries were screened at the regional level and finally 103 posters and 100 creative writing entries made it to the national level. Both the posters and creative writing entries went through another level of assessment. The judges were impressed by young people's understanding of the themes related to Adolescence Education, their immense talent and creativity. Every participant was truly a winner. Creators of approximately 30 entries (15 posters and 15 creative writing) were invited by NCERT and UNFPA to further enhance their creative expression through comics.

This package contains five sections. Each section deals with a broad thematic area as described below. Each section is organized in modules that deal with one core sub-theme. The module comprises of a set of activities that enable learning on a specific core-theme in the section. At the end of each module, a fact sheet has been provided to provide additional information on the sub-theme discussed in the module. The first section describes the Adolescence Education Program in India and the conceptual framework that guides the program. Sections II, III, and IV deal with the 'process of growing up, prevention of substance misuse and prevention of HIV/ AIDS,' respectively. The fifth section has modules on the skills for facilitators, the relevance and mechanisms for advocacy in this program and the importance of training peer educators to take the program forward (for peer educators training schedule refer to Annexure 12). Each activity/ module focuses on enabling the facilitator to transact a specific theme in a

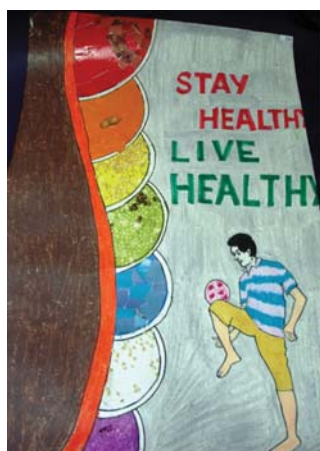




classroom situation through learning approaches that build or respond to the experiences of learners. Every activity has well-defined objectives, elicits the process for organizing the activity and sums up the learning. Every module aims to engage learners in participatory activities (case studies, role plays, question box, group discussions etc) that provide information, encourage exchange of ideas in a non-judgmental manner and finally enable learners to infer learning/ draw conclusions.

These training and resource materials are meant for a range of facilitators, including, the master trainers (*could be AEP officials in the national implementing agencies, officials in the education departments, school administrators, principals, teachers*) and nodal teachers. The nodal teachers are entrusted with transacting these materials with adolescents in classroom situations. Modules 1 and 2 in Section I and modules 15, 16, 17 and 18 in Section V are meant for facilitators. However, the final target audience for these materials are the adolescents in classes 8, 9, 10 and 11. Modules 3 through 14 are meant for nodal teachers to organize activities for students in classroom situations. Based on the age appropriate concerns of adolescents, some activities have been identified for transaction with class 11 students only. Facilitators may need to use their own discretion when organizing these activities to avoid any confusion or controversy in the minds of learners.

We hope that the package will be useful and effective in enabling the facilitators to transact this curricular concern effectively and also provide concrete entry points for the introduction of Adolescence Education in the school curriculum. All of us who work and interact with young people realize that in order to remain relevant to their fast changing realities, we need to learn and update on a continuous basis. Hence, we would appreciate honest and impartial feedback on these materials and suggestions for improving them. Feedback form is provided in Annexure 3.



This poster was made by Pushkarni Sane, KV, Aurangabad. (class IX)



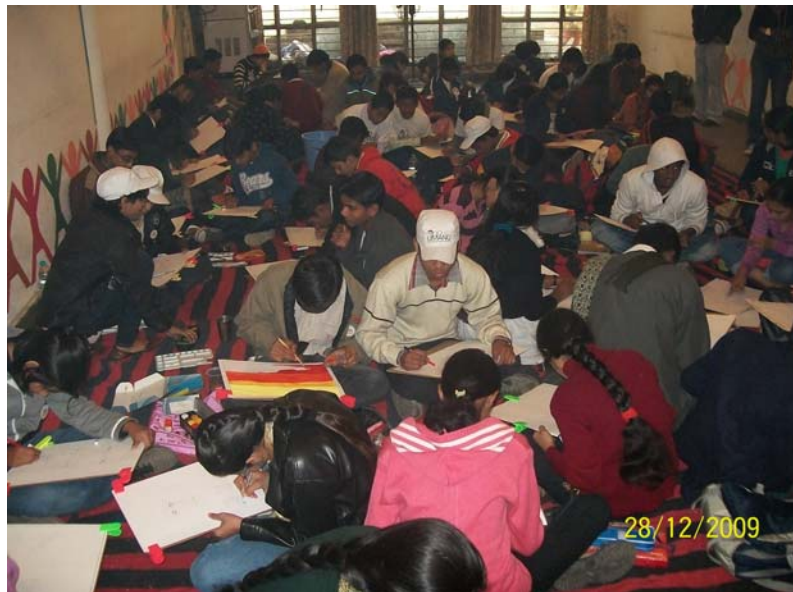
This poster was made by Simile Mishra, KV, Mhow. (class IX)







Adolescents participate at the Umang Festival





## GUIDING PRINCIPLES FOR ADOLESCENCE EDUCATION

Adolescence Education (AE) needs to be in tandem with core principles of education. For this, the National Curriculum Framework-2005 forms a basic reference and resource for developing the principles enunciated below:

- Adolescence is conceptualized as a positive stage of life: a phase full of possibilities and potential. It should not be labeled as problematic and traumatic, and adolescents (and the 'peer group') should not be stereotyped in negative ways.
- AE should recognize and respond to the reality that adolescents are heterogeneous: there is diversity in terms of urban, rural, caste, class, religion, region, cultural beliefs, dis/ability, sexual orientation and so on.
- The educational programme should be participatory, process-oriented and non-judgmental, not prescriptive, stigmatizing or fear inducing
- AE should enable adolescents to understand and negotiate existing and constantly changing lived realities.
- Teachers need to unlearn and learn in order to facilitate this programme. This is relevant in respect of content, attitudes and pedagogical modes.
- The Programme should enable adolescents to articulate their issues and know their rights, counter shame and fear, build up self-esteem and self-confidence, and develop ability to take on responsibility for self, relationships and (to an extent) society around them.
- Adolescence education principles should influence the entire school curriculum and ethos, rather than being an isolated, stand-alone programme.
- The Adolescence Education Programme should have inbuilt flexibility – in terms of content and process.
- It should enable and actively help learners to develop critical thinking, attitudes and knowledge, along with life skills.
- The programme should be strongly oriented towards the transformational potential of education, based on principles of equity and social justice, rather than having a status-quo orientation



An adolescent girl participates in a poster making competition.





## ACKNOWLEDGEMENTS

These materials have been made possible due to the generous contributions of several individuals and organizations. Motivated by the passion to provide young people with accurate and age appropriate information and enable them to respond to real-life situations in positive and responsible ways; individuals went far beyond their call of duty and worked on different aspects of these materials on their own time. It is a matter of great satisfaction that these materials are grounded in the concerns of young people as voiced by young people themselves. The contributions of students and teachers in the regional workshops organized in Patna and Bhubaneswar through the State Councils of Educational Research and Training (SCERT) deserve a specific mention. These materials would not have been possible without the approval and support of Mr. Subhash Khuntia, Joint Secretary, Ministry of Human Resource Development (MHRD). We also owe a big thanks to Prof. G. Ravindra, then Director, NCERT for trusting the elaborate process of material development and his constant encouragement and support to this endeavour. We sincerely appreciate Prof. Savita Sinha, then Head, Department of Education in Social Sciences (DESS), for her commitment to addressing the genuine concerns of young people and facilitating several rounds of consultations with different stakeholders. We also owe thanks to Mr. Venkatesh Srinivasan, Assistant Representative, United Nations Population Fund (UNFPA), for his initiative and vision in recommending the revision of training and resource materials related to AEP. These materials have been revised in collaboration and active contribution of the Adolescent Reproductive and Sexual Health Team at UNFPA. *Please note that the names of all the participants in the regional workshops are provided in Annexure II.* Dr Deepti Priya Mehrotra and Ms. Shveta Kalyanwala have done a very thorough job of reviewing and editing these materials to get them into their final form. We would like to acknowledge Ms. Lakshmi Murthy's much valued contributions in the layout and design of training and resource materials. Ms. Meena Negi and Ms. Nalini Srivastava from United Nations Population Fund and Mr. Vijay Kumar from National Council of Educational Research and Training deserve special thanks for endless rounds of formatting and editing through the draft versions. We gratefully acknowledge the much valued contributions of all individuals and organizations mentioned below.

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# ADOLESCENCE EDUCATION - SCHEME OF CONTENT

## GROWING UP HEALTHY

### PRIMARY

**Objective** - To enable children to identify situations which make them uncomfortable and express to a trusted adult

#### Specific Objectives

- To identify different body parts
- To enable them to adopt healthy hygienic practices
- To enable children to understand an elementary concept of friendship
- To develop among children an ability to express their feelings and experiences

#### Content Outline

- Body parts.
- Hygiene and genital hygiene
- Healthy eating habits
- Student activities to identify qualities of a friend
- Awareness about behaviors – touch, cajole, remarks
- Student activities to identify feelings of discomfort e.g. smoking
- Expression of feelings without fear and shame

### UPPER PRIMARY

**Objective 1.** To understand and accept the various physical and psycho-social changes and development during adolescence

#### Specific Objectives

- To understand the physical and psycho-social changes during adolescence
- To be aware of nutritional needs during adolescence to enable adoption of healthy eating practices
- To understand and be prepared for the various psycho-social changes

#### Content Outline

- Physical changes in girls and boys during adolescence
- Hormonal changes and development of secondary sexual characteristics
- Menstruation among girls, nocturnal emission among boys, genital hygiene.
- Individual variations in reaching developmental milestones
- Nutritional needs, mal-nutrition, anaemia, healthy eating practices, gender, nutritional discrimination
- Psycho-social changes (infatuation, attraction, sexual advances)
- Myths and misconceptions related to menstruation, masturbation, wet dreams





**Objective 2.** To enable young people to understand relationships with peers, family and society and make informed choices with respect to different relationships

**Specific Objectives**

- To enable children to understand the nature of relationships with neighbourhood.
- To enable children to identify positive and negative influence of classmates
- To enable children to understand different ways of dealing with good and bad influences of classmates
- To develop among children an ability to express empathy and solidarity in friendships
- To develop an attitude of disapproval of exploitative/disrespectful relationships

**Content Outline**

- Nature of relationship between family and neighbourhood.
- Student activities on developing skills to distinguish between good and bad influences
- Varied experiences of dealing with good and bad influences of classmates
- Different ways of expressing one's feelings of friendship.
- Importance of expressing one's feelings boldly and with confidence in the family and in the school.
- Awareness about exploitation of children

**Objective 3 .** To understand basic concepts, stereotypes and inequalities related to gender and sexuality

**Specific Objectives**

- To build understanding on gender and sexuality including roles, stereotypes and diversity.
- To clarify myths related to gender and sexuality

**Content Outline**

- Concepts of gender and sexuality
- Irrationality of roles, and stereotypes related to gender and sexuality
- Myths related to gender and sexuality

**Objective 4.** To build awareness of various kinds of violations


**Specific Objectives**

- To understand the nature of discrimination, sexual misuse/harassment and violation
- To be able to communicate feelings and experiences of violations
- To develop confidence to protect oneself

**Content Outline**

- Nature and forms of discrimination- disability, gender and sexuality
- Awareness about sexual harassment, exploitation and violence.
- Student activities to help share feelings/ experience of discrimination with peers, teachers and parents
- Students activities to build confidence to overcome fear, shame, self- blame and hesitation





**SECONDARY  
AND SENIOR  
SECONDARY**

**Objective 1.** To enable adolescents to understand physical and psychological changes during adolescence and be comfortable with them

**Specific Objectives**

- To be aware of physical changes and nutritional needs
- To deal effectively with psycho-social development during adolescence
- To enable adolescents to make informed decisions related to their sexual and reproductive health choices
- To enable adolescents to clarify myths and misconceptions related to growing up

**Content Outline**

- Physical and psychological changes during adolescence: hormonal changes of development of secondary sexual characteristics
- Onset of puberty
- Menstrual cycle, menstrual hygiene: shame and taboos
- Sperm production, nocturnal emissions, genital hygiene
- Nutritional needs during adolescence, mal-nutrition, anaemia and nutritional discrimination
- Personal eating habits and healthy eating choices.
- Individual difference in reaching developmental milestones
- Body image consciousness
- Psychological changes influencing relationships (romantic feelings, infatuation, unwanted sexual advances)
- Myths and misconceptions related to growing up

**Objective 2.** To enable adolescents to be aware of implications of child marriage adolescent pregnancy/parenting

**Specific Objectives**

- To enable adolescents to make informed decisions related to their sexual and reproductive health choices

**Content Outline**

- Social and Health consequences of child marriage, marriage without the consent of partners, teenage pregnancy and parenting, unsafe abortion
- Responsible Sexual Behaviour
- Pregnancy and Contraception







**Objective 3.** To enable young people to understand inter personal relationships with peers (including opposite sex), sibling, parents, teachers & others in the community

#### **Specific Objectives**

- To enable young people to maintain harmony in relationships
- To enable young people to be aware of positive and negative peer pressure and develop skills to make informed choice
- To recognize the changing relationship with parents and teachers and the need to develop skills to negotiate more space and autonomy on issues that concerns them
- To enable young people to be aware of positive and exploitative/disrespectful aspect of relationships and develop skills to deal with them
- To enable young people to bring about harmony and synthesis between their own rights and those of others

#### **Content Outline**

- Nature of different relationships between self and others
- Importance of the need to develop empathy and solidarity in relationships
- Relationship with peers - positive and negative influence
- Changing relationship with parents and teachers – few examples  
Positive and exploitative/disrespectful aspects of relationships – their distinctions
- Importance of mutually respecting rights of each other
- Importance of sharing one's feelings and experiences with sibling and parents

**Objective 4.** To empower adolescents to understand and challenge existing norms and inequalities related to gender and sexuality

#### **Specific Objectives**

- To understand gender and sexuality
- To examine one's own beliefs and attitudes related to norms of gender and sexuality
- To analyse the implications of gender inequalities on the health of adolescents
- To develop skills to overcome shame and fear related to sexual and reproductive health concerns
- To enable adolescents to challenge existing stereotypes and myths related to gender and sexuality

#### **Content Outline**

- Concept of gender and sexuality, stereotypes, roles and diversity (for example transgender)
- Prevailing societal values/norms and beliefs related to gender and sexuality
- Influence of socialization in creating norms related to gender and sexuality
- Demonstration of changing norms related to gender and sexuality
- Impact of stereotypes on health and wellbeing including sexual and reproductive health
- Issues generating shame and fear related to gender and sexuality
- Myths and misconceptions related to gender and sexuality





**Objective 5.** To enable young people to understand various kinds of discrimination and violations and develop skills to counter/seek redressal

### Specific Objectives

- To understand root causes of social discrimination and develop skills to resist bias, intolerance, and bullying
- To build awareness on different forms of violation
- To understand forms of gender based violence including dowry harassment, sex selective abortion, domestic violence, coercive/forced relationships
- To enable adolescents to overcome attitudinal social barriers (honour, shame, self blame etc) in reporting violations
- To build awareness on right to adolescent friendly services including counseling, health services, legal and other facilities

### Content Outline

- Causes of social discrimination on the basis of disability, HIV status and gender
- Different forms of violation: bullying, sexual abuse, harassment, in both in-school and outside school settings, and redressal mechanisms
- Gender-based violence including dowry harassment, sex selective abortion, domestic violence, coercive/forced relationships and redressal mechanisms
- Reporting violations
- Adolescent friendly services, counseling, health services, legal and other facilities
- Skills to identify trusted sources of help and seek redressal in case of violation

## PREVENTION OF SUBSTANCE MISUSE

### PRIMARY

**Objective** To enable students to know situations that make them uncomfortable and enable them to express themselves to a trusted adult

### Specific Objectives

- To be aware of physical discomfort from passive smoking
- To build confidence in children to express their discomfort regarding
- Requests from adults to buy addictive substances like cigarettes

### Content Outline

Experiences that makes them uncomfortable





**UPPER  
PRIMARY**

**Objective** To enable students: To be aware of the reasons and consequences of substance misuse and be able to effectively protect themselves

**Specific Objectives**

- To be aware about substance use and misuse
- To be able to identify factors that make adolescents vulnerable to substance misuse
- To be able to understand the consequences of substance misuse
- To be able to protect themselves from substance misuse
- To be able to empathize with a peer/s who may be abusing a substance

**Content Outline**

- Meaning of substance use and misuse
- Commonly abused substances like Tobacco, Gutka, Alcohol, solvents, inhalants, whitener, cough syrup etc
- Family: use and abuse within family, culturally acceptable within families, belonging to a dysfunctional family, Social sanction, Popular culture, Media influence that glamorizes substance misuse,
- Myths and misconceptions related to success, acceptance in peer group, performance based anxiety at school and outside
- Information on both short and long term consequences of addiction, for example, health (increased vulnerability to HIV), social (increased vulnerability to exploitation) and psychological consequences
- Potential sources of help: Family, friends, teachers, counselors
- To be able to counter myths related to commonly abused substances
- Positive and supportive environment at home and schools





**SECONDARY  
AND SENIOR  
SECONDARY**

**Objective 1** To enable the learners to understand the dynamics and critically analyze the implications of experimentation, use, abuse and addiction to various habit forming substances

**Specific Objectives**

- To be aware of the difference between use, abuse and addiction to drugs
- To be aware of the commonly abused substances
- To understand the common reasons why young people take to substance misuse and be able to reduce/ eliminate these reasons
- To be able to recognize common symptoms and consequences of substance misuse and addiction
- To have accurate information on the laws to prevent substance misuse

**Content Outline**

- Stages of drug misuse: experimentation, use, abuse and addiction
- Commonly abused legal and illegal drugs/ substances, for example, tobacco, gutka, alcohol, opium, cannabis, heroin, cocaine, solvents, inhalants, cough syrups etc
- Family: use and abuse within family, culturally acceptable within families, belonging to a dysfunctional family,
- Social sanction, Popular culture, Media influence that glamorizes substance misuse, Myths and misconceptions related to success, acceptance in peer group, expression of adulthood/ sexuality performance based anxiety at school and outside
- Common symptoms of substance use, misuse and addiction, for example, physical and psychological dependence and withdrawal symptoms
- Information on both short and long term consequences of addiction, for example, health (increased vulnerability to HIV), social (increased vulnerability to exploitation) and psychological consequences
- Effect of substance misuse on activities that are important to young people, for example, school performance, image among the peers
- Laws to prevent substance misuse, for example, age bar for buying/selling alcohol and tobacco, no sale/ free distribution of addictive substance near educational institutes





**Objective 2** To develop appropriate attitudes and skills to deal effectively with situations that increase young people's vulnerability to substance misuse

#### Specific Objectives

- To be able to identify and access a safety net for support in case one feels pressurized to experiment/ misuse substances
- To develop self esteem and confidence to seek help (from family, friends and professional help as needed) in case one develops addiction to any of the harmful substances
- To be able to empathize, support and facilitate appropriate linkages
- To develop awareness and skills to prevent becoming a conduit for drug trafficking

#### Content Outline

- Potential sources of help: Family, friends, teachers, counselors, health professionals and other professionals at de-addiction and rehabilitation centers
- Information and supportive/ positive environment in schools and at home

## HIV/AIDS

UPPER  
PRIMARY

**Objective:** To develop understanding of modes of HIV transmission and its prevention and empower adolescents to practice informed and responsible behaviors

#### Specific Objectives

- To develop awareness on HIV/AIDS and its effect on the immune system
- To identify ways and means of HIV transmission and prevention
- To enable them to clarify myths and misconceptions related to HIV and AIDS
- To enable adolescents to appreciate special needs of people living with HIV/AIDS and empathize with them

#### Content Outline

- Meaning of HIV and AIDS and effects on immune system
- Modes of transmission of HIV
- Prevention of HIV transmission and protection
- Myths and misconceptions related to HIV
- Individual and social responsibility towards People Living With HIV and AIDS (PLWHA)





## SECONDARY AND SENIOR SECONDARY

**Objective:** To develop understanding of HIV epidemic and empower adolescents to practice informed and responsible behaviors

### Specific Objectives

- To develop awareness about RTIs/ STIs and their linkages with HIV infection
- To develop an understanding about HIV and AIDS epidemic and its prevalence in India
- To analyze how gender inequalities and socialization impact the vulnerabilities in the context of HIV epidemic
- To identify ways and means of HIV transmission and prevention
- To enable adolescents to protect themselves from HIV infection
- To inform and enable adolescents to access services
- To enable them to clarify myths and misconceptions related to HIV and AIDS
- To enable adolescents to appreciate special needs of people living with HIV/AIDS and empathize with them

### Content Outline

- Basic facts about RTIs/ STIs
- Linkage between STIs and HIV infection
- Basic facts about HIV and AIDS epidemic
- HIV prevalence in India
- Difference between HIV infection and AIDS
- Effects on immune system
- Reasons for increased vulnerability of adolescents to HIV
- Modes of transmission of HIV
- Prevention of HIV infection
- Transfusion of tested blood and blood products, responsible sexual behavior, use of sterilized needles and instruments, prevention from infected mother to child
- Promotion of voluntary blood donation
- Information on services available at Information Counseling and Testing Centers, and other support services
- Myths and misconceptions related to HIV and AIDS
- Individual and social responsibility towards People Living With AIDS (PLWA)

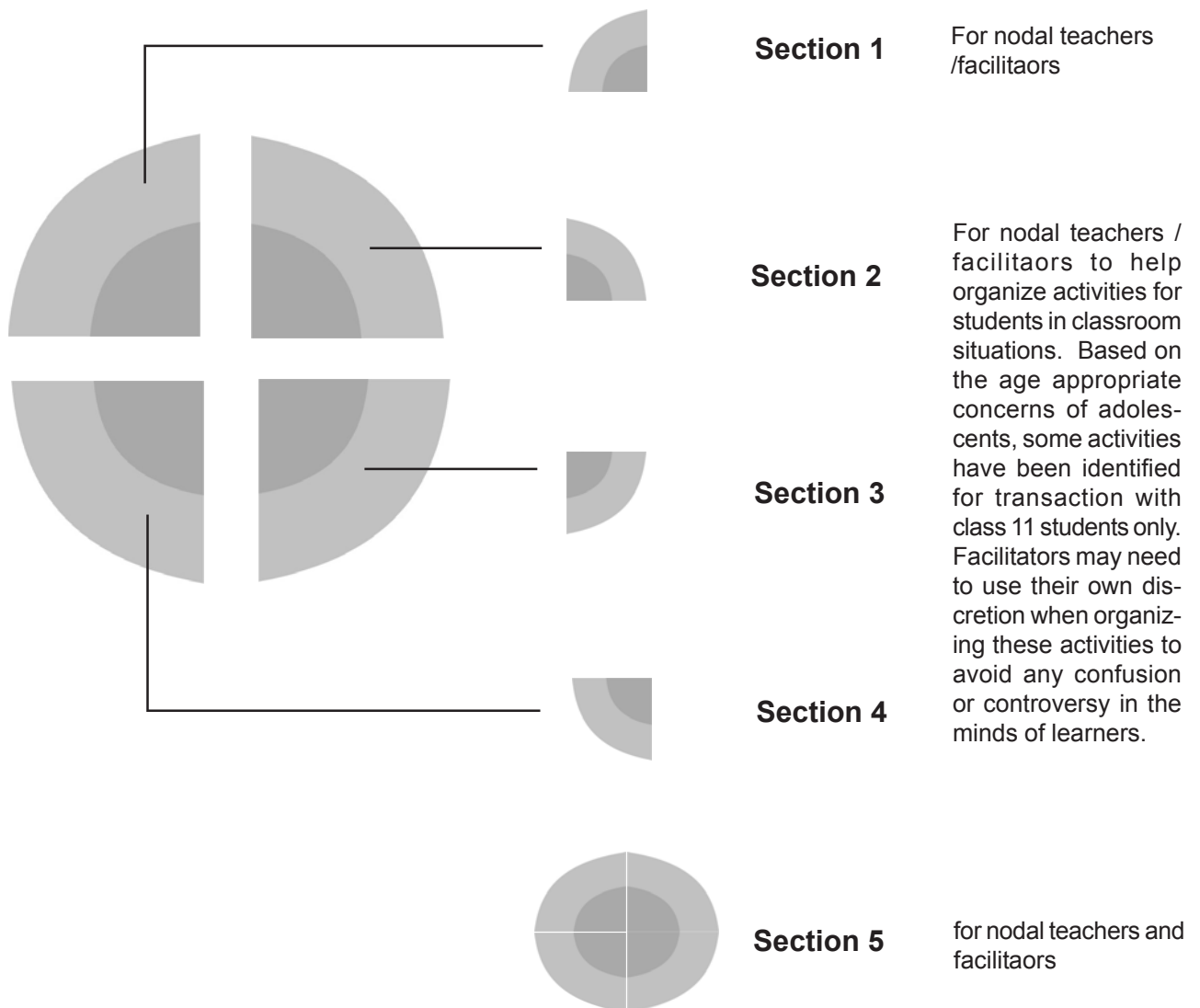




## THE TRAINING MATERIAL PACKAGE

The present package contains five sections. Each section deals with a broad thematic area as described below. Each section is organized in modules that deal with one core sub-theme. The module comprises of a set of activities that enable learning on a specific core-theme in the section. At the end of each module, a fact sheet has been provided to provide additional information on the sub-theme discussed in the module.

Each activity/ module focuses on enabling the facilitator to transact a specific theme in classroom situation through learning approaches that build or respond to the experiences of learners. Every activity has well-defined objectives, elicits the process for organizing the activity and sums up the learning. Every module aims to engage learners in participatory activities (case studies, role plays, question box, group discussions etc) that provide information, encourage exchange of ideas in a non-judgmental manner and finally enable learners to infer learning/ draw conclusions.





## Section 1

Adolescence  
Education  
Programme -  
Rationale,  
Conceptual  
Underpinnings and  
Implementation

### **Module 1: Adolescence Education in India**

Activity 1: Building perspective for Adolescence Education  
Activity 2: Needs, Concerns and Realities of Adolescents in India  
Activity 3: Understanding the Framework of Adolescence Education  
Activity 4: Life Skills Development: Core Objective of Adolescence Education

### **Module 2: Adolescence Education Programme in India**

Activity 1: Need for Educational Interventions to Respond to Adolescents' Concerns  
Activity 2: Adolescence Education Program: Approach and Strategies  
Activity 3: Understanding Transaction Methods

## Section 2

The process of  
growing up

### **Module 3: Establishing and Maintaining Positive and Responsible Relationships**

Activity 1: Guided Blind Man's Bluff (relationship with self)  
Activity 2: Enhancing Self Esteem and Confidence  
Activity 3: Managing Emotions Effectively  
Activity 4: Peer Relationships, Friendships, Peer Influences and Attraction  
Activity 5: Relationship with Parents/Guardians  
Activity 6: Communicating Effectively

### **Module 4: Understanding Adolescence**

Activity 1: We Are Changing!  
Activity 2: Differences in Growing up Process and Effects on Body Image  
Activity 3: Physical Changes During Adolescence  
Activity 4: Being Comfortable With Changes During Adolescence  
Activity 5: Nutritional Needs of Adolescents  
Activity 6: Early marriage and Adolescent Pregnancy (**For class XI only**)  
Activity 7: Clarifying Misconceptions

### **Module 5: Understanding and Challenging Stereotypes and Discrimination**

Activity 1: Gender and Biology  
Activity 2: Understanding and Challenging Stereotypes  
Activity 3: Understanding and Challenging Discrimination

### **Module 6: Understanding and Reporting Abuse and Violations**

Activity 1: Understanding and Challenging Domestic Violence  
**(For class XI only)**  
Activity 2: Understanding and Challenging Sexual Abuse and Violation

Summative Activity: Question Box on the Process of Growing Up







### Section 3

Prevention of  
substance misuse

#### **Module 7: Understanding Substance Misuse**

Activity 1: Meaning and Types of Substances  
Activity 2: Why are Adolescents Vulnerable to Substance Misuse  
Activity 3: Dealing with Negative Peer Pressure

#### **Module 8: Consequences of Substance Misuse**

Activity 1: Signs and Symptoms of Substance Misuse  
Activity 2: Consequences of Substance Misuse

#### **Module 9: Clarifying Myths and Misconceptions**

Activity 1: Myths and Misconceptions about Substance Misuse

#### **Module 10: Accessing Support for Prevention and Treatment**

Activity 1: Safety net  
Activity 2: Laws pertaining to drug abuse

Summative Activity: Question box on prevention of substance misuse



### Section 4

Prevention of HIV  
and AIDS

#### **Module 11: HIV and AIDS: Transmission and Prevention**

Activity 1: Defining HIV/AIDS  
Activity 2: Facts about HIV Transmission

#### **Module 12: Situation of HIV/AIDS in India**

Activity 1: HIV and AIDS prevalence in India  
Activity 2: HIV and AIDS: Socio-Economic and Demographic Impact

#### **Module 13: Vulnerability of Adolescents and Women to HIV**

Activity 1: Vulnerability of Adolescents to HIV  
Activity 2: Vulnerability of Women to HIV

#### **Module 14: Testing, Counseling and Confidentiality**

Activity 1: Diagnosis and Services  
Activity 2: Influence of Values in Decision Making in the Context of HIV/AIDS  
Activity 3: Living Positively with HIV/AIDS

#### **Module 15: RTIs, STIs and Relationship with HIV**

Activity 1: Understanding RTIs, STIs and their relationship with HIV (**For class XI only**)

Summative Activity: Question box on prevention of HIV/AIDS





## Section 5

### Skills of a Facilitator

Brings all the four sections together. With modules on the skills for facilitators, the relevance and mechanisms for advocacy in this program and the importance of training peer educators to take the program forward

(for peer educators training schedule refer to Annexure 12)

### Module 16: Skills of a Facilitator

- Activity 1: Recapitulating AEP, Life Skills Focused AE and Teaching Methods
- Activity 2: Content Analysis of NCERT Textbooks and NIOS Lessons
- Activity 3: Organisational Skills in a Facilitator
- Activity 4: Planning for Practice Sessions in the School

### Module 17: Advocacy

- Activity 1: Advocacy and its need under AEP
- Activity 2: Designing an Advocacy Campaign

### Module 18: Training of Peer Facilitators

- Activity 1: Peer Education: An Approach for Empowering Adolescents
- Activity 2: Identifying Needs of Peer Facilitators for their Training

*Note: At the end of each section, a summative question box activity has been included in order to resolve any queries related to that specific section and summarize learning/ take-home message from that section. It is proposed as a mandatory activity and it will be highly appreciated if the questions asked by adolescents are sent across to NCERT (email and postal mailing address provided in the feedback form in the Annexure III). These questions will enable the curriculum designers to do a more comprehensive job of responding to the concerns of young people and improving these materials.*

### Make It Yourself (MIY) Activities for Students

1. Menstrual Wheel
2. Box on Prevention of Substance Misuse
3. Pocket Book on Prevention of Substance Misuse

### Annexures

1. References
2. Acknowledgements – Bihar and Odisha
3. Feedback Form
4. Pre-Post Questionnaire Students
5. Pre-Post Questionnaire, Master Trainers and Teachers
6. School Monitoring Format
7. Training Schedule for Master Trainers and Nodal Teachers for 6 days
8. Participants' Feedback on Training of Master Trainers and Nodal Teachers
9. School-based Activities Planning Sheet
10. Advocacy Feedback Form for Principals
11. Roles and Responsibilities of Different Stakeholders
12. Training Schedule for Peer Facilitators for 3 days





## Planning and Conducting Training of Facilitators: Guidelines

These training materials have been designed primarily to be used for the capacity building of different stakeholders of the Adolescence Education Programme, including the master trainers and nodal teachers. It will also be eventually used to facilitate the organization of learning experiences for the ultimate target audience, the adolescent learners. In order that this happens, different stakeholders who will engage themselves in the task and perform their respective roles as facilitators need to be adequately sensitised and trained. They have to ensure effective facilitation, so that objectives of various activities organized at different levels are attained in full measure. In fact, facilitation is key to the successful implementation of Adolescence Education Programme where people of diverse backgrounds, interests and capabilities work together to attain its objectives. Hence, it is essential that the training programmes for capacity building of different categories of facilitators are planned and conducted effectively.

### Who is a Facilitator?

A facilitator may be perceived in a variety of ways. The dictionary meaning of a facilitator is a person or object that helps achieve an outcome by providing indirect or unassuming assistance. Generally, a facilitator is regarded as a person that contributes to the fulfillment of a need or furtherance of an effort or purpose, and enables something to happen efficiently and systematically. In the context of education, a facilitator is a person who is proficient in the concerned educational area and enables the learners to develop needed competencies through organised learning experiences. S/he is willing to be challenged, has interpersonal skills and is able to encourage and communicate a sense of self-confidence, enthusiasm, responsiveness and creativity.

Under the Adolescence Education Programme (AEP), the term 'facilitator' is used for persons performing the roles that contribute to effective organization of various kinds of activities. Broadly, there are five major groups of facilitators in the programme.

#### 1 Master Trainers

Master Trainers under AEP constitute the key resource group that makes critical contribution to the effective implementation of the program in several different ways. They are primarily responsible for training the nodal teachers, peer educators and other functionaries. However, their role is not confined only to training but extends to advocacy as well as monitoring of the programme.

#### 2 Nodal Teachers

Nodal teachers are school teachers selected for conducting activities under AEP in their respective schools. They are the key persons responsible for effective implementation of AEP in schools.





### **3 Peer Facilitators**

Peer education has been popularly used in educational programmes as an approach, a communication channel, a methodology and a strategy. In recent times it has been used in several areas of public health, including, reproductive and sexual health, nutrition education, substance misuse, HIV/AIDS education, gender education and environment education. However, peer education is an approach where learners from similar age group and experiences educate and inform each other about issues and concerns. The approach does not find spontaneous acceptability in the school education system. This may be because of the popular notion that students are recipients of education in schools. Their role as providers of education or constructors and communicators of knowledge is yet to acquire proper appreciation. Peer education is an effective behaviour change strategy and peer educators' role especially under AEP may be pivotal for the realization of its objectives. Given that AEP is a response to unique concerns of adolescence, young people are reportedly more comfortable in sharing their concerns with their peers. Hence there is reason to believe that investment in peer educators is a meaningful strategy to realise the objectives of the programme. It is because of this that AEP has attempted to use peer education as one of its strategies, but on a limited scale.

Note: Under the current phase of AEP, the strategy of using peer education is in its experimental stage and hence the above details are meant only to make other stakeholders fully aware of the significance of this strategy.

### **4 Programme Managers at Different Levels and those Managing Advocacy Programmes**

The persons managing advocacy programmes and programme managers are other groups of facilitators who have specific roles as laid out in the Programme Framework

## **Who may be Master Trainers?**

In view of the above, the identification of suitable persons to be Master Trainers is very crucial. There are a considerable number of trainers and professionals who have been engaged in the implementation of AEP ever since it was launched in 2005. Besides, there are trainers who have been engaged in a number of educational programmes of similar nature, being implemented by government as well as non-governmental organisations. The professionals involved in the National Population Education Project (NPEP) which has adolescence education as a major thrust area, School AIDS Education Programme, various programmes on life skills development, health education, sex/sexuality education, education on mental health and substance misuse and other such programmes provide a broad base for identification of Master Trainers under AEP. Senior teachers, vice-principals, principals and education officers who have been oriented to the programme could also serve as facilitators. The selection criteria for Master Trainers are provided at the end of this section.





## **Role of Master Trainers**

Training of teachers, peer facilitators and some other functionaries constitute the most important responsibilities of a Master Trainer. Generally, Master Trainers are considered experts who engage the learners in sessions on concerned topics of their interest and specialisation. But under AEP, Master Trainers have to be more than that and have also to contribute to other crucial components of programme implementation. Advocacy is one such important component of the programme because of the special requirements of this programme that make it a distinct educational initiative. AEP deals with a curricular area that is still in the process of validation and of receiving universal acceptability. The programme addresses concerns of adolescents including issues related to sexual development and sexuality that are easily subject to misinterpretation and not dealt with comprehensively in school education.

Often times, the adults perceive these themes based on their experiences, values and norms that are very different from those of adolescents. Programme planners need to maintain the critical balance in terms of providing accurate and age appropriate information that is cognizant of the socio-cultural context of young people. Hence, the importance of sensitizing the various stakeholders, including school teachers, school functionaries, parents, media, and the political leadership cannot be overemphasized. Master Trainers, therefore, have an important role to contribute to advocacy related activities for a proper appreciation of needs of adolescents and the significance of AEP.

Master trainers also have an important role in monitoring the programme. But most importantly, they have to perform the functions needed for planning and organization of the training programs. The training needs of different target groups - teachers, other functionaries (curriculum and material developers, evaluators, and peer educators) - vary, and hence the training programs need to take into consideration these different needs.

## **Role of Nodal Teachers**

This is so because of the special requirements of AEP which is a distinct educational programme in more than one way. As mentioned above, AEP deals with a curricular area that is still in the process of validation and of receiving universal acceptability. Hence, the issues and adolescent concerns addressed in this programme are not dealt with comprehensively in school education. A number of its contents are culturally very sensitive, as they are related to sex and sexuality, and hence are prone to misinterpretation and resistance. More importantly, while the adult world generally perceives sex and sexuality related concerns based on adult needs and experiences, AEP incorporates these concerns, based on their relevance to the specific needs of adolescents.

Nodal teachers, therefore, are expected to contribute to advocacy related activities for a proper appreciation of needs of adolescents and the significance of AEP, particularly by the parents and community leaders. Activities proposed under AEP are designed to be participatory and not formal classroom sessions. Nodal teachers also have to extend their cooperation in the monitoring of the Programme. The selection criteria for nodal teachers is provided at the end of this section.





## Training Programme for Capacity Building

These materials has been especially designed for effective organization of training programmes. Keeping these roles in view, a 5-days training program is envisaged both for master trainers and nodal teachers. The master trainers in particular are expected to take note of the following guidelines for effective organization of training programmes meant for nodal teachers:

### Training of Nodal Teachers/Other Functionaries

Training of teachers under AEP requires a different treatment from that followed for the teachers of scholastic subject areas like Science, Social Science or Languages, primarily because of two major reasons:

- (i) Unlike other scholastic subject areas, adolescence education is a new curricular area, the content and process of which are still in the process of acquiring universal acceptability and validity. It has been carved out by incorporating contents related to critical needs of the period of adolescence and the concerns of adolescents and the youth. Conceptually, its contents belong to various existing subject areas, but they are yet to be comprehensively integrated in the syllabi and textbooks of the relevant school subjects. Moreover, the focus on life skills development among learners as the overarching objective of adolescence education makes it a distinct curricular area. The training needs of nodal teachers, therefore, are different from those of the subject teachers.
- (ii) Under AEP, the nodal teachers selected by schools are expected to perform certain roles that the regular subject teachers are not expected to do. It is the nodal teachers' main responsibility to ensure that the activities as designed in the AEP are executed based on the training and resource materials.

In addition to organizing life skills based activities both in and outside classrooms, they are also expected to undertake advocacy activities and monitor the program activities at school level.

### Objectives of Training

The training design for teachers and other functionaries, therefore, needs to suit their specific role in the context of needs and requirements of AEP. The following main and specific objectives and process of the training program may be adopted.

#### The main objectives of training include:

- (i) To increase awareness and understanding about the various components of the AEP, including the conceptual framework, scope of the programme and the themes addressed in the programme. Main themes are:
  - making healthy transitions to adulthood (being comfortable with changes during adolescence and having a healthy body image),
  - enhancing self-esteem,
  - investing in positive and responsible relationships,





- understanding and challenging stereotypes and discrimination (including abuse and violation) related to gender and sexuality,
  - prevention of substance misuse (including, causes, access to safety net to protect from substance misuse,
  - consequences, de-addiction, care and support
  - and HIV/AIDS (including, prevention, vulnerability, dealing with stigma, access to services, linkages with Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections).
- (ii) To improve the understanding of life skills development among adolescent learners as a key ability to respond to real-life situations in positive and responsible ways;
- (iii) To develop skills required for integration and transaction of adolescence education with a special focus on being non-judgmental and empathetic and improving their overall communication skills; and
- (iv) To encourage learners to examine their own beliefs related to issues around sexuality, gender-based discrimination and resolve myths and misconceptions related to these issues.

## Process of Training

A five-day training programme is envisaged for nodal teachers (For schedule refer Annexure 7). However, the time-frame may be decided on the basis of contextual conditions and the needs of the concerned target group. In that case the materials also need to be suitably adapted as per the local needs and requirements without making major changes in the Activities/Topics. The training programme may be organized by taking the following steps:

### A. Needs Assessment of Trainees

The needs assessment of trainees has not been a regular part of the trainings that are organized in the school education system. This is often missed, but so far as AEP is concerned, it is important to undertake a needs assessment prior to starting the training, because

- (a) the teachers and other functionaries come from different subject backgrounds and may have different training needs in respect of adolescence education and life skills development; and
- (b) they are expected to perform a different role from what they have been trained to do in schools on a regular basis and this may again mean different training needs that should be identified prior to initiating the training.

As a first step and prior to initiating the training, there is a need to identify the trainees. The desirable number of participants for each training program is approximately forty. Once the list of trainees is finalized, a well designed Needs Assessment Tool (Questionnaire) may be administered at least one month before the date of the training. Based on information received through the questionnaire, the needs of that particular group of trainees may be identified which would help in designing a programme that would address those needs. If that does not happen, a thorough discussion with the trainees on their expectations from the training programme will be immensely valuable. Within the framework of the programme, the facilitators can address the expectations of the trainees.





## B. Preparatory Steps

It is necessary to ensure that all logistics for the training programme are arranged well in advance. The following points merit consideration:

- The managers and resource persons for the training programme should be well prepared. All of them may meet to discuss the preparations made, resource materials available for the training, and if needed, adaptations in training modalities to be made in view of the available infrastructure facilities. For example, if LCD or OHP facilities or any other aid is not available or there is a chance of interruption owing to frequent power failure, there is a need to ensure that suitable alternative arrangements are in readiness.
- The previous experiences of conducting training programmes of teachers under AEP underscore the usefulness of providing hands-on classroom experience in class rooms to the trainees. The trainee nodal teachers are better equipped if they are given opportunities to conduct adolescence education activities in actual class rooms. Some school in the neighbourhood of the venue of the training programme may be approached well in advance and in consultation with the school authorities, the necessary arrangements should be made for conducting selected activities in either class IX or class XI.
- It is necessary to ensure that all the resource persons are fully aware of all facets of AEP and, more importantly, are on the same wave length when they conduct their respective sessions. They may be asked to follow the content and process contained in these training and resource materials. They are also expected to be aware of the profile of the trainees and the nature of interaction that will facilitate better communication among the resource persons and the trainees.
- All the resource persons should review these guidelines as these are extremely relevant in view of the sensitivities of this area in the context of distinct socio-cultural settings in different parts of India.

## C. Pre-Test

At the outset, Pre-Test should be administered to the trainees. A sample pre (also post test) is provided in Annexure 5 that may be suitably adapted according to the local needs.

## D. Conducting Sessions

- Participatory and interactive approaches are at the core of the entire training process. Particularly in view of the nature of this curricular area and the objectives of the training, special efforts will be required to ensure that every trainee gets necessary motivation and opportunities for active participation and experiential learning.
- The training sessions may be conducted according to the process detailed in the Training and Resource Materials. The main focus should be on empowering the trainees for performing their roles (for example, transacting the material in classrooms by teachers) with competence and ease.
- Master Trainers should emphasize the need for nodal teachers to share only age appropriate, accurate information with their students. This is important because:
  - Keeping the content and transaction relevant to the concerns of young people rather







than adult experiences and needs will avoid any controversy or misunderstanding related to the programme. Nodal teachers will also feel more empowered to respond to age appropriate concerns and the overall acceptability of the programme and its relevance will increase.

- As the nodal teachers are drawn from various subject streams, they may not be able to absorb the scientific and technical details of those concepts which have never been a part of their own learning process. Hence, keeping these details to an optimal level will guide the nodal teachers and encourage their ownership of the project interventions. These resource materials have been developed in cognizance of these considerations.
- In every session efforts may be made to develop skills required for integration and transaction of adolescence education with a special focus on being non-judgmental and empathetic and improving the overall communication skills of trainees. This may be realized by providing greater opportunities of interactions among the trainees under the supervision of resource persons.
- In the sessions for hands-on experiences, efforts should be made to give autonomy to the trainees (teachers and other functionaries). They should be encouraged to conduct the session in class rooms on their own. At the end of the session, a general discussion may be held in which feedback is provided by the fellow trainees as well as the master trainers.
- One session should be devoted to advocacy under AEP, focusing on the responsibilities of master trainers and nodal teachers related to organization of advocacy programmes for parents, teachers and the local Community/Municipal/ Panchayat leaders.
- A session should also be organized on the hands-on experiences of using the monitoring tools that nodal teachers will use in programme implementation.
- Feedback is extremely important for improving the quality of the training programme as well the overall implementation of AEP. Although post test (Annexure 5) and participants' feedback (Annexure 8) will be administered on the last day of the training, a quick feedback at the end of every session will also be helpful in capturing immediate response to the content and transaction methodologies. The following issues may be kept in mind while obtaining immediate feedback:

### **For Resource Persons**

- The competence of the trainees and their potential for transaction of adolescence education;
- Acquisition of knowledge by the trainees;
- Development of the needed skills among the trainees

### **For Trainees**

- Usefulness of the session in terms of acquisition of knowledge;
- Usefulness of the session in terms of development of skills;
- Usefulness of the session in terms of active participation and experiential learning;

### **E. Post-Test:**

At the end of the training programme, post-test questionnaire may be administered to the trainees. A sample post-test is given in Annexure 5, which may be suitably adapted according to the local needs, especially those related to the cultural context and any specific needs of the trainees.





## Tips for the Facilitator

### Before the Session

1. Read the relevant sections of the training and resource manual before conducting the training programme.
2. Get to know about your learners, their background, education and attitude toward issues related to health and well being of adolescents.
3. For the training programmes for master trainers, it is recommended that 3 resource persons facilitate the training programme. For nodal teachers' trainings, it is recommended that two facilitators should facilitate the training.
4. Adequate representation of women should be ensured both at the facilitators' and learners' level.
5. For familiarisation and successful implementation of the five-day training programme, facilitators and teachers should arrive a day in advance.
6. The training centre identified should have separate residential arrangements for male and female participants.
7. For smooth running of the sessions, the hall or room should be clean, well-ventilated and should comfortably accommodate 40–50 participants.
8. All facilitators need to be familiar with the day's agenda and the resource materials required for it and should be prepared for the sessions.

### During the Session

1. Rapport with participants is critical.
2. Make a separate flip chart to write down issues not pertaining to the sessions, how-so-ever unimportant. Ensure that all these issues are discussed before the end of the day.
3. Facilitators should use the same type of material and language, which s/he expects participants to use.
4. Throughout the training, impress upon learners that the eventual target audience are the adolescent students for whom the AEP has been designed.
5. Maintain a good rapport with the co-facilitator/s. Facilitators should have periodic eye-contact between themselves throughout the sessions.
6. Have the contact telephone number of a senior/technical resource person for advice on any unresolved issues during the training.

### After the Session

1. If something specific has not been understood by the majority, then concept should be clarified.
2. Summarize each session and ensure that the objectives are achieved and contents are covered.
3. Carefully consider any suggestions made by participants and try to incorporate them, if possible, into subsequent sessions.





## **Common Problems a Facilitator may Face:**

1. Someone disagrees and wants to argue with you: Welcome disagreement, hear him/her with full attention and find common ground. Start further discussion from this common ground, elaborate on the points where disagreement exists.
2. Everyone looks bored: Encourage participation and discussion from the group.
3. Some people monopolise the discussion: Give recognition to their knowledge and enthusiasm and control them diplomatically.
4. Private conversation erupts: Encourage them to share what they are talking about with everyone. In most of these situations, participants talk about the issues being discussed, but may hesitate to voice opinions openly.
5. Two participants start arguing with each other: Do not take sides. Verbalise the positions taken by each participant and ask others in the group to give their opinion on the issue, then objectively summarise the discussion.
6. Controversial topic. If any controversial topic is brought up, it should be carefully guided in terms of eliciting responses from the group or be answered collectively.
7. Personal questions. If personal questions are asked, the facilitator should use his/her discretion in answering. If the question is unanswerable, just convey the difficulty calmly or meet the concerned person separately.
8. If you do not have the information: If you are asked a question and you do not know the answer, please say so and say that you will find out and get back to the group. Do not give an incomplete or an incorrect answer.

## **Selection Criteria for Key Functionaries in AEP**

The success of the AEP depends largely on the master trainers and nodal teachers who transact the materials with young people. Hence, it is important that these individuals are chosen carefully.

The following criteria are recommended for the selection of master trainers and nodal teachers:

### **Selection Criteria For Master Trainers**

- Sensitive to concerns of adolescents and interested in taking this initiative forward
- Non-judgmental
- Experience of facilitating participatory training programmes
- Comprehensive experience of school education is a bonus.
- Sensitive to cultural sensibilities
- Excellent communication skills (English and Hindi) both written as well as verbal
- Graduates/post graduates in any discipline
- Should be able to attend 6 days residential training programme
- Willingness to travel, as per requirement for state/ district level training
- Should have the time and commitment to be associated with various activities of the programme
- Preferably below 50 years of age





## Selection Criteria For Nodal Teachers

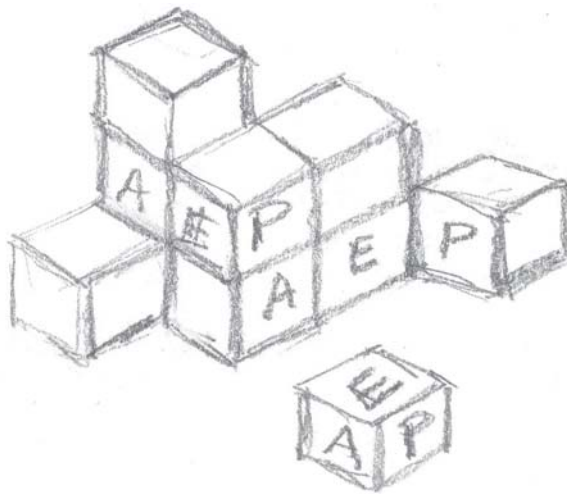
- Sensitive to the concerns of adolescents and interested in taking this initiative forward
- Non-judgmental
- Friendly with students
- Has a good rapport with the students
- Aware of local culture
- Can be from any discipline
- Able to understand and speak local language
- Able to attend the 6 days residential training programme
- At least one male and female teacher should be deputed from each school
- Preferably below 50 years of age

The circular sent to schools/ principals should specify that the nodal teachers should be given time not only to implement the programme but should have some time throughout the year to invest in monitoring as well as networking with other schools implementing the programme.





## **SECTION 1**



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# **INTRODUCTION FOR MASTER TRAINERS AND NODAL TEACHERS**

**(NOT TO BE TRANSACTED  
WITH ADOLESCENTS IN CLASSROOM SETTINGS)**



## SECTION 1

### MODULE 1

## ADOLESCENCE EDUCATION IN INDIA



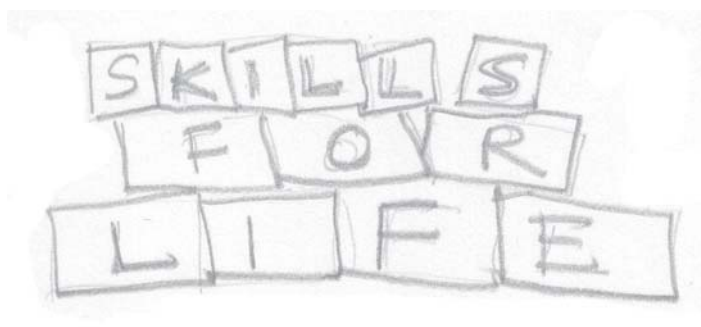
### Introduction

This section focuses on developing an understanding of the conceptual framework and scope of adolescence education. It is an educational response to the needs, concerns and realities of adolescents in India. This module describes the realities of Indian adolescents, and adolescence education as a systematic response to address their concerns. The objectives, guiding principles, scope and themes of adolescence education will be discussed. The section will also explain the significance of life skills, and of experiential learning methods, within adolescence education.

### Learning Objectives

At the end of this module, learners will be able to:

- Understand the concept of adolescence education and its objectives, guiding principles and scope;
- Learn about the major content areas and appreciate the reasons for including these in adolescence education;
- Develop an understanding of life skills as a generic concept, its contextual application, and the relevance of life skills development as a core objective of adolescence education;
- Practice some new teaching methods and transaction strategies for promoting experiential learning





**45 min**

Fact  
Sheets

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Flip Chart

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# MODULE 1

## ACTIVITY 1

### Building Perspective for Adolescence Education

#### Learning Objectives

To enable learners to:

- Develop an understanding of adolescence and its characteristics, issues, concerns and influences
- Understand adolescence as a stage in life – its pleasures, challenges, dreams and aspirations
- Understand the kinds of support adolescents require from concerned adults
- Develop an understanding of the need for adolescence education

#### Notes to facilitator

- The facilitator should introduce the session by encouraging the learners to recall their own adolescence.
- This will provide an opportunity to the learners to try and understand the concerns of adolescents today, based on their own memories and experiences.
- Participants will be divided into small groups of 5 or 6 members each. Within each group, all the members will reflect and share some of their most important experiences and feelings, as adolescents. The learners should be encouraged to reflect on the pleasures, challenges and aspirations they experienced when they were adolescents.
- The learners will also discuss whether they got support from adults – teachers, parents or someone else. Did they have questions they could not ask anybody and that therefore remained unanswered? Who were their role models?
- One person from each group will report on
  - some common feelings (positive as well as negative) during adolescence;
  - whether parents/teachers were supportive and understanding;
  - any questions that remained unanswered.
- Conclude the session emphasizing the need for adults to help provide information and guidance to adolescents, in an open and friendly way.

#### Summing Up

The facilitator will sum up the session:

- Adolescents are a positive resource. They have energy and idealism. Adolescence is a transition period between childhood and adulthood.
- Adolescents need information and somebody who will answer their questions in accurate, age-appropriate and culturally relevant ways.
- Adolescence education is a response to adolescents' need for authentic information, provided in a safe and friendly atmosphere.

Did  
you  
know



***There are 358 million young people in India in the age group of 10 - 24 years. ( Projected population as GOI during census 2001***





**45 min**

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# MODULE 1

## ACTIVITY 2

### Needs, Concerns and Realities of Adolescents in India

#### Learning Objectives

To enable participants to:  
Understand the critical needs and concerns of adolescents

#### Notes to facilitator

- Conduct a brainstorming session (10 minutes) to answer the following questions:
  - Is adolescence distinct from childhood and adulthood? If 'yes', how?
  - Why is it said that adolescents constitute the most critical part of India's population?
- Note down the main points made in the brainstorming session, on the black board or flip chart.
- After the session, divide the participants into small groups, each group having not more than 5-6 members. Each group chooses one member as the group reporter.
- Assign one of the following questions to each group for reflection and discussion: give 10-15 minutes for this. Since the number of groups may be more, one question may be assigned to more than one group.

#### Questions

What are the special needs and concerns of adolescents?

- Do young people get adequate information and support to resolve their concerns? If yes, who provides this information? Do they get the necessary information and support to address their concerns? Please provide reasons for your response.
- In case reliable sources of information are not available, from where do young people get information (or misinformation)?
- Is it important to provide young people with correct information and support?

Please provide reasons for your response.

- Who all should be responsible for equipping young people with information and skills to address their concerns comprehensively?

- After the group work is over, ask each group to make a presentation in the larger group.
- Note down all the points on the black board or flip chart.
- Make a power-point presentation or oral presentation based on the fact sheet at the end of the module highlighting the following:
  - Profile of adolescents in India, including their share in Indian population, concerns about their education and health, especially of adolescent girls, sexual abuse, HIV and AIDS, and substance/drug abuse





## Summing Up

- World Health Organization (WHO) defines individuals in the age group 10-19 as adolescents, in the age group of 10-24 as young people and in the age group 15-24 as youth
- India has 327 million young people in the age group 10-24 (WHO, 2007)
- Eighty three percent young men and 78% young women in the age group 15-24 expressed that they perceived family life education to be important (IIPS: Pop Council Youth survey, 2006-07)
- Young people (45% boys and 27% girls) voted for teacher as the most appropriate person to transact education on family life matters (IIPS: Pop Council Youth survey, 2006-07).
- Findings from the National Family Health Survey 3 (NFHS 3, 2005-06) show that young people are poorly informed on issues related to HIV prevention. Only 28% of young women and 54% of young men in the age group of 15-24 had comprehensive knowledge about HIV/AIDS. This is worrisome in light of the fact that one-third (30%) of all reported AIDS cases in India occur among young people in the age group 15-29 years (NACO, 2007). In a recently concluded evaluation of the Adolescence Programme, students indicated poor understanding of issues such as consent for HIV testing; whether HIV positive persons can continue working at jobs; disclosure to colleagues; and schooling of children of HIV positive persons (Concurrent Evaluation of Adolescence Education Programme, 2010-2011, by UNFPA and NCERT).<sup>1</sup>
- Substance abuse among young people is a matter of concern. Findings from NFHS-3 show that in the age group of 15-24, 40% young men and 5% young women had ever used tobacco, while 20% of young men and 1% of young women had ever consumed alcohol.
- A substantial proportion of young people suffer from anaemia (56% of females and 25% of males in the 15-24 age group). This can adversely affect their physical growth, cognitive development, performance in school and at work as well as reproduction (NFHS 3, 2005-06).
- Although most youth would prefer to marry after age 18, findings from NFHS-3 (2005-06) show that in the age group 20-24, 47% young women were married before age 18.
- The findings from NFHS-3 do not indicate progressive gender role attitudes; 53% women and 56% men in the 15-24 age group felt that wife beating is justified under specific circumstances. Domestic violence is widely prevalent within marriage, with almost 1 out of 4 young (married) women reporting that they had been victims of physical violence time within their marriage.
- Sexual harassment in public spaces, institutions of education, in and around home and at the workplace is a well established fact. Child abuse, bullying and ragging are also common. Violence is routine as a form of punishment, so much so that most students (85%) do not know that parents beating their children is a form of domestic violence (Concurrent Evaluation of Adolescence Education Programme, 2010-2011, by UNFPA and NCERT).
- Hence, although India has a vast human resource at its disposal, the country will have to make consistent and substantive investments in the knowledge, attitudes, health and well-being of its young people in order to harness their potential.

<sup>1</sup> Concurrent Evaluation of Adolescence Education Programme is a national-level study, 2011, which has assessed knowledge and attitudes of adolescents towards issues related to their health and well-being, and knowledge and attitudes of teachers, including Nodal teachers, towards adolescent health and well being. The study determined the influence of AEP on school environment, and identified gaps in programme design and implementation. A total of 21967 students and 1070 teachers were covered in the study, from Kendriya Vidyalayas (KV), Navodaya Vidyalayas (NV) and private schools. The overall results clearly indicated positive significant impact of AEP, although the impact is modest on most counts: indicating the need for sustained and focused inputs and efforts in programme implementation.





**30 min**

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# MODULE 1

## ACTIVITY 3

### Understanding the Framework of Adolescence Education

#### Learning Objectives

To enable learners to:

- Appreciate the conceptual framework and guiding principles of adolescence education
- Identify the major content areas and appreciate the reasons for including these in adolescence education

#### Notes to facilitator

- This is a session in which an interactive presentation is to be made on the conceptual framework of adolescence education, encouraging maximum participation of learners.
- In the large group, begin the session by asking learners to recapitulate (from Activity 1) the needs and concerns of adolescents that require educational interventions.
- Note down the points made by them on the black board or flip chart.
- Make a power-point or oral presentation based on the fact sheet and highlight the following points:
  - Adolescence education aims to respond to the concerns of adolescents, specifically the ones that are yet to be assimilated by school curriculum in full measure;
  - The overall objective of adolescence education is to provide adolescents with accurate, age appropriate and culturally relevant information, promote healthy attitudes and develop skills to enable them to respond to real-life situations effectively;
  - The guiding principles of Adolescence Education Programme;
- Main content areas of adolescence education include: Understanding changes during adolescence and being comfortable with them
- Establishing and maintaining positive and responsible relationships
- Understanding and challenging stereotypes and discrimination related to gender and sexuality
- Understanding and reporting abuse and violation
- Prevention of HIV/AIDS, dealing with stigma, access to services, linkages with RTIs/STIs
- Prevention of substance abuse: causes, access to safety net (protection from substance abuse), consequences, de-addiction, care and support
  - Understanding of life skills development as a core objective and a generic concept;
  - The need for participatory teaching-learning and curriculum transaction methods that build on the experiences of learners rather than didactic and rote teaching methods.

Did  
you  
know



***AE enables adolescents to understand and negotiate existing and constantly changing lived realities.***



## Summing Up:

One of the major objectives of adolescence education is to develop life skills to empower young people to respond to real life situations in positive and responsible ways. Life Skills are psycho-social abilities that enable individuals to translate knowledge, attitude and values regarding their concerns into well-informed and healthy behavior. Empowered with skills; young people are able to take decisions based on a logical process of “what to do, why to do, how to do and when to do.”

Guiding Principles of Adolescence Education are listed below:

- Adolescence is conceptualized as a positive stage of life, full of possibilities and potential. It should not be labeled as problematic and traumatic, and adolescents, including ‘peer group’, should not be stereotyped in negative ways.
- AE should recognize and respond to the reality that adolescents are heterogeneous: with diversity in terms of urban/rural, caste, class, religion, cultural beliefs, and so on.
- The educational programme should be participatory, process-oriented and non-judgmental, not prescriptive, stigmatizing or fear inducing
- AE should enable adolescents to understand and negotiate existing and constantly changing lived realities.
- Teachers need to unlearn and learn in order to facilitate the effective transaction of this curricular area. This is relevant in respect of content, attitudes and pedagogical modalities.
- The programme should enable adolescents to articulate their issues and know their rights, counter shame and fear, build up self-esteem and self-confidence, and develop ability to take on responsibility for self, relationships and (to an extent) society around them.
- Adolescence education should influence the entire school curriculum and ethos, rather than being an isolated, stand-alone component.
- The AEP should have inbuilt flexibility in terms of content and process to be able to respond to multiple and changing needs of young people
- The programme should empower young people through participatory, process-oriented, non-judgmental approaches that build on the experiences of learners, and provide them with opportunities to think critically, analyze, and infer learning rather than being prescriptive.
- Adolescence education should be strongly oriented towards the transformational potential of education, based on principles of equity and social justice, rather than having a status-quo orientation.

The following themes are covered in AEP:

- Understanding Changes during Adolescence and Being Comfortable with them (including differences in the process of maturation and their effects on body image)
- Establishing and Maintaining Positive and Responsible Relationships
- Understanding and Challenging Stereotypes and Discrimination related to Gender and Sexuality
- Understanding and Reporting Abuse and Violation
- HIV/AIDS: Prevention, Vulnerability, Dealing with Stigma, Access to Services, Linkages with RTIs/STIs
- Prevention of Substance Abuse: Causes, Access to safety net (protection from substance abuse), Consequences, De-addiction, Care and Support





**30 min**

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Sheets

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# MODULE 1

## ACTIVITY 4

### Life Skills Development: Core Objective of Adolescence Education

#### Learning Objectives

- Develop an understanding of life skills as a generic concept, its contextual application, and the relevance of life skills development as a core objective of adolescence education;
- Comprehend the new teaching methods and transaction strategies for promoting experiential learning and development of life skills

#### Notes to facilitator

- Divide the learners into at least 5 groups, each group having not more than 5-6 members and ask them to select one learner as group reporter.
- Inform them that the groups have to discuss the following questions and note down the points made. Assign one question to each group. Since the number of groups will be more, one question may be assigned to more than one group.
- The questions are as follows:
  - What is the meaning of life skills and why are they considered important for young people?
  - In your opinion, what are some of the important life skills that enable adolescents to make optimal use of opportunities and respond to real-life situations effectively?
  - Will the objective of life skills development be achieved through lecture-based traditional teaching methods? If 'yes', give reasons. If 'no', what teaching methods will be effective and why?
  - Will it be valuable if curriculum and teachers adopt experiential and activity-based teaching-learning approaches focused on life skills development in the course of regular teaching? Give reasons for your answer.
  - Give three examples of use of life skills in real-life situations based on your own experiences.
- After the group work is over, ask each group to make a presentation that may be followed by discussion.
- Note down the main points made by each group and assimilate these points while summarizing the discussion, based on the Fact Sheets.



## Summing Up

- Life skills are psycho-social abilities that empower individuals to connect with self as well as others and develop healthy lifestyle and positive behaviors. Life skills equip individuals with competence to manage challenging situations and utilize existing opportunities optimally. These skills enhance coping resources and personal and social competencies of individuals.
- Life skills development is a life-long process that helps individuals grow and mature; it builds confidence in one's decisions taken on the basis of adequate information and thought, and helps discover sources of strength within and outside.
- From times immemorial, every culture and society has invested in educating and empowering its younger generation to lead fulfilling and responsible lives. For example, many folk tales grandmothers relate to their grandchildren in different parts of India have some important lessons in life skills enhancement that remain relevant for all generations.
- Education, particularly school education, plays a vital role in life skills development among individuals, as it exposes them to varied experiences in their formative years; it has abundant potential to provide learners with relevant simulated situations to learn and practice.
- Life skills are generic abilities, which can be effectively integrated in educational processes. These abilities can be contextualized to any specific setting, for example, adolescence education
- Curriculum transaction approaches primarily focused on participatory and experiential modes of learning are effective for life skills development.



Did  
you  
know | ?

**'Panchatantra' stories from India have important lessons in life skills enhancement that remain relevant for all generations?**



## FACT SHEET



### Adolescent Realities

Adolescents are a positive resource for the country. They have unlimited energy, vitality and idealism, as well as a strong urge to experiment and create a better world. Adolescence is a transition period between childhood and adulthood, usually characterized by youthful exuberance as its most endearing hallmark.

During adolescence the physical, intellectual, and emotional characteristics and patterns of childhood are gradually replaced by adult ones, and girls and boys progressively evolve into a state of relative socio-economic independence (UNICEF, 1999). The definition given by WHO defines adolescence both in terms of age (10-19 years) and in terms of a phase of life marked by special attributes. These attributes include rapid physical, psychological, cognitive and behavioral changes and developments, including, urge to experiment, attainment of sexual maturity, development of adult identity, and transition from socio-economic dependence to relative independence.

### Profile of Indian Adolescents

The National Family Health Survey-3 (NFHS-3) tells us that 22 percent of the billion-strong population of the country would qualify as adolescents (age-group 10-19 years), i.e. every fifth person in this country is an adolescent. India is proud to be home to 327 million young people in the age group of 10-24 (WHO, 2007), and is responsible for developing this vast human resource in the best possible ways.

A significant aspect of adolescence is related to psychological development. It is a critical period for the development of self-identity. The process of acquiring a sense of self is linked to physiological changes, and also learning to negotiate the social and psychological demands of being young adults.

Adolescents are affected by socio-economic disparities prevailing in the country. The National Family Health Survey 3 (NFHS 3) indicates high percentage of anaemia, which affects their physical growth, cognitive development, performance in school and at work as well as reproduction.

A national-level study, 'Youth in India: Situation and Needs 2006-07' conducted by the Population Council, New Delhi and International Institute for Population Sciences, Mumbai, indicates that as high as 47% of women and 16% men had never received any information on sexual matters from anybody. A large proportion of young people (78% young women and 83% young

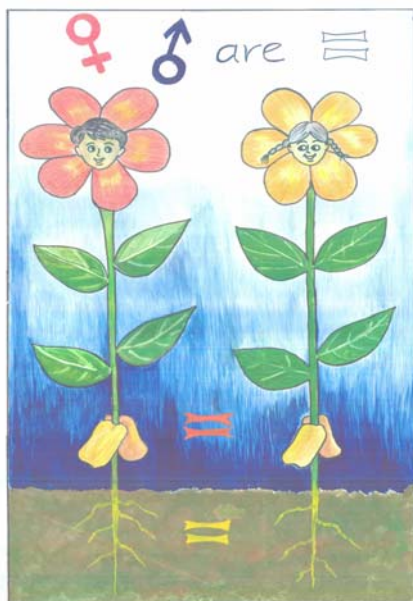


men) were in favor of imparting sex education or family life education to youth. The most commonly cited preferred sources for information were teachers, parents, health care providers and other professionals and friends. Recent research reveals that for 70% of the students who have been exposed to AEP, teachers are the main source of information on reproduction-related matters, as compared to 38% for whom their mother is the main source of information and a mere 18% for whom father is the main source (Concurrent Evaluation of Adolescence Education Programme, 2010-2011, by UNFPA and NCERT).

The youth study showed that only 28% of young women and 54% of young men had comprehensive knowledge about HIV/AIDS. It is noteworthy that over 35% of all reported AIDS cases in India occur among young people in the age group of 15-24 years and more than 50% of the new HIV infections occur also among young people (NACO, 2005).

Substance abuse among young people is also a matter of concern. The projected number of drug abusers in India is about 3 million, and most are in the age group 16-35 (UNODC, 2003). Nearly 11% were introduced to cannabis before the age of 15 years and about 26% between the age of 16-20 years (UNODC & Ministry of Social Justice and Empowerment, 2004).

Gender roles are very distinctly defined, and adolescent girls continue to face gender based discrimination in most parts of India. This is evident in the declining sex ratio, incidence of sex-selective abortions, under-age pregnancies and unsafe motherhood and increasing incidence of domestic violence, sexual abuse, abduction and trafficking (UNFPA, 2006). Child abuse, bullying and ragging are also common occurrences.



Poster drawn by Prateek More  
- Class IX , NVS, Pallu,  
Hanumangarh

## Adolescence Education: A Response to Adolescent Realities

The health needs, and particularly the reproductive and sexual health (ARSH) needs of adolescents, continue to be ignored and neglected. As they stand at the threshold of adulthood, they need authentic knowledge that helps them understand the process of growing up with particular reference to their reproductive and sexual health needs. By developing a critical understanding, they have to be well equipped to cope with the issue which they confront. They need guidance and independence simultaneously, education as well as opportunities to explore life for themselves in order to attain the level of maturity required to make responsible and informed decisions.



## Objectives, Themes and Scope of Adolescence Education

The concept of 'adolescence education' was preferred to terms like sex education, sexuality education, family life education, reproductive health education, puberty education, life skills education and AIDS education at the National Seminar on Adolescence Education, organised by NCERT in 1993. The National Seminar endorsed the use of the concept of adolescence education and recommended the introduction of "suitable components of adolescence education in the curricula at all stages of schooling" (NCERT, 1994). As a follow up to its recommendations, a General Framework of Adolescence Education was finalised through nationwide consultations focusing on the following three requirements:

- Incorporating all the critical concerns of adolescent reproductive and sexual health (ARSH) in the specific context of Indian socio-cultural ethos;
- Preparing a scheme of contents suitable to provide adequate coverage to ARSH concerns in consonance with the nature and scope of existing school syllabi of different stages; and through all stages of schooling;
- Identifying curriculum transaction strategies focused on promoting experiential learning suited to the specific needs of this new curricular area.

Analysis of school curricula showed that some concerns were already incorporated in it. It was, therefore, thought logical for the adolescence education framework to focus on those concerns which were not incorporated in the school curriculum. Content analysis of the existing curricula indicated that certain critical areas were not adequately covered in the school curriculum, for instance the process of growing up during adolescence. Although the school syllabi and textbooks contain contents on biological aspects of the reproductive system, it was felt that education in these content areas cannot be complete by providing biological information only. There is a need to focus on physiological, emotional and socio-cultural dimensions of adolescent reproductive and sexual health (ARSH) in a holistic manner.

Adolescence education was thus conceptualized as an educational intervention, focusing on critical elements that would enable young people to deal effectively with issues related to:

- Understanding changes during adolescence and being comfortable with them
- Establishing and maintaining positive and responsible relationships
- Understanding and challenging stereotypes and discrimination related to gender and sexuality
- Understanding and reporting abuse and violation
- HIV/AIDS: prevention, vulnerability, dealing with stigma, access to services, linkages with RTIs/STIs
- Prevention of substance abuse: causes, access to safety net, consequences, de-addiction, care and support

After serious consideration, a consensus has been reached in favour of the introduction of adolescence education in schools with a view to providing authentic knowledge to students regarding these critical issues. The additional educational inputs should seek to enhance learners' knowledge levels, influence their attitudes, and develop in them the needed life skills to respond to real-life situations effectively.

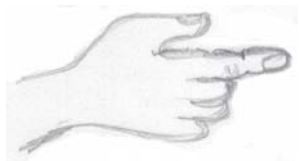
The 1993-96 version of the framework missed out the element of life skills. While operationalizing the framework, it was realised that adolescence education should lay emphasis on life skills development, so as to empower adolescents to meet the challenges and optimize opportunities that may come their way. The present revised framework not only lays specific emphasis on life skills development but also conceptualises it based on sound and suitable pedagogical principles.





## Arguments For and Against Adolescence Education:

### Arguments For



Sexual abuse and exploitation of young girls and boys, and even minors, is a problem in our society. These situations demand urgent educational intervention, so that young people are made aware of the need to respect the inviolability of every person, and to safeguard themselves against abuse and exploitation.

All these arguments were considered during the process of consensus building for introducing adolescence education in schools:

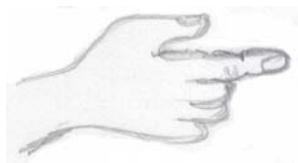
- There is definitely a need to make interventions to enable individuals, including young people, to practice responsible behaviour and protect themselves from risky situations. Young people in India require information not only on sex and sexuality, but also on building healthy self-image and inter-personal relationships, as well as understanding and challenging discrimination, abuse and harassment.
- A number of studies show that adolescents would like to get accurate information about the changes in their bodies including sexual development. Discussion on issues related to sexuality is usually taboo due to cultural and social factors, and there are very few reliable sources of information to educate adolescents on these issues. This situation creates anxiety and confusion and generates misconceptions among adolescents about various dimensions of their growing up.
- Since the average age at marriage is increasing, young people have a longer interval between their sexual maturity and marriage. In such a context, it is necessary for school curriculum to equip adolescents with authentic information on sexuality, HIV-AIDS and sexually transmitted infections (STIs). This will enable adolescents to manage their sexual development responsibly and develop a healthy attitude towards sexuality.
- Sexual abuse and exploitation of young girls and boys, even minors, is a problem in our society. These situations demand urgent educational intervention, so that young people are made aware of the need to respect the basic rights and inviolability of every person, and to safeguard themselves against abuse and exploitation. They must also learn to develop a zero-tolerance attitude towards violence and abuse.
- The impact of certain positive traditional values that used to influence sex-related behaviour of individuals has been waning. There is a need to reinforce some of the positive social and cultural values that may strengthen individuals and provide sustenance to responsible sexual behaviour.
- Children and adolescents are exposed to sex-related ideas and thoughts, and that too at times in a crude manner, through cinema, film magazines and other periodicals, video parlours, commercial advertisements and certain television programmes. It is necessary to empower adolescents through education, so that they may analyse such exposures in a proper perspective.
- The AIDS pandemic has added urgency to introduce adolescence education in schools. Preventive education is necessary to promote behaviour changes which can prevent the spread of HIV infection.
- Studies indicate an increasing incidence of smoking and use of tobacco, alcohol and other harmful substances by young persons. Frequently adolescents tend to see the use of these



drugs as part of being grown up. It is, therefore, urgently needed to educate them on the effects of substance (drug) abuse.

- Studies indicate that education about reproductive and sexual health does not encourage students to experiment with their newly acquired knowledge. Rather, it encourages them to have positive attitude towards sex and inculcates in them responsible behaviour.
- The apprehension of teachers that teaching the elements of adolescence education will tarnish their "image" and promote indiscipline among students has been negated by experiences. Wherever teachers are responsive to the needs of adolescent students and help them cope with their problems, the teacher-pupil relation has become better and the school environment has improved.
- Although students always felt the need to get education in sex related matters, parents and teachers had serious apprehensions till very recently. But now the Concurrent Evaluation of the Adolescent Education Programme has found that parents and teachers overwhelmingly favour the introduction of adolescence education in schools. The need to emphasise the development of life skills is being recognised on a greater scale.
- Pockets of resistance may still exist, though in a minority, and these need to be addressed in positive ways. For example, parents who are convinced of the relevance of the programme can be asked to speak with those parents who still have concerns regarding the programme; adolescent students and teachers who have benefited from the programme should be asked to speak at inter-school events; and teachers as well as students could help in preparing media kits to help sensitize the wider public.

## Arguments Against



Sex and sexuality are intimately private matters which are not to be discussed in public, and that too with young children.

There were some who did not think it proper to introduce elements relating to sexual development in the school curriculum. They argued that sex and sexuality are private matters which should not be discussed in public. Young people will anyway receive information indirectly through different sources. Moreover, they felt that if schools provide knowledge about sexual development, young people will be encouraged to experiment, thus promoting promiscuity and sexual permissiveness, spoiling the youth and also school and social environment. In addition, they argued that discussion on sex and sexuality will reduce it to a mundane routine affair, and students will not be able to appreciate its sublime value in their future lives.

## What Students Like about Adolescence Education sessions



Students noted they liked sessions taking up `issues like self esteem', `disagreements with parents', `relationship with friends', `attraction towards opposite sex', `changes during adolescence', `changes in feelings and emotions', `knowledge on bad habits', `gender discrimination', `decision making' and `stress management.'





Students liked AEP sessions being conducted in a participatory way. They liked it when 'our issues were raised, discussed and suggestions given to take the right decisions.' They enjoyed 'sharing our emotions and perceptions', 'discussion with psychologist on internal changes occurring during adolescence', and when their teachers 'shared about the problems that are prevalent in society nowadays'. They found AEP sessions different from other classes because teachers encouraged questions; discussed things students may face in life rather than bookish knowledge; and teachers were friendly.



Students enjoyed and understood issues better with roles plays, poster making, case studies, essay writing, drama, question box, special sessions and interaction with doctors, gynecologist, psychologist, and so on. A student appreciated, 'Whatever was told was part of our life.... All the things that were discussed, we had experienced them.... It was very interesting. They were told to us with the help of activities.' Another noted, 'We can share our issues as everybody goes through the same thing. It relieves stress.'



Students were divided about whether they prefer teachers holding AEP sessions, or somebody from outside. Some said they were more comfortable with their teachers, while others felt they may be more comfortable with an external person. ( Source: Concurrent Evaluation of Adolescence Education Programme, 2010-2011, UNFPA and NCERT

## Life skills: A Generic Concept and Its Contextual Applications

### Generic Conceptualization of Life Skills:

Life Skills require to be perceived as in the Dakar Framework for Action (World Education Forum, Dakar, Senegal, 2000), that stresses the need for not only psychomotor or practical skills, but also psychosocial abilities –that will enable individuals to learn and use knowledge, act appropriately, develop reasoning and analytical strengths, manage emotions and to live with and relate to others.

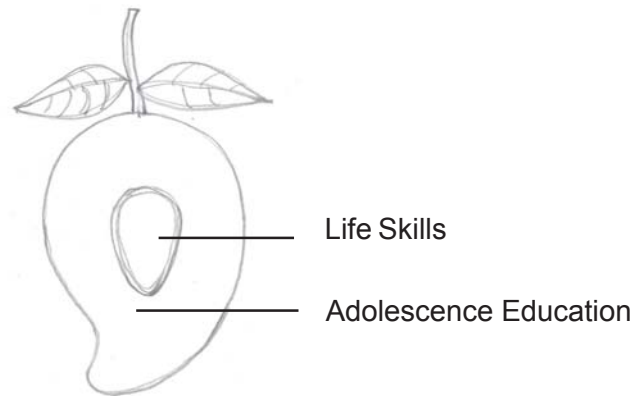
- Life skills are abilities to be developed in every individual to equip them to meet the challenges of life and optimise opportunities to live a healthier, happier, productive and fulfilling life.
- These include all aspects of wholesome living necessary for adolescents to be equipped in approaching eventual responsibilities in adulthood. Adolescence is a critical period in self-understanding, finding one's way and understanding how to live within society. Development of self-confidence with a positive self-image is the foundation of responsible adulthood. Providing enabling environment to support adolescents in this critical formative stage is the main mandate in development of life skills.
- Ongoing education processes have focused solely on academics, and have not adopted an approach that can ensure development of life skills.
- Life skills can be effectively integrated in educational processes, and the ability for their application in specific contexts can also be developed.



## Life Skills as an Integral Part of Adolescence Education:

In view of the above, the revised framework of Adolescence Education incorporates life skills as one of the competencies, perhaps the most critical competency developed and inculcated through education. It is generally believed that a person who is educated is equipped with all the needed abilities including life skills. But in reality this does not happen. Knowing what needs to be done or knowing what needs to be changed does not mean that the learners automatically know how to bring about behaviour changes. It is the life skills that, if properly developed, provide the know-how and the tools to actualize behaviour change.

Life Skills in this context may be defined as psycho-social abilities that enable individuals to translate knowledge, attitude and values regarding all the concerned issues into responsible action. Life skills can be applied to several content areas. Life skills development empowers learners to observe the process involving “what to do, why to do, how to do and when to do”. It encompasses the ability to build sound, harmonious relationships with self, others and the environment; the ability to act responsibly and safely; the ability to survive under a variety of conditions; optimize opportunities; and the ability to solve problems.



Life Skills are the core  
of Adolescence Education

## Life Skills are different from other Skills:

- Other skills like mechanical skills, livelihood skills, vocational skills or language skills are technical, while life skills are psycho-social -- directed towards personal actions or actions towards others;
- Life skills are interpersonal skills empowering individuals to interact with the self as well as others and develop healthy lifestyle and responsive and responsible behaviour.; and
- Life skills are developed through interactive experiential learning.

## Life Skills Development: Approach Framework:

Life skills development is an integral part of the all-encompassing process of socialisation that continues throughout human life. School education is an integral part of this process. In fact, individuals apply the acquired life skills in different contexts differently. An individual may have acquired a life skill and she may also be equipped with the ability to apply that skill in a context that is fundamentally different from adolescent reproductive and sexual health. For example, an adolescent may be applying thinking skill or communication skill very effectively while interacting with her/his teacher or peer group during a discussion on say, globalization or environmental pollution, but she may not have the ability to apply those skills on an issue related to sex and sexuality or negative peer pressure. Life skills development, therefore, may be more aptly defined as a process of acquiring the ability to apply concerned skills in specific contexts. It



denotes the application of a skill the individual already has, from one context to another, rather than the development of that skill afresh.

Since life skills are generic by nature, an educational intervention aimed at the development of ability to apply them may be effective only when it is focused on a specific context. The intervention may have to be designed and operationalized differently for different contexts, more particularly for a culturally sensitive context like adolescent reproductive and sexual health concerns. Interventions will need to focus on acquisition of authentic knowledge, development of positive attitudes, and empowerment for appropriate action, including the avoidance of risky behavior.

The design of educational intervention has to take note of the content area and also specific life skills. Since most of the contents of adolescence education are very sensitive, interventions need to be well conceived for doing justice to the content. Contextually relevant and age appropriate contents should be focused on.

In order to organize educational interventions for life skills development effectively, it is important to identify curricular as well as co-curricular activities that have the potential for developing skill application ability. Certain specific activities will be more appropriate than others in respect of a particular life skill. For example, role play can be very appropriate in respect of negotiation skills or interpersonal skills or skills related to empathy.

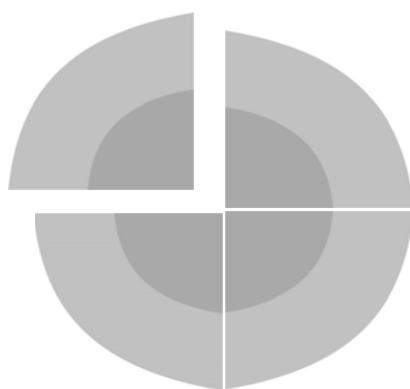
One activity can be organized to attain different objectives. It is the process of organizing that activity that makes a fundamental difference by providing exact directions for attaining the desired objective. Group discussion may be able to attain knowledge, understanding and even attitude related objectives, but if it is to attain skill development related objectives, it has to be planned and conducted according to a particular process that sustains its focus throughout on skill development. Since life skills development primarily takes place through the experiential learning mode, the process of involving learners in the activity is very important.

## **Integration of Life Skills in Content and Process of Adolescence Education:**

In order to ensure that the ongoing education system plays a proactive role in life skills development among learners, there is a need to integrate an approach to provide opportunities of experiential learning to them. This approach needs to be integrated right from the stage of curriculum development to syllabi and materials development, transaction of materials, organization of learning experiences and evaluation. All these aspects of education must actualize a process wherein the learner is no longer treated as a passive recipient of information and facts, but is encouraged to be an active participant in creating knowledge, including, gathering information, understanding issues and problems, examining the alternatives, seeking reasons, making decisions and solving problems.

The study materials, textual and other teaching-learning tools, need to be prepared in experiential learning mode. The materials must not make the learner accept the given knowledge/information/facts, but take her/him through a process wherein the learner constructs knowledge through analysis, reasoning, and deducing conclusions. This change has to be reflected in a big way in the process of teacher preparation, teaching-learning methods and examination reforms.





## **SECTION 1**

### **MODULE 2**

# **ADOLESCENCE EDUCATION PROGRAMME IN INDIA**

## **Introduction**

This module is devoted to building an overarching understanding of Adolescence Education Programme (AEP) that was launched by the Ministry of Human Resource Development (MHRD), Government of India in 2005. The programme is implemented by different agencies at various levels. At the national level, the programme is supported by United Nations Population Fund (UNFPA), and implemented by national agencies including Kendriya Vidyalaya Sangathan (KVS), Central Board of Secondary Education (CBSE), Navodaya Vidyalaya Samiti (NVS), National Institute of Open Schooling (NIOS) and Council of Boards of Secondary Education (COBSE). National Council of Educational Research and Training (NCERT) is the coordinating agency on behalf of MHRD across 30 states and Union Territories. NCERT implements the National Population Education Project (NPEP) through state council of educational Research and Training (SCERT). NPEP is one of the projects under Ministry of Human Resource Development (MHRD) Quality Improvement in Schools (QIS) initiative, National Aids Control Organisation (NACO) supported by United Nations Children's Fund (UNICEF) implements adolescence Education Programme in State Board Schools in partnership with State AIDS Control Society (SACS) and SCERTS. The objective of the AEP is to provide young people with accurate, age appropriate and culturally relevant information; promote healthy attitudes and develop skills to enable them to respond to real-life situations effectively. The following activities will provide opportunities for interactive learning to acquire comprehensive understanding of AEP, its components and strategies for effective implementation.

## **Learning Objectives**

To enable participants to:

- Understand the rationale for Adolescence Education Programme as an educational response to the needs and concerns of adolescents;
- Critically analyze the Adolescence Education Programme and approaches and strategies of its implementation;
- Appreciate roles and responsibilities of concerned organizations and individuals for attaining the objectives of AEP;
- Understand the need to use innovative methods, which emphasize experiential learning, for the transaction of AEP sessions;
- Appreciate effective co-curricular activities and process of conducting the activities, focused on life skills development





**30 min**

Fact  
Sheets

Black  
Board

Flip  
Chart

Chalk  
Marker

## MODULE 2

### ACTIVITY 1

#### Need for Educational Interventions to Respond to Adolescents' Concerns

##### Learning Objectives

To enable participants to:

Understand the rationale for Adolescence Education Programme as an educational response to the critical needs and concerns of adolescents

#### Note to Facilitator

- Have a brainstorming session on the need for educational interventions focused on the critical concerns of adolescents;
- Ask every participant to note down on a slip one or two critical concerns of students that are not getting resolved in their routine school experience.
- Note down on the black board or flip chart all the concerns that the learners have written on their slips;
- Add any concerns that participants might have missed out; and
- Make a power-point presentation or oral presentation on the rationale for Adolescence Education based on the Fact Sheet. Clarify that adolescence education focuses on concerns related to
  - Understanding changes during adolescence and being comfortable with them
  - Establishing and maintaining positive and responsible relationships
  - Understanding and challenging stereotypes and discrimination related to gender and sexuality
  - Understanding and reporting abuse and violation
  - HIV/AIDS: prevention, vulnerability, dealing with stigma, access to services, linkages with RTIs/STIs
  - Prevention of substance abuse: causes, access to safety net, consequences, de-addiction, care and support.

The school curriculum deals with several other important concerns that adolescents may have, such as those related to scholastic performance.

#### Summing Up

- Adolescence Education Programme is an educational intervention designed to provide information and skills to address concerns of adolescents;
- AEP enables young people to be equipped with accurate information, knowledge and skills in the content areas of the process of growing up, prevention of HIV/AIDS and prevention of substance abuse.





**30 min**

Fact  
Sheets

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Board

Rolling  
Board

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Marker

## MODULE 2

### ACTIVITY 2

#### Adolescence Education Program: Approach and Strategies

##### Learning Objectives

To enable participants to:

- Critically analyze the Adolescence Education Programme and approaches and strategies of its implementation; and
- Appreciate roles and responsibilities of concerned organizations and individuals for attaining the objectives of AEP

#### Notes to facilitator

- In the large group, ask the learners if they know about the Adolescence Education Program, and if 'yes' what they know about it?
- Note down on the writing board all the points made by the participants; and
- Make a power-point presentation or oral presentation based on Fact Sheet on Adolescence Education Program – its objectives; strategies and modalities of implementation; types of program activities (material development, training, advocacy, facilitating integration of adolescence education elements in school curriculum and teacher education courses, co-curricular activities, teaching methods and organizing of sessions in schools, research and evaluation, monitoring); and roles and responsibilities of Implementing Agencies.
- Provide details about MHRD's AEP supported by UNFPA and implemented by national agencies, CBSE, KVS, NVS, NIOS and COBSE and NCERT as the Coordinating Agency.
- Also provide details about AEP being implemented by States and Union Territories through SCERTs/State Boards with the needed support from State AIDS Control Society (SACS) and National Population Education Project, especially its component on adolescence education.

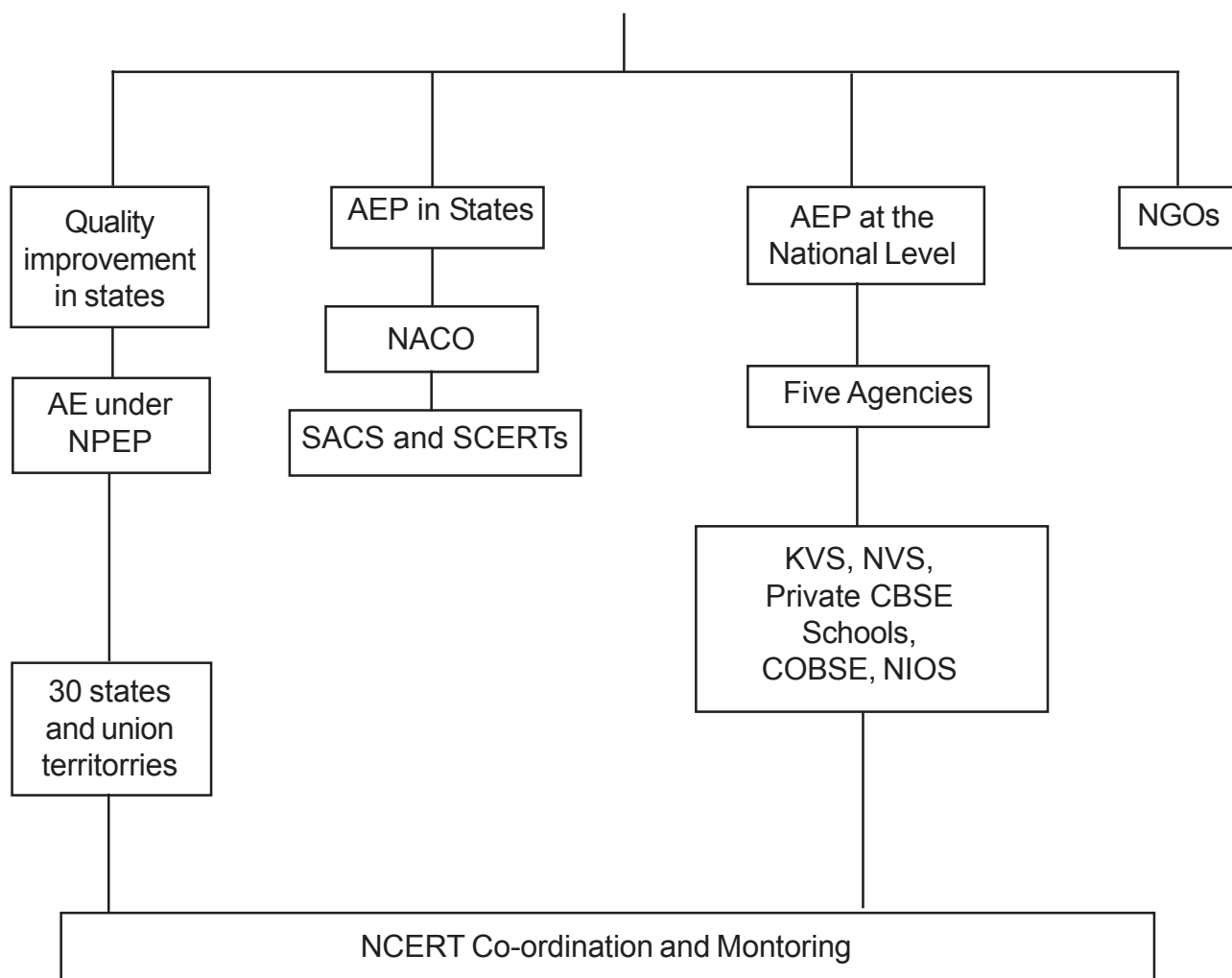
#### Summing Up

- The AEP ensures that schools will provide accurate and age appropriate life skills based adolescence education in a sustained manner to young people
- The AEP was launched by the Ministry of Human Resource Development (MHRD) in 2005
- The AEP has two major facets:
  - AEP being implemented by States and Union Territories through SCERTs and State Boards with support of State AIDS Control Society (SACS).
  - AEP being coordinated by National Council of Educational Research and Training (NCERT) and implemented by national agencies, including Central Board of Secondary Education (CBSE), Kendriya Vidyalaya Sangathan (KVS), Navodaya Vidyalaya Samiti (NVS), National Institute of Open Schooling (NIOS) and Council of Boards of School Education in India (COBSE).
- The AEP aims to provide opportunities for enhancement of life skills and reinforcement of





## Current Partnerships for Reaching Young People in Educational Institutions



- QIS: Quality Improvement in Schools
- NPEP: National Population Education Project
- NACO: National AIDS Control Society
- SACS: State AIDS Control Society
- SCERT: State Council of Educational Research and Training
- COBSE: Council of Boards of School Education,
- NIOS: National Institute of Open Schooling
- KVS: Kendriya Vidyalaya Sangathan,
- NVS: Navodaya Vidyalaya Samiti,
- CBSE: Central Board of Secondary Education



positive behaviors to enable young people to make healthy transitions to adulthood, cope with challenges and optimize opportunities in positive and responsible ways

- AEP provides for life skills development focused i) co-curricular activities in schools; and ii) curricular integration in school curriculum
- A large number of institutions engaged in school education, teacher education, adult literacy programmes, innovative education schemes at national, state and district levels are involved in implementation of this programme
- Some major activities under the programme include material development, training of relevant officials, teacher training, curriculum transaction with school students, training of peer facilitators, organization of activities, advocacy at different levels, and monitoring and evaluation of the programme
- Strategies for co-curricular approach are: twenty three-hours adolescence education module prepared for ages 14-18; capacity building of relevant functionaries including a resource pool of master trainers within each of the three partnering schooling systems, training 2 nodal teachers per school, equipping them with resource materials to transact life skills focused activities in classroom settings
- For curricular integration, COBSE advocates with state boards, provides sample lessons on adolescent concerns that can be integrated in scholastic subjects, and has developed a tool kit to assess quality of integration; NIOS is integrating life skills in its secondary curriculum in selected scholastic subjects (Hindi, English, Science, Social Science and Home Science)
- Advocacy with school administration, teachers, parents and the larger community is also an important programme activity
- The programme has high receptivity among the students and the larger community of schools. However, pockets of resistance may still exist, though in a minority, and these need to be addressed in positive ways. For example, parents who are convinced of the relevance of the programme can be asked to speak with those parents who still have concerns regarding the programme; adolescent students and teachers who have benefited from the programme should be asked to speak at inter-school events; and teachers as well as students could help in preparing media kits to help sensitize the wider public.



Did  
you  
know



***AEP is like a set of building blocks. It enables young people to grow up healthy, cope with challenges and optimize opportunities in positive and responsible ways.***





**45 min**

Fact  
Sheets

Writing  
Board

Chart  
Paper

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Marker

## MODULE 2

### ACTIVITY 3

#### Understanding Transaction Methods

##### Learning Objectives

At the end of this session, learners will be able to:

- Understand the need to use innovative experiential learning methods;
- Identify (at least) three major innovative strategies and methods for transaction of adolescence education in schools;
- Identify effective co-curricular activities focused on life skills development and the process of conducting those activities, using innovative transaction methods.

##### Notes to facilitator

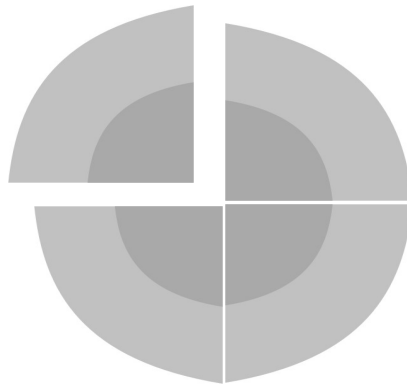
- This is a session in which learners will become familiar with several transaction strategies and methodologies of adolescence education, ensuring maximum participation of participants.
- Begin the session by asking learners to express their views on the traditional teaching methods based on their experiences in classrooms. Do they feel these methods are effective in developing needed competencies among learners?
- Also elicit their views on co-curricular activities in schools and the modality and extent of their use in teaching-learning process.
- Note down on the black board or chart the points made by the participants; and
- Make a power-point or oral presentation on Transaction Methods/ Teaching Methods and Co-curricular Activities, based on the Fact Sheets, assimilating also the points made by the learners.
- After the presentation, divide learners into small groups, each group consisting of not more than 5 or 6 members.
- Each group is assigned the task of developing a classroom activity based on innovative teaching methods like role play, case studies and many others described in the fact sheet. One method is allocated to each group.
- Each group will conduct a mock practice sessions based on the specific activity they have developed. This will be followed by discussion, comments and suggestions.

##### Summing Up:

- Effective transaction of adolescent education requires, participatory and responsive transaction methods that are able to stimulate learners thinking rather than providing ready-made answers. Non-conventional methods are being adopted wherever transaction of this curricular area is being attempted.
- Role play, situation analysis and case studies, group discussion, brainstorming, value clarification, debate, quiz contest, visualization, presentations and question box and anything else that engages the learners to think, analyze and infer in a participatory, non-judgmental manner.
- How the activity is organized is important. Discussion should include whether the method was a good fit for the content chosen by each group. Emphasize that many methods/ activities are possible to transact any specific theme or content area.



## FACT SHEET



Adolescence Education Programme is focused on the needs and concerns that are faced during adolescence. These elements are yet to be adequately reflected in the school curriculum. This Programme aims at facilitating the process of comprehensive integration of these needs and concerns in the school education curriculum and teacher education system.

### **Adolescence Education Programme (AEP)**

The Adolescence Education Programme (AEP) was launched by Ministry of Human Resource Development, Government of India in 2005. A major part of AEP is supported by United Nations Population Fund (UNFPA), and implemented by national agencies Central Board of Secondary Education (CBSE), Kendriya Vidyalaya Sangathan (KVS), Navodaya Vidyalaya Samiti (NVS), National Institute of Open Schooling (NIOS) and Council of Boards of School Education in India (COBSE). National Council of Educational Research and Training (NCERT) is the coordinating agency on behalf of MHRD. The ultimate goal of the programme is to empower adolescent learners to acquire knowledge of their needs and concerns related to the period of adolescence and develop life skills that will enable them to practice informed and responsible behavior.

### **Implementing Agencies**

At the national level, the National Core Committee under the Chairmanship of Education Secretary is the highest policy making and monitoring body. NCERT is coordinating the implementation of AEP launched by MHRD, including the component supported by UNFPA, and also providing technical backstopping. Implementing partners of the UNFPA supported component of the AEP are COBSE, NIOS, KVS, NVS and CBSE. COBSE and NIOS are conducting activities for effective integration of adolescence education elements in syllabi, textbooks, curricula, study materials, and evaluation process. CBSE, KVS and NVS are conducting activities for organizing life skills based activities in adolescence education in their respective schools. Indira Gandhi National Open University (IGNOU), National Council of Teacher Education (NCTE), Directorate of Adult Education are involved in the implementation of AEP for facilitating integration of adolescence education elements in the content and process of Open University system, pre-service and in-service teacher education and adult education system respectively.

At the State level, State Core Committee under the Chairmanship of the state Education Secretary is the highest policy making and monitoring body. Adolescence Education Cells in SCERTs/ SIEs/ Directorates of Education are implementing AEP at the state level. State Boards are also involved in this programme. District Education Office/District Institutes of Education and Training (DIETs) are engaged in organization of activities and monitoring and evaluation of AEP.



## Aims and Objectives of AEP

The Adolescence Education Programme (2005) aims to:

- Reinforce/support development of behaviours that will empower adolescents to make healthy choices
- Provide opportunities for enhancement of life skills and reinforcement of positive behaviors to enable young people to grow up healthy, cope with challenges and optimize opportunities in positive and responsible ways

The programme aims to ensure that:

- All schools provide accurate age appropriate life skills based adolescence education in a sustained manner to young people (10-18 yrs) in schools;
- School-going and out-of-formal school (through NIOS) adolescents are equipped with accurate information, knowledge and skills in the specific contexts of the process of growing up, prevention of HIV/AIDS and prevention of substance (drug) abuse;
- Effective integration of Adolescence Education components in school curriculum as well as the teacher education courses, adult literacy programmes and alternative innovative education schemes; and
- Facilitate linkages with youth friendly services and easy access to resources for additional and reliable information.

<b>AEP Target Group</b>	
The mandate of the Adolescence Education Programme is to cover all secondary and senior secondary schools, rural, urban and transitional across the country.	government, local body and government-aided schools
	educational guarantee schemes (alternative innovative schemes, across the country)
All learners in rural, urban and transitional secondary and senior secondary schools will be covered.	all out-of-school children and adolescents being catered to by the adult literacy programs
	learners of open schooling/open university systems.

## Components of the Program:

Support for activities under AEP is provided under two main components – i) Life skills development focused co-curricular activities in schools; and ii) Curricular integration in school curriculum, curricula and study materials of out-of-school target audiences and teacher education courses and materials.

Adolescence education is a new and a distinct curricular area. The life skills approach as its integral part makes it a unique program. Special efforts are required to introduce transaction strategies for life skills development in the existing education system.

## Strategies

In view of the above, the following strategies may be adopted to facilitate the institutionalisation of this curricular area in the content and process of school education and teacher education:

### Awareness Building

The first and foremost step is to create a favourable environment for accepting the need for adolescence education in schools. Past experience has indicated that in most cases the resistance to adolescence education has been due to the lack of proper appreciation of the needs of adolescents in today's changing contexts, and also lack of understanding of this educational area. This requires organization of awareness building activities with a wide variety of stakeholders, including, policy framers, opinion leaders, media persons, curriculum developers, teacher educators, teachers and parents. Judicious and thoughtful utilization of strategies such as increasing use of mass media, particularly electronic media and interactions with media persons will also prove to be useful.

### Integration in the School Curriculum

Adolescence education can be effectively transacted only when its elements are integrated in the school curriculum. With a view to facilitating effective integration of adolescence education in the content and process of school education, it is necessary that the framework of adolescence education reflects adolescent reproductive and sexual health concerns relevant to diverse cultural settings comprehensively. The nature of the existing school curriculum will also be a key determinant.

In this context, the following steps may be useful:

- The Conceptual Framework of Adolescence Education developed at the national level has to be contextualized based on the findings of the needs assessment studies to be conducted in different cultural settings;
- School syllabi and textbooks of all the subjects have to be reviewed to identify the scope of integration of elements of adolescence education and also the relevant entry points in each subject;
- Prototype materials for different stakeholders;
- Intensive orientation of curriculum framers, textbook writers, teacher educators and other concerned educational functionaries will be necessary;
- The adolescence education contents may then be suitably incorporated in the syllabi and textbooks when they are revised, for all stages of school education; and
- These elements and the needed transactional methods may be integrated in the teacher education courses.

### Use of Participatory Learner Centric Approaches to Promote the Objectives of AE:

The comprehensive integration of elements of adolescence education in syllabi and textbooks may have to wait till they are revised in due course of time. Furthermore, the school system throughout the country is not ready to absorb all the components of adolescent concerns in their true spirit. Participatory and experiential learning approaches to actualize life skills development are yet to assume their rightful place in the school curriculum. There is also an overall paucity of teachers and specifically trained teachers in the education departments.

In order to address youth concerns expeditiously and comprehensively, the implementation of adolescence education cannot not be postponed until all its elements are integrated in syllabi



and textbooks. Therefore, the teaching learning process has been initiated by utilizing co-curricular modalities. Co-curricular activities, especially designed for life skills focused adolescence education, are being organized in schools. Activities like Question-Box, Group Discussion, Value Clarification, Role Play, Case Study, Painting/Poster Competition, Essay Competition and Quiz Contest are proving very effective in providing accurate and adequate information to learners and inculcating in them positive attitude and developing the ability to apply the concerned life skills.

## **Major Categories of Programme Activities**

In order to facilitate the implementation of AEP, the following major categories of activities are conducted:

### **Material Development**

It is essential to develop various types of materials to facilitate integration of adolescence education in the content and process of school education and teacher education. Therefore, curricular, textual and other materials for advocacy, training, co-curricular activities, research, monitoring and evaluation are developed under the AEP. All categories of stakeholders are engaged in the process of material development. Training and resource materials have been developed for master trainers, teachers and peer educators, and it has been proposed that materials to sensitize parents and larger community, particularly the media should also be developed.

### **Training**

Since this is an innovative curricular area including some sensitive content and a different pedagogical mode, teacher preparation is a critical element for making it effective in schools. Teachers therefore are being trained through in-service training programmes. To conduct teacher training programmes, Masters Trainers are trained at the national, state and district levels who in turn train the teachers. They also train other functionaries like the Curriculum and Materials Developers, Educational Supervisors and Peer Educators.

### **Advocacy**

As part of awareness building, advocacy programmes for different target groups are organized by the trained personnel at different levels. Nodal teachers sensitize other teachers. Sensitization of Principals, and advocacy with parents and local community, is mandatory. Parents who are convinced about the relevance of AEP may be asked to speak with other parents; adolescent students and teachers who have benefited from the programme can speak at inter-school events, help in preparing media kits to help sensitize the wider public. Advocacy with the media is an important area where inputs will yield positive results for the programme.

### **Organisation of Activities**

Classroom transaction and organization of activities for students forms the core for attainment of programme objectives. These are to be made an integral part of the school timetable. Peer facilitators are proposed to support AEP related activities in each school.

### **Monitoring and Evaluation**

In order to ensure effective implementation of AEP, it is important to monitor the programme at all levels. The programme should be monitored at the school, district, state and national levels. Monitoring indicators at input, process and outcome levels will help in tracking the project progress.



Monitoring and evaluation are an integral part of the process of institutionalization of adolescence education. All the aspects of evaluation – context evaluation, process evaluation and product evaluation – are equally crucial. The context evaluation may be conducted for identifying needs and requirements of adolescents in different cultural settings and content analyzing syllabi and textbooks in order to identify gaps and suitable entry points for integration of adolescence education elements. Suitable designs have to be evolved to evaluate the outcomes of this educational intervention.

## Transaction Methods

Adolescence education is a new and a distinct curricular area. The life skills approach which is an integral part makes it a still more innovative area. Special efforts are required to introduce the transaction strategies for life skills development in the existing education system. The strategies and methods of curriculum transaction need to be carefully identified, primarily because of the following characteristics of this area:

- Adolescence education focused primarily on life skills development has emerged as a major need for learners to cope with real-life situations, yet it is often given a marginal role within the curriculum.
- Some of the content is very sensitive in nature and some stakeholders (teachers, principals, parents or others in society) have reservations or resistance to these elements.
- This educational area focuses on problems confronted by adolescents, who are sometimes wrongly treated as a homogeneous group. Variations in their age, experiences and socio-cultural settings indicate their heterogeneous nature.
- Adolescence education is primarily aimed at influencing non-cognitive domain and developing life skills among the learners. This needs transactional strategies that create experiential learning situations and are basically interactive.
- Although people are increasingly realising the urgency of empowering adolescents to make informed and responsible decisions, persistent efforts are required to challenge age-old inhibitions and apprehensions and create an enabling environment for adolescence education.

The traditional teaching methods need to be replaced by new and innovative methods of transaction. It requires a truly participatory, interactive and responsive methodology, raising questions rather than providing ready-made answers. The provisions of National Curriculum Framework (NCF) 2005 promote participatory learning and teaching, creating a climate conducive to establishing teaching-learning methods that lead to development of life skills in the mainstream curriculum. The following non-conventional and participatory teaching methods are being adopted in the transaction of AE content: enquiry or discovery method, value clarification, case study, role plays, debates, group discussion, question box, counselling and peer education, and use of audio-visual/print materials.

Suitable pedagogical methods are a key to the development of life skills among the learners. Educational intervention directed towards developing life skills should focus on enabling the learners to apply appropriate skills in a specific context e.g., questioning discrimination, resisting bullying or negative peer pressure etc. It is therefore necessary to employ a methodology or pedagogy that frames the development of life skills as an educational process.

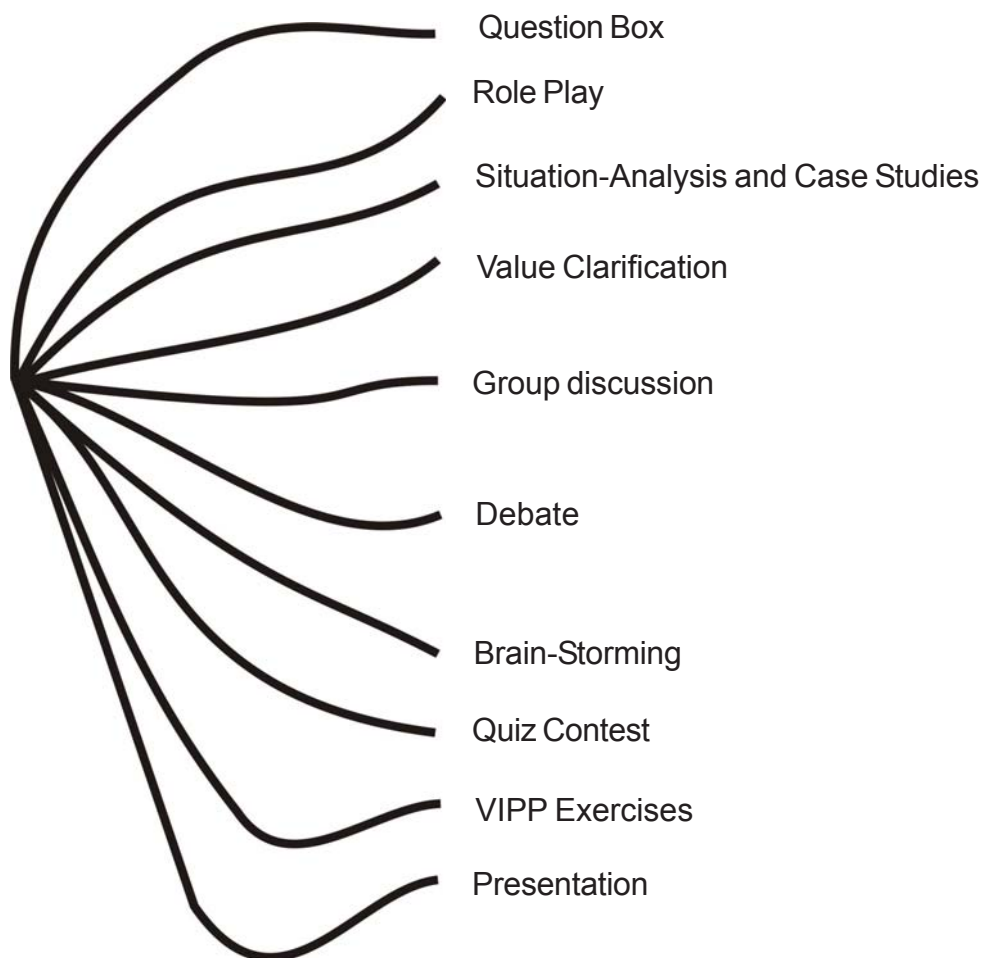
Unless participatory and experiential learning approaches become part of the mainstream teaching, it is unrealistic to expect that teachers will transact a radically different curriculum in life skills development after being exposed to a brief package of in-service training, delivered through a cascade approach.





It is recognized that the conventional pedagogical methods may not be effective for life skills development among the learners. Only those methods are expected to be effective that are primarily interactive and participatory, with special emphasis on experiential learning. Learners need to be engaged in a dynamic teaching learning process, so that the learning leads to an active acquisition, processing and structuring of experiences. In passive learning situations, the teacher passes on knowledge mostly through a didactic teaching method and the learner is the recipient of information. But education for life skills development requires the teaching learning process to be both active and experiential.

The following pedagogical methods, focused on group work and discussion, are recommended as they are likely to be effective:



## Question Box

Question Box is an important activity through which anonymous questions asked by students are answered by teachers, experts or professionals. It is an effective interactive process for acquiring authentic and accurate information about any curricular or co-curricular area. It provides students with opportunities to discuss even sensitive issues with their teachers or experts who may be invited to interact with them in the school. This method helps them obtain authentic information which adolescents are not receiving presently through any reliable source. Question Box activity helps to create an enabling environment and is a good entry point for organisation of learning experiences on adolescence education in schools.



## **Role play**

Role play is an activity presenting a small spontaneous play which describes possible real life situations. In this activity learners imitate another person's character. A situation is given to the group and they take on the roles of the characters involved. Role play allows students to simulate real-life situations with the aim of preparing them to handle similar situations in life. It gives them an opportunity to have experiences in the application of life skills that are important, for instance to protect them from risky situations. As an educational activity it provides opportunities to students for truly experiential learning. Role play is conducted without any script, with learners improvising and acting out their roles in a realistic way, in order to explore characters and situations rather than to perform on any stage).

## **Situation-Analysis and Case Studies**

Situation analysis allows learners to think, analyze and discuss situations they might encounter. Case-Studies may be based on real cases or hypothetical situations but should raise real issues. The purpose of a case study is to present learners with a situation, giving sufficient background information to analyze and compute the outcome of events, or to provide solutions to specific problems. Case study is an effective tool as it focuses on a particular problem and leads the persons to understand all the aspects of that problem. By developing a comprehensive appreciation of various aspects of the case study, the activity results in skill development among students.

## **Value Clarification**

Value clarification may be used as an educational activity aimed at skill development. Values are normative standards and criteria, which determine how people act upon choices. Values influence the way an individual thinks, behaves and takes decisions on different issues. It is important to note that a value cannot be perceived as right or wrong, good or bad. For example, early marriage is a preferred value in some communities but a forbidden value in others. Any issue can be adequately and appropriately appreciated only when it is perceived in a value-fair, context-specific manner and all options are considered. Value clarification approach provides this kind of opportunity where the learners can evaluate all the available options of a given issue. They can explore, examine and clarify varied value positions.

## **Group discussion**

Group discussion as an educational activity provides opportunities to involve learners in an interactive process of experiential learning. It enables a relatively greater number of students to engage in animated discussion on particular critical themes. Whereas in a debate, each team consists of two members, one speaking for the motion and the other against the motion, in a group discussion each group, including every member of the group, examines a problem or an issue intensively and comprehensively. While participating in this activity every member not only interacts with others in their group but also with members of the other groups. This activity usually stimulates serious thinking among the audience as well, after one representative from each group makes a presentation to all the members.



## Debate

Debate is an interesting activity for probing into controversial issues. In a debate the pros and cons of an issue are presented. It provides a proper setting for individuals to be logical in verbal and written communication and helps them in taking a rational position on any issue. Debate is useful when an attempt is made to explore a topic or an issue from more than one point of view. The issue to be debated should have more than one dimension that can be argued for and against by learners. The process of the activity helps them appreciate different dimensions of the issue, and leads them to develop and apply thinking and communication skills.

## Quiz contest

Quiz has been a very popular activity both within and outside educational institutions. It enables learners to gather varied information on the selected themes and understand the implications of different aspects of the concerned issues. It provides opportunities to learners to be exposed to various dimensions of different issues and acquire authentic knowledge about them. This activity creates a motivated environment for the audience and learning takes place in a very involved manner.

## Brain-Storming

Brainstorming is a method used for problem solving or generating different possible solutions to a problem. The purpose of brainstorming is to come up with as many ideas as possible, with all the team members contributing their thoughts quite spontaneously, in an atmosphere of give and take.

## Presentation

This is an effective method for sharing a substantial amount of information in a limited period of time. A good presentation encourages some interaction between the facilitator and the learners. It can also serve as a good summative activity to emphasize key learnings from the session.

There are many other possible participatory methods, which may be used, for instance drawing and creative writing exercises. All such activities will help break down the formal classroom culture that exists, and encourage learners to participate and cooperate with each other, creating a dynamic learning environment.

Did  
you  
know

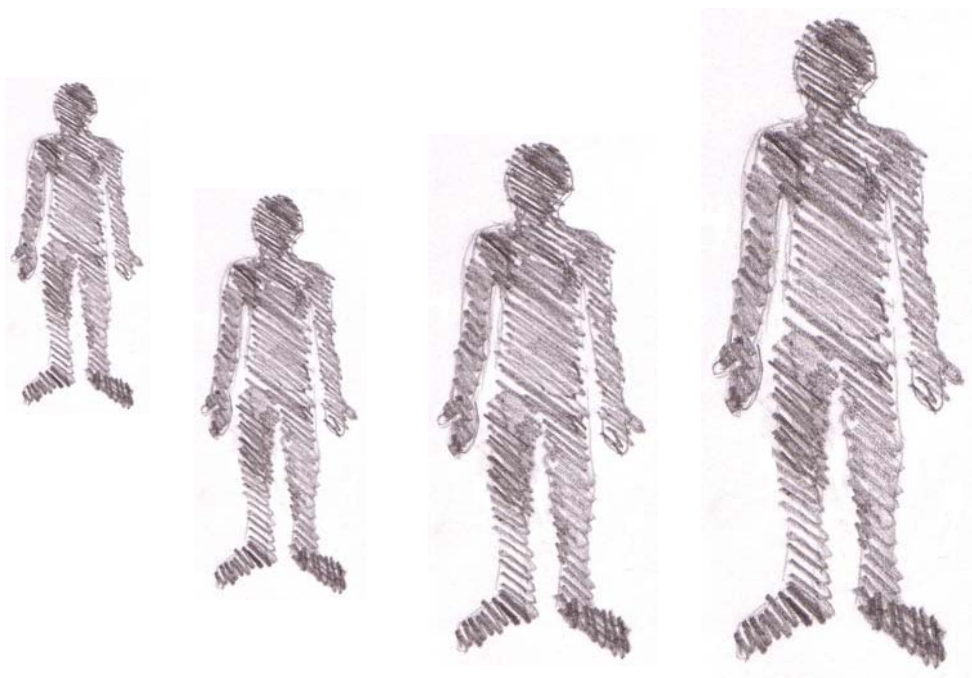


***Adolescents have many concerns that are very important to them. Adults need to take their concerns seriously.***





## SECTION 2



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## PROCESS OF GROWING UP





## SECTION 2

### MODULE 3

## ESTABLISHING AND MAINTAINING POSITIVE AND RESPONSIBLE RELATIONSHIPS

### Introduction

In this module, we look at how we feel about ourselves. When we become adolescents (aged 10-19), we realize that we are unique individuals. This sense of self need not be in conflict with others. If we think that we are valuable people, we believe that we deserve care and respect. We have the confidence to talk clearly about our thoughts and feelings, our rights and dreams and make our own choices. We can take responsibility for our actions, including the responsibility for keeping ourselves healthy and happy.

Importantly, as we learn to appreciate and value ourselves, we also learn to appreciate and value others around us.

In this module, we will also talk about relationships with the most important people in our life – friends, parents, and teachers. These relationships can be a source of great strength and support. These can also be troubling and difficult. In this module, we will learn to appreciate and enrich these relationships.

### Learning Objectives

To enable learners to:  
Build an empowering understanding of relationship with self and others

Comic developed by a school student during comic development workshop held in Delhi in April 2012





**30 min**

Open space to conduct game

A scarf/dupatta to blindfold

## MODULE 3

### ACTIVITY 1

#### Guided Blind Man's Bluff (relationship with self)

##### Learning Objectives

To enable learners to:

- Enhance self-awareness of adolescents
- Recognize the importance of self motivation in their goals
- Consider advice/ suggestions from different sources for informed and responsible decision making

#### Notes for the facilitator

- This game must be played in the playground or any available open space such as a large corridor or lobby
- The process of the game is as important as its outcome. Hence, ensure that the learners fully understand the rules of the game before they start
- Approximately 11 learners can play the game. All the other learners should closely observe the game
- Give approximately 15 minutes to the learners to play the game
- Details of the Game:
  - Ask 6 students to form a large circle. They are the guides.
  - Blindfold 7th player by tying a scarf /dupatta/cloth around his/her eyes. This player must catch at least one of the learners, who will run around inside the circle. They are the runners. Six learners could play the role of runners.
  - The guides are expected to help the blindfolded player catch the runners by giving verbal directions ("go right... behind you... stick your left hand out..."). They cannot leave their posts.
  - Give each blindfolded player 3 minutes to catch a runner. As soon as one runner is caught, s/he exchanges places with the blindfolded player.
  - In case none of the runners are caught, replace the blindfolded player after 3 minutes. Make sure that at least 4 learners get an opportunity to be the blindfolded player.

After the game has been played for 15 minutes, ask the following questions to all the learners

##### To the blindfolded learners:

- How did you feel when you played this game?
- Was it helpful to get advice from the guides?
- How did you finally decide the best way to catch the runners?

##### To the learners who played the role of guides:

- How did you feel when you played this game?
- Did the blindfolded player(s) listen to your advice? If so, did it help them catch the runners?

##### To the larger group of observers:

- Do they think the blindfolded learners in the game represent adolescents' experience?
- Do they think it was helpful to get advice/ suggestions from multiple guides?



## Summing Up

- The facilitator should explain that this game illustrates the psycho-social experiences of adolescents
- The facilitator should explain that although the guides meant to be helpful; the wide range of instructions coming from different directions often confused the blindfolded players.
- Gradually, some of the blindfolded players began to employ strategies to clear this confusion:
  - Some focused on one guide's instructions;
  - Others may have ignored all advice and worked on their own;
  - Others spoke back to the guides, asking them to be clearer while giving instructions
  - Some others did not take any initiative, continued to be driven entirely by the guides' instructions or simply gave up
- As adolescents are developing a sense of identity, they are often bombarded with numerous and often contradictory stimuli in the form of advice, suggestions from well meaning adults and peers that may end up confusing the adolescents rather than helping them
- The facilitator can also focus on the responses of the guides, to explain how others (parents, teachers and friends) may feel about adolescents. They may feel frustrated that their advice is being ignored, or that the adolescent is not able to act effectively on that advice. They may feel confused about how to help the adolescent to make decisions
- The facilitator should elaborate that while well-meaning adults have a role in the lives of adolescents in terms of providing relevant information and guiding them effectively, they also need to understand and respect that as young people become aware of their own views and values, they should be encouraged to evaluate the information they receive from multiple sources and then reach their own decisions and assume responsibility for it
- The facilitator can further emphasize the importance of being self-motivated, rather than depending entirely on others to be guided
- From the game, the facilitator can draw parallels to real life, where too, we have to make our own decisions, although we may take help, advice and support from others





**30 min**

Pen

Paper

## **MODULE 3**

### **ACTIVITY 2**

#### **Enhancing self esteem and confidence**

##### **Learning Objectives**

To enable learners to:

- Understand the development of identity, self-esteem and self-confidence
- Develop a positive self-image

#### **Notes for the facilitator**

- Ask the learners to divide themselves in groups of 5-6 members each
- Within each group, every member is given 5 minutes to reflect individually on the two questions given below and record their responses on paper
- Every learner should be encouraged to record at least 3 traits/ qualities in response to each of the two questions
- Every group member shares how they felt after writing down positive things about themselves and others
- Ask every group to nominate a reporter to share the group's viewpoint with everyone

##### **Questions for Self-Reflection**

I am valuable and important because.....

My family, friends and teachers are valuable and important because....

#### **Summing Up**

- Awareness of positive traits/ qualities makes one feel good and enhances self-esteem
- Positive feedback from important people in our lives (for example, friends, family, teachers) also helps us to feel good about ourselves
- When we feel good, we respond to everyday situations more positively
- We should be honest and genuine in our appreciation of ourselves and others
- Positive outlook helps us to recognize and work on our failings and shortcomings and continually improve ourselves without being hard on ourselves
- Positive outlook towards ourselves and others helps us to provide helpful criticism to others which helps them to improve rather than hurt them

Did  
you  
know



*Appreciating others  
makes us feel good.*







**60 min**

Paper  
Pen  
Marker

Black  
Board

Chalk  
Markers

Copies of  
Situation

# MODULE 3

## ACTIVITY 3

### Managing Emotions Effectively

#### Learning Objectives

To enable learners to:

- Be aware of various emotions that are experienced during our lives
- Develop skills to respond positively to stressful situations
- Develop skills to deal effectively with positive situations (like winning a competition)

#### Notes for the facilitator

- Divide the learners into groups of 5-6 members
- Each group will work on one situation. As there are likely to be 40-50 learners in a classroom situation, more than one group is likely to get the same situation
- Every group should appoint a reporter
- Give the group ten minutes to read the situation and note their responses
- Encourage everyone to participate in the discussion
- Ask each group reporter to share how the group members respond to the situation assigned to them. Whenever two groups happen to have the same situation, they should share responses one after the other (the second group adding any new response that the first group had missed out) Make two broad columns on the black board and label them 'Positive Responses' and 'Negative Responses' as illustrated below
- As the group reporters read out their group's responses, ask the large group whether the response is 'positive' or 'negative' and write it under the appropriate column

Positive Responses	Negative Responses

#### How do you usually behave in the following situations?

- A classmate lodges a false complaint against you to a strict class teacher
- There is a problem at home and your best friend comes to visit you
- You do not do well in a subject at school
- Your father scolds you without any reason
- Your team wins an interschool sports competition



## Summing Up

The facilitator should emphasize on the following:

- We experience a range of emotions from positive to negative in different situations, for example happiness, satisfaction, sadness, anger, frustration etc
- As we have high expectations from ourselves that are further reinforced by people around us, there are many occasions to get stressed, feel angry or frustrated
- It is normal to feel both positive and negative emotions
- It is important to be aware of one's feelings and emotions
- It is necessary to express these emotions but there are both positive and negative ways of expression
- Oftentimes, we may not necessarily be in control of what caused the situation, but we can control our overall response to any situation
- Positive (healthy) ways of responding to stressful situations help decrease the negative emotion(s) and may also help us in analysing the situation, understanding its cause and perhaps avoiding it in future or coping with it better
- Adrenaline is usually released in our body as a physical response to stress. Positive ways of handling stress can help harness the additional adrenaline
- Each person is unique and has different capabilities that should be valued. Hence, every individual should determine their own threshold limits and not stress themselves beyond it in studies, sports, work or any other activity. At the same time, it is important for each of us to try to perform to the best of our abilities.
- Rather than comparing oneself with others, it is far more healthy and productive to compete with our own selves and steadily improve our own performance/ behaviour
- Negative (unhealthy) ways of responding to a situation aggravate the matter and makes things worse. It does not help anyone and may add to stress and anger
- If you feel overwhelmed by a situation and find it difficult to cope, do not hesitate to seek help from a trusted source (friend, sibling, parent or teacher). Remember that professional help (from counselors) is also available. Asking for help is not a sign of weakness. In fact, it signifies strength and a good understanding of your inner resources
- Similarly, if you find a friend or acquaintance, stressed out, offer help generously

Please refer to the fact sheet at the end of this module for learning simple techniques for responding to stressful situations more positively



**Did  
you  
know**



It is possible to learn positive ways of responding to stress and anger





45 min

Copies of  
Case  
Studies

## MODULE 3

### ACTIVITY 4

#### Peer Relationships, Friendship, Peer Influence and Attraction

##### Learning Objectives

At the end of the session, participants will be able to:

- Determine the qualities of a good friend
- Develop skills to resist bias, bullying and intolerance
- Become aware of attraction and romantic feelings and express them positively

#### Notes for the facilitator

- Divide the learners into groups of 5-6 members
- Each group will work on one case study. More than one group is likely to get the same case study
- Appoint a reporter in each group
- Give the group ten minutes to read the case study and discuss it
- Encourage everyone to participate in the discussion
- Ask each group reporter to share the views of the group on the case study assigned to them, based on the questions for discussion. If there are different views, all of them should be reported. Whenever two groups happen to have the same case study, they should report one after the other (the second one adding any new points missed out by the first)

#### CASE STUDY 1

##### Friendship and Bullying

Sujit and Manoj were buying a music CD at a shop just outside the school gate. They spotted Sharad going home. They caught hold of him and bullied him for money to buy the CD. Sharad refused because he had often been forced to lend money to them since he had joined this school in class 9 almost a year ago. The two boys never returned the money they borrowed. When Sharad refused, the two bullies pushed him around until he fell, then, snatched his money and ran away. Sharad's class teacher, who was returning home, saw him lying on the ground and helped him back to his feet. Despite being asked, Sharad did not reveal how he hurt himself. The next day, Abid, who was Sharad's classmate, and had witnessed the whole incident, asked him to complain to the teacher. Sharad hesitated, but agreed when Abid offered to accompany him to the teacher's room.

##### Questions for discussion

1. Why do you think Sharad did not complain against the bullies for so long?
2. Why do you think that he agreed to complain this time?
3. Why did Abid get involved in this matter?



**CASE  
STUDY 2**

**Positive and Negative Peer Influences**

Raju used to study all the time, whether at school or at home. He always scored good marks. He did not have any other interests or hobbies. When he joined a new school in Class XI, he became friends with Zaheer and Moti. Both were keen cricketers. Raju started to play cricket with them and discovered that he was a good spin bowler. His parents are now concerned that he is spending too many hours in the playground which may affect his studies.

**Questions for discussion**

1. Do you think Zaheer and Moti are a good influence on Raju?
2. Do you think that Raju's parents are justified in being concerned about his new hobby?
3. What role can Raju's teacher/s play in decreasing his parents' anxiety?
4. Should Raju continue playing cricket? Why?

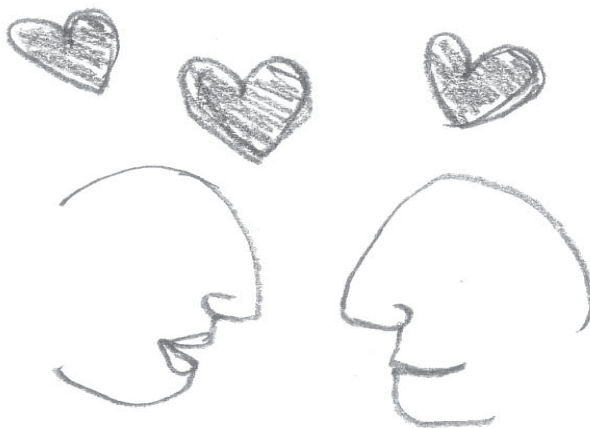
**CASE  
STUDY 3**

**Attraction and Romantic Feelings**

Sharada and Vishal live close by and have been friends for many years. They are studying in Class XI in the same school. Recently, Vishal sent a greeting card expressing his love for Sharada. She is confused about her feelings for him. She feels that she needs more time to decide. However, Sharada is worried that if she does not respond now, she may lose Vishal as a friend.

**Questions for discussion**

1. If you were in Sharada's place, what would you do?
2. How would Vishal respond if Sharada told him that she needed more time to decide?
3. Do you think Sharada's and Vishal's parents or teachers can play any positive role in the above situation? If yes, what role should they play? If not, why not?



## CASE STUDY 4

### Attraction and Romantic Feelings

Seema is a 17 year old girl and she studies in Class XI. She has a very good friend, Gautama, in the same class. She feels she has fallen in love with him. She wants to tell him about her feelings, but she is scared that if she tells him first about her feelings, he might think she is a 'bad girl'. She also thinks her parents and teachers would disapprove. Seema does not know what to do.

### Questions for discussion

1. Why does Seema not tell her friend about her feelings?
2. How do you think Gautama will react if Seema tells him?
3. If feelings are not expressed, do you think they will necessarily go away? Is it better to recognise and express the feelings, as in Seema's case? Please give reasons for your response.

## Summing Up

The facilitator should emphasize that:

- Self-confidence and assertiveness are essential for maintaining positive relationships
- Trust is a very important element in all relationships
- There is a need for mutual respect and honesty in all relationships
- In any relationship, it is important to assess our feelings and communicate them honestly
- Peer relationships can have both positive and negative dimensions
- Adolescents and their parents and teachers should interact more so that they appreciate one another's concerns and understand each other better
- In most situations, feelings should be recognised rather than pretending they do not exist.
- Repressing feelings or pretending they do not exist can give rise to chronic frustration, anger and/or depression. At the same time, over-indulgence in feelings is also unhealthy, and can create many serious problems in life. We need to learn how to handle our feelings in a balanced way.
- Adolescents learn a lot from adults. It is very important for adults to model healthy, honest and wise (mature) ways to express feelings.

Did  
you  
know



***Having feelings of any kind is never 'bad.' What is important is how we acknowledge, express, act upon, handle and balance our feelings.***





**30 min**

Black  
Board

Flip  
Chart

Chalk  
Marker

Questionnaire  
for each learner

## MODULE 3

### ACTIVITY 5

#### Relationship with Parents/Guardians

##### Learning Objectives

To enable learners to:

- Understand changing relationships with parents/ guardians
- Learn the skills to negotiate more space and autonomy on issues of concern

#### Notes for the facilitator

- Distribute the questionnaire (provided below) to students at least one day prior to the session. Alternatively, learners can be asked to note down five questions that they need to discuss with their parents.
- Each student has to 'interview' one or both parents or guardian, and fill in the questionnaire, and bring the information into the following classroom session.
- Explain to the learners that the purpose of the exercise is to learn more about parents' experiences as adolescents
- Ask all learners to explain the purpose of the exercise to their parents, discuss the questionnaire with one or both parents/guardian and note their responses on a sheet of paper
- Next day, divide the learners into groups such that each group has 5-6 members
- Give 10 minutes to discuss the questions in the groups
- Ask every group to select a reporter who will present the group's views on the discussion questions
- Before closing the session, in the large group, ask learners about the common issues on which they talk to their parents and list them on the black board
- Ask learners to reflect on whether:
  - they share their day-to-day concerns and achievements with their parents,
  - they express appreciation for their parents,
  - they express themselves clearly if they disagree with their parents
  - they speak to their parents only if they need something,

#### Questionnaire for Parents/ Guardians (to be filled in by the learners prior to the session)

When you were my age:

1. What were you favourite clothes?
2. Who was your favourite actor/actress?
3. What was your favourite past-time?
4. What did you like to do with your friends?
5. How much did a kulfi/ ice cream or one kilo of potatoes cost?



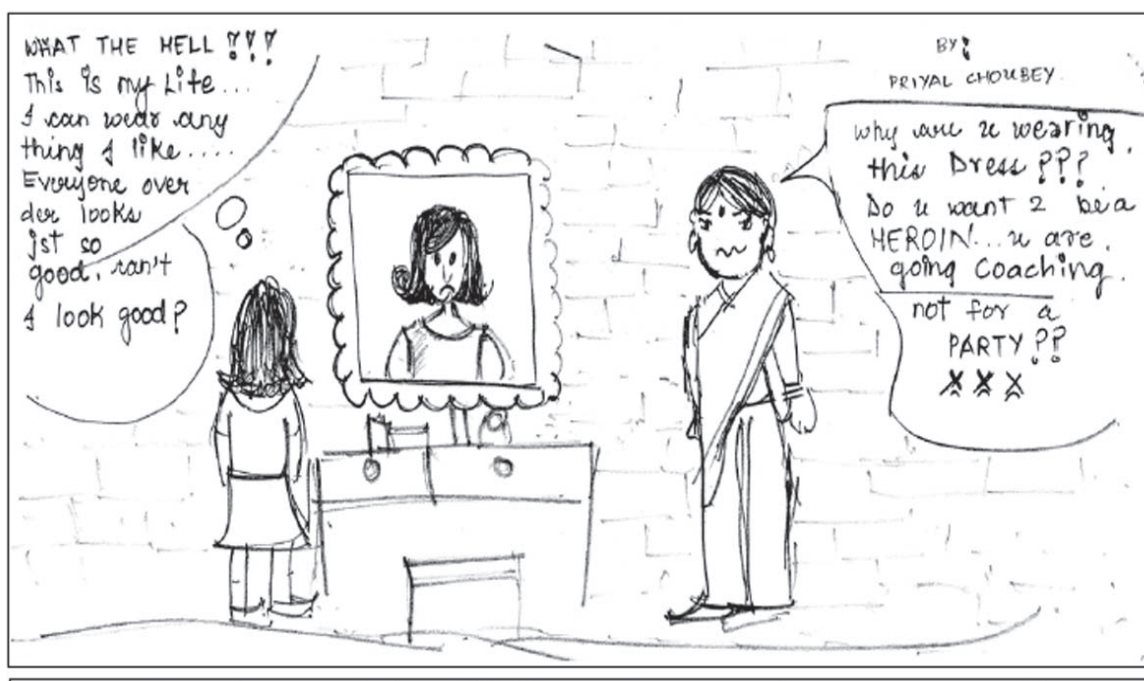
## Small Group Discussion Questions:

1. Did you enjoy this activity?
2. Did you learn anything new about your parents?
3. How did your parents feel about this activity?
4. Did you find it easy to talk about this activity with your parents? Why?
5. What are some of the issues that you find difficult to talk to parents about?

## Summing up:

Facilitator should emphasize that:

- As adolescents develop a strong sense of identity and have strong views about issues, they may not always agree with their parents and other adults around them
- This can lead to conflict between adolescents and their parents
- Adolescents should recognize that it is not necessary to agree with their parents or anyone else on everything. However, they must learn to express their thoughts and feelings (communicate) in a clear, honest and respectful manner without putting down either themselves or the other person/s
- Parents are likely to have had some similar experiences as the adolescents of today, discussing which would help them feel connected and reduce the 'generation gap'. Even when the experiences are different, it can be interesting to know about and understand what has shaped the different views and thoughts of people in different generations.
- Recent research with adolescent students indicates they have fairly positive relationships with their parents. Approximately 3 out of 5 students said they and their parents respect and listen to each other. Very few students (approximately 10%) reported that their father is strict and does not listen to them, for mothers the proportion was still less (7-8%). Comparing relationships of adolescents with mother and father, it emerges father is relatively more strict and commands obedience, while mother is relatively more of a friendly figure. About half the students mentioned that they have a friendly relationship with their mother. (Concurrent Evaluation of Adolescence Education Programme, 2010-2011, by UNFPA and NCERT).



Comic developed by Priyal Choubey, K V no 2, Bhopal MP during Comic Development Workshop held in Delhi in April 2012.





**60 min**

Role Play Situations

# MODULE 3

## ACTIVITY 6

### Communicating Effectively

#### Learning Objectives

To enable learners to:

- Appreciate that positive relationships are based on equality, respect and trust
- Listen to other persons' viewpoints
- Express their viewpoints in an assertive and effective manner

#### Notes for the facilitator

- Each group will enact one role play situation. As there are likely to be 40-50 learners in a classroom, more than one group is likely to get the same role play. Divide the class into groups of five-six students each
- Do not provide a script. Explain the topic and allow the group 10 minutes to develop the theme and practice.
- In the role play, the learners should demonstrate how they could effectively communicate in the scenarios given below in 2-3 minutes each.

**1** You are 15 years old. Seek permission from your parents/guardians for an outing with friends, where you may return late in the evening. You will come back home with two friends who live in the same neighbourhood, so it is quite safe.

**2** You are 17 years old. Your parents want you to leave school to get married soon. But you want to continue going to school and dream of becoming a teacher. Explain to your parents why you would not like to get married now.

**3** Your friends (you are all in class XI) want you to skip school and go to see a movie. You value your friendship but do not want to skip school to see the movie

**4** A group of classmates (class IX) are teasing your friend because of his appearance. They look at you to join them but you do not want to

**5** You have secured good marks in class X and want to take up arts in class XI. However, your class teacher feels that all "good" students should study science. Explain your viewpoint to your class teacher

**Role Play Topics**



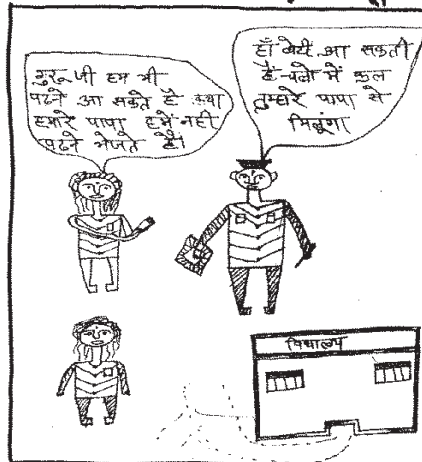
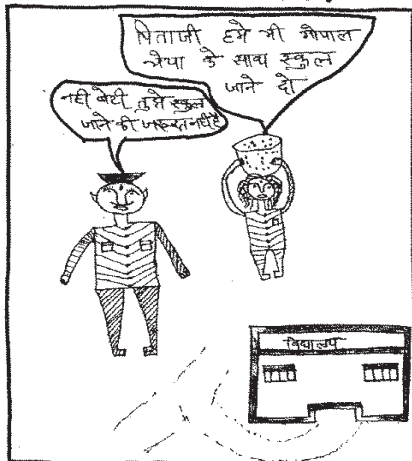


## Summing Up:

The facilitator should emphasize:

- Everyone likes to be accepted by people who are important to them
- Some of us may think that if we agree with everything that our parents, friends and teachers say, we will be liked by them but this may not always be true
- A true friend and well-wisher will never pressurize us into doing something that we do not believe in
- If we strongly believe in something and stand up for it, people are more likely to like and respect us in the long run
- As we start thinking independently, it is not possible to be in complete agreement on every issue and there is nothing wrong with it as long as we are willing to hear the other person's view point and express our own views clearly
- There are many ways of communicating our viewpoints that have been broadly categorized into passive, aggressive and assertive styles of communication
- Assertive style of communication is the most healthy and positive style of communication that all of us should aspire to achieve

## हमें भी आगे बढने दो



DEVI SINGH  
TALADRA

Comic developed by an Adolescent Peer Volunteer from Nehru Yuva Kendra Sanghathan, Udaipur, Rajasthan during the workshop on learning through Comics, at Rajiv Gandhi National Institute of Youth Development in Tamil Nadu in May 2012

Allow me to progress as well!

Father, allow me to go to school along with my brother Gopal.

No, daughter, there is no need for you to go to school.

Teacher, can I come to school? My father is not allowing this.

Yes, you can come to school too, I will meet your father.

Premsinghji, you must send your daughters to school along with Gopal.

Yes teacher, I understand. I will send them from tomorrow.

Ramli and Tammu, from today, you will go to school with your brother.

Yes father, we will go to school along with our brother!

Did you know ?



**Good communication skills are very important. They can make or break any situation**



## FACT SHEET



One of the most striking characteristics of adolescence is the development of a strong sense of selfhood. The ability to distinguish one's self, one's views and feelings separates adolescents from children. Adolescents begin to look at the world around with more insight because they can now think more clearly for themselves. They are able to respond to reason, put themselves in another's position, precisely because they are now aware of their own individuality.

However, there may be a lot of confusion in the minds of adolescents. They receive comments, advice and reactions from several sources such as parents, teachers, the media, peers and other people around them. This is part of socialization, which is the process by which individuals learn the culture of their society. Primary socialization, probably the most important aspect of the socialization process, takes place during infancy, usually within the family. By responding to the approval and disapproval of parents and grandparents and imitating their examples, the child learns the language and many of the basic behaviour patterns of his/her society. The process of socialization is not limited to childhood, but continues throughout life. The education system, media, extended family, neighbourhood, caste, religion and class groups teach the growing child and adolescent about the norms and rules of the society in which she/he lives. Values refer to principles and ideas that one holds dear and uses to guide one's actions, while norms refer to specific codes of acceptable and appropriate behaviour. Norms are externally determined and enforced by positive and negative sanctions, i.e., rewards and punishment. Adolescents are influenced by many social factors such as poverty, the society and culture they live in, the laws which govern them and their relationships with others around. Adolescents sometimes imbibe values that differ from the norms in their immediate family. They may find that what they believe to be right is in conflict with prevailing social and cultural norms and, thus, they are not able to act in accordance with their beliefs and values. For instance, girls may believe that they should decide when and whom to marry, but the norms of their culture may be for parents to take these decisions.

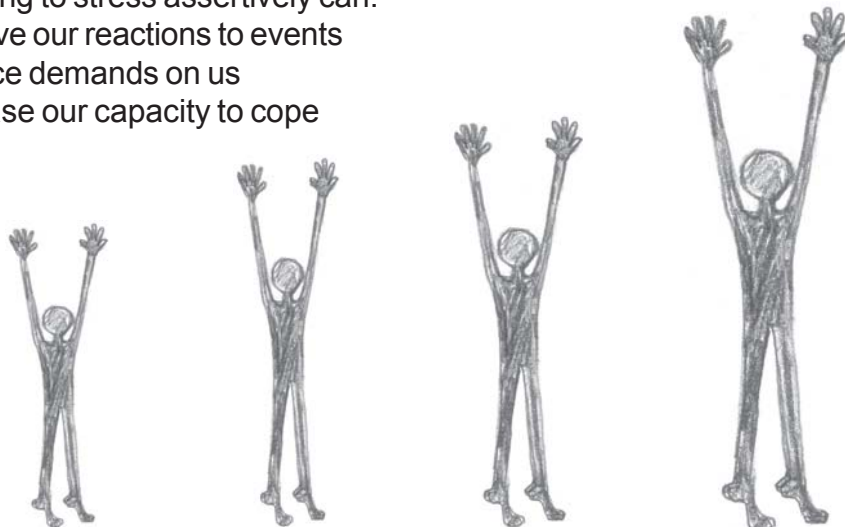
### **Stress Coping Activities**

It is important to recognize that stress is something that can be tackled, controlled and definitely decreased. The following suggestions may help harness the additional adrenaline released during stress:

1. **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 posture for a few seconds and relax.
2. Laugh hard, as much as you can: read a comic, see a cartoon film or share jokes and funny stories with a friend.

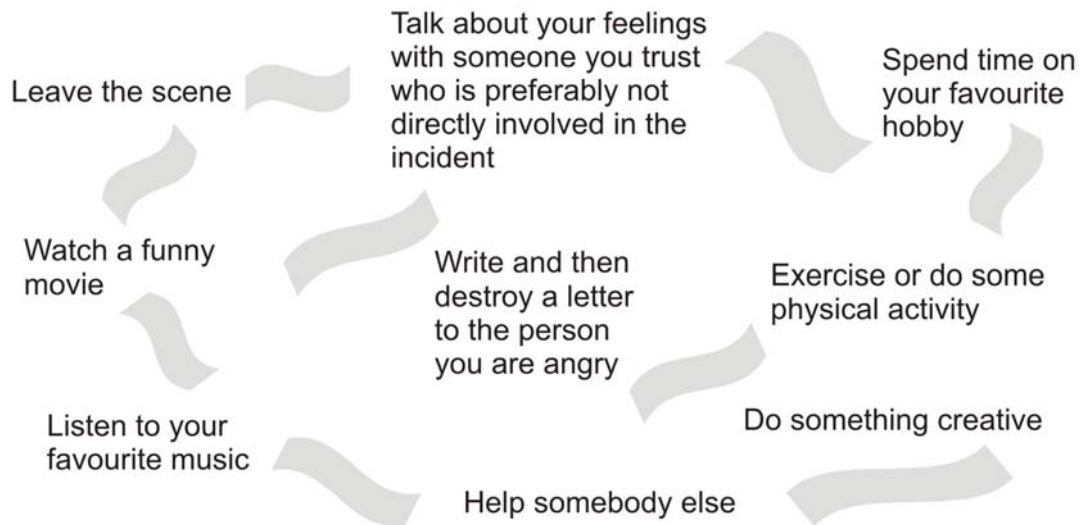


3. Breathe deeply: The right kind of breathing can dispel stress. Take a deep breath and exhale slowly, concentrating on the air leaving your lungs. Slow down your breathing. You may inhale for two seconds and exhale for five seconds. Do this at least five times in the morning and five times in the evening.
4. Listen to your favourite music. It always has a restful effect.
5. Feel the morning sunshine soak into every pore of your body. Feel the incredible sense of well being it brings.
6. Discover the 'yogi' in you. Yoga has always been a panacea for stress. Pick up a yoga book, or better still go to a teacher or join a yoga class. Get started with short sessions (30 minutes) whenever you can make time.
7. Practice shrugging — '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. Do your best and then accept that you cannot do anymore.
8. Eat the right kind of food. Fibre containing foods (green peas, vegetables, fresh fruits) keep stress levels low.
9. Talk less, listen more: Listening banishes stress, makes you more popular, more sensitive and overall a nicer person.
10. Count your blessings: this is the best way to decrease or even eliminate stress. No one has bad things happening to her/him all the time. Make a mental note of good things that have come your way and record them on a sheet of paper. Refer to your 'blessings sheet' each time you feel stressed.
11. Fix your internal compass: Compare yourself with yourself rather than with others and assess if you are achieving the goals you set out for yourself. This will give you genuine joy rather than blindly engaging in competition with others. Do nothing, just wait it out: Accepting a situation also helps to reduce stress. Nothing stays bad forever. Always remember that there are many people less fortunate than you.
12. Learn to express your stress positively: Stress is a highly emotional experience. If we bottle it up, we become increasingly dysfunctional. Increase in stress has a negative effect on health, well being, relationships, work and almost everything suffers. Our anger, fear, frustration need to flow out of us. Positive forms of expression may include writing, talking to a trusted person, or undertaking physical activity. Depending on the personality type, different methods work for different people. Expressing stress/ emotions positively helps in clearing the mind and one feels more energized to tackle the situation. As a result, one can think through different options available and choose wisely.
13. Take charge. Believe that you are in charge of your life. Sometimes, we feel stressed if we feel that we are not in control of our situation.
14. Responding to stress assertively can:
  - Improve our reactions to events
  - Reduce demands on us
  - Increase our capacity to cope



## Anger Reducing Techniques : to get 'rid' of anger

- R = Recognize your anger signals and accept that you are angry  
I = Identify a positive way to analyse the situation  
D = Do something constructive to calm down



## Effective Communication Skills

Communication plays a vital role in everybody's life. Communication is a process through which we convey our thoughts and feelings to other people in our family and in society. One of the major components of communication is to listen and to understand others' points of view and feelings. Communication is more effective if it is two-way rather than one-way. Important attributes and skills for effective communication include:

### Active Listening

Active listening is an important attribute of effective communication. The listener must listen and pay attention to all that is said, without interrupting the speaker, and afterwards should react relevantly. The following tips may help improve your listening skills:

- Stop talking: you can't be a good listener when you are talking. You will miss the message. Be sure to stop talking when others are speaking.
- Show the speaker that you are interested and want to hear what they have to say: do this by looking at the speaker, and by giving verbal and non verbal cues that you are listening to them. Verbal cues include things like saying "okay", "I see", "yes", etc. Non verbal cues include nodding the head.
- Remove distraction: If it is difficult to pay attention, remove distracting elements, such as:
  - Turn off the TV/radio in order to listen better
  - Avoid things like flipping through newspapers, doodling
  - Close the door to avoid outside disturbance
  - Switch off your cell phone or keep it on Silent mode
- Ask questions: Ask the speaker to repeat or explain statements that you are finding difficulty in understanding. This will help you to avoid misunderstanding. For e.g.:
  - Would you repeat your last sentence?
  - I missed the last thing you said.
- Summarize: When a message is important for you to understand, you may want to summarize or repeat what's been said in your own words.

## Non-verbal communication or body language:

- Non-verbal communication gives additional meaning to what is said. It includes tone of voice, eye contact, silence, frowning, smiling, grimacing, gesturing, body posture, touch, distance between person, and so on. Body language can be easy to read, but at the same time easy to misinterpret. For effective communication, hold your head high, stand or sit straight and be relaxed. Make eye contact and match your facial expression with what you are saying.
- Show that you are interested in what the speaker is saying, by your facial expressions, body posture and nodding your head to convey support. Put yourself in the other person's shoes.
- Keep distraction away: Make sure everyone is listening to the speaker. Discourage parallel conversations.

## Be Assertive

- You can adopt passive, aggressive or assertive styles of communication
- Assertive style of communication is the most healthy and positive style of communication
- Say what you think or feel honestly and in a clear tone of voice. Do not apologize for what you think, or put your self down. Be calm and speak pleasantly and reasonably, explaining your emotions so as to be understood by the other persons.

## Different Styles of Communication

Passive	Aggressive	Assertive
Disrespectful to oneself	Disrespectful to others	Respectful to oneself as well as others
Undervaluing personal needs, desires, feelings, knowledge	Overvaluing personal needs, feelings, rights	Appropriately valuing personal needs, desires, feelings
Always placing others' interests first, at the expense of oneself	Always placing one's own interests first, at the expense of others	Considering one's own as well as others' interests.
Remaining inactive in situations where personal rights, needs and feelings are being ignored	Exercising one's personal rights, needs and feelings while ignoring others'.	Asserting one's own personal rights, needs and feelings and making due place for others'
Yielding always to pressure against one's wishes	Demanding, pressurising or/ and dominating others	Standing up for one's rights without domination of others
Suffering silently, in consideration of others	Always demanding that others pay attention to one's suffering	Being considerate of others, as well as clearly asking for attention and help to overcome one's suffering
Blaming oneself for negative things in life	Blaming others for negative things in life	Trying to understand the reasons for negative things in life and focusing on how to make things more
Listening only to others	Only talking and not listening	Talking as well as listening
Hesitating to express negative feelings	Expressing negative feelings only	Expressing negative as well as positive feelings





**30 min**

Writing Board

Chalk Markers

Index Card

Soft Board

# MODULE 4

## ACTIVITY 1

### We are changing

#### Learning Objectives

To enable learners to:

- Accept that change is an inevitable part of life
- Appreciate that growth and development is a continuous process

#### Notes to the facilitator

- This activity can be conducted in a large group with all the learners.
- Ensure that all learners participate in this activity.
- Draw five columns on the black board with the headings – infancy, childhood, adolescence, adulthood and aged as shown in the table below. Alternately, if you are using a soft board, you could make index cards that depict the five stages of life as shown in the table.
- Ask the learners to categorize the changes according to the stages of life when they occur, i.e. from the time one is born until one becomes adult and grows old. The changes could be recorded on the black board or on the index cards/ slips of paper and pinned on the soft board.

*You could provide the following list of changes to initiate the activity: for example, growth in height, learning to talk, learning to walk, menarche, getting a beard, going to school, voice breaking, becoming shy, becoming responsible, being economically independent, menopause etc.*

- Please note that some changes may continue through more than one stage of life (for example, being economically independent) and that all changes may not occur in all individuals (for example, boys will not get menstrual periods).
- Please stop the listing when the learners have listed approximately four to five changes in each phase of life.

Changes during the different phases of life				
Infancy	Childhood	Adolescence	Adulthood	Aged



## Summing Up:

The facilitator may sum up the discussion emphasizing the following issues:

- As we grow we experience many changes in our life. We may find changes exciting and good or scary and painful. Sometimes we can influence changes in our lives and at other times we have little control over them
- Some of the changes in our lives are predictable. If we are prepared for them, we may be able to influence some of these processes and manage them better. For example, growth and maturation is a continuous process and adolescence is a stage in the continuum of growth and development across the life span
- Adolescents need to be prepared for the physical, mental, emotional and psycho-social changes that take place during this phase of life so that they are not anxious about them and respond to these changes in positive and responsible ways





45 min

Copies  
of the  
Case  
Studies

## MODULE 4

### ACTIVITY 2

## Differences in growing up process and effects on body image

### Learning Objectives

To enable learners to:

- Recognize that changes during adolescence occur at different pace and timing in different individuals
- Develop a positive acceptance of self
- Recognize and challenge misconceptions and prejudices related to differences in physical characteristics while growing up

### Notes to the facilitator

- Divide the class into groups of five-six learners each
- Each group will work on one case study. Each case study can be given out to more than one group.
- Appoint a reporter in each group
- Give the groups ten minutes to read the case study and discuss it
- Ask each group reporter to share the views of the group on the case study assigned to them based on the questions for discussion. If two groups have the same case study, they should make their presentations one after the other, the second group adding anything new that the first group has missed out.

#### CASE STUDY 1

Rakesh and Mihir, students of Class XI, are walking home together from school. Rakesh begins to tease Mihir, saying that he speaks in a girl's voice. He also laughs at the fact that Mihir has got no hair on his upper lip. "Look at me," Rakesh says, "I am a real man. My voice is strong and my face is manly - I have so much facial hair. My father calls me sher." This really embarrasses Mihir. He recalls that his mother still calls him 'my sweet boy'. He decides to go home and ask his mother why he is so different from Rakesh and whether something is wrong with him.

#### Questions for discussion

1. Although they are of the same age, why do Rakesh and Mihir look so different?
2. Do you think that there is something wrong with Mihir? Why?
3. How do you think Mihir feels about himself?
4. What should Mihir's mother tell him?





### CASE STUDY 2

Pushpa, Sujatha, Abida and Radha are good friends. All of them are 13 years old and love to spend time with one another. They have so much to talk about, the new film, the new dress, home work, the boys in the class and just about everything....

Yesterday, Radha seemed uncomfortable. She was having her periods and was concerned about staining her uniform. Last month, Sujatha's family had organized a big celebration in her honor as she had started her periods. Pushpa recalled that three months ago, Abida had started her periods in school and had to borrow a sanitary napkin from her older cousin. Pushpa is worried. Except her, all her friends have started their periods. Is there something wrong with her?

#### Questions for discussion

1. If Pushpa came to you for advice, what would you tell her as a peer?
2. In your opinion, who should be responsible for sensitizing adolescents about the fact that it is natural for different people to attain maturity at different times?
3. Do you think it is important for young people to be prepared for the changes they are likely to face in adolescence? Why?

### CASE STUDY 3

Robin is in Class XI. He is short and slim, physically the smallest boy in his class. Although he likes to play football, he is never selected for his school team. He is quite swift and skilful, but the coach always rejects him saying that he will get pushed around by the other players, who are much bigger than him. One day, on the roadside, Robin sees an advertisement outside the tent of a travelling medicine-man. It shows a thin, weak looking boy in one picture and a muscular glowing man in another. The advertisement claims that a magic drug can bring about this transformation. Robin wants to try this drug, but is scared.

#### Questions for discussion

1. Why do you think Robin looks different from the other boys in his class?
2. Do you think Robin can be a good football player and the coach should give him a chance?
3. Do you think Robin should take the magic drug which claims to make one muscular and strong?
4. If you were in Robin's place, what would you do?
5. Do you think a parent or teacher should help Robin in any way? If yes, in what way?



## CASE STUDY 4

Shalini and her friends in class 9 were preparing for the school's annual function. All of them were very excited. Shalini was taking part in the classical dance, while her classmates Anita and Farah were in the play. One day Anita said mockingly to her, "You are so dark. We will need additional light to be able to see you on stage." Shalini made no reply to her. Farah felt bad for Shalini and said, "You dance so well. Why don't you use a fairness cream, to get a fair complexion? Can you imagine how nice you will look on the stage if you had a lighter complexion?"

Shalini smiled and said, "Thank you, Farah. I appreciate your concern but I am happy with my complexion as it is. My teacher and I are working hard on my dance practice and I am confident that our efforts and your good wishes will lead to a good performance."

### Questions for discussion

1. What do you think of Anita's remark about Shalini?
2. Do you think Farah's remark is based on a false stereotype (light complexion is essential for being beautiful), or is it based on facts? Explain your answer.
3. Does Shalini's response indicate that she has a positive or a negative self-image? Give reasons for your answer.
4. Do you think Shalini is a mature person with a positive style of communication?

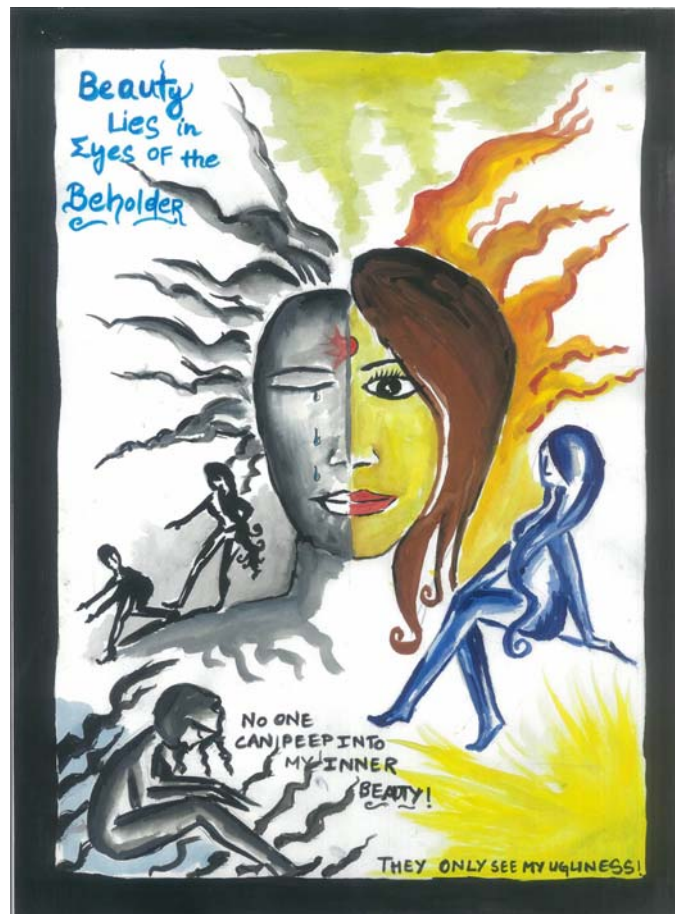
## Summing Up

- From the discussion on these case studies, the facilitator must elicit adolescents' feelings about growing up
- The facilitator should emphasize that while everyone matures and goes through the changes in adolescence, this does not take place at the same time and in the same way for everyone
- Some people mature early, others later. Also, all changes related to adolescence (physical, emotional, psycho-social and cognitive) do not take place at the same time. As a result, it is possible that physical changes may take place early, but psycho-social changes take place later in the same individual. It may also happen the other way around. Two adolescents of the same age may have different levels of maturity, experiencing changes at varying pace.
- Sometimes, adolescents feel ashamed if they look different from many of their peers. They could be maturing faster or slower than the others, and this difference may become the focus of teasing and ridicule among peers. On the other hand, somebody in the peer group (or an adult) might give a balanced viewpoint and help everybody in the group to feel positive and normal
- There are a lot of prejudices and harmful stereotypes attached to the growing up process, which need to be discussed and countered
- Due to prejudices and ignorance about the process of growing up, people are sometimes drawn to harmful or ineffective commercial products which claim to hasten the growing up process. For instance some products claim to increase height and muscle



mass very quickly, without any additional input of diet and exercise.

- Similarly, advertisements for cosmetics and beauty parlours reinforce prejudices and over-emphasize physical appearance, leading to feelings of anxiety, inadequacy and low self-esteem. Like in Shalini's case, it is important to counter all such prejudices and pressures, and be confident about who you are and how you look
- Adolescents' anxiety and confusion is further compounded by adults, who might be themselves holding on to negative ideas and stereotypes. Adults might also expect young people to conduct themselves in a mature manner without preparing them for the new roles
- Adult care givers, including teachers and parents should realize that it is important to inform and prepare young people for the rapid pace of physical, emotional and psychological changes that they undergo during adolescence
- School spaces can play a very powerful role in enabling young people to be comfortable with their changing selves, appreciate their unique identity and challenge stereotypes perpetuated by media and the larger society related to ideal physical appearance



Poster made by an adolescent school student in the National Youth Festival Umang in Dec 2009. The important message in this poster is : when looking for beauty, do people look inside a person?





**45 min**

Chart  
Papers

Markers

Writing  
Board

Chalk

## MODULE 4

### ACTIVITY 3

## Physical Changes during Adolescence

### Learning Objectives

To enable learners to:

- Understand the physical, emotional and psychosocial changes during adolescence

### Notes to the facilitator

- In the beginning, it may be better to hold separate sessions for girls and boys so that there is a chance for all the learners to feel comfortable, and begin to share their views on these important issues. At a later stage, though, it will ideally be possible to discuss these issues openly in a mixed-sex group. Initially learners may be more comfortable if a female teacher transacts the session with girls, and a male teacher with boys.
- By the end of their sessions, all learners (girls and boys) are expected to learn about physical and psychosocial changes in both girls and boys.  
**Exactly the same tasks are set for girls and for boys.**
- For each session (for girls/ for boys), the facilitator should begin by explaining that this session is about changes you experience during adolescence. These are normal changes, and it is important to be aware of them. Some of you may not have talked about these earlier. But there is no need to be shy. These changes happen to all girls/ all boys. Being open and talking and learning about these changes is healthy and it will help you to understand yourself better. You will learn about changes that happen in girls and in boys. Request students to take the tasks seriously and do their best within each team.
- Divide the learners into groups such that no group has more than 5-6 individuals
- Give each group one of the tasks listed below. More than one group is likely to get the same task.
- Give the groups 15 minutes to complete the task
- Ask each group to nominate a reporter
- Ask each group to present their group work. If more than one group had the same task, they should present next to one another so that the second group can add any new that the first group had missed out. The facilitator should encourage students to ask questions to clarify their understanding of physical, psychological and social changes during adolescence
- The facilitator should answer students' questions and add any information that was missed out by the groups. The facilitator should appreciate the work done by all the groups.
- The charts prepared by the learners on the various changes during adolescence may be put up in the training hall/ classroom



## Group Tasks

### Group 1

Discuss and list the physical changes in girls during adolescence

### Group 2

Discuss and list the physical changes in boys during adolescence

### Group 3

Discuss and list the psychological and emotional changes in girls and boys during adolescence

### Group 4

Discuss the social norms that affect girls and boys during adolescence

- Before closing the session, the facilitator should ask the learners in the large group whether they were hesitant or shy to report certain changes. Explore reasons for hesitation/shyness in reporting certain changes. Ask the learners to identify different ways in which this hesitation can be overcome and write them up on the black board. The facilitator may ask the learners if the following will be useful in overcoming hesitation around some of the changes during adolescence:
- having a support group (peers or adults) that is understanding, non-judgmental and where members do not make fun or ridicule anybody

## Summing Up

The facilitator may sum up the discussion emphasizing the following issues:

- Adolescence is marked by changes that are not only physical but also psychological, social and emotional
- Hormonal changes initiate the physical changes in the body. The female hormone, oestrogen is mainly responsible for the changes in females and the male hormone testosterone is mainly responsible for the changes in males. These hormones are produced by the pituitary gland
- These changes prepare adolescents for adult roles and responsibilities. They are a normal part of growing up and they should be accepted and recognised as essential stepping stones to becoming a mature adult
- Reinforce that the changes in our bodies are natural, normal and healthy. They are an essential part of human growth and development. It can be extremely interesting to experience these changes, as well as to learn and know more about them.

**Did  
you  
know**



For staying healthy - wear loose underwear  
- cotton underwear !



Please refer to "Make it Yourself Activity" on Menstrual Wheel at the end of Section 5. An extra set to be used for photocopying, is provided in the back pocket of this manual.





**60 min**

Flip  
Chart

Markers

Felt Pens

Spot Pens

## MODULE 4

### ACTIVITY 4

## Being Comfortable with Changes during Adolescence

### Learning Objectives

To enable learners to:

- To deal effectively with the physical and psychosocial changes during adolescence

### Notes to the facilitator

- Conduct this exercise separately for girls and boys. This is done in order to ensure that all learners feel comfortable and are able to begin to open up and share and discuss the issues. The issues covered are different, but at the end of the session the facilitator will give information about all the issues to both the groups.
- Divide the students into groups of 5-6 individuals. Give each group one task. More than one group may get the same task. Give the groups 15 minutes to complete the task
- Ask each group to nominate a reporter
- Ask any one group to present in the larger group Ask reporters from other groups to add any new information that has been missed
- The facilitator should encourage questions from the students, and clarify any doubts they may have. The facilitator should also add any information missed out by all the groups.

It is important that all learners feel comfortable in sharing their experiences. It is possible that there are members in the group who have not yet started their menstrual periods (girls) or experienced growth of facial hair, change of voice or nocturnal emissions (boys). The facilitator should try to ensure that these members do not feel uncomfortable, by emphasizing that different persons grow at a different pace. It is absolutely fine whether one grows at a slower or a faster pace. It is important to be confident with one's own body and accept the changes one is experiencing.

Please note that there may be group members who felt prepared and the others who did not feel prepared. Hence, both perspectives should be shared in the group. In addition, there may be members in the group who have not yet started their periods. The facilitator should begin by explaining that menstruation starts at different age for different girls, but it is important for all of us to know about it.

### Tasks for Girls' Groups

#### SUB GROUP 1

1. How did you feel when you had your menstrual period for the first time?
2. Did you feel prepared? Who had told you about preparation and what did you know about it?
3. Do you think it is important to be prepared for the changes during adolescence? Why? Who all (for example, peers, parents, teachers etc) can play a role in preparing you?



### **SUB GROUP 2**

1. Do you feel girls can play games, run, go cycling and take part in other sports activities during menstruation?
2. Do you feel it is alright for girls to go to the temple, to cook food and to touch pickles during menstruation?
3. Do you/ your friends face any taboos and restrictions during menstruation? What are these and how do you/they respond to them?
4. Do you think you can convince others that menstruation is not dirty or dangerous in any way? If yes, how?

### **SUB GROUP 3**

1. Are you able to care for yourself properly during your periods? What do you use to absorb the menstrual blood?
2. Do you have any particular physical problems during or around your periods? If yes, what are the problems and do you get any help or medication for these?
3. Is it important to maintain genital hygiene especially during periods? If yes, how can this be done?
4. What could be the effects of poor genital hygiene?

## **Tasks for Boys' Groups**

### **SUB GROUP 1**

1. How did you feel when you experienced growth of facial hair, and change of voice?
2. Did you feel prepared? If yes, did it help? Do you think it is important to be prepared? Why?
3. What kind of information and support do you need from peers, parents and teachers to be comfortable with these changes?

### **SUB GROUP 2**

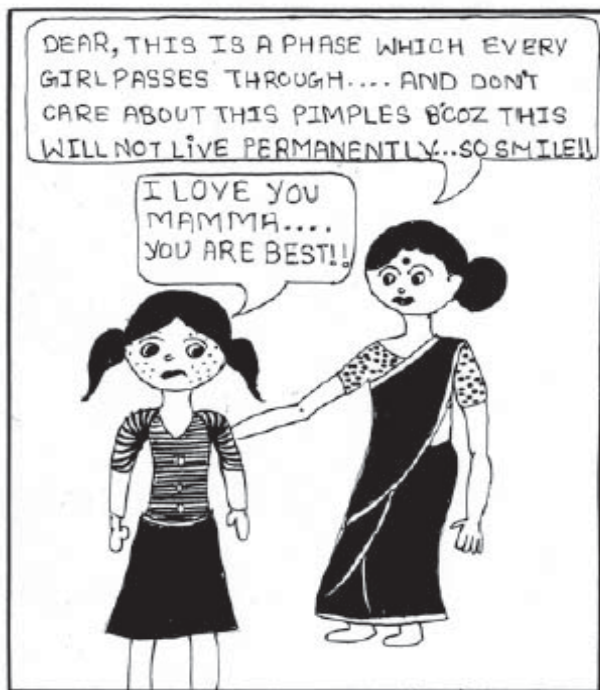
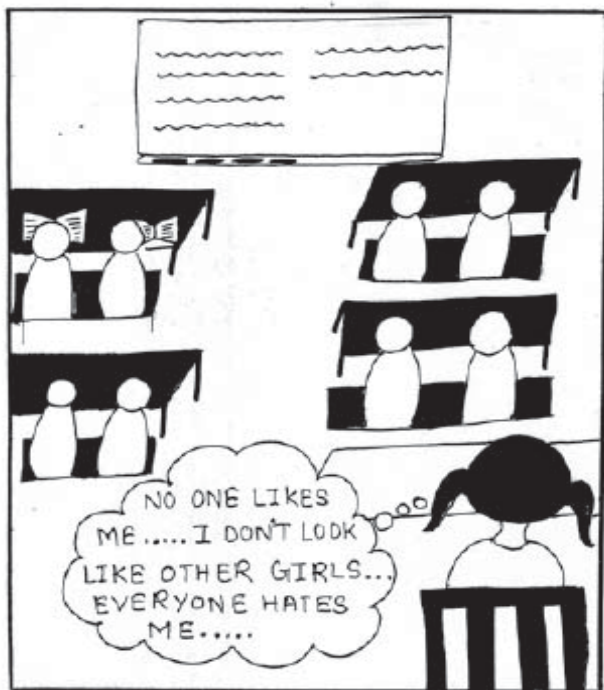
1. How did you feel when you experienced nocturnal emissions for the first time?
2. Did you feel prepared? If yes, did it help? Do you think it is important to be prepared? Why?
3. What kind of information and support do you need from peers, parents and teachers to be comfortable with these changes during adolescence?

### **SUB GROUP 3**

1. Is it important to maintain genital hygiene? If yes, how can this be done?
2. What could be the effects of poor genital hygiene?



# PIMPLE IS SIMPLE



PUSHKARNI SANE

Comic developed by an adolescent school student from Kendriya Vidyalaya, Aurangabad





## Summing Up:

The facilitator should share the following facts related to menstruation:

- Menstruation usually begins (menarche) in women between the ages of 9-16 and stops (menopause) around 45-55 years. If a girl does not begin her periods until the age of 16; it may be advisable to consult a qualified doctor.
- Menstrual periods are a natural change during adolescence and signify that the girl is becoming a woman and can become pregnant. Menstruation is a normal, healthy process.
- Physical maturity or puberty in girls occurs when she starts ovulating, that is, an ovum (egg) ripens and is released from her ovaries every month. After a few days (approximately 14 days) of ovulation, the ovum flows out of the body along with some blood. This is menstruation.
- Menstrual cycles can be as short as 21 days, or as long as 35 days. Most women have a cycle falling within the range of 21-35 days, the average being 28 days long. The duration of menstrual periods could be from 3 to 7 days.
- Irregularities in the menstrual cycle are quite common amongst young girls who have just begun to menstruate. These irregularities usually settle down in a few years. Sometimes a woman's cycle may become irregular as her periods may be delayed or occur earlier than expected due to illness, nutritional changes, mental tension etc
- Menstruation is something that girls and women need to care about and manage well. The experience of looking after oneself is complicated because girls and women are not supposed to talk about it. Ideally all schools and workplaces should keep sanitary napkins because girls cannot always predict when their periods will come. Access to toilets with clean water is also a basic facility that girls' schools and all workplaces should have.
- Some girls and women feel energetic during their periods. Some feel low energy, or have backache, stomach ache, headache etc. They may also experience pre-menstrual tension, stress, moodiness or physical uneasiness due to hormonal fluctuations in the body
- A missed period may indicate pregnancy if a woman is sexually active (and no contraceptives/ birth control methods were used)
- If a girl or woman is malnourished or has excessive bleeding during her periods, she may need iron supplements in her diet to protect herself from harmful effects of iron deficiency. However, girls and women with good nutrition should be able to make up for the blood loss that occurs during menstruation.
- It is not advisable to try to delay or hasten periods by use of medicines. It may harm the body and its natural functioning.
- During menstrual period a girl/woman can continue with sports and other normal activities. There is no scientific reason to keep her away from touching food like pickles, or keep her away from sacred places. There is no reason to isolate her.
- Menstrual hygiene
  - Girls and women may use sanitary napkins, or cloth
  - Always use a clean sanitary napkin that should be changed frequently (every four to six hours) to prevent infections
  - If a cloth is used which needs to be reused, it should be washed thoroughly and disinfected by drying in the sun
  - Good genital hygiene is particularly important during periods
  - There is no reason not to bathe or wash hair during periods

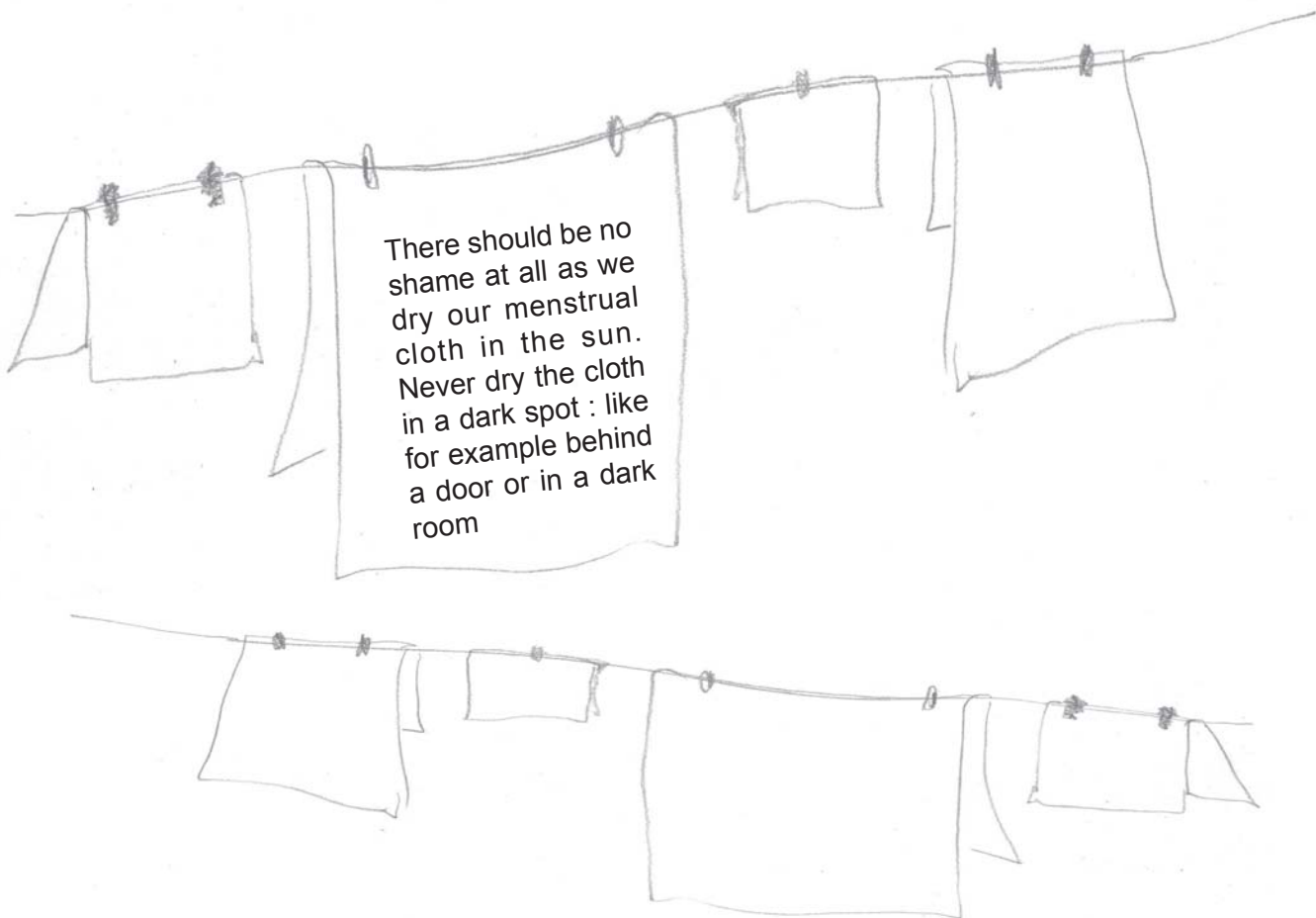
The facilitator should share the following facts related to nocturnal emission:

- Nocturnal emission is the release of semen from the body during sleep

- It is also known as night fall or wet dreams
- Although most adolescent boys experience nocturnal emission that at some time, it is not necessary that all should experience this.
- Nocturnal emission sometimes has a purely physiological basis. It is not necessarily accompanied by sexual feelings or dreams
- This starts happening around puberty
- It is completely normal and natural, nothing to be frightened, guilty or embarrassed about.

The facilitator should share the following facts related to maintaining good genital hygiene:

- Wash genitals daily with clean water. No special soaps or antiseptic are required
- While washing after defecating (passing stools), wash in a front to back motion to avoid any infection
- Change undergarment regularly (at least once a day) and avoid synthetic underwear
- Undergarment should be washed carefully so that all detergent is washed off. Dry them in the sun as sunlight is an excellent disinfectant
- To avoid excessive sweating and infection, pubic hair may be trimmed using a clean pair of scissors
- Washing genitals with clean water after urination helps in maintaining hygiene
- Among boys it is important to push back the fore skin and clean the genitals regularly to avoid infection
- Importantly, genitals should be treated like any other part of the body





**30 min**

Chart  
Papers

Markers

Cards

Black  
Board

# MODULE 4

## ACTIVITY 5

### Nutritional Needs of Adolescents

#### Learning Objectives

- Understand that health is not simply the absence of disease/illness. Rather, health is a positive state of well being.
- Recognize the importance of a balanced, wholesome diet
- Recognize the negative effects of not eating proper meals.
- Analyse the influence of media on our eating habits.
- Make healthy food choices for holistic development

#### Notes to the facilitator

- Divide the learners into small groups such that no group has more than 5 to 6 individuals. More than one group is likely to get the same task.
- Ensure that all learners get an opportunity to participate in the activity.
- Every group should appoint a reporter.
- The groups should be given 15 minutes to complete the task assigned to them.
- The reporter should present on behalf of the group.

#### Tasks

##### GROUP 1

Prepare a menu for any one healthy meal (breakfast, lunch or dinner) and justify why the group considers it as healthy

##### GROUP 2

Develop at least 6 slogans on promoting healthy eating habits and justify why the group thinks these slogans are important

##### GROUP 3

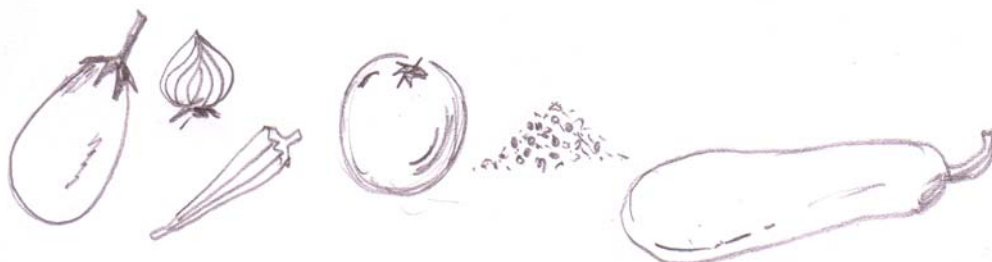
Create an advertisement for selling health food and suggest how you can build awareness on healthy eating habits among your peers.

##### GROUP 4

How do you think media influences the eating habits of young people? Please share at least three examples

##### GROUP 5

How do you think media influences the eating habits of young people? Please share at least three examples



## Summing up

The facilitator should emphasize that:

- Health is a state of complete physical, mental and social well being and not merely the absence of disease or illness
- Being a stage of rapid growth and development, adolescents need a carefully planned diet to so that they remain healthy
- Balanced diet means inclusion of proteins, carbohydrates, fats, vitamins in requisite proportions
- Every region has locally available nutritious food items. These should be identified and consumed as part of our daily meals. For example, the millet Ragi is a very rich source of calcium and is easily available across many parts of India
- Packed and junk food may be tasty, but should never replace the regular meal as they do not have adequate nutritional value
- Drastic diet plans and slimming medication can be harmful, unless prescribed by a qualified professional (nutritionist, doctor) for health reasons. Advertisements that promote girls as being thin and boys as being tall and muscular can mislead young people into making unhealthy eating choices
- Healthy eating habits include:
  - Eating slowly, chewing properly
  - Avoiding TV viewing or reading while eating
  - Eating a balanced meal that contains different food groups in adequate proportions
  - Eating moderate proportions at proper intervals
  - Never skipping meals and nor overeating
  - Drinking sufficient water (8 to 10 glasses per day)



The thali in the photograph, showing a balanced meal, has roti, rice, curd, a green vegetable, daal and salad.





45 min

Case  
Study

Discussion  
Questions

# MODULE 4

## ACTIVITY 6

### Early Marriage and Adolescent Pregnancy

#### Learning Objectives

To enable learners to:

- Understand the consequences of early marriage and pregnancy
- Make more informed decisions related to marriage and child bearing

#### Notes to the facilitator

- Divide the class into groups of five-six learners each
- Each group will work on one case study, It is likely that more than one group will get the same case study
- Appoint a reporter in each group
- Give the group 15 minutes to read the case study and discuss it
- Ask each group reporter to share the views of the group on the case study assigned to them based on the questions for discussion

#### CASE STUDY

Sangeeta was 16 years old and studying in class IX when her marriage was fixed with a person twice her age. Although she wanted to study further, she was pulled out of school, married and sent to live with her husband and in-laws. Sangeeta's husband and in-laws were keen on having an heir to their family. Sangeeta did not feel prepared to be a mother, but she did not have a choice. Within three months of marriage, she got pregnant. Despite not keeping well during the pregnancy, she had to do most of the household work. In the fifth month of her pregnancy, she had a miscarriage. Rather than supporting her through this difficult experience, her husband and in-laws blamed Sangeeta for not giving them an heir.

#### Questions for Group 1

1. Do you think Sangeeta's parents took the right decision for her? If yes, explain why. If no, explain what advice you would give to her parents.
2. Do you think Sangeeta's husband and in-laws did the right thing? Explain your answer.
3. Who all could have helped Sangeeta? Why did nobody help her?



### Questions for Group 2

1. Suppose that Sangeeta refused to marry at that age, and insisted on studying further? Imagine what she said to her parents, to convince them.
2. If you were Sangeeta's friend, what would you have done to help her?
3. If you were Sangeeta's teacher or school Principal, what would you have done to help her?

### Questions for Group 3

1. Why do you think girls' education is important?
2. If girls' education is important, why do large proportions of girls drop out of school and get married before the legal age of 18 years?
3. Suppose Sangeeta was your classmate. In what ways could you have helped her?

### Questions for Group 4

1. Who should decide about the timing and number of children in a family?
2. What health services should be provided to help young people, women and couples to make informed choices about timing and number of children?
3. Suggest five things that schools should teach young people that will help them avoid getting into a situation like Sangeeta's?

## Summing Up

The facilitator should emphasize:

- There are clear negative consequences of early marriage and pregnancy in terms of restricting opportunities for young women in terms of their education, economic productivity and socio-economic independence
- This undermines the self-confidence and self esteem of young women
- These practices are rooted in the low status of girls and women in society that force them to suffer discrimination throughout their lives
- There are serious health consequences of pregnancy for both the adolescent girl and the baby
- The legal age for marriage in India is 18 years for girls and 21 years for boys. However, data from National Family Health Survey (NFHS)-3 (2005-06) show that 27% young women and 3% young men in the age group of 15-19 were married at the time of the survey. Furthermore, 30% women in the age group of 15-19 had a baby by the age of 19 years
- Young couples particularly the young married woman are often not in a position to express or exercise her preference in terms of child bearing
- Safe and reliable contraceptive services are not easily available. Most young people particularly girls have no knowledge or access to these services
- The government is promoting the education of girl child and several other schemes for better health and well being of young people, particularly girls, but often these schemes fail to reach the deprived girl children
- Adolescent-friendly health services envisage access to accurate and reliable information and services by young people in a confidential, non-judgmental manner





**30 min**

Black Board

Chalk

Index Cards

Slips of paper for statements

# MODULE 4

## ACTIVITY 7

### Clarifying Misconceptions

#### Learning Objectives

To enable learners to:

- Counter the common misconceptions related to changes during adolescence
- Make informed and responsible decisions related to their reproductive and sexual health

#### Notes to the facilitator

- Divide the learners into small groups such that no group has more than 5-6 individuals.
- The facilitator must ensure that all learners get an opportunity to participate in this activity
- Every group should appoint a reporter
- Give each group one of the following statements to discuss and decide whether the statement is correct or not. The group members should also discuss the statement, and provide rationale for their opinion.
- Groups should be given 5 minutes to discuss the statement allocated to their group
- Group reporter should share their group's opinion in the larger group. The others in class can give their opinion in case they disagree. The facilitator will also comment where required.

Statement:  
Adolescence is a phase filled with problems and fears

**INCORRECT** - Adolescence is a phase in everyone's life. Individuals in the age group of 10-19 are known as adolescents. Adolescents may have a lot of questions about changes that they are experiencing in their bodies and the new roles and responsibilities that their environment expects them to fulfil but it is also an age full of positive and joyful experiences. Adolescents have unlimited energy, vitality and idealism as well as a strong urge to experiment and create a better world

Statement:  
Adolescents are irresponsible and should not be trusted

**INCORRECT** - Adolescents have their own experiences and points of view that should be respected and taken into account. It is important to trust adolescents and their sense of responsibility



Statement:  
Girls are dirty when they are menstruating

Statement:  
Young people who are informed and prepared for the changes during adolescence will get distracted and not focus on their studies

Statement:  
It is not possible for adolescents to get along with their parents

Statement:  
A girl cannot get pregnant before her first menstruation

Statement:  
Experiencing physical attraction is a part of growing up

Statement:  
Women are responsible for determining the sex of the baby

**INCORRECT** - Menstruation is a completely normal phenomenon and signifies that a girl is becoming a woman and can become pregnant. It is contradictory that periods are considered dirty because having menstrual periods is symbolic of a woman's ability to reproduce which should be universally respected. Menstrual blood is clean blood which would have supported the fetus if the girl/woman had become pregnant.

**INCORRECT**- Age appropriate information will lead to fewer fears and confusions in the young people and build their confidence to respond to real-life situations in positive and responsible ways

**INCORRECT**-One of the most striking characteristics of adolescence is the strong sense of selfhood. This sense of self may not be in any conflict with others. Adolescents have their own views and feelings about various issues that may not always be in agreement with their parents. Parents may find it difficult to accept these adult-like characteristics of their children where they ask questions, reason and sometimes argue rather than obeying without asking any questions. Both adolescents and their parents must respect one another, listen to each other's opinions and put forth their views and feelings clearly. This will help in retaining/re-establishing harmony in parent-adolescent relationships

**INCORRECT** - A girl can become pregnant before her periods start because she releases an egg before her first period

**CORRECT**. Physical attraction is a part of growing up. It is natural and normal

**INCORRECT** – The determination of the sex of the baby is dependent on the male sperm and not on the female ovum. It is important to note that neither the male nor the female can control the combination of sex chromosomes that determine the sex of the baby. Nature determines the sex of the baby and women should not be held responsible for it. Please refer to the attached fact sheet at the end of this module for more information on this.





Statement:  
A girl should not engage in physical activity during menstruation

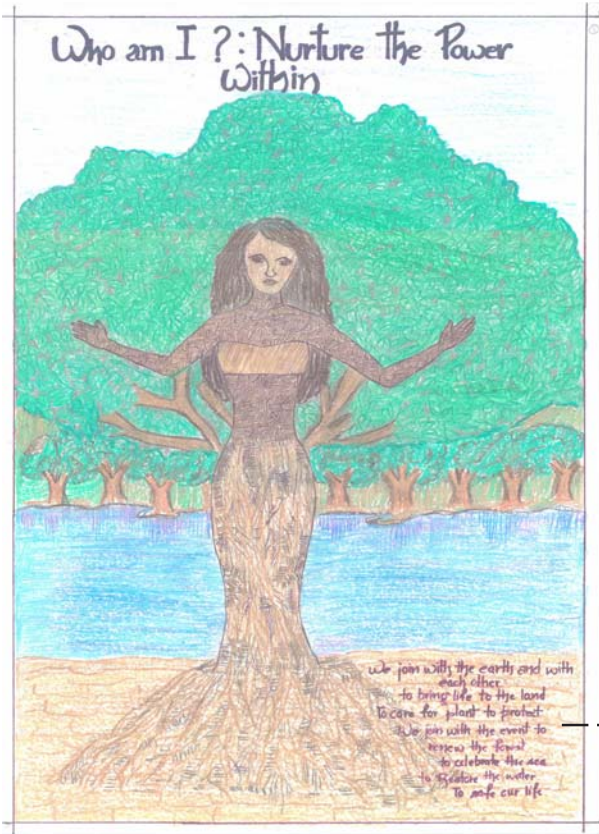
**INCORRECT** - Menstruation is completely normal and not an illness. Girls can do anything that they normally do during periods. There is no reason to restrict any of the activities that girls normally do as long as they are comfortable. Everyone should remember that periods do not get in the way of working, having fun and enjoying life! Some girls and women may get pain and cramps during periods. Taking exercise and continuing regular activities can be helpful. However, if the pain is very severe a qualified person should be consulted.

Statement:  
During adolescence, girls' bodies mature earlier than boys of their own age

**INCORRECT** – The determination of the sex of the baby is dependent on the male sperm and not on the female ovum. It is important to note that neither the male nor the female can control the combination of sex chromosomes that determine the sex of the baby. Nature determines the sex of the baby and women should not be held responsible for it. Please refer to the attached fact sheet at the end of this module for more information on this.

**Summing Up**

The facilitator can sum up the activity by providing the rationale for the statements that different groups discussed.



**Who am I ? : Nurture the Power Within.**

We will join with the earth and with each other  
to bring life to the land  
To care for plant to protect  
we join with the event to renew the forest to celebrate the sea to restore the water to save our life.

This poster designed by Anju Raghav, Class XII of Kendriya Vidyalaya No 2, Jaipur, Rajasthan.

# FACT SHEET



The term adolescence originates from the Latin word 'adolescere' which means 'to grow' or 'to mature.' The term taken in its purest sense could mean 'to emerge' or 'to achieve identity' which is one of the most significant characteristic of adolescence.

Adolescence is popularly understood as a phase in the teenage years of the life of a human being. It is a period of transition between childhood and adulthood: its distinctiveness is reflected in rapid physical, cognitive and socio-emotional changes.

Defining Adolescence:

WHO defines adolescence as the progression from appearance of secondary sex characteristics (puberty) to reproductive maturity, development of adult mental processes and adult identity, and transition from total socio-economic dependence to relative independence. The pace of change may vary within adolescence and chronological age is not necessarily a reliable index of development towards maturity.

The definition given by WHO defines adolescence both in terms of age (10-19 years) and in terms of a phase of life marked by special attributes. For most intents and purposes, the terms 'adolescents', 'young people' and 'youth' are used interchangeably (with young people defined as 10-24 years old, and youth as 15-24 years old).

The special attributes that mark adolescence include:

- Rapid physical growth and development
- Physical, social and psychological maturity, not necessarily at the same time
- Sexual maturity and onset of sexual activity
- Experimentation
- Development of adult mental processes and adult identity
- Transition from total socio-economic dependence to relative independence

## Physical changes during Adolescence

Adolescence begins with the onset of puberty. Hormonal changes initiate the physical and physiological changes in the body. The female hormone, oestrogen is mainly responsible for the changes in the females and the male hormone testosterone is mainly responsible for the changes in the males. All these changes are highly correlated with sexual development, as during this period significant physical changes take place in terms of development of secondary sexual characteristics.

The major physical changes during adolescence among girls and boys are tabulated below.

## Physical changes during Adolescence

All physical changes are influenced by hormones



### Growth Spurt

The onset of physical changes during adolescence is observed with growth spurt that is related to sexual maturity. During puberty the body grows faster than at any other time, except for when the individual was a baby. The growth spurt occurs relatively later in boys in comparison to girls. As the pace of these changes varies in every individual, young people need to be reassured that there is nothing to worry in case some changes occur earlier or later among peers

Growth spurt among girls usually starts at about 10 years of age and peaks at 12. It ends at around 14 years of age. Any further noticeable growth in stature stops at 18. Girls also gain weight. Girls have a wider pelvic outlet to facilitate child birth which also involves broadening of the hips.

The growth related changes occur when a boy is around 12 years of age. The age for completion of this growth ranges from 12-16 years. The changes are observed in growth of arms, legs and penis. He also gains weight.

### Activation of Oil and Sweat Glands

Increased production of androgen hormones in both sexes leads to increase in skin thickness and stimulates the growth of sebaceous glands (small glands in the skin, which produce sebum/oil). A pore may get clogged with sebum, dead skin cells and bacteria. This can cause acne. Acne is a skin condition that includes whiteheads, blackheads, pimples and pus filled cysts. The activation of oil and sweat glands also leads to body odour.

### Voice

No significant change

One of the significant developments during adolescence among boys is the deepening of the voice which results from the enlargement of the larynx, also known as voice box. The production of testosterone in boys causes the larynx to grow and the vocal cords to get longer and thicker. As the body adjusts to the enlarging larynx, the voice may “crack” or “break”. The deepening of the voice occurs relatively late in adolescence and it is often a gradual process. When the larynx grows in boys, it becomes prominent and is visible from the outside. It is known as “Adam’s Apple” and is normal





### **Growth of Hair**

Growth of pubic hair precedes the first menstruation by approximately 6 months to one year. The body hair become coarser and there is growth of hair in the armpits after the growth of pubic hair

The appearance of pubic hair around the penis and scrotum is usually an early event of puberty.

The body hair generally appears a couple of years after the growth of pubic hair. The hair grows on the chest, the armpits and on the face

### **Breasts**

Breast development is one of the first signs of puberty among girls. This starts between 8 and 13 years and is completed between 13 and 18 years. Growth of breasts may be associated with tenderness of breasts in the initial phase.

Sometimes the breast can become prominent, however this eventually will subside on its own

This development has a psychological significance for young females and hence, at times, they may worry about its size and shape. The breast size is mostly determined by heredity and the weight of the girl, and the development process differs from person to person. It is not unusual for one breast to develop faster than the other and an adolescent girl may worry about the asymmetry, especially if she does not know that the difference is usually corrected by the time the development is completed.

### **Reproductive and Sexual Organs**

Reproductive and sexual organs attain maturity during adolescence





Menstruation marks the onset of puberty in girls. The ovaries produce *ova* (egg cells). Each of the two ovaries holds thousands of *ova*. During each menstrual cycle, one ovum matures and is released by the ovary. This is called *ovulation*. The ovum travels down the fallopian tube into the uterus. Before the ovum leaves the ovary, the uterus builds up its inner lining with extra blood and tissue. If the ovum meets with sperm, it is fertilized and conception takes place. The lining of the uterus supports the growing foetus (baby). If the ovum is not fertilized, the uterus no longer needs the extra blood and tissue. The uterus, therefore, begins shedding its lining and blood flow starts. Menstrual flow consists of blood, mucus and fragments of lining tissues. Menstruation takes place approximately 14 days after ovulation. Menstruation occurs at an average interval of 28 days  $\pm$  7 days. It lasts for about 2-3 days and in some cases 4-5 or even 7-8 days. The menstrual cycle may be irregular during the initial period (first 2-3 years) and then usually settles down into a pattern. Menarche or the first menstrual period: Generally, the age range for menarche may vary from 9 to 14 years. This age is gradually decreasing in many parts of the world. The menstrual cycle stops when the girl or woman gets pregnant, for the duration of the pregnancy. The menstrual cycle may not also return for a few months after the baby is born, especially if the mother is breast feeding the baby. Most women have their periods every month or so until they are in their mid-40s or early 50s when menstruation finally stops. Final stopping of the menstrual cycle is known as *menopause*.

### Completion of the Growth of Uterus and Vagina

Although the growth and development of uterus and vagina start early, their growth is the last to be completed. At birth, the ovary is a fairly complete organ. It contains about half a million immature *ova*, each one capable of becoming a mature egg. The female is born with all the eggs she will ever have (approximately 4,00,000 eggs). These follicles remain immature until puberty when ovulation begins. At puberty, the follicles start maturing into eggs in monthly cycle.



The onset of puberty is marked by the initial enlargement of the testes. The growth of testes and scrotum usually begins between the ages 10 to 13 years. The development continues through most of puberty and is completed some time between 14 to 18 years of age. The testes contain a conglomerate of solid threadlike cords called "**seminiferous tubules**". From puberty onwards, the testes continuously produce sperms generating billions in the course of an adult's lifetime. With the generation of sperms, physiologically a male becomes capable of fathering a child.

Nocturnal emission can occur which is the release of semen often during sleep.

*Please refer to NCERT's class XII biology text book for more details*



## **Psychosocial and Emotional Changes during Adolescence**

Almost all physical changes are accompanied by marked psychosocial and emotional changes. Research with school-going adolescents indicates that they experience both positive and negative feelings. However, their experience of positive feelings is relatively more than of negative feelings. Approximately 1 out of 3 adolescents reported experiencing feelings of curiosity, joy and maturity. About 1 out of 4 said they experienced 'self-expression' and 'seeking independence'. On the other hand, less than 1 out of 5 adolescents reported experiencing mood swings, 'too many restrictions' or trouble with parents (Concurrent Evaluation of Adolescence Education Programme, 2010-2011, by UNFPA and NCERT).

Some of the key concerns and attributes of adolescence with respect to psychosocial and emotional changes are summarized below

### **Concern about appearance**

During adolescence, a person goes through different phases of development. In each phase s/he witnesses change in his/her body and appearance. While everyone matures and goes through the changes in adolescence, this does not take place at the same time and in the same way for everyone. Adolescents may feel confused or ashamed if they look different from their peers, due to physical changes occurring earlier or later. Often, young people's notions of their appearance are highly influenced by the prevailing social, cultural norms and notions. Media also plays an important role in perpetuating stereotypical images of "ideal appearance" for young people.

This impacts the 'body image' which is the dynamic perception of one's body, how it looks, feels and moves. Body image is shaped by perception, emotions and physical sensations and can change in relation to mood, physical experience, and environment. Due to rapid changes in their bodies, young people are likely to experience dynamic perceptions of body image. It is strongly influenced by self-esteem and self-evaluation, as well as external evaluation by others.

Hence, it is extremely important to empower young people with appropriate information and skills to enable them to appreciate themselves for who they are. It is important that they have a positive acceptance of themselves that stems from the realization that certain attributes cannot be changed (for example, complexion). It is important that young people have strong self esteem to celebrate their uniqueness rather than be forced to mimic certain images perpetuated by society and media. Externally determined standards should not negatively affect their confidence and self-image.

### **Curiosity about sexual matters and responsible sexual behavior**

Young people may feel strong physical attraction. This is part of a normal process of growing up. However, all attraction cannot be categorized as sexual attraction. Adolescent boys and girls may like to talk to each other, praise one another's intellect and beauty, and share their books and notes as gestures of friendship and goodwill.

It is important to provide young people with correct, culturally relevant and age appropriate information on sexual matters. This can inform and prepare young people for responsible relationships in their lives that are based on equality, respect, consent and trust. In the absence



of reliable sources of information, young people are likely to be misguided and exposed to unhealthy influences. They could then become victims or perpetrators of irresponsible and exploitative relationships.

Sexual behaviour is often influenced by social norms that are largely determined by local contexts. In certain societies, premarital sexual relationships are not appreciated. This perspective may be rooted in the concern for safety and well-being of young people and guided by the notion that individuals should reach a certain level of maturity (in terms of biological age and adult thinking processes) before committing to a sexual relationship so that they are not abused or exploited. However, empowered by correct information and skills, it is up to individuals in their own contexts to reach these decisions and assume responsibility for them.

## **An age of experimentation**

Adolescents are particularly inclined to try out new ideas. They are often full of ideals, enthusiasm, love for life and a desire to do new things. Adolescence can be a wonderful time of life. It is the age of experimenting and learning new things. While this is a positive trait, there are some possible dangers. Multiple stimuli from media and peers could encourage them to experiment with risky behaviour, such as smoking, drug abuse, consumption of alcohol and/or unprotected sex. While such behaviour may start on an exploratory note, some young people may get trapped into them for a lifetime, and be unable to realize their potential.

Young people may lack reliable information on consequences of some of this behaviour. Media may in fact glorify a particular behaviour that is actually harmful. Peer pressure or mimicking adults may also result in such risky behaviour. Therefore, it is important to empower adolescents with correct, culturally relevant and age appropriate information to enable them to respond to real-life situations effectively.

## **Distancing from Family and Forming New Relationships**

During adolescence, young people start extending their relationships beyond family and make a special place for peers. They develop a strong sense of selfhood and have their own views and feelings about various issues that may not always be in agreement with their parents. These attributes are important to prepare young people for independent and responsible decision making.

Parents may find it difficult to accept these adult-like characteristics of their children where they ask questions, reason and sometimes argue rather than obeying without asking any questions. Parents need to recognise and accept the changes in their adolescent children. Parents may feel that their adolescent children no longer value their opinions. This may not necessarily be true. In fact, adolescents might need their parents' time and counsel more than ever before but it may be important to re-establish some of the core guiding principles for parent-adolescent interactions.

Parents will find it valuable if they interact with their adolescent children as equals, listen to them, respect their opinions, trust them and provide rationale for their suggestions rather than talking down to them or expecting them to obey without asking any questions. Similarly, adolescents also have the responsibility to listen to their parents' opinions, think through their suggestions carefully and then put forth their views and feelings clearly and in a re-

spectful manner. This will help in retaining/re-establishing harmony in parent-adolescent relationships. Adolescents often want to act like adults and take independent decisions. In their effort to become independent and develop their own identity they slowly distance themselves from their parents and start forming their own opinions, taking their own decisions and making their own plans.

## Peer Group Relationships

As adolescents start distancing themselves from their families, they start valuing their peers (friends/ acquaintances) more than before. They often look to their peer group for approval, and may even change their behaviour to win that approval. The peer influence helps them in establishing their independent identities and may be a positive influence in many ways. It can help expose individuals to new ways of thinking, different ways of life and new ideas as well as diverse viewpoints. The peer group is also space for adolescents to discover different aspects of their personalities, explore emotions and friendships, travel together, discuss work and career, do creative activities and have fun.

At the same time, peer influence can also be negative. For instance, it has been observed that some of those who experiment with smoking or drugs do so under peer group pressure. Positive peer pressure can show up as support for each other in developing their talents, hobbies or non-normative behaviour such as boys doing housework or adolescent girls playing sports. Recent research with school-going adolescents indicates strong influence or such positive peer pressure (Concurrent Evaluation of Adolescence Education Programme, 2010-2011, by UNFPA and NCERT)



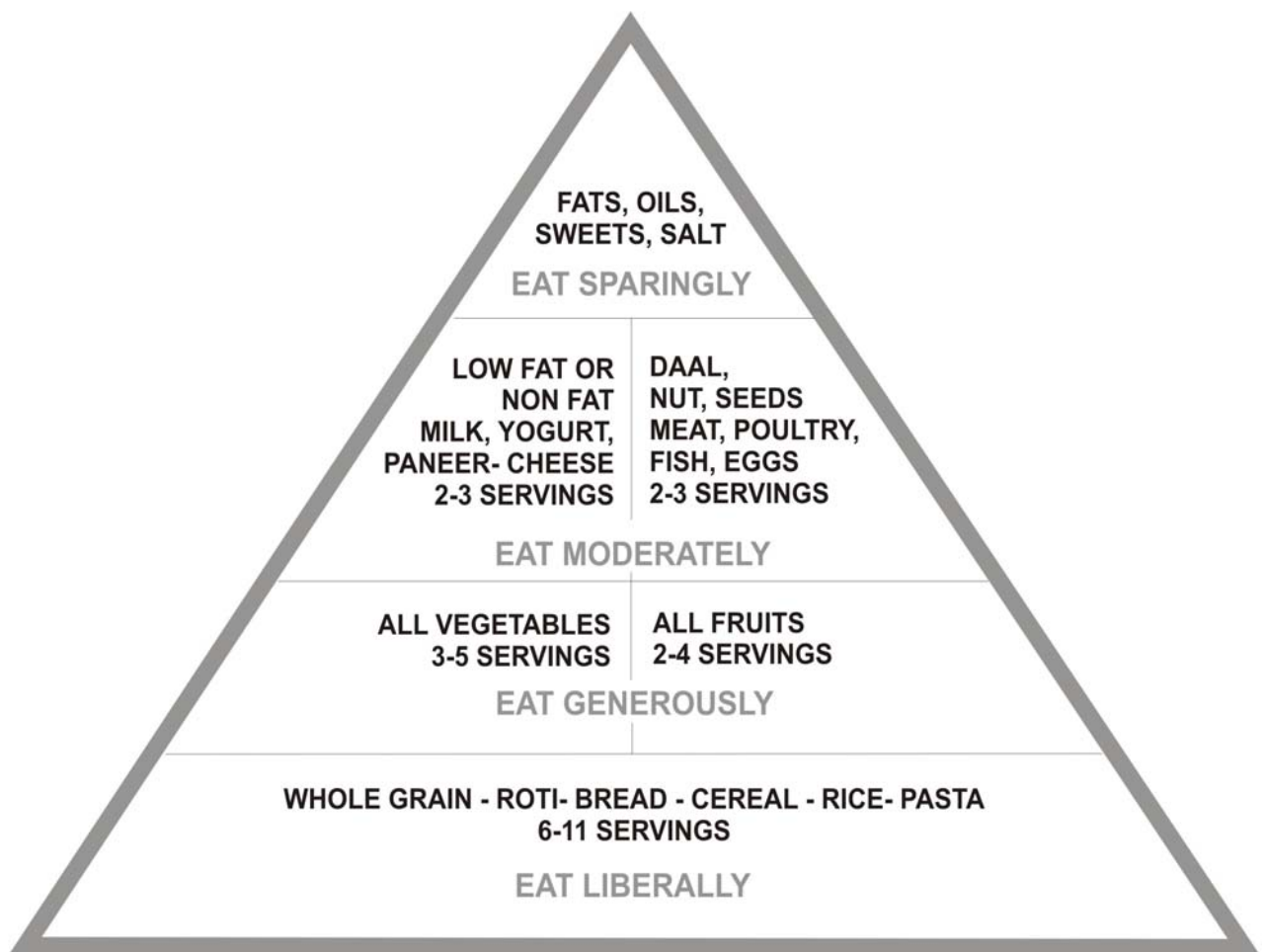
This poster designed by Laxmi Narayan Mochi from class XII JNV, Mandaphia, Chittorgarh, Rajasthan



## Nutritional Needs of Adolescents

Adolescence is well recognized as a stage of rapid growth and development. Nutrition is an important determinant of growth and development that takes place during this stage. However, nutritional needs of adolescents are often ignored. This neglect may lead to a number of health problems related to malnutrition. Although under nutrition, particularly of girls is a more serious problem in India, over nutrition and obesity are also on the rise.

Adequate nutrition during adolescence enables young people to realize their potential. For example, appropriate nutrition helps in physical growth, attaining normal bone strength and timely reproductive and sexual maturity. Good nutrition during adolescence may also help in preventing osteoporosis (weakening of bones) later in life.



Undernutrition is a more serious health problem among adolescent girls due to prevailing gender discrimination and stereotypes. Furthermore, an undernourished adolescent girl is at the risk of developing complications during pregnancy and child birth.

A well balanced diet, containing adequate amounts of proteins, carbohydrates, fat, vitamins and minerals is essential for every adolescent. All these nutrients are present in different types of food items like rice or chapatti, dals (pulses), green vegetables, milk, fruits, ground nuts, beans, cereals, fish, eggs, meat, etc., it is essential to take these items in right proportions. There are many locally available seasonal low cost food items that must not be missed out.



## Body Mass Index (BMI)

BMI is a measure of body weight to height. It is also known as Quetelet's Index. It can be calculated using the following formula:

$BMI = \text{Weight in kilograms} / \text{height in meters}^2$

BMI can be used to determine if a person is underweight, optimum weight, or over weight and the following table can serve as a quick reference

BMI	CATEGORY
<18.5	Under Weight
18.5 – 24.9	Normal Weight
25 – 29.9	Over Weight
>30.0	Obese

## Some Common Nutritional Disorders

Nutritional Anaemia:

Anaemia is the loss of oxygen-carrying capacity of the blood owing to the deficiency of haemoglobin in the red blood cells. Haemoglobin is a red pigment contained in the blood. It carries oxygen and is rich in iron. It is important to note that during adolescence the need for iron increases with the rapid growth and expansion of blood volume and muscle mass. Hence, adolescents must consume iron rich foods, green leafy vegetables, jaggery, meat, complemented with vitamin C sources like citrus fruits, oranges, lemon and Indian gooseberry (amla).

Iron deficiency leads to anaemia which causes tiredness, lethargy and if left untreated can have long term negative consequences. Findings from National Family Health Survey (2005-6) show that 56% females and 25% males in the age group of 15 to 24 were anaemic at the time of the survey.

Bulimia Nervosa:

Adolescent with this nutritional disorder indulge in bingeing (periods of over eating) and later purging or removing it by vomiting or using laxatives to prevent weight gain. Eating disorders such as bulimia are often caused by anxiety, tension or worry about one's weight.

Anorexia Nervosa:

Adolescent with anorexia have a serious fear of gaining weight and they restrict their food intake by extreme dieting, fasting and sometimes indulging in over exercise. Anorexia Nervosa is a self imposed starvation related to a severely distorted body image.

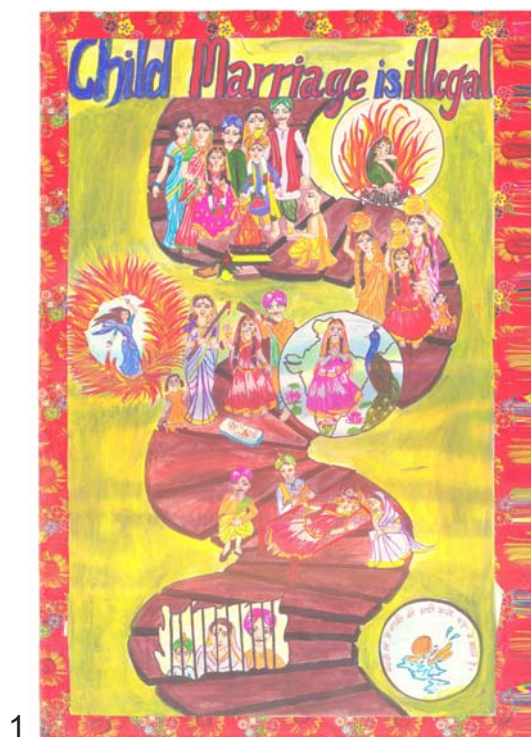
Individuals develop anorexia and bulimia due to inadequate acceptance of emotional and physical changes, media images, peer pressure, stress due to studies and inadequate guidance from adults. Hyped up body images of girls/women – with thin as the ideal body – is a major factor pushing many girls and young women to develop these ailments. The media images and social expectations often do not help adolescent girls in making good nutritional choices.

Both these conditions are detrimental to health if left untreated. Some symptoms include frailness, hair loss, low blood pressure, brittle nails, anaemia, depression, lethargy and use of laxatives in excess. Anorexia and bulimia can lead to delay in onset of menstruation, and also lead to serious consequences such as convulsions, renal failure, irregular heart beat and osteoporosis.

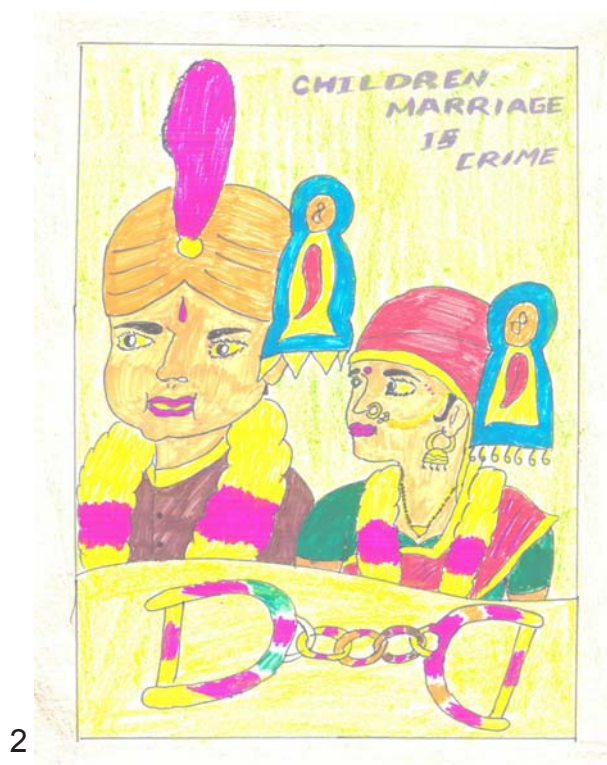
## Early Marriage and Adolescent Pregnancy

### Legal age at marriage

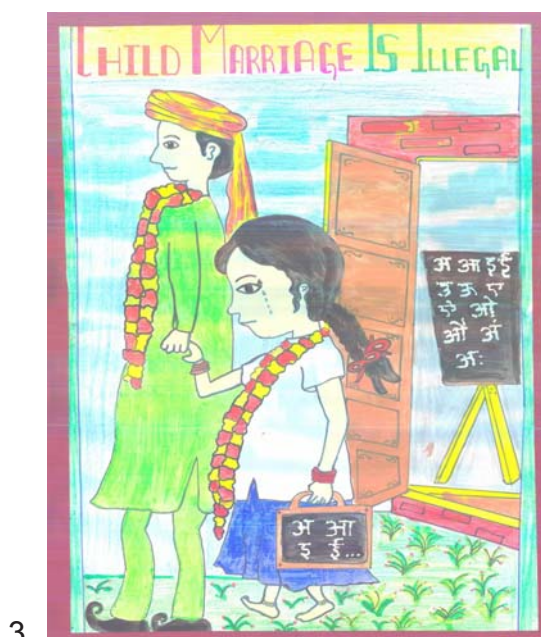
The legal age for marriage in India is at 18 years for girls and 21 years for boys. However, data from National Family Health Survey (NFHS)-3 (2005-06) show that 27% young women and 3% young men in the age group 15-19 were married at the time of the survey. Furthermore, 30% women in the age group 15-19 had a live birth by the age of 19 years. Data also show that young pregnant women did not have access to adequate health services in their most recent pregnancy. Rather than a 100%, only 53% of the 15-19 years old and 55% of the 20-24 years old had three or more ante natal care visits during pregnancy for their most recent live birth.



1



2



3

Poster no 1: This poster has been designed by Neelam Kushwaha class X, JNV Bari-Raise, Madhya Pradesh

Poster no 2: This poster has been designed by Rajesh Kumar from class X, NVS, Jogawas, Pali, Rajasthan

Poster no 3: This poster has been designed by Shivani Sharma from class X, KV ISP Nashki, Maharashtra



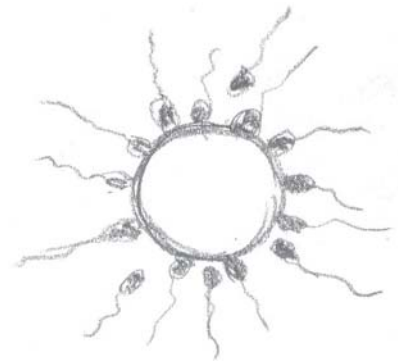
## Conception and Pregnancy

As you would have already studied in your NCERT science text book, physical growth and development is a maturing process which enables males and females to reproduce. Since the ability to reproduce is basic to the perpetuation and continuation of human life, the reproduction system assumes critical importance.

### Conception:

New life occurs when male (sperm) and female gametes, that is sex cells (ovum) unite at conception. At the time of conception the genes and chromosomes from the mother and father unite to form a unique individual with particular traits and characteristics.

All cells in human body contain  $2 \times 23 = 46$  chromosomes. The sperm contains 23 chromosomes and so does the ovum. One of the 23 chromosomes is a sex chromosome which is named as X or Y chromosome. The sperms have both X and Y chromosomes but the ova have only X chromosomes. The sex of the baby is determined by the way the ovum is fertilized. If the ovum is fertilized by the Y chromosome of the sperm, a male baby will be born. But if the ovum is fertilized by the sperm containing X chromosome, a female baby will be born. The determination of the sex of the baby, therefore, is dependent on the male sperm and not on the female ovum or egg. It is important to note that chromosomes and not women determine the sex of the child.



Male child or female child:  
what matters is  
a healthy child!

Did  
you  
know



The female is born with all the eggs she will ever have in her lifetime - estimated between 200,000 to 400,000 eggs - but only some will mature.

### Pregnancy

The human foetus lives inside the uterus of the mother for nine months. This period is termed as gestation period.

### Adolescent Pregnancy

Adolescence is a period when young people may become biologically capable of sexual activity but not mature enough to take on the responsibilities associated with it. Adolescents are not sufficiently mature enough to handle the responsibilities associated with reproduction or parenthood. Therefore, if pregnancy and motherhood occur during adolescence, it exposes adolescents to acute health risks and other problems.

In India sexual activity commences at an early age for most women. The onset of sexual activity occurs here mostly within the context of marriage. Early marriage continues to be the norm in several regions of India in spite of laws stipulating legal age at marriage as 18 for girls and 21 for boys according to the Child Marriage Restraint Act, 1978. The early marriage



and the pressure on young married women to prove their fertility result in high rates of adolescent pregnancy.

Adolescent pregnancy leads to great health risks to the teenage mother and her child.

- Biologically, she is yet to attain reproductive maturity and is more likely to suffer from anaemia. There are chances of prolonged labour that can result in severe damage to the reproductive tract.
- Available evidence shows that maternal deaths are considerably higher among adolescents than among older women.
- The babies born to adolescent mothers generally have low birth-weight. Such babies are more likely to die at birth or in infancy. Early pregnancy increases the risks of maternal and child morbidity (disease) and mortality (death).

Early pregnancy has serious psychological, social and economic consequences. It is an impediment to improving the educational, economic and social status of women. Early pregnancy reduces the opportunities available to young women who have to cope with child bearing and childrearing. Their education is curtailed and earning abilities adversely affected. A woman who has had early pregnancy is likely to develop some physical ailments, and psychologically she may suffer from ailments like depression. Early pregnancies are likely to have an adverse impact on the quality of life of the family. Early pregnancies in India are usually the result of family decisions, rather than choice of the young woman. They indicate and perpetuate a family system where young persons, particularly young women, are dominated and have too little decision-making power.

Pregnancy outside marriage, or pregnancy that is as an outcome of rape or sexual abuse, are physically and psychologically traumatic for the woman/girl concerned. They also bear a terrible social stigma.

Pregnancy should ideally be the result of decision making and choice of both the mother and father. They should feel ready to take on the responsibility of bringing up a child with love and be capable of fulfilling all the basic needs. Their families may also be involved in the decision, which can provide the baby with a healthy network of relationships from the start. When pregnancy takes place in such healthy circumstances, it can be a time of joy and fulfilment. The woman can feel capable and strong as she is carrying a new human being inside her. It is a very special period which demands great care for the health of both mother and baby. An adequate balanced diet is essential and the expectant mother needs emotional support from her husband, friends and other members of the family. She also needs social support systems, particularly in case she is working outside the house as well. Breastfeeding of the newborn is essential as it not only boosts the mother's immune system, but helps delay a new pregnancy. Besides, it is immensely beneficial for the baby's health.

There are effective contraceptive (birth control) methods that provide protection against unwanted pregnancy (refer to NCERT Science textbooks, Classes 9 and 10, for information on these methods).

Adolescents are often unable or reluctant to visit health facilities. It is therefore important to reach out to them by providing adolescent friendly health services. It is essential to have trained and sensitive staff in these health centres so that young people are able to access services they need, in a confidential and non-judgmental manner.



## SECTION 2

### MODULE 5

# UNDERSTANDING AND CHALLENGING STEREOTYPES AND DISCRIMINATION

## Introduction

This module aims to give learners a broad understanding of gender and the interconnections between gender and sexuality. It also clarifies certain misconceptions related to these topics. The activities in this module will also empower learners to understand and challenge existing norms and inequalities related to these themes. Learners should be able to understand various kinds of discrimination and violations, and develop skills to counter and challenge these. Most importantly, this module will encourage and enable learners to examine their own attitudes and beliefs related to these issues.

## Learning Objectives

To enable learners to:

- Develop an understanding of the concept of gender and stereotypes related to it
- Empower adolescents to understand and challenge existing inequalities and discrimination related to gender and sexuality



This Comic Strip was developed by Archana Ojha, student of Kendriya Vidyalaya 1, Lohianagar, Patna, Bihar





**30 min**

List of  
Statements

# MODULE 5

## ACTIVITY 1

### Gender and Biology

#### Notes for the facilitator

- Read all statements beforehand and prepare responses to anticipated arguments
- Ask learners to stand in a straight line at the centre of the room. Mark one end of the wall as Society and the other as Biology. Read one statement aloud at a time from those given below
- After reading out each statement, ask the learners to move a step towards the Society wall or the Biology wall depending on whether they feel that the statement is based on socio-cultural factors or has a natural, biological basis
- Emphasize that there are no right or wrong answers during the activity and that the purpose of the activity is to spark discussions on gender and sexuality within the safe environment of the classroom, initiated by a responsible adult i.e. the facilitator or the teacher
- After all the statements have been read, most people should be closer to the Society wall since only 4 of the statements (given in a box below the list of statements) have a biological basis.
- Towards the end of the activity, the facilitator should encourage discussion on the following issues:
  - why do learners believe that these statements have a biological or social basis
  - what are the negative effects of these stereotypes
  - if a learner has a different point of view, she/he should be encouraged to explain it to the larger group
- Convey to students that this activity is relevant to their lives in many ways. Hence, it will be best if they do it with interest, each one thinking individually. Ask them to make no personal comments about one another.

#### Statements

Women like to dress up and wear make up

Boy's voices break at puberty.

Men can grow moustache and beard

It is the woman who is the real "home maker"

Real men don't cry

Men are good at logical and analytical thinking

Men should be the wage earners of a family

Girls are gentle

Men cannot get pregnant

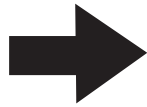
Men are aggressive by nature

Women have menstrual periods, not men.

Women are creative and artistic



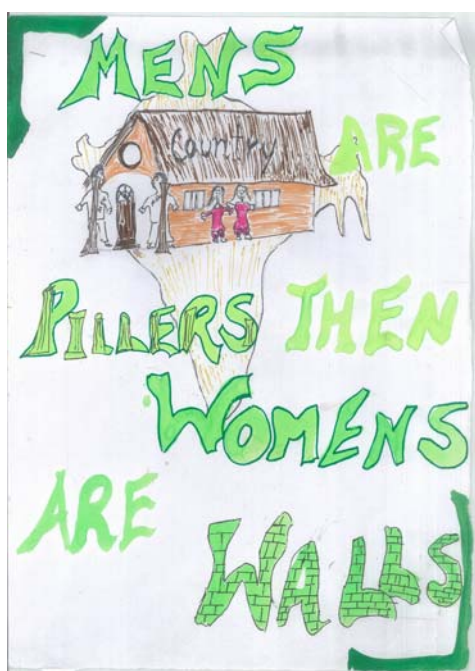
**Nature i.e. biology determines only the following attributes:**



- Women can get pregnant, men cannot
- Men can grow moustache and beard
- Boy's voices break at puberty
- Women have menstrual periods

### Summing Up:

- Sex is biologically determined but gender is socially determined. Gender is influenced by social, cultural and historical factors.
- Most of the statements discussed above are examples of the way society expects people to be and act based on their gender
- Gender is a concept made by society, teaching us how men and women should behave and how they are expected to act within that society. This means that gender roles and categories vary from society to society, and at different times in history.
- The way girls and boys are socialized to be 'feminine' or 'masculine' is called gendering.
- Different cultures may value girls and boys differently and assign them different gender roles, responsibilities and attributes.
- Gender-based stereotypes dictate certain kinds of behaviour and practices which may not necessarily be in the best interest of individuals or communities
- Recognizing that gender is socially constructed and that gender-based behaviour is learned helps us to understand that such behaviour can be changed. For example, recognizing that aggression in men is often learned can help us change the way we socialize boys to be aggressive. Or the notion that women should stay at home and take care of children is based on social norms, and can be countered by encouraging and supporting women if they choose to work outside home.
- Gender is not a fixed concept. It is dynamic (always changing and evolving). For example, what women were expected to be 20 years ago is different in some ways from the current expectations from women. Similarly, the expectations from men in the past are different in some ways from the expectations. Gender expectations and roles are ever evolving, ever changing, at different paces everywhere in this world.



Creative expression by an adolescent school student in the National Youth Festival, Umang organised in December, 2009







**45 min**

Case Studies

Table

Flip Chart

Markers  
Chalk

Cards/  
Writing  
Board

# MODULE 5

## ACTIVITY 2

### Understanding and Challenging Stereotypes

#### Learning Objectives

- Understand prevailing societal norms related to gender and sexuality
- Recognize the influence of socialization related to these norms
- Examine their own beliefs related to these norms

#### Notes for the facilitator

- Divide the learners into groups of 5-6 members
- Each group will work on one case study. More than one group may get the same case study
- Appoint a reporter in each group
- Give the groups ten minutes to read the case study and discuss it. Ask each group to assign names to the characters in the case study assigned to them and discuss the reasons for giving female or male names to the characters
- Ask group reporters to share why their group decided on these particular names for the characters. If there are different views, all of them should be reported
- After each group presentation, ask all the learners to vote whether they think that the characters are male or female by a show of hands. The facilitator should record this information on the black board for each case study as shown in the table below:

#### CASE STUDY 1

Two friends D and E are walking on an isolated road at night. Suddenly a thief confronts them, shows them a knife and in a gruff voice asks them to hand over all their money. D starts to run in the opposite direction while E grabs the thief's hand and punches the thief hard, forcing the thief to drop the knife. The thief flees leaving the knife where it had fallen.

#### CASE STUDY 2

Both A and B study in class 9. They are good friends. They understand each other's feelings and can discuss many things together, including films, music, school and family problems. They spend a lot of time together. Since they are also neighbours, they manage to go to each other's homes nearly every day. Sometimes they buy gifts for each other with their pocket money.



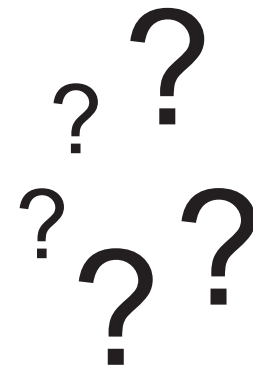
**CASE STUDY 3**

X studies in class VIII. In school, X does not get a chance to wear makeup. But X loves to dress up a lot. Sometimes at home, X wears make up, dances to the tunes of Bollywood music and feels on top of the world.

**CASE STUDY 4**

Y has been attracted to Z for some time now. Y wishes Z would reciprocate these feelings. Y's friends know about this attraction and think that Y should give some expression to the feelings. Today Y gave a small gift to Z.

Character	Male	Female
Story 1		
D		
E		
Story 2		
A		
B		
Story 3		
X		
Story 4		
Y		
Z		



**Who's who?!!**

Before closing the session, the facilitator should engage the learners in a discussion regarding each case study using the following discussion points:

**FOR CASE STUDY 1**  
Ask the participants

1. Why do many people say that boys are strong and girls are weak? What do you think?
2. Do you think boys are braver than girls, or the other way round? Give reasons for your answer.
3. Name 3 things most girls are afraid of, and 3 things most boys are afraid of. If there are any differences, are they due to biology or society?



**FOR CASE  
STUDY 2**  
Ask the  
participants

1. Suppose A and B are both girls. What would they be talking about?
2. In case both are boys, what would they talk about?
3. In case it is a girl and a boy, what do you think they talk about?
4. If your answers are different for the three questions above, do you think the differences are due to biology, or gender?

**FOR CASE  
STUDY 3**  
Ask the  
participants

1. Is it possible for a boy to want to dress up, or do makeup?
2. If there is a boy who likes to do this what are the kind of reactions he gets from his friends and family?
3. Is there anything wrong with a boy wanting to dress up or to put on makeup?

**FOR CASE  
STUDY 4**  
Ask the  
participants

1. Many people would say Y is male and Z is female. But suppose Y is female and Z is male. Is it alright for Y to take the initiative to express her feelings of attraction?
2. If this were to happen in real life, how would Y's (girl's) friends react?
3. If this were to happen in real life, how would Z's (boy's) friends react?

### Summing Up

- Sex is biologically determined but gender is a social construct. 'Male' and 'female' are sex categories. They are basically assigned by nature. 'Masculine' and 'feminine' are gender categories. They are influenced by the interaction of biological, psychological, social, cultural and historical factors.
- Qualities like brave, shy, weak and strong are not 'male' or 'female'. Qualities don't have a gender. A woman can be strong, a man can be shy. Society creates the ideas about which qualities a man should possess and which qualities a woman should possess. These messages are present in many things around us – in the songs we hear, the movies we watch, the games we play, the books we read.
- Family members, neighbours and even friends can give us these messages about how girls and boys should behave. For example a boy who is crying is likely to hear 'boys don't cry' from family as well as friends. These ideas are called **gender stereotypes** and are reinforced by socialization. That is, as a child grows up in society, he/she internalizes many of the messages about gender.
- In many societies today girls/women are stereotyped as being more emotional, and boys/men are stereotyped being as more independent-minded. However the stereotypes vary from one society to another.
- There is, in fact, a vast diversity of qualities which cannot be captured by gender stereotypes. Most of us do not behave, feel, dress, walk, talk, act 100% in the way our society expects us to. For example, the social setup might expect boys to be less emotional, and girls to be less independent-minded. Yet, I might be a boy who is very emotional or I might be a girl who is very independent-minded.
- If we behave and act differently from gender stereotypes, we may face criticism from others in society. If we continue to behave very differently from what society expects, we may be harassed or threatened. For instance, in some social groups, a girl is expected to give up sports after puberty: she may be severely criticised if she insists on continuing with sports. A boy may like cooking and housework, but elders in his social setup may ridicule him and order him to give up these activities.



- There are many girls and boys, women and men, who do not behave according to prescribed gender norms. These stereotypes are harmful. They are harmful not only for girls but also for boys.
- Sexuality includes feelings, thoughts, beliefs and attitudes about ourselves and our bodies. It impacts our sense of confidence and well being. Sexual feelings are a normal, natural part of every human being, and there is nothing dirty about it. Adults should help adolescents understand these facts of life. Otherwise, they may get incorrect information from misleading sources.
- Like gender, there are several stereotypes related to sexuality. For instance there is a widespread assumption that boys should be the first to express feelings of attraction, they should be active and girls should be passive. Social norms often discourage girls from expressing themselves frankly or taking initiative in matters of love and romance. Of course, not all girls fit into this stereotype. Many times boys also find it difficult to express their feelings of attraction in a frank and respectful way.
- There is a social assumption that attraction is only for the opposite sex, although, this is not always the case. A person might be attracted to the same or opposite sex. It is important that we do not make fun of or bully anybody about this.
- In order to decrease stereotypes and allow people to live with respect and dignity, it is important to broaden knowledge and understanding of different kinds of people and be aware of the rights of all people.
- Children learn gender norms and behaviour within the family. Families in India and many parts of the world are usually *patriarchal*, that is, the eldest male member is considered the family head and has power and control over other members. However, women are questioning this and are struggling to bring in more democratic distribution of power within families. When the family structure is more equitable, girls and boys grow up with the idea of having similar qualities, roles and rights.
- Conventionally we think of only two genders, but there is also a third gender, that is, people who have a mix of physical and psychological features of females as well as males. This set of persons is technically called 'transgender.' In many parts of the world they are officially recognised.
- Young people are questioning some of these stereotypes and adults and institutions like schools have a role to play.

**Did  
you  
know**



In the Indian state of Tamil Nadu, government forms and agencies have three columns — 'male', 'female', 'transgender', instead of just two ('male', 'female'). This is a sign of progressive thinking and social change.





**45 min**

Case  
Studies

News  
Items

# MODULE 5

## ACTIVITY 3

### Understanding and Challenging Discrimination

#### Learning Objectives

To enable learners to:

- Understand various kinds of discrimination and violations
- Develop skills to counter, and to seek redressal for various forms of discrimination and violations

#### Notes for the facilitator

- Divide the learners into groups of 5-6 members
- Each group will work on one case study/ group task. More than one group may get the same case study
- Appoint a reporter in each group
- Give the group ten minutes to read the task assigned to them and discuss it
- Encourage everyone to participate in the discussion
- Ask each group reporter to share the views of the group on the case study assigned to them, based on the questions for discussion. If there are different views, all of them should be reported.
- All the students can ask questions, make observations or put forward their own viewpoints on any issue raised by the case studies.
- The facilitator (teacher) should also make observations, facilitate the discussion, acknowledge everybody's contributions, and sum up the learnings.

#### CASE STUDY 1

Radha is a 14 year old girl from a small town. Her father is a salesman who often travels out for work. She has two brothers, one in class VIII, the other in class XI . Radha studies in class IX and is very good in her studies. A few days ago her mother developed high fever, cough and cold. The doctor gave some medicines and asked the mother to take rest. Radha's father asked her to miss school for some time to look after her mother and take over the household work. Exams were coming up but because Radha looked after her mother and took on the responsibility of household work, she did not get enough time to study. Radha sat for her exams. When the results came, she did not fare well.



### Questions for discussion

1. Do you think Radha's father did the right thing in telling her to look after her mother and take on the responsibility for running the house? Give reasons for your opinion.
2. Suggest any better alternatives in which the household work (including caring for the mother) could have been distributed.
3. Why do you think Radha's father was the decision-maker? Suggest any better way of taking decisions of this kind, in a family.
4. In your experience, are girls usually expected to perform more household duties in comparison to boys? Do you think this is correct? Provide reasons for your opinion.

### CASE STUDY 2

Rehana is the only girl going to the higher secondary school from her village. The school is quite far from her home. She has to wait for the public bus which takes about one hour to reach her school. Rehana is good at her studies and her teachers say she has a bright future. Her parents agreed to send her to school, but on condition that every day she should return home 'on time' (before it gets dark). They told her it is not safe for her to be out alone late in the evening. Her classes are from 10 a.m. to 4 p.m. and sometimes, if the bus does not come on time, she is late getting back home. Everyday she is really tense about returning home on time. Sometimes she feels so tense she thinks she should give up her studies. They are scared that it is not safe for girls to be out of home alone late in the day.

### Questions for Group

1. Why do you think Rehana's parents are so strict that she returns home 'on time'? Give three or four possible reasons.
2. Who is responsible for Rehana's tension? Is it Rehana herself, or her parents, or the school system, or lack of safety on roads and buses, or any other factor?
3. If you were Rehana, would you continue going to school? Why or why not?
4. Suggest three possible ways in which Rehana's situation could be improved so that she can continue going to school without experiencing so much tension.





## CASE STUDY 4

*“Even if I have to fight the case for 15 years and at the end they only get to spend a month in prison, I am still going to keep at it. I didn’t do this to prove anything to anybody, just to uphold my dignity,”* says Rani Tiwari from a middle class family in Gorakhpur, Uttar Pradesh. Her parents had spent seven years trying to meet fat dowry demands to get her married.

Rani’s parents thought that they might find a good match for her in Nikhilesh Pathak but he and his family were as greedy as the others they had interacted with so far. Inspired by others she had read about, Rani decided to end the greed when she and her brother Deepak started recording all the meetings with Nikhilesh’s family as they continued to make endless dowry demands.

When Rani decided to expose the boy’s family, her family initially opposed it. But Rani was adamant and finally they gave in. Her family stood by her through this big act of rebellion. Rani also acknowledges that besides her family’s support, the support that she has got from the local community, colleagues, neighbours and now the general public is very reassuring.

*(Excerpt from Society and Lifestyle, Pg 54-55: Tehelka. By Aastha Atray Banan, June 2010)*

### Questions for Group

1. Do you think Rani is a positive role model? Give reasons for your opinion.
2. Do you think it is wrong to take dowry? Please provide reasons for your opinions.
3. Why do you think brides’ parents often give dowry in our society?
4. Do you think daughters should inherit property from their parents equally with sons?





## CASE STUDY 5

Seema studies in class VI, in a government school. She has two older brothers whom she looks up to. The boys also get a lot of attention from the parents. The parents ensure that Seema's brothers get the largest portion of milk, cheese and eggs. They tell Seema that her brothers need to be strong as they will grow up to head their families in the future. On the other hand, the mother tells Seema that she should eat less or she will look too big for her age. One day during class, she told the teacher that she was feeling dizzy and before the teacher could do anything, she fainted. The teacher took her to a nearby health centre and later took her home. The teacher told Seema's parents that the doctor had said that it was because of anaemia that she had fainted and that it was very important to ensure that Seema got good nutrition to remain healthy.

### Questions for Group

1. What do you think of the reasons given by Seema's parents for ensuring that their sons get good nutrition while neglecting Seema's nutrition?
2. What is anaemia? What could be the implications of anaemia for Seema?
3. What food items would you recommend for Seema to improve her overall nutritional status and anaemia?

## Summing Up

The facilitator should conclude the activity by emphasizing the following:

- In the case studies there are details which might be specific to certain contexts, such as urban or rural, rich or poor. However, the key issues being raised are important for all of us
- All the case studies highlight issues arising out of discrimination based on gender. Some positive action against discrimination has also been highlighted through individual experiences
- Discrimination happens when similarly situated individuals are treated differently from others. Those facing discrimination are not treated in an equal manner and are denied certain rights. These rights could include the right to express one self, right to live with dignity, right to education, work, mobility, health, to be free from violence etc
- Despite discrimination and the violation of rights, people do find ways of negotiating and expressing themselves
- The case studies are about individual experiences but they represent the nature of discrimination faced by entire groups
  - For example, the first case study highlights that when only girls are expected to perform household duties it amounts to discrimination against them. This unfair burden of household responsibilities is an important reason for substantial proportion of girls in India to drop out of school. The case study also indicates that decision making is often monopolised by the father, or eldest male in the family. This is because of the patriarchal family structure, that is, the eldest male is considered family head and has a lot of power compared to other family members. In fact, decision-making within families should be carried out in a democratic. Everybody's opinions and needs would be considered then, and better decisions would get taken.
  - The second case study highlights that often girls'/women's mobility is restricted. As a result, girls and women suffer several negative consequences. In this case study,



Rehana experienced daily tension and fear because of conditions her parents set, due their own fears. The restrictions placed on girls' and women's mobility are related to gender and sexuality. There are fears related to vulnerability – that the girl/ woman may be sexually harassed/ violated. There may also be other fears -- that the girl/ woman may establish an independent identity and take her own decisions. She may take decisions regarding her own friends, relationships and marriage, as well as regarding further studies, work and careers. In conservative Indian society, girls and women are seen to represent the honour of the family, and they face restrictions and discrimination owing to this reason. Even at an everyday level, a girl is restricted and her mobility has limitations. Only for work and till a particular time, she can stay out side home.

- The third case study highlights that many individuals and families prefer a male child. As a result, the female child faces neglect throughout her life. However, there are many individuals like Pooja's mother who are able to fight the system against all odds. It would not have been easy to walk out and bring up children on her own, as a single mother). It would have entailed a lot of struggle on her part. Women like Pooja's mother break many stereotypes and bring up their children to be strong and capable individuals. When this happens, some others in society observe and feel a sense of respect. In this way, society learns and its values and thinking improve.
- Sex selection is the practice of determining the sex of the unborn foetus and eliminating it if found to be female.
- Child Sex Ratio is calculated as the number of girls per 1000 boys in the 0-6 years age group. In India, the ratio has shown a sharp decline from 976 girls to 1000 boys in 1961 to 914 as per the 2011 census. As per global trends, the normal child sex ratio should be above 950. This trend clearly demonstrates discrimination against girls in our country.
- The fourth case study highlights that despite being illegal, asking and giving dowry is rampant in our society. Many women face violence in their marital homes due to dowry. One of the reasons for son preference and sex selective abortion is that parents do not want the burden of dowry. Furthermore, the question of inheritance is linked to dowry. Dowry tends to be viewed as a 'substitute' for inheritance. It is often understood that if a girl has been given dowry, she need not be given her share of inheritance. This is a highly dangerous logic that operates at many levels and apart from being unjust, it perpetuates discrimination against girls and women. However, it is noteworthy that women have equal inheritance rights as men and the law upholds this equality.
- The fifth case study highlights that just like boys, girls also need good nutrition to grow healthy and strong. Neglecting girls' nutrition will prevent them from realizing their potential. Although substantial proportions of young people in India suffer from anaemia, a larger proportion of girls are anaemic. Findings from the National Family Health Survey 2005-06 show that 56% females and 25% males in the age group 15-24 were found to be anaemic at the time of the survey.
- There are civil society movements to counter discrimination and violation of rights of certain groups. These include women's movements, human rights movements, child rights movements, alternative sexuality movements, dalit and working class movements. Although there are significant problems in implementation, there have also been positive changes in laws, policies and programmes that recognize rights related to gender and sexuality,
- Efforts for more such positive changes continue
- Importantly, each of us has a choice: to give in to discrimination and perpetuate it or fight it like Pooja's mother and Rani.



## FACT SHEET



Sex is biologically determined but gender is influenced by the interaction of biological, psychological, social, cultural and historical factors. Gender is a concept made by society, teaching us how men and women should behave and how they are expected to act. Gender roles and qualities vary from society to society, and at different times in history.

### Changing Gender Roles

According to the Concurrent Evaluation of Adolescence Education Programme, 2010-2011, by UNFPA and NCERT, most school-going adolescents feel positive about girls studying and entering various careers. However they are aware that some people still have stereotypical expectations from girls/women, due to which they restrict girls' mobility, practice evils like dowry, and give low priority to women's career.

About aspirations for the future, both girls and boys imagined giving freedom to their children to study as much as they want and take up any career. With regard to household work, several boys confidently said they can do housework, and 'we will divide and share every work into half'. Some girls felt that right at the beginning of marriage, the wife should explain that all work has to be shared, and both should cook together. They noted that 'boy too should take care of his wife' and understand her feelings. They asserted that fathers can also look after children well. Girls and boys both want a partner who will understand them. Girls said they want to have 'equal freedom' and be treated well.

Girls and boys today are facing immense challenges. They are aware that gender roles cannot remain fixed. Most are eager to be part of the change. However, there is fear, as borders are crossed into unfamiliar territory: mobility and careers for females, and emotional nurturance and housekeeping roles for males. While adolescents today are thoughtful, reflective, responsible and quite well-informed, they also require support, understanding and guidance from concerned adults.

### Burden of Work on Women:

The data below from a special study done by the Central Statistical Organization of India (1998-1999) show the amount of work done by women and men – both paid and unpaid. The unpaid work however is often not even recognized as work. It is noteworthy that women do much more unpaid work than men, in both north and south India. When the total hours of work (unpaid and paid) are added, it is observed that women do significantly more work than men. It is important to think about the implications of this kind of situation.



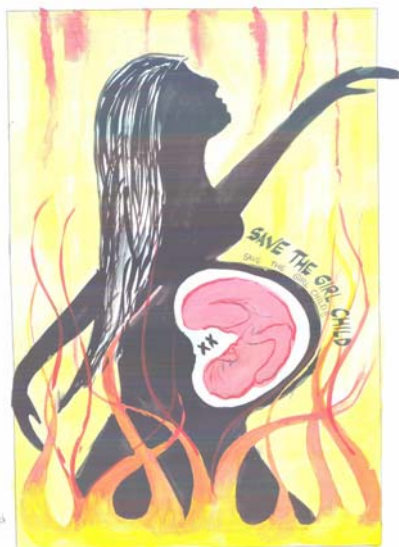
State	Women paid (work hours per week)	Women unpaid (housework hours per week)	Women (total)	Men paid (work hours per week)	Men Unpaid (housework hours per week)	Men (total)
Haryana	23	30	53	38	2	40
Tamil Nadu	19	35	54	40	4	44

### Sex Selection:

**Sex selection is the practice of determining the sex of the unborn foetus and eliminating it if found to be female.**

In recent years, the use of ultrasound technology has become the most common mode of sex determination followed by elimination of the female. Easy access to ultrasound since the early 1980s has contributed towards increased sex selection and the rapid decline in the child sex ratio.

Child Sex Ratio is calculated as the number of girls per 1000 boys in the 0-6 years age group. In India, the ratio has shown a sharp decline from 976 girls to 1000 boys in 1961 to 914 as per the 2011 census. As per global trends, the normal child sex ratio should be above 950. Based on the Census 2011 findings, some of the states with better child-sex ratio include the North-Eastern States (except Sikkim) as well as the states of Chattisgarh, Orissa, Himachal Pradesh whereas Jammu and Kashmir, Haryana and Punjab are among the states with worst child sex ratio. When the ratio is calculated at birth (i.e. the number of girls born per 1000 boys), it provides a clearer indication of sex selection, which happens before birth. The sex ratio at birth for India for 2006-08 is estimated at 904 girls born for every 1000 boys. Sex selection is not only about the misuse of technology. At the heart of the matter is the low status of women and girls, and the deep-rooted prejudices they face throughout life. The issue needs to be seen in the context of a male-dominated or patriarchal social and family structure and a value system based on son preference. The practice of dowry and the tag of 'paraya dhan' further translate into daughters being seen as liabilities.



This poster has been made by Disha Sutar from class IX JNV Kannad, Aurangabad, Maharashtra. She expresses her concern to save the girl child.



Discrimination and neglect of the girl child could be in terms of inadequate nutrition, denial or limited access to education and health, sex selection and domestic violence. It is a misconception that sex selection is caused by poverty or illiteracy. This practice is prevalent right across the country, even more in regions that are prosperous and people are literate. According to the 2001 census, this ratio has declined to less than 900 girls per 1000 boys in states such as Delhi, Punjab, Haryana and Gujarat.

The Impact of Sex Selection: The adverse sex ratio can severely impact the delicate equilibrium of nature and damage the moral and social fabric. Fewer girls in a society will not enhance their status. Instead, it could lead to increased violence against women, rape, abduction, trafficking and a resurgence of practices such as polyandry (more than one man marrying one woman). In some parts of the country, women are already being 'bought' as brides making commodification of women a real threat (that is, women becoming commodities – items that are sold and bought).

The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act regulates sex selection, before or after conception. The law provides for imprisonment, which may extend to 3 years and fine up to Rs. 10,000 for the first conviction. However, the law suffers from bottlenecks in implementation. There have been some convictions in recent years and also a much greater awareness among the general public about the issue, the law and actions everyone can take to ensure that malpractice is reported and resisted. The major difficulty is related to proving the offence conducted with the agreement of doctors/ medical service provider and parents/families.

The Indian National Crime Records Bureau (NCRB) reports that there were about 8172 dowry death cases registered in India in 2008 [3]. Incidents of dowry deaths during the year 2008 (8172) have increased by 14.4 per cent over 1998 level (7146)[4]  
[http://en.wikipedia.org/wiki/Dowry\\_death](http://en.wikipedia.org/wiki/Dowry_death)



This poster has been designed by Romi Yadav from class XI, KV no 5, Sashtri Nagar, Gwalior, Madhya Pradesh





## **SECTION 2**

### **MODULE 6**

## **UNDERSTANDING AND REPORTING ABUSE AND VIOLATIONS**

### **Introduction**

Violence including abuse and harassment are very serious offences. However, they have become a part of our daily life and existence. They are often linked with power, patriarchy and social structures like caste and class systems. Based on these structures, there are rules and regulations laid down by society on how people should behave, and what types of roles they should conform to.

Under no circumstances can abuse or violence be justified. We all have to be empowered to find ways to say 'No' to abuse and violence, whatever kind it may be.

At the same time, we have to recognize that sometimes, abuse and violence exist within close relationships and families and that it may be very difficult to actually find ways to acknowledge or understand it, and to end or stop it.

The activities in this module aim at explaining what constitutes abuse and harassment/violation and acknowledging challenges to addressing them and also at offering support to any person who has experienced or is still undergoing situations of violence, assuring them that it is not their fault and that they must try to find ways of redressal that are most suitable and practical to their situation. Moreover, it is a social responsibility shared by all citizens in a society to find solutions and participate in actions that will challenge and reduce different forms of violence, harassment and abuse.

### **Learning Objectives**

To enable adolescents to:

- Be aware of different forms of violation and abuse
- Examine their own beliefs and attitudes regarding various forms of abuse and violation
- Develop skills to counter/ seek redressal against different forms of violation





**45 min**

Case  
Studies

# MODULE 6

## ACTIVITY 1

(THIS ACTIVITY IS FOR STUDENTS OF CLASS XI AND ABOVE)

### Understanding and Challenging Domestic Violence

#### Learning Objectives

To enable learners to:

- Be aware of the issue of domestic violence
- Develop skills to identify trusted sources of help and redressal
- Overcome attitudinal social barriers (honour, shame, self blame, fear) in reporting domestic violence

#### Notes for the facilitator

- Divide the learners into groups of 5-6 members
- Each group will work on different aspects of the same case study. More than one group is likely to get the same task
- Appoint a reporter in each group
- Give the groups ten minutes to read the case study and discuss it. Give out the different sets of questions for each group, to discuss. Encourage everyone to participate in the discussion
- Each group reporter to share the views of the group, based on the questions for discussion assigned to their group. If there are different views, all of them should be reported
- Others in the class may ask questions, make observations or express their viewpoints on any of the issues raised by the case studies. The facilitator (teacher) should guide the discussions and clearly explain issues that students have any difficulty in understanding

#### CASE STUDY

Nineteen year old Reema lives in a small town with her husband and in-laws. One year ago, her parents married her off to Prasad, a small shop owner. Reema works very hard at her in-laws house. On a regular basis, she gets up before everyone else in the house, engages in household work all day long and goes to bed late at night. Prasad beats up Reema at the slightest excuse that includes reasons like his not liking the food she cooks or if she tries to explain her viewpoint on anything. The acts of violence are becoming more frequent. Reema does not know what to do. She is too scared to tell anyone in her in-laws family. She has a strong feeling that they will not support her. One day her neighbour Salma saw the bruise on her eye and gently asked her the reason. Reema avoided Salma's question that day but is now wondering whether she should share her story with Salma?



### Questions for Group 1

1. What do you think Reema should do? Why?
2. If Reema tells Salma about the wife-beating, would it help? If yes, then in what way would it help?
3. Do you think help and support from peer group (like Salma in this case) can help victims/ survivors of domestic violence get justice?

### Questions for Group 2

1. Who is responsible for Reema's situation?
2. What advice would you give to Reema's parents?
3. Do you think her in-laws know about the violence on Reema?

### Questions for Group 3

1. Was the violence against Reema justified?
2. Can there ever be a situation in which domestic violence is justified? Please provide reasons.
3. Were Reema's in-laws also participating in perpetuating the violence to some extent?

### Questions for Group 4

1. Do you know of any legal provisions to protect victims/survivors of domestic violence?
2. Do you think that everybody should know what are the legal provisions on the issue?
3. Will correct information on legal provisions help in getting justice for people who suffer domestic violence? Should such information be provided in schools?

### Questions for Group 5

1. Are there any cases similar to Reema's in your families/ neighbourhood/ village or city/ state? Describe any one such case, giving relevant details.
2. Do you know of any civil society group taking effective action on the issue of domestic violence? What action is the group engaging in and how effective is it?
3. Is media (newspapers, TV) playing any positive or negative role in such cases?





## Summing Up

The facilitator should emphasize the following:

- Wife beating is not justified under any circumstance
- There is nothing shameful in sharing one's experiences of violence and abuse with a trusted person/ institution. In fact, it is an act of courage to ask for timely assistance and support
- Schools can play a vital role in instilling attitudes that strongly discourage violence in any form and empower young people to counter it
- The 'Youth in India: Situation and Needs Survey' conducted by Indian Institute of Population Sciences and Population Council in 2006-07 clearly shows that wife-beating is still accepted in society. We should be ashamed of accepting wife-beating. It shows a brutal and violent mindset. Such behaviour cannot be acceptable to a democratic and cultured society. It needs to change. Young people should resolve never to accept such a practice, and work against it whenever possible.



This Comic Strip has been designed by Saachi Jain Jaiswal, Kendriya Vidyalaya, Class XII, Powai, Mumbai

SAACHI JAIN JAISWAL



**60 min**

Case  
Studies

# MODULE 6

## ACTIVITY 2

### Understanding and Challenging Sexual Abuse and Violations

#### Learning Objectives

To enable adolescents to:

- Identify and discuss instances of sexual harassment in the work place, at school, home and its connections to power structures
- Develop skills to identify trusted sources of help and redressal
- Overcome attitudinal social barriers (honour, shame, self blame, fear) in reporting violations

#### Notes for the facilitator

- Divide the learners into groups of 5-6 members
- Each group will work on one case study. More than one group is likely to get the same case study
- Appoint a reporter in each group. Give the group ten minutes to read the case study and discuss it. Encourage everyone to participate in the discussion
- Ask each group reporter to share the views of the group on the case study assigned to them, based on the questions for discussion. If there are different views, all of them should be reported
- The facilitator should be aware that the discussion may be disturbing to those who have experienced or witnessed abuse. At the same time, some learners may be motivated to disclose or share their experiences of abuse and harassment
- The facilitator should acknowledge their experiences and wherever required should provide referral for help. If needed, ask to meet the learner outside the session where you can understand better whether and what help is needed.
- Tell the class that any personal sharing took place in an atmosphere of trust, and they should respect this. They should not talk about or related others experiences elsewhere. They must respect the confidentiality and privacy of such sharing
- This activity might touch upon and bring out latent gender divisions and tension in the class. Be sensitive to any such dynamics, and explain that discussions have to take place in a mutually respectful way, in a spirit of genuine learning. It is true that men are the most common perpetrators of sexual harassment of girls and women. But rather than rush to blame anybody, we need to first understand more about these issues. The issues are complex and difficult. We all need to build our understanding and become agents of change in society.



**CASE STUDY 1**

Mohit is ten years old. His uncle often comes over to Mohit's house and stays over. He brings lots of toffees and biscuits for him. He always insists on sleeping in Mohit's room. At times he tries to touch Mohit in ways that Mohit does not like. Mohit's parents notice that Mohit has become very quiet and withdrawn but does not share anything with them.

**Questions for discussion**

1. Why do you think Mohit is uncomfortable with his uncle's behaviour?
2. What should Mohit's parents do when they notice that he has become very quiet and withdrawn?
3. Why do you think Mohit not say anything to his parents?
4. Was Mohit's uncle abusing him? Explain your answer.

**CASE STUDY 2**

Himali had joined a new school in class IX six months ago. She was good at playing basket ball and was soon selected to be part of the school team. She felt that the male games teacher sometimes brushed her breasts while giving her instructions. She felt very uncomfortable. She noticed that the same teacher also frequently touched girls longer than necessary while instructing them. The other classmates seemed to be uncomfortable too. Himali wondered if she should be the one to share her experience and observation with other classmates.

**Questions for discussion**

1. What do you think Himali finally did? Please provide reasons for your response.
2. Should Himali and her friends share this information with their parents? What do you think will be their reaction?
3. What do you think the school authorities will do if the girls decide to complain against the games teacher?
4. What steps can the school authorities take to prevent sexual harassment?

**CASE STUDY 3**

Sabina and Monica study in class XI and are good friends. They go out to see a film. On the way out of the hall, they are teased and harassed by a man who passes obscene comments. Sabina wants to make a noise about the incident and seek support from others around to confront the man and warn him. She also wants to complain to the cinema manager and insist that they act to make the hall safe for women. However, Monica is not sure of taking this stand. She feels that perhaps they should not go to cinema halls on their own to see films and should be accompanied by their parents or brothers who could protect them.



### Questions for discussion

1. What do you think Sabina and Monica finally did? Why?
2. What would you have done if you were in Sabina or Monica's place? Why?
3. Have you noticed, experienced or heard of sexual harassment in cinema halls/ roads/ buses etc/ other public places?
4. What can possibly be done to make public places like cinema halls safer for girls and women? Who all can make this happen? For example, cinema hall managers, police, sensitization/ awareness campaigns by schools, girls like Sabina and Monica themselves by supporting one another etc

### CASE STUDY 4

Reena is a 16 year old girl and she studies in Class X. A boy Hemant in her class has been stalking her for some time now. He has even proposed her and she has refused his 'proposal'. However, the boy went on troubling her, saying that, "when a girl says no, she means yes". Reena is very angry. She wants to tell her teacher, but is scared the teacher may not understand.

### Questions for discussion

1. Why do you think Hemant makes the comment "when a girl says no, she means yes"? What do you think of the comment?
2. What advice would you give Hemant if he was a friend of yours?
3. What advice would you give to Reena if she was a friend of yours?
4. Do you think the teacher could play a positive role, if told about the situation? If yes, how?

## Summing Up

The facilitator should emphasize the following:

- Abuse can be of various kinds, from emotional, physical, economic and sexual.
- It can happen with all kinds of people, irrespective of class, caste, educational status, urban-rural locations
- Both boys and girls are vulnerable to sexual abuse
- **Non-consensual sexual experiences** exist along a continuum, from threats and intimidation to unwanted touch, to rape. Coercion is defined by individual's lack of choice to pursue other options without severe social and physical consequences. Research shows that these experiences have lasting physical and psychological consequences
- **Sexual harassment** is any behaviour of a sexual nature perpetrated by one individual on another without his/her consent. Sexual harassment may be verbal or physical, done only once or repeatedly. It can occur between people of different genders or those of the same gender and may occur in a variety of relationships



- **Child sexual abuse** exists all over the world, in different cultures and communities. Child sexual abuse includes any exploitative sexual activity by a person who, by virtue of their power over a child, due to age, strength, position or relationship uses the child to meet their sexual or emotional needs
- In a recent nationwide survey in India in which 12,447 children across 13 states participated; 50% children reported some form of sexual abuse. Fifty three percent victims were boys. (*Study on Child Abuse, Ministry of Women and Child Development, 2007*) Can be accessed at [http://wcd.nic.in/publications\\_pgs\\_71-102](http://wcd.nic.in/publications_pgs_71-102)
- Often times, the abuser is a relative or friend of the family or a person in a position of power making it very difficult for the victim to disclose the experience as well as the identity of the abuser
- Incidents of sexual harassment and abuse often go unreported. Children and young people who are sexually abused may find it difficult to disclose these experiences because of multiple fears: fear of remembering the incident/s, fear of losing love from their family, shame, guilt or even fear of blame or not being believed. Hence, parents and school officials should inspire sufficient confidence in their children/wards so that they can trust them with difficult experiences of sexual abuse. Rather than *blaming the victim*, every possible support should be extended to him/her.
- Schools have a very important role in preventing sexual harassment and abuse. Parent and teacher bodies like the Parent Teacher Associations may be able to establish mechanisms to facilitate reporting of sexual harassment and to support those who complain.
- Schools should also invest in confidence-building sessions so that students can reach out to school authorities with their complaints.
- Schools could designate counselors/ teachers to listen to students in privacy on a regular basis should they want to share their experiences. Mechanisms of complaining anonymously may also encourage reporting. Appropriate steps must be taken on the basis of complaints made by the students
- All of us should work sincerely to challenge sexual abuse or harassment of any kind, whenever it occurs.
- We should understand how social norms often lead to abusive behaviour. For instance, a boy may misunderstand when a girl says 'no' to him because he feels she can never say 'yes' (society does not let her express her wishes honestly, especially positive expression of sexuality). Also, a society which has a lot of inequalities may accept high levels of violence against all those considered 'weaker' (women, working class, dalit castes etc). Girls may be abused as a form of punishment when they try to step out of prescribed gender stereotypes.
- We must all work together to challenge and change the unequal social norms, including norms regarding gender and sexuality. These unfair norms keep on perpetuating gender discrimination, sexual harassment, violent and abusive behaviour.

# FACT SHEET



## Domestic Violence

The Domestic Violence Act, 2005, seeks to ensure civil remedy to the victims of domestic violence.

- The term `domestic violence' is broadly defined under this Act to include violence such as physical abuse, sexual abuse, verbal and emotional abuse as well as economic abuse
- This Act ensures a woman's right to reside in shared household
- The Act also ensures that a court may pass a protection order where husband or respondent is prohibited to commit any further act of domestic violence, or enter the place of employment where the complainant or aggrieved woman is employed, cause any violence to woman/wife or her relatives or children
- The Act also provides for the women's right to her "stridhan" or any other property and may direct the husband to pay monetary relief to the victim or children and grant temporary custody of children to the aggrieved person
- The Act also seeks the appointment of Protection Officers and service providers by the State. The services of legal aid, counselling, shelter and medical facilities are available to the victim
- Section 498 A provides for a criminal complaint in case of domestic violence. It ensures that police arrest the perpetrators after preliminary enquiries
- The Act seeks to ensure a victim's access to necessary services including health services and medical examinations as in the case of sexual assault

## Sexual Abuse

- Sexual harassment is illegal and reportable under the legal provisions in India. There is also a law dealing specifically with `sexual harassment in the workplace'. Rape is considered a serious crime, and Sections 354 and 356 of the Indian Penal Code specify `attempt to rape' as a punishable crime. Despite these laws, it is difficult for majority of victims to get justice. Due to the stigma attached to rape, most rape victims do not report the cases. Research has shown that often police and judiciary do not treat these cases respectfully or carry out proper procedures. Among the reported cases, the rate of conviction is quite.
- Schools have a very important role in preventing sexual harassment and abuse. Parent and teacher bodies like the Parent Teacher Associations may be able to establish mechanisms to facilitate reporting of sexual harassment and to support those who complain. Most importantly, schools can build an attitude in children that has a zero-tolerance towards any form of abuse or harassment. Teachers and parents should model this. This is possible only in an atmosphere of genuine learning and good motivation.





**45 min**

Question Box

Paper

Pen

## SECTION 2

### SUMMATIVE ACTIVITY

#### Question Box on the Process of Growing Up

#### Learning Objectives

To clarify questions/concerns related to changes during adolescence, relationships with peers, parents, teachers and guardians, feelings of attraction, discrimination and violations

#### Notes for the facilitator

Please note this is a key, mandatory activity. Please collect the questions asked by the learners after the activity has been entirely completed and send these to NCERT. These questions will form important sources of information for a needs-based assessment

#### Planning the Activity:

- It is important to create an enabling environment where the learners are encouraged to ask questions to resolve their concerns and queries
- Question box should be introduced at the beginning of the section and learners should be encouraged to put questions that they are hesitant to share in the large groups into the box. The facilitator should remind the learners about the question box frequently so that it is well used
- The question box should be placed in a safe and accessible place and should be locked
- At least at the end of each of the three sections: process of growing up, prevention of HIV/AIDS and prevention of substance abuse, the questions in the box should be discussed. If needed, more than one session can be organized for resolving queries in each section
- A time frame should be specified for putting in the queries and answering the questions
- The facilitator and the selected learners should sort through the questions
- After sorting, the facilitator should decide how to respond to queries. They may need to refer to additional resource materials for answering some of the questions.
- They can adopt a participatory approach in responding to some of these questions by asking the learners who think they know answers to respond to them.

#### In school settings:

- Teachers may use their discretion to organize the question box activity for all the students of classes 9 and 11 at the same time or separately for classes 9 and 11. If the school administration thinks it necessary to organize the activity separately for boys and



girls, they may do so. However, in the interest of building a common understanding on issues related to adolescent health and well being, it may be considered desirable to organize common sessions after the first few sessions

- Students should be involved at all stages of this activity in terms of planning and conducting it. Concerned teachers and school principal may make a beginning by motivating a small group of students selected from different classes for this purpose. To increase student participation, a new group of students may be involved each time the question box activity is organized.
- Teachers may take the help of external experts in answering some of the questions. If some parents can serve as experts, they should be given preference. These forums can serve as important opportunities for involving parents in the programme.
- However, teachers are strongly encouraged to respond to as many questions as possible on their own. This will prove to be an empowering experience for them also. They should definitely refer to additional resources/references if needed.

### Conducting the Activity:

- Learners will ask a wide range of questions. It is critical that the facilitator does not judge these questions as being 'right' or 'wrong'
- Facilitators' efforts should be directed at responding to the learning needs in as non judgmental a manner as possible
- It is likely that facilitators may be embarrassed by some of the questions that are being asked. This is understandable since all the facilitators may not perhaps have had sufficient training opportunities or experience of transacting such questions. In this context it would help facilitators if they remain matter of fact and information oriented in their approach
- **The facilitator should feel free to say if they do not have an answer to a question, rather than give faulty or incorrect information.** They can always offer to find the information and get back to the student
- Facilitators should be extra careful of how the information is being communicated. Where there are clear issues of violations and abuse, such as Domestic Violence, Child Sexual Abuse, molestation and harassment, clear messages must be given, such as this is not acceptable, it's wrong and non-negotiable. It should be emphasized that there is no excuse for violence ever, and a zero-tolerance-to-violence attitude should be built up
- After responding to all the questions, the facilitator may sum up the discussion reiterating the following points:
  - Changes during adolescence may be exciting and good or scary and painful. Adolescents need to be prepared for these changes so that they are not anxious about them and respond to these changes in positive and responsible ways. While everyone matures (changes are universal) and goes through changes in adolescence, this does not take place at the same time and in the same way for everyone.
  - Feelings of attraction are part of growing up. It should be emphasized that adolescents should respect the rights of the other person and ensure that no abuse, harassment or bullying occurs.
  - Gender is socially constructed and is influenced by the interaction of psychological, social and historical factors. Different cultures may value girls and boys differently and assign them different roles, responsibilities and attributes. Gender is a dynamic (always changing) concept. For example, the expectations from women and men have changed in some ways during the past 20 years.

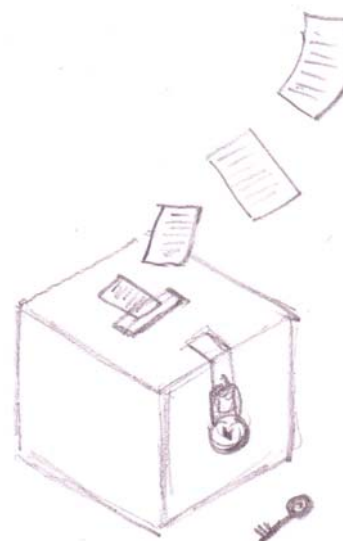


- Sexuality includes feelings, thoughts, beliefs, attitudes, how we feel about ourselves and our bodies. It is an important aspect of our lives and impacts our sense of confidence and well being. There is nothing dirty about it.
- Gender stereotypes are harmful for both girls and boys. Girls and boys who do not behave according to stereotypes might explore beyond the prescribed roles and thus expand the range of options available. They may become leaders of change in different ways. At the same time, they may face prejudice, stigma and discrimination.
- As more people question various stereotypes, there is change and the prejudice may reduce. For instance, a hundred years ago most girls were not supposed to attend school at all, but now most girls are expected to study in school for at least a few years. Earlier men were expected to do no housework, but now there is a growing expectation is that men should share equally in housework.
- It is important to understand and communicate to learners that there is a need to respect diversity and oppose bullying and discrimination. Rights of all individuals should be respected so that every individual can be assured of a life of dignity and non-discrimination.
- It is very important to reassure that shame and fear are negative emotions that are harmful. Oftentimes, these negative emotions prevent people from reporting abuse, violations and bullying. To strengthen our efforts of countering sexual harassment and abuse, it is critical that we help learners recognize that the victim is not to be blamed for the abusive experiences.

**Did  
you  
know**



These are some questions  
that people are asking!



### **Questions asked at the Training Programs for Master Trainers and Nodal Teachers in the 2010 Training Workshops**

1. What was the main reason to conduct this workshop?
2. I want to know that why we are unable to learn what we have learnt today by play way method. Why are we not taught that way in the class room situation?
3. Thank you to come here for giving us a beautiful day and give us a chance to learn about different concepts. That's not a good thing that only girls work in house and boys can't do why?
4. Why it is necessary that the work which a boy can do; a girl cannot? What is in the biology, is not found in the society why?
5. Why there is discrimination between a boy and a girl even in this century. Girls can also do what boys can. Earlier it was thought that girls cannot go to school, cannot study why?

6. Girls can very well go to the school, but the men do not allow them to do so.
7. My parents are deciding my career while I do not agree with their choice. What should I do in such a situation?
8. What is the purpose of this discussion between u and your respected teachers?
9. Why students are forced to get good marks but not knowledge?
10. How can we control birth rate in India by Adolescence Education Program?
11. Maam, you talk of hobbies in the safety net- But I want to question – “Social Networking Sites”, Like Drugs does, if we don't use face book in a day we feel something missing it's like an addiction. We have to go online once a day. It's like drugs?
12. Any Scope for relaxation for us students?
13. How to increase our concentration level towards studies and not get disturbed by mo biles, internet etc.? Concentrate at a stretch for about 1:30 -2 hr
14. What's a difference between a privilege professor and a scientist?
15. Why CBSE shifted our exams before?
16. How can we make people aware about the social problem faced by India?
17. Please advise us on how should we deal with our parents and peers when misunder standings occurs, they don't listen and get irritated by our teenage behavior?
18. How can we concentrate on studies if we r not much distracted by a person whom we like a lot? If we are not satisfied our relationships affect our lives?
19. Many times the classmate's isolate me. I feel isolated. What should I do? They make fun of me? May be as I am not good looking or I am not as cool and smart as others?
20. Why has DAV launched CCE? Why are teens forced to do what their parents want them to do?

### Questions on Changes During Adolescence

1. What if my best friend whom I trust betrays me and I want to forget him but I cannot?
2. Being in the adolescence period, feeling restless when we see girls is a natural phe nomenon. But one school girls are willing to do anything. Can it be controlled?
3. Why always there is an attraction between boys and girls of mainly younger age people? I think it is psychology?
4. Why people feel attraction towards each other and to do mainly sex between each other?
5. Like old people also want this why? It should not be there.
6. When we see any scene in movies or anywhere girls and boys on bed, then our comes out. Sperm.
7. Any problem can be created by masturbation in future.
8. Sometime sperm is coming out by itself.
9. Early days it was not there but how it started suddenly?
10. How we get pimples on face?
11. Why somebody is sweating in his hand always?
12. Is the sexual fantasy at this age may affect our psychology or our attitude and way of thinking?
13. After seeing some sexual scene in movies why we feel insecure?
14. How can we save ourselves from drug abuse?
15. Can a person be cured if he is addicted to drugs?
16. Does sex affect the mental health of a person?
17. Does premature sex or premature pregnancy can affect the mental & physical health of a person?

18. Why we are attracted towards late night parties and all such stuff. How can we overcome through this?
19. Why people feel bad when girl child is born and feel good when a boy is born?
20. Does seeing of pornography affect the mental perception of a person?
21. Give some measures to fight the problems of control and coordination when the hormone secretion is at the top/another words when the puberty is much active?
22. What sort of problems are faced by a human in its adolescence as the will power also do not work?
23. Last one is that please do not forget to tell us about the control measures which can be taken in our puberty? Comment please.
24. According to medical science how many time intercourse can be done a month?
25. How can we control our sexual desires at this very tender age?
26. Sometimes sexual fantasies can hamper the studies of a boy so how can he control his mind and indulge in mind mostly on studies only?
27. We feel fearful while talking with opposite sex. So how can we eradicate this fear from our mind so that we can talk fluently with them.
28. As you know that in this age group we have different thoughts at different time so how can we make out which thought is correct or wrong at that time?
29. The bad things taught to us are by the fellow classmates through slangs. This leads us to know more of sex and to see pornography. How can we resist ourselves?
30. Girls and boys have no difference between themselves. The people who do not know about sex are distracted to sex and porn films try some teasing and abusing of friend. How can we resist ourselves from seeing or watching porn films?
31. After watching porn films, how to resist ourselves from masturbation?
32. Girls are calling for sex. What to do?
33. Sex comes in between love. What should we do to keep it away?
34. Why in some people, penis is small and how can they get cured.
35. What is the difference between erotica and vulgarity?
36. Pre-mature sex is good or bad? 1) Psychologically 2) Physically. Does it increase our strength?
37. If we masturbate our sperm will increase or decrease?
38. Small and big testis effects sometime in medical test why?
39. At adolescent age why our body does not generate fats if we eat healthy foods and all this is due to our sexual fantasies or our adolescent age?
40. Why men's hair grow three times faster than women?
41. Why we opt to visualize sensual movies?
42. The hormones generated in this age may lead to degeneration of our health if we do not excrete those out?
43. Who desire first to have sex either boy or girl?
44. What is termed as sexual harassment/sexual abuse? We want to know by practical example/demonstration. Though we have seen in films but we want to see it with an example.
45. If a class XI student wants to marry an unmarried young teacher and proposes, what should the young teacher do to defend himself while he is aware that after this incident, he will be sacked.
46. Why females do not develop beard while men have it?
47. When male releases semen, he feels climax and get satisfaction. Does female also release some material at the time of climax. How can be it identified that female is now discharging? It will be more effective if answer will be given by a lady.

48. My parents and my views are different for my career. I can't disobey them but also I don't want to lose my dream for my career. What should I do?
49. Why men are considered far superior than women in any case?
50. We mostly see that some boys or girls are very good in studying at the start i.e. in class 1 or Class 2 but when they reach class 10 they aren't so good. Why?
51. If in a society, sex is based only on male & female aspects and biological facts while gender is the different ways of behavior prevailing on ones ideas, than why sex is considered as motive of bad thinking etc?
52. Why boys get more value and have more freedom in the society than the girls? Why girls are not getting that value and freedom that they should be given in some part of our country?
53. Why do we find mostly men are aggressive? Is this a biological or a social factor?
54. Why sex is a very big issue? Why women and men are different?
55. In country like India women are having very less opportunity. But in many countries they are actually getting all the facilities? But most Characteristics discussed here are almost same world wide. Why?
56. Why parents blame our friends for our bad habits?
57. Why no one understand our feeling and things go wrong and start blaming us for your mistake?
58. Why your very good friend thinks that your are bitching about her?
59. What would we do when two friends fight and you have to select one?
60. Why everyone thinks that boys and girls can's be friends
61. When we are studying our mind goes to other topics like tomorrow going to school, my hair style, what am I going to buy for Dussehra and about some friends like boy and girls also?
62. What we have to do when our parents stats thinking about us, that we are cheating them. What to do in that case?
63. Is student is not good in play of study then his future is ruined?
64. Why everyone compares the qualities and result of two students?
65. Why our parents tell us to do studies even if our exams are over?
66. Why they used to say us not to adopt modern hairstyles?
67. Sometimes when we student used to study we lose our concentration and think about what's happening g all around us our past experience something wrong done to us how can we overcome?
68. What will u do if your parents want you to be an IAS and not a player?
69. Why our parents generally of old generation, does not understand our feelings and needs? (we compromise with new generation)
70. Is it true to share all things with parents and teachers?
71. Say no to love is always true?
72. If a girl and a boy love each other and they are in std. IX only. But their love is true and they can's live without each other. What should they do? Please suggest?
73. What can one do if a boy was her good friend two years ago but now due to section change she can not talk to him?
74. Sometimes boys pass comments on girls? We are not sure what to do at that time?
75. How can I make my father to leave drinking?
76. Why there is an urge not for following traditional methods?
77. Why are youth so much conscience about their health?
78. Why youth couldn't drink alcohol if they want?
79. Why more people are involved in smoking and drinking?



80. There are many people who are already aware about the ill effects of the drugs but still they are addicted to it? Can you please tell me some methods to avoid such a problem?
81. If the tobacco are so harmful to our health, then why only they are advertised? Because if they are not advertised then there is no question of preventing it?
82. From class I to class 8 & 9 I was a very good student and I always scored 95% but not I am getting only 89-90%? I am feeling very bad what my friends will think about me? But I am trying my best to perform? Please suggest?
83. How can we follow tradition with following modern changes at the same time?
84. Why there is more corruption and malnutrition among the people of our country?
85. Is it true that teenagers catch up bad addictions much easier than a mature person? Whats the reason?
86. Why boys are given more rights as compared to girls? Why girls have to take permis sion number of times before doing anything?
87. Is it possible that both male and female could have equal importance and equal rights, then why it is so delayed? Why it is not possible till today.
88. Why it is thought and why acting and dancing is restricted for girls more?
89. How to balance entertainment and studies?
90. Why generally men want their wife not to do work?
91. Why there is attraction, when we see beautiful girls? Is there any harmful effect of it?
92. We see that in our society that some students are very polite i.e. they are not interested in beautiful girls but some students want to see ataractic images of girls. Nude images of girls'? Why this happens. How could this be controlled?
93. Why a man generally feels disheartened or depressed when his wife earns more or gets more credit on a work than him?
94. Why there is difference between men and women socially but we know that there is not any difference between?
95. Who is a transgender?
96. The genitals part of a female always have itching before periods, is that a fact or myth?
97. Why people think that girls are more sensitive than boys?
98. This age being the teenage, we go through various mood swings. Events affect us badly when it comes to emotions. We love friends, some even to death. Parents say that don't trust anyone blindly. But we see the love in their eyes too? What we should do in such situation and what can be done regarding mood swings?
99. How can I help friends get out of this? The basis distraction of life is friends but we still can't live without them. Please Explain?
100. I have a very close girl friend, and she mean a lot to me? But I have understanding prob lem?
101. Is masturbation good for health?
102. What is a good diet for muscle building? Please specify some good and easily available sources of protein?
103. Do Cold Drinks cause addictions? Can we bane the production of the drugs?
104. I don't think written exams are the only way of testing students. There can be other ways like oral practicals?
105. There should a boy child in a family? Why?
106. What is the difference between a grand and a upright
107. Most children find that studies are boring and no one is willing to study can we find any way out to make studying more fun things?
108. Why were girls competed to dance in the 7th std and why were only boys allowed to play on the field?(in DAV)
109. How could I face all the problems as a teenager?

110. Why should always girls give up for everyone but I think that grills are like diamonds and should not adjust anywhere as I will not? What do you think about this? I am right or not?
111. What is the importance of CCE and what's the change in us?
112. In VIIth Standard all the girls in our school were asked to take up dance instead of PT? Why were we forced to do so? Why couldn't we girls make our own choice?
113. Do animals have feelings like humans?
114. Why do only men suffer from excessive mental stress?
115. In India why mostly boys are only encouraged in sports and not girls?
116. All the girls were taking dance classes with no choice but the boys get to play? Is this fair? That is very unfair to me or any other girl?
117. Can HIV spread through organ transplantation from an infected person to healthy person?
118. I think that greater success don't come from studies? For e.g. Dhirubhai Ambani, Isaac Newton. They did not get success from studies. Dhirubhai Ambani was good in business and Isaac Newton failed four times in school? Give suggestions?
119. Why women are after marriage forced or is compulsory for them to wear the mangalsutra and the rind which is not valid for men? How can we do away with the addiction of drugs or liquor?

### Questions on Substance Misuse

1. I have heard that after just drinking one bottle, one does not lose senses, only on drinking 4-5 bottles, we lose the senses.
2. How does alcohol get us out of our senses?
3. My friend drinks and smokes a lot. How can I influence him to stop it?
4. After drug addiction, why people regret?
5. If addicted, by the drug abuse, how can a person have relief without it?
6. How can one come out if he/she is already involved in drug misuse?
7. Why do people indulge in drugs?
8. If I have not tried hukka or alcohol ever and my friends, are pressurizing than what should I do? And if I do that then what might be the harmful effects of it?
9. People say that hooka does not contain any drugs, but people get addicted to them? What is the reason that people get intoxicated by them?
10. Is physique enhancing steroids good for the body?
11. How is Hukka Addictive?
12. Why do I feel depressed without any reason? I have many friends, Frank parents, every thing is enjoyable & happy in my life still I sometimes feel lonely and unhappy. I am not addicted to any of the drug abuse/ what could be the reason?
13. What are the harmful effects of hukka?
14. If Drug is so harmful why is it produced?
15. What are the harmful effects of hukka? Is it safe to have it?
16. How can we do away with the addiction of drugs or liquor?
17. If all these drugs and stuff are bad then why does television show advertisement of these companies?

### Questions on HIV/AIDS

1. How the first person got affected by AIDS?
2. How does HIV/AIDS spread through person to person?
3. What are the precautions to be taken to prevent from AIDS?

4. What are the steps to keep in mind for the person who is suffering from it so that it should not affect the other person?
5. After using the Razor of a person effected with HIV can the other person get HIV using the same razor?
6. It was being mentioned time and again that the fluids that are responsible for spreading HIV/AIDS are: Blood, Vaginal fluid, Semen and ?????? we would like to know the 4th fluid)
7. Why it takes long time to know the symptoms of AIDS?
8. What is the meaning of Acquired?
9. Is aids caused by using personal item of infected person?
10. Control of AIDS, STD, Hepatitis B, C??
11. Contraceptive are 100% safe??
12. Which is the best method to fight from the bad thoughts coming in our mind, after seeing something?
13. Sir, I want to know that AIDS is sexually transmitted disease. Please tell me how it can be transmitted. If a person having sexual relation with lots of girls and any one of them suffer from AIDS then it can create a problem in a person or not? Please tell us symp toms and treatment.
14. How can sexual contact effect the person?
15. Can HIV be life taking virus?
16. How is AIDS caused due to transfusion of blood?
17. As we knew that in old time kings marry in very small age with many queens? They were effected with AIDS or HIV.
18. Can HIV leads to death of a person?
19. Can we prevent born baby from HIV from its mother who is already infected by HIV?
20. Can HIV be spread by the scissors which is used by the barber to cut hair?
21. HIV & AIDS affect one person together?
22. Is AIDS curable in other countries?
23. What are these terms? ICTC and PLWHS....
24. Can HIV be transmitted through the saliva of an infected person?
25. Can abortion prevent HIV from pregnant woman to child?
26. Syphilis are also caused by HIV virus only that's why AIDS is more dangerous than Syphillis.
27. What are the symptoms of AIDS?
28. We said that HIV person can live a normal life but how long can he survive?
29. Can HIV/AIDS spread through injected sputum?
30. Is it necessary a person having acquired AIDS will die?
31. AIDS cannot be cured or it can be cured by any means of operation? We will be suffer ing from this disease from many years, we do not have cure till now. What you will say about this?
32. Can HIV spread through smooching and oral sex?
33. Why Malaria parasite is able to survive in mosquito but virus of AIDS is not able to sur vive in mosquito. I think virus is only a protein which have nucleic acid and its natural death does not occur. Needle is responsible for spreading AIDS virus but mosquito bite is not responsible why? Some WBC may be present on mouth needle of a mosquito.
34. Can AIDS be spread by the saliva of the infected person?
35. Are there any symptoms for Aids?
36. Is there any vaccine for AIDS?



## SECTION 3



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## PREVENTION OF SUBSTANCE / DRUG MISUSE







## **SECTION 3**

### **MODULE 7**

## **UNDERSTANDING SUBSTANCE/DRUG MISUSE**

### **Introduction**

Adolescents are most vulnerable to substance misuse or what is commonly known as drug abuse. Substances, including drugs can change the mental order of individuals and affect their mental health. The non – medical use of a substance, including drug that changes an individual's mental health and affects all dimensions of health adversely is known as substance misuse. In an effort to establish their own identity, adolescents like to try out new things, are more amenable to external influences such as the media, peers and others and may take uninformed decisions that may bring them to harm. This makes them more vulnerable to substance misuse, especially when they do not have adequate support systems in place and the life skills to deal with the wide ranging negative outcomes of extreme dependency on a substance and thereby getting addicted to it.

Substance misuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. Medline's medical encyclopaedia defines substance misuse as "the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed." But the broad range of substance misuse in today's society is not that simple. There are substances that can be misused for their mood-altering effects that are not drugs at all -- inhalants and solvents -- and there are drugs that can be misused that have no mood-altering or intoxication properties, such as anabolic steroids.

Substance misuse is not a new phenomenon – people have been consuming substances including drugs since time immemorial. However, in the last five-six decades, substance misuse has become a serious concern and the situation has worsened in recent years. With a multi-billion dollars turnover of business, it is the third largest business in the world, next to petroleum and arms trade. Substance misuse can ruin the fabric of the society and is dangerous as dealing in substance misuse business results in crime and violence. Substance misuse is widespread today and there are millions of drug addicts, including adolescents. While substance misuse is



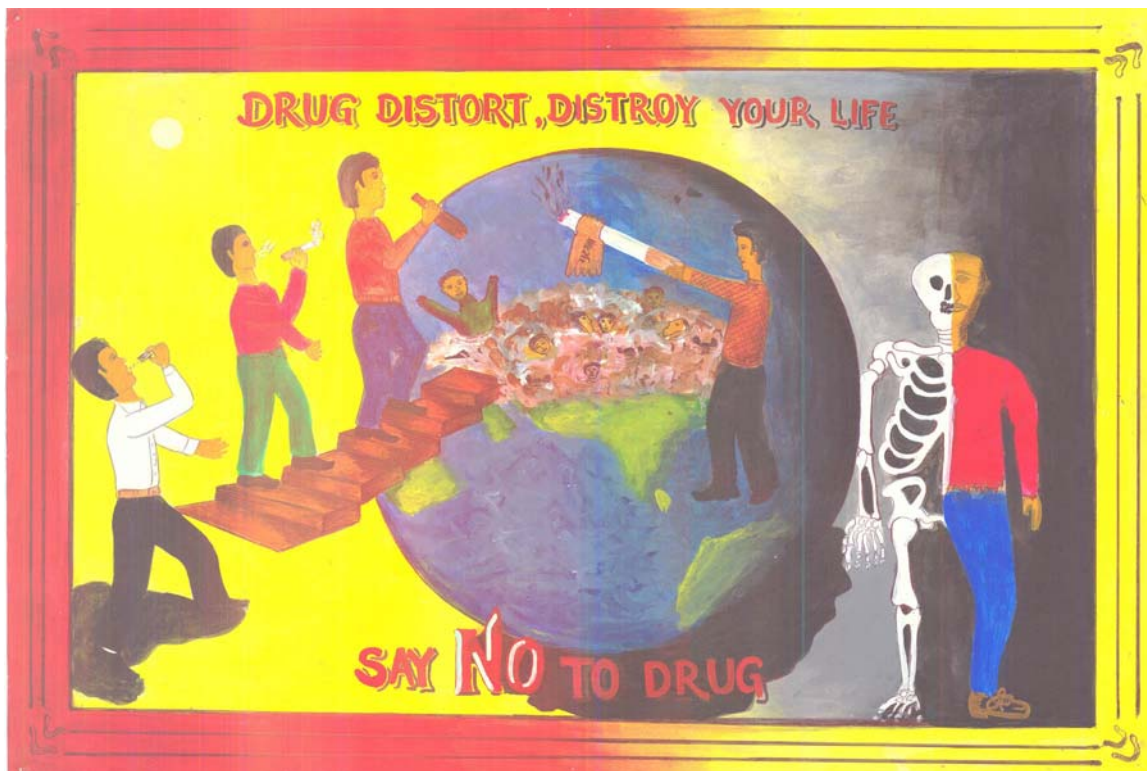
dangerous for everyone, young people including adolescents are more vulnerable to substance abuse.

Adequate, correct and timely information and skills will go a long way in enabling the adolescents to resist the temptation of misusing substances and drugs. In this section, we shall learn about the different types of substances that are commonly misused and their consequences, myths and misconceptions commonly associated with substance misuse and develop an understanding of how to care and provide support to those who are addicted. At the end, learners will develop necessary skills that would enable them to make informed choices to protect themselves from substance misuse and addiction.

## Overall Learning Objectives

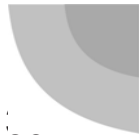
At the end of this section, learners will be able to:

- Become aware of the vulnerability of adolescents to substance misuse
- Recognize the consequences of substance misuse
- Clarify the myths and misconceptions commonly associated with substance misuse
- Understand different ways of providing support and care to the young who are addicted to substance misuse
- Develop skills to protect themselves from substance misuse and addiction



This poster has been designed by Vikas Suryavanshi, Class XII, JNV, Vidisha, Madhya Pradesh





**30 min**

Black Board

Writing Board

Chalk Marker

# MODULE 7

## ACTIVITY 1

### Meaning and Types of Substance/ Drugs

#### Learning Objectives

To enable learners to:

- Enumerate a few commonly abused substances
- Understand the meaning of substance misuse

#### Notes for the facilitator

- Begin a brainstorming session by asking learners to explain what they understand from the terms 'drugs' and 'substance'. List their responses
- Ask them what they understand by terms substance use and substance misuse
- Ask the learners to list the substances they know are misused generally by young people such as themselves
- Ask the learners about the perceived advantages and disadvantages of substance misuse.
- Write the responses given by learners on black board/writing board under three headings:

Name of the substance	Perceived Advantages	Disadvantages
White fluid	Feeling relaxed	Slows down activity of the brain and may also have hypnotic effects

- Make power-point or oral presentation, based on the fact sheet at the end of this module entitled "Types and effects of substances"

#### Summing Up

- Commonly abused substances are tobacco, alcohol, marijuana (ganja), opiates, cannabis, solvents (petrol, glue, correction ink) and aerosols inhalants, cough syrup, caffeine, cocaine and ecstasy
- There is a need for critically analyzing concerns related to substances, because socially acceptable drugs are often misused and even many drugs that are used for medicinal purposes can be misused
- For many substances, the line between use and misuse is not clear.
- There are different stages that one can envisage before an individual is called a substance misuser.
- The experimenters are those who start using the substance as an experiment or because of peer pressure and curiosity.
- The next stage is called occasional users and this includes those who have already crossed the stage of experimenting and use the substance occasionally – either for social reasons or during certain phases.
- A user becomes a compulsive user where s/he is dependent on a substance and s/he needs increase the amount of the substance consumed to experience the same effect. This is the stage when the user has a continuous and uncontrollable craving for the substance





**60 min**

Case  
Studies

Writing  
Board

Balck  
Board

Markers  
Chalk

# MODULE 7

## ACTIVITY 2

### Why are adolescents vulnerable to substance misuse

#### Learning Objectives

To enable learners to:

Understand the reasons for increased vulnerability of adolescents

#### Notes for the facilitator

- Initiate the session by dividing the learners into five groups, each group having not more than 5-6 learners
- If need be, one case study can be shared by more than one group. Please ensure that each group has at least one case study
- Allocate 15 minutes to every group to discuss the case study assigned to them and to answer the questions after the case study
- Each group should identify one person as a reporter who will note down the group's responses to the discussion questions
- Ask the group reporter to present the group work, each group taking not more than 5 minutes
- After every group presentation, add on the points that are missed out the by the group
- At the end, make sure to repeat the key messages

#### CASE STUDY 1

Sohan has performed well in class IX annual exams. Now, he is worried whether he will be able to keep up his performance and score good grades in class X. His parents always tell him how they expect to see him at the top of his class. . Afraid of disappointing them, Sohan does not share his concerns with his parents. He feels that some of his friends may be going through the same phase and discusses his problem with them. His friends suggest that smoking may reduce his stress and help him to relax. Sohan wants to feel better and decides to follow his friends' advice. He starts smoking a cigarette or two everyday. Without realizing, over a period of six months he was smoking 6-10 cigarettes a day. Smoking has become a habit with him.

#### Questions for discussion

1. Who do you think is responsible for Sohan's habit of smoking and why?
2. Do you think smoking helped reduce Sohan's stress? Why?
3. What else could Sohan have done to reduce his stress effectively?
4. What role could Sohan's parents have played to prevent him from smoking?



**CASE  
STUDY 2**

Three friends Mani, Adil and Ronny met at a marriage party. Mani and Ronny wanted to drink in celebration and compelled Adil, who has never had a drink before, to join them. They tell him that he should join them for the sake of friendship. Adil is in a dilemma. On the one hand he doesn't want to lose his friendship but on the other he is conscious that nobody in his family drinks. He has also learnt from his parents that alcohol is harmful for health.

**Questions for discussion**

1. What are the choices that Adil has?
2. What would you have done if you were in Adil's place?
3. How else could Adil's friends have celebrated?

**CASE  
STUDY 3**

Gudiya was used to seeing both her mother and grandmother enjoy chewing tobacco regularly. When she turned twelve she felt that she was old enough to begin chewing gutka/tobacco and paan (betel) along with them. Gudiya knows that the corner shop keeper stocks gutka and she buys it from him.

**Questions for discussion**

1. Enact a 2-3 minutes conversation between Gudiya and her mother in which the mother tries to dissuade Gudiya from picking up this addictive habit.
2. Using the above case study establish the role of family in initiating adolescents into substance misuse.
3. Why do you think Gudiya should listen to her mother and resist the temptation of paan (betel) and gutka/tobacco chewing?

**CASE  
STUDY 4**

Amrit, Manu, Rishi have started smoking because they wanted to be noticed by others in their school and wanted to be "cool". Looking for a quick way to get noticed as "cool" people, they decided to start smoking. They were quite sure that they will be able to keep their habit in check and escape any long term negative consequences of smoking.

**Questions for discussion**

1. Using the above case study, describe how the three adolescents started misusing a substance.
2. Like Amrit, Manu and Rishi, do you also think that they will not get addicted to smoking and escape its negative effects. Please explain your reasons.
3. Do you think the three adolescents were reasonable in wanting to be noticed by others? Please explain your reasons.
4. Could they have been "cool" and got noticed in other ways? Please explain with examples.



## CASE STUDY 5

Mukesh's father was an alcoholic. He did not interact with anyone in the family and there were constant fights between his parents. Mukesh was fed up and started drinking because he thought that this would help him ease off the tensions at home. Even though he could forget his problems and tensions for sometime, the problems persisted and in fact grew worse over time.

### Questions for discussion

1. Who all are responsible for Mukesh's drinking habit?
2. What choices did Mukesh have?
3. What would you have done if you were in Mukesh's place?

## Summing Up

Young people are more vulnerable to substance misuse due to the following reasons:

- Some of the factors that make adolescents vulnerable to substance misuse are peer pressure, poor self-esteem, low achievement at school, performance pressure, previous experience of taking substance, family history of substance misuse, family instability
- Lack of easily available support from family, friends and school, seeing substance use as a means of 'growing up' or fun also makes the adolescents more vulnerable to substance misuse
- Pressure from friends to try an addictive substance, the urge to gain popularity among friends, and desire to experiment and curiosity to try out new things also make young people particularly vulnerable to substance abuse
- Parents/guardians should be aware of their children's/wards' friends
- Lack of basic knowledge about the effects and dangers of consuming addictive substances
- Media images that glamorize substance misuse may also mislead young people
- If an elder (parent, grandparent) in the family engages in substance misuse, young people in that family are more likely to start using the same or different substance/s
- Factors like relatively easy availability of substance/drugs, community norms, and adverse family situations may push young people into substance misuse
- Young people should also be educated to recognize that a friend is someone who cares, protects and looks after the welfare of their friends rather than coerce them/ initiate them into unhealthy habits
- As the attitudes related to smoking, drinking and misuse of other substances are formed during preadolescence and early adolescence, this is an important age to invest in prevention efforts. Peer can encourage or motivate their group to avoid substance misuse.
- National Family Health Survey 3 (2005-06) data from India show that in the age group of 15-24,
  - 4% females and 40% males reported use of tobacco
  - 1% females and 19% males reported ever having consumed alcohol
- Adolescents could get engaged in socially productive activities. These engagements have a "high" of their own. For example, one can start a learning centre for the lesser advantaged children in the neighbourhood, one can learn Braille and help at blind school, one can create awareness about water conservation in the neighbourhood. The list is endless – it is up to the the adolescents to use their imagination





**45 min**

Fact  
Sheets

Writing  
Board

Chart  
Paper

Chalk  
Marker

# MODULE 7

## ACTIVITY 3

### Dealing with Negative Peer Pressure (Additional activity to enable learners to deal with negative peer pressure)

#### Learning Objectives

To enable learners to:

- Recognize negative peer pressure
- Identify ways of dealing with negative peer pressure

#### Notes for the facilitator

- Inform learners that there will be a skit and ask for 5 student volunteers to play the roles of five characters mentioned in the Activity Sheet.
- Assign the roles of the five characters, one role to each student volunteer
- Give them 5 minutes to enact this skit.

#### Activity Sheet

**Vijay** is a smoker. He acquired this habit under the influence of his friends, who suggested smoking as a way to relieve his stress. He is keen that his friends should also smoke. He tells Mujib and Manju “Hello, I have got cigarettes, come and have a smoke”.

**Mujib** has no reservations against smoking. Rather he is curious and wants to experiment. He says, “Sure! Thanks, that’s great. I also want to try but did not get an opportunity though I was always fascinated whenever I saw adults smoking”. He is also thinking that if he does not smoke, others would mock at him. He starts smoking and offers the cigarette pack to others.

**Manju** knows that smoking may harm her, but she does not want others to think that she is not a part of the group, and hence she gives in. She says, “Yes, I would like to smoke. Otherwise you may think that I am not brave enough to be a part of the group”. She takes one cigarette and starts smoking.

**Raju** is convincingly against smoking. He says, “No chance! I do not need to smoke to prove that I am an adult and a bold person. I know that smoking is bad for my health as well as for others. I would not like to prove my adulthood at the cost of my health.”

**Ashok** thinks that smoking one cigarette may not harm a person, but at the same time he does not want to involve himself in smoking. He is afraid that his action may make him a habitual smoker. He, therefore, refuses outright the cigarette offered by Vijay.



After the skit, ask the following questions and write the responses given by the learners on the Writing Board:

1. What are the different situations you have observed from the skit?
2. Why is it that some of the characters give in to smoking while others do not?
3. Can you suggest some other ways of dealing with negative peer pressure?
4. Is peer pressure always negative? If not, can you share an example of positive peer pressure?

### Summing Up:

- It has been observed that young people are highly influenced by their peers and mimic their behaviors. Hence, parents/ guardians should always be aware of their children/ wards' friends
- In many instances, young people are influenced by their peers to experiment with cigarettes, alcohol and other harmful substances
- Peer pressure can be managed by being aware of the implications of drug abuse and developing skills to manage peer pressure.
- Young people should also be educated to recognize that a friend is someone who cares, protects and looks after the welfare of their friends rather than coerce them/ initiate them into unhealthy habits
- As the attitudes related to smoking, drinking and misuse of other substances are formed during preadolescence and early adolescence, this is an important age to invest in prevention efforts. Peer can encourage or motivate their group to avoid substance misuse.

**Note:** Please refer to Activity 6: 'Communicating Effectively' in Module 3 to reinforce assertive style of communication as an important skill that an individual should have for positive and responsible living.



This poster has been designed by Dibbenedu Paul from Class X, K.V. Range Hills, Pune, Maharashtra



## FACT SHEET



There are drugs that are prescribed by qualified medical practitioner and they are available off the counter or on prescription

Substances like alcohol, solvents, and some others like glue, correction ink, may be legal in specific contexts, but when these are misused, it can lead to addiction

Excessive use of socially accepted substances like tea, coffee, nicotine, gutka are also addictive and harmful

The commonly misused substances among adolescents are tobacco and alcohol. Other drugs misused are marijuana (ganja), cough syrup such as Corex and Phensydyll, solvents (petrol, glue, correction ink)

### Types and effects of substance use:

Substances that are misused may be classified according to the effects they have on the central nervous system. Following are some of the groups in which they may be classified. Cannabis has been put as a separate category under the classification of drugs according to the effect they have on the central nervous system. However, cannabis is a hallucinogen and should be placed as such.

Group	Drugs	Effect the user feels
<b>Stimulants</b>	Amphetamines like Benzedrine, Dexedrine, and Methedrine, Cocaine, Nicotine, Tobacco, Caffeine, Gutka, Pan masala	Accelerate the brain (central nervous system) and the user may feel alert, full of energy or confident and strong. In higher doses stimulants may lead to anxiety or panic. Mental health problems can occur with increasing use. Serious overdose may lead to death. Tobacco is also one of the most addictive substances and contains nicotine. Long term use may result in cancer of the lungs, mouth, larynx, oesophagus, bladder, kidney or pancreas.

<b>Depressants</b>	Alcohol, Barbiturates Tranquilizers (sleeping pills), inhalants like glue, petrol, correction ink, Heroin	Slow down activity of the brain and may also have hypnotic effects. At first, the person feels relaxed and less inhibited but slowly the person's reflexes become slower; he or she will have trouble working and doing anything that requires any physical and mental co-ordination. Regular drinking may result in inflamed stomach or pancreas; cirrhosis of the liver; certain cancers of the gastrointestinal tract; heart disease; high blood pressure; brain and nerve damage.
<b>Sedatives</b>	Hypnotic like Mandrax, Doriden	Produce opium like effects and stupor. This group of drugs produces a relaxing, peaceful and happy feeling. In higher doses, they may lead to drowsiness, decreased concentration, nausea, vomiting and sweating. Further increase in the dose may lead to deep sleep, loss of consciousness and even death.
<b>Narcotic/ Analgesics</b>	Opium, Morphine, Codeine, Heroin, Brown Sugar, Synthetic drugs like Methadone, Pethidine, Mephadrine	Reduces pain and anxiety. Produces contentment. Higher doses lead to sedation, nausea and unconsciousness. Restlessness, nausea, vomiting and dry mouth may develop. There is a warm feeling in the body and extremities will feel heavy. User will get into a state where the user is in and out of consciousness. Breathing becomes slower. Pupils contract to pinpoints. Skin becomes cold, moist and bluish. Prone to infections from unsterilized needles, including infection of the heart lining and valves, HIV and AIDS, abscesses, liver disease and brain damage Withdrawal symptoms upon stopping. Overdose potential is high.



<p><b>Cannabis</b></p>	<p>Bhang (Marijuana), Ganja, Charas</p>	<p>Leads to relaxation, drowsiness, talkativeness and later unconsciousness. The person's pulse rate, heartbeat and blood pressure rises, eyes get red. After a while, the person may become quiet and sleepy. In a very large dose, the person may become confused, restless, excited or begin hallucinating. The person may lose interest in activities; the ability to learn new information decreases and problems with memory may develop. Immune system is damaged and the person may develop chronic bronchitis, throat cancer, and heart attack, stroke, and blood pressure complications.</p>
<p><b>Hallucinogens</b></p>	<p>LSD (Lysergic Acid Diethylamide), PCP (phencyclidine), Mescaline, Psilocybin, Cannabis</p>	<p>Distort the way in which individuals see, hear and feel. Ecstasy's use has been associated with young people who attend "raves." Recently, it has also gained popularity among urban professionals at nightclubs. 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. There is a potential for strong negative effects and psychiatric complications that may last for days or weeks. Jaundice and liver dam-</p>



## Inhalants

Glue, gassing, sniffing, chemo.

It is considered a “poor man’s” drug of abuse; used by children and at times in food scarce settings to reduce hunger . There are number of substances of everyday use collectively referred to as inhalants. All these substances have volatile solvents which, if inhaled, can give the user a ‘high’ and lead to addiction. The following are the different types of inhalants:

### Solvents

- Paint thinners, degreasers, dry-cleaning fluids, gasoline and glue
- Correction fluids, felt-tip-marker fluid

### Gases

- Butane lighters, whipped cream aerosols, and refrigerant gases
- Spray paints, hair or deodorant sprays,
- Medical anesthetic gases like ether, chloroform and nitrous oxide (“laughing gas”)

### Nitrites

- Butyl, and amyl nitrites, and are commonly known as “poppers.”  
Video head cleaner,”  
‘room odorizer’.

The user experiences feelings of euphoria that are characterized by lightheadedness, exhilaration and vivid fantasies. It slows down body functions. Acute effect could include drowsiness, impaired motor function, impaired judgment and memory, hallucinations. Damage to the brain can occur even after one use and chronic use can lead to chronic lung diseases. Physical effects such as pallor, thirst, weight loss, nosebleeds, bloodshot eye and sores on the nose and mouth occur. Mental confusion and fatigue may occur. Depression, irritability, hostility, paranoia may occur.





## SECTION 3

### MODULE 8

## CONSEQUENCES OF SUBSTANCE MISUSE

### Introduction

In this module, we are going to discuss the ways in which one can identify if an individual has become addicted to a substance. Additionally, we will also discuss the adverse consequences of misuse and addiction. Substance misuse impacts all spheres of an individual's life – social, economic, relationships and breaks down the family structure. Some of the health consequences of substance misuse are irregular eating habits, poor hygiene resulting in poor health and low immunity. This makes them predisposed to disease and infections. Some addicts may become depressed, even suicidal when they are deprived of their “fix”. Substance misuse is also linked with unsafe sexual encounters and the risk of HIV and even anti social behaviour.

### Overall Learning Objectives:

At the end of this session, learners will be able to:

- Become aware of the signs and symptoms of substance misuse
- Understand the consequences of substance abuse





**30 min**

A Black Board

Writing Board

Chalk Marker

# MODULE 8

## ACTIVITY 1

### Signs and Symptoms of Substance Misuse

#### Learning Objectives

To enable learners to:  
Become aware of common signs and symptoms of substance misuse

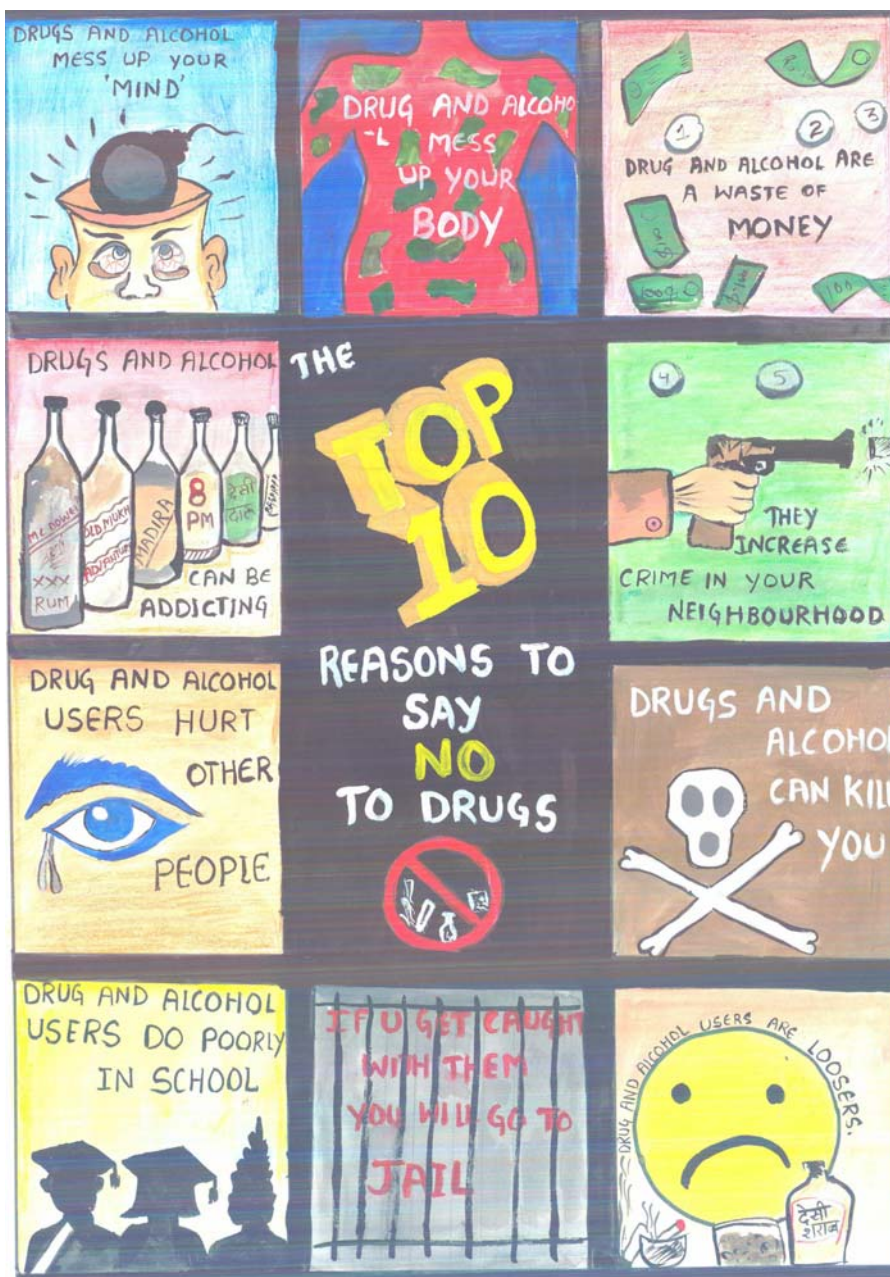
#### Notes for the facilitator:

- Start a brainstorming exercise by asking the learners to share what they know about the signs and symptoms of substance misuse
- Ask them to elaborate on how they would identify if a person is misusing a substance
- Write down the points on the writing board
- Inform the learners that the session would be a participatory story building activity that will incorporate the signs and symptoms of substance misuse
- Write the incomplete story on the board/chart as follows:  
*“Abdul and Sohan are classmates. Abdul observes that Sohan has not been coming to school for some days. One day Abdul finds Sohan lying under the tree at an odd hour,*  
.....  
.....
- After reading the incomplete story, divide the learners into groups, each group having not more than 5-6 learners
- Each group should identify one person as a reporter to write the story in the group
- Ask each group to complete the story in 15 minutes
- The story should highlight some of the signs and symptoms of substance misuse that they are aware of
- Ensure that everyone in the group participates in completing the story
- Ask all group reporters to share the completed story in the larger group
- Note down the important signs and symptoms of substance misuse highlighted in different stories on the Writing Board or Chart Paper
- Make sure that all the signs and symptoms have been covered in the list by mentioning the points that have been missed out by the learners.
- Summarize the session by highlighting the key points given below.



## Summing Up:

- The signs and symptoms of substance misuse vary depending upon the type, dose and method of substance misuse (for example, inhaling, oral intake or through needles/ injections)
- The signs and symptoms also vary by the age of the person. Furthermore, the same substance can affect different individuals in different ways and it is difficult to predict this in advance. Hence, signs and symptoms of substance misuse may present in several different ways
- No one starts taking substances with the aim of getting addicted to them. However, very few young people realize that experimentation can lead to addiction
- Many of these substances have properties that alter brain functioning and after a point of time, the individual loses discretion and judgment and could become addicted
- An individual who is addicted to a substance displays certain behaviour patterns which are different from his/her normal behaviour. This includes being overly submissive or aggressive, stealing and being furtive, unable to maintain a regular schedule or routine, unable to complete school work on time, withdrawal from friends and family



This poster has been designed by a student of Kendriya Vidyalaya, MP.



**60 min**

Fact  
Sheets

Writing  
Board

Chart  
Paper

Chalk  
Marker

# MODULE 8

## ACTIVITY 2

### Consequences of Substance Misuse

#### Learning Objectives

To enable learners to:

- Understand various consequences of substance misuse
- Understand the relationship between substance misuse and resulting impact on the adolescents' lives

#### Notes for the facilitator:

- Initiate the session by dividing the learners into five groups, each group having not more than 5-6 learners
- Ask each group to prepare a role play based on the script assigned to them
- In the event that the number of groups is more than the number of role play scripts available, one script may be assigned to more than one group
- Time devoted may not be more than 10-15 minutes
- Once the group has presented the role play, ask the learners to highlight what they understood from the presentation and follow it up by brief discussion
- Note down the main points emerged during presentations by each group and discussions
- Summarize the entire session by adding those points that might have been missed out in group presentations and ensuing discussions
- Each group has to answer one question through role play:

What could the main character in the role play have done differently to avoid the consequences?

#### Role play 1

Mehak, a student of Class XII was a wonderful daughter, a brilliant student and a responsible member of their family till she started taking drugs. She was initiated into drugs by her so called "friends". They befriended her and gave her drugs free of cost. However, as soon as Mehak got habituated, they refused to give her anything without money. They were no longer her friends. Mehak was desperate. She was totally isolated and she no longer belonged to a group or had any friends nor did she have the money to buy the drugs.

#### Role play 2

John, an 18 year old, is addicted to injectable drugs. He is always in a state of deep intoxication. The group of boys with whom he hangs around, often share needles to inject drugs. John started losing weight and lost his appetite. His parents take him to the doctor where he undergoes some tests and is diagnosed as HIV positive. John and his parents are devastated with this news.





### Role play 3

Sukhvinder, a 17 year old, was addicted to smack. He had to have his fix every day. When he could not get money to buy smack, he would lose control over himself. He would threaten his parents that he would commit suicide or burn the house down if they did not give him money. In sheer desperation, he started stealing money from home or selling household articles. Sukhvinder felt bad about his behaviour and realised that he was ruining his family but felt helpless.

### Role play 4

Junaid, a young lecturer in college, is passing through a difficult phase. He started drinking a few years ago and over a period he has become dependent on alcohol. Apart from causing serious health problems, drinking is now affecting his job as a lecturer. The college principal found out that Junaid drinks during day time and issued him three warnings. He is finally asked to leave the college. He does not know how he will look after his family.

### Summing Up

- Substance misuse affects varied aspects of a user's life
- Substance misuse leads to physical and psychological dependence. Some substances produce only physical dependence while others produce both physical and psychological dependence
- Long term use results in losing control of one's emotions, i.e. the user may become angry or violent, depressed or anxious
- Substance misuse creates problems with family, it results not only in loss of trust but also breakdown in the relationships
- Substance misuse may result in losing friends and family thereby making the user isolated and lonely
- The user may become less motivated to do well in school/college/work. Additionally, memory and ability to think clearly is affected
- One of the major impact is economic. The substance user may lose his/her job, s/he will not be able to support her/his family, s/he may start stealing money from home and so on
- The substance user also suffers from major health consequences. For example, they have irregular eating habits, poor hygiene resulting in poor health and low immunity. This makes them predisposed to disease and infections.



## FACT SHEET



### **Consequences of Substance Misuse:**

Substance misuse leads to a number of short-term and long-term effects that are detrimental to health.

**Short-term Effects:** These are effects that appear only a few minutes after the intake of substance. The user feels a false sense of well-being and a pleasant drowsiness. Some of the short-term effects are distorted vision, hearing and coordination, impaired judgment, bad breath and hangovers.

**Long-term Effects:** Substances have a long-term impact that leads to serious damage due to constant and excessive use. These effects show up over a course of time and are usually caused by progressive damage to different body organs. Substance misuse impairs both physical and mental functioning leading to compromised quality of life. Some of the health consequences include irregular eating habits, poor hygiene resulting in poor health and low immunity. This makes them predisposed to disease and infections.

Substance misuse in itself is not a cause of HIV/AIDS or STDs but under the influence of drugs, people may engage in risk-behaviors that make them more susceptible to these infections. Injectable drug users, however, are more prone to HIV in conditions where the users do not sterilize needles and share needles to inject the drug.

Substance users may even die suddenly from a so-called overdose, when one consumes more than what the body can tolerate. Death may also occur from long-term damage to the organs of the body.

Although substance misuse is harmful at any stage of life, these substances are especially harmful if consumed during pregnancy. As these substances are absorbed through blood and as the growing fetus (unborn child) gets nutrition from mother's blood, these substances can reach the fetus and cause harm.

Furthermore, substance misuse influences not only the individual but the family and also the community. The persons who get addicted often lose interest in other activities be it school, job or any other responsibility. As a result, they are not able to take care of their responsibilities and may become a liability for their families and finally the society. Furthermore, it is expensive to buy substances/ drugs on a regular basis. Hence, in desperation, addicted individuals may be forced to engage in petty crimes.

## Prevention of substance misuse:

Paying attention to the following may prevent young people from misusing substances:

- Peer pressure can be managed by being aware of the implications of substance misuse and developing skills to manage peer pressure. One can not only save oneself from adopting risky behavior under peer pressure but also persuade the peers not to engage in unhealthy behaviors such as substance misuse
- The different ways of dealing with negative peer pressure are saying 'No' assertively, making an excuse, reversal of pressure, giving reasons, etc
- Young people should also be educated to recognize that a friend is someone who cares, protects and looks after the welfare of their friends rather than coerce them/ initiate them into unhealthy habits
- Empowered with adequate information and skills, young people should be able to decide that it is their body, their life and hence, they should be taking well-informed and responsible decisions
- As the attitudes related to smoking, drinking and misuse of other substances are formed during preadolescence and early adolescence, this is an important age to invest in prevention efforts
- Encourage the adolescents to get engaged in socially productive activities. These engagements have a "high" of their own. For example, one can start a learning centre for the lesser advantaged children in the neighbourhood, one can learn Braille and help at blind school, one can create awareness about water conservation in the neighbourhood. The list is endless – it is up to the the adolescents to use their imagination





## SECTION 3

### MODULE 9

## Clarifying Myths and Misconceptions

### Introduction

There are a number of perceived advantages of substance misuse. In this module, we will clarify common myths and misconceptions about the use of substances and their impact on individuals.

### Overall Learning Objectives:

At the end of this session, learners will be able to:  
Clarify myths and misconceptions





**30 min**

Paper  
Slips:  
Myths  
Misconceptions

# MODULE 9

## ACTIVITY 1

### Myths and Misconceptions about Substance Misuse

#### Learning Objectives

To enable learners to:  
Recognize and counter common myths and misconceptions related to substance misuse

#### Notes for the facilitator:

- Initiate the session by dividing the learners into five groups, each group having not more than 5-6 learners
- Each group should identify one person as a reporter who will note down the group's responses to the statement
- Prepare slips with different myths from the fact sheet. You may add more if you wish
- Keep all slips on the front table and tell each group leader to come one by one and pick up one slip
- Once each group has picked up the slip, tell them to read the statement on the slip and decide whether they agree with it and give reasons
- The time given is 5 minutes
- Once everyone has reviewed the statements on the slips, ask the learners to respond to the statement
- The facilitator would supplement with accurate information wherever there is a gap
- End the session by repeating key messages

Myth	Facts
There is no harm in trying a drug just once, because one can stop after that.	Almost all drug addicts start by trying just once. Once the drug is taken, the user is always amenable to further drug intake, which becomes a part of his/her habit.
Drugs increase creativity and make the user more imaginative	Drug addict loses clarity and may become incoherent over a period of time
Drugs sharpen thinking and lead to greater concentration	Drugs induce dullness and adversely affect normal functioning of body and mind.
Will power alone can help a drug addict stop taking drugs	Besides strong will power, love and support of family and friends, medical and psychiatric treatment may be needed to come out of drug addition.



Alcohol helps people forget their problems.

Very often the opposite is found to be true. People bring up forgotten problems under intoxication. Alcohol only adds to the existing problems

Drug use makes one 'cool' and better accepted by peers

In the beginning, it may seem that use of drugs helps in winning more friends but this is a myth as these peers are not true friends or well wishers. Furthermore, over a period of time, drug dependence makes one asocial and isolated.

Inhalants are basically harmless even though people make a big deal about them

Using inhalants such as thinners, glue, cleaning fluids can cause permanent damage to organs like the liver, brain and nerves. They are also extremely flammable and can cause burns if matches are lit nearby

### Summing Up:

- Experimenting with a substance even once may lead to addiction
- Commonly misused substances among adolescents are tobacco and alcohol. Other substances that are misused include marijuana (ganja), cough syrup such as Corex and Phensydyl, solvents (petrol, glue, correction ink).
- Commonly prevalent myths that substance can help overcome boredom, depression, stress and fatigue may encourage young people to misuse these substances. Also, media images that glamorize substance misuse may also mislead young people
- Substance misuse have both short-term and long-term negative effects
- Often, casual first use or experimentation with drugs leads to addiction and dependence that involve increasing tolerance, development of withdrawal symptoms and disruption of psychological, occupational and social functioning





## SECTION 3

### MODULE 10

## Accessing Support for Prevention and Treatment

### Introduction

After discussing the causes, consequences, myths and misconceptions, it is important to understand the support structures that can be accessed both for prevention and treatment, if needed. The knowledge about various laws would help us deal with problems related to drug abuse.

### Overall Learning Objectives:

Learners will be able to:

- Identify and access the safety net for support to stay away/give up substance misuse
- Know about the prevailing laws of substance misuse.
- Recognize that treatment and rehabilitation is possible if one gets addicted
- Support the individual to give up the habit rather than stigmatize him/her



This poster has been designed by an adolescent during Creative Writing Workshop



**45 min**

# MODULE 10

## ACTIVITY 1

### Safety Net

#### Learning Objectives

Learners will be able to

- Understand the importance of creating and accessing a safety net

Fact Sheets

Writing Board

Black Board

Chart Paper

Marker/ Chalk

Safety Net

Worksheet

#### Notes for the facilitator:

- Begin the session by assuring students about the availability of protection from talking about substance misuse
- Introduce the term “SAFETY NET”
- Ask the learners what they understand by the term “Safety Net”?
- Note down all the responses on board and then explain the term using this definition: “Safety net can be understood as a support system formed by trusted individuals and organizations. Within the context of substance misuse, it would include individuals and relevant organizations that prevent access to drugs and other harmful and addictive substances and further encourage access to treatment and rehabilitation services if an individual is in need of them.”
- Distribute one worksheet (provided overleaf) to each learner and instruct learners to write the following things in the space provided on the worksheet
  - Who all would you include in your safety net? Think of both people and institutions who could be included in your safety net.
  - Why have you included these people/ institutions in your safety net?
- Give 5 minutes to all the students to complete their worksheet
- Ask some volunteers to share their sheet with everyone
- Have a discussion on what is the advantage of having a safety net
- Besides substance misuse, can you identify other situations in which safety net can be used? Emphasize on the importance of staying away from substance misuse in a few sentences
- Tell the learners that once empowered with appropriate information and skills, and supported by a positive environment, represented by the safety net, they should be able to avoid experimenting with drugs
- Reiterate that each person should be aware about who all constitute his/her safety net and think of ways by which he/she can open a communication channel for information and advice, support or even share a confidential feeling/incident
- Permit interjections in between and sum up in the end



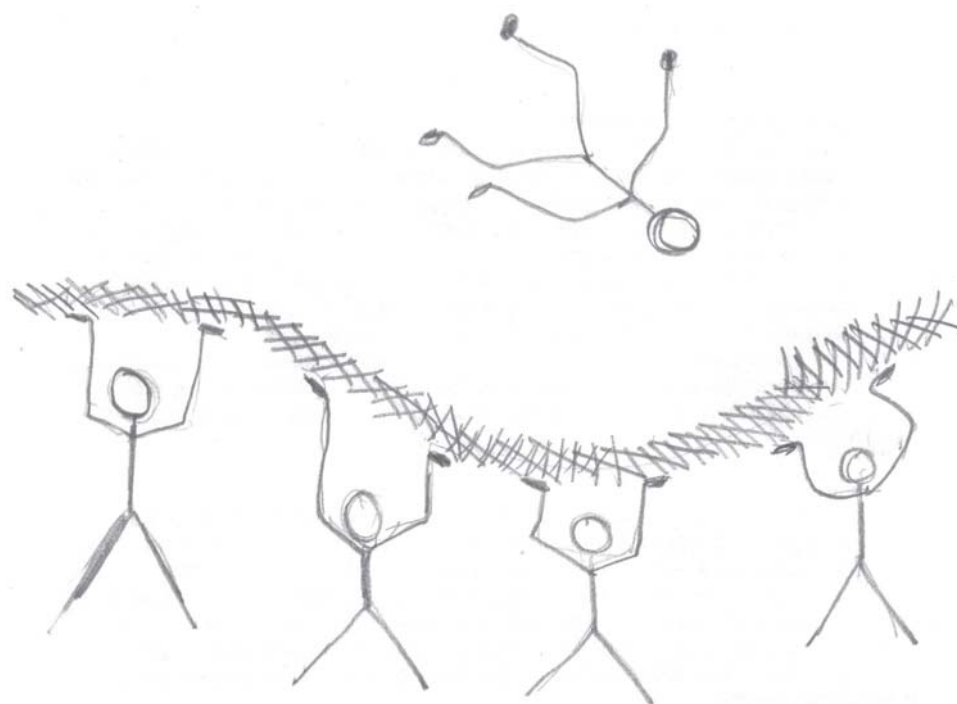


## Summing Up

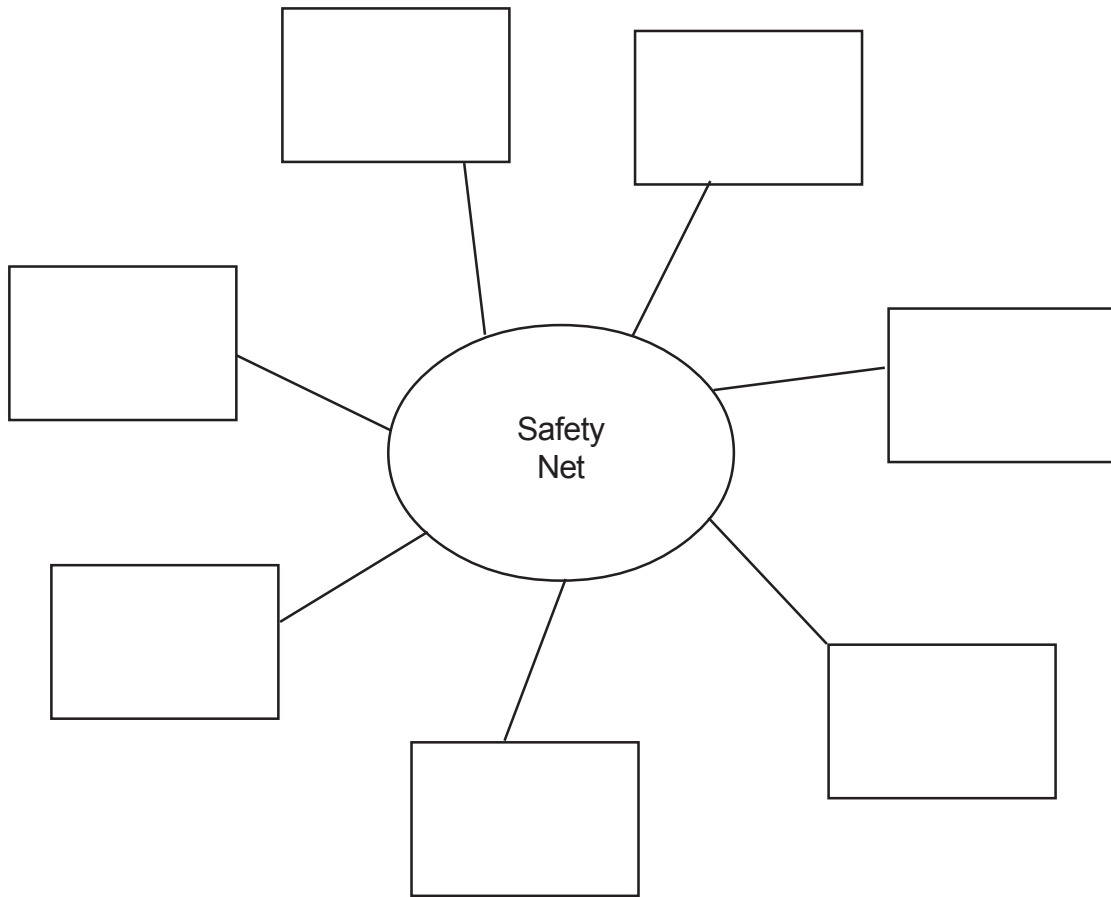
- It is possible to stay away from drugs if an individual has appropriate information, skills and the will to say 'no' to the temptation to experiment with drugs
- If the pressure or temptation to abuse drugs is very high, an individual should seek help from his/her 'safety net'
- This safety net could include parents, teachers, elders, relatives, friends, counselors and guides, health professionals or even government services including police dealing with narcotics or non-government organizations based on the individual's understanding and experiences of support networks
- If an individual faces pressure to experiment, s/he should not feel isolated and should be empowered to access member/s in the safety net and seek information, advice, support through appropriate communication channels
- Although prevention is the best, there is hope even if someone gets addicted. If one has a sincere intention to give up substance/ drug misuse, everyone around this person has a responsibility to support the individual. As drug dependence disrupts routine functioning, seeking early professional help is advisable

*Note: This safety net can also help an individual in dealing with other challenging situations (for example, sexual abuse, discrimination, bullying etc) effectively.*

*Please refer to Activity 6: 'Communicating Effectively' in Module 3 to reinforce assertive style of communication as an important skill that an individual should have for positive and responsible living.*



# WORKSHEET





**30 min**

Fact  
Sheets

Black  
Board  
Writing  
Board

Marker  
Chalk

# MODULE 10

## ACTIVITY 2

### Laws Pertaining to Substance Misuse

#### Learning Objectives

To enable learners to:

Become aware of different laws related to substance misuse

#### Notes for the facilitator:

- Initiate the session by asking learners if they know any law pertaining to prevention of substance abuse. For example, tobacco products cannot be sold to persons who are below 18 years of age
- Sum up the different laws one by one and elicit responses/reaction of learners about each law one by one.
- Note down the major points emerging out of the discussion in the session and end the session by summing up the following points
- Refer to the fact sheet for information on laws pertaining to prevention of substance misuse.

#### Summing up:

- The laws are needed to protect people from the menace of substance misuse
- The awareness about different laws is necessary to protect oneself and others
- Specific laws exist on tobacco and smoking. For example, smoking in public places is prohibited; sale of cigarettes to a person below 18 years of age is not allowed; sale of cigarettes within 100 meters of a school is not allowed
- While the minimum age at drinking varies in different states, laws are very strict about driving while under the influence of alcohol as detected through breath analyzer
- Cultivation, production, manufacturing and possession or sale of narcotic and psychotropic drugs is prohibited without permission



## FACT SHEET



The protective factors are categorized as the individual, the family and the environment that enhance one's ability to resist substance misuse. Protective factors include:

- Well developed personal skills to deal with difficult situations such as ability to analyze situations, take quick decisions, to communicate and negotiate
- Positive self-esteem, self-concept, academic achievements
- Good personal relationship with people including family members and friends.
- Growing up in a nurturing home with open communication with parents and positive parental support.
- Adequate resources to meet ones physical and emotional needs
- Cultural norms that discourages substance misuse.
- Well enforced laws that regulate substance misuse.

### **Substance Misuse and the Law:**

Substance Misuse is a major public health problem with extensive legal ramifications:

Laws pertaining to Tobacco and Smoking include:

- Prohibition of smoking in public places: The Supreme Court of India has approved ban on smoking in public places from 2 October 2008. Smoking is strictly prohibited in public places including auditoriums, hospital buildings, health institutions, amusement centres, restaurants, court building, public conveyances, libraries, education institutions etc. Any person found smoking in a public place would be liable to be fined up to an amount of Rs.200.
- Prohibition of advertisement of cigarette or other tobacco products. Direct/indirect advertisement in print, electronic or outdoor media are strictly prohibited. The Act came into effect in May 2003 and is applicable in the entire country. Sponsorship and promotion of cigarettes and other tobacco products are also banned. Persons involved in such actions will be punishable with 2 years imprisonment or/and fine up to Rs.1000. In the case of second or subsequent conviction, imprisonment will be for a term of 5 years and with a fine of up to Rs. 5000.
- Sale of cigarettes and other tobacco products to a person below the age of 18 years is not allowed. Tobacco products include cigarettes, cigars, cheroots, beedis, cigarette tobacco, snuff, gutka, toothpowder containing tobacco, pan masala, any chewing material having tobacco as one of its ingredients).
- Sale of cigarettes within 100 meters of a school is also banned.



Laws pertaining to Alcohol include:

- Licensing Laws regulate retail supply
- Legislation on drunkenness, defining intoxication as an offence under certain circumstances
- Road traffic legislation – makes driving while under the influence of alcohol an offence when blood alcohol level exceeds a certain value (30 mg/100 ml of blood) detected by breath analyzer
- Minimum age of drinking varies in different states

Narcotic Drugs and Psychotropic Substance Act 1985 – NDPS Act 1985

Cultivation, production, manufacturing, possession, sale/purchase, transportation and warehousing, consumption, and interstate movement, transshipment of narcotic and psychotropic drugs is prohibited without the permission and regulation of state or central government. Breaking of the law is punishable by imprisonment and fine.

It is important to mention that even possession of illicit/illegal substances leads to different terms of imprisonment depending on the quantity possessed.

### **Treatment for Substance Misuse**

Substance misuse and dependence can be treated by adopting a combination of approaches which include medication, behavioral changes and health care for physical and psychological symptoms. Professional counseling or Drug De-addiction Therapy is required to help users overcome addiction. This treatment needs to be administered for an appropriate period of time as per the needs of the person and also in accordance with the severity of the problem.

As there is progress in the treatment, the intensity of treatment decreases and the final part of the treatment entails continuing individual and group support in order to prevent a return to substance use. Full rehabilitation and reintegration requires efforts at all levels of society.

### **Role of Parents, Teachers and Citizens in Prevention of Substance Misuse**

One can keep oneself away from substance misuse. Our socio-cultural environment does not approve it. Attitudes concerning smoking, drinking and other drug misuse are formed, usually during preadolescence and early adolescence. Hence interventions for prevention must begin early. Parents and teachers play decisive roles in helping children cultivate proper attitude towards drugs and to stay away from drug abuse.

Parents have an important influence on their children. Despite the fact that children today are exposed to various factors, parents continue to be role models for an overwhelming majority of them. Open communication and a close relationship through regular conversations with your child will go a long way in understanding your child and building his/her self esteem and self confidence.

Teachers are also the most influential adults in the adolescents' lives. Teachers should try to share the problems, academic and personal of the learners and guide them on how to handle their problems. Be careful in advising them and try not to make any value judgment on their views and actions.



**45 min**

Question  
Box

Paper  
Pen

# Question Box

## Prevention of Substance Misuse

### Learning Objectives

To enable learners to:

- To clarify questions/concerns related to substance misuse, its signs and symptoms, causes and consequences, negative and positive peer pressure, protection from substance misuse and support those who may be into substance abuse

### Notes for the facilitator:

Please note this is a key, mandatory activity. Please collect the questions asked by the learners after the activity has been entirely completed and send these to NCERT. These questions will form important sources of information for a need-based assessment

### Planning the Activity:

- It is important to create an enabling environment where the learners are encouraged to ask questions to resolve their concerns/ queries
- Question box should be introduced at the beginning of the section and learners should be encouraged to put questions that they are hesitant to share in the large groups into the box. The facilitator should remind the learners about the question box frequently so that it is well used
- The question box should be placed in a safe and accessible place and should be locked
- At least at the end of each of the three sections: process of growing up, prevention of HIV/AIDS and prevention of substance abuse, the questions in the box should be discussed. If needed, more than one session can be organized for resolving queries in each section
- A time frame should be specified for putting in the queries and answering the questions
- The facilitator and the selected learners should sort through the questions
- After sorting, the facilitator should decide how to respond to queries. They may need to refer to additional resource materials for answering some of the questions.
- They can adopt a participatory approach in responding to these questions by asking the learners who think they know answers to respond to them.

### In school settings:

- Teachers may use their discretion to organize the question box activity for all the students of classes 9 and 11 at the same time or separately for classes 9 and 11. If the school administration thinks it necessary to organize the activity separately for boys and girls, they may do so. However, in the interest of building a common understanding on issues related to adolescent health and well being; it is desirable to organize common sessions after the first few sessions
- Students should be involved at all stages of this activity in terms of planning and conducting and monitoring it. Concerned teachers and school principal may make a beginning by motivating a small group of students selected from different classes for this purpose. To



increase student participation, a new group of students may be involved each time the question box activity is organized.

- Teachers may take the help of external experts in answering some of the questions. **If parents can serve as experts, they should be given preference. These forums can serve as important opportunities for involving parents in the program.**
- However, teachers are strongly encouraged to respond to as many questions as possible on their own. This will prove to be an empowering experience for them also. They should refer to additional resources/references if needed.

### Conducting the Activity:

- Learners will ask a wide range of questions. It is critical that the facilitator does not judge these questions as being 'right' or 'wrong'
- Facilitators' efforts should be directed at responding to the learning needs in as non judgmental a manner as possible
- It is likely that facilitators may be embarrassed by some of the questions that are being asked. This is understandable since all the facilitators may not perhaps have had sufficient training opportunities or experience of transacting such questions. In this context it would help facilitators if they remain matter of fact and information oriented in their approach

After responding to all the questions, the facilitator may sum up the discussion emphasizing the following issues:

- Commonly misused substances among adolescents are tobacco and alcohol
- Need for critically analyzing issues related to substances, because socially acceptable and even many legal drugs can be misused
- Emphasize that casual initiation of misuse of a substance leads to addiction and dependence that involves increasing tolerance, development of withdrawal symptoms and disruption of psychological, occupational and social functioning
- Substance misuse leads to addiction with an increased amount of tolerance and dependence as time goes by. Tolerance refers to a condition where the user needs increasing amount of the substance to experience the same effect. Smaller quantity that was sufficient earlier becomes ineffective, hence the user is forced to increase the amount of substance intake at regular intervals. This is referred to as the state of dependence.
- No one starts taking substances with the aim of getting addicted to them. Most addicts start using a substance out of curiosity or to experience wrongly assumed pleasure. Some take to substance misuse, as they wrongly believe that it will help them overcome their boredom, depression, stress and fatigue
- The signs and symptoms vary depending upon the kind of drug that has been abused. More generally, some of the common signs of addiction are loss of appetite, poor hygiene, being overly submissive or aggressive, stealing and being furtive, unable to maintain a regular schedule or routine, unable to complete school work on time, withdrawal from friends and family. Awareness of these behavioural changes help us in identifying individuals who may need help
- Factors which make adolescents vulnerable to serious substance misuse are poor self-esteem, family history of substance misuse, low achievement at school, family instability, history of abuse and aggressive/impulsive personality. Factors like relatively easy availability of drugs, community norms, influence of media also are responsible for abuse of drugs



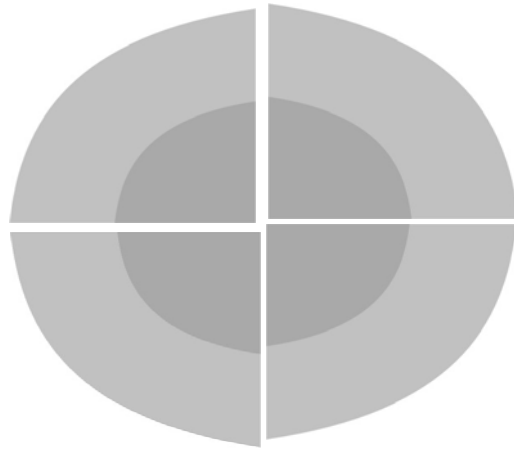
- In most cases peer pressure has been found to be one of the major reasons for initiation into smoking, drinking and even misuse of other drugs. Children whose peer groups engage in problematic and risky behavior are more likely to engage in the same kind of behavior.
- Peer group has a positive influence also and this needs to be strengthened
- Peer pressure can be managed by being well aware of the implications of substance misuse and developing skills to manage peer pressure. One can not only save oneself from adopting risky behaviour under peer pressure but also persuade the peer group from being away from such behavior
- When the pressure to use a substance is more than the individual can handle on his/her own, he/she may take the assistance of the wide “safety net” that surrounds us all. This safety net includes the parents, the teachers, elders, relatives, friends, counselors and guides, health professionals or even government including police dealing with narcotics or non-government organizations
- The awareness about different laws is necessary to protect oneself and others from the menace of substance misuse.
- Substance misuse leads to physical and psychological dependence. Some substance produce only physical dependence while others produce both physical and psychological dependence



This poster has been designed by Prateek More, Class IX, JNV, Palu, Rajasthan

Please refer to “Make it Yourself Activities” on Substance Misuse at the end of Section 5.  
 Activity 1. Substance Misuse Box  
 Activity 2. Substance Misuse Pocket Book  
 An extra set to be used for photocopying, is provided in the back pocket of this manual.





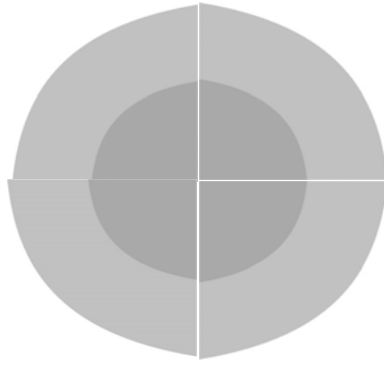
## **SECTION 4**



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# **PREVENTION OF HIV AND AIDS**





## SECTION 4

### MODULE 11

#### HIV/ AIDS TRANSMISSION AND PREVENTION

##### Introduction

Unknown before 1981, HIV and AIDS have become one of the dominant public health concerns today. Acquired Immune Deficiency Syndrome (AIDS) is a disease of the human immune system caused by a virus known as Human Immunodeficiency Virus (HIV). HIV is the name of the virus while AIDS is the disease. Usually it takes 8 – 10 years for a HIV infected person to reach the stage of full-blown AIDS when the infected person's immune system is completely damaged and as a result the individual is susceptible to multiple infections.

HIV virus gets transmitted from one infected person to another in the following ways

- (a) unprotected sexual contact with a person infected with HIV <sup>1</sup>
- (b) reusing infected needles and syringes
- (d) transfusion of infected blood
- (e) from an infected mother to her child during the course of pregnancy and breast feeding.

Since there is no cure, no vaccine to prevent its spread till date, awareness is the only means of preventing HIV and AIDS.

In this module, we will develop an understanding of the facts about HIV/AIDS, including transmission and clarify the myths and misconceptions commonly related to HIV/AIDS

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<sup>1</sup> Unprotected sex –having physical relationship without using condom





**30 min**

Black Board  
Writing Board

Chalk  
Marker

# MODULE 11

## ACTIVITY 1

### Defining HIV/AIDS

#### Learning Objectives

The learners will be able to

- Understand what is HIV and AIDS
- Learn the difference between HIV and AIDS

#### Notes for the facilitator

- This is a brainstorming exercise
- Ask the learners to indicate what they understand by the term HIV
- Write down all that is reported – do not say whether it is right or wrong
- Then ask the learners what do they understand by AIDS
- Write down all that is reported – do not say whether it is right or wrong
- Explain the terms HIV and AIDS, drawing upon the terms used by the learners
- Inform the learners the differences between the two terms

#### Summing Up

- The acronym HIV stands for Human Immunodeficiency Virus
- The acronym AIDS stands for Acquired Immunodeficiency Syndrome
- HIV and AIDS do not mean the same. A person infected with HIV is not considered an AIDS patient until she/he succumbs to the failure of the immune system of the body
- Usually it takes many years for a HIV infected person to reach the stage of full-blown AIDS when the infected person's immune system is completely damaged and as a result the individual is susceptible to multiple infections.

#### Overall Learning Objectives

- To enhance awareness about different modes of HIV transmission
- To clarify the myths and misconceptions related to HIV/AIDS
- To understand the different ways to protect oneself from HIV infection

Did  
you  
know



The red ribbon is an awareness symbol. It is a symbol of solidarity with people who have HIV.





**45 min**

Statements

Black Board  
Writing Board

Chart Paper

Chalk  
Marker

Power Point  
Presentation

# MODULE 11

## ACTIVITY 2

### Facts about HIV transmission

#### Learning Objectives

The learners will be able to

- Understand the different modes of HIV transmission
- Clarify myths and misconceptions related to HIV transmission

#### Notes for the facilitator

- There are 23 statements. If need be, divide the learners into pairs such that each pair has a statement
- Ask each pair to pick up one slip from the pile of slips
- Ensure that each pair has at least one slip
- Make a table on the black board/chart as follows:

Agree	Don't Know	Disagree

- Ask the learners to come up to the chart one by one and place their slip under the relevant section
- Have a discussion on each statement
- If an answer is wrong, provide correct answers
- Show them the power point presentation/ chart on “How HIV weakens the immune system” that is provided at the end of this activity. If possible, also distribute the illustration to all the students
- End the session by emphasizing on key messages

#### List of Statements

- HIV is transmitted through touching, shaking hands, hugging, sharing eating utensils, coughing and sneezing
- HIV is transmitted through sharing the toilet seat
- HIV is transmitted through insect bites e.g. mosquitoes
- Bed bugs cannot cause HIV infection
- Donating blood cannot cause HIV infection
- HIV/AIDS is preventable but not curable
- A person can be infected with HIV by having unprotected sex with infected partner
- An infected pregnant mother can infect her unborn child
- Responsible sexual behaviour is an important way of preventing HIV



- Transfusion of infected blood can transmit HIV
- The only way to confirm HIV infection is through the testing of specific body fluids, such as blood, saliva.
- Using sterilized /disposable needles can protect persons from HIV infection
- HIV infected person can lead a normal life
- HIV and AIDS do not mean the same
- HIV is transmitted only in certain “high risk groups” (sex workers or injectable drug users)
- The possibility of HIV transmission from infected mother to her child can be reduced by taking medical help from the beginning of pregnancy
- If one member of a family has HIV, it is necessary that all other members have HIV
- Healthy looking person cannot be HIV positive and s/he need not go for HIV tests
- Having HIV infection is the end of life
- Adolescents are immune to HIV
- HIV infected persons should be isolated and one should always be away from them
- A person can be infected with HIV by swimming or playing together with HIV positive persons
- HIV positive students should be expelled from school as they may prove dangerous for other students and teachers sitting in the same classrooms
- Most people with HIV show no symptoms of disease. They may be asymptomatic for months and even up to ten years or more

## Summing Up

- HIV is transmitted through unprotected sex with an infected partner, infected needle, infected blood or blood products and infected mother to unborn child
- HIV is not transmitted by being around people who are HIV positive
- HIV is not transmitted by hugging, shaking hands, eating from the same utensils or sharing a toilet
- HIV is not transmitted through blood donation
- It should not be assumed that HIV is transmitted only in certain ‘high risk groups’ (such as sex workers or intravenous drug users). People from diverse backgrounds (wealthy, middle class, poor) are being detected with the infection as well
- This further emphasizes the point, that it’s not the groups that are “risky” but rather the behaviors that people adopt that would put them at risk of infection
- Having HIV infection is not the end of life. Appropriate change in behavior, counseling, following the doctor’s advice, positive attitude, care and support from family and community can help a HIV positive person live a productive life
- There is no way of knowing whether a person is infected with HIV except by testing in an authorized laboratory.
- There are a variety of tests like ELISA (Enzyme Linked Immunosorbent Assay), Western Blot, Rapid Spot Tests and HIV PCR (Polymerase Chain Reaction). Usually a blood sample is drawn to test for HIV. Oral fluids (saliva) may also be used in Rapid Spot Tests
- You are eligible to donate blood once you are 17 years old and one must donate blood regularly (every three months at least) so that professional blood donors are phased out
- The window period represents the period of time between initial infection with HIV and the time when HIV antibodies can be detected in the blood (6–12 weeks). A blood test performed during the window period may yield a negative test result for HIV antibodies. These cases may require further testing after 12 weeks
- During the window period, a HIV infected person can transmit the virus to others even though s/he may be perfectly healthy and may not know that s/he has been infected with HIV

- Most people with HIV show no symptoms of disease. They may be asymptomatic for months and even up to ten years or more. These people may remain completely healthy and free from symptoms of disease but they have the virus in their blood and are at the risk of developing AIDS at any time in future. This period is called asymptomatic period
- Usually it takes 8 – 10 years for a HIV infected person to reach the stage of full-blown AIDS when the infected person's immune system is completely damaged and s/he becomes susceptible to a range of infections
- Hence, the stage of full blown AIDS does not have specific symptoms of its own but at this stage the infected person presents with symptoms of one or more infections or diseases that the person could have acquired due to low/ no immunity
- Correct information will help in preventing the infection
- HIV can be prevented by engaging in safe, protected physical relations
- Sterilized instruments, syringes and needles should be used to prevent HIV
- Clarifying myths and providing facts helps in demystifying the virus and reduces anxiety
- Myths and misconceptions about how HIV is caused perpetuate fear and further lead to stigma and discrimination



This poster has been designed by Saurav Bharati from Class X Kendriya Vidyalaya, CRPF, Makamaghat, Patna, Bihar



# FACT SHEET



## What is HIV?

HIV stands for:

- H : Human (This virus survives only in human body)
- I : Immunodeficiency (Virus produces weakness or inadequacy of the body's main defense mechanism, the immune system)
- V : Virus

## Human Immunodeficiency Virus (HIV)

There are numerous types of viruses which cause many diseases. Human diseases caused by viruses include measles, polio, mumps, common cold and flu. Viruses cannot multiply on their own. They can only reproduce themselves by using the genetic materials of the cells of the host animal or plant.

HIV is a virus that causes AIDS. HIV belongs to a family of viruses called retroviruses. It is tiny, a thousand times smaller than the thickness of a hair, Viruses cause many diseases in humans and other animals and even in plants.

The HIV (Human Immunodeficiency Virus) is different from other viruses, because it attaches itself to the genetic material of the human cells it has infected. This makes it very hard for either the body or drugs to deal with it, without destroying the cell itself. This is one of the major reasons why it has been difficult to develop a cure for HIV so far, since anything which damages the virus is also likely to destroy the cell it has infected.

## What is AIDS?

AIDS stands for:-

- Acquired : Not genetically inherited but one gets it from an infected person
- Immune Deficiency : Weakness or inadequacy of the body's main defense mechanism, the immune system.
- Syndrome : Not just one disease or symptom but being present in the body as a group of diseases or symptoms.

- AIDS is a condition caused by a virus. A closer look at the term itself tells us a lot about what AIDS is. AIDS arises from damage to the immune system acquired as a result of infection with HIV (Human Immunodeficiency Virus). There are many conditions which can result in someone being diagnosed as having AIDS but what links them all is a deficiency or weakness of the immune system. The word syndrome is used to emphasize that the AIDS presents itself as a group of signs and symptoms and not as a single disease.
- AIDS cannot be diagnosed based on the existence of one sign or symptom. All the symptoms of AIDS can be symptoms of other diseases too. Therefore, a person cannot know whether she/he has AIDS or not unless s/he has been diagnosed by blood test at an authorized laboratory. Saliva and other specific body fluids can also be used for diagnosis of HIV.

## How is HIV transmitted?

The destruction of the immune system by the virus means that infectious organisms can invade the body unchallenged and multiply to cause disease. Some of the organisms which normally do not cause diseases and leave in dormant stage in the body, owing to the weakening of immune system may multiply to cause diseases. This condition is known as opportunistic infection.

Information from persons testing positive for HIV at the Integrated Counselling and Testing Centres across the country during 2009-10 shows that 87.1% of HIV infections are still occurring through heterosexual route of transmission while parent to child transmission accounts for 5.4% of HIV cases detected, injecting drug use for 1.5%, men who have sex with men for 1.5% and contaminated blood and blood products account for 1%. (NACO, Annual Report, 2010-2011)

## Unprotected Sex

- The most common route of transmission is unprotected sex with an infected partner. It accounts for nearly 80-90 per cent of the world's HIV infections
- HIV is present in semen and in cervical and vaginal fluids. Vagina and penis provide entry points to the virus inside the body
- HIV has been described as a Sexually Transmitted Infection (STI). Transmission is made easier in the presence of other STIs, particularly genital ulcer diseases such as chancroids and syphilis
- In the presence of a STI, particularly where a sore or an ulcer are present, the risk of contracting HIV during unprotected sex with an infected person is very high

## Infected mother to new-born child

- HIV can be transmitted by a woman who is infected with HIV to her child before or during birth and after birth. Before birth, it may be transmitted across the placenta to the foetus and during birth it may be transmitted through the mother's blood
- Most of the children with HIV do not survive for more than 2-5 years, if they do not receive any treatment or medication for HIV, that is, antiretroviral medicines used for treatment of HIV positive persons





## Blood

- As a virus, which lives in the blood, HIV may be transmitted by the transfusion of blood from an infected donor. For this reason it is mandatory for every blood collection centre to conduct HIV test for HIV infection before collecting blood from a donor
- HIV can also be transmitted through the use of needles, syringes, blades, knives, surgical instruments and other piercing instruments that have been used on an infected person, without proper sterilization. This can also be transmitted through instruments used for circumcision, tattooing, acupuncture, ear piercing and traditional healing practices
- The possibility of transmission of HIV through needles used for injections in clinics and hospitals is extremely low, as it is essential for clinics and hospitals to use new or sterilized syringes and needles
- Sharing of needles and syringes among injecting drug users is common. Such behaviour is risky from the point of view of acquiring and transmitting HIV infection as infected needles can easily transmit the virus through blood

## How is HIV not transmitted?

It is very important to know and remember that HIV is not transmitted:

- By shaking hands with HIV positive person
- Kissing and hugging HIV positive person
- Sharing cups, plates and other eating utensils with HIV positive person
- Sharing toilet and bathroom facilities with HIV positive person
- Through coughing or sneezing or through the air we breathe
- Sitting in the same class room or canteen as HIV positive person
- Sharing work instruments or machinery with HIV positive person
- Swimming together or playing together with HIV positive person
- Donating blood to the Blood Bank (with sterilized or fresh/new needles)
- Bites by insects, e.g. mosquitoes, bed bugs, etc

## HIV Prevention

There is no preventive vaccine or cure. The only option available today is to prevent it by observing practices that are safe.

## Responsible Sexual Behaviour

The basic approach that has been promoted in the context of HIV prevention is:

- Abstinence: The person does not have sex. It is the only 100% safe way of protection against pregnancy, STIs and HIV
- Be faithful: Sex with only one uninfected partner, i.e. monogamous relationships
- Correct and consistent use of condoms provides protection against pregnancy, HIV and STIs
- Abstinence: The person does not have sex. It is the only 100% safe way of protection against pregnancy, STIs and HIV
- Be faithful: Sex with only one uninfected partner, i.e. monogamous relationships
- Correct and consistent use of condoms provides protection against pregnancy, HIV and STIs

## Use of Safe Blood and Instruments

- Use of only sterilized instruments: Instruments which are used to draw blood and are used in activities such as circumcision, tattooing or ear piercing can be cleaned by leaving them in a solution of bleach (Bleach contains chemicals with oxidizing bleaching action such as sodium hydrochloride and chlorine). These chemicals are also good disinfectants and instruments can be kept immersed in these chemicals (powder or liquid) in the ratio of 1 part chemical to 9 parts of water for 30 minutes or boiled in water for 20 minutes
- Use of Sterilized syringes and needles: If an injection is needed, one must ensure that the syringe and the needle are disposable or are properly sterilized. There should never be any sharing of needles and syringes while taking an injection
- Blood safety: The Blood Safety Programme in the country is an integral part of the National AIDS Control Programme. There are a large number of Blood Banks, both government and non-government, which collect and supply safe blood

HIV Zonal Blood Testing Centres have been set up in a number of cities and towns of the country. The centres receive samples of blood from Blood Banks for HIV testing. Under the Drugs and Cosmetics Act 1940 (amended till 1995), it is mandatory to test every unit of blood for HIV. The Zonal Blood Testing centres/district level Blood Banks have been provided with testing kits and the necessary equipment for conducting tests. The blood of a donor is discarded, if it is tested HIV positive. As per the revised guidelines, blood banks are required to inform the donor if the blood is tested HIV positive. They can further refer them for counselling and other care and support services.

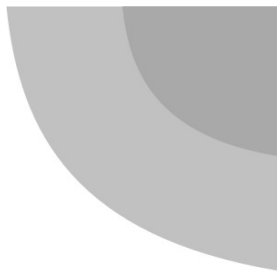
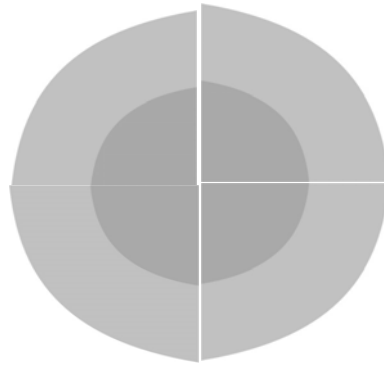
In order to know the prevalence and progression of HIV in the community and in the country as a whole, the National AIDS Control Organisation has established the mechanism of sentinel surveillance. This is being done through screening of the blood samples, collected from sentinel sites including STI clinics, antenatal clinics, drug de-addiction clinics, etc. The surveillance data from different states is compiled at the national level.

Efforts are also being made to augment voluntary blood donations and to phase out professional blood donors. There is need to promote voluntary blood donation, as it is safer and less likely to be infected with HIV.

## Mother-to-Child Transmission (MTCT)

Termination of pregnancy used to be the only solution to prevent vertical transmission. Although this option is relevant even today, most HIV positive mothers in our country opt to continue pregnancy due to social pressures and longing for motherhood. Also, registration for antenatal care and subsequent diagnosis of HIV infection takes place late in pregnancy, well beyond the safe limit of 20 weeks for a voluntary termination of pregnancy. Therefore antiretroviral treatment to the mother during and after pregnancy and newly born babies remains the main strategy for preventing MTCT. This strategy also helps in preventing transmission of HIV infection during breastfeeding.





## **SECTION 4**

### **MODULE 12**

#### **SITUATION OF HIV/AIDS IN INDIA**

The seriousness of the spread of HIV and AIDS is reflected in the number of people being affected in the world. For example, UNAIDS estimates that there were 33.3 million people living with HIV at the end of 2009. However, in 2009, HIV/AIDS resulted in the death of 1.8 million people (UNAIDS Report on Global AIDS epidemic, 2010). In India also the spread of HIV infection is an important health concern, especially the phenomenon of the increasing number of HIV infected adolescents and young people. As per HIV estimates of National AIDS Control Organisation (NACO) for 2008-09, there are an estimated 23.9 lakh people living with HIV/AIDS in India. Further, using globally accepted methodologies and updated evidence on survival to HIV with and without treatment, it is estimated that about 1.72 lakh people died of AIDS related causes in 2009 in India (NACO Annual Report, 2010-11)

In this session, we shall discuss the situation of HIV/AIDS in India. The available data suggests that there are some states that report high prevalence while there are some that show low prevalence of HIV/AIDS. The medical facts are clear enough about the effects of HIV infection on the individual. Over a period of time it destroys the immune system so that the infected person becomes susceptible to a range of infections. But the impact of HIV and AIDS is not restricted to the individual. It has much more serious socio-economic and demographic implications. By conducting the following activities we shall try to understand some of these implications.

#### **Learning Objectives:**

To enable the learners to:

- Enhance awareness regarding HIV prevalence in India
- Learn about the socio-demographic impact of HIV/AIDS in India
- Learn about the economic impact of HIV/AIDS in India





**45 min**

Fact Sheets

PowerPoint  
Presentation  
Data sheets

Black Board  
Writing Board

Chalk / Marker

# MODULE 12

## ACTIVITY 1

### HIV and AIDS Prevalence in India

#### Learning Objectives

To enable learners to:

- Review the prevalence of HIV infection in different states in India
- Review the prevalence of HIV infection in various age groups in India
- Appreciate the implications of the data on HIV prevalence in different states and age groups of the country

#### Notes to facilitator

- Present the data given in Tables 1 and 2 (showing state-wise and age-wise variation) using a power point presentation or a chart and ask the learners to focus on the prevalence of HIV
- Tell the learners that even though the percentages seem to be small and insignificant, the absolute numbers are of grave significance

**Table - 1: HIV Prevalence, by State**  
**Percentage HIV Positive in the Age Group 15-49**

State	Women Percentage HIV positive	Men Percentage HIV positive	Women and Men Percentage HIV positive
Andhra Pradesh	0.75	1.22	0.97
Karnataka	0.54	0.85	0.69
Maharashtra	0.48	0.77	0.62
Manipur	0.76	1.59	1.13
Tamil Nadu	0.39	0.27	0.34
Uttar Pradesh	0.05	0.10	0.07

Source: NFHS-3, 2005-06 To know HIV prevalence in your state, visit [nacoonline.org](http://nacoonline.org)

**Table - 2: HIV Prevalence, Age-wise**

Age group	Male	Female	Total
15-19	0.01	0.07	0.04
20-24	0.19	0.17	0.18
25-29	0.43	0.28	0.35
30-34	0.64	0.45	0.54
35-39	0.53	0.23	0.37
40-44	0.41	0.19	0.30
45-49	0.48	0.17	0.33
Total age 15-49	0.36	0.22	0.28

Source: NFHS-3, 2005-06

**NOTE:**

*National Family Health Survey (NFHS)-3 is the first nationwide community-based survey in India to provide an estimate of HIV prevalence in the general population*



## Points for discussion

1. Ask the learners to read Table 1 and indicate what the data tells them.
2. Which of the States (data provided in the Table 1 above) has the highest percentage of HIV infected persons?
3. Which state shows the lowest percentage of HIV positive persons?
4. Can you think of the reasons for these differences?
5. Ask the learners to read Table 2 and indicate what the data tells them about HIV prevalence among men and women?
6. Which age categories (data provided in the Table 2 above) have the highest percentage of HIV infected persons?
7. Does it arouse any concerns in you? Please give reasons.
8. Do you think that the prevalence of HIV in the age categories 15-19 years and 20-24 years is a matter of concern? Please give reasons for your answer.

- Note down the responses of the learners on the black board/writing board
- While discussing question 2, the facilitator should inform the learners that high rate of HIV infection in North- Eastern states is largely because of sharing of needles amongst drug users
- Make sure to focus on the infection/disease detection process while answering question 3
- Emphasize that even if the HIV prevalence in a state is low; it does not imply that the state is protected from HIV infection
- There may be pockets of high prevalence within a state
- Sometimes low prevalence rate may be due to low reporting of HIV infections as people do not come forth for testing due to stigma and discrimination associated with HIV positive status
- Consistent prevention efforts are needed to keep prevalence rates low
- While summarizing assimilate the responses of learners and supplement any missing information, based on the Fact Sheets

## Summing Up

- Data demonstrate the prevalence of HIV and AIDS in different states
- There can be gaps in data due to several reasons. For example, insufficient testing, sub-optimal surveillance and lack of reporting
- HIV estimates are derived on the basis of HIV prevalence reported through nationwide household survey, known as National Family Health Survey (NFHS)
- No state is completely protected from HIV infection even if the prevalence is low
- Consistent prevention efforts are needed to keep prevalence rates low
- Furthermore, a state with high prevalence of HIV can also check new infections by using effective prevention methods detailed in previous modules



**30 min**

Fact  
Sheets

Writing  
Board/  
White  
Board

Chart  
Paper

Chalk  
Marker

# MODULE 12

## ACTIVITY 2

### HIV and AIDS:

### Socio- Economic and Demographic Impact

#### Learning Objectives

To enable the learners to:

- Understand the impact of HIV and AIDS on socio-economic aspects of the country
- Understand the impact of HIV and AIDS on demographic aspects of the country

#### Notes for the facilitator

- This activity will be conducted with focus on the implication of HIV and AIDS on the demographic situations and socio-economic development
- Read out each situation to the learners and initiate a discussion on each
- Do not spend more than 10 minutes on each situation
- Situations to be given:
  1. Educational Impact: In Zambia, personal illness or taking care of family members account for over 60% of teacher absenteeism. A survey carried out among teachers found that a five percent increase in a teacher's rate of absence, reduced students' average gains in learning by four to eight percent per year.
  2. Socio-economic Impact : In many African countries, HIV and AIDS has raised costs for businesses through absenteeism due to the ill health of a worker or a member of the worker's family; higher medical care and benefit costs; funeral costs for employees; employee attrition due to illness or death; and additional efforts needed to recruit new staff.
  3. Demographic Impact: Mortality has been increasing in the developing countries which are highly affected by HIV and AIDS. HIV causes more deaths than most infectious diseases in the world and it is the major cause of deaths in Sub-Saharan Africa. There is also evidence that HIV has increased overall mortality in Asia and the Caribbean.

Questions for reflection and discussion :

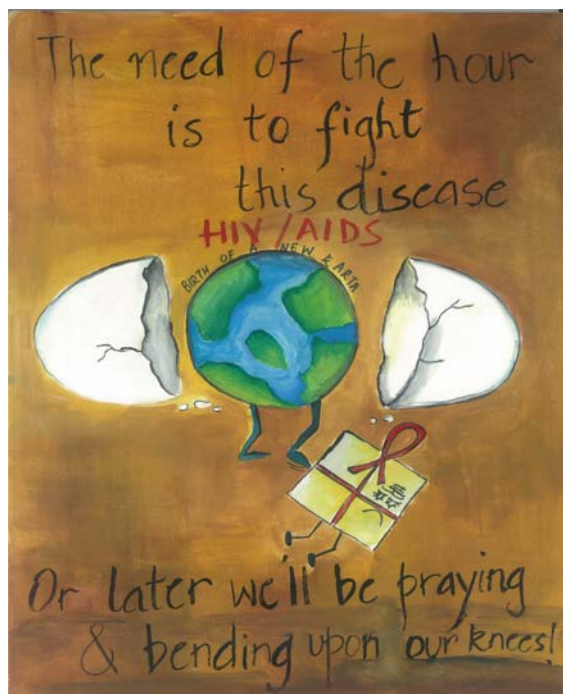
1. What is the impact of HIV and AIDS on individuals that you observed in the situation?
  2. What impact would each of the situations have on the society and country at large?
  3. How do you think these problems can be addressed?
- End the session by summing up the points that come up during the discussion
  - The impact of HIV and AIDS is felt most directly and deeply at the individual and household levels; the worst impact is felt by the poorest populations
  - The combination of higher expenses and reduced income threatens the livelihood of a family, their ability to secure food, pay for education, and save and invest
  - In India, research indicates that average monthly expenditures exceeded the income of



- families with one member living with HIV due to doubling in purchases of medicine
- A study of HIV-affected households in India found that 43% had to borrow or liquidate assets to cope after a family member was detected to be HIV positive
- Research has also found that among HIV-affected households in New Delhi, many children were removed from school as a way to cope with decreasing incomes and increasing expenditures and that 17% of these children took up jobs to contribute to family incomes
- AIDS related illness and death among employees may increase costs and reduce productivity
- Research has shown that agricultural productivity has declined in many African countries due to lack of labour
- HIV has the potential to impact the structure of a country or region's population.
- Prior to the onset of the AIDS epidemic, many developing countries were experiencing significant gains in life expectancy. But estimates in many of the hardest hit countries indicate that those gains have slowed or even reversed in some cases due to HIV. South Africa, Swaziland, Zambia, and Zimbabwe have seen drops in life expectancy. Even in countries where prevalence rates are lower - Cambodia, Ukraine, Dominican Republic, Russia, and India - HIV and AIDS has slowed down increases in life expectancy
- There is the potential for HIV to alter the ratio of women to men since so many affected by HIV are women. HIV infection rates typically peak among women 5 to 10 years earlier than men and women with HIV also tend to die earlier than men
- Because fertility tends to be lower for women with HIV than uninfected women, fertility rates are expected to decline; also, HIV- positive children born to infected mothers are not as likely to reach childbearing age

## Summing Up

- HIV/AIDS has multi-sectoral impact and is a great burden on the nation as a whole
- Not only the individual concerned but the family is affected
- HIV has the potential to impact the structure of the country or region's population
- Damage to the economy due to reduction in the human capital is of serious concern



This Poster has been designed by an adolescent participant during the National Youth Festival - Umang held in December 2009



# FACT SHEET



## HIV Prevalence

### i) Global

Within a span of nearly two and a half decades the spread of HIV and AIDS has assumed the proportion of a global crisis.

#### UNAIDS estimates

- 33.3 million [31.4 million–35.3 million] people were living with HIV at the end of 2009
- The estimated number of children living with HIV increased to 2.5 million [1.7 million–3.4 million] in 2009.
- Women living with HIV account for about 52% of the global total.
- One third of the young population, aged 15-24, globally carries the burden of HIV infection. (UNAIDS Global Report 2010)
- The number of annual AIDS-related deaths worldwide is steadily decreasing from the peak of 2.1 million [1.9 million–2.3 million] in 2004 to an estimated 1.8 million [1.6 million–2.1 million] in 2009.

The decline reflects the increased availability of antiretroviral therapy, as well as care and support, to people living with HIV, particularly in middle- and low-income countries; it is also a result of decreasing incidence starting in the late 1990s. (UNAIDS Global Report 2010)

### ii) India

In India also the number of people with HIV infection is increasing since the first confirmed evidence of HIV infection was detected in Chennai, Tamilnadu in 1986.

- Though India is a country with low HIV prevalence, it has the third largest number of people living with HIV/AIDS.
- As per HIV estimates of National AIDS Control Organisation (NACO) for 2008-09, there are an estimated 24 lakh people living with HIV/AIDS in India with an adult prevalence of 0.31 percent in 2009.
- One in every 1000 young people in the age group 15-24 is HIV positive (NFHS III, 2005-06). Though India is a country with low HIV prevalence, it has the third largest number of people living with HIV/AIDS. (NACO Annual Report 2010-11)

However, it is pertinent to note that the statistics of AIDS cases in India may not be a completely accurate guide to the severity of the epidemic, as in many situations a patient dies without HIV diagnosis for example, in sufficient testing, sub-optimal surveillance and lack of reporting.





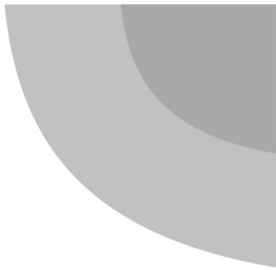
## **HIV and AIDS: Socio-economic and Demographic Implication**

HIV and AIDS cannot be compared with diseases such as cholera and malaria, which currently claim the lives of more people. The repercussions of HIV and AIDS are more critical. It has emerged as the single most important challenge to public health, human rights and human development and imperiled the very fabric of human society as no disease has done in human history before. It has ravaged families and communities and, in the hardest-hit countries, has reversed the decades of progress in public health in terms of Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR), education, food security and economic and social development.

### **Why do HIV and AIDS have a multi-sectoral impact?**

There are several aspects of HIV which contribute to or exacerbate its potential to have wider-ranging, societal impact compared to many other infectious diseases that also affect developing countries. These include:

- The impact of HIV and AIDS is felt most directly at the individual and household levels, the worst impact being felt by the poorest populations.
- For a person living with HIV and AIDS, there are obvious clinical and medical consequences
- Due to the morbidity of HIV and AIDS, an individual's capacity to work and generate income is affected. The combination of higher expenses and reduced income threatens the livelihood of a family, their ability to secure food, pay for education, save and invest
- Mortality has been increasing in the developing countries highly affected by HIV and AIDS
- AIDS related mortality and its impact on the potential number of births may reshape the age structure in highly affected countries
- Impact on economic growth: HIV primarily affects young adults in their most economically productive years, thereby impacting the growth of an economy.
- Both the peak age of HIV infection and the greatest mortality are among those between the ages of 20 and 40/45 years.
- By affecting adults during their prime working years, HIV and AIDS has the potential to impact the labour supply and therefore, businesses and firms in the private and public sector
- AIDS-related illness and death among employees may increase costs, reduce productivity and change an organisation's operating environment
- Higher costs have significant implications for businesses, such as effects on profitability and competitiveness
- Impact on agriculture and food security: The majority of people in countries most affected by HIV live in rural areas, with many relying on farming and other rural occupations for subsistence and income.
- Given agriculture's reliance on labour, illness and death directly affect productivity and, therefore, affect crop yields, income, and, ultimately, food security
- Food insecurity is a particular challenge in the context of HIV - it is both exacerbated by and contributes to the epidemic's effect in hard hit areas that also suffer from food shortages
- The deepest impact is felt at the household level, there is evidence of wider impact as well
- Impact on health sector: There is significant stigma related to HIV infection. Due to stigma, people may not see themselves at risk, may not get tested and, if infected, may not seek treatment or if they do, face barriers to accessing needed services all of which exacerbate the epidemic.
- The sector most directly affected by HIV and AIDS is the health sector, both public and private
- HIV/AIDS increases the number of people seeking services, the costs of health care for patients, and the need for health care workers
- People living with HIV and AIDS need a wide range of health care services, often for many years
- This increased demand is putting pressure on the limited health resources in many developing countries



## SECTION 4

### MODULE 13

#### VULNERABILITY OF ADOLESCENTS AND WOMEN TO HIV

##### Introduction

In this module, we will develop an understanding of the vulnerability of adolescents and women to HIV infection as well as develop empathy and challenge stigma and discrimination related to HIV and AIDS.

##### Overall Learning Objectives:

- To recognize the vulnerability of adolescents and women to HIV infection
- To understand different ways in which these groups can protect themselves from HIV infection

##### NOTE:

- Introduce Question box and encourage the learners to put questions that they are hesitant to share in the large groups into the box



This poster has been designed by an adolescent participant at the National Youth Festival, Umang organised in 2009.





# MODULE 13

## ACTIVITY 1

**45 min**

Fact  
Sheets

Case  
Studies

Black  
Board/  
Writing  
Board

Chalk  
Marker

### Vulnerability of Adolescents to HIV

#### Learning Objectives

The learners will be able to:

- Appreciate the negative effect of HIV on adolescents
- Understand why adolescents are at higher risk of HIV infection
- Recommend ways of reducing the impact of HIV infection on adolescents

#### Notes for the facilitator

- Inform the learners that in this session, vulnerability of adolescents to HIV infection will be discussed
- Divide learners into four groups having not more than 5-6 members in each group
- Each group should identify one person as a rapporteur (reporter) who will note down the group's responses to the discussion questions
- There are three case studies given in this exercise. If there are more than 3 groups, the same case study may be shared by two groups but each group will discuss the case studies separately.
- Give one copy of the handout of case study to every group. If copies of the handout are not available, read out the case study or write it on the board
- Ask the group to discuss the question at the end of the case study and prepare the answer in 10 minutes
- After the group works for 10 minutes, ask the rapporteur of each group to present the group's responses
- Ask the other members to add or comment, if something is missing
- Note down all the main points of the responses on the writing board and highlight the key points based on fact sheets after the group presentations are over
  
- The acronym HIV stands for Human Immunodeficiency Virus
- The acronym AIDS stands for Acquired Immunodeficiency Syndrome
- HIV and AIDS do not mean the same. A person infected with HIV is not considered an AIDS patient until she/he succumbs to the failure of the immune system of the body
- Usually it takes 8 – 10 years for a HIV infected person to reach the stage of full-blown AIDS when the infected person's immune system is completely damaged and as a result the individual is susceptible to multiple infections.



### CASE STUDY 1

Fourteen year old Ravi has a troubled relationship with his parents. As a result, he stays out of the house for long duration. He hangs out with a group of slightly older boys who engage in risky behaviours. Ravi is drawn towards them and at the same time is not sure about joining them in their risky behaviours. He is at a loss and does not know whom to turn to for help and advice.

#### Questions for discussion

1. What are the potential risks Ravi is vulnerable to, especially in the context of HIV?
2. In this situation, could Ravi's parents have played a more supportive role? If yes, explain what they could have done.

### CASE STUDY 2

Mahesh, 17 year old, has been friends with a group of boys in his neighbourhood since last five years. His friends pressurize him into taking drugs through injection. He refuses but when they start call him names, he agrees to experiment with injectable drugs because he did not want to be the odd one out in his group. He uses the same needle that the other boys had used and enjoys the sensation. Soon, he is addicted to injectable drugs.

#### Questions for discussion

1. What was the role of Mahesh's so-called friends in influencing his decision?
2. Could Mahesh have behaved differently? If yes, explain what could he have done?

### CASE STUDY 3

Mita, 17 year old, saw a programme on television on HIV. She was scared as she thought she has engaged in risky behaviour. After class one day, she gathered courage and approached her teacher. Mita told the teacher that she wants to talk to her. On being asked by the teacher, Mita told her that lately she is feeling very unwell. She goes on to confide in the teacher her fear of getting HIV as she has engaged in one of the risky behaviours. The teacher gets very angry and tells her that she is a bad girl. Mita is very upset and goes away from the class.

#### Questions for discussion

1. How does the behaviour of the teacher affect Mita?
2. Could the teacher have done anything different? Explain what could she/he have done?

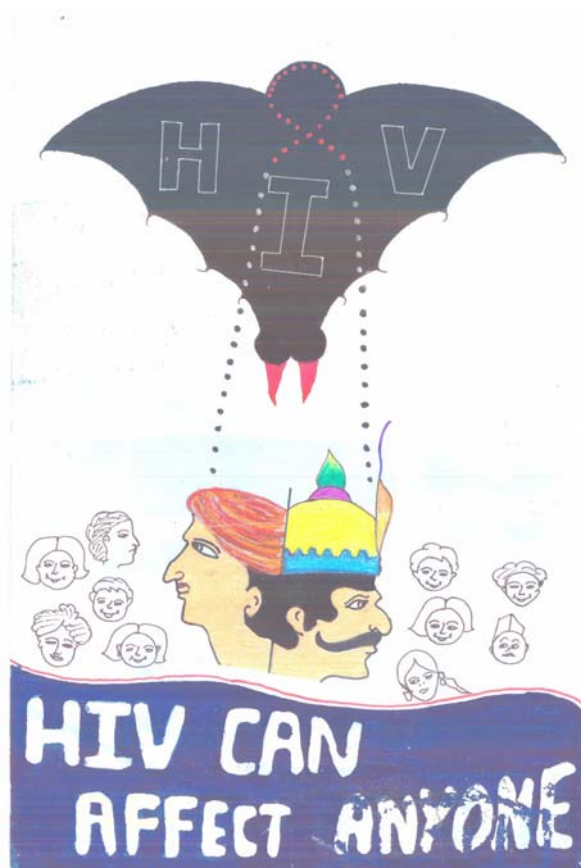


## Summing Up

- Adolescents are at an age where they are vulnerable to experimenting and are curious about finding out new things. Hence, it is important to give them correct information about the ways in which HIV can be transmitted
- Adolescents need the support of their family to enable them to adopt safe and responsible behaviors to prevent HIV infection
- As peers have an important influence on the behavior of adolescents; parents and teachers should be aware of the friends that adolescents interact with
- Everyone, especially young people have the right to information and education on HIV
- Empowered with accurate and age appropriate information and skills, adolescents can adopt safe and responsible behaviors
- Parents are the most important individuals whom adolescents look up to for support
- Schools can play an important role in HIV prevention. The adolescents look up to their teachers for guidance. The teachers, therefore have an added responsibility to be mentors to the young adolescents seeking advice or counsel them when needed



This poster is designed by an adolescent participant in the National Youth Festival Umang, organised in December 2009



This poster has been designed by an Arvind Shekawat, Class IX, JNV, Alwar, Rajasthan.





**45 min**

# MODULE 13

## ACTIVITY 2

### Vulnerability of Women to HIV

Fact Sheets

Newspaper  
Clippings

Black Board  
Writing Board

Chart Paper

Chalk  
Marker

#### Learning Objectives

The learners will be able to:

- Understand the different factors that contribute towards increased vulnerability of women to HIV infection
- Analyze how this vulnerability can be reduced

#### Notes for the facilitator

- Divide the learners into groups having not more than 5-6 members in each group
- Each group should identify one person as a rapporteur who will note down the group's responses
- Since there are only two news clippings given below as sample, try to collect some more news clippings on similar issues. Such news items appear in the newspaper quite frequently
- Give one news clipping to every group. If the number of news clippings is less than the number of groups, give the same news clipping to more than one group
- Ask all groups to discuss the questions given below. These questions may be written on the board
- Facilitator will use the following questions for discussion:
  - Do you think women are at a higher risk of HIV infection?
  - If yes, what do you think are the common reasons for women to be at higher risk of HIV infection?
  - Do you think society discriminates against women and thereby increasing their vulnerability to the infection? Why do you think so?
  - What steps can be taken to protect women from becoming infected with HIV?
- After the group work is over, ask the group reporters to present the group reports. The group members may add, if some points are missed out by the group reporter or disagree with the points raised
- Summarize the entire discussions held in this session and highlight the points in summing up



## News Clipping I

### Women more susceptible to HIV, says study

(From Indian Express.com, Anuradha Mascarenhas. Posted online: Tue, Jan 22, 2008, 000:10 hrs)

Pune: January 21: Recent studies show that women are susceptible to HIV and other sexually transmitted diseases in multiple ways. They are more likely to have been coerced into early sexual activity, face more sexual violence ..., cautions Pratima Murthy, Professor of Psychiatry and Chief, of Drug De-Addiction Center at National Institute of Mental Health and Neuro-sciences, Bangalore.

Women using drugs often have partners who use drugs and their risky behavior affects the women, Murthy adds, similarly non-substance using women who have substance using partners are also vulnerable and form a bridge population for the spread of HIV/AIDS. Awareness of HIV risk is inadequate, accessibility to service is limited and this population is greatly underserved.

Can also be accessed from:

<http://www.indianexpress.com/news/women-more-susceptible-to-hiv-says-study/264081/>

## News Clipping II

### When it comes to HIV, all women are at risk

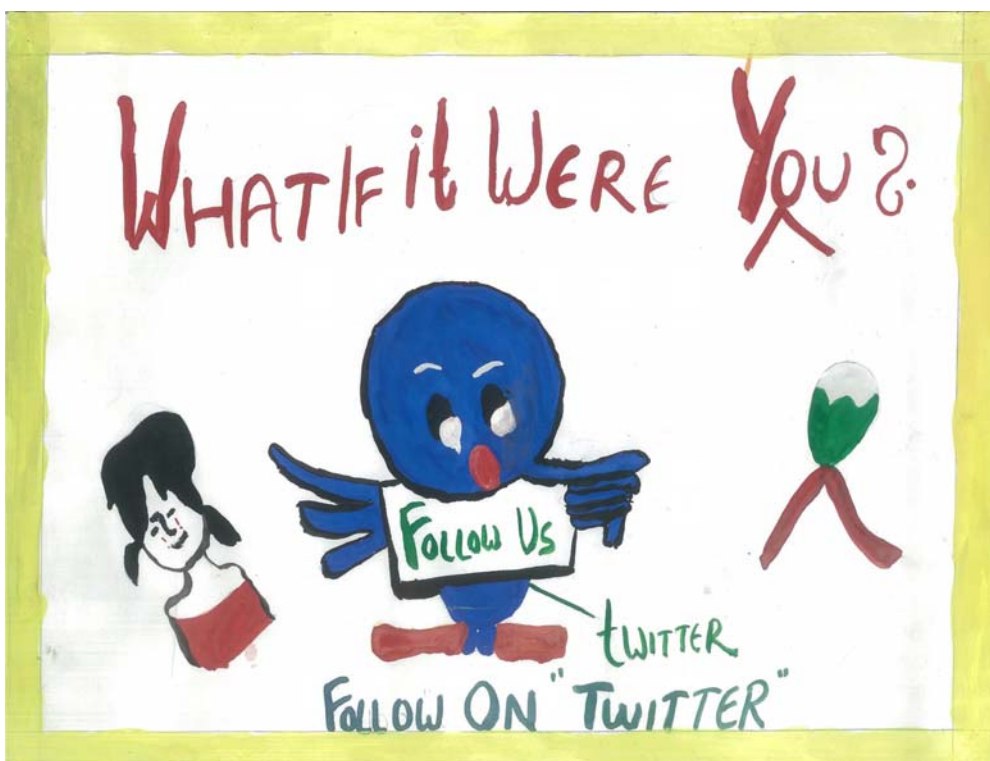
The Expression 'women at risk' can no longer be used to describe only those engaged in sex work, and that strategies to address women's vulnerability to HIV must therefore take into account their varied risks, writes Sumita Thapar in a newsletter "India Together". "When I think women and AIDS, the faces of women I have met in different parts of the country over the years flash before my mind: A 50-year-old woman who has spent a lifetime in a brothel in Kolkata: a 40-something woman in Chennai who has the most heart rending tales to tell of the abuse, humiliation and sexual exploitation in the Tamil cine industry; .. a 40-ish middle-class AIDS widow in Mumbai, HIV-positive and on antiretroviral treatment, playing single parent to two young children and working as a health worker". These stories – and the breadth of social and economic conditions they represent – point to unspeakable sexual violence in the home and in workplace, increasing women's vulnerability, and the risk of contracting HIV, the virus that causes AIDS. This also means that the expression 'women at risk' can no longer be used to describe only those engaged in sex work, and that strategies to address women's vulnerability to HIV must therefore take into account their varied risks.

This article can also be accessed from: <http://www.indiatogether.org/2007/dec/hlt-allwomen.htm>



## Summing Up

- Women from all strata of life are at higher risk of HIV infection, although current statistics may not indicate the same.
- Women have limited access to health services as well as to HIV testing facilities.
- Knowledge of HIV transmission, prevention, treatment and care is important to reduce risk of transmission and spread of the infection.
- Awareness and correct information is needed to decrease the stigma and discrimination associated with HIV/AIDS,
- Women in our country and reportedly worldwide, are known not to actively seek health services for themselves because
  - Low priority to one's own health
  - Household chores take precedence over seeking health services
  - Society's discrimination placing low value on women's health and well being
  - Family resources are not allocated or distributed in their favour
  - Women have limited autonomy or control over their life
  - As a result of existing power imbalances in relationships
- The points mentioned above leads to further neglect of women's health that put them at a higher risk of several diseases and infections, including HIV
- Biologically women are twice more likely to become infected with HIV
- It is important to empower women to negotiate safe relationships with their partner
- It should not be assumed that HIV is transmitted only in certain 'high risk groups' (such as sex workers or intravenous drug users). Women from diverse socio-economic backgrounds are being detected with the infection
- This further emphasizes the point, that it's not the people that are "risky" but rather the behaviors they adopt that would put them at risk of infection



This poster has been designed by an adolescent participant at the National Youth Festival, Umang organised in December 2009.





## FACT SHEET



### **Vulnerability of Adolescents**

Adolescents are more vulnerable to HIV infection because of the following reasons:

- Lack of correct knowledge about transmission of HIV
- Adolescents have an urge to experiment/try out new things which may sometimes lead to risky behaviors
- They may also have the feeling that they are invincible and hence engage in behaviours that may harm them
- Adolescents are less likely to recognize potentially risky situations
- Negative peer pressure may result in risky behaviour
- Increased possibility of sexual abuse by infected person
- Lack of access to youth friendly services
- Lack of life skills needed to make informed and responsible decisions

### **What can be done:**

- It is important therefore to provide the youth with correct information on possible ways in which they can get infected with HIV
- It is important to establish a positive and sharing relationship with their parents or elders in the family, have a supportive environment in school and peers who do not engage in risky behaviors or misguide others

### **Vulnerability of Women:**

The possibility of females contracting HIV is due to the following facts:

- Male to female transmission is more efficient than female to male because of biological reasons (larger surface area of mucus membrane that is exposed to the virus thereby making it easier for transmission of the virus)
- Semen has greater concentration of virus than vaginal fluid
- Mucus membrane can be damaged easily and therefore there are more chances of HIV transmission
- Asymptomatic infections are more common in females and as a result they do not come forward to seek care
- Less autonomy and power for women in relationships
- Social and economic factors (lack of education, low self esteem and economic dependence) also makes women more vulnerable





## SECTION 4

### MODULE 14

#### TESTING, COUNSELING AND CONFIDENTIALITY

##### Introduction

Testing is a key aspect to providing care and support to people living with HIV and AIDS. Every individual has a right to access free, confidential and non-judgmental services. The effect of these key elements is critical in making lives of People Living With HIV/AIDS (PLWHA) more meaningful.

Remind the learners about the question box and encourage them to put question that they are hesitant to share in the large groups into the box.



This poster has been designed by an adolescent participant at the National Youth Festival organised in Dec 2009.





45 min

Case  
Studies

# MODULE 14

## ACTIVITY 1

### Diagnosis and Services

#### Learning Objectives

The learners will be able to:

- Explain the importance of testing and early detections
- Explain the principle of confidentiality and how it relates to HIV
- Emphasize the importance of referrals and quality counseling services

#### Notes for the facilitator

- Divide the learners into six groups having not more than 5-6 members in each group
- There are 3 case studies given in this exercise. Each case study will be shared by two groups but each group will be asked to prepare a role play with different outcomes
- Use the questions given under each case study for discussion after each role play has been presented
- Give the groups 10 minutes for preparation of role play
- At the end of the activity, repeat the key messages

#### CASE STUDY 1

Sohan, 11 year old, approaches his teacher with a problem. He is very disturbed and after some initial discomfort is able to share his situation with the teacher. Sohan says that there is some serious problem in his family, he hears his parents talking about HIV and he understands that someone seems to have it. During this talk, Sohan breaks down and starts crying, saying that he is very afraid and fearful that something is wrong with one or both his parents. He requests the teacher to guide him and suggest what he should do.

#### Enact a role play depicting the following:

Group 1: Show how and why the teacher helped Sohan –

- what suggestions the teacher could give
- the teacher did not reveal Sohan's problem to anyone else

Group 2: Show how and why the teacher listens to Sohan, but

- reveals this information to his class mates and other teachers
- feels that it was important for everyone to know Sohan's problems if Sohan had to be helped in any way .



Questions for discussion in the large group after the two role plays have been enacted:

- In your opinion, which of the two teachers was more helpful to Sohan?
- Please provide reasons for your response.
- Do you think the teacher was right in sharing Sohan's problem with others
- What could be some of the effects of the teacher sharing Sohan's information with the students and other teachers
- Write down the points mentioned by the learners.

Should keep information confidential (Not disclose)	Should NOT keep information confidential (Disclose)

**CASE STUDY 2**

Aziza who is in class XI, asks the Games teacher a question about her failing health, saying she is looking for some advice and help on how to address this problem. The games teacher, listens to her, and empathizes with her. The Games teacher suggests that Aziza talk to the Science teacher, who she feels may be able to guide Aziza better. Aziza does not know the Science teacher so well, but still goes and shares her problem with her. The Science teacher is very busy and questions her saying she is just wasting her time and that all this is really none of her (teacher's) business. Aziza is confused and doesn't know who to turn to.

- Enact a role play depicting the following:**
- Group 3: What do you think of the Games teacher's response?
- Was it enough?
  - What effect did it have on Aziza?
- Group 4: What do you think of the Science teacher's response?
- Was it enough?
  - What effect did it have on Aziza?

Questions for discussion in the large group after the two role plays have been enacted:

- Which of the two teachers chose the better option?
- Please provide reasons for your response.
- How did this help Aziza, if at all?
- If someone living with HIV approaches you and you feel that you cannot help him/her beyond a point, would you consider referring the individual? Why do you say so?

### CASE STUDY 3

Rakesh of Class XII is worried and confused. He has seen a skit in his school about HIV and AIDS. Rakesh has engaged in one of the risk behaviours that were shown in the skit. What should he do? Where should he go? All these questions take him to his class teacher who had organized the play.

#### Enact a role play depicting the following:

Group 5: The teacher listens to him patiently and guides him to access the counseling centre in the neighborhood as early as possible.

Group 6: The teacher laughs and says that what Rakesh saw yesterday was only a skit and not a real-life situation. The teacher also tells Rakesh that he is too young to worry about these things and at this age he should relax and enjoy life.

Questions for discussion in the large group after the two role plays have been enacted:

- Which of the 2 teachers chose the better option?
- Do you think the first teacher's response helped Rakesh? Why?
- What do you think of the second teacher's response?
- Do you think the second teacher was correct in his/her response? Why do you think she was correct/not correct?
- Do you think counseling is important in a situation like this? Why?

### Summing Up

- According to the law, people (including young people and children) have a right to confidentiality and privacy when they receive health care, including counselling and treatment for HIV/AIDS, Sexually Transmitted Infections (STIs) and Reproductive Tract Infections (RTIs)
- People have the right to keep their HIV status confidential although they should be encouraged to talk to their spouse or sexual partner about it
- Remember that fear of their status being revealed may keep many from getting tested.
- Placing blame on individuals and discovering who are the primary 'infectors' of HIV/AIDS or STIs is counterproductive and leads to stigma and discrimination
- Counselling is considered very helpful in the care and support of persons living with HIV/AIDS, their families, and the communities they live in
- Counselling provides social and psychological support, and has been shown to help people cope with being HIV positive and understanding what it means to live with HIV/AIDS
- Making the right referral is a skill and an essential part of providing care and support services. The idea is to help the individual, in the best possible way and if that means referring them to a better prepared, more informed person, then that is what we should do, rather than take on something we are not equipped to handle
- Oftentimes a student approaches a teacher who s/he feels most close or comfortable with. This is because the teacher is often looked upon as a person who the student can fall back on and depend on
- This further increases the responsibility of the teacher to ensure that s/he is taking every action in the interest of the student and even unknowingly, not causing any hurt or harm to the student in any way





**45 min**

# MODULE 14

## ACTIVITY 2

Story  
Black  
Board  
Writing  
Board  
Chalk  
Marker

### Influence of Values in Decision Making in the Context of HIV/AIDS

#### Learning Objectives

The learners will be able to:

The learners will be able to:

- Address prejudices and stigma associated with HIV and AIDS
- Challenge and reduce discrimination against people with HIV/AIDS

#### Notes for the facilitator

This activity is based on the method of values clarification. The following story may be written on the writing board. Or, it may be read loudly and clearly

Rahul lost his father when he was just a child. He is a young man now and lives with his mother. He works in a senior position in a factory. Sonal is a bright young lady and works in a Science Research Lab. She resides in a hostel which is close to Rahul's house. Rahul and Sonal are very close friends and would like to get married. But there are problems. Rahul is HIV positive. It was detected during a routine health check up conducted in the factory where he works. The Managing Director of his factory has taken a decision to remove him from service as he is HIV infected.

Sonal too has a problem. She was in love with Vikram, her colleague in the Research Lab and that relationship resulted in her pregnancy. Vikram went abroad just two months ago. One month after his departure, Vikram wrote to Sonal and told her that their relationship was over. Sonal was under severe depression. That's when she got close to Rahul. Rahul does not know that Sonal is pregnant, nor does Sonal know that Rahul is HIV positive. Dr. Khurana, who is consulted by both of them, knows the truth about both of them. But he does not divulge their respective problems to either of them for ethical reasons. Rahul's mother is excited to know that he and Sonal want to marry each other. Although she knows that his son is HIV positive, she persuades him to marry Sonal as early as possible so that they may have a child.

There are six characters in this story

1. Rahul
2. Sonal
3. Vikram
4. Dr. Khurana
5. Rahul's Mother
6. Managing Director



- On a chart/blackboard, put the names of all the characters in the story
- Ask learners to indicate whom do they think is the best character and who is the worst character based on his/her behavior on a piece of paper
- Once the learners have written best and worst character on a sheet of paper, start a discussion by asking approximately 10 learners to justify their opinion for the characters they chose to be the best and the worst
- Note down the main points put forth by every learner as justification
- Ask the group if anyone's choice has not been reflected and s/he could also share their choice of best/ worst character with reasons
- Facilitator should take the discussion forward by using the following processing questions during discussion:

Questions for discussion in the large group after the two role plays have been enacted:

1. What do you feel about the position of Rahul's mother?
2. Is the Managing Director's action justified?
3. Did Dr. Khurana take the right decision?
4. What kind of person does Rahul seem to be?
5. What kind of a person does Sonal seem to be?
6. What kind of a person does Vikram seem to be?

Facilitator should take the discussion forward by using the following processing questions during discussion:

- While summarizing, articulate the points of views made by learners
- Create an environment in which learners continue thinking on all the value laden dimensions of the issue
- While summarizing try to be value neutral and articulate the varied perceptions of stigma and discrimination
- It is important to highlight that on any issue, different individuals hold different points of view
- It is therefore, not proper to completely reject or accept a viewpoint unless it is subjected to critical analysis

## Summing Up

- Values are integral to the understanding of issues, especially those related to topics that are sensitive and taboo
- All people are informed by values but personal values should at no point influence or impact the lives of people, negatively
- Every individual has certain values close to her/him. Therefore, there is no one right or one wrong way of looking at things
- It is illegal to test any individual for HIV without his/her informed consent
- HIV status can not be disclosed without the individual's permission
- HIV positive status cannot form the basis for termination from job or suspension from school
- People living with HIV/AIDS can lead healthy and fulfilling lives and continue to contribute to the society. They should not be discriminated against
- HIV does not discriminate, it can infect any one, irrespective of class, color, gender, disability and identity



# MODULE 14

## ACTIVITY 3

45 min

Writing Board/  
Black Boards

Chalk Marker

### Living positively with HIV/AIDS

#### Learning Objectives

To enable the learners to:

- Accept presence of HIV/AIDS either in self or in a loved one
- Understand that being infected by HIV is not the end of one's life

#### Notes for the facilitator

- Divide the learners into six groups having not more than 5-6 members in each
- Identify one learner as reporter in each group.
- There are three case studies so one case study will be given to two groups.
- Tell the groups to read the case study and answer the question at the end of the case study.
- After the group work is over, ask each group reported to present the group reports. The group members may supplement if some points are missed out by the reporter
- The other learners can also add or disagree with some points in the report
- Summarize the discussion highlighting the importance of accepting that HIV infection has come to them and then going on to seek appropriate treatment

#### CASE STUDY 1

During a routine check up five years ago, Raju, 27 years old, was told by his doctor that he has tested positive for HIV. He was shattered. He thought that this was the end of his life. However, he took the doctor's advice and went to the counsellor. He followed the guidance given by the counselor and is leading a productive life.

Do you think a HIV positive individual can lead a productive life? Please give reasons.

#### CASE STUDY 2

Amita is 25 year old married woman who lives with her husband, Deepak. They have been married for three years. Amita is pregnant and she goes for her check up to the hospital. The doctor tests her for HIV as per their routine practice. The doctor calls Amita and Deepak and informs them that Amita has tested positive for HIV. Deepak is also asked to undergo the test and even he is positive. Amita and Deepak want to terminate the pregnancy. But the doctor informs them that there are ways of preventing the transmission from mother to child and that the couple should think through the options available to them before reaching a decision.

What should Amita and Deepak do about this pregnancy? Please give reasons.





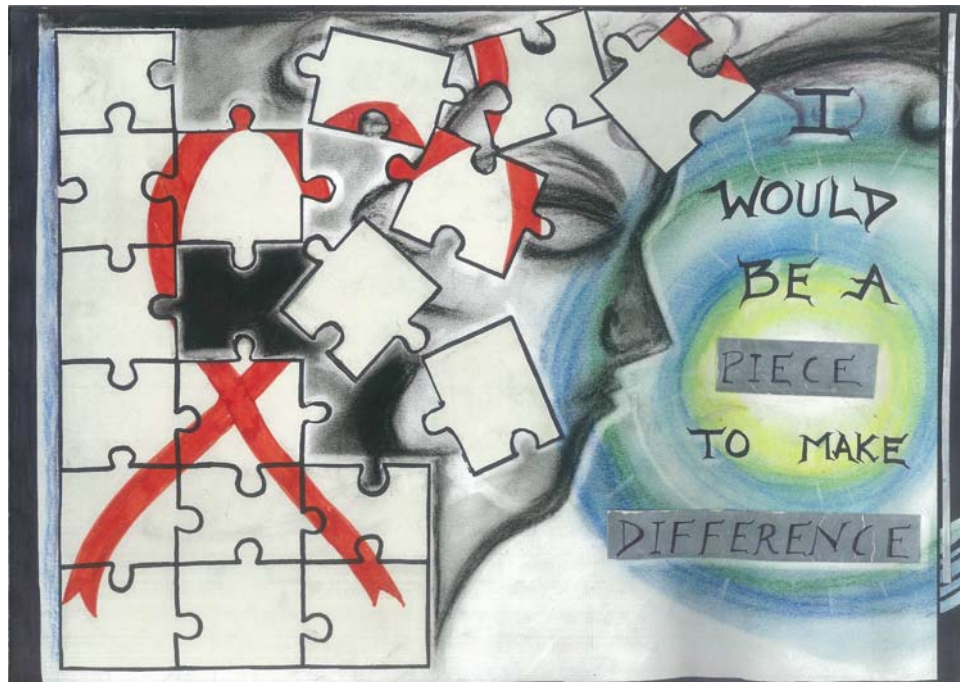
### CASE STUDY 3

Birju is an executive who stays away from home for weeks on end. He has been feeling very weak and unwell since some days. When he goes to the local hospital, the doctor asks him to undergo HIV test. Birju is told that his reports indicate that he is HIV positive. Birju denies it and fights with the doctor and says that the report is not his.

What do you think of Birju's reaction? Please give reasons.

### Summing Up

- If one tests positive for HIV, it is important not to deny it
- It is possible to lead a productive life even if one is infected with HIV
- A person can look and be healthy even after the infection has set in
- Some persons who are living with HIV have changed their lifestyles – they eat healthy, exercise and meditate regularly
- Antiretroviral therapy (ART) can slow the disease progression by stopping or decreasing the reproduction of the virus in the body
- It is possible to reduce transmission from mother to child by seeking care from a qualified doctor early in pregnancy



This poster has been designed by an adolescent participant at the National Youth Festival, Umang organised in December 2009.

# FACT SHEET



## Diagnosing HIV Infection:

Most people with HIV show no symptoms of disease. They may be asymptomatic for months and even up to ten years or more. These people may remain completely healthy and free from symptoms of disease but they have the virus in their blood and are at the risk of developing AIDS at any time in future. This period is called asymptomatic period. Once a person is infected with HIV, she/he can transmit the virus to others even though she/he may appear perfectly healthy and may not know that she/he has been infected with HIV. This period is called window period.

The window period represents the period of time between initial infection with HIV and the time when HIV antibodies can be detected in the blood (6–12 weeks). A blood test performed during the window period may yield a negative test result for HIV antibodies. These cases may require further testing after 12 weeks.

## HIV Testing

There is no way of knowing whether a person is infected with HIV except by having a blood test. Certain tests also use specific body fluids such as saliva for testing for HIV. There are a variety of tests like ELISA, WESTERN BLOT, and RAPID TEST. The most common way to diagnose HIV infection is based on the detection of antibodies to HIV which are generated in the blood of an HIV-infected person approximately 6-12 weeks after the HIV virus enters the body.

## What is an Integrated Counselling and Testing Centre?

An Integrated Counselling and Testing Centre (ICTC), is a place where a person is tested for HIV and counselled, on his/her own free will or as advised by a medical provider. The main functions of an ICTC include:

- Confidential testing and counseling for HIV
- Early detection of HIV
- Linking individuals with other HIV prevention, care and treatment services
- Provision of basic information on modes of transmission and prevention of HIV/AIDS
- Identifying risk behaviors and providing behavioral change counseling to reduce vulnerability
- On detection of sero-positive case, referrals for care and treatment services as needed
- On detection of sero-negative case, identifying risk behaviors and providing counseling to help them stay negative



## **Where can an ICTC be located?**

An ICTC may be located in health facilities owned by the government, in the private/not for-profit sector, in public sector organizations/other government departments such as the Railways, Employees' State Insurance Department (ESID), etc. and in sectors where nongovernmental organizations (NGOs) have a presence. In the health facility and medical colleges, the ICTC should be well coordinated among the Departments of Medicine, Microbiology, Obstetrics and Gynaecology, Paediatrics, Psychiatry, Dermatology, Preventive and Social Medicine, etc. As the HIV test is a relatively low-cost test and since the risk perception is generally low, travelling a long distance to get tested could be a strong disincentive. Therefore, it is important to ensure that facilities for counselling and testing be located as close to the people as possible. ICTCs should ideally be located such that they provide maximum access to population at large.

## **Symptoms of HIV and AIDS:**

Usually, it takes almost a decade for HIV infection to develop into full blown AIDS. At the initial HIV stage, due to lack of immunity, the infected person is susceptible to a range of infections which could be easily mistaken as symptoms for other illnesses. These include:

- Persistent fatigue
- Severe weight loss
- Night sweats or fevers lasting several weeks
- Persistent diarrhea lasting over a month

Common complaints made by people with AIDS are following:

- Painless swollen glands, usually in the neck and armpits, which last for at least three months
- Some people develop recurrent infections such as oral thrush (Candida), Herpes zoster (shingles) or genital Herpes
- Many develop tuberculosis (TB)
- A common manifestation in children is prolonged diarrhoea and pneumonia which do not respond to treatment

These symptoms are also common in people who do not have HIV infection. However, when several of these occur at the same time and they are persistent, one should go for testing.

One has to be careful in disclosing the status and the person concerned must consent to such a disclosure as it affects the life of the person in question.

## **Living with Persons with HIV and AIDS:**

A diagnosis of HIV infection has emotional, social and medical consequences. The individual and social adjustments required have implications for family, social relations, work, education, status and civil rights. Person suffering from HIV and AIDS or PLWHAs need counselling. Counselling has to take into account not only the person's immediate social and medical environment but also his/her social relationship and attitude towards HIV and AIDS. Counselling of the family members, friends, employers, school authorities must be based on updated and authentic information.

HIV positive status of a partner, a family member, a friend, workmate, a neighbor or oneself, is a reality that one may be faced with and has to consequently deal with.

We know that HIV is not contagious, but HIV and AIDS have produced reactions of fear, hostility and prejudice. Since anything linked with sex is a taboo in our society, a person with HIV and AIDS is likely to be discriminated against and stigmatized. Due to this fear and discrimination there have been calls for compulsory testing. This is not an effective way of controlling the epidemic, as it is impossible to test every person as a potential carrier of HIV. Even if everyone is tested, we may not be able to identify HIV infected persons who may be in the so-called “window period” using the usual HIV tests, including ELISA and Western blot assay. In addition this is obvious violations of human rights. This, in turn, could discourage people with high risk behaviours to go for testing and ultimately make them to go into hiding. Hence it is important to build a non-discriminatory environment so that people get tested voluntarily.

There have been cases of persons with HIV and AIDS being rejected by their families and friends, losing their jobs and evicted from their place of residence. Consequently, people with HIV/AIDS are afraid to tell others about their condition for fear of victimization. This increases the danger both for the individual and society.

### **Caring for someone with HIV and AIDS:**

A person with HIV/AIDS needs both moral support and physical care. The patient will feel more secure at home where he or she is amongst loved ones. There is no risk attached to caring for a person with AIDS at home provided that household hygiene measures as stated below are taken.

- Avoid skin contact with blood of the infected person; if blood gets on to your hands; wash as soon as possible in soapy water. Cover any cuts or sores on your hands with a waterproof plaster
- If plastic or rubber gloves are available, use these to cover your hands when dealing with blood or soiled linen; you could also use plastic bags to cover your hands
- Boil laundry soiled with blood for twenty minutes and/or use bleach (one part bleach powder or liquid to nine parts of water) or soak it in a chlorine solution to kill any virus present
- Providing physical care to someone with HIV/AIDS is a sure way of showing them that are loved. It is also important to listen and to talk of them
- Sit and talk with patients, giving them the opportunity to chat or remember old times if they want to
- Find out what patients need and want, e.g. to eat, to pass time, or who they would like to see

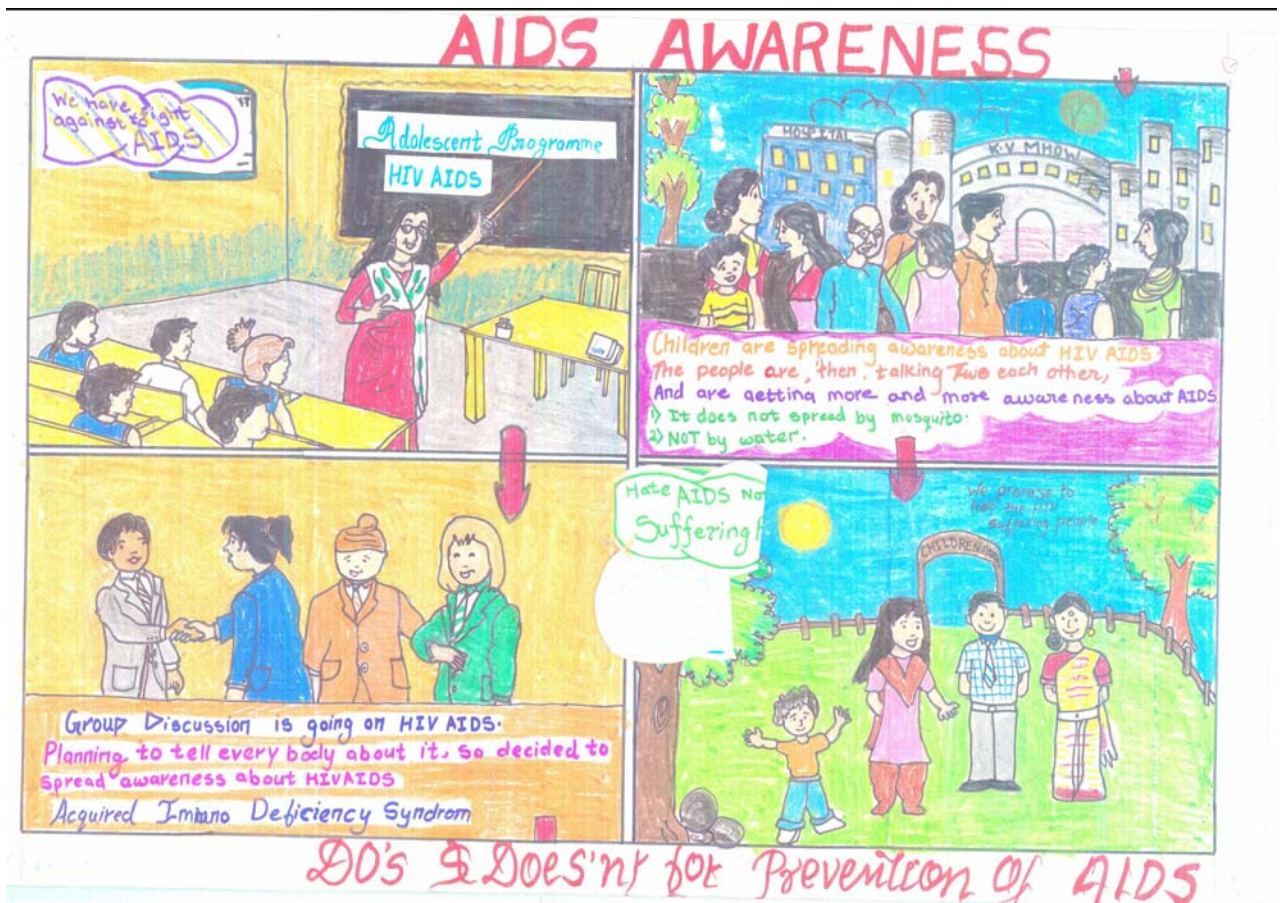
The home is a very important place for a person with HIV/AIDS. If a person with HIV/AIDS is assured of a caring and understanding family, she/he will be much better able to cope emotionally and practically with the illness.

### **Teacher’s Role as Educators:**

While traditionally psychologists, social workers and doctors have served as counsellors, it is important to explore the role of teachers as educators with young learners. A teacher needs to gain the trust and confidence of learners.

Responsible sexual behaviour being an important component of education for HIV and AIDS, a teacher has to function as a resource for accurate information in matters related to it. Many teachers find it difficult to get over their embarrassment and shyness while dealing with such issues. With training, the embarrassment and shyness can be overcome amongst the teachers and they can be in a better position to communicate with the learners in their own language and appreciate their problems and needs.

- It is extremely important for teachers to be non-judgmental so that s/he can treat the student as a person needing understanding, compassion and care
- The teacher should not put off a learner when s/he asks questions rather s/he should tell them that their questions are very genuine and relevant
- The teacher should ensure that his/her learners understand various issues related to HIV and AIDS prevention



This poster has been designed by Priyanka Dhadi from Class XI, Kendriya Vidyalaya, Mhow, Madhya Pradesh



## SECTION 4

### MODULE 15

#### RTIs, STIs AND RELATIONSHIP WITH HIV

### Introduction

In this session, we will develop an understanding about RTIs and STIs. These have also been dealt with in the NCERT textbook Biology of Class XII. There are certain infections that the reproductive organs. The impact of infection, the prevention of Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STIS) will be discussed in this module. We would also highlight the relationship between STIs and HIV infection.

Remind the learners about the question box and encourage them to put question that they are hesitant to share in the large groups into the box



This collage has been designed by an adolescent.





**45 min**

Black Board  
Writing Board

Chalk  
Marker

Power Point  
Presentation

Work Sheet

# MODULE 15

## ACTIVITY 1

### Understanding RTIs, STIs and their relationship with HIV

#### TO BE CONDUCTED IN CLASS XI ONLY

#### Learning Objectives

The learners will be able to:

The learners will be able to:

- Address prejudices and stigma associated with HIV and AIDS
- Challenge and reduce discrimination against people with HIV/ AIDS

#### Notes for the facilitator

- Start the activity by brainstorming with the group by asking them what they understand by the terms RTI and STI
- Ask the learners if they think there is a relationship between RTI/STI and HIV
- Note their points on black board/ writing board
- Explain to the group that Reproductive Tract Infection (RTIs) include all infections of reproductive tract that may come from poor genital hygiene, and imbalance of normal bacteria in the reproductive tract
- Explain to the group that Sexually Transmitted Infections (STIs) are infectious diseases that spread through unprotected sexual activity with an infected partner
- Divide the learners into six groups
- Ask the learners to discuss the question given to them in their group
- Choose a group reporter who will share the group's understanding on the topic assigned to them with the larger group
- Supplement the information using power point presentation or reading aloud the points made in the summing up section
- End the session by summarizing and emphasizing key messages

#### Group Work Tasks

Group 1: What are the causes of RTI and STI?

Group 2: What are possible ways of prevention of RTI and STI?

Group 3: What are the common symptoms of RTI and STI?

Group 4: What should be done if oneself or a friend or a relative is suffering from RTI or STI symptoms?

Group 5: What are the consequences of RTI and STI?

Group 6 : How are RTIs/STIs related to HIV?



## Summing up:

- Reproductive Tract Infection (RTIs) include all infections of reproductive tract that may come from poor genital hygiene, and imbalance of normal bacteria in the reproductive tract
- Sexually Transmitted Infections (STIs) are infectious diseases that spread through unprotected sexual activity with an infected partner
- All RTIs are not sexually transmitted (for example infection due to poor genital health)
- RTIs / STIs are preventable (for example having protected sex, maintaining genital hygiene)
- Some of the common symptoms of RTIs/ STIs include discolored, foul smelling discharge from genitals, painful or painless ulcers, warts and rashes on genital organs, and pain during urination
- It is important to note that many STIs remain asymptomatic particularly in women and the infected person can continue infecting others without realizing that s/he is suffering from STI
- Individuals suffering from RTIs/ STIs should not be stigmatized but encouraged to seek early and timely help from a qualified doctor
- Majority of RTIs / STIs can be treated adequately by consulting a qualified doctor in a timely manner. The partner should always be taken to the doctor and treated
- Untreated RTIs /STIs can become chronic and be the cause of serious complications
- RTIs and STIs lead to similar consequences that may include inability to conceive, pregnancy occurring outside the uterus, chronic pelvic pain, miscarriage (spontaneous abortion) and overall poor health
- Having a RTI or STI also increases the risk of acquiring HIV infection for several reasons
- \* Unprotected sexual contact with infected partner is responsible for transmission of both STIs and HIV.
- \* RTIs/ STIs may cause ulcers etc could lead to easier and more efficient transmission of HIV from one infected sexual partner to another.

Note: Please refer to Activity 4: 'Being Comfortable with Changes During Adolescence' in Module 4 ' Understanding Adolescence' for information on genital hygiene.

<sup>1</sup> Protected sex means use of condoms during sexual activity





## FACT SHEET



### **Reproductive Tract Infections - RTIs**

- RTIs are infections that occur in the reproductive tract of both men and women
- These are caused by bacteria, viruses or protozoa. The infection affects the genital tract and can affect female reproductive organs or male reproductive organs
- RTIs can be present without producing any symptoms
- RTIs include all infections of the reproductive tract whether transmitted sexually or not
- The infection may come from the poor genital hygiene
- RTIs may even occur due to imbalance of the normal bacteria in the reproductive tract
- Practice of proper genital hygiene in males and females and menstrual hygiene in females can prevent RTIs
- For cure of RTIs, patient should seek advice and treatment of qualified doctors and not approach an untrained person

### **Sexually Transmitted Infections - STIs**

- Infections transmitted from one partner to another during unprotected sexual activity with an infected partner are called STIs. The infections are transmitted via the mucous membranes and secretions of the genital organs, throat and rectum
- Not only do they affect genital organs but also are harmful for the overall health
- Common STIs are Gonorrhoea, Chlamydia, Syphilis and HIV etc
- There is strong evidence that STIs put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and break in the skin lining or mucous membranes that often occur with STIs and exposes the individual to other infections. There are various types of sexually transmitted diseases
- Most STIs are easy to treat, if they are detected and treated early. If they are not detected and treated early, the infection may spread and cause various complications

The symptoms of some of the more prevalent STIs include:

- **Gonorrhoea:** The most common symptoms among infected adolescent girls are vaginal discharge, bleeding between menstrual cycles, and painful urination. Among adolescent boys, common symptoms are burning or painful urination and pus-like discharge from the penis.
- **Chlamydia:** Symptoms of Chlamydia are similar to those of gonorrhoea and sometimes difficult to differentiate clinically. Chlamydial infections are more likely to be asymptomatic than gonorrhoeal infections and thus are of longer duration on average.
- **Syphilis:** Primarily in syphilis, the characteristic symptom is the appearance of a chancre (painless ulcer) at the site of initial exposure (e.g. external genitalia, lips, tongue, nipples, or fingers). In some cases, the infected individual will experience swollen lymph glands. In secondary syphilis, the infection becomes systemic and the individual experiences symptoms such as fever, headache, sore throat, rash, and swollen glands. During latent syphilis, symp-

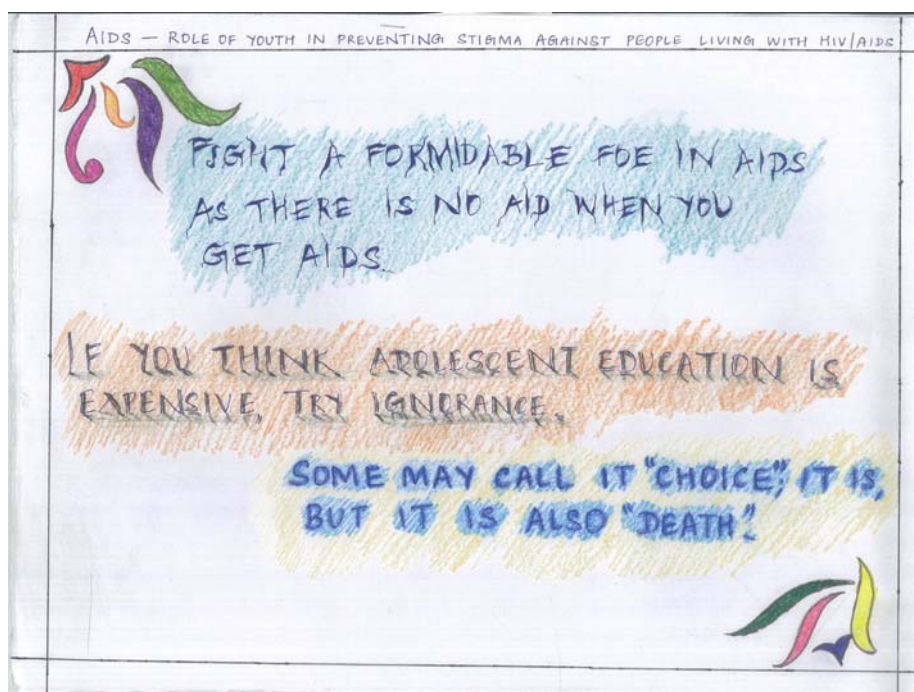


toms go unnoticed. During the late stage of syphilis, the infection has spread to organ systems and may cause blindness, signs of damage to the nervous system and heart, and skin lesions.

- Herpes Simplex Virus: The symptoms of genital herpes include burning and itching of the genital area, blisters or sores on the genitals, discharge from the vagina or penis, and/or flu-like symptoms such as headache and fever.
- Human Papilloma Virus (HPV): The warty growths of HPV can appear on the external or internal reproductive organs of males and females but are commonly found on the labia minora and the opening to the vagina in females and the penis in males. They may be small and few or combine to form larger growths.
- Human Immunodeficiency Virus (HIV): Some persons who are newly infected with HIV have rash, fever, enlarged lymph nodes, and a flu-like illness sometimes called HIV Seroconversion Syndrome. This initial syndrome passes without intervention, and later symptoms, when T-cells become depleted, include weight loss, chronic cough, fever, fatigue, chronic diarrhea, swollen glands, white spots on the tongue and inside of the mouth, and dark blotches on the skin or in the mouth. This stage is known as AIDS.

As many of the RTIs and STIs particularly in women remain asymptomatic, it is possible that a person may have a RTI or STI and not know about it. The danger is that the person can spread the infection to others without realizing it.

It is important that sexually transmitted infections are adequately treated. If not, they can become chronic and be the cause of serious complications. For adequate and effective treatment it is necessary to go to a qualified doctor. Self-treatment or treatment by quacks is not advisable. One should not feel ashamed to go to a doctor. It is the doctor's duty to maintain strict confidentiality.



This is slogan coined by an adolescent participant in the National Youth Festival, Umang, December 2009





**45 min**

Question  
Box

Paper  
Pen

# MODULE 15

## ACTIVITY 1

### Question Box on prevention of HIV and AIDS

#### Learning Objectives

To clarify questions/concerns related to HIV and AIDS prevalence, HIV transmission and prevention, its implications, and HIV testing, counselling and confidentiality

#### Notes for the facilitator

Please note this is a key, mandatory activity. Please collect the questions asked by the learners after the activity has been entirely completed and send these to NCERT. These questions will form important sources of information for a needs-based assessment.

#### Planning the Activity:

- It is important to create an enabling environment where the learners are encouraged to ask questions to resolve their concerns/queries.
- Question box should be introduced at the beginning of the section and learners should be encouraged to put questions that they are hesitant to share in the large groups into the box. The facilitator should remind the learners about the question box frequently so that it is well used.
- The question box should be placed in a safe and accessible place and should be locked.
- At least at the end of each of the three sections: process of growing up, prevention of HIV/AIDS and prevention of substance abuse, the questions in the box should be discussed. If needed, more than one session can be organized for resolving queries in each section.
- A time frame should be specified for putting in the queries and answering the questions.
- The facilitator and the selected learners should sort through the questions.
- After sorting, the facilitator should decide how to respond to queries. They may need to refer to additional resource materials for answering some of the questions.
- They can adopt a participatory approach in responding to these questions by asking the learners who think they know answers to respond to them.

#### In school settings:

- Teachers may use their discretion to organize the question box activity for all the students of classes 9 and 11 at the same time or separately for classes 9 and 11. If the school administration thinks it necessary to organize the activity separately for boys and girls, they may do so. However, in the interest of building a common understanding on issues related to adolescent health and well being; it is desirable to organize common sessions after the first few sessions.



- Students should be involved at all stages of this activity in terms of planning and conducting it. Concerned teachers and school principals may make a beginning by motivating a small group of students selected from different classes for this purpose. To increase student participation, a new group of students may be involved each time the question box activity is organized.
- Teachers may take the help of external experts in answering some of the questions. If parents can serve as experts, they should be given preference. These forums can serve as important opportunities for involving parents in the program.
- However, teachers are strongly encouraged to respond to as many questions as possible on their own which will prove to be an empowering experience for them. They should refer to additional resources/references if needed.

### **Conducting the Activity:**

- Learners will ask a wide range of questions. It is critical that the facilitator does not judge these questions as being 'right' or 'wrong'.
- Facilitators' efforts should be directed at responding to the learning needs in as non judgmental manner as possible.
- It is likely that facilitators may be embarrassed by some of the questions that are being asked. This is understandable since all the facilitators may not have had sufficient training opportunities or experience of transacting such questions. In this context it would help facilitators if they remain matter of fact and information oriented in their approach.

After responding to all the questions, the facilitator may sum up the discussion emphasizing the following issues:

- Low HIV prevalence in a specific geographical area, for example, a state does not imply that the state is protected from HIV infection. There may be pockets of high prevalence within a state. Hence, consistent prevention efforts are needed to keep prevalence rates low. Furthermore, a state with high prevalence of HIV can also check new infections by using effective prevention mechanisms
- HIV estimates are derived on the basis of HIV prevalence observed through nationwide household based survey
- HIV does not discriminate, it can infect any one, irrespective of class, color, gender, disability and identity
- It should not be assumed that HIV is transmitted only in certain 'high risk groups' (such as sex workers or intravenous drug users). Women from average, middle class families and backgrounds are being detected with the infection as well, which further emphasizes the point, that it's not the groups that are "risky" but rather the behaviors that people adopt that would put them at risk of infection
- Young people are at risk of the infection. Young people can learn and adopt safer behaviours which will reduce their risk to the infection.
- Women are at higher risk of HIV infection. Their lower socio-economic status in the family, less autonomy and overall neglect of their health contributes towards their increased vulnerability. Women's poor access to health services as well as to testing services also increases their risk of acquiring the infection. Furthermore, women are biologically at higher risk of acquiring STIs, HIV.
- Knowledge of HIV transmission, prevention, treatment and care is important to reduce risk of transmission and spread of the infection, and decrease the stigma and discrimination associated with HIV/AIDS, which becomes double discrimination, in the case of women.



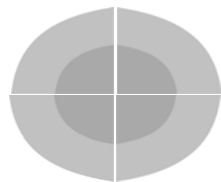
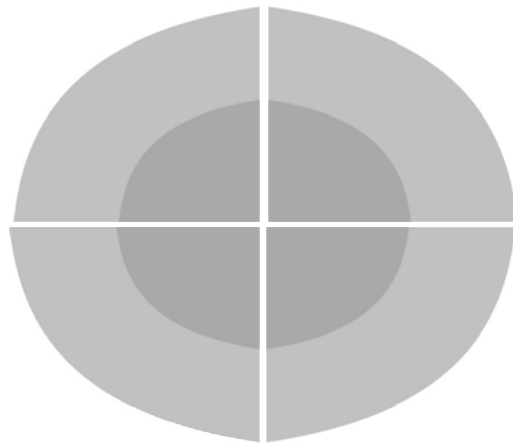
- While young people worldwide are at higher risk, they have a right to information and must be empowered to making informed choices.
- Adolescents have a right to comprehensive education on HIV to help them make more informed choices and adopt safer behaviours.
- Information is power and the key to prevention. Everyone, especially young people have the right to accurate, complete and age appropriate information and education on HIV.
- Myths and misconceptions perpetuate fear and further lead to stigma and discrimination. Clarifying Myths helps in demystifying the virus and reduces anxiety.
- Every individual has certain values that are close to him/her. Hence, there is no one right or one wrong way of looking at things.
- Values are integral to the understanding of issues, especially those related to topics that are sensitive and taboo
- Making the right referral is a skill and an important component of providing care and support services
- Counselling is considered very helpful in the care and support of persons living with HIV and or AIDS, their families, and the communities they live in. Counselling provides social and psychological support, and has been shown to help people cope with being HIV positive and understanding what it means to live with HIV and AIDS
- People (including young people and children) have a right to confidentiality and privacy when they receive health care, including counselling and treatment for HIV/ AIDS, STIs and RTIs. People also have the right to keep their HIV status confidential. Fear of their status being revealed may keep many from getting tested.
- HIV/AIDS has greater multi-sectoral impact in comparison to other epidemics like diarrhea/ malaria, so is a great burden on the nation as a whole.
- Oftentimes the student approaches a teacher who s/he feels most close or comfortable with. This is because the teacher is often looked upon as a person who the student can fall back on and depend on. This further increases the responsibility of the teacher to ensure that s/he is taking every action in the interest of the student and even unknowingly, not causing any hurt or harm to the student in any way.



This comic has been developed by Amit Kumar during a workshop on learning through comics at Rajiv Gandhi National Institute of Youth Development in Tamil Nadu - May 2012







## **SECTION 5**

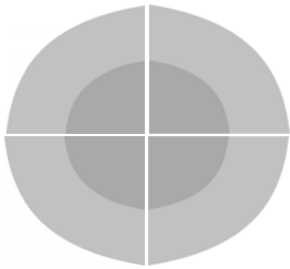
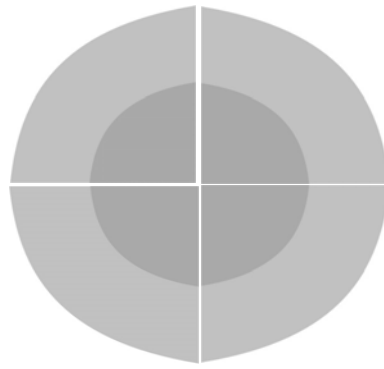


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## **FOR MASTER TRAINERS AND NODAL TEACHERS**

**(NOT TO BE TRANSACTED  
WITH ADOLESCENTS IN CLASSROOM SETTINGS)**





## **SECTION 5**

### **MODULE 16**

## **SKILLS OF A FACILITATOR**

### **Introduction**

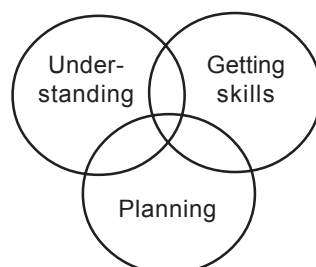
This is an important session during which the participants will have an opportunity to appreciate the skills needed in a facilitator. At the end of this section, s/he will gain comprehensive understanding of Adolescent Education Programme (AEP), concept of life skills focused adolescence education and innovative teaching methods. It is necessary to understand integration of key elements of adolescence education within the existing curriculum and the modalities of co-curricular approach. Besides having academic skills, a facilitator needs to possess organizational skills for planning and conducting training programmes effectively. The four activities suggested in this module are focused on developing these skills in a facilitator.

### **Learning Objectives**

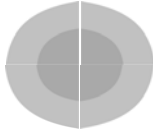
This session will be focused on the skills a facilitator is expected to have for contributing to the attainment of the objectives of AEP.

At the end of the section, participants will be able to:

- Develop comprehensive understanding of the key components of Adolescence Education Programme (AEP), concept of life skills focused adolescence education, curricular and co-curricular approaches and innovative teaching methods
- Develop the skills required for effective organization of training programmes
- Prepare a plan for conducting co-curricular activities as well as the integration of key elements of adolescence education and participatory and learner centric methodologies in the teaching of scholastic subjects in the school(s)







**45 min**

Fact  
sheets

Chalk/  
Marker

Writing  
Board

Flip  
Chart

# MODULE 16

## ACTIVITY 1

### Recapitulating AEP: Life Skills Focused AE and Teaching Methods

#### Notes for the facilitator

- Divide the participants into small groups (each having not more than 5-6 members)
- Each group should identify one person as a rapporteur (reporter) who will note down the group's responses to the discussion questions
- Allot one question to each group. Ensure that each group discusses the question for 15 to 20 minutes and notes down the answer
- Request the reporter of each group to share the answer with others. Encourage all other participants to add any further points to the answer given by the group
- Note down all the major points made during presentation of group work and ensuing discussion.
- Any points missed by the participants may also be noted. These points will be used while summarizing the entire discussion and presenting key learnings

#### Questions

1. What are major objectives of AEP and why are both curricular and co-curricular methods being adopted to attain those objectives?
2. Why is life skills focused adolescence education being introduced in the school curriculum?
3. What are the major content areas of Adolescence Education? Why have these content areas been identified?
4. What are suitable methodologies for teaching/transaction of Adolescence Education and why?
5. Why are knowledge, understanding and appreciation of AEP as a programme, and adolescence education as a curricular area, necessary for a facilitator?





**90 min**

NCF 2005

NCERT  
Science Text  
Books Classes  
8 and 12

NIOS Study  
Material

# MODULE 16

## ACTIVITY 2

### Content Analysis of NCERT Textbooks and NIOS Lessons

#### Notes for the facilitator

- This activity is aimed at developing an understanding among the participants about how the guiding principles of adolescence education, key elements of AEP and life skills are integrated in NCF 2005 which is a guiding document for school education and instructional materials for both formal and open schools
- Divide the participants into seven groups. Each group to be assigned one topic given below:
  - \* NCF 2005, Chapter 1 and 2
  - \* NCERT Science Textbooks of Classes VIII & X. The resource person/s should pre identify one lesson in each of the two text books
  - \* Five groups for 15 NIOS lessons in five subjects of Hindi, English, Social Sciences, Sciences, Home Science. Each group could choose any 2 lessons / subject
- Each group should identify one person as a rapporteur who will note down the group's responses
- Mention the specific sections of NCF 2005, i.e., Chapter 1 (Perspective), Chapter 2 (Learning and Knowledge) because the group will not have the time to go through the entire document
- Clarify that all lessons in NIOS Study Materials may not have adolescence education content, but that life skills and participatory learning methodologies are integrated in all of them
- Ask each group to undertake a content analysis exercise of the given materials to identify elements of adolescence education and/or life skills
- Concerned groups should make a note of the guiding principles of adolescence education, key elements of adolescence education as well as life skills integrated in NCF 2005 and lessons of NCERT Textbooks and sample lessons from NIOS study materials
- After the group work is over, ask the group reporters to present the group reports. The group members may add any points if missed out by the group reporter
- Facilitator will note down all the major points made during the presentation by each group and the ensuing discussion
- The points missed by the participants, especially on how life skills are integrated and what innovative pedagogical methods are needed for transaction may also be noted. These points will be used while summarizing the entire discussion and presenting key learnings





**60 min**

Flip  
Chart

Chart  
Paper

Markers

Reporting  
Monitoring  
Performas

# MODULE 16

## ACTIVITY 3

### Organizational Skills in a Facilitator

#### Notes for the facilitator

- This activity is aimed at developing:
  - the skills required for effective organization of training programmes for nodal teachers and other relevant stakeholders of AEP
  - an understanding of the different reporting and monitoring proformas used in AEP
- In order to make the session interactive, invite the participants to share their views on essential organizational skills
- Write down the points mentioned by the participants
- Make a power point presentation on organizational skills needed for planning and conducting training programmes integrating the participants' suggestions. If a power point presentation is not possible, note down and share the points on a flip chart/chart paper
- The following steps should be reflected in the presentation/flip chart
  - Communicate clear guidelines to concerned authorities for deputing master trainers and teachers to the programme. Suggested criteria for selection of master trainers and nodal teachers have been provided in the preliminary pages of the training and resource materials
  - Identify a suitable venue with adequate facilities for organising the training programme and identify school(s) for practice sessions
  - Ensure the availability of resource persons as per the programme schedule
  - Establish and maintain rapport and interpersonal communication with the trainees
  - Manage the smooth conduct of the training programme with focus on time management
  - Prepare report and send it to concerned authorities/agencies
  - Suggest practical follow up mechanisms, for example, quarterly or six-monthly meetings of nodal teachers
- Plan for a hands-on experience of filling out the following proformas:
  - Participants' feedback on the training
  - Feedback on the advocacy program for principals (more relevant for master trainers who will sensitize the principals but nodal teachers should also be familiar with the proformas)
  - School based activity planning sheet (nodal teachers should fill out a draft overview of how they will go back and organize at least 16 hours of co-curricular activities in their



- school)
- School monitoring proformas (to be filled out by each participating school at the end of the academic session)
  - Hand out the above mentioned set of 4 proformas to each participant. In case there is more than one participant from the same school, all of them should be encouraged to sit together, especially the nodal teachers, for planning the school-based activities. Master trainers should be familiar with the school-based activity planning sheet although their role in the programme does not require them to fill out this sheet and let everyone read/work through the proformas for 30 minutes
  - Walk around the training room to find out if the participants are comfortable with filling out the proformas
  - In the plenary, ask all the participants to seek any clarifications that they may have in filling out the proformas



Teacher making her plan at the Kendriya Vidyalaya at Tumkur, Karnataka



**45min**

Training /  
Resource  
Materials on  
Organizing  
co-curricular  
activities related  
to AEP in  
classes 9 and 11

# MODULE 16

## ACTIVITY 4

### Planning for Practice Sessions in the School

#### Notes for the facilitator

- This session will be devoted to planning for practice sessions to be held in the school during the first half of the following day
- Divide the participants into groups such that no group has more than 4 participants
- With the help of resource persons, each small group should identify either one 60 minutes activity or two short activities (not more than 30 minutes in duration) for transacting in the classroom. The activities should be preferably selected from the list of core 16 hour activities for schools
- Once the activities are selected, the group members should clearly divide the responsibilities amongst themselves. It is suggested that 2 participants should organize one 30 minutes activity. If the activity is of 60 minutes duration, one pair should organize the first half of the activity and the other pair should organize the second half of the activity
- When one pair is organizing the activity, the other pair should observe the session carefully and provide feedback on a scale of 1-5 (1 being 'not satisfactory' and 5 'excellent') based on the following suggested criteria:
  - Coverage of content according to the session objectives
  - Integration of life skills in the session
  - Level of engagement/ participation of school students in the session
  - Effective communication of key messages
  - Use of learning aids
  - Time management
- The observation sheet is provided below
- Each group should share their feedback from school-based practice sessions in the plenary later in the day
- The facilitator should synthesize the feedback and share the key elements of effective transaction of sessions in adolescence education

#### Summing Up

Every participant (master trainer or nodal teacher) has to acquire adequate knowledge about Adolescence Education Programme, conceptual framework of life skills focused adolescence education, the guiding principles of the programme and suitable teaching methods for transaction of this curricular area



## Feedback Form for the Observer

Name of the observer:

Role of the observer in the Adolescence Education Programme (Master Trainer/ Nodal Teacher/  
Any other):

Name and address of the training venue:

Date of observation:

Names of participants being observed:

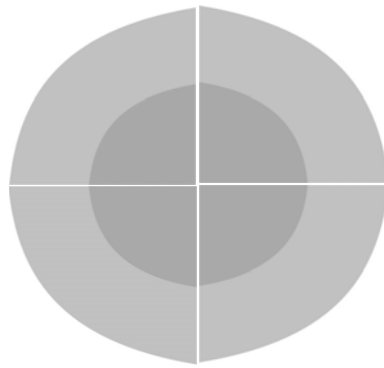
Please provide your feedback in the table below:

1. Name of the activity transacted:
2. Planned duration of the activity transacted:
3. Assessment of the Session: Please rate the quality of the session in respect of the following items by marking with a tick mark in one of the five columns below:

Item	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
Coverage of content according to the session objectives					
Integration of life skills in the session					
Participation of school students in the session					
Effective communication of key messages					
Use of learning aids					
Time management					

Any other comments:

# FACT SHEET



## Facilitator

A facilitator under Adolescence Education Programme (AEP) can be either of the following

- Master Trainer,
- Nodal Teacher (Trained Teacher)
- Trained Peer Educator

### There are several definitions of a facilitator:

A facilitator is an individual who enables groups to interact and work more effectively to collaborate and achieve synergy. She/he is a 'content neutral' party who by not taking sides or expressing or advocating a point of view during the interactive sessions, can advocate for fair, open, and inclusive procedures to accomplish the group's tasks.

The facilitator's job is to support everyone to do their best thinking and practice. To do this, the facilitator encourages full participation, promotes mutual understanding and cultivates shared responsibility. By supporting everyone to do their best thinking, a Facilitator enables group members to search for inclusive solutions and build sustainable agreements.

## Skills

The basic skills of a facilitator include: timekeeping, following an agreed-upon agenda, and keeping a clear record. It also involves watching the group and its individuals in light of group dynamics. In addition, facilitators also need a variety of listening skills including ability to paraphrase, draw people out, balance participation and make space for more reticent group members. It is critical to the facilitator's role to have the knowledge and skill to be able to intervene in a way that adds to the group's creativity rather than taking away from it. A successful facilitator embodies respect for others and a watchful awareness of the many layers of reality in a human group. In the event that a consensus cannot be reached the facilitator would assist the group in understanding the differences that divide it.

## Role of Master Trainers

Master Trainers under Adolescence Education Programme (AEP) constitute the key resource group, having primary responsibilities for the training of nodal teachers, peer educators and other functionaries. However, this resource group is also required to contribute to certain other crucial components of programme implementation. This is so because of the special requirements of the AEP which deals with a topic that is still in the process of validation and of receiving universal acceptability. Some of its contents are culturally sensitive, as they are related to sex and sexuality, and hence may be prone to resistance. More importantly, the adult world generally perceives sex and sexuality related concerns based on adult needs and experiences, whereas



adolescence education programme incorporates these concerns as its contents, based on their relevance to the specific needs of adolescents.

Master Trainers therefore, are expected to contribute to advocacy related activities for a proper appreciation of needs of adolescents and the significance of AEP. They may also have to extend their cooperation in the monitoring of the programme.

### **Role of Nodal Teachers**

They are regular teachers selected for conducting activities under Adolescence Education Programme (AEP) in their respective schools. Normally, teachers in schools are supposed to teach students in classrooms and perform other responsibilities assigned to them by the school administration. But under AEP they are designated as Nodal Teachers, as they are the key persons responsible for effective implementation of AEP in schools.

AEP is a distinct educational programme in more ways than one. It deals with a topic that is still in the process of validation and of receiving universal acceptability. Some of its contents are culturally sensitive, as they are related to sex and sexuality, and hence may be prone to resistance. More importantly, the adult world generally perceives sex and sexuality related concerns based on adult needs and experiences, whereas adolescence education programme incorporates these concerns as its contents, based on their relevance to the specific needs of adolescents.

Nodal Teachers, therefore, are expected to contribute to advocacy related activities for a proper appreciation of needs of adolescents and the significance of AEP, particularly by the parents and community leaders.

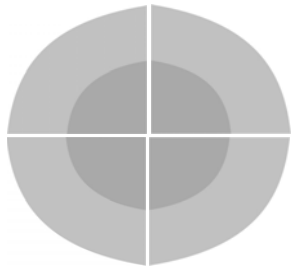
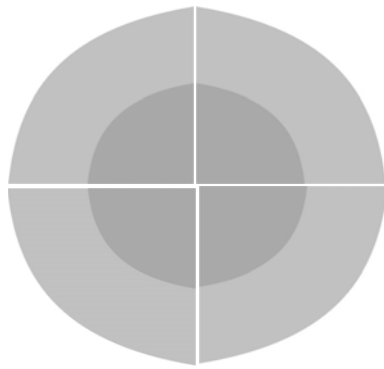
### **Role of Peer Facilitators**

Peer education has been an important aspect of the process of socialization, but it has been popularly used in educational programmes as an approach, a communication channel, a methodology and a strategy. In recent decades it has been employed in many areas of public health, reproductive and sexual health, nutrition education and substance abuse, HIV/AIDS education, gender education and environment education. However, peer education as a modality where pupils are supposed to educate and inform each other about issues and concerns, is still to find spontaneous acceptability in the school education system, particularly in India in spite of some successful experiences gained sporadically. The reason for this appears to be the popular notion that students are recipients of education in schools. Their role as providers of education or constructors and communicators of knowledge is yet to acquire proper appreciation. It is, however, very important to take note of the evidence based fact that peer education is an effective behaviour change strategy and peer educators' role, especially under AEP, may be pivotal for the realization of its objectives. Hence, under AEP, the strategy of peer education has been employed, but on a limited scale.

In view of the above, there is a need to take special care in the identification of students who would be trained as Peer Educators. The identification of students for this purpose may be done by respective schools. It may appear to be a relatively easier task in those schools where the strategy of peer education has been operational under AEP or other educational programmes of similar nature being implemented by government as well as non-governmental agencies. But for many schools in different States this may be a new experience.







## **SECTION 5**

### **MODULE 17**

#### **ADVOCACY**

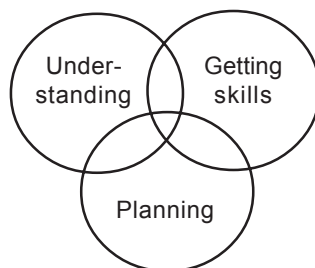
##### **Introduction**

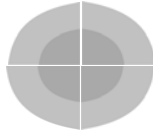
In this session we will focus on advocacy as a significant tool to attain the objectives of Adolescence Education Programme (AEP). In a way, all people are familiar with advocacy. Individuals, groups and organizations have been conducting advocacy activities in varied ways since long. But it is necessary for master trainers and nodal teachers to appreciate its contextual meaning and significance, especially in the context of AEP and also to develop skills for organizing advocacy programmes at different levels and for different target groups. This can be done by conducting the following activities.

##### **Learning Objectives**

At the end of this session, participants will be able to:

- Understand the meaning of advocacy and its need in AEP
- Appreciate the basic advocacy skills and organizational skills needed for conducting advocacy programmes
- Prepare plans for conducting advocacy programmes at different levels and for different target groups under AEP





**60 min**

Fact sheets

Chalk/Marker

Writing Board/  
Black Board

Flip  
Chart/Chart  
Papers

# MODULE 17

## ACTIVITY 1

### Advocacy and Its Need under AEP

#### Notes for the facilitator

- It is important to note that participants may have different ideas about what advocacy is and why we should do it. Quite often, there is confusion between the terms advocacy, Information, Education and Communication (IEC) and community mobilization.
- There is no universally agreed upon definition of advocacy and it is not necessary for everyone to agree on one definition. The most important objective of this activity is to provide opportunities to participants to discuss and critically think on various issues related to advocacy
- Divide learners into groups having not more than 5-6 members in each group
- Each group should identify one person as a rapporteur (reporter) who will note down the group's responses to the discussion questions
- Depending on the number of participants, the facilitator may need to assign the same group task to more than one group
- Request the groups to discuss and complete the assigned tasks in 15-20 minutes. The designated group reporter will note the main points emerging out of the discussion
- After the group work is over, request the group reporter to present the main points made by every group
- Facilitator will note down all the major points made during presentation of group work and ensuing discussion. The points missed out by the participants may also be noted. These points will be used while summarizing the entire discussion and presenting key learning

#### Questions

1. What does advocacy mean to you in the context of the Adolescence Education Programme (AEP)? Write down a statement that expresses your group's understanding of the purpose of advocacy for AEP.
2. Is there a need for advocacy efforts in the AEP? Provide reasons for your response.
3. Identify the major target groups for whom advocacy is required in the AEP. What are the major advocacy needs for each target group and what kind of efforts can be effective?



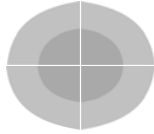
## Summing up

- Advocacy refers to the efforts of an individual or group to effectively communicate, convey, negotiate or assert the interests, desires, needs and rights of an initiative, policy, programme, or even an individual or a group. It is different from information, education and communication (IEC) and community mobilization
- Advocacy is very important for AEP, as it covers certain content areas that have been taboo and very sensitive for generations
- Advocacy is needed at various levels, national, state, district, local community levels and it has to be conducted for educational policy framers, curriculum and material developers, teacher educators, educational administrators including Principals/Heads of Schools, school teachers, opinion leaders, parents and media persons
- Advocacy activities may be organized in different formats. These may include one-on-one discussion, meetings, workshops or through audio-visuals (relevant films/ clippings), presentations followed by discussion in small or large groups.
- Irrespective of the format, the purpose of organizing advocacy activities is to build a common understanding of the objectives of AEP, to be able to articulate the merits of the programme and respond effectively to the commonly voiced opposition related to programme activities.



Students responding to questions related to Adolescence Education during programme evaluation Dec 2010





**120 min**

Fact sheets

Chalk/Marker

Writing Board/  
Black Board

Flip  
Chart/Chart  
Papers

# MODULE 17

## ACTIVITY 2

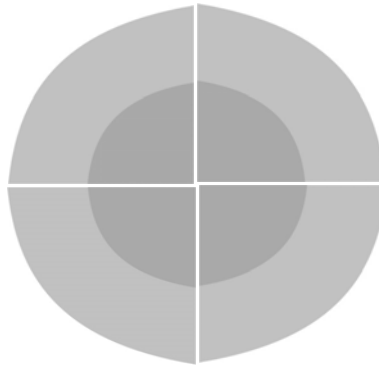
### Designing an Advocacy Campaign (For Principals, Master Trainers and Interested Nodal Teachers)

#### Notes for the facilitator

- Divide the participants into four groups, assign one of the following tasks to each group :
  - (i) education policy makers, curriculum and material developers, functionaries responsible for evaluation, opinion leaders at state level;
  - (ii) educational administrators, including education officers and school principals at district level;
  - (iii) parents and community leaders including Panchayat leaders at community level
  - (iv) media briefing package
- Ask each group to plan the advocacy campaign, selecting the appropriate format for the four different target groups at different levels
- In addition, each group should also identify key attributes of a good advocate
- The time allocated for group work may be 25 minutes
- Each group should identify one person as a rapporteur (reporter) who will note down the group's responses to the discussion questions
- After the group work is over, request group reporters to make a presentation of their group's advocacy campaign in the plenary that will be followed by discussion
- Facilitator should summarize key elements of successful advocacy campaigns based on the group presentations
- Facilitator should also make a power point presentation or read out the attributes of a good advocate as summarized below:
- A good advocate must have the following abilities:
  - Have adequate knowledge about AEP, conceptual framework of life skills focused adolescence education and is well prepared and organized
  - Have knowledge and appreciation of the realities of the school education system and the socio-cultural setting
  - Should understand the profile of the target group and think about what the target group wants and what they will like to say on various issues related to AEP
  - Be able to establish rapport comfortably and maintain it throughout
  - Be able to actively listen to what others say
  - Be able to ask questions not to embarrass the target group but to generate their interest in the discussion
  - Be able to communicate clearly and with confidence
  - Be assertive but respectful and never be aggressive



# FACT SHEET



## What is Advocacy?

Advocacy is pleading for, defending or recommending an idea before other people with a view to promoting its acceptability. It can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning and publishing research or opinion poll or the filing of 'friend of the court briefs. 'Lobbying' is a form of advocacy where a direct approach is made to legislators on an issue which plays a significant role in modern politics.

An **advocate** is a person who speaks up for and defends the idea or programme or new endeavours.

## What are the Skills and Qualities of a Good Advocate?

A Good Advocate:

- Is well informed about the idea or the programme or the new initiative which is to be advocated
- Knows the system, socio-cultural environment and also how the system works
- Asks a lot of questions to promote discussion on critical issues
- Actively listens to what others have to say
- Is prepared and organized
- Thinks about what the target audience want, and what they want to say
- Takes action, one step at a time, to make sure that the target audience develops a shared understanding of the objectives of the program/ initiative being advocated
- Communicates clearly and with confidence
- Is assertive, but respectful and polite
- Identifies allies/ change agents who will help in taking the agenda forward

## Communicating Effectively: Keep the Lines of Communication Open

**Be Respectful:** Even if you do not like someone who is a part of the target audience, it is still important to respect his/her role as a policy maker or principal/teacher of a school or a parent, opinion leader in a community. Showing respect to other people does not mean agreeing with everything another person says



**Respect towards others can be demonstrated when you:**

- (i) ask questions;
- (ii) listen carefully to what others have to say;
- (iii) work with others, rather than always disagreeing or being confrontational;
- (iv) are polite, and watch your tone of voice and body language

**How you say something can be just as important as what you say:**

It is important to participate in the discussions and contribute but in the interest of everyone's time in a large group and keeping the discussion focussed; it is important to formulate your thoughts and make clear and brief arguments

**Asking questions/ seeking clarifications:**

Asking questions is another way of showing respect for the ideas and suggestions of others, and your openness to working as a team. If you do not understand something, ask questions until you do understand

**Listening Actively:**

This is a very important quality of a good advocate. It is noteworthy that those of us who do not possess the quality can inculcate it. Some of the dos and don'ts for listening actively are:

- Active listening means staying calm and quiet, and focusing on what the other person is saying
- Repeat the main points back to the other person, so that they know that you have been listening and understand what they are saying
- Take notes while they are listening to other people at a meeting or during a telephone call
- Always have a pen and paper when you are speaking with target audience. Write down any important information, and include the name/s of the people at a meeting, or the person you are speaking with on the phone. Also include the date and time of the conversation. Write down any actions that you have agreed to take, as well as any actions that the other people have agreed to take
- You may not always hear what the other person is saying because even though in a conversation, you may be arguing with the other person in your head
- When you are upset or thinking about something else (like what you want to say next), you may not really be listening

**Dealing with Emotions:**

It is important to notice if your own feelings are getting in the way of expressing yourself clearly and in an appropriate way. It is hard to be objective and focussed, when you are full of emotions

**Stay Focused to Your Purpose:**

Know the purpose of your call or meeting and stay on that purpose until it has been achieved

**Being Assertive:**

Effective advocates are assertive. Assertiveness can be defined as the direct and honest expression of feelings, opinions and beliefs through which one stands up for his/her own rights or the issue one is defending without violating the rights of others

**Assertiveness is . . .**

- Expressing your needs clearly and directly
- Expressing your ideas without feeling guilty or intimidated

- Sticking up for what you believe in
- Knowing what your concerns are and how to prompt the target audience to accept those
- Exhibiting self-confidence when communicating
- Self-reliance and independence
- Persisting until you get what you need and want

### **Assertiveness is Not . . .**

- Relinquishing your rights and responsibilities to advocate
- Beating around the bush before stating your needs
- Feeling too guilty or afraid to express your needs
- Agreeing with others when you would rather not
- Leaving decisions to others because “they know best”
- Reliance and dependence on others, giving into defeat
- Giving up when you run into “red tape”
- Making assumptions and decisions before you obtain all the facts

### **Guidelines for Assertive Advocacy:**

- Be specific when introducing a issue
- Take time to think before you speak. Do not feel that you must rush to say something or to sign something
- Focus on one issue at a time
- Introduce new issues once you have built a common understanding on the previous issue. For example, in the context of AEP, if the advocacy session begins with building a shared understanding of the AEP, ensure that this has been achieved before going on the next issue, such as roles and responsibilities of different stakeholders and continue to introduce new issues in a logical and sequential manner. Do not just complain or focus on past grievances. Focus on finding solutions. Overloading another person with grievances can make her/him feel hopeless, and suggests that either you have been hoarding complaints, or you have not thought carefully about what really troubles you For example, in the context of AEP, do not only complain that AEP was banned due to a select few. Analyze the situation well in advance and encourage the audience to think through context-specific solutions.
- Don't assume that you know what another person is thinking until you have heard what the other person/ group has to say
- Do not assume that you know how another person will react, or what they will accept or reject
- Avoid correcting another person's statement about his/her own feelings, or telling another person how s/he should feel
- Repeat major points of a discussion to make sure that there is agreement, and to reassure the other person that you understand what has been discussed
- Avoid sarcasm, labels and name-calling. Do not be intolerant. Be open to the feelings of others
- Try not to say things that you will regret later, and never make racist or sexist remarks that will offend others and violate their rights This can harm the cause of AEP
- Consider a range of well-thought out solutions that could address concerns of different stakeholders without compromising the core mandate of the issue you are advocating on

### **Different ways of doing advocacy:**

Advocacy can take many different forms – for example, it can be written, spoken, sung or acted. It can also vary in the time it takes, from one hour to more than several years. We can do

advocacy work on our own or with others. Media can be used effectively to advocate meaningfully on different issues, for example, writing in a newspaper, making a public service announcement on radio, television, advertisements and others. Irrespective of the format, it is important to have clear and pre-defined goals of the advocacy initiatives. Usually, advocacy around an issue is achieved through multiple stakeholders and by systematic and well planned efforts at various levels. For example, advocacy around AEP is an ongoing effort at different levels to enable young people to have the information and skills to respond to real-life situations in positive and responsible ways.

### **Involvement or permission from people affected by the advocacy issue:**

Some of the most powerful advocacy methods are led by the people affected by the problem or issue, or directly involve them; for example, in the advocacy efforts on AEP, it may be very powerful to directly engage the young people and ask them to share what the programme means to them and if it has helped them to find way forward on a tough real-life situation, for example, gender discrimination in school and home, giving up on drug addiction, enabling a HIV positive individual to lead a stigma-free and productive life.

### **Proactive or reactive advocacy:**

Sometimes advocacy work is forced on us – the problem or issue is already there, and we use advocacy to reduce the problem. This is reactive advocacy. At other times it is possible to plan for the future, to ‘set the agenda’ and use advocacy to create a positive environment or prevent a problem before it happens. This is proactive advocacy.

### **Levels of advocacy:**

Advocacy work can target people with influence at all levels – from a local community or school or village to the United Nations. Although there are multiple levels of advocacy work, for the sake of simplicity we can identify three key ‘levels’ of advocacy:

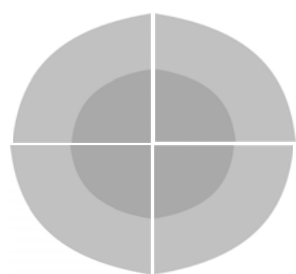
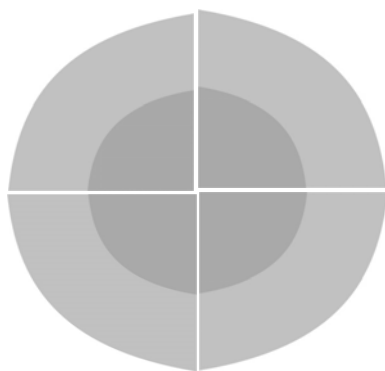
- Local (school, village, district)
- State
- National
- International (more than one country)

For example, if our advocacy issue is the introduction of adolescence education in the school curriculum:

- **Local level:** The advocacy will be needed for Principal/ Teachers of the School, Parents, Members/Opinion Leaders of the Community, Panchayat Leaders, District Level Educational Authorities.
- **State Level:** Policy-makers in State Governments, Curriculum Framing and Examination Bodies, Teacher Education Bodies, Teacher Educators, Professional Associations
- **National level:** Policy-makers at National level, National Apex Bodies of School Education (Curriculum Framing and Examination Bodies, Teacher Education Bodies), Professional Associations

Working together in coalitions and teams is the only way forward in order to create and sustain a critical mass of support for the issue that one is advocating on. Successful advocacy will also empower the target audience to advocate for the issue thereby increasing the critical mass of people who can further advocate on the issue.





## SECTION 5

### MODULE 18

## TRAINING OF PEER FACILITATORS

### Introduction

In this session we will focus on peer education as an effective approach for empowering adolescents. With a view to attaining the objectives of adolescence education, various activities are conducted in schools by teachers. But since adolescence is a period when peers tend to have more influence than adults or authority figures such as parents and teachers, peer education has proved itself as an effective approach. Well-trained and motivated peer facilitators undertake informal or organized educational activities with their peers (adolescents) that complements teacher led efforts in providing information, shaping attitudes and developing skills in young people to enable them to make informed and responsible decisions. Importantly, peer education provides opportunities for creating youth leadership and a much-needed platform for sharing and learning among young people. Peer education can take place in small groups or through individual contact and in a variety of settings with different age groups. In order for this approach to be effective, there is a need to empower a select group of students in every school to act as peer educators.

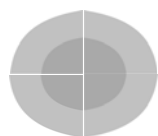
**Please note that given the importance of training peer facilitators in this programme, a separate training package has been designed for orienting them. This module will enable the facilitators to appreciate the rationale for peer education and plan for it.**

### Learning Objectives

At the end of this session, participants will be able to:

- Understand the meaning of peer education and its significance for attaining the goal of AEP;
- Appreciate the role of peer facilitators and their training needs; and
- Plan the training program for peer facilitators





**30 min**

Fact  
sheets

## **MODULE 18**

### **ACTIVITY 1**

#### **Peer Education: An Approach for Empowering Adolescents**

- Make a power-point presentation or use the hard copy of the material on peer education.
- Ensure that the session is interactive right from the beginning and the participants are encouraged to define concepts of peer, peer group, peer education and peer facilitators.
- Discuss the significance of peer education approach in attaining the objectives of adolescence education.
- Presentation may be followed by discussion on issues raised by the participants.

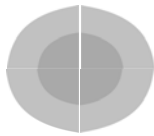
#### **Notes for the facilitator**

##### **Summing up**

While summing up, the facilitator should highlight the following points:

- Peers have more influence on adolescents and are accepted as more credible source of information
- Peer facilitators act as role models and they are better suited also to reinforce learning through on-going processes.
- Peer education is not a substitute but complimentary to teacher led learning efforts in providing information, shaping attitudes and developing skills in young people to enable them to make informed and responsible decisions
- Peer education provides opportunities for creating youth leadership and a much-needed platform for sharing and learning among young people
- Peer education is a cost effective method of reaching young people through both informal and organized educational activities on young people's concerns





**45 min**

Fact  
sheets

# MODULE 18

## ACTIVITY 2

### Identifying Needs of Peer Facilitators for their Trainings

#### Notes for the facilitator

- Divide the participants into four groups, as indicated below:
  - I) Identifying Peer Facilitators;
  - II) Role and Functions of Peer Facilitators under AEP;
  - III) Training of Peer Facilitators;
  - IV) Planning a Training Programme for Peer Facilitators
- Ensure that each group discusses the given themes for 15 to 20 minutes and the designated Coordinator of each group notes down the main points that will emerge out of the discussion
- Request the Coordinators to present their respective group work in the plenary that will be followed by discussion
- Encourage participants to make their observations, comments and suggestions

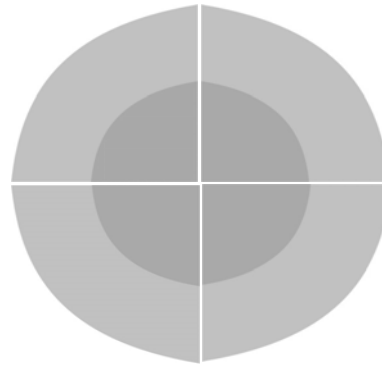
#### Summing up

While summing up, the Facilitator will highlight the following points:

- Identification of peer facilitator is important and should meet the objectives of the AEP program. Identification and selection process should ensure a balance of gender, vulnerability, age, personality, communication skills
- Peer facilitators have to engage peers in organized or informal educational activities on the concerns of adolescents, provide them authentic knowledge and focus on life skills development
- Peer facilitators are expected to assist teachers in organizing activities and gathering feedback, to act as role models and also to reinforce learning through on-going processes
- Training needs of Peer Facilitators are based on their roles and responsibilities; they must have accurate knowledge on adolescents' concerns and also about the authentic sources of information, have skills to organize informal and formal activities focused on objectives of adolescence education and gather feedback
- Training plans have to be based on the training needs of peer facilitators, socio-cultural setting as well as the school ambience
- Qualities of a peer facilitator – One who is respected by peers; is non judgmental; discreet; tolerant; is a role model; energetic; interested; self confident; friendly; responsible; committed; an effective communicator and, is motivated



## FACT SHEET



### Who is a Peer?

A peer is a person who has a near equal standing or is comparable in terms of traits and/ or characteristics under consideration. The trait or characteristic could be based on social group, age, education, sex, occupation, socio-economic, health status or other factors. The more commonly understood trait of comparison among peers is that of age but as suggested above, these traits/ characteristics may be different.

Education refers to the development of a person's knowledge, attitude, beliefs or behavior as a result of the learning process.

### Peer Education:

Peer education is the process whereby well trained and motivated young people undertake informal or organized educational activities with their peers. These activities, occurring over an extended period of time, are aimed at developing young people's knowledge, attitudes, beliefs, and skills and enabling them to be responsible for and to protect their own health. Peer education is an effective tool for youth to youth reach which promotes and encourages youth led learning. It compliments teacher led efforts in providing education and information to young people and provides for creating opportunities for youth leadership.

### Importance of Peer Education:

Peer education has been an important aspect of the process of socialization, but it has been popularly used in educational programs as an approach, a communication channel, a methodology and a strategy. Peer education initiatives have been documented as far back as Aristotle. In recent decades it has been employed in many areas of public health, reproductive and sexual health, nutrition education and substance abuse, HIV/AIDS education, gender education and environment education. Under AEP also the strategy of peer education has been employed, but on a limited scale. The reason for this oversight is likely to be the popular notion that students are recipients of education in schools. Their role as providers of education or constructors and communicators of knowledge is yet to be recognized. It is, however, very important to take note of the evidence based fact that peer education is an effective behaviour change strategy and peer educators' role, especially under AEP, may be pivotal for the realization of its objectives.



## Rationale:

There are many reasons cited in the literature to justify the use of peer based interventions. The following are commonly cited justifications for the use of peer education:

- It is more cost effective than other methods.
- Peers are a credible source of information.
- Peer education is empowering for those involved.
- It utilizes an already established means of sharing information.
- Information passed by peers is better accepted in the peer group than those passed by others.
- Peer educators act as good role models.
- Peer education can be used to educate those who are hard to reach through conventional methods.
- Peers can reinforce learning through repeated sharing amongst themselves as well as through other efforts such as teacher led activities.

Peer education has proved to be an effective strategy in educational programmes focused on culturally sensitive issues like reproductive and sexual health, HIV/AIDS and substance abuse. In most of the countries and societies young people find it difficult to get the required knowledge related to these concerns owing to socio-cultural norms, taboos and other constraints. The adult world has been treating these issues as private and thereby not to be discussed in public domains. Young people may be provided such information by adults in a tough situation but it is not adequate, because these are given by adults in a didactic, prescriptive, authoritarian and judgmental manner. Often adults pontificate about the concerns of young people and hence, their inputs may not be applicable to the realities of young people. Young people cannot discuss and question adults as they maintain strict boundaries beyond which they would not share any information especially on issues related to sexual and reproductive health.

## Identification of Peer Facilitators:

In view of the above, there is a need to take special care in the identification of students who would be trained as Peer Facilitators. The identification of students for this purpose may be done by respective schools. It may appear to be a relatively easier task in those schools where the strategy of peer education has been operational under AEP or other educational programs of similar nature being implemented by government as well as non-governmental agencies. But for many schools in different states this may be a new experience. Therefore, the following criteria may help in the identification of Peer Facilitators under AEP:

- Since adolescence education activities are to be transacted in different classes, two students studying in each class need to be selected as Peer Facilitators. ;
- The teacher will select the peer facilitator and select the sessions to be jointly facilitated by the peer facilitator. The teacher will supervise the sessions of the peer facilitator.
- The selected students must have a mindset and outlook for acting as a facilitator for transaction of activities, an initiator (a catalyst) of the process of experiential learning and the qualities of providing positive leadership to the peer group;

## Key traits of peer facilitators

- Respected by peers
- Non judgmental
- Discreet
- Tolerant
- Role model
- Energetic
- Interested
- Self confident
- Friendly
- Responsible
- Committed
- Effective Communicator
- Motivated

## Role and Functions of Peer Facilitator under AEP:

The roles and functions of Peer Facilitators as envisaged in several countries are very varied. But in the context of school education in India, the expected roles and functions of Peer Facilitators may be envisaged and determined with needed moderation. These may be as follows:

- Lending active support to Nodal Teachers in the organization of activities and transaction of life skills focused adolescence education in and outside classrooms;
- Interactions with Peer Group for empowering its members:
  - As a follow up of the sessions engaged by Nodal Teachers, having continued interaction with the peer group as per the need;
  - Making need-based interventions for creating and sustaining an enabling environment in and outside schools; and
  - Acting as role models by “practicing” what s/he “preaches”.
- Peer Facilitators have to keep abreast of new information and knowledge in respect of adolescent concerns, HIV/AIDS, substance abuse and related issues.
- While following up the sessions conducted by Nodal Teachers, the Peer Facilitators may observe the following Dos’ and Don’ts:

### Dos’:

- S/he has to avoid conveying personal values, especially while discussing value laden issues.
- S/he has to respect the diversity of background of the peer group, their values and beliefs.
- S/he has to convince all the peer group members that no idea or opinion is absurd or unwarranted. Every issue may be discussed in view of the scientific facts and in the context of the positive elements of socio-cultural ethos.
- S/he should give accurate and authentic information, and let the peer members make their own decisions based on facts.
- S/he should maintain confidentiality of information provided by learners.
- If there is some confidential concern, the Peer Educator should provide information where the concerned peer member may get professional help. One must remember that Peer Educators do not provide treatment or therapy.
- S/he has to lead by example, continue to have the trust and confidence of peer members and is to evolve as a young ambassador of AEP.

## Don'ts

- The Peer Educators need not be prescriptive, as experiences prove abundantly that preaching is counter-productive.
- S/he is not to make value judgment either of peer members or their views, as education is more effective when varied views are expressed and discussed.
- S/he should not stigmatize other peers/students
- S/he should not conduct sessions in a personalized manner.
- S/he need not comment on things that cannot be changed.
- S/he need not reject or ridicule any point of view expressed by peer members, even though it may not be acceptable to him/her or may be against the social norms.
- S/he should never modify or manipulate scientific facts for gaining an immediate acceptability of the peer group.

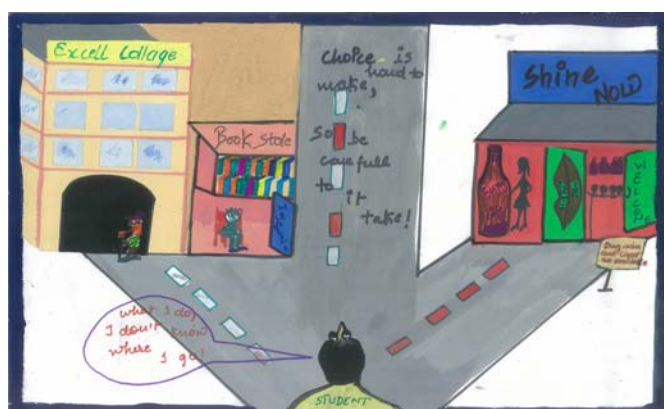
## Training of Peer Facilitators:

In order to ensure that Peer Facilitators perform their roles effectively, the identified students have to prepare themselves well. They have to undergo an intensive training. Introduction of peer facilitators in AEP has been a relatively new addition in the programme. Hence, the students have to acquire the competencies needed for accomplishing responsibilities as Peer Facilitators. The following points are to be essentially observed for preparing oneself as a Peer Facilitator:

- Undergoing intensive training to be organized for Peer Facilitators under AEP;
- Developing complete understanding of the national framework of AEP and its adapted version in the context of local socio-cultural setting by acquiring mastery over the Materials developed under the Programme.
- Sharpening their interpersonal communication skills and enriching the life skills and
- Having comprehensive knowledge of the roles and functions of Peer Facilitators.

Agenda for three days training of peer facilitators is included in Annexure 9. The core objectives of the training are:

- To develop an understanding of the scope of Adolescence Education Programme (AEP) and rationale for peer education in the programme
- To enhance awareness of self to contribute towards development of a positive identity
- To recognize attributes of positive and responsible relationships and invest in them
- To inculcate leadership qualities
- Defining roles and responsibilities of peer facilitator



This poster has been made by an adolescent school students during National Youth Festival Umang in December 2009. It very nicely describes the difficult decisions that adolescents have to make in their lives!





# **ANNEXURES**

**References**

1. Central Board of Secondary Education. Revised by National Review Committee. 2008. *Advocacy Manual. Role of Schools, Principals and Facilitators*. Being used in the AEP supported by the Ministry of Human Resource Development since 2008.
2. Central Board of Secondary Education. Revised by National Review Committee. 2008. *Teachers' Workbook for Student Activities*. Being used in the AEP supported by the Ministry of Human Resource Development since 2008.
3. Center for Development and Population Activities (CEDPA), Jharkhand State AIDS Control Society and Govt. of Jharkhand 2007. *Udaan: Towards A Better Future, Class IX*. Training Manual for Nodal Teachers.
4. Center for Development and Population Activities (CEDPA), Jharkhand State AIDS Control Society and Govt. of Jharkhand. 2007. *Udaan: Towards A Better Future. Class XI*. Training Manual for Nodal Teachers.
5. Department of Education and State Council Educational Research and Training, 2009. YUVA, School Life Skills Program: Handbook for Teachers and Parents, Volume 1-6, Delhi.
6. German Technical Cooperation (GTZ), Tanzanian German Programme to Support Health (TGPSH). 2007. *The Questions Adolescents Ask Most Frequently About Alcohol and Cigarettes and their Answers – Vol. 8*.
7. German Technical Cooperation (GTZ), Tanzanian German Programme to Support Health (TGPSH), 2007. *The Questions Adolescents Ask Most Frequently About Drugs and Drug Abuse and their Answers – Vol. 7*.
8. Gill Gordon. 1999. *Choices: A Guide for Young People*. MacMillan Education Limited. London and Oxford.
9. Government of India, *National AIDS Prevention and Control Policy*. 2000. NACO, MOHFW.
10. Government of India, *National Policy for Empowerment of Women*, 2001. Department of Women and Child development.
11. Government of India, *National Policy on Education 1986*. Department of Education, MHRD.
12. Government of India, *National Population Policy*. 2000. Department of Family Welfare, MOHFW.
13. Government of India, *National Youth Policy*. 2003. Ministry of Youth and Sports.

14. International Institute for Population Sciences (IIPS) and Population Council. 2010. *Youth in India: Situation and Needs 2006-07*. Mumbai: IIPS.
15. International Institute for Population Sciences and Macro International. 2007. *National Family Health Survey (NFHS-3), 2005-06: India: Volume I*. Mumbai: IIPS.
16. Kamla Bhasin, Bindia Thapar. 2003. *Turning Dangers into Opportunities. Young People and HIV/AIDS in South Asia*. Jagori Publications, Delhi.
17. Madhiwalla N, K.Sriram, Bharati Kadam, Farzana Ali; *Jhula, learning for life curriculum for adolescent girls*, Chehak Trust, Mumbai. 2005.
18. Ministry of Youth Affairs and Sports and UNFPA, *Healthy Adolescents Empowered Adolescents, 2005*. New Delhi.
19. Modicare Foundation, *Demystifying Adolescence – Bujho, Jaano, Samjho- Facilitation Guide*.
20. National AIDS Control Organization, Government of India. 2008. *Adolescence Education Program, Life Skills Development, Facilitators Guide*.
21. National AIDS Control Organization, Ministry of Health and Family Welfare. *Annual Report 2009-10*
22. National Council of Educational Research and Training, *Co-Curricular on Life Skills Development in Adolescence Education: Scheme, Study, Design, Tools and Guidelines*, New Delhi.
23. National Council of Educational Research and Training. 1999. *Adolescence Education in Schools, Package of Basic Materials*, New Delhi.
24. National Council of Educational Research and Training. 2005. *Adolescence Education Knowledge Base*, New Delhi.
25. National Council of Educational Research and Training. 2005. *Co-Curricular Activities*, New Delhi
26. National Council of Educational Research and Training. 2010. *Revised Conceptual Framework of Adolescence Education, Draft Version*, New Delhi.
27. Nirantar Education Series 1- *Sexuality Education for Young People*. 2008. Sharma Jaya, Borah Rituparna.
28. Nirantar. 1999. *Swastha Ki Khoj Mein*, Volume 1, 2 and 3.
29. TARSHI (2005), *Blue Book: What do you want to know about yourself?* New Delhi.

30. TARSHI (2006), *Basics And Beyond: Integrating Sexuality, Sexual And Reproductive Health And Rights: A Manual For Trainers*, New Delhi.
31. TARSHI, (2010), *The Yellow Book: A Parent's Guide to Sexuality Education*, New Delhi.
32. UNESCO (2009), *International Technical Guidance on Sexuality Education*, Volume I & II, Topics and Learning Objectives. Facilitator's Toolkit, Paris.
33. United Nations Office on Drugs and Crime, Ministry of Social Justice and Empowerment and National Institute of Social Defense (2009), *Facilitators Toolkit*, New Delhi.
34. United Nations Office on Drugs and Crime, Ministry of Social Justice and Empowerment and National Institute of Social Defense (2009), *Knowledge sheet for Nodal Teachers*, New Delhi.
35. World Health Organisation, United Nations Educational, Scientific and Cultural Organisation (2004), *School Health Education to Prevent AIDS and STD- A resource package for curriculum planners*.
36. United Nations Population Fund, (2009), *Why do daughters go missing? Frequently Asked Questions on Pre-natal Sex Selection in India*

**Acknowledgments**  
**Participants of the Regional Workshops in Bihar and Orissa**

The contributions of students, teachers and experts from various organizations at the regional workshops organized through the State Councils of Educational Research and Training (SCERT) in Patna and Bhubaneswar are much valued and appreciated. It is a matter of great satisfaction that these materials are grounded in the concerns of young people as voiced by young people themselves. The names and affiliation of all the participants at the two regional workshops are provided below.

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8	Ms. Swayamsiddhi	Student, NVS Katihar
9	Md. Ali Imran	Teacher, NVs Dumka
10	Pawan Mohali	Student, NVS Dumka
11	Dr. Gyandeo Mani	Principal, T.I.H.S.
12	Ms. Mamta Mehuer	Teacher in Charge, DAV
13	Dr. R. K. Sinha	Teacher, DAV BSEB
14	Dr. Susmita Saha	Teacher, DAV BSEB
15	Mr. Swetank Sinha	Student, DAV BSEB
16	Mr. Prateek Nishant	Student, DAV BSEB
17	Ms. Ruby Kumari	Teacher, St. Dominic
18	Ms. Mondira Rano	Teacher, St. Dominic
19	Mr. Sharad Vivek	Student, St. Dominic
20	Ms. Aashwi	Student, St. Dominic
21	Ms. Shahla kausen	Teacher, St. Xaviers
22	Mr. Abir Ahmed	Student, St. Xaviers
23	Mr. Abraham Peters	Student, St. Xaviers
24	Mr. Vijay Kumar Singh	Teacher, FNS Academy
25	Mr. Rajan Kumar	Student, FNS Academy
26	Mr. Monu Kumar	Student, FNS Academy
27	Ms. Sandhya Singh	Teacher, SRP Balika HS
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29	Ms. Vandana Kumari	Student, SRP Balika HS
30	Dr. Suheli	Lecturer, MMC, Patna

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Your suggestions:

**Please encircle one of the following:** Teacher / Principal / Parent / Education Official / Any Other. Please specify...

Feedback provided by: \_\_\_\_\_ (Providing name is optional)  
Dated: \_\_\_\_\_

*Third fold*

*First Fold*

**FEEDBACK ON TRAINING AND  
RESOURCE MATERIALS UNDER  
ADOLESCENCE EDUCATION  
PROGRAMME (AEP)**

*Second Fold*

*Fourth fold*

**Dr. Saroj Yadav  
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Postage  
Stamp

*Final fold and seal*

Glue it here

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CRITERIA	*RATING					Your suggestions:
	Unsatisfactory (1)	Below Average (2)	Average (3)	Very Good (4)	Excellent (5)	
1. CONTENT a. Introduction, Learning Objectives, b. Activities c. Fact Sheet						
2. UNDERSTANDING (In terms of clarity, sufficiency and appropriateness)						
3. TRANSACTION (in terms of teaching – learning approach, suggested methods and time taken)						
4. LEARNER PARTICIPATION (in terms of numbers and interest)						
5. RELEVANCE AND USEFULNESS						

\* After transacting these materials, please rank them against the criteria specified above on a scale of 1-5 ranging from unsatisfactory to excellent. It is noteworthy that this version of draft materials does not have illustrations but these will be added at the time of finalization of materials.

You could email at ([saroj.npep@gmail.com](mailto:saroj.npep@gmail.com)), or fax (011-26960357) or post the feedback at the address provided on the next page.

No Enclosures allowed

**ADOLESCENCE EDUCATION  
PROGRAMME:  
QUESTIONNAIRE FOR STUDENTS  
PRE AND POST-TEST**

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

**Dear Respondent,**

As you may be aware, the Adolescence Education Program (AEP) aims to respond to concerns and questions that young people such as yourself may have as you develop a sense of identity and prepare for adulthood. In order to achieve this aim, it is important for program planners and implementers to understand your world. It is important to emphasize that you have an important role in planning, facilitating and monitoring the activities under the program to ensure that the program is responsive to your needs and concerns.

The questions below are an effort to simulate real-life situations that you may face and provide options for you to make informed choices. Please provide your honest opinion without any hesitation as these responses will help the program planners to address your concerns more effectively. Please be assured that your responses will remain confidential.

Hence, you are not required to write your name anywhere on the questionnaire.

Thank you for your cooperation.

## PERSONAL INFORMATION SHEET

1. **Name of the School:** \_\_\_\_\_
2. **Complete Address (including district, state)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. **Age of the respondent (in years)** \_\_\_\_\_
4. **Sex**  
(CIRCLE ONE OPTION ONLY)
  1. Male
  2. Female
5. **Category of School:**  
(CIRCLE ONE OPTION ONLY)
  1. Kendriya Vidyalaya Sangathan
  2. Navodaya Vidyalaya Samiti
  3. Central Board of Secondary Education
  4. State Board
  5. Any Other
6. **Type of School:**  
(CIRCLE ONE OPTION ONLY)
  1. Co-ed
  2. Only boys
  3. Only girls
7. **In which class are you currently studying?**  
(CIRCLE ONE OPTION ONLY)
  1. Class 9
  2. Class 10
  3. Class 11
  4. Class 12

**8. For how many years have you been exposed to the Adolescence Education Program (AEP)?**

(CIRCLE ONE OPTION ONLY)

1. Never exposed to the program
2. One year
3. Two years
4. Three years
5. Four years

**9. What is the educational qualification of your mother?**

(CIRCLE ONE OPTION ONLY)

1. Non literate
2. Completed primary school (class 5)
3. Completed middle school (class 8)
4. Completed senior secondary school (class 12)
5. Completed graduation
6. Completed post graduation (masters degree)
7. Doctorate

**10. What is the educational qualification of your father?**

(CIRCLE ONE OPTION ONLY)

1. Non literate
2. Completed primary school (class 5)
3. Completed middle school (class 8)
4. Completed senior secondary school (class 12)
5. Completed graduation
6. Completed post graduation (masters degree)
7. Doctorate

**11. What is your mother's profession?**

(CIRCLE ONE OPTION ONLY)

1. Business
2. Service
3. Agriculture
4. Works at home
99. Any Other. Please specify.....

**12. What is your father's profession?**

(CIRCLE ONE OPTION ONLY)

1. Business
2. Service
3. Agriculture
4. Works at home
99. Any Other. Please specify.....

## **AEP QUESTIONNAIRE**

This section has items on three major components of *Adolescence Education*: (A) Process of Growing up, (B) Prevention of HIV/AIDS, and (C) Prevention of Substance Abuse. Kindly read the questions below and follow the instructions while responding to them.

**1. Which of the following best describe your experience of adolescence?  
(YOU MAY CIRCLE UP TO 4 OPTIONS)**

- |               |                               |
|---------------|-------------------------------|
| 1. Crisis     | 10. Self-Expression           |
| 2. Curiosity  | 11. Seeking Independence      |
| 3. Discovery  | 12. Major bodily changes      |
| 4. Danger     | 13. Trouble with parents      |
| 5. Stress     | 14. Lots of interest in looks |
| 6. Bad Habits | 15. Attraction to others      |
| 7. Maturity   | 16. Mood swings               |
| 8. Anxiety    | 17. Too many do's and don'ts  |
| 9. Joy        |                               |

**2. Compared to 3 or 4 years ago, are there any changes in the way you relate with your mother?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. She scolds me more
2. I ask her more questions
3. I do not listen to most of what she says
4. She is more strict and does not listen to me
5. We are more friendly
6. We respect and listen to each other

**3. Compared to 3 or 4 years ago, are there any changes in the way you relate with your father?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. He scolds me more
2. I ask him more questions
3. I do not listen to most of what he says
4. He is more strict and does not listen to me
5. We are more friendly
6. We respect and listen to each other



**4. What are the most important reasons for accepting friends' help/ advice?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Fear of rejection by the friend if suggestions are not accepted
2. Fear of losing a friend
3. Fear of being ridiculed
4. My friends are my well wishers and always give the right advice
5. Think through friends' suggestions and accept them only if they make sense in my situation

**5. Who do you talk to on the following themes?**

**(FOR EACH OF THE THEME GIVEN BELOW, TICK (✓) ONE OR MORE PERSON(S) THAT YOU TALK TO)**

Items	Response in (✓)			
	Mother (1)	Father (2)	Friends/siblings (brother/sister) (3)	Teachers (4)
1. Physical changes in your body				
2. Interests like films, music, TV Programs, books				
3. Romance and love				
4. Friendship and relationships				
5. Studies and school work				
6. Harassment and bullying				
7. Consumer items advertised on TV				
8. National and international news				
9. Dreams and aspirations about your life				

**6. Chinmaya's father criticizes him for the clothes he wears and his hairstyle. Chinmaya tries not to react. His mother says it is alright for him to wear what he wants. His father however wants him to crop his hair short and always wear neatly ironed clothes. Chinmaya begins growing his hair even longer, and wearing untidy jeans and t-shirts. His father stops talking with him. What would you do, if you were Chinmaya's friend?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Advise Chinmaya to discuss with his father, his preference for long hair, jeans and T-shirts
2. Advise Chinmaya to ask his mother to speak to his father on his behalf
3. Advise Chinmaya to cut his hair short and wear whatever his father wants
4. Say nothing as it is Chinmaya's family problem
5. Talk to Chinmaya's parents, if possible, about clothes preferences and hairstyles

**7. If you disagree with something your parents are saying, do you usually:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Shout and fight
2. Listen and discuss
3. Ignore them
4. Stop talking to them
5. Accept that there are different points of view

**8. If your parents disagree with something you are saying, do they usually:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Scold and shout
2. Listen and discuss
3. Ignore you
4. Stop talking to you
5. Punish you
6. Accept that there are different points of view

**9. Is experiencing physical attraction a part of growing up?  
(CIRCLE ONLY ONE OPTION)**

1. Yes, experiencing physical attraction is usually a part of growing up
2. Only some young people experience physical attraction
3. Most persons experience physical attraction only after marriage, with one's life partner
4. Don't know

**10. Mark which of the following changes generally take place during adolescence.  
(YOU MAY TICK (✓) MORE THAN ONE OPTION FOR EACH CHANGE)**

<b>Changes</b>	<b>Girls (1)</b>	<b>Boys (2)</b>	<b>Both (3)</b>	<b>Don't know (4)</b>
1. Increase in height and weight				
2. Menstruation				
3. Nocturnal emissions (wet dreams)				
4. Change in voice				
5. Growth of hair on private parts				
6. Widening of shoulders				
7. Broadening of hips				

8. Development of breasts				
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**11. Which of the following statements about menstruation do you agree with?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. It is a normal process for adolescent girls and women of childbearing age
2. During menstrual periods a girl/woman can continue with sports activities
3. During menstruation a girl/woman should not to visit sacred places
4. During menstruation a girl/woman should not touch pickles
5. During menstruation a girl/woman should not be isolated
6. Don't know

**12. A woman can suspect that she is pregnant if she  
(YOU MAY CIRCLE ONE OPTION ONLY)**

1. Finds that her thighs are enlarged
2. Observes loss of weight
3. Misses her periods
4. Has constant itching on abdomen

**13. What is nocturnal emission (wet dream)?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Release of semen because of sexual arousal
2. Passing urine in the bed when sleeping
3. Pus coming out of the genitals
4. A natural overflow of semen from the body while sleeping
5. Sexually arousing oneself

**14. Rajan likes to do housework like cutting vegetables, washing dishes and cleaning. But when his friends come home, he hides this from them. He fears that the boys will tease him and call him a 'sissy' or a girl. Which of the following statements do you agree with?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Rajan should stop doing housework
2. Rajan is right in hiding the house work from his friends
3. If he tells his friends Rajan might be a good influence on them
4. Rajan should feel proud that he does housework and not hide it

**15. If you and a good friend have a fight, how do you usually behave?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. I sulk for a long time and then make up
2. I try to make-up first
3. I wait for my friend to make up
4. I try to talk about it with others

5. I think about how I behaved
6. I do not talk about the fight but start talking of other things

**16. Your friend is secretly smoking with some other friends and you do not think this is a good habit. What will you do?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Try and talk to him/her
2. Stop taking or hanging out with him/her
3. Ignore it and keep quiet
4. Tell a senior or a trustworthy friend to talk to him/her
5. Complain to his/her parents

**17. Kavita has been good in sports. Suddenly, when she turned fourteen she became shy and embarrassed to wear sports clothes, or to run, play or cycle. What do you think Kavita should do?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Wear whatever she feels comfortable in and continue to run, play or cycle.
2. Stop playing as there is no future in sports for girls
3. Discuss with her teacher or anyone she trusts why she is feeling like this
4. Push herself to wear what all other sportsmen/women wear

**18. Arif and Niloufer are twins and both want to become artists. Their parents encourage Niloufer but discourage Arif. They feel that Arif needs to think about earning enough to support a family in the future. What do you think?  
(YOU MAY TICK MORE THAN ONE OPTION)**

1. Arif should give up art as his parents are right
2. Arif should carry on pursuing his interest in art.
3. Both Arif and Niloufer can explore study as well as career options as artists
4. Arif should continue painting secretly

**19. The following are some statements related to boys and girls that you may have often heard. Some of these statements are based on biological difference, while others are not true, as these are based on people's mindsets. Give your opinion, for each. (CHOOSE ONLY ONE OPTION FOR EACH STATEMENT)**

S. No.	Statement	Based on people's mindsets	Based on biological difference
1.	Girls find mathematics difficult. They are better suited for Home Sciences		
2.	The voice cracks in a majority of boys in growing up years		
3.	Boys can handle technical abstract things much better than girls		
4.	Women are better care givers than men		
5.	Boys are stronger and more muscular than girls		
6.	Women give birth to babies		
7.	Men are better than women at controlling their emotions and therefore do not cry		
8.	Girl's bodies mature earlier than boys of their own age		
9.	Generally girls begin to menstruate during adolescence		
10.	Girls are interested in cooking, decorating and managing the home.		

**20. Which are the circumstances where you think a man is justified in beating his wife? (YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. She argues with him or the family
2. She dresses in a manner to attract attention of others
3. She is unfaithful to her husband
4. She cooks food badly
5. She spends money without permission
6. She gives birth only to daughters
7. She neglects her children
8. Under no circumstances should a man beat his wife or sister

**21. Domestic Violence is present most in (YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Poor families
2. Middle class families
3. Elite, prosperous families
4. All of the above
5. None of the above

**22. Some parents hit or slap their children. In your opinion, this is:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. A form of domestic violence and hence it must not happen
2. Necessary to keep the child in check
3. An expression of the parent's love and concern for the child
4. Harmful for the child

**23. Monica and Sabina go to see a film. On the way out of the hall, they are teased and harassed by a man who passes obscene comments. Your advice to Monica and Sabina would be to:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Confront the man and warn him
2. Seek support from others around
3. Not go to see films in cinema halls
4. Go with parents or brothers, who can protect them
5. Complain to the cinema manager and insist that they act to make the hall safe for women.

**24. Sarada and Vishal used to walk home from school and talk a lot. Recently Vishal sent a letter expressing his interest in Sarada. Sarada likes Vishal as a friend, but is not interested in becoming his girl friend. Sarada should ...  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Talk to Vishal and explain to him that she is not interested in becoming his girlfriend
2. Stop talking to Vishal and ignore him
3. Complain to his parents about his letter
4. Suggest that they continue as friends
5. Agree out of fear as he might say or do nasty things about her if rejected

**25. Mohit is ten years old. His uncle comes over to stay quite frequently. He brings lots of toffees and biscuits for him. He also insists that he will sleep in Mohit's room. At times he tries to touch him in ways Mohit does not like. Mohit's parents notice that he has become very quiet and withdrawn. Which of the following statements in your opinion are correct?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Mohit is misunderstanding his uncle's affectionate behaviour
2. Mohit's uncle is trying to sexually abuse him
3. Mohit's parents should talk to him and try to understand why he is so quiet
4. Mohit's parents should keep quiet and not ask any questions as this could upset the uncle.
5. Mohit's parents should not let the uncle be alone with him

**26. A male school games teacher frequently touches some girls longer than necessary while instructing them. This makes them very uncomfortable. In your opinion the girls should do?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Keep quiet out of embarrassment
2. Talk to a teacher or parent they trust
3. Make a complaint to the school authorities
4. Discuss with other girls to find out if they have a similar experience
5. Confront the teacher themselves
6. Ignore out of fear of the teacher

**27. Who will decide how much education you will have?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Self
2. Father
3. Mother
4. Others (Please specify)...
5. Don't know

**28. If your parents decide to get you married against your wishes, what will you do?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Follow their decision
2. Try to convince them of my wishes
3. Request help from other family members to convince my parents
4. Ask friends to help me think of how to convince my parents
5. Refuse to marry even if it means going against their wishes
6. Don't know

**29. Young people who are informed about the reproductive system and family planning will.**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Get distracted and not focus on their studies
2. Become too aware of the opposite sex
3. Be responsible in their behaviour
4. Build their self-confidence to deal with difficult situations
5. Become too self-conscious about their bodies
6. Have fewer fears and confusions about their body
7. Get encouraged to experiment

**30. What do you think is the difference between Human Immuno-deficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS)?  
(YOU MAY CIRCLE ONLY ONE OPTION)**

1. HIV and AIDS are same
2. HIV is the virus and AIDS is the stage (syndrome) where multiple infections can be seen in a person
3. HIV is the syndrome and AIDS is the virus
4. HIV and AIDS both are different types of diseases
5. Don't know

**31. HIV can spread in the following ways:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Having sex with HIV infected person without a condom
2. From mosquito bites
3. From HIV infected mother to her baby
4. Sharing food with a person infected with HIV
5. Sharing toilet with person infected with HIV
6. Transfusion of infected blood
7. Sharing HIV infected syringes and needles
8. Hugging people infected with HIV

**32. Roshan works with a private company. The company decided to test all its employees for HIV as part of the annual medical examination. Do you think that the employees can be tested for HIV without their consent?  
(YOU MAY CIRCLE ONE OPTION ONLY)**

1. Strongly disagree
2. Disagree
3. Agree
4. Somewhat agree
5. Strongly agree

**33. Roshan consented for HIV testing and was found to be HIV positive. Learning about his HIV status, his company decides to let him continue working in the company. Should Roshan's HIV status be disclosed to his colleagues?  
(YOU MAY CIRCLE ONE OPTION ONLY)**

1. Definite Yes
2. Maybe Yes
3. Don't Know
4. Maybe No
5. Definite No



**34. In your opinion, should Roshan continue working in the company?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. No because he is risking the health of others.
2. Yes because it is his right to continue working in the company
3. Yes because he is not a threat to the health of his colleagues
4. No because he will be too weak to work

**35. In the school where Roshan's children are studying people get to know about Roshan's HIV positive status. What do you think the school authorities should do?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Suspend Rotan's children from the school
2. Assure Roshan that school will ensure that his children continue schooling
3. Arrange separate seating arrangement and tuition classes for Roshan's children
4. Arrange sensitization programs for teachers, students and parents
5. Cannot do anything

**36. Which of the following are the most powerful influences that encourage young people to take intoxicants (e.g. tobacco, alcohol, etc.) for the first time?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Print media like magazines, billboards, newspapers etc.
2. Electronic media like TV, radio, internet etc.
3. Friends
4. Family members
5. Acquaintances
6. Any other (specify)

**37. Which of the following intoxicants have you tried? Depending on whether you have tried the substances mentioned below and the frequency of use, please (√) in one of the 4 columns**

Substance	Once	2-3 times	More than 3 times	Never
1. Alcohol				
2. Tobacco/ Chain				
3. Charas				
4. Bhang				
5. Gutka/ Panmasala				
6. Cigarette/ beedi				
7. Medicines/cough syrup				
8. Glues/inhalants/whiteners				
9. Any other				

**38. What do you think are the different symptoms associated with cigarette smoking, gutka/tobacco chewing and alcohol consumption?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Smokers' cough	6. Sleeplessness
2. Breathlessness	7. Cancer of mouth, lung,
3. Chronic bronchitis	8. Tuberculosis
4. Premature and abundant face wrinkles	9. Don't know
5. Heart disease	

**39. Why do some young people try different types of intoxicants?  
(YOU MAY CIRCLE UP TO THREE OPTIONS)**

1. Helps to work better	7. Easily available
2. Increases concentration	8. 8. Cheaper cost/affordability
3. Cool thing to take or to do	9. Better acceptance among friends
4. Pressure from friends	10. Increases stamina
5. Someone in the family takes it	11. No effects
6. Natural instinct	12. Don't know

**ADOLESCENCE EDUCATION  
PROGRAMME:**

**QUESTIONNAIRE FOR MASTER  
TRAINERS AND TEACHERS**

**PRE AND POST-TEST**

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

**Dear Respondent,**

As you may be aware, the Adolescence Education Program (AEP) aims to respond to concerns and questions that young people may have as they develop a sense of identity and prepare for adulthood. In order to achieve this aim, it is important for program planners and implementers to understand their world. It is important to emphasize that as teachers you have an important role in providing young people with accurate, age appropriate and culturally relevant information, promoting healthy attitudes and promoting skills to enable them to respond to real life situations effectively. In a nationally representative survey conducted by Population Council and Indian Institute of Population Sciences, 45% boys and 27% girls in the age group of 15-24 years reported that teachers were the most appropriate person to transact education on themes covered in the AEP. (Source: *Youth in India: Situation and Needs Study 2006-07*. Published in 2010)

The questions below are an effort to simulate real-life situations that you may face and provide options for you to make informed choices. Please provide your honest opinion without any hesitation as these responses will help the program planners to enable you to address young people's concerns more effectively. Please be assured that your responses will remain confidential. Hence, you are not required to write your name anywhere on the questionnaire.

Thank you for your cooperation.

**PERSONAL INFORMATION SHEET**

1. **Name of School:** \_\_\_\_\_

2. **Complete Address (including district, state)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Sex**  
**(CIRCLE ONE OPTION ONLY)**

- 1. Male
- 2. Female

4. **Category of School:**  
**(CIRCLE ONE OPTION ONLY)**

- 1. Kendriya Vidyalaya Sangathan
- 2. Navodaya Vidyalaya Samiti
- 3. Central Board of Secondary Education
- 4. State Board
- 5. Any Other

5. **Type of School:**  
**(CIRCLE ONE OPTION ONLY)**

- 1. Co-educational
- 2. Only boys
- 3. Only girls

6. **How old are you?**  
**(CIRCLE ONE OPTION ONLY)**

- 1. Less than 30 years old
- 2. 30-40 years old
- 3. 40-50 years old
- 4. More than 50 years old

7. **What is your educational qualification?**  
**(CIRCLE ONE OPTION ONLY)**

- 1. Completed graduation
- 2. Completed post graduation (masters degree)
- 3. Doctorate
- 4. Any other. Please specify....

**8. What is your professional qualification?**

**(CIRCLE ONLY ONE OPTION)**

1. Bachelors in Education (B.Ed.)
2. Masters in Education (M.Ed.)
3. Any other. Please specify...

**9. What is your overall teaching experience?**

**(CIRCLE ONLY ONE OPTION)**

1. Less than 5 years
2. 6-10 years
3. 11-20 years
4. More than 20 years

**10. What subject/(s) do you teach?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Science
2. Social Science
3. Languages
4. Math
5. Music
6. Physical Education
7. Any other. Please specify....

**11. For how many years have transacted/ facilitated sessions in the Adolescence Education Program (AEP)?**

**(CIRCLE ONLY ONE OPTION)**

1. No experience
2. 1-2 years
3. 3-4 years
4. 5 or more years

**12. In which of the following ways did you gain training for AEP?**

1. Participated in AEP Nodal Teacher training
2. Was trained by a teacher who had received AEP Nodal Teacher training
3. Some other way: specify what \_\_\_\_\_
4. Have received no training for teaching AEP

### AEP QUESTIONNAIRE

This section has items on three major components of *Adolescence Education*: (A) Process of Growing up, (B) Prevention of HIV/AIDS, and (C) Prevention of Drug Abuse. Kindly read them and provide answers as per the guide provided

**1. In your opinion which of the following best describes the experience of adolescence?  
(YOU MAY CIRCLE UP TO 4 OPTIONS)**

- |               |                               |
|---------------|-------------------------------|
| 1. Crisis     | 9. Self-Expression            |
| 2. Curiosity  | 10. Seeking Independence      |
| 3. Danger     | 11. Major bodily changes      |
| 4. Stress     | 12. Trouble with parents      |
| 5. Bad Habits | 13. Lots of interest in looks |
| 6. Maturity   | 14. Attraction to others      |
| 7. Anxiety    | 15. Mood swings               |
| 8. Joy        |                               |

**2. Are there any changes you notice in the manner in which parents relate with adolescents in comparison with younger children?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Parents scold adolescents more
2. Parents ask adolescents more questions
3. Parents are more strict with adolescents and do not listen to them
4. Parents are more friendly with adolescents
5. Parents and adolescents respect and listen to each other

**3. Young people are more likely to listen to the advice from parents and teachers if:**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Parents and teachers thrust their opinion on young people
2. Parents and teachers listen to the young people's viewpoint
3. Parents and teachers think that they always know what is best for the young people
4. Parents and teachers share their viewpoint but encourage young people to take their own decisions

**4. Whom do adolescents talk to on the themes given below**

**(MARK A TICK (√) IN EACH OF THE RELEVANT BOXES IN THE FOLLOWING TABLE)**

Items	Mother (1)	Father (2)	Friends/siblings /brother (3)	Teachers (4)
1. Physical changes in their body				
2. Interests like films, music, TV Programs, books				
3. Romance and love				
4. Friendship and relationships				
5. Studies and school work				
6. Harassment and bullying				
7. Consumer items advertised on TV				
8. National and international news				
9. Dreams and aspirations about their life				



**5. Chinmaya's father criticizes him for the clothes he wears and his hairstyle. Chinmaya tries not to react. His mother says it is alright for him to wear what he wants. His father however wants him to crop his hair short and always wear neatly ironed cloths. Chinmaya begins growing his hair even longer, and wearing untidy jeans and t-shirts. His father stops talking with him. What would you do, if you were Chinmaya's teacher?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Advise Chinmaya to discuss his preference for long hair, jeans and t-shirts, with his father
2. Advise Chinmaya to ask his mother to speak to his father on his behalf
3. Advise Chinmaya to cut his hair short and wear whatever his father wants
4. Say nothing as it is Chinmaya's family problem
5. Talk to Chinmaya's parents, if possible, about clothes preferences and hairstyles

**6. Adil's best friend Asha is getting married and he has been invited to attend it. Adil's grandmother is visiting him after a year on the day of Asha's wedding to spend time with him. He is in a dilemma and cannot decide whether to go to the wedding. What would you do, if you were Adil's friend?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Advise Adil to leave his grandmother and go to the wedding
2. Advise Adil not to attend the wedding and stay with his grandmother
3. Advise Adil to take his grandmother along to the wedding
4. Talk to Adil's grandmother
5. Encourage Adil to speak to his grandmother, openly discuss his dilemma with her and then take a decision

**7. Nasreen is the fastest kabaddi player in the village. She is shocked to find that she has not been included in the inter village kabaddi competition. Which of the reactions given below was most appropriate in your opinion?**

**(YOU MAY CIRCLE ONE OPTION ONLY)**

1. Nasreen is very angry and argues with the village chief (Sarpanch)
2. Nasreen is so angry that she locks herself in her room, sobbing and refusing to eat.
3. Nasreen is angry at this injustice but she thinks it is best to talk to the Sarpanch and find out why her name has not been included.

**8. What are the qualities of a good leader?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Ability to listen to others
2. Express opinions clearly
3. Make efforts to take everyone together
4. Take decisions unanimously
5. Willing to face challenges and take calculated risks
6. Resolves differences as amicably as possible

9. Mantu is a craftsman and Raja a social worker. Encouraging rural crafts is part of Raja’s work. He invites Mantu to showcase his art. Mantu wants to earn some money by presenting his work in the upcoming village fair. The feedback Raja gives Mantu after seeing his work in the role play is ---“What is this you have made, the shape of this basket is not right, your products do not have a good finish, perhaps this is not the appropriate line of work for you, consider picking up a different vocation.” What should Raja have done?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)

1. Raja should have encouraged Mantu to make his product better by giving specific suggestions
2. Raja could have recommended a training program to Mantu to improve his skills
3. Raja should suggest an alternate vocation based on Mantu’s skills
4. Raja did an appropriate thing by telling Mantu that his work was not of good quality
5. Raja should not allow Mantu to participate in the village fair any more

10. Which of the following statements do you agree with: Please respond ‘Yes’ if you agree with the statement and ‘No’ if you do not agree

Statement	Yes/No
1. Irrespective of the situation, autocratic leadership style is the most effective	
2. Getting formal education is the only way to learn	
3. We learn everyday by reflecting on our own experiences and those of others around us	
4. Blindly mimicking peers/ friends can be dangerous	
5. It is important to strike a balance between personal aspirations and family responsibilities	

11. If you disagree with something your students are saying, do you usually:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)

1. Scold or shout at them
2. Listen and discuss
3. Ignore them
4. Accept that there are different points of view
5. Tell them to keep quiet

12. Mark which of the following changes generally take place during adolescence  
(YOU MAY TICK (√) MORE THAN ONE OPTION FOR EACH CHANGE)

Changes	Girls (1)	Boys (2)	Both (3)	Don’t know (4)
1. Increase in height and weight				
2. Menstruation				
3. Nocturnal emissions (wet dreams)				
4. Change in voice				
5. Growth of hair on private parts				
6. Widening of shoulders				

7. Broadening of hips				
8. Development of breasts				

**13. What is a nocturnal emission (wet dream)?  
(CIRCLE ONE OPTION ONLY)**

1. Release of semen because of sexual arousal
2. Passing urine in the bed when sleeping
3. Pus coming out of the genitals
4. A natural overflow of semen from the body while sleeping
5. Sexually arousing oneself

**14. Which of the following statements about menstruation do you agree with?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. It is a normal process for adolescent girls and women of childbearing age
2. During menstrual periods a girl/ woman can continue with sports activities
3. During menstruation a girl/woman should not visit sacred places
4. During menstruation a girl/woman should not touch pickles
5. During menstruation a girl/woman should not be isolated
6. Don't know

**15. Is experiencing physical attraction a normal part of growing up?  
(YOU MAY CIRCLE MORE THAN ONE)**

1. Yes, experiencing physical attraction is normally a part of growing up
2. Only some young people experience physical attraction
3. Most persons experience physical attraction only after marriage with one's partner
4. Don't know

**16. A women can suspect that she is pregnant if she  
(CIRCLE ONE OPTION ONLY)**

1. Finds that her thighs are enlarged
2. Observes loss of weight
3. Misses her periods
4. Has constant itching on abdomen

**17. Rajan likes to do housework like cutting vegetables, washing dishes and cleaning. But when his friends come home, he hides this from them. He fears that the boys will tease him and call him a 'sissy' or a girl. Which of the following statements do you agree with?  
(YOU MAY CIRCLE MORE THAN ONE)**

1. Rajan should stop doing housework
2. Rajan is right in hiding the house work from his friends
3. If he tells his friend Rajan might be a good influence on them
4. Rajan should feel proud that he does housework and not hide it

**18. If you notice one of your students smoking in the market, what will you do?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Try and talk to him/her in a friendly way
2. Scold him/her
3. Do not react immediately but keep an eye on the student
4. Report to parents
5. Ask a close friend of the student to counsel him/her

**19. Arif and Niloufer are twins and both want to become artists. Their parents encourage Niloufer but discourage Arif. They feel that Arif needs to think about earning enough to support a family in the future. What do you think?  
(YOU MAY TICK MORE THAN ONE OPTION)**

1. Arif should give up art as his parents are right
2. Arif should carry on pursuing his interest in art.
3. Both Arif and Niloufer can explore study as well as career options as artists
4. Arif should continue painting secretly

**20. Kavita has been good in sports. Suddenly, when she turned fourteen she became shy and embarrassed to wear sports clothes, or to run, play or cycle. What do you think Kavita should do?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Wear whatever she feels comfortable in and continue to run, play or cycle
2. Stop playing as there is no future in sports for girls
3. Discuss with her teacher or anyone she trusts why she is feeling like this
4. Push herself to wear what all other sportsmen/women wear

**21. The following are some statements related to boys and girls that you may have often heard. Some of these statements are based on biological difference, while others are not true, as these are based on people's mindsets. Give your opinion, on each statement.  
(CHOOSE ONLY ONE OPTION FOR EACH STATEMENT)**

S. No.	Statement	Based on people's mindsets	Based on biological difference
1.	Girls find mathematics difficult. They are better suited for Home Sciences		
2.	The voice cracks in a majority of boys in growing up years		
3.	Boys can handle technical abstract things much better than girls		
4.	Women are better care givers than men.		
5.	Boys are stronger and more muscular than girls		
6.	Women give birth to babies		
7.	Men are better than women at controlling their emotions and therefore do not cry		
8.	Girl's bodies mature earlier than boys of their own age		

9.	Girls begin to menstruate during adolescence		
10.	Girls are interested in cooking, decorating and managing the home		

**22. Which are the circumstances where you think a man is justified in beating his wife?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. She argues with him or the family
2. She dresses in a manner to attract attention of others
3. She is unfaithful to her husband
4. She cooks food badly
5. She spends money without permission
6. She gives birth only to daughters
7. She neglects her children
99. None of the above

**23. Domestic Violence is present most in  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Poor families
2. Middle class families
3. Elite, prosperous families
4. All of the above
99. None of the above

**24. Some parents hit or slap their children. In your opinion, this is:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. A form of domestic violence and hence it most not happen
2. Necessary to keep the child in control
3. An expression of the parent's love and concern for the child
4. Harmful for the child

**25. Monica and Sabina go to see a film. On the way out of the hall, they are teased and harassed by a man who passes obscene comments. Your advice to Monica and Sabina would be to:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Confront the man and warn him
2. Seek support from others around
3. Not go to see films in cinema halls
4. Go with parents or brothers, who can protect them
5. Complain to the cinema manager and insist that they act to make the hall safe for women.

**26. Sarada and Vishal used to walk home from school and talk a lot. Recently Vishal sent a letter expressing his interest in Sarada. Sarada likes Vishal as a friend, but is not interested in becoming his girl friend. Sarada should ...  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Talk to Vishal and explain to him that she is not interested in becoming his girlfriend
2. Stop talking to Vishal and ignore him
3. Complain to his parents about his letter
4. Suggest that they continue as friends

5. Agree out of fear as he might say or do nasty things about her if rejected

**27. Mohit is ten years old. His uncle comes over to stay quite frequently. He brings lots of toffees and biscuits for him. He also insists that he will sleep in Mohit's room. At times he tries to touch him in ways Mohit does not like. Mohit's parents notice that he has become very quiet and withdrawn. Which of the following statements in your opinion are correct?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Mohit is misunderstanding his uncle's affectionate behaviour
2. Mohit's uncle is trying to sexually abuse him
3. Mohit's parents should talk to him and try to understand why he is so quiet
4. Mohit's parents should keep quiet and not ask any questions as this could upset the uncle.

**28. If parents decide to get their son/daughter married against their wishes, what will be your advice to the young man or woman?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Follow the decision made by parents
2. They try and convince the parents of their wishes
3. They request help from other family members to convince the parents
4. They ask their friends to help and think of how to convince the parents
5. They refuse to marry even if it means going against their parents' wishes

**29. Which of the following statements regarding anemia do you agree with?  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Anemia patients have low hemoglobin count in their blood
2. Anemia is not a serious health concern
3. Majority of Indian adolescents suffer from anemia
4. It is important to include green leafy vegetables and other iron-rich vegetable in the diet of anemia patients
5. Anemia patients should take iron tablets, and not bother about nutritious diet

**30. Young people who are informed about the reproductive system, and family planning will.  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Get distracted and not focus on their studies
2. Become too aware of the opposite sex
3. Be responsible in their behaviour
4. Build their self-confidence to deal with difficult situations
5. Become too self-conscious about their bodies
6. Have fewer fears and confusions about their body
7. Get encouraged to experiment

**31. What are Reproductive Tract Infections (RTIs)?  
(CIRCLE ONE OPTION ONLY)**

1. Infection in reproductive organs
2. Skin infection
3. Infections that spread through sexual contact

4. Itching in private body parts
5. Don't know

**32. Reproductive Tract Infections may show in the following symptoms:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. White/colourless discharge
2. Burning sensation while passing urine
3. Abnormal / foul smelling discharge from genitals
4. Boils/Sores in genital area
5. Lower abdominal pain
6. Wet dreams/nocturnal emission
7. Don't know

**33. What are sexually Transmitted Infections (STIs)?  
(CIRCLE ONE OPTION ONLY)**

1. Infection in reproductive organs
2. Skin infection
3. Infections that spread through sexual contact
4. Itching in private body parts
5. No obvious symptoms

**34. If someone is suffering from an STI, he/she will always show symptoms.  
(CIRCLE ONE OPTION ONLY)**

1. Yes
2. No
3. Don't know

**35. What do you think is the difference between Human Immuno-deficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS)?  
(CIRCLE ONE OPTION ONLY)**

1. HIV and AIDS are same
2. HIV is the virus and AIDS is the stage (syndrome) where multiple infections can be seen in a person
3. HIV is the syndrome and AIDS is the virus
4. HIV and AIDS both are different types of diseases
5. Don't know

**36. HIV can spread in the following ways:  
(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Having sex with HIV infected person without a condom
2. From mosquito bites
3. From HIV infected mother to her baby
4. Sharing food with a person infected with HIV
5. Sharing toilet with person infected with HIV
6. Transfusion of infected blood
7. Sharing HIV infected syringes and needles
8. Hugging people infected with HIV

9. Kissing persons living with HIV

**37. Roshan works with a private company. The company decided to test all its employees for HIV as part of the annual medical examination. Do you think that the employees can be tested for HIV without their consent?**

**(CIRCLE ONE OPTION ONLY)**

1. Definite yes
2. Maybe Yes
3. Don't know
4. Maybe No
5. Definite No

**38. Roshan consented for HIV testing and was found to be HIV positive. Should Roshan's HIV status be disclosed to his colleagues?**

**(CIRCLE ONE OPTION ONLY)**

1. Definite yes
2. Maybe Yes
3. Don't know
4. Maybe No
5. Definite No

**39. In your opinion, should Roshan continue working in the company?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. No, because he is risking the health of others.
2. Yes, because it is his right to continue working in the company
3. Yes, because he is not a threat to the health of his colleagues
4. No, because he will be too weak to work

**40. In the school where Roshan's children are studying people get to know about Roshan's HIV positive status. What do you think the school authorities should do?**

**(CIRCLE ONE OPTION ONLY)**

1. Suspend Roshan's children from the school
2. Assure Roshan that school will ensure that his children continue schooling
3. Arrange separate seating arrangement and tuition classes for Roshan's children
4. Cannot do anything

**41. Which of the following in your views are the most powerful influences that encourage young people to take intoxicants (e.g. tobacco, alcohol, etc.) for the first time?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Print media like magazines, billboards, newspapers etc.
2. Electronic media like TV, radio, internet etc.
3. Friends
4. Family members
5. Acquaintances
6. Any other (specify) \_\_\_\_\_



**42. What do you think are the different symptoms associated with cigarette smoking, and gutka/tobacco chewing?**

**(YOU MAY CIRCLE MORE THAN ONE OPTION)**

1. Smokers' cough	6. Sleeplessness
2. Breathlessness	7. Cancer of mouth, lung,
3. Chronic bronchitis	8. Tuberculosis
4. Premature and abundant face wrinkles	9. Any other (specify)
5. Heart disease	10. Don't know

**43. Why do some young people in your view, try different types of intoxicants?**

**(YOU MAY CIRCLE UPTO THREE OPTIONS)**

1. Helps to work better	7. Easily available
2. Increases concentration	8. Cheaper cost/affordability
3. Cool thing to take or to do	9. Better acceptance among friends
4. Pressure from friends	10. Increases stamina
5. Someone in the family takes it	11. No effects
6. Natural instinct	12. Don't know

**44. Do you use participatory, learner-centric methodology/ies (such as role play, case studies, games, demonstrations, surveys, exposure visits etc) in your day-to-day classroom teaching?**

**(ENCIRCLE ONLY ONE OPTION)**

1. Yes, but very rarely
2. Yes, once in every 3-4 months
3. Yes, once in every 2-3 weeks
4. Yes, regularly
5. Never
6. Don't Know

**45. Do you think that participatory, learner-centric methodology/ies can be integrated in classroom teaching?**

**(ENCIRCLE ONLY ONE OPTION)**

1. Yes, participatory methodologies improve the quality of learning
2. Yes, but they slow us down and we may not be able to complete the syllabus on time
3. No, participatory methodologies should be used outside the classroom
4. Don't Know

**46. What kind of support will you need to effectively use participatory, learner-centric methodology/ies in your day-to-day classroom teaching?**

**(YOU MAY ENCIRCLE MORE THAN ONE OPTION)**

1. Training in effective use of participatory, learner-centric methodologies
2. Resource materials and text books that provide the opportunities for participatory, learner-centric methodologies
3. Participatory/ learner-centric methodologies should not be used in classroom teaching
4. Don't Know

**47. What do you understand by life skills?**

**(YOU MAY ENCIRCLE MORE THAN ONE OPTION)**

1. Abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life
2. Psycho-social abilities that enable people to respond to real-life situations in positive and responsible ways
3. Life skills may include communication and inter-personal skills, decision making and critical thinking skills, coping and self-management skills
4. All of the above
5. None of the above

**48. Do you think life skills should be enhanced in school students?**

**(ENCIRCLE ONLY ONE OPTION)**

1. Yes. Life skills integrated school education will prepare school students for real life situations
2. Not sure
3. No
4. Don't Know

**49. Do you think participatory, learner –centric methodology/ies will facilitate enhancement of life skills in school students?**

**(ENCIRCLE ONLY ONE OPTION)**

1. Yes
2. May be
3. No
4. Don't Know

## Adolescence Education Program (AEP): School Monitoring Format

TO BE ENDORSED BY THE PRINCIPAL  
(For the Academic Year April 2013 to March 2014)

**Date:**

### *Identification Particulars*

1. Name of School: \_\_\_\_\_

2. Complete Address (including district, state) \_\_\_\_\_  
\_\_\_\_\_

3. Category of School: Please encircle one of the categories

Kendriya Vidyalaya Sangathan=1

Navodaya Vidyalaya Samiti=2

4. Type of School: Please encircle one of the three types of school:

Co-ed=1

Only boys=2

Only girls=3

5. Total number of classrooms in the school:

### 6. SCHOOL PARTICULARS RELATED TO AEP

*(Fill in the information as indicated in the table)*

	Male	Female	Total
a. Number of teachers in the middle and high school (classes 6-12)			
b. Number of teachers teaching in grades 8-11			
c. Number of teachers oriented to AEP through residential training (Nodal Teachers)			
d. Number of teachers (other than Nodal Teachers) oriented to AEP			
e. Number of peer facilitators oriented to AEP in the school			
<b>Class-8</b>			
<b>Class-9</b>			
<b>Class-10</b>			
<b>Class 11</b>			
f. Number of teachers trained as counselors			
g. Number of staff nurses trained as counselors (NVS only)			

### 7. NODAL TEACHERS (SERIAL NUMBER\*\*)

*(Fill in the information as indicated in the table)*

	Nodal Teacher 1 Serial No. NT1	Nodal Teacher 2 Serial No. NT2
a. Names		
b. Sex	1.Male 2 .Female	1.Male 2 .Female
c. Subject specialization		
d. Month and year of AEP training received most recently		
e. Own a copy of Training and Resource Manual for Master Trainers and Teachers	1 Yes 2 .No	1.Yes 2 .No
f. Own a copy of Manual for Peer Facilitators	1 Yes 2 .No	1.Yes 2 .No

**\*\* Please refer to these serial numbers of nodal teachers when responding to questions 23 and above on the details of AEP implementation with teachers in classes 8 9, 10 and 11 in the Current academic year (April 2013- March-2014)**

**8. STUDENTS' ENROLLMENT**

*(Fill in the information as indicated in the table)*

	Class-8	Class-9	Class-10	Class-11
<b>Boys</b>				
<b>Girls</b>				
<b>Total</b>				

**9. FACILITIES AVAILABLE IN THE SCHOOL:**

*(Please encircle one option only and where indicated, please provide numbers)*

Boundary Wall	Drinking Water	Play ground	Library	Common functional toilets for boys and girls	Separate functional toilets for girls	Audio System	Television
1. Yes 2 .No	1. Yes 2 .No	1. Yes 2 .No	1 .Yes 2 .No	1. Yes 2 .No	1. Yes 2 .No	1. Yes 2 .No	1. Yes 2 .No

School transport for students	Science Laboratory	Computer	Doctor/Nurse	Counselor	Any other. Please specify.....
1. Yes    2 .No	1. Yes    2 .No  If yes, Numbers:	1. Yes    2 .No  If yes, Numbers:	1 Yes    2 .No  If yes, Part time =1, Full time = 2	1 Yes    2 .No  If yes, Part time =1, Full time = 2	1 Yes    2 .No

**10. PROGRAMMES IMPLEMENTED IN THE SCHOOL:**

AIDS Education Programme	Anemia Control Programme	School Health Programme	Water and Sanitation	Yoga	Any Other Please specify....
1 Yes    2 .No	1 Yes    2 .No	1 Yes    2 .No	1 Yes    2 .No	1 Yes    2 .No	

**11. BODIES/ ASSOCIATIONS/ GROUPS IN THE SCHOOL:**

*(Please tick mark (✓) only one option in the appropriate row)*

Status	Parents Teachers Association	Peer Educators Club	Children's Parliament	NSS	NCC	Any other please specify...
Exist						
Don't Exist						

**12. Has the school received a circular on AEP implementation from competent authorities?**

*(Please encircle only one option)*

1. Yes

2. No

**13. Whether the 23 hours curriculum has been transacted by the trained nodal teachers with all other teachers in the school?**

*(Please encircle only one option)*

1 Yes

2 .No

**14. In how much time was the AEP curriculum completed with all the teachers?**

*(May encircle more than one option)*

1. Within 2 months of training of nodal teachers

2. Within 3 months of training of nodal teachers

- 3. Ongoing
- 4. Not started

**15. Is AEP a part of school time table?**  
*(Please encircle only one option)*

- 1. Yes
- 2. No

**16. How is Adolescence Education transacted in classrooms?**  
*(Please encircle only one option)*

- 1. In CCA (Co Curricular Activities) period
- 2. Assigned time in the school time table on a fixed day in the week
- 3. Over the weekend
- 4. Flexible as no guidelines are available
- 5. No regular classroom transaction

**17a. Does the school have a “QUESTION BOX” through which students can seek clarifications on issues related to AEP in an anonymous manner?**  
*(Please encircle only one option)*

- 1 Yes
- 2 .No

**17b. If yes to 15a, at what frequency are the questions answered?**  
*(Please encircle only one option)*

- 1. Weekly
- 2. Fortnightly
- 3. Monthly
- 4. No fixed frequency

**17c. If yes to 15a, Who answers the questions from the “QUESTION BOX”?**  
*(Encircle multiple options if more than one person responds to the questions)*

- 1. Nodal Teacher
- 2. Teacher
- 3. Counselor
- 4. External Expert
- 5. Principal
- 6. Doctor
- 7. Any other (Please specify)

**18. Number of sensitization Programmes (sessions) held with parents in the current academic session (April 2013- March 2014):**  
*(Please encircle only one option)*

If the response to Question 18 is (1), i.e., no sensitization session on AEP held with parents, please skip to Q20.

- 1. No session conducted
- 2. 1-2 sessions 3-5 sessions
- 3. More than 5 sessions

**19. Please mention approximately how many parents have been sensitized to AEP in the current academic session (April 2013 - March 2014).**

Numbers: .....

**20. Number of additional activities held in the school on AEP themes (July 2013- March 2014):**  
*(Please fill in the details in the table below. If a particular activity has not been organized, please leave the row blank.)*

Activity	Date/s (Month and Year)of organization of activity	Themes addressed	Number of students participated	
			Girls	Boys
Role Play				
Debate				
Poster Making				
Creative Writing				
Slogan Writing				
Any other				

21. Number of students who participated at regional or national level in activities organized around AEP themes (April 2013- March 2014)  
(Please fill in the details in the table below. If the students have not participated in a particular activity, please leave the row blank.)

Activity	Date/s (Month and Year)of organization of activity	Number of students participated	
		Girls	Boys
Role Play			
Debate			
Poster Making			
Creative Writing			
Slogan Writing			
Any other			

22. As the School Principal, what is your opinion on the success of AEP in terms of the following criteria:  
(Please encircle only one option in each row)

Criteria	Unsatisfactory 1	Satisfactory 2	Good 3	Very Good 4	Excellent 5
a. Implementation of AEP sessions'					
b. Willingness and participation of Students					
c. Involvement of Nodal Teachers					
d. Participation of other teachers					
e. Involvement of Parents					

23. DETAILS ON AEP IMPLEMENTATION WITH SCHOOL TEACHERS DURING THE ACEDMIC SESSION APRIL 2013 – MARCH 2014

TO BE COMPLETED BY NODAL TEACHERS

(PLEASE ASK ALL PARTICIPATING TEACHERS TO COMPLETE A PRE-TEST BEFORE THE ORIENTATION AND A POST-TEST AFTER THE ORIENTATION)

Please note that the list of activities below is the recommended 23 hours session plan that every school is expected to complete.

Name of Module/Activity	Batch 1		Batch 2	
	No of Males:.....	No of Females:.....	No of Males:.....	No of Females:.....
	Session Completion Date (DD/MM/YYYY)	Serial number of Nodal teacher who took the session (Refer to Question 7)	Session Completion Date (DD/MM/YYYY)	Serial number of Nodal teacher who took the session (Refer to Question 7)
<b>Module 3: Establishing and maintaining positive and responsible relationships</b>				
Activity 4: Peer relationships, friendships, peer influences and attraction				
Activity 5: Relationship with Parents/ Guardians				
Activity 6: Communicating effectively				
<b>Module 4: Understanding Adolescence</b>				
Activity 1: We are changing				

Name of Module/Activity	Batch 1		Batch 2	
	No of Males:.....	No of Females:.....	No of Males:.....	No of Females:.....
	Session Completion Date (DD/MM/YYYY)	Serial number of Nodal teacher who took the session (Refer to Question 7)	Session Completion Date (DD/MM/YYYY)	Serial number of Nodal teacher who took the session (Refer to Question 7)
Activity 2: Differences in growing up process and effects on body image				
Activity 3: Physical changes during adolescence				
Activity 4: Being comfortable with changes during adolescence				
Activity 5: Nutritional needs of adolescents				
Activity 6: Early marriage and adolescent pregnancy				
Activity 7: Clarifying misconceptions				
<b>Module 5: Understanding and challenging stereotypes and discrimination</b>				
Activity 1: Gender and Biology				
Activity 2: Understanding and challenging stereotypes				
Activity 3: Understanding and challenging discrimination				
<b>Module 6: Understanding and reporting Abuse and violations</b>				
Activity 1: Understanding and challenging domestic violence				
Activity2: Understanding and challenging sexual abuse and violations				
<b>Module 7: Understanding Substance misuse</b>				
Activity 1: Meaning and types of substances				
Activity 2: Why are adolescents vulnerable to substance misuse				
<b>Module 8: Consequence of substance misuse</b>				
Activity 2: Consequence of substance misuse				
<b>Module 9: Clarifying myths and misconceptions</b>				
Activity 1: Myths and misconceptions about substance misuse				
<b>Module 10: Accessing support for prevention and treatment</b>				
Activity 1: Safety net				
Activity 2: Laws pertaining				

Name of Module/Activity	Batch 1		Batch 2	
	No of Males:.....	No of Females:.....	No of Males:.....	No of Females:.....
	Session Completion Date (DD/MM/YYYY)	Serial number of Nodal teacher who took the session (Refer to Question 7)	Session Completion Date (DD/MM/YYYY)	Serial number of Nodal teacher who took the session (Refer to Question 7)
to substance misuse				
<b>Module 11: HIV/AIDS : Transmission and prevention</b>				
Activity 1: Defining HIV/AIDS				
Activity 2: Facts about HIV transmission				
<b>Module 12: Situation of HIV/AIDS in India</b>				
Activity 1: HIV and AIDS prevalence in India				
<b>Module 13: Vulnerability of adolescents and women to HIV</b>				
Activity 1: Vulnerability of adolescents to HIV				
Activity 2: Vulnerability of women to HIV				
<b>Module 14: Testing, Counseling and confidentiality</b>				
Activity 1: Diagnosis and services				
Activity 3: Living positively with HIV/AIDS				
<b>Module 15: RTIs, STIs and relationship with HIV</b>				
Activity 1: Understanding RTIs, STIs and their relationship with HIV ( <b>For class XI only</b> )				
Summative Activity: Question Box on prevention of HIV/AIDS and substance misuse				





24. DETAILS ON CLASSROOM-BASED TRANSACTION DURING THE ACADEMIC SESSION APRIL 2013 TO MARCH 2014

Please tick the appropriate Grade / Class:

8	9	10	11
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TO BE COMPLETED BY CONCERNED TEACHER

Also, please note that if there is one section in the concerned class, use the block of 'Section A' only. Similarly, if there are 3 sections in the concerned class, use the blocks for sections 'A', 'B' and 'C' respectively. If there are more than three sections, additional sheets will be available online. The schools that choose to fill the paper-based Proforma can make additional copies of this sheet.

Please note that the list of activities below is the recommended 23 hours session plan that every school is expected to complete. However, schools have the freedom to organize additional activities that can also be recorded in responses to questions 22 & 23.

Name of Module/Activity	Section A			Section B			Section C		
	No of Boys:.....	No of Girls:.....	Serial number of Nodal teacher who took the session (Refer to Question 7)	No of Boys:.....	No of Girls:.....	Serial number of Nodal teacher who took the session (Refer to Question 7)	No of Boys:.....	No of Girls:.....	Serial number of Nodal teacher who took the session (Refer to Question 7)
	Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)		Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)		Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)	
<b>Module 3: Establishing and maintaining positive and responsible relationships</b>									
Activity 4: Peer relationships, friendships, peer influences and attraction									
Activity 5: Relationship with Parents/ Guardians									
Activity 6: Communicating effectively									
<b>Module 4: Understanding Adolescence</b>									
Activity 1: We are changing									
Activity 2: Differences in growing up process and effects on body image									
Activity 3: Physical changes during adolescence									
Activity 4: Being comfortable with changes during adolescence									
Activity 5: Nutritional needs of adolescents									

Name of Module/Activity	Section A				Section B			Section C		
	No of Boys:.....	Is it a joint session (Yes / No)	Serial number of Nodal teacher who took the session (Refer to Question 7)	No of Girls:.....	Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)	Serial number of Nodal teacher who took the session (Refer to Question 7)	No of Boys:.....	Is it a joint session (Yes / No)	Serial number of Nodal teacher who took the session (Refer to Question 7)
	Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)	Serial number of Nodal teacher who took the session (Refer to Question 7)	No of Boys:.....	Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)	Serial number of Nodal teacher who took the session (Refer to Question 7)	Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)	Serial number of Nodal teacher who took the session (Refer to Question 7)
Activity 6: Early marriage and adolescent pregnancy										
Activity 7: Clarifying misconceptions										
<b>Module 5: Understanding and challenging stereotypes and discrimination</b>										
Activity 1: Gender and Biology										
Activity 2: Understanding and challenging stereotypes										
Activity 3: Understanding and challenging discrimination										
<b>Module 6: Understanding and reporting Abuse and violations</b>										
Activity 1: Understanding and challenging domestic violence										
Activity 2: Understanding and challenging sexual abuse and violations										
<b>Module 7: Understanding Substance misuse</b>										
Activity 1: Meaning and types of substances										
Activity 2: Why are adolescents vulnerable to substance misuse										
<b>Module 8: Consequence of substance misuse</b>										
Activity 2: Consequence of substance misuse										
<b>Module 9: Clarifying myths and misconceptions</b>										
Activity 1: Myths and misconceptions about substance misuse										
<b>Module 10: Accessing support for prevention and treatment</b>										

Name of Module/Activity	Section A			Section B			Section C		
	No of Boys:.....	No of Girls:.....	Serial number of Nodal teacher who took the session (Refer to Question 7)	No of Boys:.....	No of Girls:.....	Serial number of Nodal teacher who took the session (Refer to Question 7)	No of Boys:.....	No of Girls:.....	Serial number of Nodal teacher who took the session (Refer to Question 7)
	Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)		Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)		Session Completion Date (DD/MM/YY)	Is it a joint session (Yes / No)	
Activity 1: Safety net									
Activity 2: Laws pertaining to substance misuse									
<b>Module 11: HIV/AIDS : Transmission and prevention</b>									
Activity 1: Defining HIV/AIDS									
Activity 2: Facts about HIV transmission									
<b>Module 12: Situation of HIV/AIDS in India</b>									
Activity 1: HIV and AIDS prevalence in India									
<b>Module 13: Vulnerability of adolescents and women to HIV</b>									
Activity 1: Vulnerability of adolescents to HIV									
Activity 2: Vulnerability of women to HIV									
<b>Module 14: Testing, Counseling and confidentiality</b>									
Activity 1: Diagnosis and services									
Activity 3: Living positively with HIV/AIDS									
<b>Module 15: RTIs, STIs and relationship with HIV</b>									
Activity 1: Understanding RTIs, STIs and their relationship with HIV (For class XI only)									
Summative Activity: Question Box on prevention of HIV/AIDS and substance misuse									

**Endorsed by the Principal (Please write the name of the Principal):**

Signature of Principal: \_\_\_\_\_

Stamp of School: \_\_\_\_\_

Thanks for Submitting the School Monitoring Form.

Please send the paper-based completed form(s) to UNFPA:

**Ms. Geeta Narayan/Ms. Nalini Srivastava, UNFPA, 55 Lodi Estate, New Delhi – 110 003**

**Or Scan the completed form and email it to: [narayan@unfpa.org](mailto:narayan@unfpa.org) / [srivastava@unfpa.org](mailto:srivastava@unfpa.org)**

**Adolescence Education Program**  
**TRAINING SCHEDULE FOR RESOURCE PERSONS AND**  
**NODAL TEACHERS**

*6 days Training Schedule*

**DAY - 1**

TIME	SESSION & ACTIVITY
9.00 - 10.00 am	<b>Pre Test and Inauguration</b>
10.00 - 10.30 am	<b>Tea</b>
10.30 am - 1.30 pm	<b>SECTION – I: INTRODUCTION</b>
(1 hr and 15 min)	Module – 1: Adolescence Education in India Activity 2: Needs, Concerns and Realities of Adolescents in India- <i>45 mins</i> Activity 4: Life skills development: core objective of adolescence education- <i>30 mins</i>
(1 hr and 45 min)	Module – 2: Adolescence Education Programme in India Activity 1: Need for Educational Interventions to Respond to Adolescent’s Concerns- <i>30 min</i> Activity 2: Adolescence Education Program: Approach and Strategies- <i>30 min</i> Activity 3: Understanding Transaction Methods – <i>45 mins</i>
1.30 - 2.00 pm	<b>Lunch</b>
2.00 - 4.15 pm	<b>SECTION – II: PROCESS OF GROWING UP</b>
(2 hrs and 15 min)	Module – 3: Establishing and Maintaining Positive and Responsible Relationships Activity 4: Peer relationships, friendships, peer influences and attraction- <i>45 mins</i> Activity 5: Relationship with Parents/Guardians- <i>30 mins</i> Activity 6: Communicating effectively- <i>60 mins</i>
4.15 – 4.30 pm	<b>Tea</b>
4.30 – 5.45 pm (1 hr and 15 min)	Module – 4: Understanding Adolescence Activity 1: We are changing- <i>30 mins</i> Activity 2: Differences in Growing up Process and Effects on Body Image - <i>45 mins</i>  Announce Question box activity and place question box in the training hall

## DAY – 2

TIME	SESSION & ACTIVITY
8.30-9.00 am	Recapitulation and Feedback of Day 1
9.00 – 11.15 am (2 hrs and 15 min)	<b>SECTION – II: PROCESS OF GROWING UP</b> Module – 4: Understanding Adolescence Activity 3: Physical Changes during adolescence- <i>45 mins</i> Activity 4: Being comfortable with changes during adolescence- <i>60 mins</i> Activity 5: Nutritional Needs of Adolescents – <i>30 mins</i>
11.15 - 11.30 am	<b>Tea</b>
11.30 am- 12.45 pm (1 hr and 15 min)	<b>SECTION – II: PROCESS OF GROWING UP</b> Module – 4: Understanding Adolescence Activity 6: Early Marriage and Adolescent Pregnancy- <i>45 mins (For class XI only)</i> Activity 7: Clarifying misconceptions - <i>30 mins</i>
12.45 – 1.15 pm (30 min)	Module – 5: Understanding and Challenging Stereotypes and Discrimination Activity 1: Gender and Biology- <i>30 mins</i>
1.15 – 2.00 pm	<b>Lunch</b>
2.00 – 3.30 pm (1 hr and 30 min)	Module – 5: Understanding and Challenging Stereotypes and Discrimination Activity 2: Understanding and Challenging Stereotypes- <i>45 mins</i> Activity 3: Understanding and Challenging Discrimination- <i>45 mins</i>
3.30 – 4.15 pm (45 min)	Module – 6: Understanding and Reporting Abuse and Violations Activity 1: Understanding and Challenging Domestic Violence- <i>45 mins (For class XI only)</i>
4.15 – 4.30 pm	<b>Tea</b>
4.30 – 6.15 pm (1 hr and 45 mins)	Module – 6: Understanding and Reporting Abuse and Violations Activity 2: Understanding and Challenging Sexual Abuse and Violations- <i>60 mins</i>  Summative Activity: Question box on Process of Growing Up – <i>45 mins</i>
6.15 – 6.30 pm	Distribute the following proformas and ask participants to review on their own:  i) School based monitoring format and ii) School based activity planning sheet Also let the participants know that they will need to ask nodal teachers to fill school based activity planning sheet in duplicate. Master Trainers will submit one copy and the teachers will carry one copy.

## DAY – 3

TIME	SESSION & ACTIVITY
8.30-9.00 am	Recapitulation and Feedback of Day 2
9.00 – 10.00 am	Discuss the following proformas: i) School-based monitoring proformas; ii) School-based activity planning sheet– <i>60 mins</i>
10.00 – 11.30 am  (1 hr and 30 min)	<b>SECTION-III: PREVENTION OF SUBSTANCE MISUSE</b>  Module – 7: Understanding Substance Misuse Activity 1: Meaning and Types of Substances – <i>30 mins</i> Activity 2: Why are Adolescents Vulnerable to Substance Misuse – <i>60 mins</i>
11.30 – 11.45 am	<b>Tea</b>
11.45 am – 12.45 pm (1 hr)	Module – 8: Consequences of Substance Misuse Activity 2: Consequences of Substance Misuse – <i>60 mins</i>
12.45 – 1.15 pm (30 min)	Module – 9: Clarifying Myths and Misconceptions Activity 1: Myths and Misconceptions about Substance Misuse – <i>30 mins</i>
1.15 – 1.45 pm	<b>Lunch (Also ask learners to drop questions in the question box)</b>
1.45 – 3.00 pm  (1 hr and 15 min)	Module – 10: Accessing Support for Prevention and Treatment Activity 1: Safety net – <i>45 mins</i> Activity 2: Laws pertaining to substance misuse <i>30 mins</i>
3.00 – 4.15 pm  (1 hr and 15 min)	<b>SECTION – IV: PREVENTION OF HIV AND AIDS</b>  Module – 11: HIV/AIDS: Transmission and Prevention Activity 1: Defining HIV/AIDS – <i>30 mins</i> Activity 2: Facts about HIV Transmission – <i>45 mins</i>
4.15 – 4.30 pm	<b>Tea</b>
4.30 – 5.15 pm  (45 min)	<b>SECTION – IV: PREVENTION OF HIV AND AIDS</b>  Module – 12: Situation of HIV/AIDS in India Activity 1: HIV and AIDS prevalence in India – <i>45 mins</i>
5.15 – 6.45 pm  (1 hr and 30 min)	Module – 13: Vulnerability of Adolescents and Women to HIV Activity 1: Vulnerability of Adolescents to HIV – <i>45 mins</i> Activity 2: Vulnerability of Women to HIV – <i>45 mins</i>



## DAY – 4

TIME	SESSION & ACTIVITY
8.30-9.00 am	Recapitulation and Feedback of Day 3
9.00–10.30 am (1 hr and 30 min)	Module – 14: Testing, Counseling and Confidentiality Activity 1: Diagnosis and Services – <i>45 mins</i> Activity 3: Living Positively with HIV/AIDS - <i>45 mins</i>
10.30 – 10.45 am	<b>Tea</b>
10.45 am–12.15 pm (1 hr and 30 min)	Module – 15: RTIs, STIs and Relationship with HIV Activity 1: Understanding RTIs, STIs and their relationship with HIV ( <b>For class XI only</b> ) <i>45 mins</i>  Summative Activity: Question box on prevention of HIV/AIDS and Substance Misuse – <i>45 mins</i>
12.15 –2.00 pm (1 hr and 45 min)	Module 16: Skills of a Facilitator Activity 3: Organizational Skills in a Facilitator- <i>60 mins</i> Activity 4: Planning for Practice Sessions in School - <i>45 mins</i>
2.00 – 2.30 pm	<b>Lunch(Also ask learners to drop questions in the question box)</b>
2.30 – 4.30 pm (2 hrs)	Module 17: Advocacy Activity 1: Advocacy and its need under Adolescence Education Programme- <i>60 mins</i> Activity 2: Designing an Advocacy Campaign - <i>60 mins</i>
4.30-4.45 pm	<b>Tea</b>
4.45 -6.00 pm (1 hr and 15 mins)	Module 18: Training of Peer Facilitators Activity 1: Peer education: An approach for empowering adolescents- <i>30 mins</i> Activity 2: Identifying needs of peer facilitators for their training- <i>45 mins</i>
6.00 – 6.30 pm	Discussion on questions in the question box

## DAY – 5

TIME	SESSION & ACTIVITY
8.00-8.30 am	Recapitulation and Feedback of Day 4
8.30 – 10.45 am (2 hr and 15 min)	<p><b><u>Peer Educators’ Manual</u></b></p> <p>Module 1: Me and My Identity            Activity 1: Who am I (60 mins)            Activity 2: Self reliance and self belief (30 mins)            Activity 3: Self satisfaction and values (45 mins)</p>
10.45- 11.00 am	<b>Tea</b>
11.00 am – 1.15 pm  (2 hrs and 15 min)	<p>Module 1: Me and My Identity            Activity 4: Positive expression of feelings (60 mins)</p> <p>Module 2: Positive and Responsible Relationships            Activity 1: Understanding relationships (30 mins)</p> <p>Module 3: Development of Qualities/ Capabilities to become a Successful Leader            Activity 1: Pictures speak (45 mins)</p>
1.15 -2.00 pm	<b>Lunch</b>
2.00 – 4.00 pm  (2 hrs)	<p><u>Module 3: Development of Qualities/ Capabilities to become a Successful Leader</u>            Activity 2: Understanding different leadership styles and approaches (60 mins)            Activity 3: Group behaviors in achieving shared objectives (60 mins)</p>
4.00 – 4.30 pm	<b>Tea</b>
4.30 – 6.00 pm  (1 hr and 30 min)	<p>Module 3: Development of Qualities/ Capabilities to become a Successful Leader            Activity 4: Learning from constructive feedback (60 mins)            Activity 5: Learning – A continuous process (30 mins)</p>

## DAY- 6

8.00 – 8.30 am	Recapitulation and feedback of Day 5
8.30 – 10.15 am (1 hr and 45 min)	<ul style="list-style-type: none"> <li>• Relevance, Feasibility and Opportunities for Integrating Life Skills in Classroom Teaching (15 mins)</li> <li>• Power Point Presentation: Screening of Teaching-Learning Video 1 (30 mins)</li> <li>• Reactions, Feedback from Participants (30 mins)</li> <li>• Screening of Teaching-Learning Video 2 (30 mins)</li> </ul>
10.15- 11.30 am (1 hr 15 mins)	<p><b>Divide the participants in groups such that each group has 4-5 participants and distribute lessons from NIOS secondary learning materials that have been included in Teaching Learning Videos 3 and 4. Each group should be given one lesson to work with.</b></p> <p>Based on the learnings from videos 1 and 2, ask each group to identify one learning area in each lesson where participatory, learner-centric methodology can be used. Ask each group to identify: 1) the methodology, 2) reason for choosing that particular methodology, 3) life skills that are being reinforced in that section</p>
11.30 – 11.45 am	<b>Tea</b>
11.45 am – 2.00 pm (2 hrs and 15 min)	<ul style="list-style-type: none"> <li>• Presentation by each small group (60 mins. Hence, each small group will get only 5 minutes of presentation time)</li> <li>• Screening of videos 3 and 4 (60 mins., <i>optional</i>)</li> <li>• Summarization by facilitator and final comments by participants (15 mins)</li> </ul>
2.00 – 2.30 pm	<b>Lunch</b>
2.30 – 4.00 pm (1 hr and 30 min)	<p><b>Open Forum</b></p> <ul style="list-style-type: none"> <li>• Roles and Responsibilities of School-based Master Trainers</li> <li>• Questions and Concerns on Implementing AEP</li> <li>• Drawing up Action Plans</li> </ul>
4.00 – 5.00 pm	Fill the following proformas: i) Post-test proformas; ii) Participants' Feedback
5.00 – 5.30 pm	<b>Valedictory and Tea</b>

**ADOLESCENCE EDUCATION PROGRAMME**  
**MASTER TRAINERS/NODAL TEACHERS TRAINING PROGRAMME**  
PARTICIPANTS' FEEDBACK

Venue of Training:

Date:

We would appreciate your feedback on the 5 days training program. Please mark (✓) in the relevant column

	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
1. Introductory session and rapport building					
2. Adolescence Education Program in India, including the conceptual framework					
3. Establishing and maintaining positive and responsible relationships					
4. Understanding adolescence					
5. Understanding and challenging stereotypes, discrimination and abuse					
6. HIV and AIDS: Prevalence, transmission and prevention					
7. HIV/AIDS: Diagnosis and services					
8. Understanding causes and consequences of Substance/Drug Abuse					
9. Protection from Substance/Drug Abuse					
10. Skills of a Facilitator					
11. Advocacy					
12. Training of Peer Educators					
13. Gains from the interaction with the students					
14. Effective communication of the key messages					
15. Methodology of the three day training program (interactive and participatory)					
16. Opportunity for you to participate					
17. Opportunities for doubts clarification					
18. Adequacy of training and resource materials					
19. Duration of the training program					
20. Punctuality and time management					
21. Other logistics: Training Room and Infrastructure, Food etc					
22. Utility & application of training for conducting school based sessions					

**Suggestions:**

Please provide your valuable suggestions for innovative approaches and strategies for effective implementation of AEP in schools:

**Any other feedback:**

**Name (optional):** \_\_\_\_\_

**Name and contact information of your school:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADOLESCENCE EDUCATION PROGRAMME**  
**School-based Activities Planning for the Academic Year**

**Dates of teachers training:** \_\_\_\_\_

**Name and address of training venue:** \_\_\_\_\_

\_\_\_\_\_

**Names of the nodal teachers:** \_\_\_\_\_

**Name of the principal and contact information of the participating school:**

\_\_\_\_\_

\_\_\_\_\_

Topic No.	Topics to be Covered in Classroom Sessions	Time	Date and Time Scheduled for the Session
1.	Advocacy program for school staff and parents	2 hours (not inclusive in 23 hours)	
2.	<b>Module 3: Establishing and Maintaining Positive and Responsible Relationships</b>  Activity 4: Peer Relationships, Friendships, Peer Influences and Attraction	45 minutes	
3.	<b>Module 3: Establishing and Maintaining Positive and Responsible Relationships</b>  Activity 5: Relationships with Parents/Guardians	30 minutes	
4.	<b>Module 3: Establishing and Maintaining Positive and Responsible Relationships</b>  Activity 6: Communicating Effectively	60 minutes	
5.	<b>Module 4: Understanding Adolescence</b>  Activity 1: We Are Changing!	30 minutes	
6.	<b>Module 4: Understanding Adolescence</b>  Activity 2: Differences in Growing up Process and Effects on Body Image	45 minutes	

<b>Topic No.</b>	<b>Topics to be Covered in Classroom Sessions</b>	<b>Time</b>	<b>Date and Time Scheduled for the Session</b>
7.	<b>Module 4: Understanding Adolescence</b> Activity 3: Physical Changes During Adolescence	45 minutes	
8.	<b>Module 4: Understanding Adolescence</b> Activity 4: Being Comfortable With Changes During Adolescence	60 minutes	
9.	<b>Module 4: Understanding Adolescence</b> Activity 5: Nutritional Needs of Adolescents	30 minutes	
10.	<b>Module 4: Understanding Adolescence</b> Activity 6: Early Marriage and Adolescent Pregnancy <b>(For class XI only)</b>	45 minutes	
11.	<b>Module 4: Understanding Adolescence</b> Activity 7: Clarifying Misconceptions	30 minutes	
12.	<b>Module 5: Understanding and Challenging Stereotypes and Discrimination</b> Activity 1: Gender and Biology	30 minutes	
13.	<b>Module 5: Understanding and Challenging Stereotypes and Discrimination</b> Activity 2: Understanding and Challenging Stereotypes	45 minutes	
14.	<b>Module 5: Understanding and Challenging Stereotypes and Discrimination</b> Activity 3: Understanding and Challenging Discrimination	45 minutes	
15.	<b>Module 6: Understanding and Reporting Abuse and Violations</b> Activity 1: Understanding and Challenging Domestic Violence <b>(For class XI only)</b>	45 minutes	
16.	<b>Module 6: Understanding and Reporting Abuse and Violations</b> Activity 2: Understanding and Challenging Sexual Abuse and Violations	60 minutes	
17.	<b>Summative Activity on Section II: Question Box on the Process of Growing Up</b>	45 minutes	

<b>Topic No.</b>	<b>Topics to be Covered in Classroom Sessions</b>	<b>Time</b>	<b>Date and Time Scheduled for the Session</b>
18.	<b>Module 7: Understanding Substance Misuse</b> Activity 1: Meaning and Types of Substances	30 minutes	
19.	<b>Module 7: Understanding Substance Misuse</b> Activity 2: Why are Adolescents Vulnerable to Substance Misuse	60 minutes	
20.	<b>Module 8: Consequences of Substance Misuse</b> Activity 2: Consequences of Substance Misuse	60 minutes	
21.	<b>Module 9: Clarifying Myths and Misconceptions</b> Activity 1: Myths and Misconceptions about Substance Misuse	30 minutes	
22.	<b>Module 10: Accessing Support for Prevention and Treatment</b> Activity 1: Safety Net	45 minutes	
23.	<b>Module 10: Accessing Support for Prevention and Treatment</b> Activity 2: Laws Pertaining to Substance Misuse	30 minutes	
24.	<b>Summative Activity on Section III: Question Box on prevention of substance misuse</b>	45 minutes	
25.	<b>Module 11: HIV/ AIDS Transmission and Prevention</b> Activity 1: Defining HIV/AIDS	30 minutes	
26.	<b>Module 11: HIV/ AIDS Transmission and Prevention</b> Activity 2: Facts about HIV transmission	45 minutes	
27.	<b>Module 12: Situation of HIV/AIDS in India</b> Activity 1: HIV and AIDS Prevalence in India	45 minutes	
28.	<b>Module 13: Vulnerability of Adolescents and Women to HIV</b> Activity 1: Vulnerability of Adolescents to HIV	45 minutes	
29.	<b>Module 13: Vulnerability of Adolescents and Women to HIV</b> Activity 2: Vulnerability of Women to HIV	45 minutes	



<b>Topic No.</b>	<b>Topics to be Covered in Classroom Sessions</b>	<b>Time</b>	<b>Date and Time Scheduled for the Session</b>
30.	<b>Module 14: Testing, Counseling and Confidentiality</b> Activity 1: Diagnosis and Services	45 minutes	
31.	<b>Module 14: Testing, Counseling and Confidentiality</b> Activity 3: Living positively with HIV/AIDS	45 minutes	
32.	<b>Module 15: RTIs, STIs and Relationship with HIV</b> Activity 1: Understanding RTIs, STIs and their relationship with HIV <b>(For class XI only)</b>	45 minutes	
33.	<b>Summative Activity on Section IV: Question Box on prevention of HIV and AIDS</b>	45 minutes	

**Any other activities planned (optional):**

<b>Activity</b>	<b>Objective</b>	<b>Date and time scheduled for the session</b>

Please Note: An approximately 23 hours minimum programme has been outlined for the school-based implementation of AEP. The nodal teachers are encouraged to use their discretion to choose activities under the various topics as outlined in the training and resource materials.

**Principal's Signatures for Approval of the Programme:**

**ADOLESCENCE EDUCATION PROGRAMME (AEP)**  
 Advocacy Feedback Form for Principals

Venue of Training:

Date:

1. What did you understand the purpose of this workshop to be?

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2. Please evaluate each of the following aspects of the workshop by marking (✓) in the most appropriate column:

	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
1. Achievement of workshop objectives					
2. Methods and techniques used in the workshop					
3. Usefulness of the Program Materials					
4. Effectiveness of the Resource Person(s)					
5. Relevance of AEP for my school					
6. Ability to provide oversight to AEP activities in the school					

3. How well equipped do you feel about advocating AEP to others?

Very well equipped   
  Well equipped   
  Satisfactorily equipped  
 Not well equipped   
  Poorly equipped

4. I am committed to the development of AEP in my school because:

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I approve of the activities planned under the AEP to be conducted in the School.

Name of School: \_\_\_\_\_

Name of the signatory: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not approved, please provide reasons: \_\_\_\_\_

\_\_\_\_\_

### Roles and Responsibilities of Different Stakeholders

<b>Stakeholders</b>	<b>Roles</b>	<b>Challenges</b>	<b>Responsibilities</b>
<b>Policy Makers</b>	<p>(i) Integration of AE in education policy</p> <p>(ii) Follow up of policy implementation</p>	<p>(i) Lack of evidence in respect of adolescent needs and concerns</p> <p>(ii) Cultural barriers</p> <p>(iii) Plurality of contexts</p> <p>(iv) Education as Concurrent Subject</p> <p>(v) Resources (financial, human and infrastructure)</p>	<p>Ensure that the need for adequate evidence is incorporated in the policy and steps are taken for creating adequate evidence base through concerned institutions/ agencies</p> <p>Reflect responses to adolescents' issues and concerns in the policy perspective</p> <p>In view of multiplicity of perspectives regarding adolescents' concerns and education being a concurrent subject, MHRD and Nodal agencies to evolve a consensus on AE</p> <p>Promote expanded consultations with State level policy makers and all other stakeholders including religious/ opinion leaders, media and society at large</p> <p>Ensure AEP a priority on Central Advisory Board on Education (CABE) agenda</p> <p>HRD/ State Education Ministries to ensure convergence among Inter-ministerial initiatives of similar nature and ensure coordination among concerned educational bodies; State Education Departments to assign AEP implementation to one nodal agency</p> <p>Ensure allocation of adequate financial resources and availability of infrastructure support and human resources</p>

Stakeholders	Roles	Challenges	Responsibilities
<p><b>Curriculum Developers</b> (School Education: NCERT, SCERTs, State Boards, Directorates of Education, NIOS &amp; other open learning institutions) and (Teacher Education: NCTE, Directorates of Teacher Education, DIETs)</p>	<p>(i) Integration of AE elements in school curriculum and teacher education curriculum</p> <p>(ii) Capacity building of curriculum and material developers, text book writers, teacher educators, teachers and other education functionaries</p> <p>(iii) Creation of conducive environment for effective integration of AE elements in content and process of education</p>	<p>(i) Curriculum overload through stand-alone, parallel programs to address different educational concerns</p> <p>(ii) Cultural sensitivity of AE contents</p> <p>(iii) Inadequate competencies in transacting experience-based learning and its assessment</p> <p>(iv) Perception gaps and variation between standardization and meeting contextual needs of learners</p>	<p>Integration to be ensured on the basis of NCF 2005</p> <p>Ensure effective integration of AE elements in syllabi of related subjects including those of open learning with an emphasis on experiential transaction mode</p> <p>NCERT/SCERTs/ Directorates of Education to orient and build skills of curriculum and material developers to have a common perception to develop proper understanding of curriculum overload and to maintain continuity in curriculum</p> <p>NCTE/SCERTs/Directorates of Teacher Education to ensure adequate integration of AE in pre-service/in-service teacher education courses;</p> <p>NCERT/ SCERTs/ DIETs NCTE and NIOS to promote shared learning and cross learning forums including use of distance learning instruments and conduct capacity building activities</p> <p>NCERT/ SCERTs/ DIETs and NCTE/NIOS to conduct advocacy at different levels to sensitize all the stakeholders including religious/ opinion leaders, media and society at large to create and nurture positive environment to implement the programme</p> <p>Ensure the needed flexibility for contextual adaptations</p> <p>Evolve and employ State-based feedback mechanism to ensure effective integration of AE elements and appropriate curriculum transaction</p>

<b>Stakeholders</b>	<b>Roles</b>	<b>Challenges</b>	<b>Responsibilities</b>
<b>Education and Other Government Officials</b>	<p>(i) Develop clear monitoring protocols and reporting channels</p> <p>(ii) Develop appropriate tools to promote integration of AE in content and process of education and to assess learning environment in schools and life skills development among learners</p> <p>(iii) Ensure quality in implementation and adherence to the basics of the AE Framework</p>	<p>(i) Systemic and resource constraints</p> <p>(ii) In built resistance to change in general and also owing to cultural sensitivities of AE content</p> <p>(iii) Lack of skills among teachers and educational functionaries in respect of Methods of experiential learning so essential for curriculum transaction</p>	<p>Institute needed mechanism and adopt process at national level to ensure integration of AE in content and process of education and coordination in the implementation process of the programme</p> <p>State Education Secretaries to put in place necessary mechanisms and processes in view of the systemic constraints</p> <p>Allocation of financial resources, ensuring infrastructure support and availability of human resources</p> <p>Ensure effective engagement of Educational and Other government/Non-government Officials at different levels to ensure qualitative implementation of AEP</p> <p>Actualise functional coordination among concerned departments/ agencies at different levels</p> <p>Advocacy to sensitize all the stakeholders including the media to create and nurture conducive environment to implement the programme</p>
<b>School Management: Principals, Parent Teacher Associations</b>	<p>(i) Build an enabling environment to transact AEP</p> <p>(ii) Consensus building on AEP , with school teachers, parents and local opinion leaders</p> <p>(iii) Adequate time and resource allocation</p>	<p>(i) Inbuilt resistance to change and perceived cultural resistance towards AEP content from school staff</p> <p>(ii) Curriculum overload and competing priorities</p>	<p>Ensure necessary human resource and infrastructure support for effective implementation within definite time-frame</p> <p>Create needed spaces and ensure the availability of institutional support</p> <p>Identify and engage committed and well-informed resource persons (within and outside)</p>

<b>Stakeholders</b>	<b>Roles</b>	<b>Challenges</b>	<b>Responsibilities</b>
<b>School Management: Principals, Parent Teacher Associations (Contd.)</b>	<p>(iv) Implement clear monitoring protocols and reporting channels</p> <p>(v) Appropriate use of tools to assess effectiveness of AEP and quality of learning environment in schools and life skills development among learners</p>	<p>(iii) Apprehensions of parents due to lack of correct information and insufficient involvement in the programme</p>	<p>Regular interactions with parents, local opinion leaders and school staff for creating and nurturing conducive environment that is so essential for effective implementation of the programme</p>
<b>Teachers/Pupil Teachers/Teacher Educators</b>	<p>(i) Transact life skills based activities in schools and teacher education institutes to promote experiential learning pedagogy</p> <p>(ii) Create and promote a conducive environment for appreciation of adolescents' needs and concerns and the urgency to make educational interventions by parents, opinion leaders and society at large</p> <p>(ii) Appropriate use of tools to assess effectiveness of AEP in school settings and life skills development among learners</p>	<p>(i) Inadequate capacity and commitment to AEP</p> <p>(ii) Biased/ inappropriate focus on scholastic performance of learners</p> <p>(iii) Lack of support from school / institutional management</p> <p>(iv) Perceived curriculum load</p>	<p>Create and utilize opportunities for interactive/ experiential learning in which learners are equal and active partners and not passive listeners</p> <p>Sensitize other members of staff of the school/institution and management</p> <p>Avail opportunities for capacity building</p> <p>Encourage learners to share their experiences at home</p> <p>Develop and employ process-based and not the outcome-based assessment tools for qualitative evaluation of the inputs</p>



<b>Stakeholders</b>	<b>Roles</b>	<b>Challenges</b>	<b>Responsibilities</b>
<b>Adolescents</b>	<p>(i) To articulate their growing up concerns without inhibitions</p> <p>(ii) To actively participate in all the learning activities</p>	<p>(i) Adolescence perceived as traumatic, turbulent and problematic phase</p> <p>(ii) Lack of adequate and accurate information on their growing up concerns</p> <p>(iii) Lack of opportunities to develop life skills, more so those dealing with peer pressure</p>	<p>Be active participants in the learning process</p> <p>Share the concerns of themselves and their peers with parents, teachers and other authentic sources</p> <p>Educate the siblings on their concerns</p> <p>Avail opportunities and be part of the process focused on life skills development</p>
<b>Media</b>	<p>(i) To act as an authentic source of knowledge on growing up concerns of adolescents</p> <p>(ii) To create conducive environment for appreciation of adolescent needs and concerns by the society</p> <p>To share appropriately the interventions being made to address the needs and concerns of the adolescents with the civil society</p>	<p>(i) Prevailing trend for sensationalism particularly on issues related to sex and sexuality</p> <p>(ii) Competitive pressure for writing stories and submitting those for publication</p>	<p>Appreciate the distinction between AE as an educational response, especially focused on adolescents' needs and concerns and other educational interventions like sex education, sexuality education, HIV/AIDS education, family life education, etc.</p> <p>Contribute to the development and sustenance of a national consensus for AE in view of the cultural barriers</p> <p>Share and support the process of empowering adolescents to promote their healthy growing up</p> <p>Engage adolescents to reinforce the process of empowerment to meet the challenges of risky behavior, HIV/AIDs and substance abuse</p>

<b>Stakeholders</b>	<b>Roles</b>	<b>Challenges</b>	<b>Responsibilities</b>
<b>Civil Society Organizations (Teachers' Associations/Federations)</b>	<p>Promote educational interventions focused on adolescents' needs and concerns</p> <p>Create and sustain conducive environment for integration of AE in content and process of school education and teacher education</p>	<p>(i) Resistance to any change, especially in view of its uncertain implications</p> <p>(ii) Misconceived notion of adverse impact of teaching AE on the role profile of 'the Teacher'</p> <p>(iii) Apprehension of increase in work load of teachers</p>	<p>Be proactive partners in building conducive environment for AE and convincing teachers that teaching AE will improve teacher-taught relationship rather than tarnishing their image</p> <p>Encourage teachers to avail opportunities for empowering themselves in experiential transaction methods</p>

### Training of Peer Facilitators

#### Objectives

- To develop an understanding of the scope of Adolescence Education Programme (AEP) and rationale for peer education in the programme
- To enhance awareness of self to contribute towards development of a positive identity
- To recognize attributes of positive and responsible relationships and invest in them
- To inculcate leadership qualities
- Defining roles and responsibilities of peer facilitator

*Note for trainers/resource persons: Please refer to the training package designed for orienting peer facilitators for the training of peer facilitators. The training package is not included in these training and resource materials. In the training package designed for the peer facilitators, the training schedule is for 3 days which is ideal. However, due to time constraint, a slightly abridged version for 2 days of training is provided here.*

#### Tentative Schedule

#### Day-1

Time	Session
9.00-10.00 am	Registration and Pre-test
10.00- 11.00 am	<b><u>Inaugural</u></b> Welcome and Introduction Objectives of the training workshop Expectations of the participants Ground Rules
<b>11.00 - 11.15 am</b>	<b>Tea Break</b>
11.15 - 12.00 am	Objectives of AEP and relevance of peer education in achieving programme objectives
	<b>Module 1: Me &amp; My Identity</b>
12.00 – 1.00 pm	Activity 1 : Who am I (60 min)
<b>1.00 – 2.00 pm</b>	<b>Lunch</b>
2.00 – 2.30 pm	Activity 2 : Self Reliance & Self Belief (30 min)
2.30 - 3.15 pm	Activity 3 : Self Satisfaction & Values (45 min)
<b>3.15 - 3.30 pm</b>	<b>Tea Break</b>
3.30 – 4.30 pm	Activity 4 : Positive Expression of Feelings (60 min)
	<b>Module 2: Positive and Responsible Relationships</b>
4.30 – 5.00 pm	Activity 1 – Understanding Relationships (30 min)

## Day-2

8.30 – 9.00 am	<b>Recapitulation and Feedback of Day 1</b>
	<b>Module 3: Development of Qualities/Capabilities to become a Successful Leader</b>
9.00 -9.45 am	Activity 1 – Picture Speaks (45 min)
9.45 -10.45 am	Activity 2 – Understanding different Leadership Styles and Approaches (60 min)
<b>10.45 – 11.00 am</b>	<b>Tea Break</b>
11.00 am – 12.00 pm	Activity 3 – Group Behaviours in Achieving Shared Objectives (60 min)
12.00 -1.00 pm	Activity 4 – Learning from Constructive Feedback (60 min)
<b>1.00 – 2.00 pm</b>	<b>Lunch</b>
2.00 – 2.30 pm	Activity 5 – Learning – A continuous process (30 min)
2.30 - 4.00 pm	<ul style="list-style-type: none"> <li>• Roles and responsibilities of Peer Facilitators</li> <li>• Identifying the support that adolescents need in reaching other adolescents with information and skills related to their health and well being</li> </ul> <p>Brainstorm in plenary to develop a common understanding on both the above agenda items</p>
4.00 – 5.00 pm	<b>Valedictory and Post test</b> <i>Concluding remarks by facilitators, Vote of Thanks</i>

# **MIY (Make it Yourself) ACTIVITIES**

**These are activities for**

## **Section 2: Process of Growing Up**

### **1. Menstrual Wheel**

## **Section 3: Prevention of Substance Misuse**

### **1. Box on Prevention of Substance Misuse**

### **2. Pocket Book on Prevention of Substance Misuse**



# MIY (Make it Yourself) ACTIVITY FOR STUDENTS - Menstrual Wheel

This is the “Make it Yourself” product that is an activity which should be done at the end of Activity 3 in Module 4

## **Making the menstrual wheel**

### **Objective:**

Making the menstrual wheel and using the wheel will help students to understand why girls and women get periodic bleeding each month.

### **Materials required**

1. Two pages consisting of Circle 1 and Circle 2. You will have to photocopy the required numbers depending on the number of students.
2. Each student is given Circle 1 and Circle 2
3. Paper cutter, scissors, strong thread, needle

### **Method of Making - Part One**

1. The wheel has two parts, Circle 1 and Circle 2.
2. Hand out circle 1 to the students.
3. Ask them to cut along the dotted lines. The circle itself (A) , then the text window inside the circle (B) and portion inside the uterus (C), the uterus window.
4. Hand out Circle 2. Ask students to cut along the dotted line.
5. Place Circle 1 over Circle 2. Pierce the two circles through the centre.
6. Thread a string through the pierced holes and tie a knot.



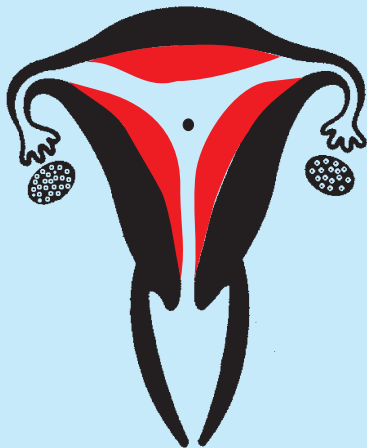
## Method of Making - Part Two



Move circle 1 to bring the text window on to the text marked "2" on Circle 2.

Then take a black pen and draw an egg as shown. Take a red pen and make a layer as shown.

You are actually making these markings on Circle 2, through the uterus window.



Now move circle 1 to bring the text window on to the text marked "3" on Circle 2.

Then take a black pen and draw the egg as shown. Take a red pen and make a thick layer as shown.

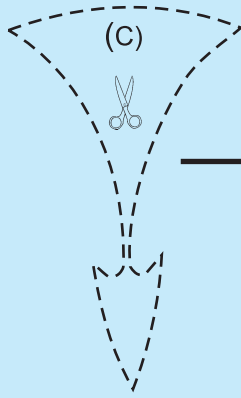
You are actually making these markings on Circle 2, through the uterus window.



Now move circle 1 to bring the text window on to the text marked "4" on Circle 2.

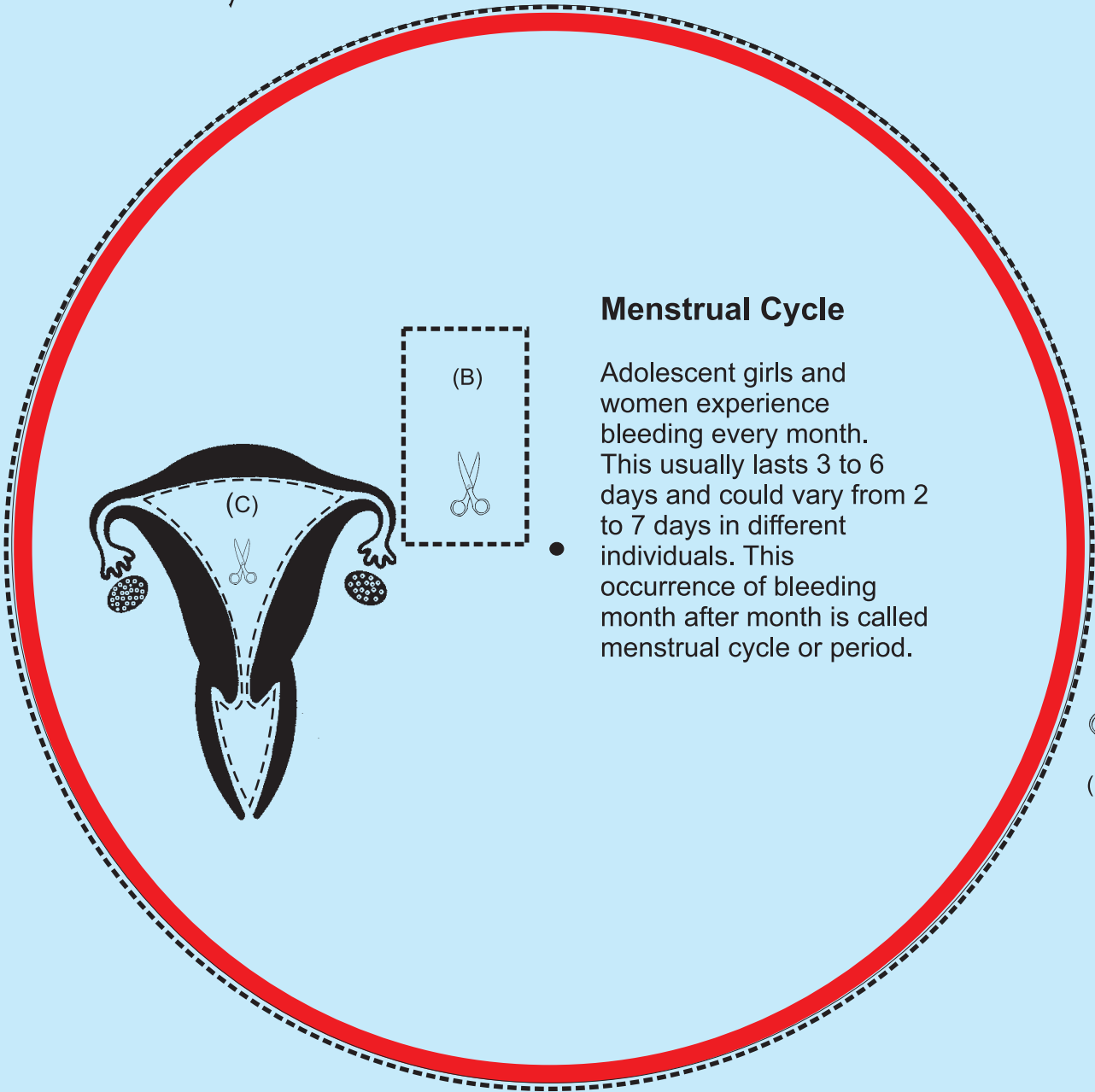
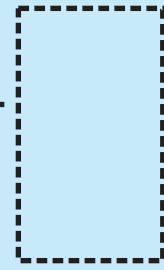
Then take red pen and draw blood and tissue breaking away as shown.

You are actually making these markings on Circle 2, through the uterus window.



You will be cutting out this part - making a uterus window.

You will be cutting out this part - making a text Window.

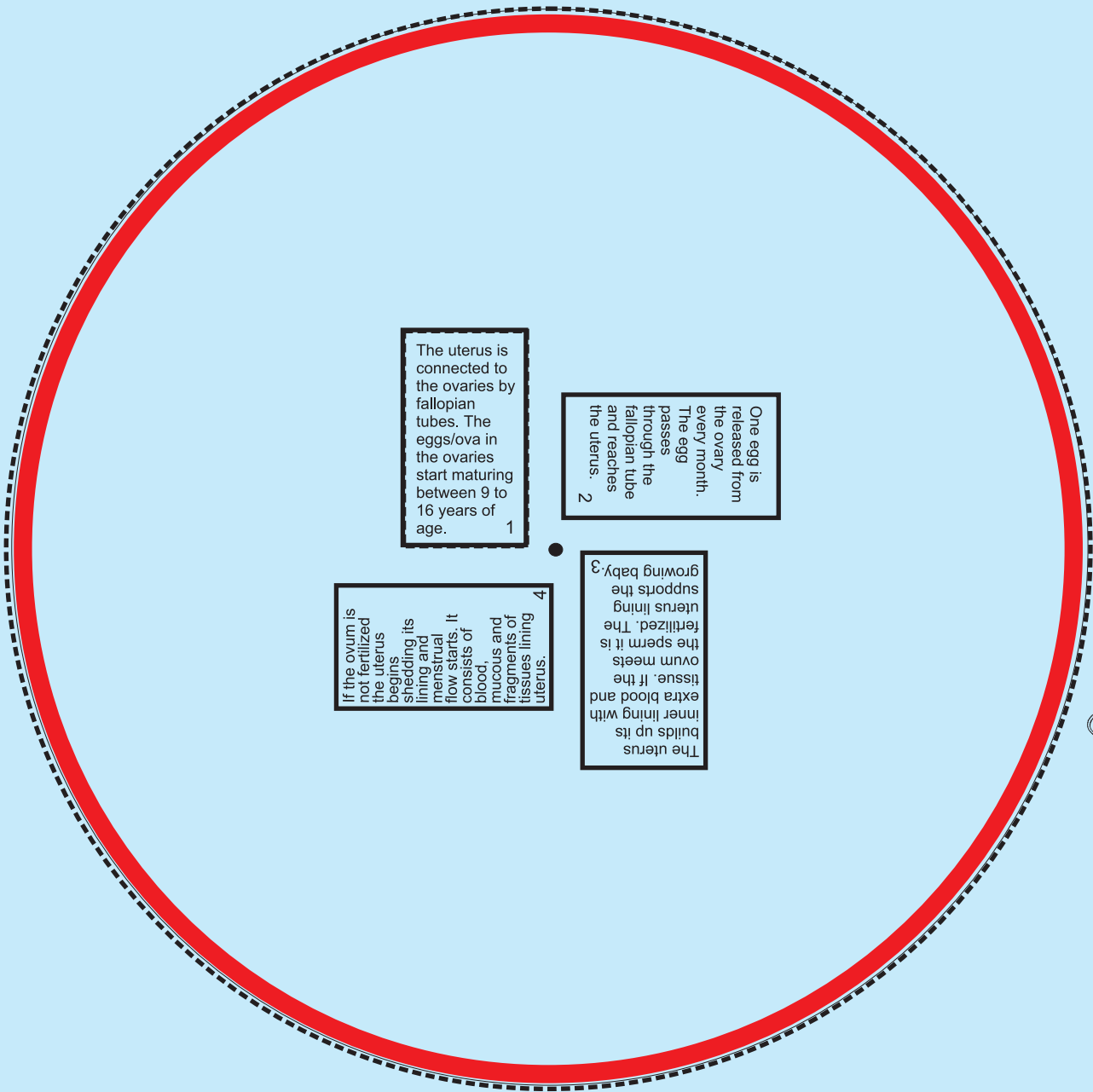


### Menstrual Cycle

Adolescent girls and women experience bleeding every month. This usually lasts 3 to 6 days and could vary from 2 to 7 days in different individuals. This occurrence of bleeding month after month is called menstrual cycle or period.

**Circle 1** This page is to be given to each student.





**Circle 2** This page is to be given to each student.



## MIY ( Make it Yourself) Training Material for Teachers - On Prevention of Substance Misuse

This “Make it Yourself” product/material is to be made by teachers for using in the classroom. The material and activity will reinforce information about commonly misused substances and their effects. That activity should be conducted at the end of Section 3 - Prevention of Substance/Drug Misuse.

### Learning Objective:

The activity educates students on the risks and consequences of five commonly misused substances and allows the students to associate these consequences with the physical substance themselves. Time required: 45 minutes

Materials required - teacher to make this box.  
Into an empty 1 Kg Mithai Box or any box put...

- 30 Substance information cards
- 1 Cigarette
- 1 Beedi
- 1 Packet of Gutka
- 1 Empty bottle of Nail polish remover
- 1 Empty bottle of Iodex
- 1 Empty bottle of Glue
- 1 Empty bottle of Cough Syrup
- 1 Empty Whitener (correction fluid)
- 1 Box of Medicines/Capsules



### Notes for the Facilitator:

- Into the box, put the substance information cards that have been provided. There should be 30 cards. Please note that 10 cards have been provided as examples. Teachers need to make the other 20 cards.
- Place all objects in a box and close the lid before the activity. Make sure the students do not see the objects.
- Distribute the 30 cards randomly throughout the class, making sure the students do not share what is written on the cards with others.
- Choose a student/ volunteer to come to the front of the classroom. Open the box slightly, enough for the student's hand to reach into the box without revealing the rest of the contents to the class and tell him/her to grab one object from the box.
- The student withdraws his/her hand and shows the item to the class.
- Ask those students to raise their hands if they think that the card they have matches with the substance that has been taken out from the box.
- Ask the student/s and let him/her read the card to the class.
- Discuss/expand on the card's information
- Get a student to pick another item from the box
- Continue until all the substance items and the drug cards have been read out.
- Remember to remove the substance item from the box after as and when they are



Increases blood pressure and heart beat rate, heart disease heart attack

It deposits tar in lungs

It predisposes to lung infections, causes lung cancer

It is an unnecessary expenditure on a harmful activity.

Prolonged use can cause brittle bones

Stains teeth badly, stains cannot be removed by ordinary brushing



Mild stimulant and highly addictive

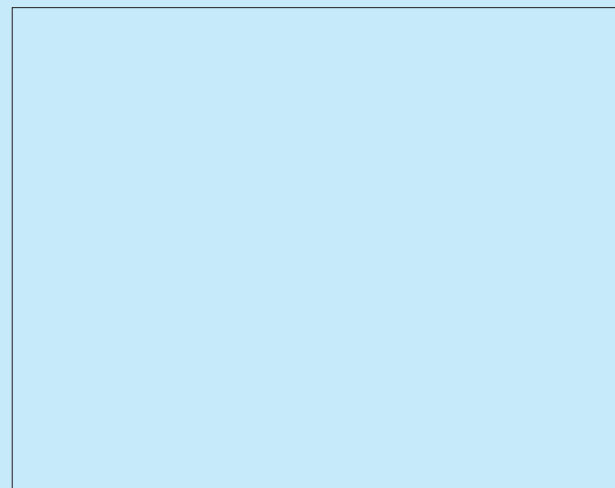
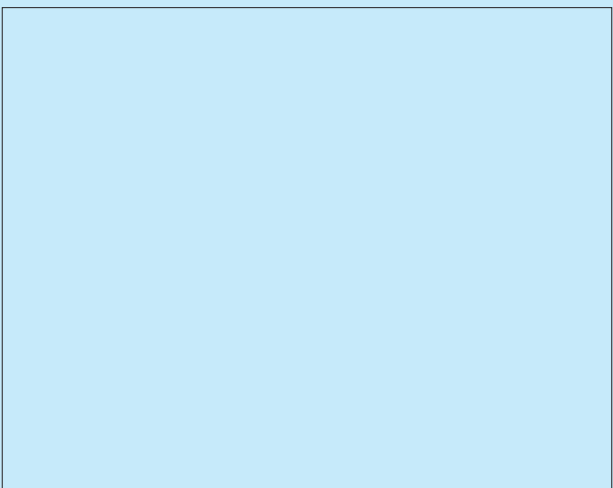
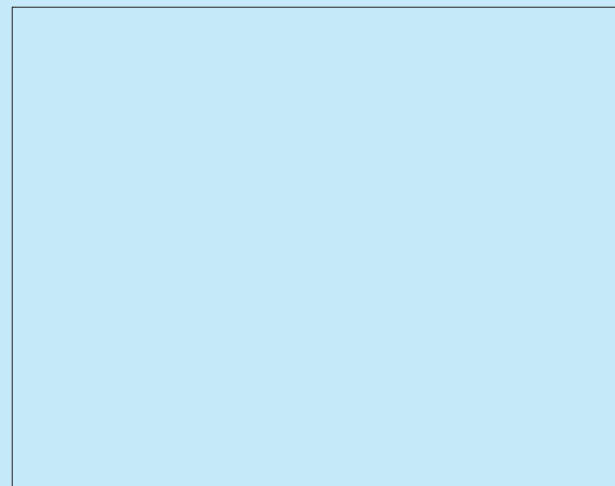
This causes swallowing problems.

This causes loss of appetite, promotes unusual sleep patterns, and loss of concentration.

Oral cancers are caused by consuming this substance.

Ten cards have already been made as examples. Teachers are to develop additional cards to match with the substances in the box.





# MIY (Make it Yourself) ACTIVITY FOR STUDENTS - Prevention of Substance Misuse

This is the “Make it Yourself” product that is an activity at the end of Section 3 - Prevention of Substance/Drug Misuse

**Activity:** Making your own pocket book on prevention of substance misuse.

**Objective:**

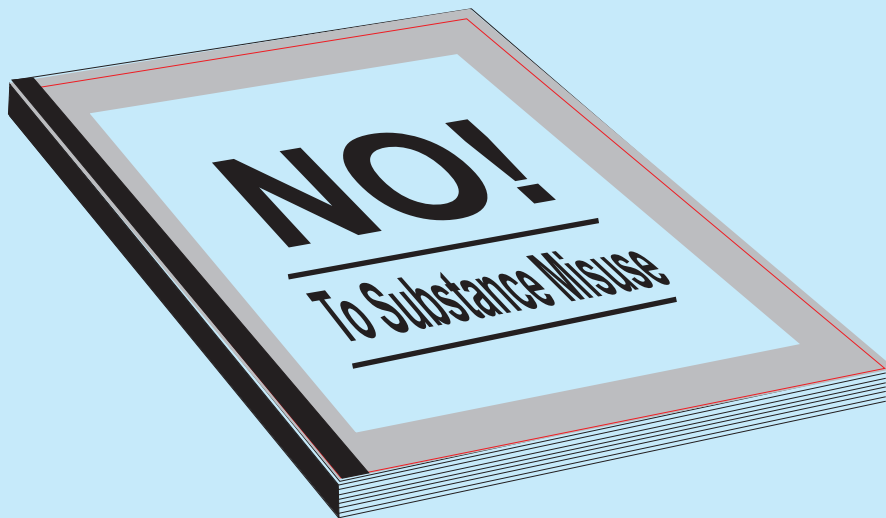
Making their own book on substance misuse, will help the students to reinforce what they have learned in the sessions

**Materials required**

1. Pages. Each student to be given a set of pages of the book
2. Scissors
3. Pencils, colour pencils, sketch pens

**Method of Making**

Cut out all the page strips as shown.



**Page strips**

Back cover

Front cover

NO!

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To Substance Misuse

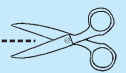
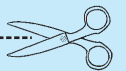
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**NO!**

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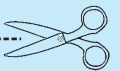
**To Substance Misuse**

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**Page strips** - Inside Pages

<p>You can try drugs once. You can stop after this one time.</p>	<p><b>NO.</b></p> <p>One time leads to one more time. Then one more time. Then this goes on and on, and you can become an addict.</p> <p>1</p>
--	--



<p>Sohan asked Riaz to take a drag from a cigarette. Sohan said it looks “macho” and feels macho to smoke. Sohan said It is cool. Try it.</p> <p>Riaz said.....</p> <p>2</p>	<p><b>NO.</b></p> <p>No I think it is UNCOOL to smoke. It is an addictive bad habit that has negative outcomes. A temporary high that gives a permanent LOW.</p> <p>3</p>
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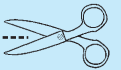
Drugs will help me to concentrate and study better.

4

**NO.**

Drugs make you dull. You will not be able to think clearly after some time.

5



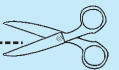
Drugs are introduced to students through drug pushers

6

**NO.**

Oftentimes drugs are introduced by people known to you....close friends, relatives.

7



A friend asked me to try a sip of this cough syrup he bought at the pharmacy. He says that it's medicine and medicine is never bad.

8

**NO.**

Medicine is prescribed by a doctor when you fall sick - to be taken in prescribed amounts at a defined frequency. Taking a medicine without prescribed guidelines is misuse.

9



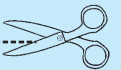
Gutka tastes good and it is cheap too! A friend who gave it to me says it made out of herbs and cannot hurt me.

10

**NO.**

Eating gutka is similar to chewing tobacco and often leads to diseases such as oral cancer.

11



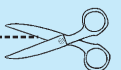
My friend Reeta will stop being my friend if I tell her parents that she sniffs glue.

12

**NO.**

If you are really her friend and you care for her, you will want her to stop sniffing glue. Try talking to her. And if Reeta continues the habit you can tell your teachers or her parents, who will help her.

13



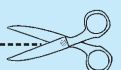
Drugs, alcohol, cigarettes all give you a "high". They make you feel good.

14

**NO.**

You can get a feel good factor from other ways. A hobby such as stamp collection, or playing a sport or making a small positive difference in someone else's life can also give you a high.

15



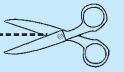
Will power alone will help a addict stop taking drugs.

**NO.**

Besides strong will power, medical and psychiatric treatment is needed. Support from family and friends is also crucial.

16

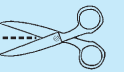
17



18

**NO.**

19

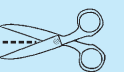


20

Pages 20- 27 are for you to fill. Now that you have understood the principles of substance misuse, think of examples and write them in the empty spaces. Get your examples checked by your teacher before you fill in.

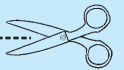
**NO.**

21



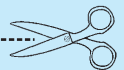
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22	NO. 23
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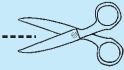
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24	NO. 25
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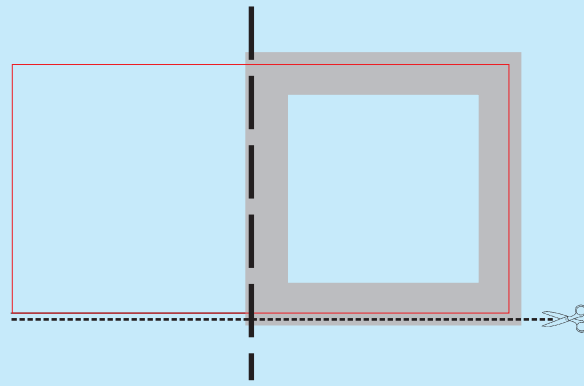
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26	NO. 27
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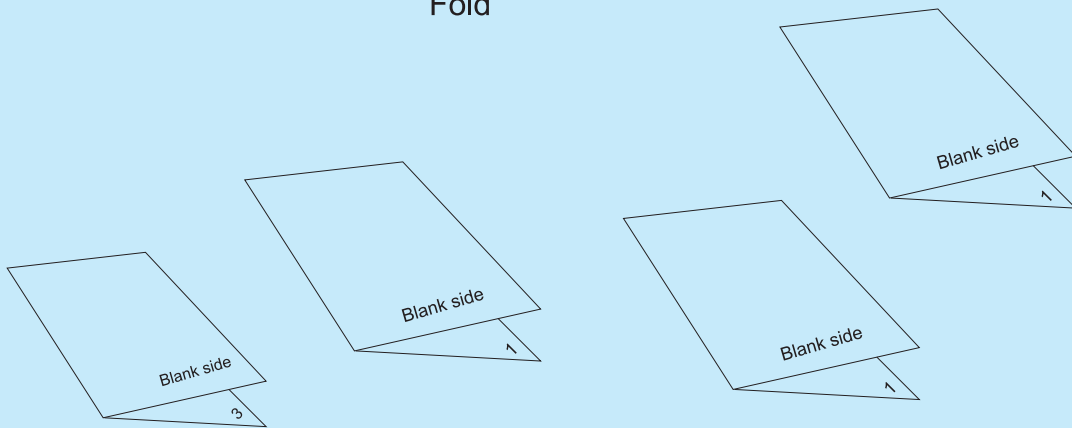


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Fold each page strip in the centre

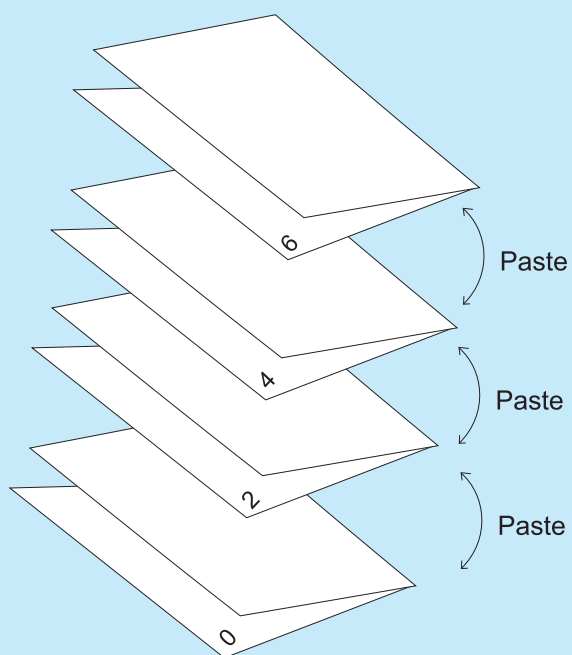
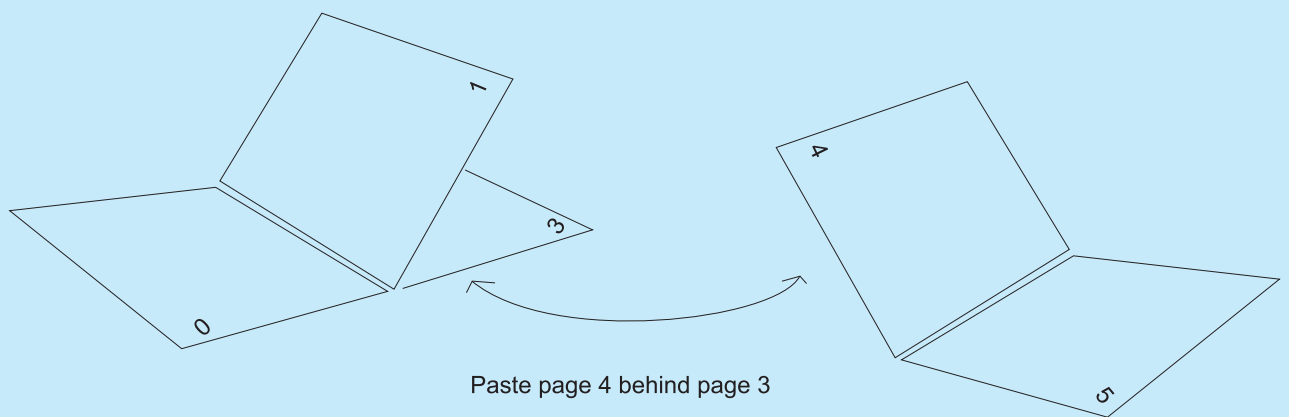
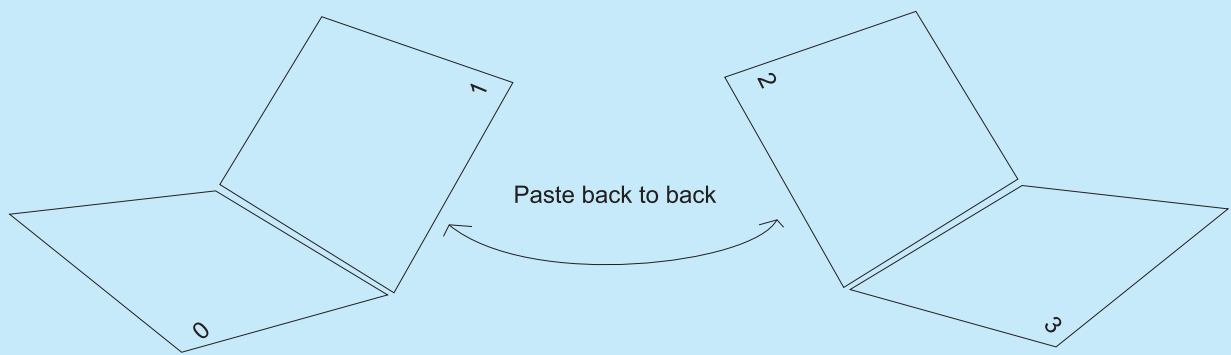


Fold

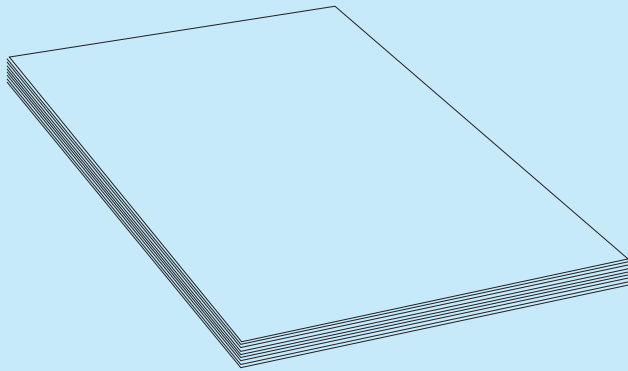


Keep the front and back cover aside.

3. Take the first folded page strip marked 0 and 1
4. Take the second folded page strip marked 2 and 3

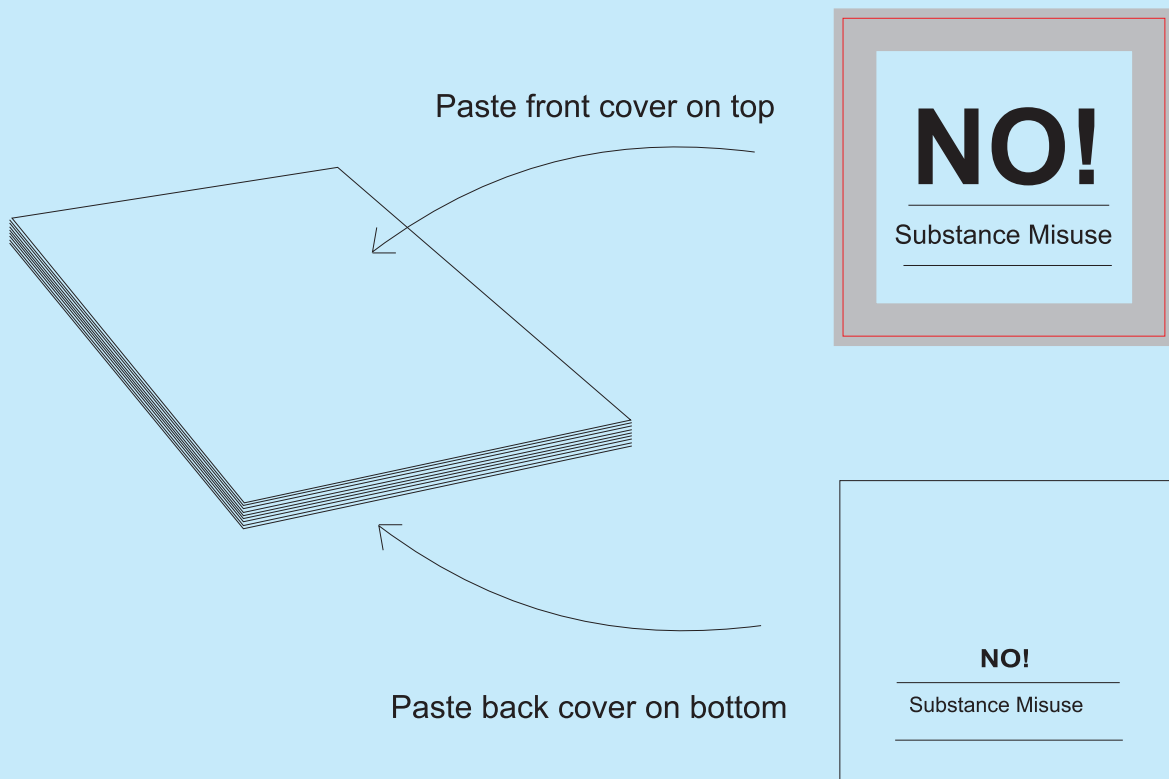


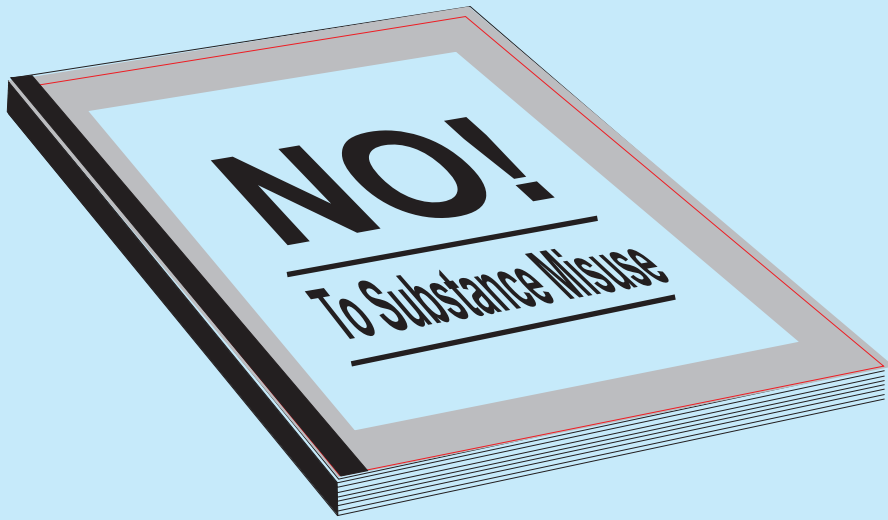
Build up the book in this way



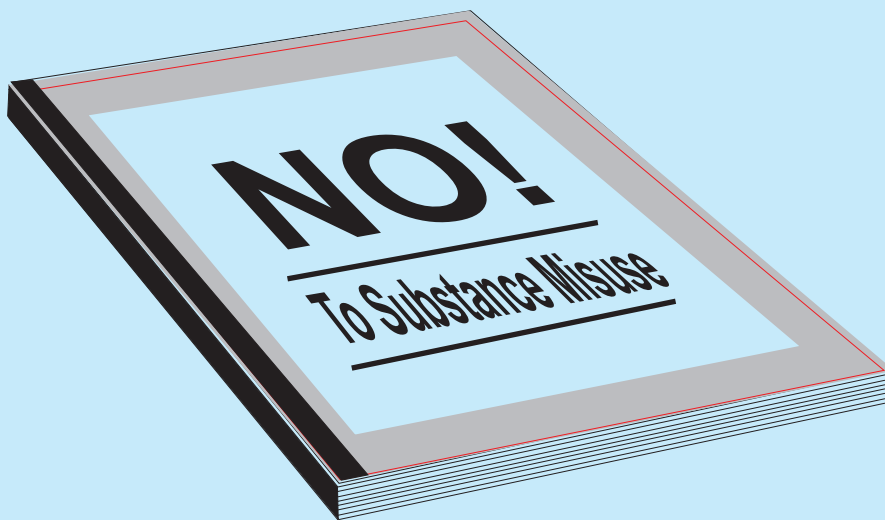
While the book is nearly ready, the front and back of the book is now blank.

Take the page with back page and cover page. Cut in the centre to separate the two.





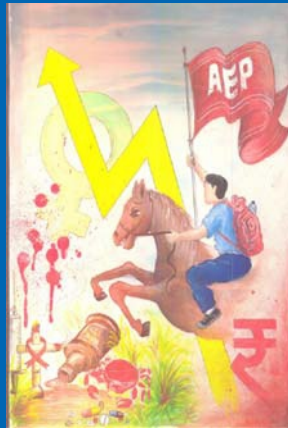
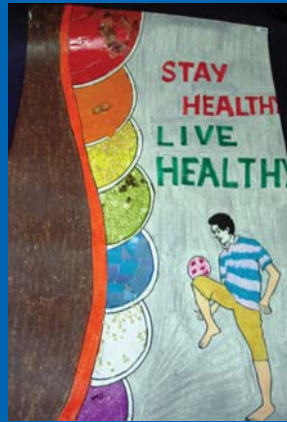
Cut a strip of paper to paste along the spine to bind the book. Use fevicol.



Your own book on Substance Misuse is ready!







## ADOLESCENCE EDUCATION PROGRAMME

National Population Education Project  
Department of Education in Social Sciences  
National Council of Educational Research and Training  
Sri Aurobindo Marg, New Delhi 110 016  
July, 2013

