

Peer Educator Activity Book

– a set of life skill based activities



Rashtriya Kishor
Swasthya Karyakram
राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम

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Peer Educator – My Roles and Responsibilities

1. To prepare a list of all adolescents between 10 and 19 years of age in the village (or in area assigned to you) in phased manner (first 15-20 followed by another 15 -20 and so on) with the help of the ASHA, who is the Peer Educator Mentor.
2. Reach out to all adolescents irrespective of religion, caste, class, gender or marital status. Include adolescents from the most marginalized communities.
3. Select a volunteer to communicate and co-ordinate with each group in your absence, for example, to convey session date to group members; connect adolescents to Peer Educator in case help is required.
4. With the help of the ASHA, talk to village elders like *Sarpanch* and *Mukhiya* or the school principal to allot you a space either in the *Panchayat bhawan*, school, community centre or even a peer house, to conduct group sessions. Ensure that the space is easily accessible, safe to reach, and is acceptable to the community so that young people do not face any resistance from parents to visit the place
5. Build rapport with adolescents, tell adolescents that you are new, but may be of help to them and you can also put them in touch with the right people if any help or service is required
6. For each group you have formed, fix a day for holding the sessions and inform group members about the days and your contact details, in case any help is needed
7. Invite them for sessions or try to establish informal interaction with them
8. Conduct weekly/fortnightly sessions as per the PE Activity Book
9. Help adolescents dispel myths and misconceptions with regard to health and protection issues
10. Put a question box outside the *panchayat bhawan* and in schools for adolescents to put queries. Address the queries, with the help of FAQ Reference Booklet and the ASHA/ANM
11. Provide referral service with regard to medical or protection needs of adolescents in crisis with the help of the ASHA/ANM
12. Maintain confidentiality always
13. Inform Police or Child Protection Officer if you know about any case of violence in the community especially against children and adolescents
14. Help the victim of violence reach medical care and counselling and get access to legal aid

Your Role as a Peer Educator

Congratulations!! As a Peer Educator you need to be a leader, facilitator, motivator and team builder to your group of adolescents. Before conducting the sessions, you need to be prepared by reading the detailed notes on the sessions and other resource materials. There are specific steps and arrangements that need to be completed before starting a session, guidelines to be followed during the session and wind up steps after the session is over.

Refer to the table below:

Steps to be taken before starting the session by the Peer Educator:

- Make the necessary arrangements for space to conduct the sessions in collaboration with ANM/ASHA/ AWW or health worker at PHC.
- Ensure that separate groups have been formed for 10-14 years old and 15-19 years old.
- Sessions for boys and girls are to transacted separately where mentioned
- Get to know something about the group members before starting the session
- Read the relevant sections of the PE Activity book and FAQ Reference Booklet before starting the session
- Ensure session materials are ready before the session including arranging for blank paper, pen, case study, role play situation, a small ball as required studies, for the session

Steps to be taken during the session by the Peer Educator:

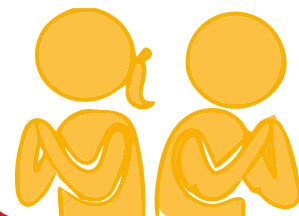
- Build rapport with the group members
- Make sure to write down some of the important things in your note book that is discussed.
- Prepare some energizer games (played with you during your training) to be used during the session. These fun exercises are useful before starting a session as a way to get the group members to interact with each other and stay motivated to work in a group, in between long sessions to create enthusiasm as well as wind down.
- If there is an argument or dissent, do not take sides. Encourage a dialogue and resolve the conflict.
- If the group members look bored or start talking amongst themselves, encourage them to talk to the group.
- Answer group members' questions with patience and empathy.
- Encourage everyone to participate in the session.

Steps to be taken after the session by the Peer Educator:

- Group members may not have understood everything and may have follow up questions. Answer them patiently.
- Summarize each session using points suggested at end of every module or use the Reference book
- Listen to suggestions from the group members and try to incorporate them to the extent possible in your explanation.
- Seek help from resource persons whenever required.

MODULE I

Welcome and Introduction



For a successful session it is important that group members interact freely, without hesitation and fear - with each other and you. Group members may not have similar educational, economic or social backgrounds. A key objective is to help them feel at par with each other to make learning easier and fun as well as make them feel part of the group.

The sessions in this module will help you get to know group members better, conduct activities that make you feel comfortable and set a stage for learning. Some icebreakers or warming up exercises will be necessary to help the group members get to know each other and relieve the initial nervousness of learning in a group.



Learning Objectives

1. To make group members feel comfortable and relaxed
2. To encourage positive vibrations among group members for each other and hence a sense of comradeship
3. To facilitate introduction between group members and Peer Educator



Time

90 minutes



Materials

2 blank paper, 1 pen, 1 glass/steel bowl, 1 small plastic ball



Methodology

Matching Words and Introducing the Partner



Activity 1: Ice Breaker

Process

- Make a list of phrases or words that are always mentioned together. Please make sure to avoid use of culturally or religiously sensitive words.
- Please see that these are positive matching words and demonstrate the importance of togetherness.
- Make two chits for each matching pair of words – for example, tea in one chit and sugar in the other – and put them in a bowl.
- Make more chits for other matches similarly and mix all together in a bowl beforehand. Some example of matching words are given below:

<ul style="list-style-type: none">• <i>Tea and sugar (chai; chini)</i>• <i>Laila and Majnu</i>• <i>Beauty and brains</i>• <i>Prince and Princess</i>• <i>Basanti and Dhanno</i>• <i>Heer and Ranjha</i>• <i>Vikram and Baital</i>• <i>Tom and Jerry</i>	<ul style="list-style-type: none">• <i>Paint and brush</i>• <i>Stars and moon</i>• <i>Trees and earth</i>• <i>Water and river</i>• <i>Coal and diamond</i>• <i>Air and environment</i>• <i>Paper and pen</i>• <i>Jug and glass</i>
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- Ask group members to suggest more such interesting pairs if you see that the chits are less in number than the group members.
- Ask each members to pick up one piece of paper from the bowl and find their partner from the group. They have to seek out their match, for example, tea will look for sugar and Heer for Ranjha.
- Encourage them to call their partner's name if they are not able to find.
- Ask them to sit in pairs.

Discussion

- Ask each pair to prepare an introduction of their partner as (name, one good thing he/she likes about their village and one thing he/she wants to change or improve)
- Role model in life and reason (parents; teacher; religious leader; celebrity from cinema or sports or any other)

If possible, you should also be involved in the exercise to introduce yourself and be a part of the group. Give the group 5–10 minutes to prepare the introduction. Now call the pairs, one by one, to introduce their partner to the larger group.

Summarize

- It is important for the session that we all talk to each other, work together, have fun and keep smiling.
- We all have some dreams to fulfil – dreams for family, friends, community, village and ourselves. What would life be if we don't have any such dreams to pursue?

- We all have someone to look up to whom we want to be like. We may or may not become exactly like them but their good qualities that we admire and try to imbibe will prepare us to become role models ourselves for others to follow.
- This is what we will try to become as 'Members of this PEER Group'.



Activity 2: Knowing my Group

Process

- Get a plastic ball of medium size. Make the group members stand in a circle.
- Explain the rule of this game. One of them will start the game by throwing the ball to a co-participant whom she/he knows and call out his/her name at the same time.
- This game will show who remembers the names of most co-group members. This helps in bringing group members closer to each other and reduces barriers in free interaction.
- Whosoever has taken more time in throwing the ball or has called out a wrong name should move out of the circle. It has to be played fast. Whoever remains till the end is declared the winner.

Discussion

- At the end of the game, ask the group members to share their experience and what have they learnt from this game.
- Ask those whose names were called out wrong, how they felt?

Summarize

- One must increase acquaintance with more and more adolescents in our community and try to reach most of them with our messages.
- This can be effective only if we are able to win their trust as true friends. Having a common knowledge about the adolescent, being sensitive to his/her likes and dislikes irrespective of his/her social, educational or economic background helps us in bringing people closer.
- This helps to reinforce trust between two people.
- We should not discriminate against any adolescent and always try to include all those in the larger adolescent groups, who are otherwise excluded in the community.
- Remembering the names of each of the group members is a step towards this. This shows that we value their friendship.

Mobilization, Facilitation & Group Management

Give the group members a brief background about your role and how you will help them to get familiar and settled into the process.

Begin by explaining to the group members the significance of **Rashtriya Kishor Swasthya Karyakram** for adolescents and how their being a part of these sessions will help in the growth and development of the health and welfare of the nation.

Rashtriya Kishor Swasthya Karyakram (RKSK) under **the National Health Mission (NHM)**, the flagship programme of the Ministry of Health and Family Welfare, Government of

India. This programme has a range of services for adolescents to be delivered through both service delivery points and outreach activities. This means that an adolescent can access these services at medical hospitals and through the service providers available in these hospitals. The focus is on building the skills and capacities of adolescent girls and boys to resolve their health concerns through rights-based access to service of choice (information, counselling, curative, preventive and/or referral for legal aid in case of violence).

Respecting the rights of adolescents to privacy, confidentiality, non-judgemental attitude, non-discrimination and acceptance of their health needs as any client of health, the programme will follow an 'adolescent friendly' approach. In order to reach adolescents irrespective of their age, sex, culture, caste, religion, marital status or social status, Government of India has introduced a special programme named 'Adolescent Peer Education Program'. The programme will facilitate the following:

- Promote learning from trained peers
- Promote support seeking through trained peers
- Help reduce fears or barriers experienced otherwise by adolescents
- Help to establish information and support network among adolescents across the country
- Increase access to scientific and reliable sources

Introducing yourself, explain how peer educators are the most important link between service providers and the adolescents in the community. Over a period of time, you will be carrying out informal or organized educational activities with the group members in order to develop their knowledge, attitudes, beliefs and skills and enable them to be responsible for and protect their own health. Inform them that you will be meeting regularly as a group at this designated space to learn and discuss a range of issues important for their health, safety and overall development.



Activity 3: Ground Rules

Process

- Ask group members to think and speak about the rules that they feel are important for smooth functioning of the session.

Write suggestions on a paper, some of which could be the following:

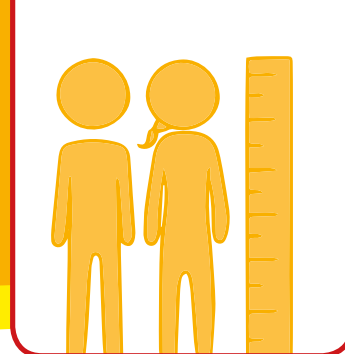
- a. Respect others' feelings and opinions.
- b. Be polite.
- c. Be non-judgemental: don't impose your opinion of right and wrong on others.
- d. Maintain confidentiality: avoid sharing with others or making fun of any individual's opinion that was shared in the context of the session.
- e. Be on time.
- f. Don't use mobile phones; in case of an emergency, keep ringer on silent mode.
- g. Don't talk or disrupt discussions.

Summarize

Once the ground rules are ready, read it loudly to the group. Ask a group member to keep it handy to refer from time to time during the session. Inform the group that preparing ground rules in a participatory way makes group members more conscious of the rules made and helps maintain the decorum of the sessions.

MODULE II

Growing Up



Introduction

Adolescence is a period of rapid growth from childhood to adulthood. All boys and girls attain physical and sexual maturation during 10-19 years – some of us experience these changes earlier or later than others. Along with physical changes, we also undergo changes in emotions, reasoning abilities and social behaviours.

We feel we are going through a time that no one else is experiencing. Each of us has to deal with pressures from peers as well as adults around, including parents. To transition smoothly through this adolescent period, we need support and understanding of others to appreciate what we are going through and at times, someone to guide us.



Learning Objectives

1. To recognize and understand physical changes during adolescence
2. To understand the female reproductive system
3. To understand menstrual cycle and its correct management
4. To understand the male reproductive system and facts about nightfall
5. To learn about the personal cleanliness during growing up



Time

90 minutes



Materials

2 blank papers; 1 pen; a small plastic ball



Methodology

Brainstorming, case studies, group discussion, game involving passing a ball



Activity 1: Changes in our body

The process of physical and sexual maturation of boys and girls is referred to as puberty. The major pubertal changes include the growth spurt in which the size and shape of the body changes markedly and the difference between boys and girls are accentuated with appearance/prominence of secondary sexual characteristics. We also undergo changes in emotions, cognitive abilities and social behaviours. These changes are normal and together influence our behaviour in the society.

Process

- Divide group members into 2 or 4 small groups and ask them to identify a group leader.
- Give one case study to each group with discussion points. In case there are 4 groups, two of the groups will have similar case studies.
- Ask one of the group members to read out the case and discuss the given questions.

Case Study 1

Sarita is a cheerful 13-year-old girl. She has two brothers, one 15 years and another 12 years old. She is very popular in school and very dear to her brothers. When she plays kabaddi, even boys are not able to match her energy levels. She challenges opponents with 'Kabaddi, kabaddi, kabaddi...' for a long time. All the children want to be in her team. But for the past few days, Sarita's grandmother has started objecting to her playing. One day she told Sarita's mother, 'Why does your daughter always run around, can't she walk slowly? Can't you get her a salwarkameez stitched and also a duppatta?' One evening, when Sarita's friends called her to play, her mother refused and asked her to make chapattis and take care of her grandmother. When Sarita insisted, her mother told her that she could only visit the neighbour's house in her leisure time and that she should start knitting a sweater for her father. However, Sarita's brothers were not given any such instructions and they continued to go out with friends in their leisure time. Sarita is sad and confused. She is standing in front of the mirror and thinking, 'Am I different? How?'

Discussion

- Why did her grandmother oppose her playing kabaddi and want her to wear a salwar kameez and duppatta?
- Are restrictions (such as those on outdoor games and choice of dress) imposed by Sarita's grandmother and mother unfair? Why?
- What would Sarita feel, as her brothers have not been stopped from running, going out with friends or asked to change their dress?
- Do you think her grandmother and mother should talk to Sarita about onset of puberty and growing up? Who else do you think can talk to her?
- What are the other concerns among adolescent girls?

Case Study 2

Dileep and Zahir are close friends and study in class 9. In the last one year, Zahir has become much taller and has a thin line of moustache as well. His voice has also changed. Dileep who is of the same age is shorter. His classmates often make fun of Dileep's height. Dileep is upset and stops going out with friends. Zahir tries to console his friend and shares his feelings that even he feels bad having facial hair and rough voice and hates the red boils on face. In fact, he likes the way Dileep is.

Discussion

- What is happening with Zahir and Dileep?
- Do you think height and moustache are really an issue? Why?
- Do you think Zahir is also upset like Dileep? Why?
- Is it fair to laugh at anybody's physical appearance?
- Do you think Dileep should talk to someone he trusts and who is knowledgeable?
- What are the other concerns among adolescent boys?
- Next ask the group members to state or list how they have felt when they do not undergo body changes like their peers. Some of the likely responses are listed below:

Adolescents' reactions to body changes	Adolescents' reactions to slow or absent body changes as compared to peers
<i>Surprised, anxious, stressed, fearful/ afraid, tense, proud, important, happy, uncomfortable, confused as to how to behave; insecure</i>	<i>Anxious, stressed, fearful, inferior, insecure, inadequate, worried about their 'abnormality', anxious, socially withdrawn, depressed</i>

Summarize

- Getting familiar with the changes in his/her physical appearance is a challenging process. One has to cope with associated emotions of anxiety, frequent mood swings and temper or intense feelings due to hormonal changes taking place in our bodies.
- This is challenging mainly because we are not informed and hence not prepared to deal with such changes and the reactions from elders and friends. However, these changes are a part of adolescence and normal for us to experience.



Activity 2: Physical changes for Male and Female

Process

- Encourage the group members to see the visual given in the Annexure of the PE Activity book on male and female anatomy; spend some time reading the information carefully
- Inform the group members if the session is being held separately for boys and girls that it is important to be aware of both male and female anatomy and functions, especially for older adolescents as they prepare for adulthood.
- Ask the group to make a list of those physical changes (Refer to the Annexure id required).

Discussion

- What have been your experience around these changes?
- How did you feel?
- What did you do?
- What will you tell a friend in similar situation?

Summarize

- Explain that understanding and accepting these changes requires self-awareness. This is an important life-skill and involves the ability to know ourselves – who are we, what are our strengths and weaknesses, what are our likes and dislikes.
- All this involves knowing our physical, mental, emotional, social and sexual aspects. Knowing oneself is important to develop a healthy self-esteem and a positive attitude towards life.
- Understanding our changing bodies also helps in dealing with our emotions and feelings. This awareness and comfort with one's body is essential to overcome shyness to share any concerns with others.
- One must accept that there are things that one cannot change so one must focus on those that can be changed. For example, there is very little one can do about the colour of our skin or one's height but many steps can be taken to stay fit and healthy.



Activity 3: My likes and Dislikes

The last session was about self-awareness i.e. the ability to know one's changing and developing body. Knowing ones emotion is necessary for developing a positive attitude towards life. What one thinks about ones strengths, weaknesses, likes, dislikes, physical characteristics and abilities shapes our confidence and attitudes. Self-awareness helps to improve our qualities and helps us to change for better.

Process

- Sit with all group members in a circle. When commencing the game, throw the ball at a member whom you realize is not shy. Ask him/ her to tell one thing she likes about being an adolescent boy/girl. Once s/he has finished, ask him/ her to throw the ball to another member. The second member must tell the group what he/ she does not like about being an adolescent boy/girl. If a member is shy or hesitant to talk, give him/her a hint and use the opportunity to raise issues that have not been raised so far.
- Throw the ball to anyone in the group and indicate to him/her that they must try and catch it. Once the ball is in their hand, it is his/ her turn to share with the group, the one thing he/ she **likes** about being an adolescent.
- Once he/ she has finished sharing what they like, he/ she has to throw the ball at any other member, who is expected to catch the ball and tell the group the one thing she **does not like** about an adolescent. They also have to explain the reason and group members sitting in the circle are to be encouraged to give suggestions to cope with that particular aspect.
- This sets the ball rolling and the game continues with group members sharing what they like and do not like about being boy/girl, alternating their responses accordingly.
- It is imperative that all get the ball and a chance to speak up.

Summarize

- It is very important for every adolescent to know about the developing human body. This information helps to understand our own body parts, its vital functions and how to take care of ourselves for improved well-being.
- Many people feel embarrassed, as they do not know a comfortable and correct way to talk about our sexual and reproductive organs and related concerns. This may have negative consequences.
- Acknowledge that every person grows and develops at her own pace. While some grow faster, others take longer. What is important is to treat everyone with respect and compassion. Comparisons and teasing are to be avoided at all cost.
- Becoming aware of our bodies and a better understanding of ourselves can help deal with emotions and feelings. It is all right to feel sad and depressed occasionally. As peer group members we have to create an opportunity to freely share thoughts and feelings with each other.

Pubertal Changes - Boys

Managing Nightfall: Explain that a **nocturnal emission**, commonly known as nightfall or wet dream is a spontaneous discharge from the genital during sleep. One may wake up with it or simply sleep through it. It is most common during adolescence and early young-adult years. Though girls also experience vaginal discharge, nocturnal emission is more evident among boys. The experience of nightfall among adolescents may vary: some may have it once a week while some may not experience it at all. It is more common during early morning but also occurs during night.



Activity 4: Pubertal Changes – Boys

Process

- Read the following case study to the group members

Case Study 1

Raju's exams are approaching but he is not able to concentrate on his studies. One day while returning from school, Raju saw an advertisement on treatment for 'Sawpndosh'" on a wall. Raju wants to visit a medical doctor since he does not have enough money to pay for the treatment. He wants to borrow some money from friends but fears that his parents will be very angry if they come to know about it.

Discussion

- Why Raju is not able to concentrate on his studies?
- Why is he tense and why can't he take money from his parents?
- What do you think about his decision to go for treatment to a medical doctor?
- If he doesn't go to a medical doctor, who should he contact for advice/help? And why?

Summarize

Read the following facts on nocturnal emission

What is nocturnal emission?

Formation and discharge of semen can occur during mid-adolescence and manifests as nocturnal emission. It signifies reproductive maturity for an adolescent boy. Nocturnal emission, also known as nightfall, is normal and does not require any form of treatment. Still many adolescent boys are stressed about this and go for treatments that may be extremely harmful to their health.

What causes nocturnal emission /nightfall?

There may be several reasons for nightfall that may or may not be linked to sexual fantasy or arousal. Nightfall may occur due to pressure on seminal vesicle by urinary bladder or through involuntary ejaculation.

Is nocturnal emission harmful?

It does not represent loss of manhood or sexual weakness; it is essentially harmless and does not require any treatment. Adolescent boys need to be reassured so that it does not become a cause for embarrassment or undue worry. As the body continuously produces semen and sperms, the loss through nocturnal emission is replaced.

How and whom to contact to get rid of concerns related to nocturnal emission?

Nocturnal emission is a natural process and hence does not require any treatment. Its

occurrence /frequency will gradually decrease as one attains maturity. If one still has doubts about it, one should consult the doctor at the nearest Adolescent Clinic/PHC/ hospital.

How can we maintain body hygiene?

Daily bath is a very important routine of our life. One should have full body bath with gentle soap/cleanser. Bathing includes cleaning of hair and genital organs and head bath with soap/shampoo or home-based cleanser at least three times a week to prevent dandruff and other scalp infections. During daily bath special care should be taken to clean genital organs with plain water or gentle cleanser.

Washing penis and testicle areas: The penis should be washed gently with normal water during daily bath. If soap is applied, it should be a mild one as hard soaps cause soreness. Adolescent boys having foreskin should pull it back gently and wash underneath. If skin under the foreskin is not washed correctly, smegma (a natural lubricant keeping the penis moist) may begin to gather and cause bacterial growth emitting bad odour. In acute cases, the penis head may become red and swollen causing pain, irritation and discomfort. Deodorants or talcum powder should be avoided to prevent its accumulation under the foreskin. For circumcised adolescents care should be taken while cleaning the penis; just washing the penis gently with normal or warm water once a day is sufficient. Also one should not forget to clean the base of the penis and testicles as sweat and dirt may cause irritation.

Pubertal Changes – Girls



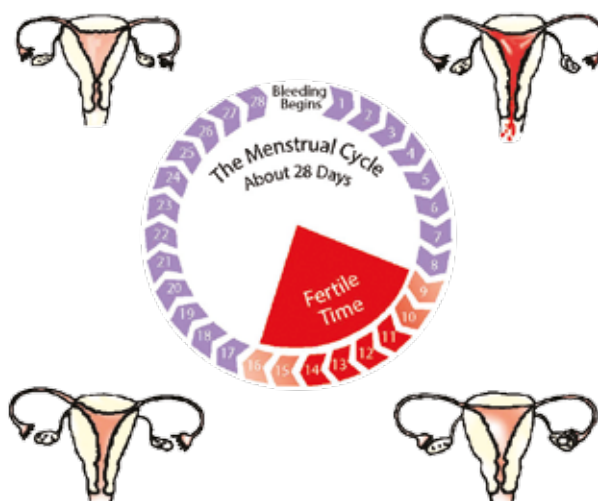
Activity 5: Knowing your Cycle

Process

- Explain the menstrual cycle with the help of a display chart given in the Annexure section of this Activity book
- The menstrual cycle is about 28 days, varying from 21–35 days from girl to girl

Summarize

- Inform the group members that the onset of menstruation only signifies the internal changes in the body.
- This is when her internal body organs are maturing, growing so that one day when she is ready (fully developed) she can give birth to a child without risks and complications.
- A woman should not have her first pregnancy before attaining minimum of 20 years of age. In our society child marriage is so rampant that adolescent girls are at high risk of unplanned and unsafe pregnancies.



- In addition to understanding the biological development of the body, it is equally important to have the knowledge on managing the menstrual cycle. Its hygienic management is an issue that every girl has to deal with but still is the most difficult subject for many to discuss.
- The religious and cultural norms associated with it pose barriers for many girls to seek the knowledge and skills required for its hygienic management. This results in their low attendance at school, low self-esteem and inactive life at home and outside. Poor hygiene may also lead to and reproductive tract infections. Hence, it is very important for women and girls to have the knowledge, facilities and cultural environment to manage menstruation hygienically and with dignity.

Read the following facts on menstruation

Why is the onset of menstruation and the monthly cycle stressful for adolescent girls?

Lack of information and knowledge leaves adolescent girls unprepared to manage their menstruation with cleanliness and dignity. Social norms related to menstruation are restrictive for girls and mostly surrounded by myths and misconceptions. This leads to unnecessary fear, embarrassment and shame among adolescent girls.

What should adolescent girls do to overcome fear, pain and discomfort?

- Adolescent girls should not feel ashamed of having menstruation; they should follow daily routine with a bit of extra nutrition and hygiene during these days.
- The pain in the lower abdomen and heaviness is common and can be eased by having hot water bath, hot drinks, light exercises like walking, stretching etc. This will help improve blood circulation and lessen pain. Additional mild medication may be taken after consulting a medical doctor/ANM.
- They should use disposable sanitary napkins to prevent staining of clothes and inflammation /itchiness in genital organs. Napkins should be changed at least three times a day. In case sanitary napkins are not available, one can use cotton cloth, which has been washed and dried in the sun before use.
- Sanitary napkins can be disposed off by dumping into a deep pit, burning or putting them into a waste-bin for waste processing.
- They should have daily bath and clean genital organs with water and a mild soap.

Where one can get disposable sanitary napkins?

- Ministry of Health and Family Welfare in certain states has a scheme promoting menstrual hygiene among adolescent girls (10–19 years) in rural areas. Under this scheme sanitary napkins maybe available at a subsidized rate of Rs.6 per pack (6 pads in each pack) under the brand name 'Freedays' or a different name as decided by the state government. These can be bought from the ASHA/AWW *didi* in your village.
- All chemists and general stores keep sanitary napkins. You can choose and purchase from a wide range to suit your need, comfort and budget.
- The Adolescent Friendly Health Clinics at the Health sub-centres, District Hospital, as well as the ANM, ASHA and Anganwadi *didis* also provide counselling and services on menstrual management.

How can we maintain body hygiene?

Daily bath is a very important routine of our life. One should have full body bath with gentle soap/cleanser. Bathing includes cleaning of hair and genital organs and head bath with soap/shampoo or home-based cleanser at least three times a week to prevent dandruff and other scalp infections. One can also use home-based cleansers available in our kitchen such as wheat flour husk, *besan* mixed with *dahi* or plain water with a little turmeric. There are also special kinds of clays (locally known as *multanimitti*) easily available. These home remedies not only clean our body and hair but also maintain the softness and glow. During daily bath special care should be taken to clean genital organs with plain water or gentle cleanser.

Washing the female genitals: The genital should be washed using normal water; if soap is used, it should be mild (such as a glycerine soap). Vaginal odour is normal and can be checked naturally by maintaining hygiene.

What are some of the small actions at family and community levels that can help girls and women manage their menstrual cycle with hygiene and dignity

- Make cheap/affordable sanitary napkins available.
- Set aside a budget for sanitary napkins for female members of the family or keep properly washed and sun-dried cotton cloth available.
- Provide soap for washing; allow sun drying of used cloths and clean and closed space to store them safely.
- Schools should have a female teacher/counsellor to inform and help girls experiencing menarche/menstruation with free sanitary napkins.
- Schools should have separate washrooms for girls with water, soap and disposal facilities.
- Be sensitive to nutritional needs of adolescent girls and give them time and space to rest if they require during menstrual cycle.
- Educate community that menstruation is not 'unclean' or a 'polluting' event. If managed hygienically, girls can carry out all activities (including daily bath, schooling, outdoor games, cooking and even perform religious duties) with comfort and dignity.
- Explain about safe disposal of sanitary napkins: burying them or burning them in incinerators where available.
- It is important that girls continue their daily routine of playing, studying etc. even during periods too.

MODULE III

Nutrition and Health



Introduction

A healthy and well balanced diet is important at any age, but it is especially important during adolescence. As our body is growing and developing at a rapid pace during these years, nutritional health is very important for supporting the growing body and for preventing future health problems.

Some serious conditions among adolescents related to their health are malnutrition, obesity and addiction to substances. The reasons may be linked to poverty, harmful practices and ignorance on the one side while it may be a lifestyle that promotes unhealthy eating, sedentary routine with a stressful mind in some cases. Addiction to alcohol and tobacco in some form or other are also common problems among adolescents.

This session will help you to talk about the nutrition-related factors that influence health conditions in adolescents and traditional practices and modern lifestyle that may influence our health.



Learning Objectives

1. To raise level of self-awareness about nutrition and a balanced diet
2. To understand the cause and consequences of poor nutrition (under-nutrition and anaemia)
3. To gain knowledge on healthy eating and habits to maintain health and fitness



Time

45 minutes



Materials

2 blank papers; 1 pen



Methodology

Brainstorming, role play, discussion, case studies



Activity 1: Need for Nutrition

Process

- Divide the group members into 3 or 4 groups.
- Read out the following case study to groups members and provide the related questions for discussion

Case Study 1

Rakhi (13), Amar (14) and Amber (15) are siblings. However their food preferences are very different. Their mother is always worried about what to cook for them. One morning when their mother asked them what they wanted for breakfast, Rakhi immediately asked for aloo paratha, Amar suggested bread with jam, while Amber wanted poori with pickles. Their mother got upset and asked them to decide among themselves and tell her the menu for the whole day covering breakfast, lunch and dinner.

She informed them about the vegetables, cereals and other items available at home as nothing could be bought or borrowed at that time. Apart from cooking oil, spices, sugar and salt, wheat flour, rice, pulses, brinjal, cauliflower, onions, green coriander, eggs, chicken and milk were available. While leaving their mother added that as their father and she would also eat the same food, they should decide on something that would suit all five of them. She also told them that each one would have to help her in cooking at least one item.

Discussion

- Ask each group to help Rakhi, Amar and Amber suggest a menu for the day. One group can be asked to think of a vegetarian menu and other a non-vegetarian option. After 10 minutes, ask them to present the menu. Discuss the nutritional value of each recipe.
- Why did mother ask them to suggest menu on foodstuff available at home?
- Why did the mother ask them to help her in cooking?
- Give the group leaders turns to present their menu to the larger group of group members. Pick out the common foods suggested in the groups' menus and categorize the food using the following table.
- Ask for a group member to help you in this exercise of clubbing under each category on a paper.

Summarize

- Once the suggested menu items have been categorised, explain major nutrients in food and why growing adolescents need them.
- Tell members to think of commonly available local foodstuff (cooked or raw or combination of both) and ensure these are locally available, seasonal and low-cost food items.
- Taking the help of the following table, inform the group members that commonly eaten foods can be broadly divided into five groups according to the nutrients they contain and their functions:

Energy-giving nutrients and foods	Growth-promoting/body-building nutrients and food	Protective and supportive nutrients and foods
Carbohydrates: cereals (wheat, rice, maize), starchy vegetables like potatoes, sugar.	Proteins: Animal source –milk and milk products, eggs, cheese, fish, meat, Natural source –pulses/ legumes, beans (<i>rajma</i> , soya bean), <i>chana</i> , groundnuts or local daals	Vitamins: milk and milk products like <i>paneer</i> , curd; vegetables and fruits of different colours; meat; local green leafy vegetables (spinach, <i>bathua</i> , <i>methi</i>); raisins, fresh or dried: amla; dates; citrus fruits like orange, lemon juice, food made with fermented dough like <i>idli</i> and <i>dosa</i>
Fats: Groundnut oil, mustard oil, butter, ghee		Minerals: Iron –green, leafy vegetables, jaggery, meat; Calcium –milk and milk products, egg, fish and most of the cereals Zinc –more chicken or meats

Explain to the group members that the key to nutritious food includes:

- Carefully choosing local food that is cheap, fresh and has one or more nutrients.
- Including food of different colours (white, green, saffron, red, yellow).
- Selecting the right mix of cereals, vegetables, milk and milk products and fruits (and egg, fish, meat for non-vegetarians) in a day.
- Using a variety of local and seasonal vegetables and fruits – that will fulfil all 5 food groups mentioned above.
- Avoiding processed cereals and food (such as packaged noodles/ chips/ sweets).
- Everyone should learn cooking irrespective of his/her gender and be self-sufficient.
- Respecting everyone's choice of food, including parents and grandparents.



- Adolescent girls and boys need good nutrition because:
 - ♦ It is a phase with the maximum growth occurring
 - ♦ Bones are growing and becoming stronger
 - ♦ Need more energy as they play, run, study etc.
 - ♦ To make up for the blood loss during menstruation

Activity 2: Factors Affecting Nutrition other than Food

Process

- Ask each member to mention at least one factor other than the food consumed that may influence the nutritional health of an adolescent boy or girl.
- List the major factors on a note book/blackboard and try to group similar responses together:

Gender norms <ul style="list-style-type: none">• Boys need more food and nutritious food as they do hard work• Girls need less food as they are more at home• Girls should be happy with whatever they get after serving male members of family	Lack of knowledge and misconceptions <ul style="list-style-type: none">• Think nutritious food is expensive• Too much washing of raw material• Over cooking• Sour food causes bleeding among girls
Socio-economic status <ul style="list-style-type: none">• Cannot afford nutritious food• Work load is more than affordable food• Forced child labour at home or outside	Cycle of malnutrition <ul style="list-style-type: none">• Undernourished mother, undernourished infant

Discussion

- Ask group members if they have observed any discrimination against girls in their home/ community? For example, if the father has bought samosas and sweets from the market, who all in the family will be given first servings, then second and finally who is served in the end. It is commonly observed that women of the home eat only after the men have finished eating.
- Ask for a show of hands to understand how many group members have experienced or observed such differentiation.
- Do they think this practice is unfair or discriminatory?

Summarize

- A balanced diet is one that provides all nutrients (carbohydrates, proteins, fats, vitamins and minerals) in required amounts and proportions for maintaining health and general well-being
- As these are present in different types of food items like pulses, chapatti, rice, green vegetables and milk, it is important to eat these food items in the right mix every day.
- Intake of inadequate diet can result in severe consequences leading to under-nutrition and anaemia.
- Girls especially need attention to increase food intake to accommodate 'growth spurts' and to establish energy reserves for pregnancy and lactation.

- Fight iron deficiencies through consuming foods rich in iron (green leafy vegetables, meat and liver), vitamin A (papaya, mangoes, carrots, pumpkins, liver).
- Some consequences of improper diet are:
 - ◆ Delayed or absence of growth spurt
 - ◆ Slow pubertal change
 - ◆ Stunted body (especially in girls)
 - ◆ Anaemia, both among girls and boys
 - ◆ Birth of low birth-weight babies to adolescent mothers
 - ◆ The cycle of stunted mother, stunted baby continues (baby girls are likely to continue the cycle if necessary interventions are not made to break the cycle by means of additional nutritional support to girls at all stages of life – infancy, childhood, adolescence and adulthood)



Activity 3: Lifestyle Diseases and Risk Factors

Process

- Tell the participants that they will do an exercise called 'four corners'.
- The rules are that you will narrate a case with a problem and provide them four options to resolve that problem.
- The four options will be written on separate pieces of paper and put up in four corners.
- The participants will have to listen to the case carefully and choose the option they find most appropriate and go and stand in that corner. While doing so, no one is allowed to talk to anyone else or say anything about their opinion till you give the next instruction.

Sujoy is a 14-year-old boy. He likes to eat. Sujoy is very fond of packaged snacks like chips and aerated drinks. He also likes sweets a lot. Everyday Sujoy's mother gives him some pocket money thinking that he will learn to save money to buy something that he likes later on. But Sujoy has been spending that money on eating junk food from the market. His mother has also observed that Sujoy doesn't eat his meals properly. She finds him a bit lazy and most of the time watching television or on the computer. She tries to talk to him, but Sujoy takes offence and says that it is his pocket money and he should be free to do what he wants with it. His mother gives up.

One day when Sujoy returns from school he complains of heartburn. His mother gives him some cold milk and tells him to rest. While clearing Sujoy's room his mother sees packets of chips and other fried stuff in his school bag and his reading table. She is very angry and doesn't know how she can help Sujoy get rid of unhealthy habits.

Options/Corner 1: Mother needs to be a little more patient with Sujoy while being strict and talk to him on what it means to eat well.

Options/Corner 2: Mother should take Sujoy to a doctor or a counsellor at AFHC

Options/Corner 3: Mother should monitor how Sujoy spends his pocket money and teach him the importance of saving

Options/Corner 4: Any other option (participants are free to have opinions other than the three mentioned).

Discussion

- Now ask the participants to choose an option and quietly stand in the corresponding corner. Ask them to share the reason for their choice with the other participants in their own corners but not with the others. In case a corner has only one participant, you should ask the participant to share his reasons with you.
- Tell the corners/groups that one person from the group will later share the reasons with the larger group. Give 5 minutes for this. *You should not give any opinion during the exercise or even later and should avoid appreciating any response by saying 'good' or 'well said'. Such expressions create inhibitions or barriers among participants if they have an opinion different from what is being appreciated or expressed by you.*
- Then invite each group to present its reasons with the larger group while standing in the corner itself. Also inform others that no one is allowed to speak in between, comment or laugh. Every group will have the opportunity to speak. And while they are speaking they should focus on the reasons behind choosing that option and not on reasons behind not choosing any other option. The smallest group can be invited to speak first.
- Once all groups have shared their reasons, ask if any participant wants to change his/her stand and hence the corner. Give 2 minutes for that. There may be some who change or there may be no change. Thank the participants and ask them to go back to their seats.

Summarize

- Drastic diet plans and slimming medication can be harmful unless prescribed by a qualified medical practitioner. Advertisements that promote girls as being thin and boys as being tall and muscular are misleading the adolescent into making unhealthy eating choices.
- Girls need special attention to increase food intake to accommodate 'growth spurts' and to establish energy reserves for pregnancy and lactation.
- Healthy cooking practices should be followed:
 - ◆ Always wash your hands with soap and water before cooking a meal
 - ◆ Always wash vegetables and fruits properly before eating them
 - ◆ Cut vegetables/ fruits/cooked food should always be kept covered to prevent contamination from dust and flies
 - ◆ Cooking on slow fire and in covered pan (e.g. pressure cooker) helps reduce nutrient loss
 - ◆ Overcooking of vegetables should be avoided as it kills nutrients
 - ◆ If you boil vegetables, do not throw away the cooking liquid as it is rich in nutrients and thus should be consumed.
- Healthy eating habits should be followed:
 - ◆ Always wash your hands with soap and water before eating
 - ◆ Eat slowly and chew properly
 - ◆ Avoid viewing TV or reading while eating
 - ◆ Never skip meals for packed/junk food nor indulge in over-eating
 - ◆ Drink sufficient water (8 to 10 glasses per day)
- Avoid open defecation as it causes transmission of intestinal infection which in turn can cause malnourishment

Key Messages

- Good health is not about not being ill, it is about adopting a healthy lifestyle and leading a stress-free life. Eating well and physical exercise are both important to maintain good health and fitness.
- Prevent and treat infections, by timely immunizations, taking IFA tablets and imparting education to prevent under-nutrition and anaemia.
- Overweight and obesity is caused by overeating and unhealthy eating along with inactive lifestyle.
- Physical activities like exercises, yoga, dance, martial arts, outdoor games like football, basketball etc. help us build stamina, fight fatigue and obesity and support the growth of bones and muscles. They also add to our confidence level. Both adolescent boys and girls require good nutrition for optimal growth and development.



Activity 4: Effective Style of Communication

Process

- Ask the group members about what can be done when one of them experiences such a situation.
- Listen to their suggestions and steer the discussion towards dealing with a problem constructively and positively.
- Explain to the group members that communicating effectively helps improve relationships and helps one relate to people in a positive way and deal with problems in a practical manner.
- Ask the two group members who have volunteered to step out of the room to give them instructions. Brief them about a situation they have to enact in front of the larger group. Give five minutes to prepare their act.
- Meanwhile you return to the room and ask the remaining group members to observe the role-play carefully and count the number of times 'I' and 'You' was used in the role-play by each member.

Role play

Manju is angry with her mother because she forces her to eat after her father and brothers have finished their meals. Manju feels it is not fair that she gets only some watery dal and left over vegetables! She is aware that she too needs to eat good servings of healthy foods during her adolescence. Her mother insists that eating after the men in the family have finished is a tradition and the right thing to do. Instruct the member to interact with each other for about 3 minutes until one of them is angry enough to walk away! There is no resolution of Manju's problem.

Discussion

- Once the role-play has been enacted, ask the group members for the tally of both **'I'** and **'You'** statements. There is a high chance that the number of **'I'** statements was far more than **'You'** statements.
- Explain the styles of communication commonly used during interactions. **'You'** statements are judgmental and often full of blame. They do not consider the view of the other side and therefore cause more conflict. **'I'** statements usually try to clarify your point of view about a situation rather than blame the other person. Hence, **'I'** statements help to find a solution.
- For example in the role-play, Manju saying, "You do not care about me and never save my share of food!" will not help but "I feel hurt and sad when I see you have given away my share of food to the brothers!" will make her mother listen and think.
- Similarly, the suggestion of what Manju would like should also be worded positively and use **'I'** statements. Example, "What I would like to discuss with you is my learning of nutritional needs of girls of my age that ANM didi explained to me...." And not "You do not know anything and do not care for me!"

Summarize

We should keep following things in mind to improve communication:

- Communication is a learned skill and can be improved with practice. Each individual has specific personality traits that guide the way they react or respond to people and situations around them.
- Good skills in communication help to manage one's relationships with others effectively.
- Be honest with your feelings and try to understand the other person's perspective
- Listen to what they say without interrupting and then put one's point across using **'I'** statements and avoid blame and anger
- If the person/parent disagrees, do not immediately over-react.
- Calmly tell the concerned person what the issue is without making a fuss or getting disturbed and try seeking a resolution.

MODULE IV

Healthy Mind & Healthy Behaviour



Introduction

Adolescence is a period of both physical and cognitive growth and development. During these formative years, young people take on new roles, responsibilities and identities. As adolescents mature cognitively, their mental process becomes more analytical. They become capable of abstract thinking, better articulation and develop independent ideas. These are truly the years of creativity, idealism and a spirit of adventure.

However, these are also the years of experimentation and risk taking, of giving in to peer pressure, and of making uninformed decisions on crucial issues, especially related to their bodies and their social behaviour. As a peer educator it is important for you to know that this phase of adolescence is marked by frequent mood swings and stress compounded by pressure to conform to peer group norms that may conflict with our own attitude, values and behaviour and those of our family members.

We all know that peer pressure can have positive effects when adolescents are influenced positively. In your session, tell the participants that it is important that we as adolescents should have the information and skills to manage peer pressure, stress and emotions in constructive ways without harming ourselves, able to practise responsible sexual behaviour, make informed decisions and to be able say 'NO' to risky behaviour. In this session, you will help your group to develop/build core life skills necessary to manage stress, emotions and peer pressure through practice sessions and exercises.



Learning Objectives

1. To learn and practice skills to manage peer pressure
2. To learn about the risks associated with substance misuse and unsafe sexual behaviour
3. To learn the significance of assertive communication and saying 'No'
4. To practice phrases that help make your response assertive and in saying 'No'
5. Developing skills to think analytically about common problems or difficult situations arising during adolescence and finding suitable solutions.



Time

60 minutes



Materials

2 blank papers; 1 pen



Methodology

Brainstorming, group discussion, role plays, case studies



Activity 1: Assertive Communication

Process

- Invite group members to sit in a circle.
- Explain that communication is about using speech, body language, expression, seeing and listening. This exercise through 2 role-plays will allow you to practice your communication skills to become more effective in expressing and asserting yourself.
- Invite 6-8 members and form two groups of 3 or 4 members each and read the following role-play ask them to prepare in five minutes and enact the same to the larger group.

Role Play 1

Asha and her family are having dinner. She tells her mother and brother that an exciting school field trip to visit a historical fort is coming up next week. She asks for permission and the money.

Mother: *What is all this nonsense? I won't have my daughter roaming the countryside! Enough studies in school, what do they think children can learn on a field trip?*

Brother: *Ma, I know how much 'masti' goes on during these field trips! You never let me go last summer so why should she go?*

Asha: *But you were refused because it was a summer camp for 5 days! It was expensive and not related to studies. This is related to my history project...why don't you speak to my teacher before deciding? Many other boys and girls are going too. Ma, it is only two days, please tell me you will think about it?*

Mother: *I am not saying yes! Come on, get up and help me clear the kitchen!*

Asha jumps up to help her mother and starts telling her all about the fort in Fatehpur and its significance.

Role Play 2

Ajit is stopped by his friends on his way to school.

Friends: *Hey, we are going to a movie today. Come with us. You will have fun. Have a smoke with us. (They offer him a cigarette.)*

Ajit: *Friends, I would have liked to come but today I have to submit my homework to the teacher.*

Friends: *We will all submit it tomorrow and you can tell the teacher that you were not well. Come, let's go.*

Ajit (a bit nervously): *What if we go some other day? I have to take my mother to the doctor this afternoon.*

(Ajit looks away.)

Friends: *Do not worry. We will return by then. If we are late, tell your mother that the teacher gave some work.*

(A friend holds his hand and pulls him.)

Ajit is confused how to excuse himself from this invitation as he doesn't want to bunk school. He doesn't smoke and does not want to try cigarettes at all.

Discussion

- Ask the other participants to closely observe the styles of communication during the role-plays.
- Towards the end of the role-play presentations, invite other participants to replace Asha/Ajit in the role-play and ask them how they would respond to handle that situation.
- Tell them that each one will get only a few seconds or a minute to make their point.
- Ask the participants how they feel when being assertive or non-assertive or aggressive.
- Ask the group members whether Asha's and Ajit's responses were assertive, non-assertive or aggressive. What kind of response seems to be most effective and why?

Summarize

- Explain that assertive communication is an effective way to communicate your feelings. By being assertive you respect your own right to express and practise your opinion and thoughts.
- You are confident and in control of your environment. It helps you make your point without causing misunderstanding or getting into a heated debate or violence.
- Non-assertiveness does not solve your problem and may even increase your risk, while aggressive ways can lead to violence, embarrassment, emotional pain and injuries.
- It may be humiliating and build a negative image of you as a person who gives into pressure. Aggressive ways can also be humiliating for self and others.



Activity 2: Resisting Peer Pressure

Process

- Ask the group members if they have experienced or know about statements used by friends that create a pressure to comply. Encourage a few group members to share with the group.
- Inform them that pressure may influence people into taking risks that may lead to unsafe sexual practices, substance misuse or criminal acts. Sometimes it is accompanied by threats or emotional blackmail. In any circumstance, or for any friend, no matter how close he/she may be, pressure is harmful for an adolescent and hence we all should learn to communicate assertively and say 'No' so that we don't give in. We should use our judgement based on our own knowledge, attitude and values. It is best to avoid situations or the company of people that could be risky.

Discussion

- Ask group members to state some responses that could help deal with such pressure. List their responses on a note book. Go through some of the pressure lines given below and discuss other assertive ways to deny the pressure.
 - ♦ You cannot get pregnant the first time. Let's just do it once. (*Unprotected sex is unsafe anytime. I don't want this risk at all.*)

- ♦ You don't think I have a disease, do you? *(No, I don't think so. I want both of us to be safe.)*
- ♦ Come on, you are not a kid anymore! *(I am smart and I know why I don't want to.)*
- ♦ I know you want to, you are just feeling shy. *(My 'no' means 'no'. If I was interested, I would have said yes but I am not.)*
- ♦ We are more than friends. I love you so much. *(For me you are only a friend/If you love me don't force me to do things I am not comfortable with.)*
- ♦ Come on, just have one drink! It will relax you. *(No, thanks. I have other ways to relax.)*
- ♦ Smoke this and you will be in paradise. *(Smoking is injurious to health. Do you think a hospital bed is paradise?)*
- ♦ No one will know about it, it's just you and me. *(I don't want to do anything that will embarrass me later.)*
- ♦ You may not get another chance like this. *(That is fine with me. I don't want any such risk.)*
- ♦ Why can't we do it when everyone else is doing it? *(I know what I should do and what I should not. I don't have to learn now.)*
- ♦ Do it or goodbye. *(Okay then, goodbye.)*
- ♦ Nothing will happen, it is all right. *(No, I am not prepared and I don't want to do it.)*
- ♦ Do you think I will hurt you? You are my love. *(If you love me, don't force me.)*
- ♦ I can hurt you if you don't. *(You are threatening me. That is wrong. You are elder to me and as my family responsible for my wellbeing.)*
- ♦ If you really loved me, you would do it. *(You are using emotional blackmail. If you really love me you will not force me.)*

Summarize

- Learning to say 'No' is a skill that will get better only with practice. While
- Ability to say 'No' helps a person to prevent risky situations by dealing with pressures confidently and assertively.
- Assertive communication helps prevent situations that may cause unnecessary stress and emotional disturbance.

At times, we may not be directly pressurized but the popular behaviour or practices among people of our age group also creates pressure. This is called 'peer pressure'.

Peer pressure can be positive as well as negative. When peer pressure is conflicting with our own attitudes, values and behaviours we should learn to say 'No'. Every adolescent has the right to take decisions in his/her own best interest. **The ways to say 'No'** can be polite refusal, giving an argument, or being firm and assertive. Being non-assertive or aggressive may increase our vulnerability and hence we should try communicating in an assertive way.



Substance Misuse and Mental Health

Activity 3: Saying no to Drugs!

Process

- Divide the group members into two groups and read the following case study to each group to discuss and present their responses to the larger group.

Case Study 1

Neeraj is very popular among his friends. He is also good in studies. But for some time now, classmates find him behaving differently. Neeraj also looks very weak and his eyes are red most of the time. His performance has also deteriorated and his teacher is worried. The teacher informs the principal and Neeraj's parents are called. The parents inform the teacher that they too have felt that he is not eating well and most days he sleeps without dinner. He has also been asking for money every week and his mother feels that he has stolen money from her box. His parents are worried and on the verge of tears. The teacher suggests they take Neeraj to a doctor, who informs them that he suspects that Neeraj is using drugs.

Discussion

- What do they understand by the term 'drug use'?
- What are the symptoms of a drug user?
- How do they think Neeraj has taken to drugs?
- How will drug use harm Neeraj?
- How can Neeraj overcome this challenge and get back to normal life?
- What should his parents and teachers do?
- Write the phrase 'substance misuse' on a paper and ask if they understand or heard about drugs?

Refer to the Annexure section of this book to explain a little more about drugs/ substance misuse, users and addiction.

Summarize

- This was an example of a young person taking to drugs and alcohol due to peer pressure. Drugs not only alter physical functions but also mental abilities.
- Use of substance is associated with risks like sexual abuse, unprotected sex leading to unwanted pregnancy and/or HIV, reckless driving, delinquency, unsocial behaviour etc.
- Adolescents who are more popular with friends are at increased risk to give in to peer pressure. Such adolescents are more worried about their social image among friends and fear losing that kind of popularity. Therefore, at times, popular students are not always the best performers in studies or any other constructive field.
- Neeraj shows signs of addiction as he is trying all means including stealing money to get drugs. Neeraj has a good chance to overcome these challenges but he

needs support from his teachers and mentors and most importantly, family, friends.

- It is natural for parents and mentors to lose control and become angry but such reactions will only worsen the situation and not help their children in any way.
- They have to be patient, strict and at the same time supportive to help their children overcome this.
- They should also seek repeated help from doctors and counsellors, and also from relatives, and the community they live in to be supportive in helping their children fight drugs and addiction.

Problem Solving

We all face numerous challenges and problems in our day-to-day life. If we do not solve our problems as and when they appear, they might get bigger and create stress and conflicts later on. This session will help us to identify the problems we commonly face during adolescence and highlight the ways to find solutions to it.

It is first important to understand the reasons for the problem(s). Usually we fail to identify the root cause of problems and therefore we are not able to find the right solutions for them.



Activity 4: Solving Problem

Process

- Divide the group members (whether adolescent girls or boys) into two groups
- Read each group the case study mentioned in the boxes
- Let them prepare a role play to enact in 5 minutes

Case study 1

Reema is in class 9. Her parents are very poor and find it difficult to bear her schooling expenses. Reema is a good student. One day, the teacher announces in the class that the school fees have been hiked. Reema is very sad and doesn't know whom to talk to about her problem. She is well aware that it will be very difficult for her parents to pay the fees and that she might have to leave school.

Discussion

- What do you think Reema should do in this situation?
- How would you handle this problem?
- Do you think there could be a possible solution to this problem?

Case study 2

Ravi likes to spend his time with friends. He leaves home around 3:30 pm and returns only after 6:30pm, at times even after 7:00 pm. Sometimes his friends come over and spend hours chatting. Ravi's parents are not happy and they often send somebody to bring him home. If they are not able to find him, his mother also calls the houses of his friends to enquire about him. Ravi is upset with his mother's behaviour as he thinks he is grown up enough to decide when to return home. Ravi often has heated arguments with parents. He tells them that he hates to be with them.

Discussion

- Do you face similar situations like Ravi in your house?
- How do you feel about this situation?
- What do you think Ravi can do? Can you help think of some options?
- How practical are the selected options? Do you think Ravi and his friends can implement an option that suits his parents and yet have some fun?

Case study 3

Reema/Ranjit is 15 year old who lives in a joint family. One of their cousins is getting married next month and she/he is very excited about all the wedding functions. Reema/Ranjit had long discussions with their friends about what they should wear for the wedding. Reema/Ranjit also went to the local market to check out the dresses. When she/he returned home in the evening, she/he went straight to her/his mother to ask for money to buy the dress. Reema/Ranjit was totally disappointed when her/his mother told her/him that it would not be possible to buy a new dress. She told her/him to wear the same dress which they wore for her/his sister's wedding two months back. Reema/Ranjit is so upset that she/he refused to have dinner that night.

Discussion:

- Why do you think Ranjit/Reema is so upset?
- What do you think Ranjit/Reema should do now?
- How can the parents help Ranjit/Reema in understanding the financial crunch?

Summarize

- Remember, it is not necessary that your solution will work. There are chances of failure also- but the key is not to panic and lose hope.
- It is important to keep trying. Sometimes we cannot solve our problems because they are connected to other things that is not in our control .
- Explain to the group members that in the beginning simple problems that can be easily solved should be identified. For solving more difficult problems, they can approach someone for help. The best way then would be to consult or talk with friends / siblings / mother or someone they can trust.

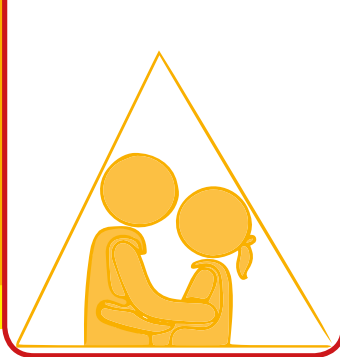
- Seeking the help of doctors and social workers are also options for all adolescents to consider.
- By building one's capacity to think analytically about problems and arrive at creative solutions, these skills can be then applied to other domains of life too.

Key Messages

- Mental health is a growing concern among adolescents.
- Unnecessary stress, emotional swings and taking to substance use impact mental health during adolescence.
- It is important to communicate assertively and develop the skill to say 'No' to deal with negative peer pressure or any negative influence.
- By giving in to negative peer pressure, you are disrespecting yourself and undervaluing your own knowledge and decision-making skills.
- Respect your own rights while using your judgement to act upon a pressure.
- Practice saying 'No' to drugs in any form be it alcohol, tobacco in the form of *gutka, cigarette or bidi, volatile substance like 'whitner' used for sniffing, bhang and other drugs.*
- Substance misuse has many associated risks like unsafe sexual behaviour leading to unwanted pregnancy and/or HIV, sexual abuse, cancer, lung and liver diseases, reckless driving leading to accidents and deaths.
- By building one's capacity to think analytically about problems and arrive at creative solutions, adolescents can learn to solve many common problems.

MODULE V

Adolescent Sexual & Reproductive Health



Introduction

Child marriage is a common and serious problem in our country. Though child marriage happens among both girls and boys, it has increased lasting and damaging consequences to the health, development and wellbeing of young women. Early marriage is usually followed by early childbearing and this is dangerous for both the mother and the baby. Girls who are married young are more likely to be victims of violence and abuse. They have little or no decision-making power and negotiation skills to safeguard their interests, sexual and reproductive rights.

In India, under Prohibition of Child Marriage Act, 2006, the legally accepted age for marriage is 18 for girls and 21 for boys. The minimum legal age for marriage tries to safeguard the interest of a child so that children are able to achieve a minimum level of physical, sexual, and emotional maturity before they marry, which otherwise would be detrimental to his/her physical, sexual and mental health. However, the 'right age for marriage' is an individual decision depending on the dreams and aspirations of that individual.



Learning Objectives

1. To understand child marriage as per the legal framework in the country
2. To understand the right age for marriage and consequences of child marriage
3. To plan and develop a vision for the future
4. Understand importance of personal hygiene and develop ways of implementing it within their environment using problem solving and decision-making skills
5. To inform group members about signs and symptoms of RTIs and STIs and to seek timely help from qualified medical doctor



Time

180 minutes (in two sessions on separate days)



Materials

Blank papers; pens



Methodology

Brainstorming, group discussion, exercises like goal setting, case studies



Activity 1: Addressing Early Marriage

Process

- Divide the members into two groups and read the case study of Meena given below to each group
- Let them discuss the case study for 15 minutes within the group
- Ask the group members whether they have heard instances of child marriage in their community or village. Tell them that they are going to discuss a case of child marriage in detail during this session.

Case Study 1

Meena is a 14-year-old girl living with her parents and two younger siblings in a village in Bihar. She left school after class 7 as her mother was not keeping well. She helps her mother with the household chores and looks after the younger siblings. Meena's mother is worried about her marriage and wants to see her settled before anything happens to her. She has shared this with other relatives and requested them to suggest a suitable match for Meena. One day an aunt who lives in the neighbouring village visits Meena's house and informs her parents that she has spoken to a family in her village about a match for Meena's. That family has a good-looking 19-year-old son. He is the youngest of four siblings. All the other siblings are married and have families of their own. The family has good farmland and has more than enough wealth. And the good news is that the family liked Meena's photo and is agreeable to the marriage. Her aunt tells Meena's parents that if they agree she can invite the family to meet them and fix the details for the wedding. Meena's parents are very happy and agree to invite them home. Meena is disturbed and sad.

Discussion

- Why is Meena disturbed and sad?
- Is her mother right in planning Meena's marriage early? Why?
- Do you think Meena's parents should accept this proposal? Why?
- How can Meena convince her parents to delay the marriage?
- What would you have done to help Meena?
- Do you think Meena's case is common?
- Do we know anyone who has left school for any reason, maybe even for marriage?
- Discuss what are the reasons for early marriages within their community?
- What can be done when we hear of cases similar to Meena? Who can we approach for help?
- What are some of the steps we can take to protect ourselves?

Summarize

- The 'right age for marriage' is an individual decision depending on the dreams and aspirations of that individual.
- Adolescents can approach someone in the village and outside the village to seek help on such issues but they have to be identified beforehand. If there are NGOs working on the issue and someone is aware of any institution, they need to be noted down too.
- Adolescents can seek help from the ICPS structures like *Village Child Protection Committees* (VCPC). Peers can identify the VCPC persons in the village for ease of access and sharing with group members.



Activity 2: Plan of Life

Process

- Ask the group members to think about what they aspire to be in life or what their dreams are for themselves, their family, village or country.
- They can make notes on a paper. Remind them that from the above activities, we know that it is very important to be physically and emotionally mature and financially stable before we marry and plan for children.
- Education and financial independence help us and our family to live and carry out our responsibilities with respect and dignity.

Refer to the annexure section for a sample plan for adolescent life

Discussion

- Ask members at which age they would like to place important events like completion of education, financial independence, marriage, first child etc.
- Ask them to write all this information age-wise and complete their goal setting for life. Give them 5-7 minutes for this activity.
- Invite 2-3 group members to share their work with the larger group.
- Ask all of them to keep the paper safely for reference later.

Summarize

- One should plan marriage and children after ensuring a certain level of education and financial stability.
- Chances of a good marriage and life partner after completing education and financial security are more with fewer risks.
- If both husband and wife are educated and have vocational and professional skills, they can complement each other and share responsibilities equally.
- It is important to have some personal savings before you plan marriage and children so that you carry out responsibilities with respect and dignity.
- An educated couple also understands the significance of family planning and how to take care of health and nutrition of self and family.
- Each individual, whether a man or a woman, has a 'right age' and 'right time' for marriage and children. Hence, one should not give in to unfair social pressures

Reproductive Tract Infections (RTI), Sexually Transmitted Infections (STI) and Human Immuno Deficiency Virus (HIV)

You may like to conduct this session separately for boys and girls in case you feel they may not be comfortable to open up. You will need to be sensitive to group members' feelings. All group members must feel at ease sharing their experiences. Encourage questions from group members and promise to clarify doubts from **FAQ Reference booklet**.

Adolescents suffering from RTIs avoid talking about them for fear of stigma and discrimination and unnecessarily suffer in silence. If left untreated, RTIs may cause discomfort and embarrassment in social life, impede other activities such as studies, play and social interactions and may lead to serious health complications. Timely diagnosis of such conditions is very important to initiate early treatment and complete cure in most cases. Any form of infection/ discharge/ inflammation in the reproductive tract needs to be treated medically. Also, a medical test helps in early diagnosis of any other infection that could be sexually transmitted as well such as the human immunodeficiency virus (HIV).

Adolescents have poor access to information, counselling and services on ways to prevent such infections, as well as to testing and counselling and medical treatment due to social and cultural norms that make it inappropriate for adolescents to seek such information and service. The stigma with regard to adolescent sexual behaviour is very high. Therefore it is very important for adolescents to understand the importance of personal hygiene and implement these habits. We must learn to overcome our inhibitions seek information and timely help from health care providers / ANM/ ASHA.



Learning Objectives

1. To understand modes of transmission and prevention of RTIs, STIs
2. To understand common signs and symptoms of RTIs, STIs
3. To understand prevention and management of RTIs, STIs, personal hygiene and using problem solving and decision making life's skill
4. To learn about HIV and AIDS, modes of transmission and ways to prevent transmission
5. To understand the importance of seeking timely help from a qualified doctor



Time

45 minutes



Materials

2 papers and 1 pen/s



Methodology

Group reflection and discussion



Activity 3: Reproductive Tract Infection

Process

- Divide the participants into 3-4 groups.
- Read the following case study for each group.
- Ask the group to discuss the related questions for each group

Case study 1

Reena, a 14 year old girl, uses cloth as sanitary pads. Her mother has given her 4-5 pieces of cloth that she has to wash and used during her menstrual cycle every month. During one cycle due to heavy rains, Reena is not able to dry the cloths properly. Since she has no other option, she has to use the cloth that are not well dried. She stores her sanitary cloth in a small storeroom in the courtyard and most of the time she has to dry the cloth in that room as well. For the last few days Reena has been having itching in her genital areas and pain while passing urine. She finds it unbearable but hesitates to talk to mother or anyone about it.

Discussion

- What is Reena's problem?
- Why and how did she get this problem?
- What she should do for treatment?

Caste Study 2

Ajay is a 19-year-old boy working at a transport company. He lives in a city, far away from his parents. Ajay is sexually active. He never uses a condom as he is ashamed of buying it from the shop. For the last few days Ajay has been a having burning sensation while urinating and itching in the genital area. He has been ignoring it but now sees that there are rashes around his genital area and a foul smelling discharge from his genital organs. Ajay is scared and doesn't know what to do. He discusses his problem with one of his friends who works in same company. The friend tells him that he had similar problem and advises him to go to a medical doctor.

Discussion

- What is Ajay's problem?
- What do you think the reason for this problem can be?
- Is his decision to approach the medical doctor for treatment right?

Case study 3

Payal and Raja have been married for two years. Payal is pregnant and she has registered for antenatal care at the primary health centre. A few days after the first antenatal checkup, Payal is informed that she is HIV positive.

Discussion

- How may Payal have got HIV? Should Raja also go for HIV testing?
- What are different modes of transmission of HIV?
- Will their HIV status affect the child? What can be done to prevent the child from being infected?
- Can Payal and Raja lead a normal life?

Summarize

- Once the group discussion is over, invite each group to present their story and help members of the other group understand the case as follows:
- Inform them that Reproductive tract infections (RTIs) may be caused due to:
 - ♦ Poor personal hygiene or through unprotected sexual intercourse/contact.
 - ♦ RTIs that are transmitted sexually are called sexually transmitted infections or STIs.
 - ♦ Personal hygiene is very important to prevent some common reproductive tract infections.
- RTIs if left untreated, causes discomfort embarrassment, and impede other activities such as studies, play leading sometimes to serious health complications.
- Timely diagnosis of such conditions is important to initiate early treatment. Any form of infection/ discharge/ inflammation in the reproductive tract needs to be treated medically. Also, a medical test helps in early diagnosis of any other infection that could be sexually transmitted as well such as the *Human Immunodeficiency Virus* (HIV).
- Individuals infected with STIs may have no symptoms. Hence, the only way to know for sure is to see a health care provider and get tested. Also, there is no way to tell if the person with whom sexual contact has been made has an STI or not if the person himself/herself does not disclose it.

Key Messages

- Reproductive tract infections (RTIs) may be caused due to poor personal hygiene or through unprotected sexual intercourse/contact.
- RTIs that are transmitted sexually are called sexually transmitted infections or STIs.
- Personal hygiene is very important to prevent some common RTIs, which are not STIs.
- Not all RTIs are STIs but all/any inflammation in the reproductive tract needs to be treated medically.
- Delay marriage until physically and emotionally mature. This will help delay early initiation of sexual activity and prevent STIs
- Delay sexual debut. Enhance life skills to negotiate for safe sex, resist peer pressure and say 'No' to coercion
- Inform parents, teachers or service providers about situations of sexual coercion/abuse so as to access timely help
- One needs to consult the nearest hospital or Adolescent Healthcare Centre (AHC) in case of any discomfort or inflammation of the reproductive tract.
- Complete the course of treatment as per the medical advice.

Frequently Asked Questions on HIV

Modes of transmission

- Unprotected vaginal and/or anal sex with an HIV infected partner
- Transfusion of HIV infected blood and blood products
- Use of HIV infected needles, like sharing needles with HIV infected drug users
- From a HIV positive mother to her unborn child.

HIV is NOT transmitted through

- Hugging, Sneezing, Shaking hands, Using of public toilets
- Being bitten by a mosquito
- Sharing or eating food in same utensils, or using objects handled by people with HIV
- Spending time in the same house, school or public place with a person who has HIV

HIV can be prevented

- Correct and regular use of condoms (male or female or both)
- Abstinence from sexual intercourse (or sexual contact) without condom
- Transfusion of blood obtained from authorized blood banks
- Use of disposable syringes and needles
- Preventing Parent to Child Transmission (PPTCT) by registering pregnancy for institutional delivery and PPTCT care and support

Signs and symptoms of HIV

Generally a person does not know about HIV infection without getting tested.

MODULE VI

Understanding Gender and Violence



Introduction

This module will help you to introduce the topic on Gender and Violence and give the opportunity to discuss with group members why and how they think societies and families have different expectations from boys and girls.

Before the start of the activity session, explain to the group the concept of '**sex**' and '**gender**'.

Tell the group members that a person's **sex** refers to biological differences between a male and female. We are classified male or female as determined by three sets of characteristics:

- external sex organs
- internal sex organs and
- secondary sexual development during puberty

Gender distinguishes the roles and responsibilities a community considers appropriate for men and women. Hence, gender identifies the socially or culturally constructed relationships between women and men, including their roles, responsibilities and power. Gender relations are context specific and often change in response to the altering circumstances.

It is important to remember that these gender roles are learned. They are not innate or "natural". We begin to observe and learn gender norms from our environment early in life from parents, teachers, religious leaders, media etc. Sometimes expected gender roles may be restrictive. Stereotyped ideas about females and male qualities can be damaging because they restrict one's actions and pose barriers in realizing the full potential of an adolescent. For example, men are discouraged from 'women's work' (child care, designing and stitching clothes) while women are discouraged from male-dominated careers (pilot, joining armed forces)



Learning Objectives

1. Identify the difference between sex and gender
2. Understand the stereotypes associated with gender and gender roles and their impact
3. To understand the rights and entitlements of a child and an adolescent



Time

30 minutes



Materials

Paper; pens



Methodology

Brainstorming, group discussion, reflections



Activity 1: Word Association

Process

- Initiate this session by conducting a word association exercise on 'Man' and 'Woman'. Take a paper and divide it into three columns.
- Ask two of the group members to volunteer to write 'Man' in the extreme left column and 'Woman' in the extreme right column.
- The middle column should be left blank. Make them responsible for noting down the responses from the group members (like in the table below)
- Now ask group members to say words they associate with 'men and masculinity' and write them under the column 'Man'.
- Explain that these words may reflect characteristics (good or bad), qualities or even status and value of men in society.
- Then ask group members to say words that they associate with 'women and femininity' list them under the column 'Woman'.

Some of the likely responses are as follows:

Man	Woman
Tough	Soft
Cruel	Beautiful
Smart	Shy
Adventurous	Giving birth
Anger	Affectionate
Moustache	Sensitive
Tall	Breast-feeding
Father	Gossiping
Earns money	Mother
Decision maker	
Leader	

- Now interchange the column heads 'Man' and 'Woman' as shown below.
- Go through the list once again but review each listed word or expression in the context of the opposite sex and see whether words associated with women are applicable to men and vice versa.

For example, you can ask the group members if it is possible for women to be tough, cruel, smart, adventurous, angry etc., and for a man to be emotional, sensitive, shy, quiet, charming etc.

Men Woman	Sex	Women Man
Tough		Soft
Cruel	Giving birth	Beautiful
Smart	Breast feeding	Shy
Adventurous	Moustache	Giving birth
Anger		Affectionate
Moustache	Menstruation	Sensitive
Tall		Breast-feeding
Father		Gossiping
Earns money		Mother
Decision maker		Menstruation
Leader		Wear frocks, salwar kurta, sari
Wear trousers		Long hair
Short hair		

- In the central column, help the group members to list the words or phrases that are specific characteristics of either men or women, and are not applicable to both. *These could be words like beard, moustache, giving birth, breast-feeding, menstruation, testicles, ovary etc.*
- At the end of the exercise give the central column the heading 'Sex'.
- Inform to the group that the biological difference between a male and a female is defined as '**sex**' and the other words/phrases/ expressions listed in the two columns are the expected roles of a man or woman in society and hence termed as '**gender**'.

Discussion

- Ask the group whether the behaviour is a result of sex or gender roles. (E.g. women bear children – sex; men cannot cook – gender).
- Ask the group to give examples of two typically "female" jobs that men could do? And two typically "male" jobs that women could do?
- Ask the group members to discuss how beliefs and norms based on old traditions and practices effect the fundamental rights of adolescents. *For example, some young boys are forced due to family circumstances to start working at an early age at the cost of further education.*
- Similarly, why do girls face bias/ discrimination when they are at public spaces?

Summarize

- Gender is socially constructed while sex is biological/natural.
- Except for biological characteristics, men and women are alike.
- The gender-based characteristics and roles for man and woman vary with time and culture.
- Gender roles may influence our behaviour and restrict our life options by creating biases and discrimination.
- Irrespective of our biological, gender identity, we are equal and deserve the same love, respect, information, education, services, employment or any other institutional benefits.

Emphasize that most of the gender characteristics or qualities are interchangeable or applicable to both sexes. 'Gender' may vary with time and culture. However, gender is so ingrained in our society that it is often mistaken for sex and we tend to relate a particular characteristic with only one sex. Roles are often based on social customs and not on our abilities. Over time, these have also changed and more in some locations than others, e.g. in cities more than in villages. Earlier people used to think that girls should stay at home. With the government schemes and educational facilities available today, girls are studying and working to have an independent career. Families are supporting them too. It is important to examine our own beliefs about gender roles and expectations.

Violence Against Adolescents

Introduction

Violence against adolescents takes many different forms and the adverse effects of such violence are devastating. Some commonly identified forms of violence against adolescents in India are child/forced marriage, dowry-related harassment and killing, honour killing, accusation of witchcraft, worshipping the child as god or goddess, exorcism, corporal punishment (that includes slapping, hitting, burning etc.), ragging and bullying, forced labour, sexual abuse or forced sex. There are some new emerging forms of violence such as through social networking sites, also known as cybercrime or bullying. Adolescents are at risk for most of them.

Much of the violence is perpetrated in the name of tradition, culture, religion or superstition and many stem from incorrect information about the methods of disciplining a child. There is also a huge information gap on the health, development and parenting needs of adolescents among parents themselves and society at large.

Often parents and teachers condone violence like corporal punishment and child labour in the name of discipline or poverty. The problem becomes even more serious as prevalent social norms create an unequal power relation between an adult and a child. In many cases violence committed in the name of ragging and bullying is overlooked as part of the process of making friends. It also prevents children, especially girls, from seeking help and support. Such violence can cause serious injuries and stress for adolescents. Any form of violence against children or adolescents is a criminal offence.

This section discusses violence, different forms of violence and its impact on adolescents.



Learning Objectives

1. To understand 'violence' and different types of violence in the context of adolescents
2. To understand the impact of violence on adolescents and why they are at risk
3. To practice life skills to respond to situations of violence



Time

180 minutes



Materials

Blank paper; pens



Methodology

Brainstorming, group discussion, case studies



Activity 2: Defining Violence

Process

- Ask one of the group members to write the word 'VIOLENCE' at the centre of the board/paper
- Ask the group members to say aloud anything that comes to their mind in relation to that word.
- Let a member write down all the group members' responses around the word violence.

Some of the responses may be beating, hitting, slapping, locking in dark places, killing, fighting, rape, riots or murder.

Summarize

- Inform the group that there are some forms of violence that children are subjected to by adults, often by people who are expected to be their care givers.
- On the paper, circle the responses that are reflected - **child marriage, child labour, sexual abuse, corporal punishment, bullying and honor killing.**
- Inform the group that we will be discussing these in the next set of activities



Activity 3: Kinds of Violence

Process

- Divide the group members into two/four groups. Read the case study for each group and ask them to discuss the related questions
- Ask the group to choose a member to present the discussions

Case study 1

Rahul aged 12 years, studies in class 6. One day after school, Rahul insists that his father take him along to the market. When his father asks him if he has school work to finish, Rahul lies that he doesn't, thinking that he can complete it after returning. By the time Rahul and his father return from the market, it is quite late and they find that there is no electricity. His mother asks everyone to finish dinner and go to bed as there is not much oil in the lamp. Rahul is unable to ask his mother for the lamp to finish his homework as his father will then know the truth about his homework. As Rahul is tired, he feels he can do his homework in the morning. Next morning, Rahul is again unable to finish his homework and goes to school without it. When the teacher asks all students to submit their homework, Rahul states that he has not done his and the teacher gets very angry, 'You are a lazy boy and you have no interest in studies. Why are you wasting your father's money and my time? You should ask your father to put you in some job'. When Rahul tries to say sorry, his teacher hits his palm with a wooden ruler six times Rahul's palm is red and burning, he is very upset.

Discussion

- Does this story show any kind of violence?
- Who is the victim and who is the perpetrator?
- Was Rahul wrong? Why? What should Rahul have done?
- Was the teacher wrong? Why? What should the teacher have done?
- If you have to send a message *to all elders against such violence, what will you say?*

Summarize

- This is violence and is known as **corporal punishment**. Any form of physical, verbal including sexual abuse is violence.
- Rahul is the victim and his teacher is the perpetrator. Rahul may have been wrong in not understanding his responsibility and should have finished his homework, but children tend to make such mistakes.
- The teacher is wrong for not using positive and appropriate ways of disciplining Rahul. The teacher could have tried reasoning with him, making him understand his fault, held him responsible for completing his homework on time by working during the games period or doing some extra lessons or even calling his parents for a discussion.
- Children should be taught through positive disciplinary actions.

Case Study 2

Rizwan and Gaurav are 14-year-olds and have just been admitted to a higher secondary school. They are very excited and decide to go to school together. But on the first day of school, a few boys come to them during recess and tell them that to be in this school they need to keep them happy. They tell them that every student has to follow their commands. They ask them to bow down, holding their ears for 30 minutes. In the meantime they take away their lunch box. After that they use abusive language and some of them even beat and kick them. Rizwan is in tears while Gaurav is red with anger and embarrassment. While they are returning home, some seniors come and tell them that they should not speak about this to anyone or they would be troubled further and just accept it as a friendly gesture.

Discussion

- Was this a friendly gesture?
- Have we ever faced such situations? How have we felt?
- Were the other boys wrong? How?
- Is it a situation of violence? Who is the victim and who are the perpetrators?
- Should Rizwan and Gaurav talk to someone about this?
- Does this happen to girls as well?

Summarize

- These forms of violence is known as **bullying** or **ragging**.
- Rizwan and Gaurav are the victims while the other boys are the perpetrators. The elders, including teachers and parents, who tend to overlook such practices are also perpetrators.
- Schools, colleges, the playground, canteen or any place where peers meet maybe sites for this or other kinds of bullying.
- A gentle exchange of words can serve as an icebreaker between peers but abusive language, hitting, slapping, punishing or any physical, verbal or sexual abuse can never be a friendly gesture.
- It happens among girls as well.

Adolescents facing bullying go through physical injury, depression, humiliation and social isolation as they stop going to school, playgrounds or any public place where they could meet peers. One should immediately inform elders, especially parents and school authorities, about it. There have been cases of children or college students who are not able to cope with this humiliation and violence and commit suicide.

Key Facts

- A child may face violence such as bullying by adults or peers.
- A child may be a victim or perpetrator of violence, but both ways it is the child who suffers the Most.
- No child should ever be hit, beaten up, slapped, undergo ear/hand twisting, be locked in dark places, discriminated against with respect to access to nutrition, health, education and recreation.
- Children can be disciplined through positive disciplinary actions like reinforcing the benefits of truth, honesty and disciplined life, helping them do their homework, spending time with them and giving them enough time for play and recreation.
- Both girls as well as boys are at risk of violence
- Child marriage in itself is violence but also leads to increased risk of a number of other violent acts such as forced sex, sexual abuse, dowry-related torture; domestic violence (includes beating, hitting, verbal abuse, forced labour).
- In any such situation where a child is not comfortable, he/she should call the helpline, inform parents, teachers and any adult whom they think is trust worthy and a well-wisher.
- A responsible adolescent should never engage in a situation where violence is inflicted on anyone. If one feels that one is being forced to be violent, control your anger, solve conflicts in a peaceful manner.

Gender Based Violence

Introduction

Start the session by informing the group members that this session is in continuation of the previous session on gender roles and will inform us more about what **forms of violence** take place based on the gender of a person, especially in the case of girls and women.

The term **gender-based violence (GBV)** is an umbrella term for any harmful act that is perpetrated against a person's will based on socially ascribed (gender) differences between males and females. While GBV is usually targeted at women and girls, boys and men may also be victims. GBV may occur within a family or in a community and is perpetrated by persons in positions of power, including at times parents, family members, friends, police, security guards and armed forces. It can take place in or may be condoned by families, communities and institutions including schools, detention centres and religious facilities.

Some of the common forms of GBV in our country are female foeticide, female infanticide, honour killing, child/forced marriage, domestic violence, eve teasing, stalking, molestation, rape (forced sex). Gender based violence affects the survival of the girl child and veers her off the path of health and development like education, recreation, learning vocational skills, earning opportunities etc. The fear of such violence restricts the girl's mobility and her life is controlled by elders, mainly male members in the name of family honor and dignity. The social and health consequences include emotional trauma, neglect, isolation, stigmatization, depression, acute or chronic physical injury, unwanted pregnancy, sexually transmitted infections, HIV/AIDS, and sometimes death. Research shows that survivors of GBV (including rape, sexual exploitation and domestic violence) are also at heightened risk of being abused again.



Learning Objectives

1. To understand GBV and its forms
2. Learn to deal with unwanted attention courageously by using life skills and seeking support
3. Build self-confidence and communication skills to speak to an appropriate person when faced with harassment or abuse
4. To learn how GBV can be prevented and addressed



Time

45 minutes



Materials

Paper; pens



Methodology

Brainstorming, group discussion, case studies



Activity 4: Dealing with Unwanted Attention

Process

- Divide the group members into two/four groups.
- Ask each group to prepare a role-play based on the case study and discuss the related question

Case Study 1

Rehana is a 15-year-old girl studying in class 9. She loves going to school and is a very bright student. Rehana is friendly with all the boys and girls in her class. One day, one of the boys approaches Rehana and tells her that he likes her. Rehana ignores him. He continues to harass Rehana in different ways – stalking her on her way home, passing comments about her, leaving notes in her notebook, writing her name on the blackboard with love messages, sending messages through her friends. One day a teacher finds a note lying on the floor and reads the message. The teacher scolds Rehana in front of the class and tells her to bring her parents to school the next morning.

Rehana is very scared to tell her parents about this and ask them to come to the school. She has stopped going to school and is thinking of discontinuing her studies

Discussion

- What should Rehana do? Should she talk to the boy? Or should she speak to someone at home? What are possible consequences of both options?
- Ask to incorporate experiences from their own lives when a boy pursued them. What did they do?
- How would they communicate their feelings if they were in Rehana's shoes and asked the boy to stop troubling her? Encourage them to think about both verbal and non-verbal communication that they may use.
- How would they communicate their feelings if they talked to a teacher or parent?
- Who do they think is at fault if a girl gets teased – girl or boy? Why?
- What are the consequences if the girls were to take matters in their own hand and confront the boys with strong language and slapping to teach them a lesson.

Case study 2

Savita is 14 years old and her 18-year old cousin brother lives with them and attends school in their village. Lately, Savita notices that he tries to accidentally brush past her, rubbing his hands against her breasts or waist. She is uncomfortable about this and glares at him, but feels she cannot say anything openly since he is her cousin brother and her parents may think she is making up stories and wrongly accusing him.

Discussion

- Do you think Savita is right in feeling angry and uncomfortable about her cousin brother's touch? Give reasons for your response.
- What should Savita do? Should she talk to him or approach another trusted family person? Give reasons for your response.
- If Savita decides to talk to her cousin brother, how should she talk? What are some main points that she should bear in mind while talking to him?
- If Savita decides to talk to her elders, how should she talk? What are some main points that she should bear in mind while talking to them?
- What are some ways to assertively communicate unwillingness and say 'no'?
- Share experiences from your own lives, recounting moments/occasions when you were touched in an unwanted manner by a relative. What did you do?

Case study 3

Rohit is a 12 year old boy. His uncle often comes over to their house and stays for weeks together. He brings lot of gifts and chocolates for him. He insists on sleeping in Rohit's room. When Rohit is asleep, he often feels that his uncle touches him in ways that he does not like. Rohit's mother notices that he has become very quiet and withdrawn but does not share anything with them.

Discussion

- Why do you think Rohit is uncomfortable with his uncle's behavior
- What should Rohit's parents do when they notice that he has become very quiet and withdrawn
- Why do you think Rohit does not share anything with his parents
- Was Rohit's uncle abusing him? Explain your answer

Summarize

- Rehana was scolded and blamed by her teacher in spite of the fact that it was not her fault. Unfair gender norms hold girls responsible for any act of violence that is committed against them.
- Boys like in the case of Rohit also face discrimination and are subjected to abuse.
- Rehana/Rohit knew that if their parents or other people in the society got to know about the incident, they would also have a judgmental attitude towards them and would question their character/intention.
- Adolescents need to be mindful of not losing control, be clear in their messages and use appropriate body language and tone. Remind that it is never their fault if the person teases or harasses them. They need to remain strong and voice their concern to the appropriate person and remember that parents/guardian too have a responsibility to uphold their safety and dignity.

Remember Unwanted Touch Should be Dealt as Follows

- Confront the person harassing you.
- Talk assertively by telling him that you are aware of what he is doing and to put an end to it immediately.
- Share the incident with your mother, elder sister or others in the family.
- It is possible that initially they may not believe you because of a sense of denial as it is hard for them to accept that people in the family are doing this!
- They may also tell you to not share it with anyone.
- Remain strong and voice your concerns about safety and dignity and how parents/guardian have a responsibility to uphold it.



Activity 5: Violence in Marriage



Time

45 minutes

Process

- Divide the participants into 2 groups and ask the group to discuss the following points in the case study

Case Study

Nineteen year old Reema lives in a small town with her husband and in-laws. She was married to Prasad, a small shop owner one year ago. 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 abuses Reema at the slightest excuse that includes reasons like his not liking the food she cooks or if she mentions going to her mother's house or she tries to explain her viewpoint on anything. Sometimes when Prasad is not able to generate good business in his shop, he blames Reema for the bad luck that she brought to him. He occasionally hits her also. The acts of abuse and 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?

Discussion points for Group 1:

1. *Do you think Reema should have done something when Prasad hit her first? What do you think Reema should do now? 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?*
4. *Who is responsible for Reema's situation?*

Discussion points for Group 2:

1. *What advice would you give to Reema's parents?*
2. *Do you think her in-laws know about the violence on Reema?*
3. *Was the violence against Reema justified?*
4. *Can there ever be a situation in which domestic violence is justified? Please provide reasons.*
5. *Were Reema's in-laws also participating in perpetuating the violence to some extent?*

Discussion

- 'Masculinity' in our society is perceived more as physical power and strength. Some boys and men take pride in demonstrating their physical power over weaker persons. They also have wrong perceptions about women – that they are weak, do not have equal rights and should be confined to their houses.
- Tell the participants that as such violence is rooted in our tradition and culture that prevents people from reporting it to the police. Also, sometimes the police or those who need to protect us do not treat it as violence and the complainant is further victimized.
- However, not reporting violence is extremely dangerous for the victim and will only increase violence and cause long-term harm to the victim. Our boys and men need to learn to respect the rights of a girl/woman. She has the same rights as any male member of the society.

Summarize

- One must never resort to taking action or resorting to violence (slapping or hitting the perpetrator or getting them beaten up), as this will only aggravate the situation further
- Partner/wife beating is not justified under any circumstance. Young people should resolve to never accept wife beating as a practice, and work against it whenever possible.
- We must work together to challenge and change the unequal social norms including norms regarding gender and sexuality. These unfair norms keep perpetuating gender discrimination, sexual harassment, violent and abusive behaviour.

Key Messages

- Gender-based violence is a serious violation of human rights.
- Break the silence: Keeping the violence and the abuse a secret does not protect any one from being abused; the abuse is more likely to continue. When we treat GBV as a private issue, we allow it to continue.
- It is important to recognize unwanted touch and eve teasing. The moment one experiences an uncomfortable touch, be it from a cousin brother, uncle or a close family member, it must be reported to someone trustworthy like an elder sister, mother or family member. Being quiet about it will not make the problem go away.
- Remember it is not your fault if the person is continuing to tease or harass. The matter needs to be talked about, support gathered and appropriate action taken. It is ok to feel scared and afraid.. One of many appropriate actions could be taking the mother into confidence or approaching someone reliable within the community. They in turn could talk to the person and/or his family and ensure he stops the offensive behaviour.
- There is a need to communicate clearly. Anger or crying does not help; nor does being quiet and accepting whatever is happening helpful. On the other hand, sharing with support persons by talking about the problem is a better way of dealing with the situation.
- Victims of GBV need to be taken immediately to nearest medical government hospital/dispensary for first aid, treatment and counselling support. Most of the government hospitals/dispensaries have good referral contacts to ensure legal aid, care and support to the victim/survivor.
- One must never resort to taking action or resorting to violence (slapping or hitting the perpetrator or getting them beaten up), as this will only aggravate the situation further
- Partner/wife beating is not justified under any circumstance. Young people should resolve to never accept wife beating as a practice, and work against it whenever possible.
- We must work together to challenge and change the unequal social norms including norms regarding gender and sexuality. These unfair norms keep perpetuating gender discrimination, sexual harassment, violent and abusive behaviour.

Annexures

Module 1 – Activity 1: Ice Breaker

<ul style="list-style-type: none"> • Tea and sugar (chai; chini) • Laila and Majnu • Beauty and brains • Prince and Princess • Basanti and Dhanno • Heer and Ranjha • Vikram and Baital • Tom and Jerry 	<ul style="list-style-type: none"> • Paint and brush • Stars and moon • Trees and earth • Water and river • Coal and diamond • Air and environment • Paper and pen • Jug and glass
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Module 2 – Activity 2: Physical Changes in Male and Female

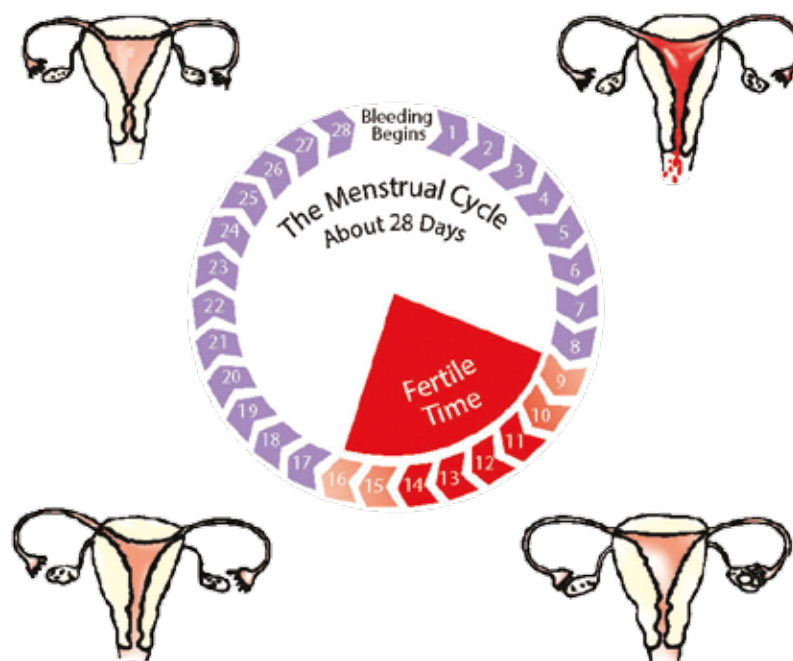
List of some physical changes:

	Major Changes in Females	Major Changes in Males	Key Messages
Skin	Hormonal changes make skin oily and result in pimples or acne	Skin becomes oily, sometimes with acne	Acne usually stops appearing regularly by late adolescence (after 18 years of age). It is not related to eating oily food or fantasizing. Medical treatment is now available.
Hair	Hair growth under arms and in pubic area.	Hair growth on legs, chest, face, under arms and in pubic area.	The distribution of body hair is different in boys and girls due to the effects of male and female sex hormones. The age and amount of hair that grows varies for each young man and woman.
Breasts	As breasts begin to grow in size and shape, the girl may initially feel some discomfort. Sometimes there can be tenderness in the initial phases.	Sometimes the breasts can become prominent; however this eventually will subside on its own.	In girls, the size of the two breasts may vary but this is normal and not a cause for concern. Gynecomastia (breasts in males) needs medical treatment. Extreme obesity can also lead to apparent enlargement of male breast tissue.

	Major Changes in Females	Major Changes in Males	Key Messages
Body Size	Widening of hips. Enlargement and development of breasts, weight and height increase.	Shoulders and chest broaden; weight and height increase.	The height of an adolescent is influenced by the height of the parents, nutritional status and many other factors.
Voice		Voice starts to crack	This happens due to growth of the larynx (voice box).
Female external genitalia and reproductive organs and physiological changes	Hair appears on external genitalia and becomes pigmented. Internal organs also enlarge. Menstruation begins, there may be a whitish discharge due to physiological changes; ovum is released.		It shows that hormonal changes lead to maturation of an egg in the ovaries and the girl has potential to become pregnant (<i>but onset of menstruation does not mean that the girl is physically and mentally ready to carry a pregnancy as the uterus has not matured fully.</i>)
Male external genitalia, reproductive organs and physiological changes		Hair appears on external genitalia, which enlarge in size and become pigmented. Semen is a body fluid that carries sperms and seminal fluid. Sperms are formed in huge numbers and flow out through semen. One may experience spontaneous emissions and erections. Sometimes spontaneous emission occurs during the night or when one is sleeping. This is normal. It is commonly known as 'Wet dreams' or 'Nightfall'.	Wet dreams and erections are physiological processes and denote sexual maturity in the males. They do not require any medical treatment.

	Major Changes in Females	Major Changes in Males	Key Messages
Emotional and psycho-social changes	<p>Level of intelligence and cognitive abilities increase.</p> <p>Frequent mood swings and temper</p> <p>Emotional vulnerability increases.</p>	<p>Level of intelligence and cognitive abilities increase.</p> <p>Frequent mood swings and temper</p> <p>Emotional vulnerability increases.</p>	<p>Adolescents may behave differently and at times adults do not understand their behaviour. No matter how difficult, they need continued love, guidance and emotional support from peers and elders to get through this tough phase successfully.</p>

Activity 4: Knowing Your Cycle



Cycle begins (1–3 days): Lining of the uterus sheds. The brain begins to produce a hormone (GnRH), which helps the egg to mature in the ovary.

Early days (3–10 days): Within days after menstrual bleeding begins, the endometrial lining begins to rebuild, stimulated by increased production of a hormone secreted from the ovary.

Near mid-cycle (10–16 days): Around mid-cycle, the egg is released from the ovary (ovulation). The inner lining of the uterus becomes thicker and its blood supply increases, preparing the lining to accept an embryo if fertilization and implantation occur. **This is also the most fertile period of the cycle.**

An unfertilized egg lives only up to 24 hours after ovulation. However, sperm cells can live as long as 3–5 days in the female reproductive tract. If sperms are present as the egg travels from the ovary through the fallopian tube, fertilization can occur.

Late cycle (21–28 days): If the egg is fertilized, production of hormones continues and the endometrial lining becomes even thicker. The fertilized egg may become implanted in the endometrial lining. The endometrial lining does not shed, and the pregnant woman's menstrual period does not begin. **If fertilization does not occur, hormone levels fall, the endometrial lining sheds and menstrual bleeding begins again.**

The duration between two menstrual cycles can vary from 21 days to 35 days, the average being 28 days. The bleeding may last for 3–5 days and the menstrual flow may vary.

Self Reading on Life Skill – Understanding Self






Adolescence period marks not only physical changes but also psychological, social and emotional changes. All these changes are normal, natural and healthy. These are an essential part of human growth and development. Simultaneously, hormonal changes are taking place in the body that often lead to mood swings and heightened emotions. It is all right to feel sad and depressed occasionally. It is a normal response and nothing to hide, feel embarrassed or ashamed about. Create opportunity to freely share such thoughts and feelings with friends, mother, teacher or anyone else with whom a comfortable rapport is shared. Accompanying these are changes in social behavior patterns, some of which may vary with culture one lives in. For example, onset of menstruation results in increased vigilance from parents and elders for girls.

Acknowledge that every person grows and develops at her own pace. While some grow faster, others take longer. What is important is to treat everyone with respect and compassion. Comparisons and teasing are to be avoided at all cost. Self-awareness is the ability to know one self. Knowing oneself is necessary for developing a positive attitude towards life. Self-awareness is what one thinks about one's strengths, weaknesses, likes, dislikes, physical characteristics and abilities. This self-awareness helps build a positive self-concept.

Self-awareness helps one to improve one's qualities and change for the better, purposefully. This may sometimes involve thinking beyond prescribed roles and restrictions to challenge and making one's own decisions about what one does.

Understanding our changing bodies helps in dealing with our emotions and feelings. This awareness and comfort with one's body is essential to overcome shyness to share any concerns with others. It is within member's rights to know and better understand their body as it grows and develops into adulthood. It is also their responsibility to be better informed in order to take care of health and hygiene. One should not resort to silence or suppressing fears and anxieties thinking others will form an opinion and belittle/ridicule them.

Module 3 – Activity 1: Need for Nutrition

Table 1: The Five Food Groups			
The Five Food Groups		Food Stuff	Main Nutrient Contribution
	1	Milk Curds, paneer (cheese), skim milk powder Pulses Dried beans & peas, nuts Meat	Protein Calcium Riboflavin
	2	Fruits Orange, tomato, mango, papaya, amla, lemon etc. Green Leafy Vegetables Sag or keera, cabbage, carrot tops etc.	Carotene (Vitamin A Value) Vitamin Salts Iron (in leafy vegetables)
	3	Other Vegetables Brinjal, gourds, fresh beans, pumpkin, ladies finger, tinda etc.	Vitamins Minerals (in small amounts)
	4	Cereals Rice, wheat, maize, ragi, etc. Starchy Vegetables Yams, colocasia, tapioca, potatoes	Carbohydrates 'B' Vitamins Protein (in cereals)
	5	Fats and Oils Vegetable oil, butter, ghee Sugar Jaggery etc.	Fat (Energy) Essential fatty acids Vitamin A (in Animal fats only) Carbohydrates (in sugars only)

Key Messages

- Nutritional need is higher during adolescence than in childhood or adulthood.
- Girls and boys gain up to 50% of their adult weight, more than 20% of their adult height and 50% of their bone weight during adolescence.
- A balanced diet ensures calcium levels in bones.
- Girls require additional iron supplementation to make up for the blood loss during menstruation and calcium to strengthen bones.
- Balanced nutritional habit since adolescence prevents weak/brittle bones, obesity, heart disease and diabetes in future.

Key Facts

- **Anaemia** refers to lack of blood or reduced red blood cell (RBC) count.
- A common cause of anaemia is iron deficiency (or low intake of food containing iron like green leafy vegetables- spinach, apple etc.)
- Iron is fundamental for haemoglobin (found in RBC) production that carries oxygen from lungs to the capillaries. Since all human cells depend on oxygen for survival, anaemia may have wide range of consequences.
- The haemoglobin level in adolescents should not be less than 11 gm/dl.
- The body needs more iron when it is growing rapidly and when frequent blood loss occurs (e.g. through menstruation).

How to Prevent Anaemia

- Consume iron-rich foods, green leafy vegetables, jaggery, meat, supplemented with vitamin C sources like citrus fruits, oranges, lemon and Indian gooseberry (*amla*).
- Take weekly iron and folic acid (IFA) tablets as prescribed by the ANM.
- It's best to take at the bedtime to minimize the experience of any side effects.
- Avoid taking IFA tablet just after the meals. Maintain a gap of at least 30 minutes. Don't take tea/coffee with meals or for at least one hour after taking iron tablets and meals.
- Maintain personal hygiene and sanitation.
- Cook food in iron utensils on some days.
- Cooking on slow fire and in covered pan helps reduces nutrient loss (such as cooking in a pressure cooker).
- Wear footwear to prevent worm infestation; take a course of deworming tablets in case worm infestation is suspected.
- Prevent early marriage and early motherhood.
- Maintain cleanliness and prevent breeding of mosquitoes to protect from malaria and other mosquito-borne diseases.

Module 4 – Activity 3: Saying No To Drugs!

Facts about Drugs

A drug is a chemical substance which, when consumed, alters the body's function physically and/or psychologically. (This excludes food and water.) It could be a pharmaceutical preparation or a naturally occurring substance (like opium) used primarily to alter the physical and mental functioning of an individual. Thus drugs are chemically prepared or naturally available substances that change the way the body works.

There are two types of users:

1. Experimenters: *Begin using drugs largely because of peer pressure and curiosity and usually confine their use to recreational/party settings*

2. Compulsive users: *Devote considerable time and energy to getting high, talk incessantly about drug use and become experts on street drugs*

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

Addiction: *Repeated use of substance to the extent that the user (addict) is periodically or chronically intoxicated, shows a compulsion to take the preferred substance/s, has great difficulty in modifying his/her behaviour and exhibits determination to obtain the substance by almost any means.*

Activity 4: Solving Problem

Remember

The first step is to identify a problem and understand its root cause. Analysing the situation objectively and considering its possible causes is important. This deep understanding and awareness will give ideas for solutions.

The second step is to explore the possible options. This step uses abilities of analytical and creative thinking and involves selecting a suitable solution.

Reflect upon the positive and negative consequences of each option. Consider only those options that reflect your values and goals and if their outcomes are sensible and implementable.

Then prioritize your options and keep the best three ways to solve the problem.

Select the best option and plan the actions required to implement it.

Take action on the decision and implement it. Accept the responsibility to see it through.

Self Reading Material on Life Skill – Effective Communication

Effective communication is an important life skill that enables one to interact with others; to convey feelings or thoughts or action and also to have some control of a situation or environment. By being assertive you respect your own right to express and practise your opinion and thoughts.

Refer to the table below for advantages and disadvantages of different styles of communication:

Non-assertive	Aggressive	Assertive
Disrespectful to oneself	Disrespectful to others	Respectful to oneself as well as to others
Under-values knowledge, feelings and rights of oneself	Undervalue knowledge, feelings and rights of others	Sensitive to self as well as others
Remaining quiet in situations where personal rights, needs and feelings are violated	Only talking and not listening or trying to understand the other person's situation	You have control of the situation and can express your opinion after correctly judging the situation
Giving in to external pressure against your own wishes and values	Being impolite and rude to others	Being confident and polite
Blaming oneself	Blaming others	Judging the situation without bias and blame

Adolescents can effectively prevent risky situations by dealing with peer pressure confidently and assertively. Assertive communication can help prevent situations that may cause unnecessary stress and emotional disturbance. The ways to say '**No**' could be polite refusal, giving an argument, or being firm and assertive. Being non-assertive or aggressive may increase our vulnerability and hence we should try communicating in an assertive way.

Read the following examples of saying 'no' to be assertive:

Method	Persuader	Decision maker
1. Polite refusal	Can I get you a drink?	No, thank you.
2. Give reason	How about a beer?	I don't like beer. I am taking medicines and my doctor told me to avoid alcohol.
3. Be firm (Broken-record technique)	Here, smoke this cigarette with me. Come on! Just try it.	No, thanks. No thanks, I don't smoke. No thanks, I said I don't.

Method	Persuader	Decision maker
4. Walk away	Hey, do you want to buy some tobacco?	Say 'No' and walk away after saying it.
5. Cold shoulder (No reaction)	Do you want to smoke?	Keep going as if you did not hear the person. <i>(Not the best response to use with friends)</i>
6. Give an alternative	Come, let's chat.	I have housework to finish. I have some very important work to finish and report to my parents.
7. Reverse the pressure	Work can wait for 10 minutes, let's talk for some time.	What did I just tell you? Were you listening?
8. Avoid the situation	I will wait for you, please do come. You will have fun, do come. Other friends are also coming.	If you know people or situations where you will be Pressurized to do things you don't want to, stay away.
9. Strength in numbers/ groups	You are not a man. You don't like teasing girls.	Stay with like-minded people who support your decision to not drink, use drugs or misbehave with or tease girls.
10. Own your feeling	Hey, I am going that way and will drop you home on my bike. Come on, don't be so formal; allow me to be of some help to you.	Thanks, but I will go with my friends. The house is not that far and I am used to walking this distance. No, I told you I would walk as I do every day. I like my friend's company.

The key life skills involved in problem solving are the thinking skills. Thinking skills enable one to analyse information and experiences. Problem solving consists of looking at the root causes of the problem and selecting a suitable solution with good decision-making.

Thinking through different situations in real life and writing down the options is a good way to clarify our thoughts. Putting thoughts on paper can help us make balanced decisions that are not impulsive.

Module 5 – Activity 1: Addressing Early Marriage

A general plan for an adolescent may look like this:

Based on realistic targets for education and employment and possible situations with regard to relationship and marriage

15 years or above:	Complete of matriculation; may or may not like to have a boyfriend or a girlfriend
18 years and above:	Complete Senior secondary/intermediate; may or may not have a love affair
20 years and above:	Pursue graduation in subject of interest/pursue a vocational skill; may or may not have made a choice for marriage
22 years and above:	Complete graduation and go for higher studies/apply for jobs/complete vocational training and join internship; may or may not have a steady love relationship
24 years and above:	Have a source of livelihood and some savings; may have or may not have a steady love relationship
26 years and above:	Have a decent job/stable employment/own business/shop and good savings; may think of marriage or a new love relationship
28 years and above:	Look for new avenues in professional life; promotions; maybe marriage for some; or a decision to have a child for some

Or some youngsters may decide on marriage and children even later in life depending on personal dreams and aspirations.

Rights of Every Adolescents

- It is your right to decide when to marry and whom to marry.
- Your consent is important for your marriage.
- It is your right to decide when to have children and how many.
- One should always take an informed decision about such important events in life.

Activity 3: RTI, STI and HIV

Using Lifeskills – Girls

Issue: Menstruation is 'impure' or 'dirty' process. Hence the menstruating girl/ women is also impure and should not.....			
Thinking skills	Critical thinking	Creative thinking	Problem Solving
Stages in thinking skills	<ul style="list-style-type: none"> A critical thinker uses available information to assess and analyse experiences and situations in an objective manner. This person thinks through the situation rationally and clearly, analyses both the pros and cons without being judgmental or prejudiced. 	<p>Creative thinking is the ability to explore all available options and consequences of one's actions in a particular situation. It helps one to look beyond one's direct experiences and enhances flexibility.</p> <ul style="list-style-type: none"> A creative thinker generates new ideas by changing or improving existing ones. So if one learns to examine a situation critically, one can come up with creative ideas on how to deal with the situation. 	<ul style="list-style-type: none"> Problem solving skills enable one to deal constructively with problems that arise in one's lives. It consists of looking at the root causes of the problem and selecting a suitable solution with good decision-making.
Applying thinking skills	Rationally and objectively analyzing the biological process of menstruation - how and why it happens. Menstrual blood is the shedding of the uterine lining, it is darker in color and different from the blood in our veins. It is not dirty or impure blood, it is simply different.	In many religions and cultures a woman's ability to bear children is held sacred (<i>jannani</i> or the life giver). Menstruation is the reason why women can conceive. Then how can a process that is crucial to bearing children be considered impure?	Combating the myth with facts, putting the myth to test by explaining why menstruation happens.

Using Lifeskills – Boys

Issue: Nocturnal emission is 'harmful for health' or 'dirty' process. Hence adolescent boys need to take medicines and tonics to cure this			
Thinking skills	Critical thinking	Creative thinking	Problem Solving
Stages in thinking skills	<ul style="list-style-type: none"> A critical thinker uses available information to assess and analyses experiences and situations in an objective manner. This person thinks through the situation rationally and clearly, analyses both the pros and cons without being judgmental or prejudiced. 	<p>Creative thinking is the ability to explore all available options and consequences of one's actions in a particular situation. It helps one to look beyond one's direct experiences and enhances flexibility.</p> <ul style="list-style-type: none"> A creative thinker generates new ideas by changing or improving existing ones. So if one learns to examine a situation critically, one can come up with creative ideas on how to deal with the situation. 	<ul style="list-style-type: none"> Problem solving skills enable one to deal constructively with problems that arise in one's lives. It consists of looking at the root causes of the problem and selecting a suitable solution with good decision-making.
Applying thinking skills	Rationally and objectively analyzing the biological process of nocturnal emission - how and why it happens. A nocturnal dream or wet dream is when you ejaculate while you're asleep. Ejaculate means to release semen (the fluid that contains sperm) from your penis.	Semen is regularly produced in your body once you have attained puberty and signifies sexual maturity. It is a natural process governed by sexual organs and hormones. Since the organs have no storage capacity, it is common for semen to be ejaculated at night among adolescents.	<p>In many cultures a man's semen is considered a source of energy and it is believed that ejaculation leads to weakness and lack of strength.</p> <p>Combating the myth with facts, putting the myth to test by explaining why a nocturnal emission happens.</p>

Symptoms of STIs

- Discharge from penis (green, yellow, pus-like)
- Pain or burning during urination
- Swollen and painful glands/lymph nodes in the groin
- Blisters and open sores (ulcers) on the genitals, which may or may not be painful.
- Nodules under the skin
- Warts in the genital area
- Non-itchy rash on limbs
- Itching or tingling sensation in the genital area
- Flu-like symptoms (headache, malaise, nausea, vomiting)
- Fever or chills, sores in the mouth
- Heaviness and discomfort in the testicles

RTIs which are not STIs

Not all RTIs are STIs but all/any inflammation in the reproductive tract needs to be treated medically. Symptoms of RTIs are:

- Irregular bleeding
- Lower abdominal/pelvic pain
- Abnormal vaginal discharge (white yellow, green, frothy, bubbly, curd-like, pus-like, and foul-smelling)
- Swelling and/or itching of the vagina; swelling of the cervix
- Burning during urination
- Sores on genitals
- Painful or difficult intercourse

To minimize risks of RTIs, it is very important to maintain personal hygiene, especially of genitals. Proper management of menstruation including using washed and sundried cotton cloths or disposable sanitary pads, washing genitals, changing underwear, daily bath are steps every adolescent girl needs to take. They also need to make their parents understand that marriage should be delayed till they are physically and emotionally mature. This will help delay early initiation of sexual activity and prevent STIs.

Self Reading Material on Life Skills – Thinking Skills

Thinking skills enable one to analyze information and experiences. A **critical thinker** uses available information to assess and analyze experiences and situations in an objective manner. This person thinks through the situation rationally and clearly, analyses both the pros and cons without being judgmental or prejudiced. **Creative thinking** is the ability to explore all available options and consequences of one's actions in a particular situation. It helps one to look beyond one's direct experiences and enhances flexibility. A creative thinker generates new ideas by changing or improving existing ones. So if one learns to examine a situation critically, one can come up with creative ideas on how to deal with the situation.

The thinking skills are key to clearly understanding the issue at hand and exploring available alternatives. Rational decision-making helps us to select the best possible options to resolve the problem.

Module 6– Activity 1: Word Association

Understanding Rights & Entitlements <ul style="list-style-type: none"> Place the charts with the following information around the room. Encourage the group members to read and discuss their rights. Ask if they are aware of instances or cases where these rights are being violated. What can be done in such situations? 	Six Fundamental Rights (as per the Constitution of India) <ul style="list-style-type: none"> The right to equality The right to freedom The right to freedom from exploitation The right to freedom of religion Cultural and educational rights The right to constitutional remedies
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The following **Sexual and Reproductive Rights** is grounded in core international Human Rights instruments and other international conventions and charters.

Sexual and reproductive rights <ol style="list-style-type: none"> The right to life The right to liberty and security of the person The right to equality, and to be free from all forms of discrimination The right to privacy The right to freedom of thought The right to information and education The right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children The right to health care and health protection The right to benefits of scientific progress The right to freedom of assembly and political participation The right to be free from all torture and ill treatment
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Activity 3: Kinds of Violence

Suggested messages to elders against crude disciplinary action.

- Listen to me before passing judgement.
- Help me understand my fault.
- Make rules easy for me to understand, learn and practise.
- Give us only as much as we can handle.
- Accept that I can't be the best in everything always.
- Don't beat, slap, hit, lock me up or scare me even if I am wrong.
- Don't shout at me, it is hazardous to your health as well.
- Talk gently, be firm and calm when you discipline me.
- Make sure the disciplinary action is appropriate to my abilities and related to my mistake.
- Praise me when I am good.
- Encourage me to carry out my duties well and lead by example.

How can you help Victims of Abuse and Violence

- Can you approach any person or institution for help?
- Access first aid in case of injuries, or medical and counselling services at the nearest hospital
- Approach AWW/ ANM/ ASHA/Panchayat representative or a trusted elder from the community for help
- The Village Child Protection Committee (VCPC) under ICPS (integrated Child Protection Schemes) in villages.
- Develop your own tree for Child Protection Services including preventive & protective services (the protective services includes Institutional services, Non Institutional services and Community outreach activities).
- Share CHILDLiNE number with the group members – 1098.
- Map any other relevant service providers, NGOs, CBOs at the community/Block or District level that can be accessed for psycho-social support and counselling.

This will help you to strengthen your network and raise awareness in the community about adolescent related violence and exploitation issues.

Self Reading Materials

'Masculinity' in our society is perceived more as physical power and strength. Some boys and men take pride in demonstrating this power over persons they can overpower by strength. They also have distorted perceptions about women – that they are weak, do not have similar rights and should be confined to their houses. Our boys and men need to learn to respect the rights of a girl/woman. She has the same rights as any male member of the society.

Tell the group members that as such violence is rooted in our tradition and culture that prevents people from reporting it to the police. Also, sometimes the police or those who need to protect us do not treat it as violence and the complainant is further

victimized. However, not reporting violence is extremely dangerous for the victim and will only increase violence and cause long-term harm to the victim.

Help the group members to improve their list of people they can ask for help by giving the names of persons in the departments of Health (AWW, ANM, ASHA, doctors), Panchayati Raj (PRI members, *Mukhiya, Sarpanch*) and education (teachers), NGO workers and the local police station who can be approached. Inform them about Child Protection, Child Probation and Child Marriage Prohibition Officers available in their blocks and districts. Also inform them about helpline numbers (child helpline, domestic violence helpline), if any.

Refer to various legal provisions to protect women from violence and bring justice in case of violence. Highlight the following as the right of every victim or complainant of GBV (to be arranged and provided by the police):

- **Free legal aid**
- **Right to privacy while recording statement:** Under section 164 of the Criminal Procedure Code, a woman who has been raped can record her statement before the district magistrate when the case is under trial, and no one else needs to be present. Alternatively, she can record the statement with only one police officer and woman constable in a convenient place that is not crowded and does not provide any possibility of the statement being overheard by a fourth person.
- **Time does not matter:** The police cannot refuse to register an FIR even if a considerable period of time has elapsed since the incident.
- **Email to the rescue:** If, for some reason, a woman cannot go to the police station, she can send a written complaint through an email or registered post addressed to a senior police officer of the level of Deputy Commissioner or Commissioner of Police.
- **Police officers cannot say 'No':** A rape victim can register her complaint at any police station under the Zero FIR ruling by Supreme Court.
- **No arrests after sunset:** According to a Supreme Court ruling, a woman cannot be arrested after sunset and before sunrise.
- **Adolescent girls/ women cannot be called to the police station:** Women cannot be called to the police station for interrogation under Section 160 of the Criminal Procedure Code. This law provides Indian women the right to not be physically present at the police station for interrogation. The police can interrogate a woman at her residence in the presence of a woman constable and family members or friends.
- **Protect your identity:** Under no circumstances can the identity of a rape victim be revealed. Neither the police nor the media can make the name of the victim public. Section 228A of the Indian Penal Code makes the disclosure of a victim's identity a punishable offence.
- **The doctor cannot decide:** A case of rape cannot be dismissed even if the doctor says rape has/had not taken place. A victim of rape needs to be medically examined as per Section 164A of the Criminal Procedure Code, and only the report can be taken as proof.

Important helplines for women in distress:

Women's Helpline: 1091

Central Social Welfare Board/Police Helpline: 1091/1291

Shakti Shalini: 10920

Remember

- Communicating with others openly and positively helps in finding solutions to problems, be it related to physical pain or feeling sad and depressed or about unreasonable restrictions / taboos or continuing education or resolving a conflict
- Effective communication skills can be learnt and improved with practice. Articulating feelings/problems clearly and comprehensively is a key component of good communication. Thinking through what is going to be said, having all logical and scientific facts at hand, avoiding blame or anger when talking are some skills all of us need to learn.
- Non-verbal indicators including facial expressions, gestures or body language, tone and pitch of voice, eye contact are equally important components of communication. Body language gives out clear signals of what one is actually trying to say or convey to the other person. A basic awareness of these non-verbal strategies can help in improving interactions with others.
- Active listening is about being attentive, acknowledging (by nodding or expressing through eyes), making sure one understands by clarifying and questioning the speaker.
- Negotiating involves weighing the pros and cons of the situation and then taking steps to discuss a way forward. It has to begin with a willingness to listen to other's point of view and compromise if need be. Resolving the problem with this approach leads to meaningful interpersonal relationships.
- The best negotiation occurs when both sides gain something without conflict or hurt. Getting angry or aggressive makes the situation much worse. Much conflict can be resolved if one uses a positive and respectful approach - but sometimes this can be very difficult, especially if you or the other person are used to getting what you want by becoming angry, or used to just giving in.

The Negotiation Process

(Reference: <http://globalhealth.harvard.edu/nava-ashraf>)

A four-step process using life skills, namely, self-awareness, empathy, creative thinking and problem solving is involved in negotiation.

1. The group members communicate their own position and underlying interests ("Me").
2. Group members attempt to understand the other person's position and interests ("You"), by listening and asking questions.
3. Group members "step to the side" of the other person to understand his or her needs – and where there might be overlapping interest ("Together").
4. Finally, they explore how to creatively address those shared interests to come to a mutually acceptable solution ("Build a solution together").

Good Touch Vs. Bad Touch

Good Touch	Bad Touch
Shaking hands briefly	Holding and feeling while shaking hands
Patting on the head	Patting on buttocks
Patting on back	Patting on back with hand lingering on the back
Hugging briefly	Hugging tightly, using force, or pressing breasts and/or private parts
Sitting on the lap	Forcing to sit on lap while holding tight against their body and / or feeling and holding you
Explaining about body parts and functions when child/ young person asks	Teasing a child/ young person about growing breasts or genital parts or making sexual remarks or jokes
Indulging in 'kushti' or wrestling as play	Touching or hurting purposely on certain body parts while indulging in rough play

Remember

- It is not your fault if someone touches you or you experience abuse in any form.
- You must talk about it and report it. Due to stigma attached to reporting such offenses, in particular rape, most victims do not report such incidents and the culprits go unpunished.
- Seek the help of the mother, any trusted elders in the family, school or community
- Emphasize that touching of private body parts is acceptable only for medical or related reasons by one's mother and /or medical practitioner. Any other person, whether it is some family member or friend, has no right to touch you in any way whatsoever that makes you uncomfortable or scared.
- Group members should be cautious of any person who makes them uncomfortable through touching or showing or talking about sexual parts or behavior
- Assure them that they are within their rights to prevent and report this unwanted touch and the person.

Notes

[illegible]

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