



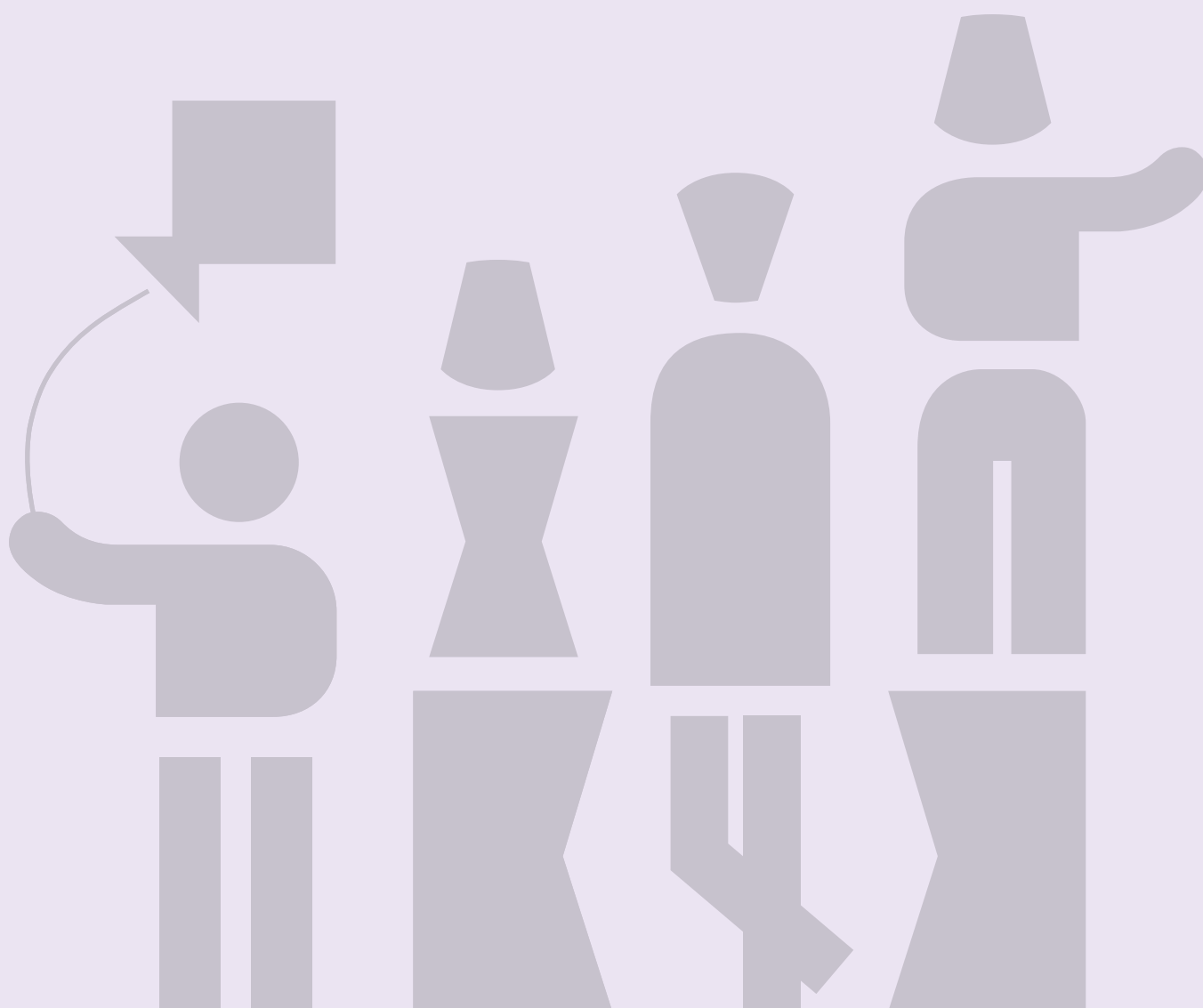
**Rashtriya Kishor
Swasthya Karyakram**
राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम

training manual

for peer educators



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Abbreviations

AFHC	:	Adolescent Friendly Health Clinic
AIDS	:	Acquired Immunodeficiency Syndrome
ANM	:	Auxiliary Nurse Midwife
ART	:	Antiretroviral Therapy
ASHA	:	Accredited Social Health Activist
AWW	:	Anganwadi Worker
CHC	:	Community Health Center
GBV	:	Gender Based Violence
HIV	:	Human Immunodeficiency Virus
HPV	:	Human Papilloma Virus
ICPS	:	Integrated Child Protection Scheme
ICTC	:	Integrated Counseling and Training Center
IFA	:	Iron Folic Acid
MNREGA	:	Mahatma Gandhi National Rural Employment Guarantee Act
MO	:	Medical Officer
NHM	:	National Health Mission
PE	:	Peer Educator
RKSK	:	Rashtriya Kishor Swasthya Karyakram
RTI	:	Reproductive Tract Infection
STI	:	Sexually Transmitted Infection
VCPC	:	Village Child Protection Committee

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Pre-training and Post-training Assessment

Name

DesignationDate

Time Allotted: 20 Minutes

Note: Answer all questions. Multiple choice questions have only one correct answer. Please read each question carefully and circle the correct answer.

1. Adolescents belong to which age group?

- a. 10-19 years
- b. 6-14 years
- c. 15-24 years
- d. 15-49 years

2. Adolescents do not utilize health services because:

- a. They fear the health providers will inform their parents
- b. They are not interested
- c. They do not recognize illness
- d. All of the above
- e. None of the above

3. For HIV counseling and testing facility, the adolescent is referred to:

- a. DOTS center
- b. Integrated Counseling and Testing Center
- c. ANC clinic
- d. None of the above

4. What are the main causes leading to non-communicable diseases?

- a. Smoking
- b. Unhealthy eating habits
- c. No physical activity
- d. All of the above

5. A woman should not have her first pregnancy before attaining atleast the age of:

- a. 18 years
- b. 15 years
- c. 20 years
- d. 25 years

- 6. Which of these prevents both unwanted pregnancy and sexually transmitted infections:**
- a. Oral contraceptive pill b. Copper-T
 - c. Sterilization d. Condoms
- 7. At the village level, the first point of contact for adolescents will be:**
- a. Peer educator b. ASHA
 - c. AWW d. Medical doctor
- 8. Who will support the peer educator in conducting sessions with adolescents:**
- a. ASHA b. AWW
 - c. ANM d. All of the above
- 9. What is an important quality of a good peer educator:**
- a. Educated b. Rich
 - c. Trustworthy d. Judgemental
- 10. What should be the first step of a peer educator before starting his/her work in the community?**
- a. Call a meeting of all the adolescents to inform about PE program
 - b. Call a meeting of all the parents of adolescents to inform about PE program
 - c. Meet the Sarpanch and/or other village elders to inform about PE program
 - d. Meet the local school principal to organize a session with adolescents in school
- 11. The deficiency of Iron and Folic Acid can cause which of the following medical condition:**
- a. Cancer b. Goiter
 - c. Hypertension d. Anaemia
- 12. Boys who have nocturnal emission become physically weak**
- a. Agree b. Disagree
- 13. During the menstruating days, girls should not go to play**
- a. Agree b. Disagree
- 14. Husbands should control their wives and wives should be submissive to their husbands**
- a. Agree b. Disagree

15. Difference between sex and gender:

- a. Gender is socially constructed while sex is biological
- b. Sex is socially constructed while gender is biological
- c. There is no difference

16. Peer pressure is always for bad things

- a. Agree
- b. Disagree

17. Sexual abuse can be done by:

- a. Strangers
- b. Friends
- c. Family members
- d. Only a, b
- e. a, b, c

18. Defecation in the open and improper hand washing can cause:

- a. HIV/AIDS
- b. TB
- c. Diarrhoea
- d. All the above

19. One of the best way to deal with negative peer pressure from your friends

- a. Picking a fight
- b. Refusing politely
- c. Succumbing to the pressure
- d. Stop talking to them

20. Peer educator should form their group with:

- a. Adolescents who are unmarried
- b. Adolescents who go to school
- c. Adolescents who are employed
- d. All of the above

Session Plan for Training of District Level Trainers

Time	Activity	Resource Person (Name to be included by NTPs)
DAY 1		
9:00 am - 9:30 am	Registration	
9.30 am – 10.15 am	Overview of RKSK program	
10.15 am – 11.00 am	Pre-training assessment	
11.00 am - 11.15 am	TEA BREAK	
11.15 am – 1.15 pm	Roles and responsibilities of peer educators under RKSK	
1.15 pm – 2.00 pm	LUNCH	
2.00 pm – 3.30 pm	Session 1	
3.30 pm - 3.45 pm	TEA BREAK	
3.45 pm – 4.30 pm	Session 1 (cont)	
4.30 pm - 5.30 pm	Session 2	
DAY 2		
9:00 am - 9:15 am	Recap	
9.15 am - 10.15 am	Session 2 (cont)	
10.15 am – 11.30 am	Session 3	
11.30 am – 11.45 am	TEA BREAK	
11.45 am – 1.00 pm	Session 3 (cont)	
1.00 pm – 1.45 pm	LUNCH	
1.45 pm – 3.45 pm	Session 4	
3.45 pm - 4.00 pm	TEA BREAK	
4.00 pm – 6.00 pm	Session 5	

Time	Activity	Resource Person (Name to be included by NTPs)
DAY 3		
9:00 am - 9:15 am	Recap	
9.15 am - 11.15 am	Session 6	
11.15 am - 11.30 am	TEA BREAK	
11.30 am – 1.30 pm	Session 7	
1.30 pm – 2.15 pm	LUNCH	
2.15 pm – 3.45 pm	Session 8	
3.45 pm – 4.00 pm	TEA BREAK	
4.00 pm – 6.00 pm	Session 9	
DAY 4		
9:00 am - 9:15 am	Recap	
9.15 am - 11.15 am	Session 10	
11.15 am - 11. 30 am	TEA BREAK	
11.30 am – 1.30 pm	Session 11	
1.30 pm – 2.15 pm	LUNCH	
2.15 pm – 3.30 pm	Session 12	
3. 30 pm – 3.45 pm	TEA BREAK	
3.45 pm – 4.45 pm	Session 12 (cont.)	
4.45 pm – 5.45 pm	Session 13	
DAY 5		

Time	Activity	Resource Person (Name to be included by NTPs)
9:00 am - 9: 15 am	Recap	
9.15 am - 11.15 am	Session 13 (cont.)	
11.00 am - 11.15 am	TEA BREAK	
11.15 am – 1.15 pm	Session 14	
1.15 pm – 2.15 pm	LUNCH	
2.15 pm – 3.30 pm	Session 14 (practice exercise)	
3.30 pm - 3.45 pm	TEA BREAK	
3.45 pm – 4.15 pm	Post-training assessment	
4.15 pm – 4.30 pm	Wrap up	

Introduction

Adolescents are young people in the age group of 10-19 years. As per Census 2011, adolescents comprise nearly one-fifth (20.9%) of India's total population (253 million). Of the total adolescent population, 11 per cent are in the age group of 10-14 years and nearly 10 per cent are 15-19 years old. Considering the huge demographic dividend in working with adolescents, Government of India is committed to provide an enabling environment so that all adolescents in India are able to realize their full potential by making informed and responsible decisions related to their health and well-being.

One such initiative is the Rashtriya Kishor Swasthya Karyakram, which was rolled out under the National Health Mission (NHM), the flagship programme of the Ministry of Health and Family Welfare, Government of India. This programme offers a range of services for adolescents to be delivered through government hospitals/dispensaries and frontline health workers (ASHA/ANM) available in the community. The programme focuses on an 'adolescent friendly' approach and works to build the skills and capacities of adolescent girls and boys to resolve their health concerns. This is done through rights-based access to services of choice - information, counselling, preventive, curative and referral including referral for legal aid in case of violence. The RKSK is implemented in partnership with other government and non-government agencies to expand the reach of the programme to all adolescents in the country with special focus on those who are socially and economically marginalized. The program has identified six strategic priority areas for intervention:

- 1. Nutrition**
- 2. Sexual reproductive health**
- 3. Non- communicable diseases**
- 4. Substance misuse**
- 5. Injuries and Violence (including gender based violence)**
- 6. Mental Health**

Under the RKSK program, the services would be provided keeping in mind the rights of adolescents to privacy, confidentiality, non-judgemental attitude, non-discrimination and acceptance of their health needs as that of any other adult client. Further, in addition to providing services through doctors, counsellors and community based health workers, the programme now aims to reach out to the adolescents through the 'peer educators'.

Who are Peer Educators (PE)?

Peer Educators are adolescents selected to guide and help other adolescents to face numerous challenges during the growing up phase and use the opportunities available to them in the best possible way. Under the Rashtriya Kishor Swasthya Karyakram, peer educator is a volunteer, who has the ability and willingness to dedicate adequate time to the program and has high motivation, is non-biased, non- judgemental, trustworthy and shows leadership qualities to reach out to adolescents.

Peer education will occur through regular interactions over a period of time, and is aimed at developing young people's knowledge, attitudes, beliefs, and skills to enable them to be responsible for their own health. These interactions will help adolescents clarify their doubts on various topics and resolve their concerns through scientific facts. The program envisages that peer educators will facilitate the following:

- i) Promote learning from trained peers
- ii) Promote support seeking through trained peers
- iii) Help reduce fears or barriers experienced by adolescents in accessing health services
- iv) Help to establish information and support network among adolescents across the country
- v) Increase access to reliable sources in the community to seek guidance.

This training manual will help to build the capacity of peer educators to create awareness among adolescents about the numerous challenges, risks and vulnerabilities they face during adolescence, steps to deal with them and promote utilization of services available to adolescents.

Under the RKSK program, at least four peer educators i.e. two males and two females will be selected per village/1000 population/ASHA habitation. To ensure coverage of adolescents in schools and out-of-school, four peer educators will be selected in a village, two for in-school (i.e. one male and one female) and two for out-of-school (i.e. one male and one female) adolescents.

Male and female peer educators will:

- ❖ Form a group of about 15-20 boys and girls respectively from their community and conduct weekly one to two hour interactive sessions using the Peer Education kit (PE kit), which includes the activity book, the reference (FAQ) book and other informative material which would help in conducting the session
- ❖ Mobilize the adolescents to participate in Adolescent Health Day organized quarterly to inform and educate adolescents with their parents and other community members regarding issues related to adolescent health
- ❖ As and when required, refer young people to- Adolescent Friendly Health Clinics and/or Adolescent Helpline and the Adolescent Health Day for health check-ups.
- ❖ Under the overall guidance of ANM, PEs will constitute Adolescent Health Club at sub-center level. These clubs will meet monthly to discuss issues of PEs and get support from other frontline health workers.

Peer Educators are expected to maintain a diary, including a brief overview of each session and the number of adolescents who participated in each session.

Why Peer Education?

Peer group has a strong influence on the behaviour of young people. This is true of both risky and safe behaviours. Not surprisingly, young people get a great deal of information from their peers on issues that are especially sensitive or are a cultural taboo. Peer education aims to use peer influence in a positive way.

Young people who have taken part in peer education initiatives often praise the fact that information is transmitted more easily because the facilitator and the audience share similar background and interests. Considering the similar age group, peer educators are less likely to be seen as authority figures 'preaching' from a judgemental position about how others should behave. Rather, the process of peer education is perceived as receiving advice from a friend 'in the know' who has similar concerns and an understanding of what it is like to be a young person.

Why should I become a peer educator?

- ❖ Being a peer educator provides an opportunity to learn and understand adolescent health
- ❖ It makes you empowered and confident by developing leadership skills
- ❖ Gives an opportunity to help adolescents clarify myths and misconceptions with regard to their health

How shall the peer educator introduce themselves?

- ❖ To avoid any misunderstanding, the PE may introduce themselves and the purpose of their work in the community as follows: Tell your name and share address and/or telephone number
- ❖ Inform them about the Rashtriya Kishor Swasthya Karyakram and Peer Education component, show them the badge/cap or an identity that has been provided by the department
- ❖ Tell them about your peer coordinator (ANM/NGO staff) whom they might already know
- ❖ Inform them briefly about the work and how and when the adolescents will be contacted for sessions.
- ❖ Inform the village Sarpanch/Mukhiya and village elders or people in authority before starting this work. It is suggested that the elders from the village are invited for an introductory session along with the peer mentors (ASHA, ANM, MO, NGO partner etc.) to discuss about the various activities under the program.

Role of Peer Educators under RKSK

The role of a peer educator is varied and ranges from information sharing through distribution of appropriate materials, to 'peer education' which involves sessions to support young people to build on their knowledge, aptitude and skills. Peer educators would also help in referring adolescents in need for counselling or psychological support through AFHC counsellors. Additionally, they would also advise the adolescents to use the adolescent helpline number (if available) to seek information on issues related to adolescent health.

Peer educators will work with the frontline health workers and others to organize the Adolescent Health day (AHD), in their village, once every quarter. The Adolescent Health Day (AHD) will be organized as follows:

Adolescent Health Day

On the appointed day, Peer Educators, ASHAs, AWWs, and others (including FNGOs, where present) will mobilize adolescents, parents and other stakeholders, to assemble at the nearest anganwadi centre or community space.

Publicizing AHD is important for ensuring that the community—adolescents, parents and other key stakeholders—are aware of services available through AHD. Various methods such as wall writings, hoardings, handbills and pamphlets may be used for publicity. Publicity materials would spell out day and time; venue and key services. Publicity would also be driven through community leaders—PRI and VHSNC committee members, field level functionaries—ASHA, ANMs, AWW, peer educators and local NGOs, SHGs and teachers. The district nodal officer for Adolescent Health and the CHC adolescent health counsellor would be responsible for planning and publicity of AHD.

AHDs would also be used as a platform for sensitising other stakeholders such as parents and community leaders on adolescent health needs. MO or the trained ANM would conduct separate group/individual sessions with parents to sensitize them on adolescent health needs. IEC/IPC topics during AHD would be target audience specific and would be done independently with each specific target group. Various media and platforms, including skits and plays can be used for communicating key messages to the target groups. Specific emphasis would be given to communicate with parents during the AHD. Given that family environment and support is central to the wellbeing of adolescents, the content offered to parents during AHD would include:

- ❖ **Information:** Topics of discussion with parents may include area specific adolescent and parenting problems, and efforts should be made to help parents get information on resolving these issues.
- ❖ **Skills:** Efforts would be made to help parents develop/enhance skills on communicating with adolescents, such as talking with adolescents about sex, listening to adolescents' concerns, or talking without shouting.
- ❖ **Support:** Parents would be educated and sensitized on the resources available for assisting them in managing adolescent issues.

During AHD efforts would also be made to identify adolescents with following issues for referral to AFHCs for clinical services or counselling:

- ❖ Adolescents with high or low BMI
- ❖ Severe and moderate cases of anaemia
- ❖ Pregnant adolescents
- ❖ Adolescents with symptoms of RTI/STI
- ❖ Adolescents with chronic/severe mental health issues
- ❖ Adolescents who have been subjected to GBV
- ❖ Adolescents with NCDs

How to start work as a Peer Educator?

- ❖ As a first step, the PEs along with their PE mentors (ANM/NGO staff) should contact the village Sarpanch/Mukhiya and other well-known people like the school principal to provide a clean and safe space for the peer group sessions. The ideal places could be the Panchayat Bhavan, the local school, house of another PE or the Anganwadi center.
- ❖ PEs will identify adolescent girls and boys in their community to bring them in their peer group. Prepare a list of all adolescent girls and boys in the 10–19 years age groups. The male PEs will prepare the list of the boys and the female PEs will prepare a list of the girls. They can take the help of ASHA/ANM/NGO staff in this activity.

- ❖ Reach out to adolescents who are out-of-school or those from marginalized communities. Include all adolescents irrespective of religion, caste, class, gender and marital status.
- ❖ Establish contact with the identified adolescents and their families; introduce yourself and the purpose of your work.
- ❖ Do not discriminate against any adolescent. Be respectful to them. Record their name, age, education and livelihood, if any.
- ❖ Ask for their contact details, address and phone number (if available). You can use the following table as a template:

Name	Age/sex	Address (include name of village)	Education (add total years of completed education for out of school)	Marital status	Working/Not working	Contact number

- ❖ Form small groups of adolescents with 15–20 members in each. Once a group is ready, you can start your sessions with this group. This manual will be covered with one session per week or one session in two weeks for each peer group. After discussing each session with the peer group, the PE should get in touch with the ANM to clarify their doubts, before moving on to the next session. Once all sessions with a group are completed, you can initiate similar sessions with a new group and meet the previous group once in two weeks or as required. You can also take the help of some of the members of the previous group in reaching out to new adolescents.
- ❖ With the consensus of group members select one volunteer to assist you in coordinating the group in your absence. He/she will have the contact details of all group members and will convey messages like session days and timing to all members and gather them for the group session. Each group member can act as a volunteer in rotation so that everyone has a chance to coordinate the group.
- ❖ Fix a date and timing for group sessions for each of your groups. Invite each group for an introductory session on a fixed date, day and time.
- ❖ During the introductory session, encourage all members to attend all the sessions. With the consensus of all members, **give the group a name**. This will help group members have a feeling of belonging for the group.
- ❖ Taking help from ASHA didi, ensure that the space is easily accessible for group members and is safe and acceptable to the community members, so that adolescents do not face any resistance from them in visiting the place. The Panchayat Bhavan or the local school would be ideal. Invite your peer mentors (ANM/ASHA, NGO member or others as assigned) to join you in some of the sessions as this will provide credibility to your work.
- ❖ Put up a 'Question Box' once a month for adolescents and ask them to put their queries into it. You can fix a date to open the question box and answer queries with the help of the ASHA/ANM/NGO staff. Inform all group members in the locality about the day when their queries will be answered. The question box is like a post box where everyone can put in letters but only an authorized

person can collect all letters and not anyone else since it is locked from outside. Only the peer educator will open and read these letters. Also, remind the group members that they may put in a question without disclosing their identity.

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

- ❖ Each session will be conducted by two peer educators together. Therefore, it is important to divide roles between them e.g. who will call all the participants, who will conduct each activity, who will keep note of time etc.
- ❖ Make the necessary arrangements for a clean and safe space to conduct the sessions in collaboration with ANM/ASHA/AWW.
- ❖ Get to know the group members before starting the session. Reach out to adolescents through informal meetings before the session.
- ❖ Before the session, read/understand the relevant sections of the PE manual thoroughly. Sit with your fellow PE and discuss each activity and its message
- ❖ A resource person may be called in advance to take a session if required. Some examples include the nurse/ASHA or ANM, local women leaders, representatives from the local NGO, sarpanch, teacher of the local school etc.
- ❖ Ensure all necessary materials such as activity book, blackboard/chalk (if possible) paper, pens as required are available for the session.

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

- ❖ Build rapport with the group by giving them opportunity to speak freely, being polite with them, treating everyone as an equal and giving attention to all etc. Do not try to boss over the group but inspire them to listen to you. Remember it takes time and patience to build rapport!! Make sure to write down points that are discussed among the group, some of them may be relevant to the topic being discussed and some may be used for future reference.
- ❖ If there is an argument or dissent, encourage a dialogue and resolve the confusion calmly and patiently.
- ❖ If the participants look bored or start talking amongst themselves encourage them to talk to the group. E.g. you can encourage them to talk about their personal experiences on the topic that is being discussed. Make sure the conversation is focussed on the topic being discussed. Answer participants' questions with patience and empathy
- ❖ Encourage everyone to participate in the session

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

- ❖ It may take participants some time to understand and they may have follow up questions. Answer them patiently.
- ❖ Close each session with the summary points suggested at the end of every module or use the Reference (FAQ) book to reinforce the key messages. Read/Speak out each key message clearly.
- ❖ Be open to suggestions from the participants and incorporate them in your future interactions, to the extent possible.

What are the qualities of a good Peer Educator?

A PE is a 'trusted friend' who helps adolescents learn and understand about issues pertaining to their health. He/She is one amongst them so they can approach him/her without hesitation for issues that they might not comfortable discussing with adults or Doctors/Counsellors/ANM/ASHA. This trusted friend will never breach trust, will provide privacy, maintain confidentiality and will not have a judgemental attitude towards those seeking support. It is critical for a peer educator to maintain confidentiality and trust of adolescents by never disclosing anybody's concern to anyone else. A good peer educator should never make fun of any adolescent and should instead try to support or protect those who are being targeted. Some of the other desirable qualities of a PE are:

- ❖ Ability to listen and communicate effectively
- ❖ Ability to express emotions in a positive and responsible manner
- ❖ Adaptive and flexible nature
- ❖ Ability to encourage and provide support
- ❖ Ability to lead by example
- ❖ Sensitivity to gender issues
- ❖ Interested and committed to the responsibility that they have taken

How to become a good Peer Educator?

As a PE one has to get in contact with more and more young people in the community so as to reach a large number of them with health related messages. This can be effective only if one is able to win their trust as a true friend. Some knowledge about the adolescent and being sensitive to his/her likes and dislikes irrespective of his/her social, educational or economic background would help them understand their group members better. This further reinforces trust between two people. As a true PE, one should not discriminate against any adolescent and always try to include adolescents who are otherwise excluded in the community into the larger group. Remembering the names of adolescents in his/her peer group is a step towards this. This shows that the PE values them and their friendship.

Do's for Peer Educators

- ❖ He/she has to respect the diversity of background, values and beliefs of the group members
- ❖ He/she has to convince all the peer members that no idea or opinion is incorrect. Every issue may be discussed in view of the scientific facts. He/she should give accurate and authentic information, and let the peer members make their own decisions based on facts
- ❖ He/she should maintain confidentiality of information provided by members.
- ❖ If an adolescent needs information or services which a peer educator cannot provide, then the peer educator should refer them for professional help.
- ❖ He/she has to lead by example, continue to have the trust and confidence of adolescents and should evolve as a role model for them.

Don'ts for Peer Educators

- ❖ He/she should not convey their personal values, especially while discussing sensitive/religious/cultural issues

- ❖ Peer educators should not be 'bossy' or rigid, as experience shows that that preaching is often counter-productive
- ❖ He/she should not make value judgement either of adolescents or their views
- ❖ He/she need not reject or ridicule any point of view expressed by adolescents, even though it may not be acceptable to him/her or may be against the social norms
- ❖ S/he should never modify or manipulate scientific facts for gaining an immediate acceptability of the peer group

Who will guide the peer educator in his/her work?

Peer educators are not alone in undertaking sessions with the adolescents in the community. They will be supported by ASHA/ANM/teacher/NGO staff in their day to day work. The PE would introduce himself/herself to them who can be contacted any day with their prior permission. They should also be invited for the introductory session with the peer group. They will help the PE in addressing queries posted by the group members in the question box. They will contact the PE at least once in two weeks but the PE can contact them any time as and when they need their support. The role of the PE mentor is to do the following:

- ❖ To help PEs introduce their work to village elders including the Sarpanch/Mukhiya
- ❖ To help PEs get a safe space in the community to conduct groups sessions and peer group interactions that is easily accessible, safe and acceptable to community members to allow adolescents to attend the meeting
- ❖ To help PEs reach out to adolescents (especially those out-of-school and most marginalized)
- ❖ To help PEs resolve any problem in carrying out their work
- ❖ To ensure that correct information is provided by the PEs to their peer group
- ❖ To help adolescents clarify myths and misconceptions and answer queries posted by them in the question box
- ❖ If required, provide referrals to adolescent clients brought by the PEs
- ❖ To help PEs maintain a daily diary of their work and report at the end of every month.

The PEs will also constitute an Adolescent Health Club at Sub Centre level, under the overall guidance of ANM. The ANM will support and further develop the skills of Peer Educators. These clubs will meet monthly to discuss individual sessions of the PEs and any issues or questions they may have. ANMs will help the PEs to plan upcoming sessions, adolescent health day and organise activities such as drawing competition, skits, quizzes and debates.

About Peer Educators training manual

The objective of training the peer educators is to provide them correct and age appropriate information on issues related to adolescent health and to build their capacity to enable them to reinforce desired behaviours, develop healthy behaviours, and to minimize risky behaviours among their peers.

The manual will also provide information regarding physical changes during adolescence, risk and vulnerabilities during adolescence and ways to promote utilization of services available to adolescents. The manual contains fourteen training sessions, out of which three are only for PE training and not for the PE to discuss with the adolescents. The following plan is proposed:

- ❖ Each training session for the peer educator would be non-residential and conducted over the weekend
- ❖ The sessions may be organized once a week for fourteen weeks or once in two weeks for twenty eight weeks.

The following modules will be covered during the training:

- ❖ Getting Started
 - b. Session 1
 - c. Session 2 (only for PEs)
 - d. Session 3 (only for PEs)
- ❖ Growing Up
 - a. Session 4
 - b. Session 5
 - c. Session 6
- ❖ Nutrition and Health
 - a. Session 7
- ❖ Healthy Mind for Healthy Behaviours
 - a. Session 8
 - b. Session 9
- ❖ Adolescent Sexual Reproductive health
 - a. Session 10
 - b. Session 11
- ❖ Understanding Gender and Violence Including Rights and Entitlements
 - a. Session 12
 - b. Session 13

A session on 'recording and reporting' formats (session 14) to be used by the PE has also been included towards the end of the manual.

module I



getting started

Session 1

Time	Sub Session	Method	Resource person
10.30 AM -11.00 AM	Registration		ANM
11.00 AM -12.15 PM	Introduction & Knowing my peers	Activity 1&2	ANM
12.15 PM -1.00 PM	Mobilization, Facilitation and Group management	Activity 3	ANM
1.00 PM -2.00 PM	Lunch break		
2.00 PM- 3.00 PM	Mobilization, Facilitation and Group management (continued)	Activity 4 & 5	ANM
3.00 PM -4.00 PM	Wrap Up	Summary	ANM

Session 2

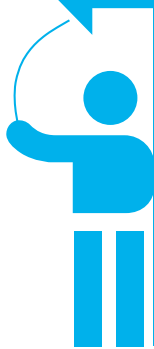
10.30-10.45 AM	Attendance		ANM
10.45-11.00 AM	Discussion on previous session	Summary points	ANM/Adolescents
11.00- 11.45 AM	Positive reinforcement	Activity 6	ANM
11.45- 12.30 PM	Tone of voice	Activity 7	ANM
12.30-1.00 PM	Body language	Activity 8	ANM
1.00-2.00	Lunch break		
2.00-2.30 PM	Body language (continued)	Activity 8 (cont)	ANM
2.30-3.30 PM	Confidentiality	Activity 9	ANM
3.30-4.00 PM	Wrap Up	Summary	ANM

Session 3

10.30-10.45 AM	Attendance		ANM
10.45-11.00 AM	Discussion on previous session	Summary points	ANM/adolescents
11.00-12.30 PM	Leadership skills	Activities 10 and 11	ANM
12.30-1.00 PM	Belief values attitude	Activity 12	ANM
1.00-2.00 PM	Lunch		
2.00-2.30 PM	Belief values attitude (continued)	Activity 12 (cont)	ANM
2.30-3.30	Facilitation skills	Discussion	ANM
3.30-4.00PM	Wrap Up	Summary	ANM



SESSION 1



For a successful training session it is important that participants interact freely, without hesitation and fear with each other. Participants may not have similar educational, economic or social backgrounds. Thus, a key objective is to help them feel comfortable with each other to make learning easier and fun as well as make them feel part of the group. This module will help you get to know participants better, conduct activities that make them comfortable and set a stage for learning.



Learning Objectives

1. To make participants feel comfortable and relaxed
2. To encourage positive atmosphere among the group members and hence a sense of friendship
3. To facilitate introduction between participants, PEs and other peer group mentors.



Materials required

White (blank) paper chits, bowl, and pens



Methodology

Matching Words and Introducing the Partner



Activity 1: (40 mins)

Make a list of phrases or words that are always mentioned together as mentioned in the table below. 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.

1. <i>Tea and sugar</i>	9. <i>Paint and brush</i>
2. <i>Laila and Majnu</i>	10. <i>Stars and moon</i>
3. <i>Beauty and brains</i>	11. <i>Trees and earth</i>
4. <i>Prince and Princess</i>	12. <i>Water and river</i>
5. <i>Basanti and Dhanno</i>	13. <i>Coal and diamond</i>
6. <i>Heer and Ranjha</i>	14. <i>Air and environment</i>
7. <i>Vikram and Baital</i>	15. <i>Paper and pen</i>
8. <i>Tom and Jerry</i>	16. <i>Jug and glass</i>



You may ask participants to suggest more such interesting pairs if you see that the chits are less in number than the participants. Ask each participant 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. Provide each with a blank sheet of paper and pen. Now ask each to prepare an introduction of their partner as given below (write the following points on the board):

- | | | |
|----------------------------|---|--|
| 1. Name | 2. Village and mention of one good thing he/she likes about the village and one thing that he/she wants to change or improve | 3. Education/work (optional) |
| 4. Favourite colour | 5. Favourite sport | 6. Favourite movie |
| 7. Favourite story | 8. Role model in life and reason (parents, teacher, religious leader, celebrity from cinema or sports or any other) | 9. Dream in life (become a doctor, singer, policeman, buy house/farm or any other) |
| | | 10. Best friend – name one quality about that friend that he/she likes the most and why they like it. |



If possible, all resource persons should also be involved in the exercise to introduce themselves 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. Once this process is over, peer educator should introduce themselves as well. If any participant is left without a partner, PE could pair with him or her.

Sum up the session with the following points:

1. It is important for the peer group members that they talk to each other, work together, have fun and keep smiling.
2. 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?
3. 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.



Activity 2: 30 mins

Knowing my Group: Get a plastic ball of medium size. Make the participants 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-participants. This helps in bringing participants closer to each other and reduces barriers in free interaction. Whosoever 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.

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

Explain - One must increase contact with more and more adolescents in the community and try to reach them with health related messages. This can be effective only if we are able to win their trust as 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 in bringing people closer. This reinforces trust between two people.

One should not discriminate against any adolescent and always try to include them in our groups, who are otherwise excluded in the community. Remembering the names of each of the participants is a step towards this. This shows them that they and their friendship are valued.

Mobilization, Facilitation & Group Management



Learning objectives

- i. To give the participants a brief background about your role
- ii. To help participants understand the RKSK programme
- iii. To make participants understand the objectives of each session

Begin by explaining to the participants the significance of Rashtriya Kishor Swasthya Karyakram for adolescents and how their being a part of this training is helping in the growth and development of adolescents (10 mins)

Introduce yourself and explain how peer educators are an important link between service providers and the adolescents in the community. Inform them that the group will be meeting regularly to learn and discuss a range of issues important for their health, safety and overall development. This will help them to take responsibility of their own health and well-being.

Rashtriya Kishor Swasthya Karyakram (RKSK) under the National Health Mission (NHM), is an important programme of the Ministry of Health and Family Welfare, Government of India.

This programme offers many useful services for adolescents through health facilities and community based activities. The program aims to create awareness about the numerous challenges and risks during adolescence and provides them different ways to deal with them, through the peer educator program. A PE is a 'trusted friend' who has been trained to help adolescents learn about issues pertaining to adolescent health those they otherwise are not comfortable discussing with adults or - Doctors/Counsellors/ANM/ASHA. In order to reach adolescents irrespective of their age, sex, culture, caste, religion, marital status or social status, the Government of India has selected peer educators in selected villages.

Under this programme, support will be provided to adolescents through referrals for information, counselling, treatment, preventive or legal aid through the trained service providers or health care service providers such as medical officers, ASHAs, ANMs, AFHC Counsellors. The service providers under this program have received special training to provide services in an 'adolescent friendly' way. Respecting the rights of adolescents to privacy, confidentiality, non-judgemental attitude, non-discrimination and acceptance of their health needs as any adult client is the basis of this programme.

It is good to discuss session-wise objectives of training and help the group see the training in totality and prepare themselves for each session with better understanding and learning interactions.



Learning Objectives

1. To make participants understand the objectives of each session
2. To help participants gain an overall understanding of the programme



Materials required

Training manual with the session plans



Methodology

Presentation and discussion



Activity 3: 45 mins

Discuss the objectives of the session plan 1. Invite questions from participants and clarify their concerns related to this session. This process should be repeated for all other sessions (except session 2, 3 and 14 which are only for PEs). The participants may not have understood everything and may have follow up questions. Answer them patiently.



Activity 4: 30 mins

Note for PEs: Since the sessions are spread across 3–4 months, approximately 30 mins should be devoted for the following points before each session:

- i. To reintroduce ground rules
- ii. Introduce any new peer educator
- iii. Recap of last day's sessions
- iv. Introduce question box

Ground Rules

Preparing ground rules in a participatory way makes participants more conscious of the rules made and helps maintain the decorum of the training/workshop. Participants, especially young people, are more responsive when they feel that rules have not been imposed on them by others. This also helps to get volunteers to take charge of upholding the rules during the training among their group. This session should also be used to prepare a day-wise list of reporters and volunteers and define their roles and responsibilities.



Learning Objectives

1. To prepare ground rules in a participatory way
2. To make participants learn the importance of ground rules and encourage self-discipline and sense of responsibility to influence others to follow the rules
3. To get day-wise list of volunteers and reporters



Materials required

Pen and paper



Methodology

Brainstorming and discussions

Ask participants to think and speak about the rules that they feel are important for smooth functioning of the sessions. Write suggestions on a paper. You can use some examples below after the participants have stopped discussing.

1. Respect others' feelings and opinion
2. Be polite
3. Be non-judgemental: don't impose your opinion of right and wrong on others
4. Maintain confidentiality while discussing experiences and stories by not disclosing any personal identifiers or names
5. Be on time
6. Don't use mobile phones; in case of an emergency, keep ringer on silent mode

7. Don't talk or disrupt presentations/discussions
8. Never be hesitant to ask questions

Once the ground rules are ready, ask two volunteers to put it up on the wall for reference during the training.



Activity 5: 30 mins

Explain the participants that the group will have two volunteers and two reporters for each session. Encourage participants to voluntarily take up a role in at least one of the sessions. Make sure every participant in the group takes up any role at least once. Explain the roles and responsibilities of reporters and volunteers in detail. Put up the names of volunteers and reporters against each session on a paper on the wall or note it in a diary.

Role of volunteers: A volunteer is someone who will be responsible for smooth functioning of the group.

- ❖ Discuss with the group and let you know the next meeting time and date
- ❖ Volunteers should be present at the place of meeting earlier than others
- ❖ Convey to the group that they must respect the views and opinions of everyone in their group
- ❖ Making sure that no one is disrespected in the group based on caste, income level etc.
- ❖ Make sure that no one laughs or ridicule others nor should she/he reject any point of view
- ❖ To make the most of the training, all participants must follow and respect ground rules and be committed to complete the programme.

Role of reporters: A reporter's role is to report any issues or concern of the group to the peer educator.

SESSION 2



BUILDING INTERPERSONAL COMMUNICATION SKILLS OF PEER EDUCATORS

(Note: This session will only be transacted by ANM to peer educators and not by peer educators to adolescents)

Interpersonal communication is the process by which people exchange information, feelings, and meaning through verbal and non-verbal messages. It is not just about what is actually said - the language used - but **how** it is said and the non-verbal messages sent through tone of voice, facial expressions and body language. Peer influence is a mutual process in which one gets influenced, and, in turn, influences others. Adolescents tend to get more influenced by peers. At times, young people get motivated to do activities or behaviours that they would not have done without their peer influence. Therefore, sessions on building interpersonal communication skills of peer educators are important to ensure effective communication with their peer group members.

The objectives of the session are:-

- ❖ To train the peer educators on skills required for effective interaction with adolescents
- ❖ Enable the peer educator to be aware of their own beliefs and attitudes
- ❖ Train the peer educator to minimize the influence of their own beliefs and values on their discussion with the adolescents.

This session will discuss some of the core skills for effective communication such as positive reinforcement, tone of voice, active listening, body language and awareness regarding self beliefs, values and attitudes.

Positive reinforcement (Reward desired behaviour)

Positive reinforcement is an important way to increase the possibility of certain behaviours by providing some reward which increases the frequency of such behaviours. This is a key communication skill for peer educators as adolescents need to be encouraged for adopting and sustaining healthy behaviours and attitude. A pat on the back or word of appreciation can go a long way to build their self efficacy and confidence in adopting healthy behaviours. This activity intends to develop this skill in the peer educator so they learn to encourage the adolescents to adopt healthy behaviours.



Activity 6



Learning Objective

To learn ways to reward desired behaviours (positive reinforcement) of peer group members

Time required

45 mins



Materials required

paper, pens, blackboard/chalk

Step 1: Create groups of participants and ask them to read the case studies given below and discuss questions related to the case study. Ask them to write their answers on a chart paper.

Case study 1 (Boys Group)

Rajesh is 14 year old boy in your peer group who feels very shy in speaking in front of his peers. ASHA didi told you how recently Rajesh convinced his parents not to get his 15 year old sister married. His sister has started going to school again. Today you are meeting Rajesh in the peer group meeting.

- ❖ What are you going to say to Rajesh when you meet him today?
- ❖ What are the possible ways in which you will encourage him?
- ❖ Do you think if you encourage Rajesh in front of others, it may make him more comfortable in the group?
- ❖ What effect will this encouragement have on other group members?

Case study 2 (For Girls)

Karishma and Kavita are a part of your peer group. Both the girls are close friends as their houses are nearby and they even walk to school together. One day, when Karishma went to call Kavita to go to the school, Kavita's mother informed her that Kavita would no longer go to the school. Karishma was very upset to hear this because she knew how much Kavita enjoyed going to school. She decided to speak to the school principal about it. The principal first hesitated but when Karishma insisted he agreed to speak to Kavita's family. After school, Karishma along with the school principal went to Kavita's house. After a long discussion, the principal finally convinced Kavita's mother to continue her education. Kavita hugged Karishma and thanked her for convincing her mother to allow her to attend school. In the peer group meeting, Kavita informed you how Karishma helped her in continuing school.

- ❖ What are the possible ways in which you will appreciate Karishma?
- ❖ What do you think will be the effect of this appreciation on Karishma?
- ❖ What effect will this encouragement have on other group members?

Step 2: Now ask the group why is it important to reward an adolescent for a desired behaviour (positive reinforcement) (10 mins)

Answers may include:

- ❖ To reassure them that their behaviour/action was correct
- ❖ To build and reinforce correct knowledge
- ❖ To build a feeling of self-efficacy among adolescents

Step 3: When to provide positive reinforcement? (10 mins)

Answer: As much as possible! Specifically:

- ❖ At the first contact with you.
- ❖ When the adolescent comes for follow-up.
- ❖ When the adolescent asks questions.
- ❖ When the adolescent expresses concerns.

Step 4: How to provide positive reinforcement? (10 mins)

Answers may include:

- ❖ As a response to what the adolescent is saying or asking.
- ❖ Natural
- ❖ If possible, by sharing their experience in different forums- adolescent health day, VHNC day (only after prior permission of the adolescent)

Sum up the session with the following points:

- ❖ Adolescents need to be regularly and appropriately rewarded for their correct actions. Their good actions should be reinforced through praise, attention, recognition, reward, support, and encouragement. Reinforcement has to be done continuously- deliver the reinforcement every time the desired behaviour occurs.
- ❖ Your comments should focus on what the person did right and should be stated in positive language. For example, "That was a wonderful thing you did because"

Tone of voice

The tone of the voice expresses the speaker's feelings or thoughts, often towards the person being spoken to. Thus, an appropriate tone of voice is one of the most important skills to be a good peer educator. It is important for the peer educators to realize how different tones of voice might affect the listener even when the words are the same. The peer educators need to be cautious about the way they speak to the adolescents so that they can convey their message effectively. Furthermore, their tone of voice will play a key role in making the adolescents in the group comfortable in sharing their issues or concerns with him/her. A tone of voice which reflects sarcasm or disinterest will discourage the adolescents in connecting to their peer educator. Peer educators should remember that their tone of voice should reflect confidence and empathy towards adolescent.

Always remember that the adolescent may not remember what was said, but they will remember how you made them feel.



Activity 7



Learning Objective

To understand how non-verbal communication (tone of voice) can influence interactions.

Time required

45 mins



Materials required

Paper, pens

Prepare small pieces of paper with the following words on them (one on each piece of paper):

Aggressive, sad, happy, indifferent, angry, excited, bored, interested, friendly, impatient, empathetic

There should be enough pieces of paper for each participant. If there are more participants in the group, create more adverbs/adjectives.

Steps

1) Form a circle (5 mins)

- ❖ Bring all the participants into an open space in the room.
- ❖ Distribute the pieces of paper with the words on them and ask them not to disclose what is written on it.

2) Play the game (20 mins)

- ❖ Start by asking one member of the group to go to the center of the circle and ask them to say, "Give me ice cream" in the tone of voice reflecting the feeling written on her/his piece of paper.
- ❖ Ask each member to take turns to go to the center and say it.

3) Discussion (20 mins)

- ❖ Ask the participants to reflect on the meaning of the game, i.e. how communication is not just about the meaning of the words, but also about the way the words are said.
- ❖ Ask the group:
 - ◆ To list down the tones into pleasant and unpleasant.
 - ◆ What tone of voice should a peer educator use?
 - ◆ Discuss how the tone of voice enhance or interfere in the sessions?

Sum up the session with the following points:

- ❖ Always remember that at times, it's not what you say, but the way you say it effects the listener
- ❖ Listen to yourself from other person's perspective. Always ask yourself, 'Would I like to be spoken to this way?'
- ❖ You need to be aware of your emotions and how they influence you. Similarly, you also need to be able to recognize the emotions of others. Respond in ways that show others that you understand, notice and care for them.

Body language

In addition to the tone of voice, body language is another critical part of non-verbal communication, where thoughts, intentions, or feelings are expressed by physical behaviours, such as facial expressions, body posture, gestures, eye movement, touch and the use of space. Non-verbal behaviours—the way we sit, how fast or how loud we talk, how much eye contact we make—sends out strong messages. Oftentimes, what comes out of our mouth and what we communicate through our body language are very different. When faced with these mixed signals, the listener has to choose whether to believe your verbal or non-verbal message, and in most cases, non-verbal behaviour is the one chosen because it's a natural broadcast of true feelings and intentions in any given moment.

By developing awareness of the signs and signals of body language, peer educator can be aware of his/her body language and ensure that they make the adolescents comfortable in interacting with them.



Activity 8

Learning Objective

To understand how body language can influence their interactions in the community.



Time required

60 mins



Materials required

Paper, pens

Prepare pieces of paper with the either of two phrases written on them:

"Don't show any interest in what this person is telling you."

OR

"Show A LOT of interest in what this person is telling you."

The number of pieces of paper with each phrase should be about a quarter of the total group size, i.e. in a group of 15, prepare 4 sheets with the first sentence, and 4 sheets with the second.

Steps

1) Divide the participants into pairs, A and B (15 mins)

2) Assign roles and do the exercise (15 mins)

- ❖ Give all the A's a piece of paper (randomly assign the two different roles/instructions). Ask them not to show the B's what is written on the paper. Ask them to listen to the B's in the manner shown on the piece of paper for 3 mins.
- ❖ Ask the B's to talk to the A's for 3 minutes. They can choose a topic themselves, for example "Why I became a peer educator", "Why I came to this training", "What is my family background," etc.
- ❖ After 3 minutes, stop the B's from talking any further.

3) Reflection (30 mins)

- ❖ Ask the B's to describe how they felt talking to the A's. Ask them if they felt comfortable. Ask them why?
- ❖ Ask the A's to describe how they felt listening to the B's. Ask them if they felt comfortable. Ask them why?
- ❖ Ask the group to think about the non-verbal communication behaviours during their interaction.
- ❖ Ask the group to brainstorm on the communication actions that reflect no interest, and the actions that reflect interest. Write the answers on a piece of paper.

Examples of no interest include:

- ❖ No eye contact
- ❖ Looking at a watch/clock
- ❖ Staring at the walls
- ❖ Yawning
- ❖ Fidgeting

Examples of interest include:

- ❖ Maintaining eye contact
- ❖ Nodding the head
- ❖ Smiling/frowning based on pleasant/unpleasant discussion
- ❖ Leaning forward
- ❖ Expressing surprise by moving eyebrows

Sum up the session with the following points:

- ❖ Body language can be easy to read but at the same time easy to misinterpret
- ❖ Show that you are interested in what the speaker is saying, by your facial expressions, body posture and head movements (such as nodding your head) to convey support.
- ❖ Keep distraction away: Make sure everyone is listening to the speaker. Discourage parallel conversations as much as possible.

Confidentiality

Confidentiality means to keep someone's personal information private and not to share the information with other people who do not need to know it. To ensure that adolescents are open and honest about their concerns, peer educators need to constantly reassure them that whatever is discussed between them, the peer educator will not discuss it with others. Further, the peer educator should try to conduct such discussion in a safe and private place where the adolescents can freely express their concerns. However, it is important for the peer educators to be aware of ethical concerns related to confidentiality as in exceptional cases peer educator must share private information about the adolescent with a resource person such as ANM, ASHA, teachers or parents. Such cases may include but are not limited to threat of suicide, threat of homicide, sexual abuse or drug use.



Activity 9

Learning Objective

To understand how to maintain confidentiality in their role as a peer educator

Time required

45 minutes



Materials Required

No advance preparation required

Steps

- ❖ Introduce the activity by explaining that participants will be assigned to small groups to brainstorm scenarios where confidentiality should be maintained. Share the scenarios with the group
- ❖ Assign participants to groups of 3-4 people
- ❖ Ask each group to appoint a leader
- ❖ Bring the entire group back together and ask each leader to go over his/her group's work
- ❖ Tell the group they will have about 10 minutes to do this activity
- ❖ Ask open-ended questions to draw out thoughts on how a peer educator would maintain the confidentiality of the adolescents.

Case studies

1. **Jyoti/Deepak is married and visits Adolescent Friendly Health Clinic (AFHC) to receive treatment for a STI problem. You, the peer educator go to the hospital to visit your ailing relative. Jyoti/Deepak is your friend and informs you about her/his purpose of visit to the clinic and asks you to keep it as a**

secret. You, the Peer Educator, attend a local get together organised in your village where you have Jyoti/Deepak and other friends attending the function.

- ❖ How do you react?
- ❖ Would you ask Deepak/Jyoti if STI treatment has been helpful?
- ❖ Do you tell your friends about the Jyoti's/Deepak's visit to the clinic, if yes, why?
- ❖ Is there a confidentiality issue?

2. You, the peer educator and Neetu/Neeraj study in the same school. Neetu/Neeraj is quiet popular in the school and one of your classmate shares her/his liking for Neetu/Neeraj with you and s/he requests you to keep it as a secret. H/she is afraid of the consequences if anyone comes to know about it. You are invited for your friend's birthday party and you see your classmate in the party.

- ❖ What do you do?
- ❖ Would you disclose your classmate's secret with another friend? If yes, why?
- ❖ Would you tell Neetu/Neeraj about your classmate's secret if yes, why?
- ❖ Is this a confidentiality issue?

3. One of the adolescents from your group approaches you, the peer educator, for help. She discloses that a distant cousin who is currently staying with them peeps into the bathroom while she is bathing. She warned him that she would tell her parents about it but her cousin threatened her instead that if she told this to anyone no one would believe her and would rather blame her. She is upset and asks you, the peer educator, how to approach her family about this.

- ❖ What do you do?
- ❖ Do you share this information with other adolescent group members? If yes, why?
- ❖ Would you tell ANM Didi and/or ASHA Didi about this, if yes, why?
- ❖ Is there a confidentiality issue?

Sum up the session with the following points:

- ❖ Make sure that you do not share any personal information that your peer group members may have shared with you without their consent. The only exceptions in this case could be suicidal tendency, sexual abuse, threat of homicide, drug use or medical illness which may need urgent attention.
- ❖ Adolescents will approach you with their problems because you will be looked upon as a person who they can trust. This further increases your responsibility to that person and you should ensure that you do not cause any harm to the person in any way.

SESSION 3



(Note: This session will only be transacted by ANM to peer educators and not by peer educators to adolescents)

Leadership skills

Young people depend on peer educators for information and advice and often see them as role models. It is important for peer educators to use correct information and positive attitude to help the adolescents. They should know that other adolescents are watching what they do and at times also follow what the peer educators are doing. Peer educators should try to be at their best at all times by developing their skills and information. Peers listen to peers. Therefore, peer educators should encourage and support young people to make positive choices for themselves with regards to their health and well being.

This skill is important as peer educators would need to encourage and convince adolescents and community members in adopting healthy practices and to participate in community events such as adolescent health day or an immunization drive.



Activity 10



Learning Objectives

At the end of this activity, participants will be able to

- ❖ Understand the importance of working together to achieve set goals.
- ❖ Understand what sort of behaviour is needed to work with others

Time required

60 minutes



Materials required

Three small mats/news papers, 6 dupattas or 2 and half meter cloth pieces, chalk, open space/ground

Notes for the Facilitator

- ❖ This game has to be played in an open space or ground, so the facilitator can identify it beforehand.
- ❖ Choose 14 participants and divide them into smaller groups of seven each.
- ❖ Toss a coin to decide who'll play the game first.
- ❖ Draw a start and finish line keeping a distance of 15 hands.
- ❖ Tell the team playing first that they'll have to face the following handicaps.
- ❖ One player will be blindfolded.
- ❖ One will have his mouth closed.
- ❖ One will have his/her hands tied.
- ❖ Two players will have their feet tied together.
- ❖ One player will hold one leg with his/her hand and only play with one leg.
- ❖ One member will be the umpire.

Inform them that the space between the start and finish line is a toxic river which drowns people who fall into it. All the players have to cross the river for which they are given three mats. These mats are safe till the time someone is holding them. If a person is not in contact with the mat, it'll fall into the river. If a member's foot or any body part touches the water without the mat, he/she drowns in the river and is out of the game. Tie up the players with handicaps using the dupattas or cloth pieces and start the game. Encourage and cheer the participants during the game to make it more energetic and fun. Invite the umpire and others not playing to watch the game very carefully. Once the first group has crossed the river, invite the other group to try.

Discussion Points:

- ❖ How did you feel being a part of the game as a player?
- ❖ How did you feel watching the game?
- ❖ What did the group use to attain their goal and what were the things that hindered them?

Sum up the session with the following points:

- ❖ There are many situations in life where we have to work in a group with others
- ❖ The group can achieve its target working together if there is a plan, optimum utilization of given resources, work delegation, everyone is aware and sensitive to their job/role, everyone's involvement is respected and utilised
- ❖ There is usually some resistance in every group for example individual greed, not wanting to work with a partner, not being supportive of realistic demands etc.



Activity 11



Learning Objective

To understand how team work and coordination can improve efficiency in doing any task.

Time required

30 mins



Materials used

Paper, pens

Prepare pieces of paper with names of the participants written on them.

Steps

Part A (5 mins) - The name of all the participants (15-20) is written in a piece of paper and all the pieces are folded and kept on the table. Request all the participants to go to the table and find the paper with their name written in it. Make sure they find the paper with their name only. Also instruct the participants that they are not supposed to talk to/hint each other while they are finding their names.

(Note- With less number of participants, papers with pseudo names on it should be added to the bunch.)

Part B (5 mins) - Collect all the papers again, reshuffle the pieces and ask the participants to repeat the activity. This time request them to hand the first piece of paper they pick to the person whose name is written on it. This can be done by calling the name of the person written on the piece of paper.

Discussion on Part A (10 mins)

- ❖ There was a lack of coordination in the process as everyone was looking for their own name.
- ❖ Not all the participants were able to find the piece of paper with their name on it.

Discussion on Part B (10 mins)

- ❖ There was better coordination and less time was taken to find the piece of paper with the names on it.
- ❖ Most of the participants were able to find their piece of paper with their names.

Sum up the session with the following points:

- ❖ Bring in the team spirit within the group and help them see the group as one and not as different people with different interests/thinking. As you do this, you as a peer educator, have to respect the diversity of values, beliefs and attitudes of your peer members
- ❖ Try to build trust and confidence of peer members in you so that they can approach you when they need you
- ❖ Be confident and enthusiastic about your role as a peer educator and keep the group motivated by leading them towards healthy choices
- ❖ Encourage adolescents from diverse backgrounds in your peer group to interact with each other

Beliefs, Values & Attitudes

The peer educator should be aware of his/her belief, values and attitude and should be open to understand and accept the belief, value and attitude of the adolescent s/he is interacting with. This session intends to help the peer educator develop ideas according to the adolescents values & interests; be open to learning about adolescents who are different from them; avoid being judgmental and biased.





Activity 12



Learning Objectives

- ❖ To understand how one's own beliefs, values and attitudes can affect interactions with others, both positively and negatively
- ❖ To be aware of one's own beliefs, values and attitudes and avoid imposing them on others or having them become barriers to communication.



Materials required

Prepare a set of few belief statements to read out. Prepare 2 large pieces of paper with the belief statements written on them under the heading on AGREE and DISAGREE; ask the participants to come to the center table and tick against the belief statement written on the papers.

Time required

45 mins

1) Bring the group to the middle to give instructions (10 mins)

Explain that you will read some statements to them, and will ask them to judge the statement with their own beliefs, values and attitudes. Explain that there are no "right or wrong answers".

2) Read the statements (15 mins)

- ❖ Read each statement, one at a time.
- ❖ Ask the participants to come to the center table and tick the alternative either AGREE or DISAGREE against the statements.
- ❖ No discussions about the statement or choice are allowed. They should ignore what other people are doing. They must decide based on their own beliefs.

Statements

- ❖ Girls should help their mothers with household work and should not go out to school.
- ❖ Girls should only take care of the house and not go out to do a job to earn money
- ❖ Boys in the house should eat more as they do rigorous activities
- ❖ Husband can hit the wife if she does not cook proper food.
- ❖ Husband can hit the wife if she does not agree with him
- ❖ A girl is a burden on the parents and should be married at an early age (less than 18 years).
- ❖ A girl should get pregnant immediately after her marriage.
- ❖ Men are the decision makers in the family and women should not interfere with their decisions
- ❖ No matter what the situation may be, boys shouldn't cry.

3) Discussion (20 mins)

After making their decision about each statement, ask the group to return to their seats.

Ask the group:

- ❖ Was it easy or difficult to decide which side to go to?
- ❖ Which statements had the most different beliefs? Why was that?
- ❖ What happens if a PE and adolescents hold differing beliefs about health issues?
- ❖ Why is it important, for the PE, to be aware of his/her own values, beliefs and attitudes?
- ❖ What can we the PE do when their beliefs make it hard discussing certain topics with adolescents?

Sum up the session with the following points:

- ❖ When discussing socio-culturally sensitive topics, avoid reflecting your personal values
- ❖ Do not reject or ridicule any point of view expressed by peer members, even though it may not be acceptable to you or other members or may be against the social norms. It is also important for the peer members to try to understand and discuss the reason behind their choice.
- ❖ Provide accurate and correct information, and let the peer members make their own decisions based on facts provided by you
- ❖ Do not modify or manipulate scientific facts for gaining an immediate acceptability of the peer group.
- ❖ Inform all the peer group members that no idea or opinion is absurd or unwarranted and every issue must be discussed in view of the scientific facts.

Effective Facilitation- What can I do?

Time required

60 mins

The journey of a peer educator is full of many joys and challenges. Dealing with both effectively will help you to become better leaders. Remember the participants in your group are young people like you. If they are not offered a friendly learning environment, they may walk away from the group. To facilitate peer group meetings effectively, it is important to understand what kind of environment can facilitate adolescents' participation and how can you create it. Do not try to 'boss' over the members in your group but try to take joint decisions with them on what to do/what not to do together as a group. However, during your meetings, there may be situations that can make creating a healthy group environment difficult. Below are few challenges that you may face while working with adolescents and possible ways to deal with them.

Challenge 1: Peer group members are our age so they don't listen to us... they treat us like friends!

- ❖ Be patient!
- ❖ Help the participants see benefits of participating sincerely by giving examples how they will benefit, for example- learning new things about themselves, discussing their problem with the peer group and finding solutions to it, learning skills to convince their parents to continue their school etc.
- ❖ Grab attention of all before starting to speak – example by clapping or calling the names of participants etc.
- ❖ Be loud and clear while giving instructions
- ❖ Prepare for questions/instructions in advance
- ❖ Stand with the group as part of the circle so that everyone can see you, not inside with your back towards half the people

Challenge 2: Peer group members play games, have fun but don't learn anything

- ❖ Set aside equal time for activity and discussions - Ask questions given after every activity to get people to appreciate learnings from it.
- ❖ Let the participants respond to your questions first- Do not tell the key message of activity yourself without making people think.
- ❖ At the end of the session, spell out the key message clearly

Challenge 3: Some people read and write, some don't!

- ❖ Do not ignore illiterate participants- give them special attention
- ❖ Ask them to draw if they can't write
- ❖ Pair up illiterate participant with a literate participant so they can get help and also become friends

Challenge 4: Some groups with members of different castes don't want to talk to each other

- ❖ Observe if there are sub-groups of boys/girls, castes and religion in the group
- ❖ During group activities or role plays, try to make groups/pairs among people that haven't interacted much with each other
- ❖ Encourage people to not sit with/work only with their friends

Challenge 5: Some people talk a lot, some won't even utter a word!

- ❖ Don't just focus on people who listen to you and give answers promptly
- ❖ Check that everyone gets the opportunity to talk and nobody is being ignored/discriminated in group activities.
- ❖ Look out for people who sit quietly outside the circle in small groups

- ❖ Encourage people who do not talk much to take responsibilities in the group- e.g. taking attendance, present the case study on behalf of their group, participate in role plays.
- ❖ Adolescents who participate actively should be politely advised to give others a chance. If peers laugh at others, tell them that they should respect the speaker and discourage them from making fun of others.

Challenge 6: After one-two meetings, some peer group members don't come for meetings

- ❖ Meet these members and find the reason for their dropping out from the peer group
- ❖ Plan the session during the time when most of the adolescents are available to participate.
- ❖ Explain to them the importance of the discussions in the peer group.
- ❖ If required, take the help of ASHA/ANM didi in convincing them to attend the sessions regularly

module II



growing up

Session 4

Time	Sub Session	Method	Resource person
10.30-10.40 AM	Attendance		ANM
10.40-11.00 AM	Reflection on previous session (will include PE- Adolescent field experience also)	Discussion/ brainstorming	ANM/adolescent
11.00-12.15 PM	Changes in nature	Activity 1	ANM
12.15-1.00 PM	Psychosocial changes	Activity 2	ANM
1.00-2.00 PM	Lunch		
2.00 -4.00 PM	Mock session with peer educators		ANM/adolescents

Session 5

10.30-10.40 AM	Attendance		
10.40-11.00 AM	Reflection on previous session (includes PE- Adolescent field experience also)	Discussion/brain storming	ANM/adolescents
11.00-12.00 PM	Pubertal changes/process of growing up	Activity 3	ANM
12.00-1.00 PM	Knowing one self	Activity 4	ANM
1.00-2.00 PM	Lunch		
2.30-4.00 PM	Mock session with peer educators		ANM/adolescents

Session 6

10.30-10.40 AM	Attendance		
10.40-11.00 AM	Reflection on previous session (includes PE- Adolescent field experience also)	Discussion/ brainstorming	ANM/adolescents
11.00 -12.00 PM	Male/female reproductive organs	Activity 5	ANM
12.00- 1.00 PM	Menstruation/Nightfall management	Activity 6	ANM
1.00-2.00 PM	Lunch		
2.30-4.00 PM	Mock session with peer educators		ANM/adolescents



SESSION 4



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, intellectual abilities and social behaviours. All adolescents have to deal with pressure from peers as well as adults around, including parents. To transition smoothly through this adolescent period, we need support and understanding of others to realize what we are going through and at times, someone to guide us.



Learning Objectives

1. To recognize that change is an inevitable part of life
2. To recognize and understand physical and psychosocial changes during adolescence
3. Identify qualities and characteristics of adolescence



Activity 1

Time required

75 mins



Materials required

Blackboard and Chalk, pen and paper

Phase-1

Step 1: Call four volunteers and hand them each one card with following different stages of growth of the tree written on it (you may also use drawings, some volunteers in your group can help you in this). Ask them to stand with their cards in front of them facing the other participants.

1. Seed and seedling
2. Sapling
3. Young tree
4. Mature tree

Step 2: Ask the other participants if they have observed how the trees grow. Ask them to think about the changes that we see in the trees as they grow and organize the four volunteers in a way that represents this cycle.

Step 3: Encourage the participants to identify the features of each stage in the growth of a tree.

Step 4: Thank the participants for the demonstration. Now explain to the participants that:

- ❖ Most living things we see in nature go through a pattern of growth and change.
- ❖ As they develop, the appearance of trees and animals also changes in different degrees.

Step 5: Ask what else do we see changing around us?

Encourage them to think of the changes we see in nature. Give them examples like how seasons change the amount of water in a river changes, trees shed their leaves and grow new leaves etc.

Step 6: Say “Change is a part of nature and we all experience change around us. We also see change in our own bodies.”

Key Message

- ❖ Change is inevitable and is a natural process in the cycle of life.
- ❖ It is a continuous process with a predictable sequence yet having a unique course.

Phase-2

Simulate the above activity with all the participants:

- ❖ Draw five columns on the black board/paper with the headings – infancy, childhood, adolescence, adulthood and aged as shown in the table below.
- ❖ Ask the participants to categorize the changes according to the stages of life when they occur, i.e. from the time one is born until one becomes adult and grows old. The changes could be recorded on the black board or on slips of paper.
- ❖ You could provide the following list of changes to initiate the activity: e.g. growth in height, learning to talk, learning to walk, onset of menstruation, growing of beard, going to school, voice breaking, becoming shy, becoming responsible, being economically independent etc.
- ❖ Please note that some changes may continue through more than one stage of life (e.g. being economically independent) and that all changes may not occur in all individuals (e.g. boys will not get menstrual periods).
- ❖ Please stop the listing when the participants have listed approximately four to five changes in each phase of life.

Changes during the different phases of life				
Infancy	Childhood	Adolescence	Adulthood	Aged
Crawl Can't talk No teeth	Start walking Increase in height Attend school	Growing beard Cracking voice Start menstruating Development of breast	Economically independent Marriage Child bearing	Wrinkles Falling of teeth Menopause

Sum up the session with the following points:

- ❖ Some of the changes depend on our sex and therefore our bodies develop differently
- ❖ Adolescence is a stage when our bodies begin to develop and we experience physical and psychological changes and maturity. Some of these changes may also be connected to their sexual maturity and the development of our reproductive systems
- ❖ The pace at which these changes take place may vary in people and in between sexes. It is normal and doesn't require any medical attention



Activity 2

Time required

45 mins



Materials required

Case study

Step 1: Read aloud the following story of Rani to the group. Ask the participants to be attentive while you read out Rani's story.

Rani was a very active member in her peer group. She was very happy this morning because her brother was coming back from the city and she knew that every time he visits, he brings gifts for her. When Mohan, her brother came home, took out a big box from his bag and gave it to Rani. Rani opened the box and saw – a red color dress! “How pretty I will look wearing this” she thought to herself and thanked Mohan bhaiyaa!

Rani was getting late for her teen club meeting so she quickly wore that dress and left

Her mother shouted at her “Why are you wearing such a good dress today? This girl has no brains!” Rani's joy turned into anger as she thought, “why does mother always shout at me? Everyone in the village admires me for being so active and my mother always thinks I am stupid”. She thought to herself -“Ma will never understand me!” and left for the meeting.

Her anger faded as she walked past the shop where Samir and his friends used to sit. Samir and she used to exchange smiles at this spot and it would make her feel happy. She wasn't sure why she used to feel like this - but she also enjoyed it. Like always Rani crossed the shop and Samir was sitting there with his friends, but today Rani was so conscious that she did not look at Samir and rushed to the peer group meeting.

Rani was in another mood today. Being an active member of her peer group, she was the leader of the group which was organizing a play and rally on alcoholism in the upcoming mela. She spent the whole evening trying to get her group to practice. Just as she was leaving, peer educator announced that a local NGO would be training young people to do electrical work. Rani liked the idea and gave her name along with some friends for the training.

As she reached home, she was happy to see her friend Geeta sitting with her mother, doing embroidery on a cloth. Geeta told her that she was doing this embroidery for someone for Rs 1000 per mat but she has to deliver three mats by tomorrow. Rani was thrilled! And offered Geeta some help to which she agreed. Before Rani could start chatting with her friend, her mother called her to help her in the kitchen. Rani finished working and was so tired that she went off to sleep.

Next morning Rani woke up feeling stressed, she had to make the table mat, she also had to prepare for the rally and practice for the play. The thought of training in electrical work which had earlier excited her now made her nervous. She had decided to be at home and spend time with her brother but how will she manage to do everything? All these thoughts made her lose all the excitement for work and kept sitting stressed at home.

Her elder sister, Rama didi was sitting in the same room and reading. "What happened? Why are you looking so confused?" she asked Rani. "I want to do so many things, but I don't know how?" Rama didi smiled at Rani and asked "So don't do so many things. Make a choice." "But Radha does so many things too, and she also got the prize at the dance competition. How does she do everything?" cried Rani. Rama didi laughed loudly and looked at Rani. "So you want to do everything and know everything? "Yes" said Rani, "But sometimes I feel depressed and worry about what will happen if I'm not good enough."

Rama didi patted Rani on her back and said "Don't worry, you are not the only one who has these mixed feelings. It's called Adolescence." "Adolescence? What is that?" Asked Rani. "Your age!" smiled Rama didi. "You are now an adolescent. This is a phase of changes and growth, of new dreams and hopes and feeling like you have the power to do anything. You have so much energy and excitement and want to do new things. This age makes you curious and makes you want to be different and the best at everything. But another thing about adolescence is, that sometimes, it makes you doubt yourself and become self-conscious. Sometimes you think you are all alone and nobody understands you. But this is not always true. Everyone goes through this phase, but we all have our own unique and individual identities."

"So all this is because of adolescence? I have no control over it?" asked Rani, suddenly suspicious. "No my little sister, you can definitely have some control. You have to understand adolescence to manage this phase" said Rama didi "Along with the world, also explore and know yourself. Enjoy your adolescence, but also understand it, so that you enjoy all its good qualities and learn to manage the challenges. You do not need to try and do everything at once. And don't feel shy to confide in a friend. They share your experience, and they should support and help you through!"

So the next time Rani heard about a new opportunity she remembered what Rama didi had said about adolescence. She thought more about what really made her happy and did the things she could manage well.

Step 2: Ask the adolescents what did we learn about 'adolescence' from this story?

Encourage the participants to share some of such give examples of some of these qualities. You can also read the last part of the story again or add to this list.

Step 3: Qualities of adolescence and ask one person to read it.

- ❖ Spirit of fun
- ❖ Do not plan too much in advance
- ❖ Aloofness – being in own world
- ❖ Want freedom and independence
- ❖ Wanting to be different and better
- ❖ Curiosity about new things
- ❖ Feel attracted to others
- ❖ Hopeful about the future
- ❖ Moody
- ❖ At times feel invincible and at other times, doubt themselves
- ❖ Want to understand themselves better
- ❖ Take risks
- ❖ Conscious about one's own body
- ❖ Have doubts/fears about future

Step 4: Ask the participants, do you identify with any of these characteristics? Encourage responses

Sum up the session with the following points:

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

SESSION 5



The 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 (for example, increase in height) and the difference between boys and girls become prominent with appearance of secondary sexual characteristics such as appearance of moustache in boys and development of breasts in girls. These changes are normal in every person.



Activity 3

Time required

45 mins



Material required

Case study, paper and pens, a ball or crushed up paper.



Methodology

Brainstorming and group discussion

Divide participants 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 within the group.

Case study

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 salwar kameez 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 now? How?'

Discussion Points

- ❖ Why did her grandmother oppose her playing kabbadi and want her to wear a salwar kameez and duppatta?
- ❖ Why do you think there are more restrictions on Sarita than on her brothers?
- ❖ Is this a fair situation? Please give reasons for your response
- ❖ Do we witness this behaviour in our families and communities? What could be done to address these behaviours and situation?

Case study

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 Points

- ❖ What is happening with Zahir and Dileep?
- ❖ Do you think height and moustache are really an issue? Why?
- ❖ Is it fair to laugh at anybody's physical appearance? Please provide reasons for your response.
- ❖ Do you think Dileep should talk to someone he trusts and who is knowledgeable? Who do you think he should talk to?
- ❖ What are the other concerns among adolescent boys?

Once discussion in the groups is complete, invite the group leaders to present the case. Pick up discussion points one by one in the larger group.

Next ask the participants to state or list how they have felt about their body changes. Somebody from the group can help write these reactions and feelings down on a chart. You can also request a participant to take on this responsibility. Some of the likely responses are listed below:

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

Tell the participants that changes in the physical appearance of adolescents are a normal process and pace of change may differ from person to person. The adolescents also have to cope with associated emotions of anxiety, frequent mood swings and temper or intense feelings due to hormonal changes taking place in their bodies. This becomes difficult sometimes mainly because they are not informed and hence not prepared to deal with such changes.

Knowing oneself is necessary for developing a positive attitude towards life. What one thinks about ones strengths, weaknesses, likes, dislikes, physical characteristics and abilities shape our confidence and attitudes. Self-awareness helps one to improve one's qualities and change for the better, purposefully. This awareness and information with one's body is essential to overcome discomfort regarding these changes.



Activity 4

Time required

45 mins



Material required

Ball, paper, pen/pencils

- i) Take a ball and make all the participants (including you) sit in a circle. Once everyone is seated, throw the ball to anyone in the group. When commencing the game, throw the ball at a participant whom you realize is not shy. Once the ball is in a participant's hand, ask her/him to share with the group, one thing s/he **likes** about being an adolescent and the reason for their choice. Note it down on a paper.
- ii) Once he/she has finished sharing what they like, he/she has to throw the ball at any other participant, who is expected to catch the ball and tell the group the one thing she **does not like** about being an adolescent. Ask them to also explain the reason.
- iii) This sets the ball rolling and the game continues with participants sharing what they like and do not like about being boy/girl, alternating their responses accordingly. If a participant is shy or hesitant to talk, give her a hint and use the opportunity to raise issues that have not been raised so far.
- iv) If even after 7-8 participants, none of the participants said anything about menstruation/nightfall or changes in reproductive organs, you must ask for the ball to be passed to you, so that you can raise the issue. You can use the table below to guide the participants. Explain the development or apprehensions associated with the change to the best of your knowledge.
- v) It is compulsory that everyone gets the ball and a chance to speak up.

(Note for PE: In case there is something you are not sure about, make a note of the issue and inform the participants that you will check with the ASHA/AWW/ANM. It is important that you share only that information you are sure is factual and accurate.)

	Major Changes in Females	Major Changes in Males	Key Messages
Skin	Hormonal changes make skin oily and result in pimples or acne	Hormonal changes make skin oily and result in pimples or acne	Acne usually stops appearing regularly by late adolescence (after 18 years of age). Medical treatment is also now available.
Hair	Hair growth in under arms and pubic area.	Hair growth on chest, face, under arms and in pubic area.	The appearance of body hair at different places 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 slight pain in the initial phases.	Sometimes the breasts can become prominent; however this eventually will subside on their own.	In girls, the size of the two breasts may vary slightly 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.
Body Size	Widening of hips, 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 reproductive organ changes	Menstruation begins. On other days there may be a whitish discharge due to hormonal changes		It shows that hormonal changes lead to maturation of an egg in the ovaries and the girl has potential to become pregnant (Please note that 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.)
Male reproductive organs changes		Fluid discharge (called as semen) from penis during sleep called as 'Wet dreams' or 'Nightfall'. Experiencing erections shows sexual maturity.	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 increases</p> <p>Frequent mood swings and temper</p> <p>Emotional vulnerability increases.</p>	<p>Level of intelligence increases.</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>

Sum up the session with the following points:

- ❖ It is very important for every adolescent to know about the developments in human body. This information helps to understand our own body parts, its vital functions and be comfortable with the changes.
- ❖ Many people feel that since sexual and reproductive organs are private parts, any talk about them is shameful. Others may feel embarrassed, as they do not know a comfortable and correct way to talk about our genital parts and related concerns. This may have negative consequences. For example, a girl/boy may not communicate any illness related to her/his genital parts, a girl/boy may fear to complain/protest if being sexually abused or touched in inappropriate/unwanted manner. The adolescent may fear being misunderstood and may suffer in silence.
- ❖ Acknowledge that every person grows and experiences changes during adolescence at their own pace. While some grow faster, others are slower. What is important is to treat everyone with respect and compassion. Comparisons and teasing should 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 if you are sad and depressed occasionally. It is a normal response and nothing to hide, feel embarrassed or ashamed about.

SESSION 6

MALE AND FEMALE REPRODUCTIVE HEALTH



Learning Objectives

1. To understand the menstrual cycle in females
2. To understand social practices, taboos and myths related to menstruation
3. To understand and explore the ways of effective menstruation management
4. To understand nightfall among boys
5. To understand social practices, taboos and myths related to nightfall



Activity 5: (ONLY FOR GIRLS)

Time required

75 mins



Materials required

Paper chits, pens, bowl, plate and spoon

Arrange for the presence of an adult such as ANM/a biology teacher from school.

Step1: Recap the meaning of 'puberty'. Ask some questions about the major changes experienced by an adolescent girl in her body which were discussed in the last session.

Now say: Today we will talk about something more in the same direction. This is very specific to girls. Can you guess what am I indicating at???? (Wait and take guesses...)

Yes...it is menstruation!

Now call two volunteers to come and read stories of two different girls.



Case study

Deepa is a 12 year old girl who lives with her family. She is a very active and happy girl. One day she goes to the local mela enjoying with her friends, when one of her friend points out to her that her kurta has red stains. Deepa suddenly feels that everyone is looking at her and she feels shy. She doesn't know what to do.

Discussion Points

- ❖ Is this experience common?
- ❖ Do these things happen around you?
- ❖ How do you deal with these type of experiences?

Write down the responses in a paper. You should not share your opinion here

Case study

Sheila is 13 years old and just like Deepa her periods have also started. Her mother has told her that she will get her periods every month. But it's been two months now since her last period and she hasn't got them. She is confused.

Discussion Points

- ❖ Is this experience common?
- ❖ Do these things happen around you?
- ❖ How do you deal with these type of experiences?

Write down the responses in a paper. You should not share your opinion here.

Step 2: Now appreciate the participation of the girls and say that now we have heard the stories of Deepa and Sheila and many of our experiences seems to be similar to theirs.

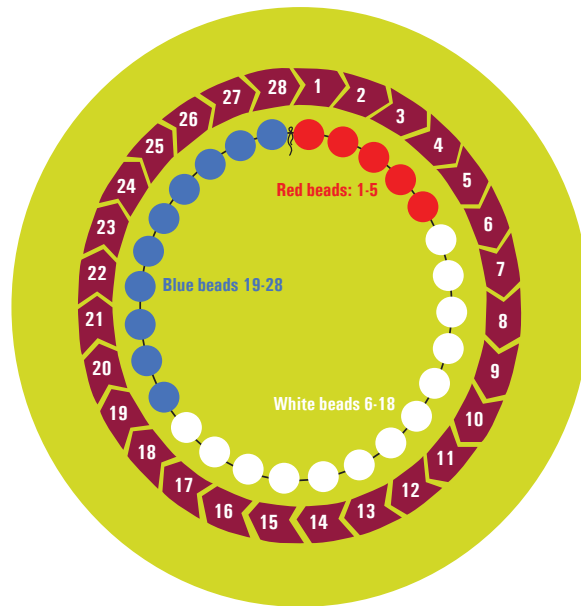
Important points to be covered in this session

- ❖ Age of onset of menstruation is usually after 10 years of age
- ❖ 4-6 days of bleeding
- ❖ Is a natural process
- ❖ Is a positive process preparing the body for child birth
- ❖ Menstrual blood is not impure, unholy , dirty
- ❖ Menstruation can involve minor pain and sometimes irregularity, which is normal. If there is too much pain, irregularity or green/pink coloured discharge then the girl needs to share with her family and/or take help from a qualified doctor
- ❖ Girls should eat more green leafy vegetables and fruits to make up for the blood loss during menstruation
- ❖ Every individual is unique and duration of periods, age of initiation will vary from individual to individual

Let us now first understand what really 'menstruation' is. Ask the girls to say one word that comes to their mind when they hear this word within the group. Make sure all the following points are covered in the discussion.

Step 3: After this ask the girls to sit in a circle, and show them the picture as below.

You should ask the girls, whether they have seen this picture before. After the response from the girls, you should say that this is a bangle (kangan) which explains menstruation cycle and will help us clearly understand the process of menstruation. Now read clearly what is written in the box below:



During adolescence, body of a girl starts preparing for the function of reproduction and childbirth. Their bodies produce eggs every month, which if fertilized by the male sperm, will eventually become a child. This means that the girl will become pregnant and will bear a child. However, when the eggs are not fertilized, they are removed out of the body along with the lining of the womb in the form of menstrual blood. This is why girls have a monthly menstruation cycle where their bodies throw out blood for about 4-6 days in a month.

Show them the picture above and tell them:

"See this bangle/kangan is like menstrual cycle having 28 beads, because the menstrual cycle is of about 28 days in most girls, varying from 21–35 days from girl to girl. The bangle has 5 red beads, 13 white beads and 10 blue beads. The first red bead represents the first day of your menstrual cycle.

Red beads: (Cycle begins (1st–5th day): Lining of the uterus sheds and bleeding occurs.

White beads (6th to 18th day): The menstrual bleeding stops and the lining begins to rebuild, the body starts preparing for the next egg to come.

Blue beads (19th –28th day): Around mid-cycle, the egg is released from the ovary (ovulation). The lining of the uterus becomes thicker and its blood supply increases, preparing the lining to accept an embryo if fertilization occur. If fertilization does not occur, the lining sheds and menstrual bleeding begins again. **This is the time period when you should also start preparing for the next cycle. We will talk in detail about the preparations needed in the next activity.**

Remember: A girl can become pregnant any time of the month. No time in the menstrual cycle is safe.

Step 4: Ask the girls if they have any queries on the previous section. If the girls have any queries, then clarify the same in short.

Now prepare 5 chits with following statements written on each chit. Invite the girls to sit in a circle and start playing “passing the parcel” game.

Contents of Chits

1. I can't go to temple or religious place during bleeding days/periods
2. I am embarrassed of my periods
3. I should not go into the kitchen, touch water, go to school, play and eat what I like during periods
4. Menstrual blood is impure
5. It is a problem, if my younger sister starts having her periods before me

Put these chits in a small box to be circulated in the circle. Now play the plate and spoon and at the same time, the box containing the chits will be passed by each girl to the girl sitting next to her. When the music stops, the girl having the box should take a chit and read the statement in the chit (you can help her to read if she cannot read) and discuss in the group. The discussion should revolve around agreeing/disagreeing with the statements and explore reasons behind the statements). *Each chit to be discussed for 2-3 minutes.*

Once the group is done discussing all the points, read them the table below:

Myth	Fact
Menstrual blood is impure	Menstrual blood is not impure or unclean but maintaining menstrual cleanliness is very important and it is very simple and easy
I am embarrassed of my periods	There is nothing to be embarrassed about this, it is just a body process and happens to all women. It is important to know the right things to take care of yourself during menstruation and not blame yourself or anyone else wrongly for a natural healthy process. Regular menstrual cycle is sign of normal functioning of our reproductive system. We should be happy about it. But maintaining menstrual cleanliness is very important and it is very simple and easy
I can't go to temple or religious place during bleeding days/periods	This is because people consider the menstrual blood and thus menstruating women impure. There is no basis for this and entering the temple is not a problem. Try to politely convince your mothers and sisters that this is a God gifted thing and a normal body process

Myth	Fact
I should not go into the kitchen , touch water, go to school, play and eat what I like during periods	One of the reasons in earlier days for not allowing women to enter the kitchen was that this was perhaps a way to give women a break from cooking and other household chores. There is no scientific basis for this and this is not true. Girls can eat whatever they want during their periods. In fact, girls and women should eat more green leafy vegetables and fruits to make up for the blood loss during menstruation
It is a problem , if my little sister starts having periods before me	Every individual is unique and duration of periods, age of beginning of menstruation will vary from individual to individual.



Activity 6

Time required

45 mins

ONLY FOR GIRLS



Materials required

Disposable pad, cloth pad, 1 simple cloth piece (optional)

After a short break, start this session by saying that “Before the break we tried to understand the process of menstruation and the various practices within our families and communities followed during menstruation. We will now understand the various options available to us to manage our period and also the important things that we must do to maintain cleanliness during this time.

1. What products are you aware of managing your period?
2. Who told you about these products?
3. What do you use yourself?
4. What have you seen girls/women around you use during menstruation?
5. Are you comfortable with the products you use?
6. What challenges you face in using these products?

Now read aloud these three materials (if possible you can arrange to show these products to girls also)

1. Disposable Pad
 - a. Must have seen on TV/Shops/Anganwadi/Schools
 - b. Very absorbent and one time use
 - c. Easily available and can be used for long duration(5-6 hours)
 - d. Should be disposed carefully only in a dustbin
 - e. Costly
2. Cloth Pad
 - a. Is comfortable designed using cotton cloth
 - b. Can be made at home
 - c. The pad might be needed to change for every 3-4 hours during heavy flow.
 - d. Is reusable , friendly to the skin and eco friendly
 - e. Needs to be washed carefully using soap and only cold water and not hot water
 - f. Needs to be dried under direct sunlight so as to make it infection free to kill all bacteria
 - g. Cheap
 - h. Can be buried in the ground and the same will disappear within few months
3. Cloth piece
 - a. Easily available at home
 - b. Cloth should be clean and should not be used more than one or two times
 - c. Should be washed well and dried in sunlight
 - d. Soaking capacity might be less because it is cloth and has to be changed frequently
 - e. Eco friendly
 - f. Safe to the skin provided it is clean

Where one can get disposable sanitary napkins?

- ❖ Ministry of Health and Family Welfare 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'. These can be bought from the ASHA 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 RKSK services at sub-centers, PHC and CHC/HSC as well as the ANM, ASHA and Anganwadi didis also provide counselling and services on menstrual management.

Now let us understand two steps to proper menstruation management

Step 1: Getting ready for the periods!!

Girls recall the bangle/kangan that we saw in the last activity. Do you remember the blue beads in that kangan. Yes this is the time period when you should also start preparing for the next menstrual bleeding". You can do following simple steps to get prepared for this time:

1. Prepare your cloth pads or cloth or disposable pads and keep them ready in a safe place.

2. Now when the bleeding starts, remember to mark that date on your calendar, you can also mark the 28th day from date of bleeding in the calendar. By doing this, you will always remember when will your next cycle starts.

Step 2: Remaining clean and healthy!!

1. **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 parts 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.
2. Some people believe that girls should not bath during menstruation. This is not true.
3. During daily bath special care should be taken to clean genital organs with plain water or gentle soap. Good genital hygiene is particularly important during periods.
4. Always use a clean sanitary napkin/cloth that should be changed frequently (every four to six hours) to prevent infections
5. If a cloth is used which needs to be reused, it should be washed thoroughly and disinfected by drying in the sun

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

- ❖ Adolescent girls should not feel ashamed or guilty 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. If required, you can take some mild medication after consulting ANM didi. This will help improve blood circulation and lessen pain.
- ❖ They should use disposable sanitary napkins to prevent staining of clothes and infections/itchiness in genital area. In case sanitary napkins are not available, one can use old soft cotton cloths, washed and dried in the sun. Napkins should be changed at least three times a day.
- ❖ Sanitary napkins can be disposed of 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.

Sum up the session with the following points:

- ❖ Onset of menstruation signifies that a girl could become pregnant if she has unprotected sex. As this is the time when girls' internal body organs are maturing and growing.

- ❖ A woman should not have her first pregnancy before attaining minimum of 20 years of age. Tell the participants that in our society child marriage is so rampant that adolescent girls are at high risk of unwanted pregnancies.
- ❖ It is also very important to have the knowledge on the hygienic management of the menstrual cycle.
- ❖ Lack of information and knowledge leaves adolescent girls unprepared to manage their menstruation with hygiene and dignity. The religious and cultural norms associated with menstrual cycle pose barriers for many girls to seek the knowledge and skills required for its hygienic management and are surrounded by myths and misconceptions. This leads to unnecessary fear, embarrassment and shame among adolescent girls.
- ❖ This often results in their low attendance at school, low self-esteem and inactive life at home and outside. Poor hygiene may also lead to infections. Hence, it is very important for young girls to have the knowledge, facilities and cultural environment to manage menstruation hygienically and with dignity.

ONLY FOR BOYS

To begin the session, recap the meaning of 'puberty'. Ask questions about the secondary sexual characteristics and major changes experienced by an adolescent boy.

Explain that **nocturnal emission**, commonly known as nightfall or wet dream is a spontaneous discharge from the sexual organ during sleep. One may wake up with it or simply sleep through it. It is most common during adolescence and early young-adult years. 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.

Case study

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 'Swapndosh' (nightfall) on a wall. Raju wants to visit the Hakim Saheb but 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 points

- ❖ 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 the Hakeem Saheb?
- ❖ If he doesn't go to Hakeem Saheb, who should he contact for advice or help? Why?

Discuss it in a larger group and summarize the activity with the following facts on nocturnal emission.

What is nocturnal emission?

Formation and discharge of semen containing sperms can occur during mid-adolescence and manifests as nocturnal emission or commonly called as nightfall. It signifies reproductive maturity for an adolescent boy. It is a normal phenomenon and does not require any form of treatment. However, 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 (one of the male reproductive organs) 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. The loss of semen does not lead to any physical weakness.

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 government hospital/dispensary.

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. It also includes cleaning of genital areas 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 area with plain water and 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, a natural lubricant which keeps the penis moist, may begin to gather and cause bacterial growth

emitting bad odour. In acute cases, the tip of the penis 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.

Summarize with the following points:

- ❖ Everyone matures and goes through the changes in adolescence; this does not take place at the same time and in the same way for everyone.
- ❖ Some people mature early, others later. Also, all changes related to adolescence (physical, mental, emotional and psycho-social) do not take place at the same time. As a result, it is possible that physical changes may take place early, but psycho-social changes take place later in the same individual. It may also happen the other way around. Two adolescents of the same age may have different levels of maturity, experiencing changes at varying pace.
- ❖ Due to prejudices and ignorance about the process of growing up, people are sometimes drawn to harmful or ineffective commercial products which claim to hasten the growing up process. For instance some products claim to increase height and muscle. Adolescents' anxiety and confusion is further compounded by adults, who might be themselves holding on to negative ideas and stereotypes. Adults might also expect young people to conduct themselves in a mature manner without preparing them for the new roles.
- ❖ Adult care givers, including teachers and parents should realize that it is important to inform and prepare young people for the rapid pace of physical, emotional and psychological changes that they undergo during adolescence.

module III



nutrition and health



Session 7

Time	Sub Session	Method	Resource person
10.30-10.40 AM	Attendance		ANM
10.40-11.00 AM	Reflection on previous session (will include PE- Adolescent field experience also)	Discussion/ brainstorming	ANM/Adolescents
11.00- 11.45 AM	Introduction to Nutrition and Health	Activity 1	ANM
11.45- 1.00 PM	Factors affecting nutrition other than food	Activity 2	ANM
1.00-2.00 PM	Lunch		
2.00-2.45 PM	Lifestyle disease and risk factors	Activity 3	ANM
2.45 -4.00 PM	Mock session with peer educators		ANM/Adolescents

SESSION 7



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, adequate and balanced nutrition is very important for supporting the growth of the body and for preventing future health problems. Some serious health conditions related to nutrition among adolescents are under-nutrition (including micronutrient deficiencies) and obesity. The reasons may be linked to poverty, harmful practices and ignorance on one side while a lifestyle that promotes unhealthy eating, sedentary routine with a stressful mind may be responsible for others.

This session talks about the nutrition-related factors that influence health conditions in adolescents. It also discusses traditional practices and modern lifestyle that influence the health seeking behaviour.



Learning Objectives

1. To improve awareness about food and nutrition
2. To understand the cause and consequences of poor nutrition (under-nutrition and over- nutrition)
3. To gain knowledge on healthy food and practices to maintain good health

Time required

45 minutes



Materials required

Paper, Pens



Methodology

Brainstorming, role play, quiz, discussion, case studies



Activity 1

As an introduction to the activity, ask participants why adolescent girls and boys need good nutrition. Ask one of the participants to list the answers on a board. Some responses may be as under:

- ❖ It is a phase of growth
- ❖ Bones are growing and becoming stronger
- ❖ Need more energy as they play, run, study, work etc.
- ❖ To make up for the blood loss during menstruation
- ❖ They need energy to perform household chores like washing clothes, bringing water from a community well/tap, washing utensils etc.

Appreciate their responses and summarize with the following facts:

- ❖ 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.
- ❖ An appropriately chosen and a well balanced diet provides optimum levels of carbohydrates, vitamins, proteins and minerals required by the body
- ❖ Girls require additional iron supplementation to make up for the blood loss during menstruation.
- ❖ A well balanced nutritious diet along with adequate physical activity prevents weak/brittle bones, obesity, heart disease and diabetes in future.

Following this brief discussion, divide participants into 2-3 groups. Read out the following case to all the groups.

Case study

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.

After this, discuss the **Nutrition Flag** with the participants and discuss the benefits of having a balanced diet by correlating with the colours on the Nutrition Flag. Explain the importance of eating food of the three different colours: orange, white and green.

Colour	Our Food
Yellow or orange	Oranges, Pulses, Carrots, Papaya, Mango
White	Fish, Rice, Milk, Curd, Radish, Coconut
Green	Green leafy vegetables

Discussion Points

1. Ask each group to help Rakhi, Amar and Amber suggest a menu for the day. One group can be asked to prepare 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.
2. Why did mother ask them to suggest menu on foodstuff available at home?
3. 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 participants. Pick out the common foods suggested in the groups' menus and categorize the food using the following table. Ask for volunteers to help you in this exercise of clubbing under each category on a chart/board.

Once the suggested menu items have been categorised, explain major nutrients in food and why adolescents need them. Taking the help of the following table, tell the participants 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 (rajma, soya bean), chana , groundnuts or pulses	Vitamins: milk and milk products like paneer, curd; vegetables and fruits of different colours; meat; local green leafy vegetables (spinach, bathua, methi); raisins, fresh or dried: amla; dates; citrus fruits like orange, lemon juice, food made with fermented dough like idli and dosa

Fats: Groundnut oil, mustard oil, butter, ghee		Minerals: Iron – green, leafy vegetables, jaggery, meat; Calcium –milk and milk products, egg, fish, some vegetables like okra, spinach, garlic etc and most of the cereals Zinc – Beans, spinach, nuts, chicken
<p>Explain that the key to nutritious food includes:</p> <ul style="list-style-type: none"> ❖ Carefully choose local food that is cheap, fresh and has one or more nutrients. ❖ Include food of different colours (white, green, saffron, red, yellow). ❖ Select the right mix of cereals, vegetables, milk and milk products and fruits (and egg, fish, meat for non-vegetarians) in a day. ❖ Use a variety of local and seasonal vegetables and fruits – that will fulfil all 5 food groups mentioned above. ❖ Avoid eating processed cereals and food (such as packaged noodles/chips/sweets). ❖ Everyone should learn cooking irrespective of his/her gender and be self sufficient. ❖ Respect everyone’s choice of food, including parents and grandparents. 		

To summarize this activity, ask the participants to think about commonly available local foodstuff (cooked or raw or combination of both) from each food group. Ensure that these are locally available, seasonal and low-cost food items.

Ask the participants to compare this to the common food items that are used at home during every meal. This will help the participants to identify gaps – if there are any food groups they are missing for a healthy body and mind. They can discuss among themselves what foods need to supplement their diet after this information.

FACTORS AFFECTING NUTRITION OTHER THAN FOOD



Activity 2

Time required

30 mins

Once the participants are familiar with the role of a balanced diet and nutritious food to stay healthy, ask each participant to mention at least one factor other than the food consumed that may influence nutritional health of an adolescent boy or girl.

List the major factors on the black board/paper 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 cut raw food material ❖ Over cooking ❖ Sour food causes increased menstrual 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

Check with the group if they observe any discrimination against girls in their home/community. For example, if the father has bought some fruits 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 participants have experienced or observed such differentiation. Do they think this practice is unfair or discriminatory? Tell them that this will be further discussed towards the end of the session.

Discuss the consequences of each of the factors on the growth of an adolescent, especially a girl child. Supplement with some of these commonly observed effects:

- ❖ 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
- ❖ Vicious cycle of stunted mother, stunted baby (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)

Ask the participants about what can be done when one of them experiences a similar situation. Listen to their suggestions and steer the discussion towards dealing with a problem constructively and positively. Explain to the participants that communicating effectively helps improve relationships and helps one relate to people in a positive way and deal with problems in a practical manner. As adolescents we tend to hesitate or become extra sensitive when dealing with issues related to health, especially to persons in authority, e.g. parents/school teachers/officials.

Inform participants some important facts about malnutrition and anaemia:

- ❖ Anaemia refers to low number of red blood cells or haemoglobin in the blood
- ❖ A common cause of anaemia is iron deficiency (or low intake of food containing iron like green leafy vegetables- spinach, apple etc. or intestinal worm infestation)
- ❖ 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 <12 g% (girls) and <13g% (boys).
- ❖ 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).
- ❖ Young people should regularly consume IFA tablets (neeli-goli) provided to them in schools and at anganwadi centers (for out-of-school girls). The tablets should be consumed after main meal of the day to prevent side effects such as nausea. Those who have severe side effects, should take the tablet after dinner and before going to sleep. You may also contact the doctor at the nearest government hospital/dispensary for more information and medical help.
- ❖ Don't take tea/coffee with meals or for at least one hour after taking iron tablets and meals as it slows down absorption of iron in the body
- ❖ Cook food in iron utensils on some days.
- ❖ Wear footwear to prevent worm infestation; take a course of de-worming tablets in case worm infestation is suspected.
- ❖ Avoid early marriage and early motherhood.
- ❖ Maintain cleanliness and prevent breeding of mosquitoes to protect from malaria and other mosquito-borne diseases.

Lifestyle Diseases and Risk Factors (30 mins)

Activity 3: 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 chose 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).

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.

Sum up the session with the following points:

1. Good health is not about not being ill; it is about adopting a healthy lifestyle and leading a healthy stress-free life. Eating well and physical exercise are both important to maintain good health and fitness.
2. 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
3. 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.
4. 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.
5. Girls need special attention to increase food intake to accommodate 'growth spurts' and to establish energy reserves for pregnancy and lactation.
6. Fight iron deficiencies through consuming foods rich in iron (green leafy vegetables, meat and liver)
7. Adolescents should regularly consume IFA tablets (neeli-goli) provided to them in schools and at Anganwadi Centers (for out-of-school girls). The tablets should be consumed after main meal of the day to prevent side effects such as nausea. You may also contact the doctor at the nearest government hospital/dispensary for more information and medical help.
8. Fight Vitamin A deficiencies by consuming food such as sweet potatoes, eggs, mangoes, papaya, carrots and pumpkins
9. 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.

10. 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
 - ❖ Avoid skipping meals or having only packaged food
 - ❖ Drink sufficient water (8 to 10 glasses per day)
11. Open defecation should be avoided as it causes transmission of intestinal infection which in turn can cause malnourishment
12. Overeating or unhealthy eating combined with no physical exercise can cause overweight and obesity. 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.



module IV



healthy mind &
healthy behaviours

Session 8

Time	Sub Session	Method	Resource person
10.30- 10.40 AM	Attendance		ANM
10.40-11.00 AM	Reflection on previous session (will include PE- Adolescent field experience also)	Discussion/ brainstorming	ANM/ Adolescents
11.00- 12.00 PM	Substance misuse	Activity 1	ANM
12.00- 1.00 PM	Assertive communication	Activity 2	ANM
1.00 PM - 2.00 PM	Lunch break		
2.00 - 4.00 PM	Mock of the session with PE	Mock of the activities with PE	ANM/ Adolescents

Session 9

10.30-10.45 AM	Attendance		ANM
10.45-11.00 AM	Reflection on previous session (will include PE- Adolescent field experience also)	Discussion/ brainstorming	ANM/ Adolescent
11.00-12.00PM	How to say 'no'	Activity 3	ANM
12.00-1.00 PM	Mental health	Activity 4	ANM
1.00-2.00PM	Lunch		
2.00-4.00PM	Mock session with peer educators		ANM/ Adolescent



SESSION 8



Adolescence is a period of both physical and mental growth and development. During these growing years, young people take on new roles, responsibilities and identities. As adolescents mature, their ability to think develops and they become capable of better articulation and develop independent ideas. These are truly the years of creativity, enthusiasm and 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. This phase is marked by frequent mood swings and stress, often worsened by pressure to conform to peer group norms that may conflict with one's own attitude, values and behaviour and those of one's family.

It is important that adolescents have the information and skills to manage peer pressure, stress and emotions in constructive ways without harming self, practise responsible sexual behaviour and say 'no' to risky behaviour.



Learning Objectives

1. To learn about the risks associated with substance misuse
2. To learn to manage peer pressure through assertive communication
3. To learn about effect of stress on adolescents



Materials required

Case study, pen and papers



Methodology

Brainstorming, group discussion, role plays



Activity 1

Time required

60 mins

Divide the participants into two groups and give a copy the following case study to each group to discuss and present their responses to the larger group.

Case study

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

Discussion points

- ❖ What do you understand by the term 'drug use'?
- ❖ How would you identify if a person is using a harmful substance? How do you think Neeraj/Gudiya has taken to drugs?
- ❖ How will drug use harm Neeraj/Gudiya?
- ❖ How can Neeraj/Gudiya overcome this challenge and get back to normal life?
- ❖ What should his/her parents and teachers do?

After listening to the participants' responses, thank the group leaders.

Write the phrase 'substance misuse' on the blackboard/paper. Ask the participants what they understand about this. Have they ever heard about drugs? Explain about substance misuse and addiction with the help of the information given below:

Substance misuse is the harmful use of substances like drugs and alcohol. The term "substance misuse" often refers to illegal drugs. However, substances available legally can also be misused, such as alcohol, prescription medications, caffeine, nicotine and volatile substances (e.g. petrol, glue, paint). Due to repeated intake of drugs, an advanced stage often develops that typically includes a strong desire to take the substance, difficulties in controlling its use, continuing its use despite harmful consequences, increased tolerance, a higher priority given to drug use than to other activities and responsibilities. Sometimes there comes a stage in which the person develops physical discomfort like nausea, abdominal pain, diarrhoea if he/she does not take their regular dose of drugs.

Refer to the case of Neeraj/Gudiya. Tell them that this is an example of young people taking to drugs due to peer pressure. Drugs not only alter physical functions but also mental abilities. Their use has many associated risks like sexual abuse, unprotected sex leading to unwanted pregnancy, STI/RTI and/or HIV, reckless driving, delinquency, antisocial 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/Gudiya has a good chance to overcome his/her drug using habit but he/she needs support from his family, friends and teachers. It is natural for parents and mentors to be upset and become angry but such reactions will 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 seek help from doctors and counsellors, and also from relatives, children and the community they live in to be supportive in helping their children fight drug abuse.

Sum up the session with the following points:

- ❖ Some of the factors that make adolescents vulnerable to substance misuse are peer pressure, poor self-esteem, low achievement at school/work, performance pressure, family history of substance misuse and family instability.
- ❖ Pressure from friends to try an addictive substance, the urge to gain popularity among friends, desire to experiment and curiosity to try out new things also make young people particularly vulnerable to substance misuse.
- ❖ Many of these substances have properties that alter brain functioning and after a point of time, the individual loses discretion and judgment and could become addicted.
- ❖ Substance misuse creates problems with family and friends, it results not only in loss of trust but also breakdown in the relationships making the user isolated and lonely.



Activity 2

Time required

60 min

Step 1: Invite the participants to sit in a circle. Explain that communication is about using speech, body language, expression, seeing and listening. This exercise through the various role-plays will allow them to practise their communication skills to make them more effective in expressing themselves.

Invite volunteers. Give them the following role-plays to prepare in five minutes and enact.

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: This is related to my history project... Maa, why don't you speak to my teacher before deciding? My other classmates are going too. 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 is sad and angry at the same time and wants to somehow convince her mother for the trip

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.

Step 2: Now ask them the following questions:

For Role Play 1:

- ❖ Do you think being aggressive will help Asha convince her mother to allow her to go for the trip? How? (Group 1)
- ❖ Do you think by being sad about this will help her get permission for the trip? Can you help think some options? (Group 2)

For Role play 2:

- ❖ Do you think Ajit will be able to convince his friends? Why?

Step 3: Now emphasize the following:

- ❖ All of us like to be accepted by people who are important to us
- ❖ Some of us may think that if we agree with everything that our parents, friends and teachers say, we will be liked by them but this may not always be true
- ❖ As we start thinking independently, it is not possible to be in complete agreement with everyone on every issue and there is nothing wrong with disagreeing as long as we are willing to hear the other person's view point and try to understand him/her.

- ❖ If we strongly believe in something and stand up for it, people are more likely to like and respect us in the long run
- ❖ There are many ways of communicating our viewpoints and can be broadly categorized into assertive, passive and aggressive styles

Step 4: Now let us try to understand the differences between these three types of communication:

You are being ASSERTIVE when you:

- ❖ stand up for what is best for you
- ❖ express your needs clearly and directly without feeling guilty or intimidated
- ❖ openly and honestly express your ideas and feelings
- ❖ have a positive attitude most of the times
- ❖ respect other people's rights and ideas
- ❖ listen to other people
- ❖ able to make you own decisions

You are being PASSIVE when you:

- ❖ do not stand up for what is best for you
- ❖ do not let other people know what you need or want
- ❖ let other people decide what is best for you
- ❖ leave everything to others because you think "they know how to do these things"
- ❖ feel controlled by other people
- ❖ avoid your problems
- ❖ feel little and helpless

You are AGGRESSIVE when you:

- ❖ want to win at any cost and are pushy
- ❖ put other people down
- ❖ don't listen to or respect other people's feelings or ideas
- ❖ get very angry
- ❖ you talk too loudly or shout in a discussion
- ❖ lose control of yourself
- ❖ This can lead to violence, embarrassment, emotional pain and injury

Step 5: *(For girls and boys)*

- ❖ Concluding from step 4 above, what could be the best way of communication Ajit/Asha should have to convince their friends/family

Sum up the session with the following point:

- ❖ Assertive style of communication is the most healthy and positive style of communication

SESSION 9



It is not easy to say 'No' especially to friends, seniors and elders (including those in the family), as we do not want to hurt them. But at times if friends, seniors or elders are forcing you to do something which you are not comfortable with or you feel is not socially acceptable and may even be harmful to you, you need to say 'No'.

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



Activity 3

Time required

60 min

Ask the participants if they have experienced or know about statements used by friends that create a pressure to comply. Encourage a few participants to share their experiences with the group.

Once such statements are noted down, ask participants to state some responses that could help deal with such pressure. List their responses on a chart. 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. I don't want to be on a hospital bed)*
- ❖ 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 alright. *(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. I don't care for your threats.)*
- ❖ If you really trust me, you would be ready to do it without a condom. *(You are using emotional blackmail. If you really love me you will agree to use condoms.)*

Sum up the session with the following points:

- ❖ Learning to say 'no' is a skill that will get better with practice.
- ❖ Saying 'no' helps a person to be able to prevent risky situations by dealing with pressures confidently and assertively.
- ❖ Assertive communication helps prevent situations that may cause unnecessary stress and emotional disturbance not only during adolescence but also later in life

Tell the participants that all of us 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 in our life.

The session will help us identify the problems we commonly face during adolescence and highlight the ways to find solutions to problems. It is first important to understand the reasons for the problem(s). Usually we fail to identify the main cause of our problems and therefore are unable to find the right solutions to them.



Activity 4

Time required

60 min

Divide the participants into two groups and provide each a copy of the appropriate case study for role-play.

Case study

Reema/Ranjit is 15 year old and has got good grades in class IX annual exams. His/her parents always tell him/her how they expect to see him/her at the top of his/her class. Now, she/he is worried whether she/he will be able to keep up his/her performance and score good grades in class X. Now as the board exams are approaching, Reema/Ranjit feel that they are unable to concentrate on their studies. Their mind is always occupied with negative thoughts such as failing their exam or inability to get admission in a good college. They have difficulty in sleeping and at times get up in the middle of the night drenched in sweat.

Discuss the case study based on the following points:

- ❖ What do you think is happening to Ranjit/Reema?
- ❖ What should she/he possibly do now?
- ❖ What can be the role of the parents in helping Ranjit/Reema?
- ❖ How can s/he talk to his/her parents about his/her stress?

Case study

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 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.

Discuss the case study based on the following points:

- ❖ 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?

Sum up the session with the following points:

- ❖ Mental health is a growing concern among adolescents
- ❖ Unnecessary stress, emotional swings and intense competition can impact mental health during adolescence.
- ❖ Worry and anxiety are normal reactions to concerns about what might happen in future. Most adolescents worry at times about school performance, their image in front of friends, family and appearance.
- ❖ Have a good social support through parents, friends and family, exercise on regular basis, healthy diet, good quantity and quality of sleep, yoga and meditation, music are ways by which adolescents can combat anxiety and worry.

- ❖ It is important to communicate assertively and say 'No' to any activity that you think is wrong. Practice saying 'No' to drugs in any form be it alcohol, tobacco in the form of *gutka*, *cigarette* or *bidi*, *opium* and other drugs
- ❖ Substance misuse has many associated risks like unsafe sexual behaviour leading to unwanted pregnancy, STI/RTI and/or HIV/AIDS, sexual abuse, reckless driving leading to accidents and deaths. Prolonged and excessive can also cause cancer, lung and liver diseases.



module V



adolescent sexual
and reproductive health



Session 10

Time	Sub Session	Method	Resource person
10.30-10.40 AM	Attendance		ANM
10.40-11.00 AM	Reflection on previous session (will include PE-Adolescent field experience also)	Discussion/brainstorming	ANM/Adolescents
11.00-12.00 PM	Child marriage	Activity 1	ANM
12.00-1.00 PM	Plan for life	Activity 2	ANM
1.00-2.00 PM	Lunch		
2.00-2.30 PM	Summarizing and reflection on morning sessions	Discussion	ANM
2.30-4.00PM	Mock session with PE	Mock activities with PE	ANM/adolescents

Session 11

10.30-10.40 AM	Attendance		
10.40-11.00 AM	Reflection on previous session (will include PE-Adolescent field experience also)	Discussion/brainstorming	ANM/Adolescents
11.00- 1.00 PM	RTI/STI	Activity 3 and 4	ANM
1.00-2.00 PM	Lunch		
2.00-2.45 PM	HIV/AIDS	Activity 5	ANM
2.30-4.00PM	Mock session with the peer educators		ANM/adolescents

SESSION 10



Child marriage is a common and serious problem in our country. Though child marriage happens among both girls and boys, it has more and longer lasting ill-effects to the health, development and well being of young girls. Early marriage is usually followed by early childbearing and this is dangerous for both the mother and the baby. They have little or no decision-making power and negotiation skills to safeguard their interests, sexual and reproductive rights. Thus, girls who marry young are often vulnerable to RTIs/STIs and are likely to face violence and abuse.

In India, under the 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 protect the interest of a young person so that they 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 the right age for marriage and consequences of child marriage
2. To inform participants about resources and organizations that can be of help when rights are violated
3. To plan and develop a vision for the future
4. Understand importance of personal hygiene and develop ways of maintaining it within their environment
5. To inform participants about signs and symptoms of RTIs and STIs and to educate participants about seeking timely help and information from doctors/ANM/ASHA



Materials required

Case study, sheet of papers; pens/pencils



Methodology

Brainstorming, group discussion, exercises like goal setting

Ask the participants 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.



Activity 1

Time required

60 mins

Divide them into two groups and read the case study of Meena given below. Give 15 mins to each group to discuss the questions within the group.

Case Study

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 Points for Group 1

- ❖ Do you think Meena's case is common?
- ❖ Do we know anyone who has left school for any reason, maybe even for marriage?
- ❖ Is her mother right in planning Meena's marriage early? Why?
- ❖ Is her being aunt nice to Meena and her parents? Why?

Discussion Points for Group 2

- ❖ Do you think Meena's parents should accept this proposal? Why?
- ❖ Why is Meena disturbed and sad?
- ❖ How can Meena convince her parents to delay the marriage?
- ❖ What would you have done to help Meena?

Meena's story is common and several girls in our country go through such situations. Many girls are forced to leave school for marriage or other reasons like safety, cost of travel to school or distance from home as in Meena's case. These girls get married early. Meena's parents are ignorant about the consequences of early marriage and do not understand that their daughter will be safe and competent only if she completes her education and becomes self-dependent. They also do not understand that Meena at this age is not physically and mentally prepared to take on the responsibility of marriage and family. It is also possible that Meena's parents are marrying her off as early marriage is encouraged in the community.

Meena is disturbed and sad for she may not be interested in marriage at that age and would probably be expecting to return to school some day. She may also be sad or confused with the sudden proposal and may have queries about her future husband and in-laws. She might be feeling scared at the thought of living with people whom she doesn't know at all. Meena, her parents and her aunt need to be counselled and informed on her rights and the legal age for marriage. They need to be educated on the negative consequences of child marriage and need to be convinced to postpone the marriage at least till Meena is 18 years of age. Meena can take the help of ASHA *didi*, ANM *didi*, teacher, PRI member, any other respected member of the community or peer educators to convince her parents. If her parents do not agree, she can also approach the Child Marriage Prohibition Officer to prevent her marriage.

Meena's parents should help her in building her skills and not merely wait for a suitable match. Till she is ready for marriage, she should be allowed to attend school or take vocational classes so that she has scope for a livelihood and employment in future.

Before moving on to the next activity, discuss the following issues with the participants:

1. What are the reasons for early marriages within their community?
2. What can be done when they hear of cases similar to Meena or are themselves coerced by parents/relatives for an early marriage?
3. Whom can they approach for help? What steps can they take to protect themselves?

Discuss who adolescents can approach in the village and outside the village to seek help. If there are any NGOs working on the issue and someone is aware of any institution, these can be noted down too. In some states, the **Integrated Child Protection Scheme (ICPS)** is well established, which helps to secure the safety of children; in that case preventive services like- **Village Child Protection Committees (VCPC)** would be accessible. Peers can help map the VCPC persons in the village so that they can be approached at times of need.



Activity 2

Time required

60 mins

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

Tell them to assume that if they were to get married between 15 and 21 years of age or even younger and see how their life plans may change. It may be as follows:

- ❖ 15 years: Out of school and married/poor negotiation skills and communication gap with spouse
- ❖ 18–20 years: One or two abortions/children/poor health/no time and finances for vocational opportunities; spouse not able to share responsibilities well
- ❖ 21–24 years: Responsibilities of family and children; low-paying jobs/poor savings
- ❖ 24 years and above: Increased financial pressure and large loans

To summarize the activity, share a proposed plan for life with more realistic targets.

Plan for Life

(A general plan based on realistic targets for education and employment and possible situations with regard to relationship and marriage)

15 years or above: Complete 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; maybe marriage for some; or a decision to have a child for some (After marriage, if they decide to delay pregnancy, they can speak to ASHA/ANM didi regarding contraceptives and family planning measures.)

24 years and above: Have a source of livelihood and some savings; may have or may not have a steady love relationship; maybe marriage for some; or a decision to have a child for some

Remember

- ❖ 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

While our parents always plan the best for us, it is important to think and plan for ourselves about important decisions that impact our life (such as education or marriage). It is not rebelling or disobeying our elders but consciously being responsible for our own actions/decisions when we are ready to take them on.

Sum up the session with the following points:

1. One should plan marriage after attaining legal age for marriage and a certain level of education and financial independence.
2. Chances of a good marriage are better after completing education and having financial independence.
3. If both husband and wife are educated and have vocational/professional skills, they can help each other financially and sharing responsibilities
4. It is important to have some personal savings before you plan marriage and children so that you carry out responsibilities with respect and dignity.
5. An educated couple also understands the significance of having a small family and how to take care of health and nutrition of self and family.
6. Each individual, whether a man or a woman has a 'right age' and 'right time' for marriage and having children. Hence, one should not give in to social pressures.

SESSION 11



Recap the last session with group on understanding the right age of marriage and developing a plan for future. Ask some questions about what they learnt in the last session.

Now say: Today we will talk about something more in the same direction.



Activity 3

Time required

45 mins



Materials required

Pens and paper

Read the following story to the group. Now divide the group into two and ask them to discuss the questions below among themselves and write their responses on a paper.

Case study (Girls group)

Jayanti is a 13-year-old girl who lives in a village. She started having her periods recently. Since they don't have a toilet in the house, Jayanti often doesn't have enough privacy to change her pad regularly, even during her heavy period days. For the past few days, she has been experiencing slight itching sensation in her genital areas. Today, while attending her class, Jayanti felt an uncontrollable urge to scratch her genital area. Later, when she went to relieve herself, she saw that her genitals were swollen and red. She is scared and does not know what to do.

Discussion points

- ❖ What do you think has happened to Jayanti?
- ❖ Why do you think she is in such an uncomfortable position?
- ❖ Who do you think should she speak to about her problem?
- ❖ What steps should she take to avoid such problems in future?

Case study (Boys group)

Ajay is a 19-year-old unmarried 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 having a 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 the same company. The friend tells him that he had a similar problem and advises him to go to a nearby government hospital/dispensary.

Discussion points

- ❖ What is Ajay's problem?
- ❖ What do you think the reason for this problem can be?
- ❖ What precautions should Ajay take to avoid such problems in the future?
- ❖ Whom should he now speak to about his problem?

After the groups have finished discussing with each other, explain to the group that the symptoms mentioned in the above case study may be Reproductive Tract Infections/Sexually Transmitted Infections. Explain to the group that Reproductive Tract Infection (RTIs) includes all infections of the reproductive tract that may come from poor genital hygiene, or overgrowth of organisms normally present in the genital tract or due to improperly performed medical procedures such as unsafe abortion or poor delivery practices (in case of girls). On the other hand, Sexually Transmitted Infections (STIs) are infectious diseases that spread through unprotected sexual activity with an infected partner. Any form of pain/discharge/swelling in the reproductive tract needs to be treated by a qualified doctor. Also, a medical test helps in the diagnosis of any other infection that could be sexually transmitted such as the Human Immunodeficiency Virus (HIV), Syphilis, Gonorrhea and Human Papilloma Virus (HPV) infections.

Adolescents suffering from such infections avoid talking about them either because they are not aware that they are suffering from RTI/STI or 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.

Adolescents have limited access to information on infection prevention, counselling and testing, and medical treatment due to various social and cultural norms. Therefore it is very important for adolescents to understand the importance of personal hygiene and implement these habits. Adolescents must learn to overcome their inhibitions and seek information and timely help from health care providers such as doctors, counsellors, ANM or ASHA.



Activity 4

Time required

30 mins



Materials required

Blackboard and chalk (if possible), Pen and paper

Ask the participants if they are aware of the symptoms of reproductive tract infections/sexually transmitted infections. If yes, ask them to name some of the symptoms. Following may be the list of symptoms suggested by the participants:

For Girls

- ❖ Irregular menstrual 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 genital area
- ❖ A small infectious/non-infectious growth (wart) in the genital area
- ❖ Pain/burning sensation during urination
- ❖ Sores/ulcers in or around genital areas
- ❖ Painful or difficult intercourse
- ❖ Fever or chills

For Boys

- ❖ 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
- ❖ Itching or tingling sensation in the genital area
- ❖ Fever or chills, sores in the mouth
- ❖ Heaviness and discomfort in the testicles

Personal hygiene is very important to prevent some common RTIs which are not STIs.

To minimize risks of RTIs, it is very important to maintain personal hygiene, especially of genital area. Therefore, washing genitals, wear a clean cotton underwear daily, take daily bath are useful to prevent RTIs. Additionally for girls, proper management of menstruation including using washed and sundried cotton cloths or disposable sanitary pads are important to prevent RTIs.

Efforts should be made to make parents understand that marriage should be delayed till adolescents are physically and emotionally mature. This will help delay early initiation of sexual activity thereby prevent STIs.

Sum up the session with the following points:

- ❖ Maintaining hygiene, especially menstrual hygiene for girls should be a priority. Good practices include keeping the genital area clean, bathing every day, wearing clean cotton underwear everyday and washing the menstrual cloth with soap and water before putting it to dry in the sun. The heat from the sun not only dries the cloth it also kills the germs. The dried cloth should be stored in a clean, damp-free place, preferably in a clean bag with your regular clothes.
- ❖ Participants require a supportive environment from family members to practice hygiene. This would involve talking to mothers or elders in the family and finding innovative options within their limited resources. Think of actionable solutions where the family can provide a private space or a toilet for bathing or changing menstrual absorbent cloth/napkin during menstruation days



Activity 5

Time required

45 mins

Ask the group if they have heard of HIV/AIDS? Let the adolescents share their responses with each other. Explain to the group that adolescents are at an age where they are vulnerable to experimenting and are curious about finding out new things. Hence, it is important to give them correct information about the ways in which HIV can be transmitted.

HIV stands for Human Immunodeficiency Virus. HIV is a virus that causes AIDS. HIV virus destroys the disease fighting potential of the human body because of which various infection causing organisms can invade the body and grow to cause disease. HIV can spread through four ways:

- ❖ Having unprotected sex (sex without condom) with a HIV-infected person
- ❖ From an HIV-infected mother to her unborn child during pregnancy, during delivery or after delivery through breast feeding
- ❖ Transfusion of HIV-infected blood
- ❖ Sharing of HIV-infected needles and syringes

Case Study

Nancy/Mahesh, a 17 year old girl/boys, has been friends with a group of girls/boys in their college. One day, during a birthday party, her/his friends pressurize her/him to take drugs through injection. She/he refuses but when they start making fun of her/him, she agrees to experiment with injectable drugs because she/he did not want to be the odd one out in the group. She/he uses the same needle that the other girls/boys had used and enjoys the sensation. Soon, she/he gets addicted to injectable drugs.

Discussion Points

- ❖ What was the role of Nancy's/Mohit's so-called friends in influencing her decision?
- ❖ What do you think can happen to Nancy/Mohit now?
- ❖ Could Nancy/Mohit have behaved differently? If yes, explain what could she/he have done?

In case, any adolescent needs more information on HIV or wishes to take a HIV test, he/she should be referred to the nearest Integrated Counselling and Testing Center (ICTC). At an ICTC, following services are provided:

- ❖ Confidential pre- and post-test counselling and testing for HIV
- ❖ Provision of basic information on modes of transmission and prevention of HIV/AIDS
- ❖ Provide linkage to other HIV prevention, care and treatment services such as ART centers

Adolescents should remember that HIV infection can be prevented through:

- ❖ Correct and consistent use of condoms
- ❖ Use of only new or sterilized syringes and needles
- ❖ Provision of Antiretroviral treatment to HIV-infected pregnant women which reduces the chances of transmission to her unborn child
- ❖ Ensuring that the blood to be used for transfusion has been tested and is free of HIV

Ask the participants to list down people whom they could approach in case they need more information or medical attention. Share that we must learn to overcome our inhibitions seek information and timely help from doctors/ANM/AFHC counsellor.

Sum up the session with the following points:

1. Reproductive tract infections (RTIs) may be caused due to poor personal hygiene or through unprotected sexual contact
2. RTIs that are transmitted sexually are called sexually transmitted infections (STIs). It is possible that individuals infected with STIs will have no symptoms
3. Personal hygiene is very important to prevent some common RTIs, which are not STIs.
4. Delay marriage until you are physically and emotionally mature. This will help delay early initiation of sexual activity and prevent STIs
5. Delay sexual debut. Enhance life skills to negotiate for safe sex, resist peer pressure and say 'no' to coercion for risky behaviours such as drug use or unsafe sex
6. One needs to consult the nearest government hospital/ dispensary or Adolescent Friendly Health Clinics (AFHC) in case of any symptoms suggestive of RTI/STI
7. According to the law, people have a right to confidentiality and privacy when they receive counselling and treatment for HIV/ AIDS, STIs and RTIs.
8. People have the right to keep their HIV status confidential although they should be encouraged to talk to their spouse or sexual partner about it
9. Antiretroviral therapy (ART) cannot cure HIV infection but it slows down the disease progression by stopping or decreasing the reproduction of the HIV virus in the body

module VI



understanding gender
and violence including
rights and entitlements

Session 12

Time	Sub Session	Method	Resource person
10.00-10.40 AM	Attendance		ANM
10.40-11.00 AM	Reflection on previous session (will include PE- Adolescent field experience also)	Discussion/ brainstorming	ANM/ Adolescents
11.00- 12.15 PM	Sex and gender	Activity 1	ANM
12.15 -1.00PM	Understanding Rights & entitlements	Discussion	ANM
1.00-2.00 PM	Lunch		
2.00-4.00 PM	Wrap up and mock session with PE	Summarize and mock activities with PE	ANM

Session 13

10.30-10.40 AM	Attendance		ANM
10.40-11.00 AM	Reflection on previous session (will include PE- Adolescent field experience also)	Discussion/ brainstorming	ANM/ Adolescents
11.00-12.00 PM	Violence against adolescents	Activity 2 and 3	ANM
12.00-1.00 PM	Gender based violence	Activity 4 and 5	ANM
1.00-2.00 PM	Lunch		
2.00 – 2.45 PM	Violence in marriage	Activity 6	ANM
2.45-4.00 PM	Wrap up and mock session with PE	Summarize and mock activities with PE	ANM/ adolescents



SESSION 12



To introduce this topic discuss with participants why and how they think societies and families have different expectations from boys and girls.

Explain concepts of 'sex' and 'gender'.

A person's sex refers to biological differences between a male and female. People may be classified male or female as determined by three sets of characteristics – external sex organs, internal sex organs and secondary sexual development during puberty.

Gender is a concept made by the society, teaching us how men and women should behave and how they are expected to act within that society. This means that gender role and categories vary from society to society and at different times in history. We often begin to observe and learn gender norms from our environment early in life from parents, teachers, religious leaders, media etc. Gender based roles expect certain kinds of behaviours which may not be in the best interest of the person or the community. Recognizing that gender roles are learned and not 'natural' helps us to understand that such behaviours can be changed. For example, the notion that women should stay at home and take care of children is based on social norms and can be addressed by encouraging and supporting women if they choose to work outside home.



Learning Objectives

1. Identify the difference between sex and gender
2. Understand the stereotypes associated with gender, gender roles and their impact
3. To understand the fundamental rights as citizens in India
4. To understand Gender Based Violence (GBV) and its forms
5. To learn how GBV can be prevented
6. To learn how to seek help if facing abuse or violence



Activity 1

Time required

75 minutes



Materials required

Blackboard and chalk (if possible), pen and paper

Methodology: Brainstorming, presentation, group discussion

Initiate this session by conducting a word association exercise on 'Man' and 'Woman'. Take a chart paper and divide it into three columns. Ask two of the participants 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 participants.

Now ask female participants 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. Once the female participants have completed, invite the male participants to add to this list.

Then ask the male participants to say words that they associate with 'women and femininity' list them under the column 'Woman'. Once this is completed, invite the female participants to add to this list. 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 participants 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. You can use examples from real lives (like sportspersons, film stars, celebrities, political leaders, freedom fighters and others) to convey this more effectively.

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 participants 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'.

Explain that the biological difference between a male and a female (described by words in the central column) 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'.

Emphasize that most of these characteristics or qualities are interchangeable or applicable to both sexes. Hence, 'gender' may vary with time and culture. However, gender is so deep-rooted in our society that it is often mistaken for sex. For example, the thought that men are breadwinners and women are homemakers is changing with time, e.g. women work equally if not more than men in the fields, both man and woman are given employment under the MNREGA scheme etc. Today there are many families where both men and women share responsibilities of earning, household chores and childcare. They also have equal rights and entitlements and are not less or more than the other. The Constitution of India not only grants equality to women, but also provides measures in to empower women.

Ask participants if they agree that almost anything females can do, males can also do. And almost everything that males can do, females can also do. Write down the responses on a chart or board. Help them think 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?

Explain the adolescents that these roles are often based on social customs and not on our abilities or interests. Over time, gender roles are changing slowly and more in some locations than others, e.g. in cities more than in villages. For example, earlier people used to think that girls should stay at home. With the government schemes and educational facilities available today, many girls are studying and working to have an independent career, even in male dominated professions. Families are supporting them too.

It is important to examine our own beliefs about gender roles and expectations. This helps us understand the effects of such norms and question them as they may be limiting our life choices. It helps us understand the truth beyond our own assumptions/myths that we may be blindly following. We may not be able to find solutions but being aware and questioning gender norms are a very important exercise and good starting point.

UNDERSTANDING OUR FUNDAMENTAL RIGHTS

Place the charts with the following information around the room. Encourage the participants 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) 30 mins

The right to equality: It includes equality before law, prohibition of discrimination on grounds of religion, race, caste, gender or place of birth, and equality of opportunity in matters of employment, abolition of untouchability and abolition of titles.

The right to freedom: It includes speech and expression, assembly, association or union or cooperatives, movement, residence, and right to practice any profession or occupation (some of these rights are subject to security of the State, friendly relations with foreign countries, public order, decency or morality), right to life and liberty, right to education, protection in respect to conviction in offences and protection against arrest and detention in certain cases.

The right to freedom from exploitation: It prohibits all forms of forced labour, child labour and trafficking of human beings

The right to freedom of religion: It includes freedom of conscience and free profession, practice, and propagation of religion, freedom to manage religious affairs, freedom from certain taxes and freedom from religious instructions in certain educational institutes.

Cultural and Educational rights: Preserve the right of any section of citizens to conserve their culture, language or script, and right of minorities to establish and administer educational institutions of their choice

The right to constitutional remedies: It is present for enforcement of Fundamental Rights.

Ask the participants 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? Why do girls face bias/discrimination when they are at public spaces? Are adolescent's rights to choose when they wish to marry respected?

Sum up the session with the following points:

- ❖ 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
- ❖ Different cultures may value girls and boys differently and assign them different gender roles, responsibilities and attributes
- ❖ Gender roles may influence our behaviour and restrict our life options by creating biases and discrimination
- ❖ Irrespective of our biological or gender identity, we are equal and deserve the same love, respect, information, education, services, employment or any other institutional benefits



SESSION 13



Violence including abuse and harassment are very serious offences. 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 cyber crime or bullying at school/college/ place of work. Adolescents are at risk for most of them.

Much of the violence is perpetrated in the name of tradition, culture, religion or superstition and may be based on 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 treat violence like corporal punishment in the name of discipline. In many cases violence perpetrated in the name of ragging and bullying in schools and colleges is overlooked as a process of making friends. The problem becomes even more serious as prevalent social norms create an unequal power relation between an adult and a child. It also prevents children, especially girls, from seeking help and support. Young people may have to suffer serious injuries, mental trauma or may even die. Under no circumstances can abuse or violence be justified and any form of violence 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 why adolescents are at risk of facing violence
3. To understand the impact of such violence on adolescents



Activity 2

Time required

20 min



Materials required

Paper, pen



Methodology

Brainstorming, group discussion, case studies

Ask one of the participants to write the word 'VIOLENCE' on the paper and ask the participants to say aloud anything that comes to their mind in relation to that word. Let the volunteer write down all the participants' responses around the word violence.

Some of the responses may be *beating, hitting, slapping, burning with hot rod or cigarette, keeping children without food, locking in dark places, killing, fighting, rape, riots or murder.*

Thank the participants and help the larger group understand the different responses. 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 well-wishers. On the paper, circle the responses that are or reflect **child marriage, child labour, sexual abuse, corporal punishment, bullying and honour killing**. Tell the participants that these will be discussed through group work.



Activity 3

Time required

40 mins

Divide the participants into two/four groups. Give each group the case (given below) to discuss. Ask the group to choose a leader to present the discussions.

Group 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 Points

- 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?

Yes, this is violence and is known as **corporal punishment**. 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.

After hearing the group leader's presentations, discuss in detail the suggested messages to elders against crude disciplinary action. The following can be added to the suggested list:

1. Please listen to me before making a judgement about me.
2. Please help me understand my fault.
3. Please make rules easy for me to understand, learn and practise.
4. Please give me only as much as I can handle.
5. Please accept that I can't be the best in everything always.
6. Please don't beat, slap, hit, lock me up or scare me
7. Please praise me when I am good.
8. Encourage me to carry out my duties well

Group 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 Points:

- 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?

This form 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 kind 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, though it is less common, and still is violence.

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

Allow the group presenters to share their discussions with the larger group.

Sum up the session with the following points:

1. Adolescents may face violence such as bullying by adults or peers.
2. Adolescents may be a victim or may be involved in committing violence themselves, but both ways it is them who suffer the most affecting their health and development seriously.
3. 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, keep your cool and try to resolve conflicts through peaceful means.
4. No adolescent should ever be hit, beaten up, slapped, undergo ear/hand twisting, be locked in dark places, discriminated in provision of nutrition, health, education and recreation.
5. Adolescents can be disciplined through positive disciplinary actions like reinforcing the benefits of truth, honesty and disciplined life, nurturing their talent, spending time with them and giving them enough time for play and recreation.

6. Both girls as well as boys are at risk of violence, however girls suffer the most.
7. 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).
8. In any such situation where an adolescent 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.

Ask adolescents how they would seek help if they witness or are victims of any kind of abuse. Can they approach any person or institution/nearest government hospital/dispensary for help?

To help adolescents who are victims of violence it may be necessary to access first aid in case of injuries, or medical and counselling services at the nearest government hospital/dispensary. The ANM/ASHA or a trusted elder from the community maybe approached for help. The Village Child Protection Committee (VCPC) under ICPS has been established in many villages. As an exercise, adolescents can make a tree of Child Protection Services that are identified as preventive & protective services (the protective services includes Institutional services, non institutional services and community outreach activities).

Share the CHILDLINE number with the participants – 1098. Map any other relevant service providers, NGOs, CBOs at the community/Block or District level that can be accesses for psycho-social support and counselling.

As Peers you can also approach the Panchayat, ward representative/ AWW/ASHA/ANM to map the VCPC persons in the village so that they can be approached at times of need. This will help them strengthen their network and raise awareness in the community about the issue.

GENDER BASED VIOLENCE

(This session is in continuation of the Day 1 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.)

Gender-based violence (GBV) refers to any harmful act against a person's will based on the socially assigned (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 generally committed by persons in positions of power, including at times parents, family members, friends, police, guards and armed forces. It can take place in or can be accepted/allowed by families, communities and institutions including schools, prisons/reformatory homes and religious facilities.

Some of the common forms of GBV in our country are female foeticide (aborting a foetus when a person finds out that the foetus is female after undergoing a sex determination test), female infanticide (deliberate killing of newborn female child), child/forced marriage, kidnapping for marriage, domestic violence, eve teasing, stalking, molestation, rape (forced sex). Such acts affect the survival of the girl child and take her away from 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 protecting her dignity and family honour. The social and health consequences include emotional trauma, neglect, isolation, stigmatization, depression, acute or chronic physical injury, unwanted pregnancy, sexually transmitted infections including HIV/AIDS, emotional and psychological trauma and sometimes death. Survivors of GBV (including rape, sexual exploitation and domestic violence) are at heightened risk of being abused again.



Learning Objectives

1. To understand GBV and its forms
2. To learn how GBV can be prevented
3. Build self-confidence and communication skills to identify and seek help when faced with harassment or abuse



Activity 4

Time required

30 minutes



Materials required

Blackboard and chalk (if possible)



Methodology

Brainstorming, presentation, group discussion

Divide the participants into two groups. Ask each group to prepare a role-play based on the case and questions given to them.

Case study

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.

The group should read the case study and discuss the following:

Discussion points for Group 1

- i) 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?
- ii) Ask the participants to incorporate experiences from their own lives when a boy pursued them. What did they do?
- iii) Ask the participants how would they communicate their feelings if they were at Rehana's place and asked the boy to stop troubling her? Encourage them to think about both verbal and non-verbal communication that they may use. For example, what they will say, manner and tone of speaking, using expressions, hand movement, etc.

Discussion for Group 2:

- i) According to them, who is at fault if a girl gets teased – girl or boy? If girl, why? If boy, why?
- ii) Discuss 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.
(Hint: Help them recall reported cases of acid attacks, kidnapping etc. or personal instances when girls were not vigilant about safety and may not have asked for support from family and community.)
- iii) Ask the participants how would they communicate their feelings if they talked to a teacher or parent?

SEXUAL HARRASSMENT

Sexual harassment is any behaviour of a sexual nature perpetrated by one individual on another without his/her consent. Sexual harassment may be verbal or physical, only once or repeatedly. It can occur between people of different genders or those of same gender and may occur in a variety of relationships



Activity 5

Time required

30 mins

Case study (Girls group)

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.

The group should discuss the case study and discuss the following:

Discussion points for group 1

- i) Do you think Savita is right in feeling angry and uncomfortable about her cousin brother's touch? Give reasons for your response.
- ii) What should Savita do? Should she talk to him or approach another trusted family person? Give reasons for your response.
- iii) 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?

Discussion points for group 2

- i) 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?
- ii) What are some ways to assertively communicate unwillingness and say 'no'?
- iii) Share experiences from your own lives, recounting moments/occasions when you were touched in an unwanted manner by a relative. What did you do?

Allow the presentations to lead to discussions within the group. It is likely that the stories of Rehana and Savita are not uncommon in your group.

Rehana was scolded and blamed by her teacher in spite of the fact that it was not her fault. Similarly, Savita is afraid that her parents might blame her though she is not at fault. Unfair gender norms hold girls responsible for any act of violence that is committed against them. Men are rarely criticized. Rehana knew that if her parents or other people in the society got to know about the incident, they would also have a judgmental attitude towards her and would question her character. Ask the participants on how they can express their feelings and rights about this issue using effective communication skills.

Explain to the participants that they should be clear in their messages and use appropriate body language and tone in confronting their perpetrator. Remind them 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 and remember that parents/guardian have a responsibility to uphold their safety and dignity.

Case study (only for boys)

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 Points

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

It is possible that participants maybe hesitant to discuss Rohit's case as freely.

Share with participants that most cases of abuse involve persons they trust or know and victims are often threatened to not report and/or cooperate. Explain that adolescents should never fall into the trap of blaming themselves for the incident or suffering in silence.

Unwanted touch should be dealt with promptly:

First, confront the person harassing you. Talk assertively by telling him that you are aware of what he/she is doing and to put an end to it immediately.

Next, share the incident with your mother/father, elder sister/brother 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 within 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.

Recap with them about resource persons and institutions they can reach out to for support and help.



Activity 6

Time required

45 mins

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?

'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.

Sum up the session with the following points:

1. Abuse can be of various kinds- emotional, physical or sexual. It can happen with both boys and girls irrespective of class, caste, educational status, rural or urban areas
2. 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.
3. It is important to recognise 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/brother, mother/father or family member. Being quiet about it will not make the problem go away.
4. Remember it is not your fault if the person is continuing to tease or harass. Anger or crying does not help; nor does being quiet and accepting whatever is happening, helpful. It is ok to feel scared but one must take appropriate action to address the problem. One of many actions that could be taken is to take mother/father into confidence or approach someone reliable within the family/community. They in turn could talk to the person and/or his family and ensure that the abusive behaviour stops.
5. If required, victims of GBV (e.g. in case of rape) need to be taken immediately to nearest hospital/dispensary for first aid, treatment and counselling support. Appropriate referral contacts are available at CHCs and above to ensure legal help, care and support to the victim.
6. One must never resort to violence like slapping or hitting the perpetrator or getting them beaten up, as this may only aggravate the situation further. It is best to approach trusted elders or institutions for help.
7. 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.
8. 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.

RECORDING AND REPORTING OF PE ACTIVITIES

(Note: this session will be transacted only by ANM to PEs)

To ensure useful interactions of the peer educators with their adolescent groups, ASHA/NGO staff would assess the performance of peer educators and provide suggestions for improvements. This would be based on:

- ❖ Analysis of monthly reports submitted by peer educators by the 5th of each month.
- ❖ Review of Peer Educator Diaries
- ❖ Feedback on quality of PE sessions submitted by ASHAs would be based on visits to PE sessions, where attendance rates of participants, level of interaction, coverage of materials, participant knowledge of source materials and referral etc. would all be reviewed.

Time	Sub Session	Method	Resource person
10.00-10.45 AM	Attendance		ANM
10.45-11.00 AM	Recap of previous session	Discussion	ANM/ Adolescents
11.00- 11.30 PM	Format 1 & 2	Discussion	ANM
11.30-1.00PM	Format 3	Discussion	ANM
2.00-4.00 PM	Mock session with peer educators		ANM



SESSION 14

Format I: Peer Educator Monthly Reporting Form

Month/Year: _____

Name of Peer Educator: _____

Phone: _____

Parent name and address: _____

Village name: _____

Block: _____

District: _____

Peer Education training received (yes/no): _____

PE Kit received (yes/no): _____

Adolescent Friendly Club monthly meeting attended (yes/no): _____

Number of adolescents enrolled: _____

Type of Adolescent Group:

In-School/Out of School: _____

Boys/Girl: _____ 10-14 yrs: _____ 15-19 yrs: _____ Total: _____

Number of Peer Education Sessions conducted this month: _____

Average attendance rate: _____

Please specify dates and times of Peer Education

Please specify dates and times of Peer Education Sessions	Number of adolescents that attended peer education session

Number of adolescents referred to AFHC: _____

Please list any other activities conducted e. g. Adolescent Health Day dates and times: _____

Format II: Peer Educator Diary Format

Name of Peer Educator: _____

Phone: _____

Parent name and address: _____

Village name: _____

Number of adolescents enrolled	
Type of Adolescent Group	School/Out of School: Boys/Girl (Total): Boys/Girl in 10-14 yrs age group: Boys/Girl in 15-19 yrs age group:

Name of adolescent registered Age Phone number Parent Name & Address

S.No	Name of Adolescent registered	Age	Parent name and address	Phone number

III. Peer Education Session Format

A. For one to one interactions

Date/Month/Year_____

S. No. Name of Adolescent/Stakeholder reached

S.No	Name of Adolescent/ Stakeholder reached (To be kept confidential)	Sex (M/F)	Age	Issue/problem Discussed	Referral, if any

B. For Group Interactions

Date/Month/Year_____

S. No.	Venue	Name of Participants	Sex	Age	Issues discussed in session	Referrals, if any

C. Weekly Compilation Sheet

Month and Year_____

Total

Week	Days						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
WEEK 1							
No. of adolescents reached between 10-14 (boy/girl)							
No. of adolescents reached between 15-19 years (boy/ girl)							
No. of group sessions conducted							
No. of adolescents referred for AFHC services (boy/girl) for:							

Nutritional problem							
Mental health problem							
SRH problem							
Injuries/violence							
Substance misuse							
General health problem							
Counselling							
No. of community awareness and advocacy campaigns organized							

D. Action Plan/Content Check List for Peer Educator (to be maintained for one or more peer group being facilitated by each PE)

Session/Topic to be covered by PE through Group Sessions			
Those covered should be ticked and those not covered can be crossed			
Pre and post session Information:			
About Adolescent Health Programme, MoHFW			
Introducing Peer Educator and Peer coordinators (ASHA, ANM)			
Informing about providers and service delivery points (including referral service) to seek services and help if required			
Pubertal Changes	Menstruation	Nightfall	Personal hygiene
Gender Identity	Respecting diversity	Under nutrition and anaemia	Risk factors for health conditions related to life style
Dealing with peer pressure	Preventing substance misuse (Alcohol and smoking)	Managing emotion and stress	Minimizing risks to prevent Accidents and Injuries
Child marriage	Preventing adolescent pregnancy	RTIs and STIs	Preventing HIV and AIDS
Responding to violence against children/ adolescents	Preventing gender based violence (Violence against Adolescent Girls and Women)	Knowing our rights and entitlements	Community Sanitation and Hygiene

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