



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

facilitator's guide

training module for
peer educators





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Adolescent Health Division
Ministry of Health and Family Welfare
Government of India

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Contents

Acknowledgements	iii
Introduction	ix
About the Peer Education Resource Package and Facilitator's Guide for the Training of Peer Educators	xi
Tips and Tools for the Facilitator	xiii

introductory module xvii

Welcome and Introduction	1
Logistics	3
Ground Rules	5
Fear and Hopes	7
Training Objectives	9

module I: adolescent peer education programme 11

Session 1: Rashtriya Kishor Swasthya Karyakram and Peer Education	13
1.1 Health Service for Adolescents – A 'Friendly' Approach	14
1.2 Peer Education – Reaching Adolescents through Their Peers	17
Session 2: Peer Educator – A 'Trusted Friend'	21
2.1 Becoming a Good Peer Educator	22
2.2 Your Role as Peer Educator for Adolescent Health and Development	25
2.3 Core Life Skills and Effective Communication	26
2.4 Know Your Coordinators	30

module II: growing up 35

Session 3: Adolescence – Transition to Adulthood	37
3.1 Pubertal Changes/Process of Growing Up	38
3.2 Male and Female Reproductive Organs and Functions	43
3.3 Managing the Menstrual Cycle	45

3.4	Managing Nightfall	49
3.5	Personal and Nutritional Care	50
Session 4:	Gender and Sexual Identity	57
4.1	Understanding Sex and Gender	58
4.2	Respecting Diversity	59
4.3	Gender Roles and Adolescent Behaviour	60
module III: health and happiness		65
Session 5:	Health Conditions during Adolescence	67
5.1	Lifestyle Diseases and Risk Factors	75
5.2	Balanced Nutrition and Physical Exercise	81
module IV: healthy mind for healthy behaviours		85
Session 6:	Dealing with Peer Pressure	87
6.1	Assertive Communication	88
6.2	Learning to Say 'No'	91
6.3	Substance Misuse and Mental Health	95
Session 7:	Managing Emotions and Stress	100
7.1	Problem Solving	101
7.2	Peaceful Ways to Resolve Conflict	108
Session 8:	Accidents and Injuries	113
8.1	Managing Anger	114
8.2	Minimizing Risk Taking	118
module V: adolescent sexual and reproductive health		123
Session 9:	Child Marriage	125
9.1	Child Marriage – The Legal Framework	126
9.2	Child Marriage – Causes and Consequences	127
9.3	The Appropriate Age for Marriage	129
Session 10:	Adolescent Pregnancy	136
10.1	Adolescent Pregnancy: Causes and Consequences	137
10.2	Adolescent Pregnancy: Appropriate Age for Planning a Child	143
10.3	Adolescent Pregnancy: Preventing Unwanted Pregnancy	144
10.4	Adolescent Pregnancy: Management of Adolescent Pregnancy	154

Session 11: Reproductive Tract and Sexually Transmitted Infections and HIV and AIDS	156
11.1 Understanding RTIs and STIs: Signs, Symptoms and Prevention	157
11.2 Understanding HIV and AIDS	170

module VI: responding to violence	181
--	------------

Session 12: Violence against Adolescents	183
12.1 Types of Violence and Identification of Perpetrator and Victim	184
Session 13: Gender-Based Violence	193
13.1 Gender Roles and Associated Risk of Gender-based Violence	194
13.2 Reducing Risks of Gender-based Violence among Adolescent Girls	196
13.3 Seeking Institutional Support	200

module VII: my rights and entitlements	203
---	------------

Session 14: Child and Adolescent Rights	205
14.1 Understanding Rights and Entitlements	206
14.2 Rights of a Child and an Adolescent (Optional)	207
14.3 Laws that Protect Rights	211

module VIII: health and environment	215
--	------------

Session 15: Community Sanitation and Hygiene	217
15.1 Community Hygiene and Waste Disposal	218

Introduction

Adolescents (243 million) comprise nearly one-fifth (21.2%) of India's total population (Census 2011). Of the total adolescent population, 12 per cent belong to the age group 10-14 years and nearly 10 per cent are in the age group 15-19 years. The Government of India recognizes the significance of influencing the health-seeking behaviour of adolescents to support them in realizing their full potential. The health and well-being of the adolescent population is a key determinant of India's overall population and development scenario. Age-appropriate interventions with this segment of population will help India realize its demographic bonus, as healthy adolescents are an important resource for the economy. The Government of India is committed to provide an enabling environment for adolescents to pursue their dreams and has brought out several policies, programmes, schemes and legal provisions for children and adolescents protecting and promoting their health and well-being. The Rashtriya Kishor Swasthya Karyakram is one such initiative in this direction with six strategic priorities:

1. Sexual and Reproductive Health
2. Mental and Emotional Well-being
3. Healthy Lifestyle
4. Violence free Living
5. Improved Nutritional Status
6. Substance Misuse prevention

Rashtriya Kishor Swasthya Karyakram (RKSK) comes under the **National Health Mission (NHM)**, the flagship programme of the Ministry of Health and Family Welfare, Government of India. This programme has a range of services for adolescents to be delivered through both service delivery points and outreach activities. This means that an adolescent can access these services at a nearby health facility and through the service providers available in the villages. The approach for this programme is different as it is 'adolescent friendly'. The focus is on building the skills and capacities of adolescent girls and boys to resolve their health concerns through rights-based access to service of choice (information, counselling, preventive, curative and/or referral for legal aid in case of violence).

The RKSK envisages convergence and collaboration with other government and non-government agencies to expand the reach of the programme and its components among all adolescents in the country with special focus on those who are socially and economically marginalized.

Respecting the rights of adolescents to privacy, confidentiality, non-judgemental attitude, non-discrimination and acceptance of their health needs as any other client of health, the programme will follow an 'adolescent friendly' approach. In order to reach adolescents irrespective of their age, sex, culture, caste,

religion, marital status or social status, the Government of India has introduced a special programme named 'Adolescent Peer Education Program'. The programme will facilitate the following:

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

The trained peer educators are young and vibrant adolescents between 15 and 19 years. These peer educators are the most important link between service providers and the adolescents in the community and hence are the key to the success of this programme.

About the Peer Education Resource Package and Facilitator's Guide for the Training of Peer Educators

The Peer Educator Resource Package on Adolescent Health comprises the following two documents: **(1) Facilitator's Guide for the Training of Peer Educators** and **(2) Resource Book for Peer Educators**. These documents have been developed through a consultative process. The content is generic in nature and can be adapted to suit the needs of the locale. The documents are available in English and can be translated into the state-specific language.

Peer group educators are adolescents or young adults selected by the community to guide and help adolescents 10–19 years of age to face numerous challenges during the period of growing up and use the opportunities available to them in the best possible way. This package aims to build the capacity of peer educators to create awareness among adolescents about the numerous challenges, risks and vulnerabilities during adolescence, life skills and steps to deal with them and promote utilization of services available to adolescents (such as adolescent-friendly health clinics, menstrual hygiene scheme, weekly iron folic acid supplementation, school health programmes and others) to enhance the health and well-being of adolescents in the country.

This package can be taught to peer educators in six days in the following manner: (a) once a week to be completed in six weeks; (b) twice a week or month to be completed in three weeks or three months; (c) six days at a stretch. The sessions are divided into six days with minimum training period of 7 hours each day. The emphasis in the package is on learning by doing, hence includes group work; role plays; case studies; questions and answers; discussions; brainstorming and forum theatre. The case studies have been built keeping in mind the 10 core life skills that participants get to practise while discussing the cases.

The Facilitator's Guide

The Facilitator's Guide is meant for the facilitators to conduct trainings for peer educators. The content of the guide has been developed around the six strategic priorities of the RKSK of the Ministry of Health and Family Welfare, Government of India. The guide has 8 modules and 15 sessions; some of the content is optional though it is suggested that the facilitators complete all. The practice exercises on each topic too have been given in greater numbers so that the facilitator can choose depending on the knowledge of and response received by the participants.

The flow of each session is as follows:

1. Introduction to the session highlighting the need to transact the content with adolescents and what would be the content of the session
2. Learning objectives, time, materials required and methodologies
3. Activities with participatory exercises, summary of each activity
4. Key messages for the session and role of peer educators

The exercises are based on real-life situations to facilitate learning by doing. Methodologies are participatory including role plays, forum theatres and value exercises. The 10 core life skills by the World Health Organization (WHO) have been interwoven all through the content contributing to the 'learning through doing' approach.

The guide also has sessions on peer education and becoming a good peer educator that needs to be reinforced during every session. The package encourages facilitators and peer educators to be creative and innovative to include games, energizers, skits and local songs which could be relevant to the context during the training or sessions in the community. Games and skits would need to be locally developed to effectively cover the content of this package and make it more interesting. However caution needs to be taken to prevent misinterpretation or dilution of the message to be conveyed.

Suggested readings for the facilitator are listed below:

xii

1. Handouts on Orientation Programme for Medical Officers to provide Adolescent-Friendly Reproductive and Sexual Health Services (MOHFW, GOI)
2. Life Skills and Adolescent Education Programme – Teacher's Workbook and Advocacy Kits (NACO, GOI)

Tips and Tools for the Facilitator

To develop the art of good facilitation one has to learn to minimize the influence of one's own values and norms during the training sessions. It is often observed that one tends to carry one's personal experiences, values and norms into the session. It is therefore important to ask yourself what you are comfortable talking about, and identifying your own strengths and limitations. There are many areas which can be sensitive and difficult; so it is important to find one's comfort level to facilitate the sessions. However, nobody is perfect the first time; there is need to practice and learn from mistakes. Each step of the training provides an opportunity to the facilitator to overcome his/her hesitation and practise the skills that are required to be a good facilitator.

There are broadly three steps of facilitation listed below to enable the facilitator to prepare accordingly.

Process of Facilitation

1. Before the classroom session:

Training requires prior study and preparation irrespective of the fact that the facilitator may have organized training on the same issue earlier.

- Get to know your participants
- What are their cultural backgrounds?
- Do they have any previous knowledge on issues that will be addressed through the training programme?
- Which region do they belong to (e.g., which state, rural or urban setting)?
- What are the common myths and misconceptions prevailing among the participants or in their local community related to the training issue?
- Are there any cultural or religious taboos among them which may inhibit discussion on these topics?
- Familiarize yourself with the day's topic for discussion, the resource material and other essentials such as transparencies, cards, articles, the games to be played, handouts, questionnaires, etc.
- Setting up the room: Try to create some open space for the exercises and role-plays. If feasible, move desks and chairs to form a semi-circular arrangement.

2. During the session:

- As far as possible, keep presentations to a minimum. Conduct the skills-based exercises given in the manual in the workshops. The session should take into account personal beliefs so that it can have an impact on the person's behaviour. Participatory methods should be used to validate the learners' experience and to give them confidence, knowledge and skills.
- Introduce the topic of the day and allocate adequate time to various exercises, activities, discussions, question box, reinforcing key messages.

- Collect ideas on paper, charts, blackboards (individually, without adding your viewpoints or words). Cluster and discuss information.
- Training adolescents and young people about changes during adolescence, human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) requires a sensitive approach to sexuality and concerns of young people. It is important that the facilitator acquire a sense of comfort in dealing with these issues during the training period. If as a facilitator one is convinced that this information is important for protection and there is no choice but to provide the information, then it gives one the strength to overcome biases and misgivings.
- Remember that participants have different experiences; some of them may be into substance use or sexually active, others may not be; some may be victims of sexual abuse; some might have had the opportunity to learn about sexuality with a caring adult or older sibling, others may have only 'street' knowledge. As a facilitator your language should not be judgemental: this would make some participants feel excluded, and therefore, uninterested.
- Present topics in positive terms so that participants are prepared to accept the physical and emotional changes and thus have a positive body image and high self-esteem.
- Unless participants are able to be open and honest about their experiences, views and fears it is difficult for them to see how STIs, HIV or substance use affects them, and what they can do about it personally.
- Handling sensitive topics and successfully transacting sessions with participants can be both challenging and rewarding. Rapport with them is critical.
 - Participants should not be made uncomfortable. Create opportunities during the session where all are given an equal chance to participate in the activities and discussions. However, do not force them to express their views/opinions on an issue if they do not want to respond.
 - Never get personal, never be argumentative, or try to prove that you are right. Most of our statements are based on our values, upbringing and belief systems – on what we perceive to be right or wrong. Tell them that no question is 'silly' or 'stupid' and that they should feel free to clarify their doubts. Never embarrass them by telling them that their question is silly.
 - Encourage all participants to respond and participate.
 - Summarize the discussion ensuring all essential points are covered.
 - Be very alert to the moods of the participants such as yawning/signs of boredom/sleepiness etc. Take an energizer when spirits are sagging.
- Issues not pertaining to the sessions, however important, should be placed in a 'Parking Lot'. Ensure that all parking lot issues are discussed before the end of the day/workshop session.
- Any personal questions can be answered at your discretion, but if unanswerable, just calmly say that you cannot answer it.
- Do not say 'Is it clear, have you understood?' Instead say, 'Am I clear?'
- Keep track of time.
- Have the contact phone number of a senior/technical resource person for advice on any issues during the session.

3. After the session:

- The facilitator can use different ways of evaluating if the participants have understood the content transacted during the session. In case some have not understood, ask them to stay back or talk during lunch time.
- The methodology employed for the training should be extremely interactive, giving the participants space to give their views and opinions. Respond to criticism with a positive attitude.
- Summarize each session and ensure that objectives are realized and topics are covered. Respect the suggestions made by the participants and try to incorporate them, if possible, into future sessions.
- Keep a question box in the training session so that participants can put their queries in the box. This can be taken care of at the end of each session. The presence of the question box will help the shy participants ask their questions.

Characteristics of a good facilitator

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

Note for the Facilitator: The activities given in the module are trying to reinforce a message through different ways. If discussions through an activity have covered all the aspects, the facilitator can skip other activities and take up those that bring in new aspects. The facilitator should use his/her creativity in planning the session to avoid duplication during activities. However, if one activity has not been able to raise discussions as required, take up another similar activity.

introductory module



Welcome and Introduction

For a successful training session it is important that participants interact freely, without hesitation and fear. They should all feel at par with each other. In trainings like that of Youth Peer Educators, participants may not have similar educational, economic or social background. At the beginning of a peer education training, icebreakers or warming up exercises are essential to help the participants get to know each other and relieve the initial tension of working with a new group of people.



Learning Objectives:

1. To make participants feel comfortable and relaxed
2. To encourage positive vibrations among participants for each other and hence a sense of comradeship
3. To facilitate introduction between participants and resource persons/facilitators



Time:

1 and 1/2 hours (90 minutes)



Material:

VIPP cards, sketch pens, white board or flip chart, white board marker pens (black, blue, green and red); glass bowl, white (blank) paper chits



Methodology:

Matching Words and Introducing the Partner

Activity 1



Make a list of phrases or words that are always mentioned together. Facilitators should avoid use of culturally or religiously sensitive words. Please see that these are positive matching words and demonstrate the importance of togetherness. *(Reinforce what one is without the other while listing the matching words).*

For example

- | | | | |
|--------------------------------|-----------------------|---------------------|-------------------------|
| 1. Tea and sugar (chai; chini) | 5. Basanti and Dhanno | 9. Paint and brush | 13. Coal and diamond |
| 2. Laila and Majnu | 6. Romeo and Juliet | 10. Stars and moon | 14. Air and environment |
| 3. Beauty and brains | 7. Mickey and Donald | 11. Trees and earth | 15. Paper and pen |
| 4. Prince and Princess | 8. Tom and Jerry | 12. Water and river | 16. Jug and glass |

You may ask participants to suggest more such interesting pairs. Make two slips for each matching pair of words – for example, tea on one slip and sugar on the other – and put them in a bowl. Similarly make more slips for other matches and mix all together in the bowl. Go to the participants with the bowl and ask each to pick up one piece of paper and find their partner according to the match. For example, 'tea' will look for 'sugar' and 'Romeo' for 'Juliet'. 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 (with a picture of the participant)
2. Village with 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 from other areas)
9. Best friend and one quality in that friend that he/she likes the most

If possible all resource persons and facilitators should follow a similar 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, facilitators should introduce each other as well. If any participant is left without a partner, the facilitator should pair with him or her.

2

Key Messages

1. It is important for the workshop that you all talk to each other, work together, have fun and keep smiling.
2. We all have some dreams to fulfil – dreams for ourselves, our family, friends, community and village. We should pursue them; else, what will life be if we don't have any dreams to pursue?
3. We all have someone to look up to and we want to be like them and behave like them. 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.
4. This is what we try to become as a 'PEER EDUCATOR'.

Logistics

Participants need to be informed about important logistics in the beginning of the session itself so that they are aware of arrangements and can attend to their needs without disturbing the training session or the larger group.



Learning Objectives:

1. To inform participants about breakfast, lunch, dinner and tea timings and venue
2. To inform them about location of washrooms and drinking water
3. To inquire whether boarding and travel facilities need any attention and take necessary action to address if required
4. To introduce person responsible for any requirement other than training like medical help, travel etc.



Time:

10 minutes



Material:

Logistic details sheet, contact person/s details and reimbursement forms



Methodology:

Presentation and discussion

Activity 1



Provide the logistics sheet with the contact person's details and numbers to all participants. Ask them if they have any problem with stay and travel arrangements or with food. Take note of problems or concerns raised and try to address them.

- Hand out the photostat copies of the brief on logistics.
- Review the logistics for the day: training time, tea and lunch breaks and end time.
- Share important details like contact name and address of the person-in-charge of logistics (and also person responsible for taking care of the travel reimbursements etc.). Introduce them to the group for convenience.

Key Messages

1. Do not hesitate to contact facilitator or other organizer in case of emergency.
2. Ask for medical help if required.
3. Bring issues of harassment and violence to the notice of organizers/facilitators.

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 are not imposed on them by seniors. This also helps to get volunteers to take charge of upholding the rules during the training among their peers. This session should also be used to prepare a day-wise list of monitors, reporters and evaluators 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 their peers to follow the rules
3. To get day-wise list of monitors, reporters and evaluators



Time:

30 minutes



Material:

Flip chart; white board pens, chart paper



Methodology:

Brainstorming and discussions

Activity 1



Ask participants to think and speak about the rules that they feel are important for smooth functioning of the training. Write suggestions on a flip chart, some of which could be the following:

1. Respect others' feelings and opinions
2. Be polite
3. Be non-judgemental: don't impose your opinion of right and wrong on others
4. Maintain confidentiality: avoid sharing with others or making fun of any individual's opinion that was shared in the context of the training
5. Be on time

6. Don't use mobile phones; if there is an emergency, keep ringer on silent mode
7. Don't talk during presentations

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

Activity 2



Prepare a day-wise matrix for monitors, reporters and evaluators. Encourage participants to voluntarily take up a role on at least one of the days. Explain the roles and responsibilities of monitors, reporters and evaluators in detail as given below. Put up the chart paper on the wall.

Day	Monitor	Reporter	Evaluator	Supervisor
1	Anjali Sohail	Deepak Babita	Niloufer Rajeev	One facilitator
2				
3				

Fear and Hopes

Participants may have some fears and also some expectations from the workshop. It is good to start by saying that the participants have rich experience and valuable information to share and learn from each other. But there might be some fears as well that should be talked about in the beginning itself so that they can be overcome. Do mention that the facilitators too have some fears and expectations.



Learning Objectives:

1. To help participants express their fears and expectations in writing
2. To know about their fears and expectations and make plans to address them appropriately
3. To help participants understand reasons for not including those expectations that are beyond the scope of work in the training plan and provide them appropriate references or time to work on those expectations separately
4. To reorganize the training plan to suit the needs of the larger group



Time:

45 minutes



Material:

VIPP cards in two colours, sketch pens, draw pins/two-side tape/sellotape; pre-test questionnaires



Methodology:

VIPP Cards; pre-test (Pre-training assessment of knowledge level)

Activity 1



Provide each participant with two VIPP cards of different colours: green and pink. Ask them to write one 'Fear' on the green card and one 'Expectation' on the pink card. Give them 5 minutes. Inform them that they are not required to mention their names on the card. Ask two volunteers to collect the cards and put them up on the wall, greens and pinks separately under heads 'Fears' and 'Expectations' respectively.

Discuss fears one by one and then expectations. Simultaneously inform the group about those that are going to be addressed during the course of the training. Bring out those expectations that are beyond the scope of the training and explain reasons for not including them in the training plan. If possible provide with appropriate references or assure them of working on those expectations some other time separately.

Activity 2



Prepare a Question Box using a cardboard, wooden or steel box with an inlet to put in queries. The box is locked or pasted in a way that no one except the facilitator can open the box. Introduce the Question Box and inform participants that this will be available all through the training for all sessions. The questions will be answered at the end of the day or at the start of the new session.

Question box



Question Box is a method to encourage participants to put in their queries regarding the session or their experiences or anything which they want to share with the larger group without their identity being disclosed. The facilitator introduces the box and keeps it in a place accessible to all participants. The box has an inlet like a post box to drop queries. It is locked so that no one else can open it. The facilitator asks participants to write down their concerns or experiences on

a piece of paper without disclosing their identity and put them in the question box. The questions are reviewed at the end of session or day in the presence of the larger group. This method is very useful with young people also.

Training Objectives

Now that you have a good understanding of the group's expectations and fears, you know which sessions need more emphasis. It is good to discuss session-wise objectives of training and relate it to the expectations discussed in the previous session. This would help participants 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 relate their expectations to the planned session during the course of the training



Time:

30 minutes



Material:

Agenda/Session plan sheet



Methodology:

Presentation and discussion

Activity 1



Provide each participant with a session plan. Read out the session plan one by one starting with Day 1. Discuss the objectives of each session. Correlate training objectives with the expectations of the participants. Invite questions from participants and clarify their concerns related to this training.

Note: If the training is planned for six consecutive days, then the introductory module can be taken only once. However, if training is spread across 3–6 months, an hour should be devoted for the following:

1. To reintroduce ground rules
2. Introduce any new peer educator
3. Recap of last day's sessions
4. Experiences and challenges faced by peer educators
5. Introduce question box
6. Decide monitor, reporter and evaluator to get the feedback at the end of the day (optional)

module I

adolescent peer education programme



Session 1

Rashtriya Kishor Swasthya Karyakram and Peer Education

Introduction

The Government of India recognizes adolescence as a distinct age group that has its own perception and concerns regarding health and its pathway to development. Adolescence is a promising but delicate phase of life when a child needs utmost care and support to realize its full potential. But still children's concerns often go unnoticed. Due to cultural inhibitions an open dialogue/communication between young people and adults on subjects like bodily changes, love, marriage and relationships is often not possible. Due to this, adolescents avoid talking to elders, especially those in family, teachers or doctors and are rather found to be more comfortable with friends of their own age group. During this phase, they experience frequent mood swings and feeling of isolation and the likelihood of being misunderstood by elders and parents is relatively high. It is difficult for a young child to understand how challenging 'parenting' is.

Our government recognizes that every adolescent (irrespective of sex, age, caste, religion, marital status), like any adult, has the right to access information and services pertaining to his/her health, safety and opportunities to realize their full potential. Hence, the Rashtriya Kishor Swasthya Karyakram (RKSK) under the National Health Mission Programme of the Ministry of Health and Family Welfare, Government of India, aims to reach out to this special group either through service provision or through their peers. The approach is 'friendly' with a focus on building the skills and capacities of adolescents to resolve their health concerns with information, counselling, preventive and curative services from reliable sources only. The RKSK has six strategic priorities:

1. Sexual and reproductive health
2. Mental and emotional well-being
3. Healthy lifestyle
4. Violence-free living
5. Improved nutritional status
6. Substance misuse prevention

Adolescent Peer Education Programme, as the name suggests, is a new programme to establish information and support network among adolescents in a community. This can help them and their friends access scientific and reliable services with regard to health and development.



Learning Objectives:

1. To know about RKSK
2. To understand the significance of 'peer education' in RKSK
3. To understand how health services for adolescents can be 'friendly'
4. To recognize how much time we give to our friends/friendships in our day-to-day life
5. To understand that peers (friends or people of same age group) influence most of our decisions
6. To understand that peer influence can be negative as well as positive
7. To recognize importance of positive peer influence



Time:

45 minutes



Material:

Chart papers; sketch pens



Methodology:

Brainstorming, group discussion, case study

14

1.1 Health Service for Adolescents – A 'Friendly' Approach

Activity 1



Tell participants that all of us will play a game named 'Hot Seat'. The facilitator will read out some statements and they will have to tell the facilitator if they agree with the statement or not but without speaking. They can communicate their opinion in the following ways:

- If they do not agree, they should change their seat.
- If they agree with the statements they can remain seated.
- If they are not sure, then too they can remain seated.

After every question, a few participants will be given the chance to speak for their stand, if they wish to. However nobody is forced to speak. Also, when a participant is speaking no one else is allowed to intervene, talk or comment. You must tell participants that all opinions are respected and there is nothing that is right or wrong.

Tell the participants that there will be a vacant chair, so that even if only one participant wishes to change seat, he/she has a vacant seat available.

The statements are given below. Start with light statements to help them understand the game.

1. The training room is very cold.
2. Chocolates are better than *halwa*.
3. I love my family.
4. Honesty is the best policy.
5. Games are good for physical fitness.
6. I am proud to be selected for this training.
7. Jeans and shirt are comfortable.
8. Youth is the best phase of life.
9. Many adolescents in our country do not go to school.
10. For a sexual relationship, consent of both partners is imperative.
11. Child marriage ruins the life of boys and girls.
12. One should have children only after one has some savings.
13. Love marriage is better than arranged marriage.
14. We should always report any incidence of violence to the police.
15. Boys can be a change agent in reducing violence against girls.
16. Having access to information on sexual and reproductive health is the right of an adolescent irrespective of sex, caste, class or marital status.
17. I have a right to choose my partner and plan my children.
18. When girls say 'No', it means 'No'.
19. Doctors and police can be trusted to share our concerns.

After every statement, ask a few participants to provide reasons for their stand if they feel like doing so. Don't share your opinion at all nor give any kind of inclination that you agree or disagree with any participant's opinion.

Activity 2



Ask participants if they have ever visited a doctor at the PHC or district hospital. Ask if they are comfortable visiting the PHC and how many are not. Ask some of them to say why. Some of the responses could be as follows:

1. The doctor there is good.
2. The doctor is moody.
3. Got a scolding from the doctor.
4. The receptionist is very inquisitive.
5. People are suspicious if we visit the health centre.

Narrate the stories given below and ask what the character in the story will do and where he should go.



Story 1:

Nagendra has been very uncomfortable the whole day. He has itchiness in his private parts and feels very embarrassed to scratch in front of friends and elders. He didn't even go to school. He had applied some talcum powder, but it didn't help him. Nagendra thinks of going to a doctor but is shy to tell this to doctor and fears that the doctor might misunderstand him.



Story 2:

Nikhat is a Class 9 student. She wants to become a journalist. Sometimes Nikhat gathers her siblings and friends and acts like a TV anchor posing questions to them. She is very active in co-curricular activities and participates in every competition like debate, dance and quiz in school. But since last few months Nikhat spends more time sitting and chatting. She doesn't go out to play with friends. When parents and friends ask her, she says she is tired. One day Nikhat's friends brought her home and informed her parents that she had complained of dizziness. Her parents tell her that this is because she is playing too much and should instead save her energy for studies and house work. Nikhat is feeling low.



Story 3:

Roopa has recently got engaged. Her fiancé often asks her to come with him to the cinema. One day when she accompanied him, he took her to a friend's house and had sex with her. Roopa loves her fiancé very much and hence could not say 'No' to him. But now she is scared as her periods have got delayed. She doesn't know whom to talk to.



Now discuss the situation of Nagendra, Nikhat and Roopa with the following questions:

1. Why can't Nagendra, Nikhat and Roopa go to the nearest doctor or talk to parents for help?
2. Will Nagendra, Nikhat and Roopa face anger and stigma if they discuss it with elders?
3. Do they fear that their secrets will get disclosed if they tell elders?
4. Who can help Nagendra, Nikhat and Roopa?

Ask participants, what can be done to assure Nagendra, Nikhat and Roopa so that they can visit the health centre, nearest doctor or health service provider for help. Inform adolescents about the RKSK, explaining the four components.

Summarize with following:

1. Information, counselling and services on adolescent health concerns including sexual and reproductive health issues (both preventive and curative services) are the rights of every adolescent.
2. 'Friendly' adolescent health service is the one that
 - Respects adolescent clients
 - Ensures privacy while discussing problems with the doctor
 - Tries to minimize waiting hours
 - Maintains strict confidentiality about the concerns of the adolescent client
 - Does not stigmatize them
 - Does not judge their behaviour
 - Promotes adolescent health check-up to lead a healthy future
 - Helps adolescent clients identify the root cause and take positive steps to avoid such situations in the future.

Inform adolescents that the adolescent health services are being provided by the Department of Health and Family Welfare at the sub-centres, primary health centres, community health centres and at the district hospitals. Service providers like ASHAs, ANM and counsellors are the key contacts for information and referral services. Inform the participants how they can help their friends and peer adolescents access friendly health services later on.

17

1.2 Peer Education – Reaching Adolescents through Their Peers

Peers are people of your own age group. During adolescence, we make new friends and spend most of our time with our friends. Our likes and dislikes are influenced by our friends and others of our age. However, most of the time, this influence is gradual, and hence it is difficult for young people to assess its impact on their own behaviour and attitude. Peers also exert pressure that could be positive or negative. At times, many young people end up doing things they would not have done on their own. This exercise provides many opportunities for discussion on the pros and cons of peer influence.

Activity 1



Divide all participants and make them sit in pairs as they did during the introduction. Ask participants to choose one day of the week and prepare an hour-wise account of their engagements on the chosen day from the hour they woke up till bed time. Explain that the daily diary should list all those people they met or spent time with (it could be parents, teachers, siblings, friends or anyone else). They should also describe their time spent in school or in field or in a market or in a shop according to their daily engagements.

Once each pair has prepared their day diary, discuss it in the larger group. Divide the flip chart in two columns. List hours in one column and engagements in the other. Ask participants to help you list out their work on the common chart.

For example the daily diary for boys might be something like this:

6:30 am–7:30 am	<i>Freshened up and went for walk. Met friends, sat at the tea corner, had tea with friends.</i>
7:30 am–8:30 am	<i>Walked back home with friends. Went to Shyam's house on the way. Fixed up cricket match for afternoon.</i>
8:30 am–9:30 am	<i>Had bath, breakfast and went to school. Chatted with friends. Had breakfast, went with father to help him in the fields. Went to the shop for work (ask whether they have friends of same age group at work)</i>
9:30 am–2:30 pm	<i>Studied with other friends. Went for games class. Chatted with friends during recess. Confirmed plans for match in the afternoon. Returned home with friends.</i>
2:30 pm–3:30 pm	<i>Had lunch Went to give father his lunch at the shop/work place. Went to the market to fetch things required by mother and sisters. Took sister to her friend's house. Went for the cricket match.</i>
3:30 pm–4:30 pm	<i>Played cricket.</i>
4:30 pm–5:30 pm	<i>Played and went to samosa shop after match as treat from the losing team.</i>
5:30 pm–6:30 pm	<i>Chatted with friends and discussed the match.</i>
6:30 pm–7:30 pm	<i>Returned home with friends.</i>
7:30 pm–8:30 pm	<i>Went to the market/relatives' house to get something or deliver as instructed by father or mother; met Raju on the way. Went together and cousin of same age group came up to my house when I was returning. We chatted on the way.</i>
8:30 pm–9:30 pm	<i>Spent time with siblings. Fought with sister. Studied and had dinner.</i>

The daily diary for girls may look like this:

6:30 am–7:30 am	<i>Freshened up, made tea for family. Prepared breakfast. Spoke to girl next door, a friend, Sushma and her brother Rajeev and their mother.</i>
7:30 am–8:30 am	<i>Prepared breakfast, got ready for school and went with friends.</i>
8:30 am–9:30 am	<i>Chatted with friends – Rani, Geeta, Hema</i>
9:30 am–02:30 pm	<i>Studied together with friends in the classroom; went for games, played; went for SUPW class (stitching or other socially useful and productive work). Went home with other friends.</i>
2:30 pm–3:30 pm	<i>Helped mother with household work. Shared with her my talk with my friends and other school experiences</i>
3:30 pm–4:30 pm	<i>Chatted with friends.</i>
4:30 pm–5:30 pm	<i>Chatted with friends; sibling sisters, cousins</i>
5:30 pm–6:30 pm	<i>Preparations for dinner</i>
6:30 pm–7:30 pm	<i>Went to Sushma's house to fetch something required by mother; chatted with her for 15 minutes while her mother was getting the things. Came home along with Sushma and prepared tea for everyone.</i>
7:30 pm–8:30 pm	<i>Helped mother with dinner. Did my school work.</i>
8:30 pm–9:30 pm	<i>(Leisure time with family) Sat outside with mother, father, sister and brother and Sushma and Anjana's family, spent some time with them and listening to our parents' conversation.</i>

At the end, help participants recognize amount of time spent with friends during the entire day. At the same time, point out the difference between the amount time spent by boys and girls with friends. Highlight that while there may be risks for boys due to unsupervised time spent outside home, there are consequences of girls' restricted mobility. Confinement to the house prevents girls from engaging in healthy peer group interactions, learning new things, and taking advantage of other opportunities to enhance their knowledge, self-esteem and other skills to lead a healthy life. It is important for both boys and girls to engage in healthy peer interactions.

Explain to them that it is very natural that we are influenced by those with whom we spend maximum time; we see from this exercise that in this age group, we spend maximum time with our friends, or even if we do not, we wish to be with them as much as possible.

Summarize the activity with following:

1. During adolescence, one spends or likes to spend maximum time with people of own age group.
2. Adolescents make friends fast and in big numbers.
3. There is a bond with friends that becomes much stronger than other relations. Adolescents trust the wisdom of friends more than elders including parents.
4. If one has to seek help, one approaches a friend who may also be uninformed or may have incorrect information which could be dangerous.
5. A friend who is informed and trained is an asset.
6. The Adolescent Peer Education Programme is an effort by the government to train the participants to be friends who will be assets to any adolescent in the community and outside.
7. The participants will be a link between the service providers and adolescents who may require help with regard to health and protection.

Key Messages

1. Adolescent Peer Education Programme is a way to reach out to adolescents to help them resolve their health concerns.
2. The approach is based on 'Trust' and 'Confidence' of a friend, peer.
3. The peer educator is the most important link in the programme.

Role of a Peer Educator, A 'Trusted Friend'

1. Identify and reach out to adolescents (girls and boys) between 10–19 years irrespective of their gender, caste, religion or marital status.
2. Respect every adolescent and assure him/her that you are a friend.
3. Build rapport in the community and win the trust of peers.
4. Inform and educate adolescents about the Rashtriya Kishor Swasthya Karyakram.
5. Maintain confidentiality and trust with adolescents of all age groups by never disclosing anybody's concern to anyone else.
6. Never make fun of any adolescent, try to support or protect those who are being targeted.

Refer to Peer Educator Resource Book to deliver messages

Session 2

Peer Educator – A ‘Trusted Friend’

Introduction

Adolescents are cocooned, for better or worse, in a network of like-minded peers. From best friend duos to a broader circle of close friends, acquaintances and cliques, they are literally surrounded by a world in which adults seem less and less relevant. Many adults view this trend with alarm, especially when it occurs within their own families. ‘Peer pressure’ is the umbrella term used by many parents to describe negative aspects of the world



of peers. While peers may indeed influence and steer each other in a dangerous direction, their social interaction also fuels other types of influences – support for each other, modelling of different behaviour, rapport that adults can rarely equal and trust that is more freely given.

Peer education is a process whereby well-trained and motivated young people carry out informal or organized educational activities with their peers (those similar to themselves in age, background or interests) over a period of time aimed at developing their knowledge, attitudes, beliefs and skills and enabling them to be responsible for and protect their own health. Peer education can take place through individual contact or in small groups. It can be conducted at a variety of settings like in schools, playgrounds, friend’s house, tea stall or any place where young people gather for recreation/leisure.

Peer education is an initiative under the Government of India’s RKSK to reach out to adolescents through trained educators of their own age group and socio-cultural background on a range of issues important for their health, safety and overall development.



Learning Objectives:

1. Learn the qualities of a peer educator and his/her role
2. Learn about 10 core life skills one uses in day-to-day life
3. Practise effective communication
4. Get acquainted with the profile of mentors and how can they reach their mentors
5. Learn about the role of peer educators in community and documentation of their work



Time:

2 hours 30 minutes



Material:

Chart papers; sketch pens



Methodology:

Brainstorming, group discussion, case study

2.1 Becoming a Good Peer Educator

22

Activity 1



Friends and Friendship

Ask all participants to stand in a circle. Give a word 'Friend or Friendship' (*Dost or Dosti*) and tell the participants that they have to make a sentence using that word. Each participant has to take a step forward inside the circle with his/her right hand on the chest as he/she vouches for friend/friendship and speaks the sentence he/she has made. You may initiate the game with your sentence on friend or friendship. For example, Anjali comes forward and says, "My friend is my belief." Other sentences might be as follows:

- Friendship is the most beautiful feeling in the world.
- A friend in need is a friend indeed.
- Friends are forever.
- To have a friend is like having a god.
- True friends are always supportive and give right suggestions.
- Friends don't complain.
- My mother is my best friend.
- Friends keep secrets.

When all participants have presented their sentences, summarize all the good qualities of friend and friendship. Ask them as why they feel that a person (classmate, peer [*hum-umr*], mother, brother, sister, neighbour, teacher) is their good friend. What qualities do they like in them? Do they know that someone else might have similar thoughts about them as well, that someone might trust them as their true friend? Tell the group that this training will help them to strengthen their qualities of being a 'Trusted Friend'.

Activity 2



Knowing My Peers

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 taken more time in throwing the ball or has called out a wrong name should move out of the circle. It has to be played fast. Whoever remains till the end is 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.

Learning

As a peer educator or a true friend one has to increase acquaintance with more and more youth in our community and try to reach most of them with our messages. This can be effective only if we are able to win their trust as true friends. Having a common knowledge about the adolescent/youth, 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. As a true peer educator, one should not discriminate against any adolescent and always try to include all those in the larger youth group, who are otherwise excluded in the community. **Remembering the names of peers is a step towards this.** This shows them that they and their friendship are valued.

Activity 3



Trust Building

Play the Game 'Blind Car'. Ask the participants to stand in a line according to the starting alphabet of their names. Divide them in pairs in the same order. Ask one in each pair to become a car and the other the driver. The person acting as the car will have both eyes closed but the driver will have both eyes open. The driver will stand at the back of car and will manoeuvre the car with his/her hands. If the driver puts both hands on two shoulders, the car should move straight without any turning. When the driver takes off his/her right hand from the right shoulder, the car turns right. When the driver takes off his/her left hand from the left shoulder, the car turns left. If the driver takes both hands away from the shoulders, the car should stop immediately as there is a risk of crash. The facilitator blows the whistle and the driver starts the car by putting his/her hands on the shoulders. Let the participants enjoy this. After some time ask them to change their roles and repeat the exercise. At the end, ask all of them to stand together and speak about their experiences. Some experiences would be as under:

- It is difficult to trust the driver with closed eyes.
- The driver should be an expert to drive the car well.
- My driver never caused any accident.
- I just followed my driver's hands and I was safe.
- My driver gave wrong instructions.

24

Summarize the game and reinforce required qualities of a 'Friend' and so for a 'Peer Educator' with the following:

- In real life we are (can be) drivers for our friends and manoeuvre our friends in the right direction to bring them out from risky situations and save them from mishaps.
- At times we ourselves may need such drivers.
- We should know that it requires some skill, time and practice to be a consistent and good driver. The same is true about becoming a good friend and a peer educator.
- A good peer educator is a person whom you can trust.
- A good peer educator enjoys the confidence and respect of peers.
- A good peer educator is a person with whom one can share secrets.
- A good peer educator never judges anyone (by saying you are wrong or 'how could you do this?')
- A good peer educator helps peers resolve their concerns in a positive way.
- A good peer educator helps peers to overcome fears, guilt, shame and return to normal path of development.

2.2 Your Role as Peer Educator for Adolescent Health and Development

Activity 1



Ask the participants what in their opinion is their role as peer educators for adolescent health and development. Note down the responses. Add to the list if required and explain that the role of a peer educator in the RKSK would include the following:

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

Reiterate that peer educators are the most important link in the RKSK.

2.3 Core Life Skills and Effective Communication

Activity 1



Life Skills

What do they know about them? Explain that all of us possess certain skills. For example, writing, painting, cooking, dancing etc.

Distribute two or three flash cards (square or rectangle piece of coloured or white chart paper) to each participant, and ask her/him to write the most important skills she/he possesses. Allow the participants 5 minutes to do this.

Invite the participants to display their flash cards by spreading them out on the floor and then group similar cards. Ask if the cards represent most of the skills required for leading a healthy and productive life. If not, ask them to add more skills.

While the participants are busy doing their work, prepare three flash cards with the following headings:

- All of us have them
- Some of us have them
- None of us have them

26

Place the three cards next to each other. After the participants have finished the listing, ask them to group the flash cards as per the above headings.




Once this is done, you should be able to draw a matrix of rows and columns on the floor. You should have three columns and as many rows as there are 'skill' cards. Ask the participants to start from the first column and put in all cards that fit to the heading "All of us have them". Do the same with the other two columns.

Once the matrix is complete, invite one or two volunteers to copy it on a chart and put it up on the wall. Ask the participants to discuss the following points:

- Why do we feel that some of the skills are possessed by all of us? Are these essential skills for living life? Why?
- Do you know that many adolescents of your age group such as those who are illiterate or differently abled may not even have the essential skills?
- Do you think you can help them to compensate for the essential skills? What other skills do they have?
- Why is it that not everyone possesses all skills?
- Why are certain skills missing from our group?
- Do we need some skills to deal with daily life situations – say to solve a problem, to help a friend or to communicate our feelings?

Summarize and close the discussion by using the WHO definition of life skills. Explain to the participants that there are 10 core life skills that we are likely to use in our day-to-day life. Enumerate and explain these life skills.

UNICEF, UNESCO and WHO list the 10 core life skill strategies and techniques thus: **Problem solving, critical thinking, effective communication skills, decision making, creative thinking, interpersonal relationship skills, self-awareness building skills, empathy, and coping with stress and emotions.** These can be categorized mainly as under:

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

Activity 2



Divide the participants in groups. Provide each group with a photocopy of some of the situations given below. Ask each group to read it and discuss it and identify one or more of the 10 core life skills required to address the given situation.

Then ask the groups to present their discussions. Encourage the participants to answer and listen without any bias.

Situations

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

1. Chon Chon is in Class 9. She wants to be among the top performing students in her class. She is an average student and has been scoring about 60% marks. She decides that she will make every effort to score higher marks. She now studies a few hours every day. *(self-awareness, critical and creative thinking)*
2. Imtiyaz was a very good student. His father was ill for some time. Imtiyaz failed in the exams. His best friend said that he understood Imtiyaz's position and was sad about it, but that Imtiyaz should not lose hope and that he should start his studies again. His friend said that he would help Imtiyaz to cover all that he missed during his father's illness. *(empathy, effective communication)*
3. Mohit is not very good in studies. He is not able to cope with the curriculum. He needs extra help. He is not able to share his problem with his teachers or his parents for fear of being scolded or ridiculed in front of his friends. *(self-awareness, coping with stress, problem solving, effective communication)*
4. Josie has lost her father's expensive watch. She had taken it to school without asking him. She is very scared that if her father gets to know, he will be very angry. She is very depressed and does not know what to do. *(coping with stress, conflict resolution)*
5. Raghu is very close to Pawan. One day Pawan brought a bottle of alcohol and said they should enjoy themselves. Rajesh believes that drinking is not good for them and they should not drink. Pawan doesn't like his friend's response and insists. *(critical thinking, assertive communication – learning to say 'No', managing interpersonal relationships)*
6. Lubna comes to know that one of her close friends is spreading bad rumours about her in the class. She feels betrayed and heartbroken. She doesn't want to break off her friendship as they are childhood friends. *(Decision making, coping with emotions, coping with stress, problem solving)*

Tell the participants to remember all these core life skills as they will practise them throughout the training.

Activity 3



Effective Communication

Tell participants that effective communication is the most important quality of a peer educator as he/she needs to communicate with adolescents between 10–19 years. As peer educators they have a huge responsibility to be **clear, honest, sensitive** and **responsible** in communicating with peers and other community stakeholders.

Ask all the participants to stand in a circle. Tell them that you will say something in the ears of one participant and he/she should pass it on by repeating it in the ears of the second, and so on in a clockwise manner, till the last participant reaches the first. Then ask the last in the circle to say the sentence loudly. Ask the first one to inform the group whether the sentence is the same or not.

The sentence may be *'The doctor asked the ANM and ASHA didi to select active, smart, lively boys and girls from the village to come for the training on Peer Education on Adolescent Health at the PHC, village name, on date'* or *'Today my brother's friend told me that his sister's cow has given birth to a calf and we should go see it in the evening'*.

The facilitator can choose a suitable sentence.

By the end, the sentence being said by the last participant may be grossly distorted to something like 'The doctor will train ANM and ASHA at the PHC' or 'My sister gave birth to a baby.'

One notices that when a sentence travels from one person to another, there is loss of information and sometimes the information becomes completely wrong and that could be misleading. Hence, **one should be very clear and alert while communicating with other people.**

Activity 4



Request two volunteers. Tell them to demonstrate how they as peer educators will contact an unmarried adolescent of 12 years and another married adolescent of 19 years. They have to accomplish the following:

- Establish contact
- Learn their name, age and education
- Ask for their contact details i.e., phone, address
- Introduce themselves
- Introduce the Rashtriya Kishor Swasthya Karyakram of the government
- Inform the adolescents about their work as peer educators
- Enlist their consent to receive invitations for and attend sessions
- Seek consent of the adolescents' parents
- Convince any community stakeholder who may have objection in their talking to the adolescents
- Tell them who all from the government are with you
- Practise being good listeners; communicating means listening, understanding the other person's view and talking

Ask them to enact it as a short role play. Ask some adolescents to act as 10–12-year-old who is busy doing his/her own activities and not interested in the peer educator and some as 19-year-olds who have a lot of work to finish.

While volunteers perform, keep encouraging other willing participants to replace the peer educator if they have different ideas to attract the adolescents. Point out the 'DOs' and 'DON'Ts' demonstrated through the role play. This is a form of 'Forum Theatre' that involves the audience coming up with innovative ways and statements to solve a problem.

Summarize the activities with the following:

1. When one communicates, it is not only words but also the body language of the speaker that counts.
2. While communicating, use simple and straight words that are understood by your audience easily.
3. Be sensitive to the other person's needs, culture and tradition.
4. Always greet peers and other community stakeholders in age-appropriate ways.
5. Show younger as well older adolescents that you respect their feelings and care for them.
6. Your body language and words should assure them that you will not make fun of them and that you are serious about your work.
7. If you are busy with your friends and a peer or a community stakeholder comes to meet you, make time for them.
8. While communicating, take care not to hurt the sentiments of peers and elders.
9. If you are in situation of conflict, be assertive in communication, but do not let aggression set in.
10. Keep your cool while talking.
11. If you are angry or upset on a personal level, do not go on assignment or take a session.
12. Refrain from making false promises, but do assure that you will try your best to help.

Tell participants that they will learn more about effective communication in other sessions.

2.4 Know Your Coordinators

Tell participants that they are not alone in this task. They will be supported by the selected ASHA *didi*, ANM and teacher in their village, who have been oriented about the peer educator's role. Introduce the Peer Educator Coordinators to the peer educators. Provide a village-wise list of peer coordinators and their contact details to the peer educators. Tell them that the Peer Coordinators will contact them at least once in two weeks but they can contact them any time they need any support.



The role of the peer coordinators is:

1. To facilitate and support peer educators and their activities
2. To help them reach out to adolescents
3. To help them resolve any problems in carrying out their work
4. To ensure quality of messaging
5. To help adolescents clarify myths and misconceptions and answer queries put in the question box set up at the *Panchayat Bhawan* or school
6. To provide referral to the adolescent clients brought to them by the peer educators
7. To help peer educators maintain a daily diary of their work and submit a report at the end of every month

Give a sample of the Daily Diary format that peer educators need to fill with the help of the mentors. Explain the formats and refer to these formats after every training day to help peer educators understand the format well in the context of ongoing sessions.

A. For one-to-one interactions

Date/Month/Year

S. No.	Name of Adolescent/ Stakeholder Reached (To be kept confidential)	Sex (M/F)	Age (Years)	Issue/problem Discussed	Referral Slip Issued, if any
1.	Sagar	M	15	Effects of smoking	No
2.	Anil	M	17	Only problem. Not diagnosis Pain during urination	Yes

B. For group interactions

Date/Month/Year

S. No.	Venue	Name of Participants	Sex (M/F)	Age (Years)	Issues discussed	Referrals, if any

C. Weekly/Monthly Compilation Sheet

Month and Year (May 2014)

Week	Days							
	<i>M</i>	<i>T</i>	<i>W</i>	<i>T</i>	<i>F</i>	<i>Sa</i>	<i>Su</i>	<i>Total</i>
<i>Week 1</i>								
<i>No. of adolescents reached between 10 and 14 (male)</i>								
<i>No. of adolescents reached between 10 and 14 (female)</i>								
<i>No. of adolescents reached between 15 and 19 years (male)</i>								
<i>No. of adolescents reached between 15 and 19 years (female)</i>								
<i>No. of group sessions conducted</i>								
<i>No. of adolescents referred for ARSH services (male and female)</i>								
<i>No. of cases of GBV reported (male and female)</i>								
<i>No. of cases of GBV reported (male and female)</i> <ul style="list-style-type: none"> • <i>Child marriage</i> • <i>Sexual abuse</i> • <i>Domestic violence (including torture for dowry)</i> • <i>Corporal punishment</i> 								
<i>No. of community awareness and advocacy campaigns organized</i>								

D. Action Plan/Content Check List for Peer Educator

(to be maintained for one or more peer groups being facilitated by each peer educator)

Peer Group: (Name of the group to be chosen by group members)

Sessions/Topics to be covered by Peer Educator through Group Sessions

(Those covered should be ticked and those not covered can be crossed)

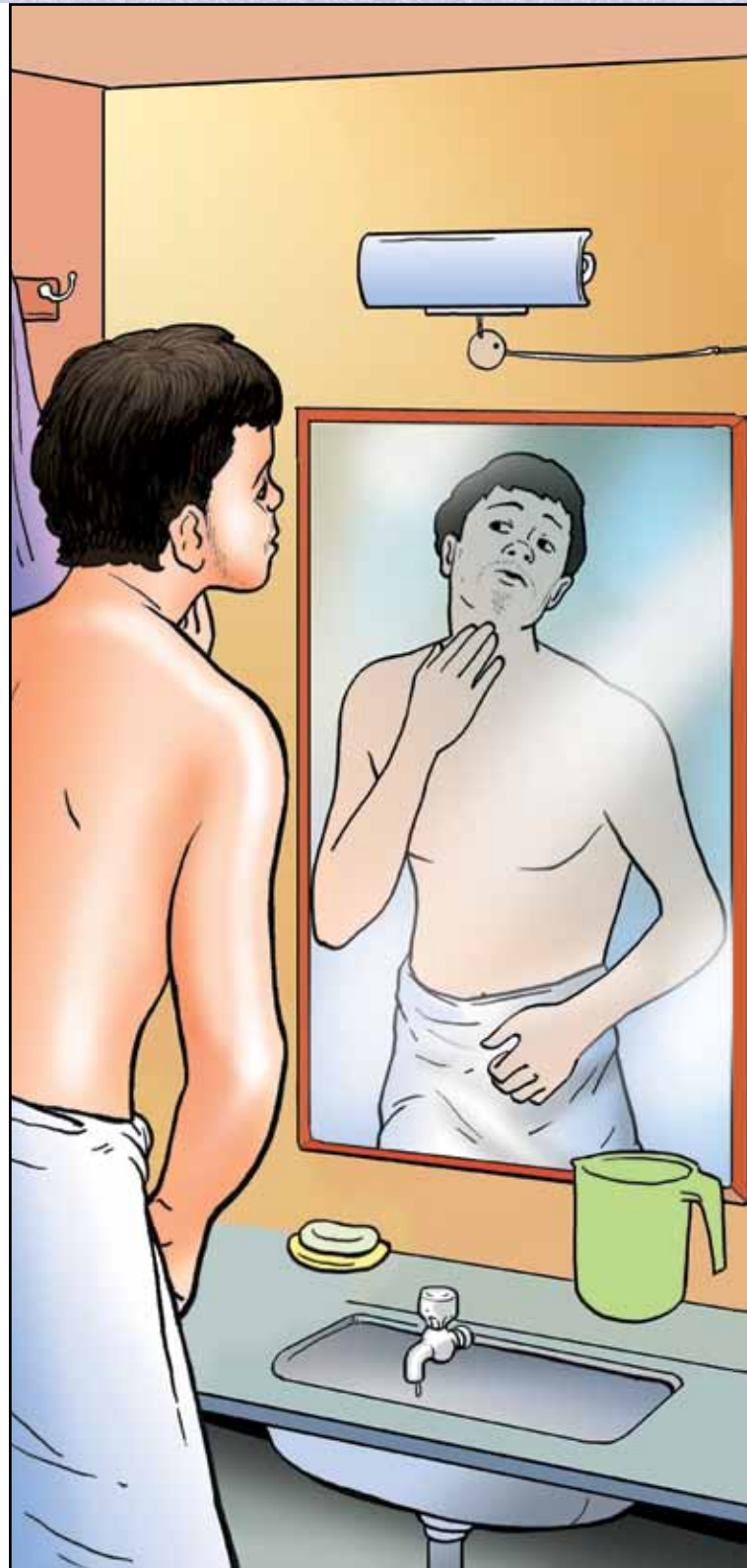
Pubertal changes	Menstruation	Nightfall	Personal hygiene
Gender identity	Respecting diversity	Under-nutrition and anaemia	Risk factors for health conditions related to life style
Dealing with peer pressure	Preventing substance misuse (alcohol and smoking)	Managing emotion and stress	Minimizing risks 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

Pre-and post-session Information :

1. About Rashtriya Kishor Swasthya Karyakram, MoHFW
2. Introducing Peer Educators and Peer Mentors (ASHA, ANM)
3. Informing about providers and service delivery points (including referral service) to seek services and help if required

module II

growing up



Session 3

Adolescence – Transition to Adulthood

Introduction

Adolescence is a period of formative and dynamic transitions, when young people take on new roles, responsibilities and identities. It is a period of life changes and young people attempt to achieve autonomy from their parents/guardians. Adolescence also marks cultural transitions through traditions. At the same time, for many it is the transition to work. During this period, health behaviours which will last long into adulthood can be strongly influenced as during adolescence values are firmed and vocational skills are developed. Gender norms, notions about appropriate reproductive and sexual behaviour and awareness of such issues are shaped during adolescence. It is widely acknowledged that adolescents are the most impressionable target for imparting information relating to basic principles of preventive health care. Hence, it is important to educate adolescents on the challenges of growing up and help them enhance their knowledge and skills to manage their concerns positively.



Learning Objectives:

1. To recognize and understand physical changes during adolescence
2. To understand the female reproductive system
3. To understand menstrual cycle and its hygienic management
4. To understand the male reproductive system and facts about nightfall
5. To learn about the personal hygiene and nutritional care needs during growing up
6. To dispel common myths and misconceptions around growing up with scientific information



Time:

90 minutes



Material:

Printed copies of given case study; educational materials like chart with male and female human body with each body part labelled; chart depicting pubertal changes (like apron job aid); blank chart papers; sketch pens.



Methodology:

Brainstorming, group discussion

3.1 Pubertal Changes/Process of Growing Up

Adolescence is the phase of growing up from childhood to adulthood. The process of physical and sexual maturation of boys and girls is referred to as puberty. The major pubertal changes include the growth spurt in which the size and shape of the body changes markedly and the difference between boys and girls are accentuated with appearance/prominence of secondary sexual characteristics. With physical changes, an adolescent also undergoes changes in emotions, cognitive abilities and social behaviours. These changes are normal and together influence the behaviour of an adolescent in any given culture or society.

Activity 1



Divide participants into small groups and ask them to identify a group leader. Give one case study to each group with discussion points. Ask one of the group members to read out the case and discuss the given questions.



Case Study from a Girls' Perspective:

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 *dupatta*?"

One evening, when Sarita's friends called her to play, her mother refused and asked her to make *chapatis* and take care of her grandmother. When Sarita insisted, her mother told her that she could only visit the neighbour's house in her leisure time and that she should start knitting a sweater for her father. However, Sarita's brothers were not given any such instructions and they continued to go out with friends in their leisure time. Sarita is sad and confused. She is standing in front of the mirror and thinking, "Am I different? How?"



Discussion Points:

1. How does Sarita feel?
2. Why did her grandmother oppose her playing *kabaddi* and want her to wear a *salwar-kameez* and *dupatta*?
3. What would Sarita feel, as her brothers have not been stopped from running, going out with friends or asked to change their dress?
4. Are restrictions (like the ones on outdoor games and choice of dress) imposed by Sarita's grandmother and mother unfair? Why?
5. Do you think her grandmother and mother should talk to Sarita about onset of puberty and growing up?
6. What are the other concerns among adolescent girls?



Case Study from a Boys' Perspective:

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:

1. What is the problem and who are suffering?
2. Do you think height and moustache are really a problem? Why?
3. Do you think Zahir is also suffering like Dileep? Why?
4. Is it fair to laugh at anybody's physical appearance?
5. Do you think Dileep should talk to someone to resolve his issues?
6. What are the other concerns among adolescent boys?

Once discussion in smaller group is complete, invite the group leader to present the case. Pick up discussion points one by one in the larger group. Encourage participants to think about their own experiences and initial reactions. Next ask the participants to think about how an adolescent would feel if he/she does not undergo body changes like their peers. Some of the likely responses are listed below:

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

Tell the participants that for any adolescent, getting familiar with the changes in his/her physical appearance is a challenging process. Besides, one also has to cope with associated emotions. For many adolescents it is extremely disturbing and stressful. It is accompanied with anxiety due to either early or late onset of puberty in comparison to peers. This is mainly because they are not informed and hence not prepared to deal with such changes and the reactions from elders and friends. Hence, it is important for every adolescent to know the process of growing up to overcome these challenges. However, frequent mood swings and temper are a part of this phase and are normal behaviour.

Activity 2



Body Mapping Exercise

(To be done separately for boys and girls)

Divide participants in two groups. Ask one group to draw an outline of a female human body, clearly depicting the different parts. Ask the second group to draw a male human body and do the same. Give them 10 to 15 minutes to complete the exercise. Invite one group at a time to present the group work and explain it to the others. Help participants to label different body parts (including male and female reproductive organs and secondary sexual characteristics). Explain the functions of different body parts with the help of a chart with male and female human body.

Summarize the activity with following:

- It is very important for every child to know about human body. This helps us to know our own body parts, their vital functions and how to take care of ourselves for improved well-being.
- Many parents do not educate children about sexual and reproductive organs. Some people feel that sexual and reproductive organs are private parts and hence any talk about them is shameful. Others may feel embarrassed as they do not know a comfortable and correct way to talk about our sexual and reproductive organs and related concerns. This may have negative consequences. For example, a child, whether a girl or a boy, may not communicate any ailment related to her/his private parts or may fear to complain or protest if being sexually abused or touched in inappropriate or in unwanted manner. The child may fear being criticised or being misunderstood and may suffer in silence.
- One should learn the correct and scientific terms used for body parts including our private parts like breast and vagina in females, and penis in males and practice using scientific terms to express our concerns clearly and in a respectable way.

40

Activity 3



Divide participants into small groups and ask them to separately list the changes in boys and girls when they are experiencing puberty. Once the discussion and listing is completed, ask the group to present it. Thank the participants for their inputs. Some of the likely responses are *height gain, weight gain, menstruation, acne, facial hair*.

Discuss pubertal changes in girls and boys with the help of the chart. Tell the participants that changes during adolescence include physical, emotional and psycho-social changes in adolescents. In this session we focus more on physical changes and will deal with emotional and behavioural changes in a separate session.

	Major Changes in Females	Major Changes in Males	Key Messages
Skin	<i>Hormonal changes make skin oily and result in pimples or acne.</i>	<i>Skin becomes oily, sometimes with acne.</i>	<i>Acne usually stops appearing regularly by late adolescence (after 18 years of age). It is not related to eating oily food or fantasizing. Medical treatment is now available.</i>
Hair	<i>Hair growth under arms and in pubic area.</i>	<i>Hair growth on legs, chest, face, under arms and in pubic area.</i>	<i>The distribution of body hair is different in boys and girls due to the effects of male and female sex hormones. The age and amount of hair that grows varies for each young man and woman.</i>
Breasts	<i>As breasts begin to grow in size and shape, the girl may initially feel some discomfort. Sometimes there can be tenderness in the initial phases.</i>	<i>Sometimes the breasts can become prominent; however this eventually will subside on its own.</i>	<i>In girls, the size of the two breasts may vary but this is normal and not a cause for concern. Gynecomastia (breasts in males) needs medical treatment. Extreme obesity can also lead to apparent enlargement of male breast tissue.</i>
Body Size	<i>Widening of hips. Enlargement and development of breasts, weight and height increase.</i>	<i>Shoulders and chest broaden; weight and height increase.</i>	<i>The height of an adolescent is influenced by the height of the parents, nutritional status and many other factors.</i>
Voice		<i>Voice starts to crack.</i>	<i>This happens due to growth of the larynx (voice box).</i>
Female external genitalia and reproductive organs and physiological changes	<i>Hair appears on external genitalia and becomes pigmented. Internal organs also enlarge. Menstruation begins, there may be a whitish discharge due to physiological changes; ovum is released.</i>		<i>It shows that hormonal changes lead to maturation of an egg in the ovaries and the girl has the potential to become pregnant (but onset of menstruation does not mean that the girl is physically and mentally ready to carry a pregnancy as the uterus has not matured fully.)</i>

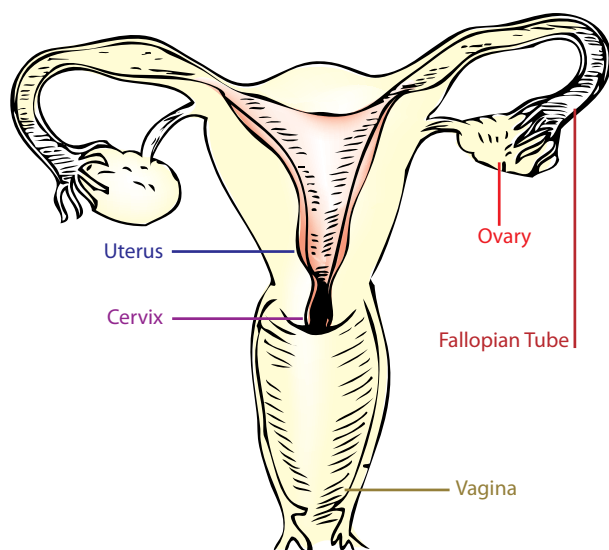
	Major Changes in Females	Major Changes in Males	Key Messages
Male external genitalia, reproductive organs and physiological changes		<p><i>Hair appears on external genitalia which enlarge in size and become pigmented.</i></p> <p><i>Semen is a body fluid that carries sperms and seminal fluid. Sperms are formed in huge numbers and flow out through semen. One may experience spontaneous emissions and erections. Sometimes spontaneous emission occurs during the night or when one is sleeping. This is normal. It is commonly known as 'Wet dreams' or 'Nightfall'.</i></p>	<i>Wet dreams and erections are physiological processes and denote sexual maturity in the males. They do not require any medical treatment.</i>
Emotional and psycho-social changes	<p><i>Level of intelligence and cognitive abilities increase.</i></p> <p><i>Frequent mood swings and temper.</i></p> <p><i>Emotional vulnerability increases.</i></p>	<p><i>Level of intelligence and cognitive abilities increase.</i></p> <p><i>Frequent mood swings and temper.</i></p> <p><i>Emotional vulnerability increases.</i></p>	<i>Adolescents may behave differently and at times their behaviour is not understood by adults. No matter how difficult, they need continued love, guidance and emotional support from peers and elders to get through this tough phase successfully.</i>

3.2 Male and Female Reproductive Organs and Functions

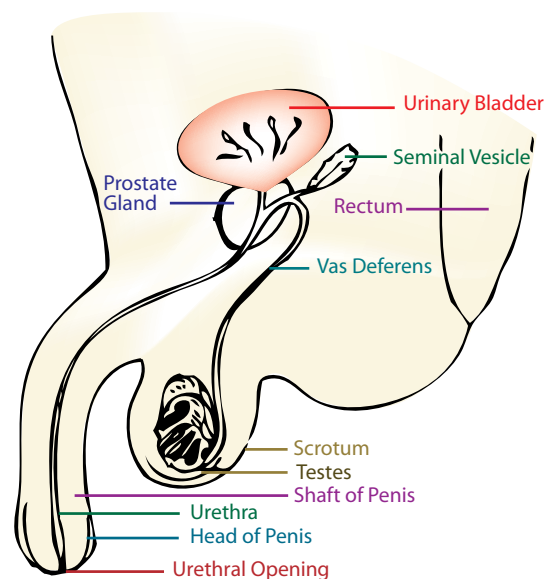
Activity 1



Tell participants that it is important to be aware about both male and female anatomy and functions especially for older adolescents (15–19 years) as they prepare for adulthood. Divide participants into two groups, boys and girls. Ask the girls to draw and label female reproductive organs and ask the boys to draw and label male reproductive organs. (This exercise should be done with both male and female participants but separately). Once group work is completed, ask each group to present. Thank the presenters. Appreciate if drawings and labels are done correctly: if not, help them correct it through larger group inputs.



Female Reproductive Organs



Male Reproductive Organs

Summarize the activity by presenting the diagram (apron method can be used) on major male and female reproductive organs and their function.

Male Reproductive Organs	Functions	Female Reproductive Organs	Functions
External Reproductive and Sexual Organs			
Penis with high nerve endings; 3–4 inches in length and 1.5 inch in diameter when flaccid in an average adult male	It is sensitive to sexual stimulation and is also the conduit for urination. During sexual intercourse, the erect penis enters the vagina (female	Vaginal opening between anus and urethral opening	The menstrual blood flows out through this opening. The urine and menstrual blood flow out through different openings.

Contd...

Male Reproductive Organs	Functions	Female Reproductive Organs	Functions
	<p>reproductive organ) leading to ejaculation when the semen is released flows from the penis into the vagina introducing sperms into the female body. The sperm is motile and makes its way to the uterus where it may fertilize the ovum leading to pregnancy.</p> <p>Semen is being secreted continuously in the male body and hence ejaculation of semen has no relation to sexual strength of a person.</p>		<p>The vagina is the opening through which sexual intercourse with the male partner takes place and sperms are released into female body for conception which results in pregnancy.</p> <p>It is important to know that though thousands of sperms may travel into the female body during a single intercourse only one sperm is needed to fertilize the ovum for pregnancy.</p>
Scrotum	Holds and supports testes and vas deferens; temperature lower than body temperature – adequate for sperm formation.	Clitoris with high nerve endings.	Sensitive to sexual stimulation.
Internal Reproductive and Sexual Organs			
Testes are two glands located in the scrotum.	Produce male sex hormones; produce and store semen – the fluid containing sperms.	Vagina extends from uterus to vaginal opening.	Sexual intercourse; passage to sperms ejaculated from male penis to the uterus; opening for childbirth.
Vas deferens are tubes or ducts connected to testes and urinary outlet in penis.	Conduit for sperm to travel to penis for ejaculation.	Uterus and cervix	It is the site of menstruation, implantation of fertilized ovum and development of foetus during pregnancy. The opening between the uterus and the vagina is called the cervix.

Contd...

Male Reproductive Organs	Functions	Female Reproductive Organs	Functions
<i>Seminal vesicle: small glands located behind the urinary bladder</i>	Open into ejaculatory duct.	<i>Ovaries are on both sides of the uterus with 3–5 lakh egg cells from the time of birth of the girl.</i>	Every month, one of the two ovaries releases an ovum; the egg/ovum, if fertilized by a sperm, will get implanted in the uterus or else will be discharged through menstruation process.
		<i>Fallopian tubes emerge from the top two sides of the uterus, joining ovaries to uterus.</i>	Passage for mature ovum to uterus; fertilization of ovum and sperm takes place in the fallopian tubes; fertilized ovum gets implanted in the uterus for development of the foetus during pregnancy.
		<i>Hymen (A membrane partially covering the inner opening of vagina)</i>	Varies in size and shape; has no significance at all, may even be absent in some females from birth; wrongly linked to virginity of female as it may or may not rupture during intercourse or may rupture even during simple physical exercises like skipping or cycling or small accidents.

3.3 Managing the Menstrual Cycle

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

Activity 1

Divide participants into small groups. Give them a case study to discuss among themselves and prepare a presentation:



Nagma is a very bright 12-year-old student of Class 6. One day when she was in the classroom she felt a slight wetness in her underwear. She decided to ask the teacher's permission to go to the washroom. While she was walking to the teacher, a friend hinted her that there were stains on her clothes. All the other students started looking at her. Nagma felt very embarrassed and quickly ran out of the class without even talking to the teacher. Nagma is scared and doesn't know whom to tell. She doesn't want to go to school next morning.

**Discussion Points:**

1. Why do you think Nagma was scared?
2. Was this Nagma's first menstrual cycle?
3. What could have helped Nagma avoid such embarrassment?
4. Whom should Nagma talk about this?
5. Is our school prepared to take care of our menstrual management needs?
6. What all one need to manage one's menstruation?
7. Do you think Nagma is responsible for this embarrassment?
8. Can teacher or friends be of some help? How?

Once discussion in small groups is complete, take it in the larger group. Invite the group leaders to present their respective work and then invite others to add or present their opinion. Summarize the activity with the following facts on menstruation:

What is menstruation?

Menstruation is a normal physiological process that starts between 12 to 14 years of age in a female and continues till late 40s or 50s. It is commonly referred to as periods or monthly cycle.

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

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

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

- Adolescent girls should not feel ashamed 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. This will help improve blood circulation and lessen pain.
- They should use disposable sanitary napkins to prevent staining of clothes and inflammation /itchiness in private parts. 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 private parts with water and a mild soap.

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 are 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 ARSH services at sub-centres, PHC and CHC as well as the ANM, ASHA and Anganwadi *didis* also provide counselling and services on menstrual management.

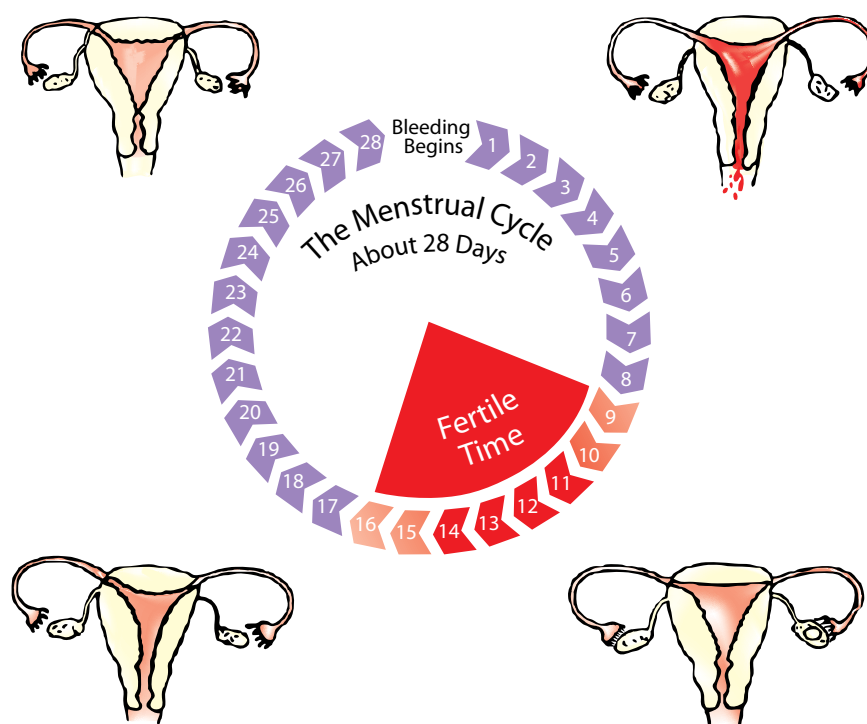
Small actions at family and community levels that can help girls and women manage their menstrual cycle with hygiene and dignity

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

Activity 2



Explain the menstrual cycle in detail with the help of charts/aprons/slides.



48

The menstrual cycle is about 28 days, varying from 21–35 days from woman to woman.

Cycle begins (1–3 days)

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

Early days (3–10 days)

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

Near mid-cycle (10–16 days)

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

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

Late cycle (21–28 days)

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

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

Summarize the activity by telling the participants that the onset of menstruation only signifies the ability of girls to become pregnant and not the overall physical maturity to carry the pregnancy and give birth to a child without risks and complications. A woman should not have her first pregnancy before attaining minimum of 20 years of age. Tell the participants that in our society child marriage is so rampant that adolescent girls are at high risk of unplanned and unsafe pregnancies. Tell them that we will discuss the case and consequences of pregnancy in adolescence in another session.

3.4 Managing Nightfall

A **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. Though girls also experience vaginal discharge, nocturnal emission is more evident among boys. The experience of nightfall among adolescents may vary: some may have it once a week while some may not experience it at all. It is more common during early morning but also occurs during night.

Activity 1



Give participants a case to discuss.



Raju's exams are approaching but he is not able to concentrate on his studies. One day while returning from school, Raju see an advertisement on treatment for 'Sawpndosh' 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 find out.



Discussion Points:

1. What is Raju's problem?
2. Why is he tense and why can't he take money from his parents?
3. Is it a good choice to go for treatment and to the *Hakim Saheb*?
4. If he doesn't go to the *Hakim Saheb*, whom should he contact for advice or help?

Discuss it in a larger group. Summarize the activity with the following facts on nocturnal emission:

What is nocturnal emission?

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

What causes nocturnal emission /nightfall?

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

Is nocturnal emission harmful?

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

3.5 Personal and Nutritional Care

'A healthy body is a beautiful body' and hence to look beautiful one has to cultivate healthy habits. As we grow we need to take care of our body and mind so that we grow healthy. Personal and nutritional care from childhood helps us maintain the fitness and hygiene of our own body including hair, face, skin and private parts.

Activity 1



Ask participants how we should take care of ourselves. List all the answers on a blackboard or a flip chart. Some of the responses may be early to sleep and early to rise; daily bath; eating on time; yoga etc. Thank the participants for their response. Summarize the activity by talking about physical and mental fitness and how adolescents, especially girls, can remain fit.

How to keep an active body and mind?

Physical activities like exercises, yoga, dance, martial arts, outdoor games like football, basketball etc. help us build stamina, fight fatigue and obesity and support the growth of bones and muscles. They also add to our confidence level.

One can also explore new games and ways to support our cognitive/learning abilities. One can pursue a hobby like music, poetry, painting or dance, keep up with the latest news by reading daily newspaper and listening to news. These activities stimulate our thinking and learning abilities, keeping us stress-free, confident and happy.

How can we help girls engage in outdoor games and recreational/fun activities?

Many adolescent girls are not allowed to participate in outdoor games and activities. Elders fear that they are not safe outside. This is not good for their physical health, self-esteem and self-confidence which are essential components of healthy growing up. As responsible members of the community, we should ensure that girls are not teased or harassed physically or verbally and take the system's help to act against perpetrators. This will contribute to the efforts of the community and the government to make the surroundings 'safe' and 'friendly' for girls to participate in such activities.

Inform the participants that while growing up we need to take special care of ourselves. We will discuss these as 'personal' and 'nutritional' care.

Activity 2



Discuss the significance of personal hygiene and ways to maintain it with the following facts:

How can we maintain body hygiene?

Daily bath is a very important routine of our life. One should have full body bath with gentle soap/cleanser. Bathing includes cleaning of hair and private 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. There are also special kinds of clays (locally known as *multani mitti*) easily available. These home remedies not only clean our body and hair but also maintain the softness and glow. During daily bath special care should be taken to clean private parts with plain water or gentle cleanser.

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

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

Why is it important to wash our hands with soap and keep our nails clean?

While we take care of our body and looks, it is equally important to wash our hands properly after using the toilet and before handling eatables. Hand washing with soap reduces risk of infections causing diarrhoea, jaundice, typhoid and polio in childhood substantially. Nails should be cut and if one has long nails, they should be cleaned every time during hand wash to remove any dirt or infection underneath.

Activity 3



Ask participants why growing girls and boys need good nutrition. List their answers on board/flip chart. Some responses may be as under:

- It's a growing phase of life
- Bones are growing and becoming stronger
- Need more energy as they play, run, study etc.
- To make up for the blood loss during menstruation

Appreciate their response 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 adult skeletal/bone mass during adolescence.
- Ensure calcium levels in bones.
- Girls require additional iron supplementation to make up for the blood loss during menstruation and calcium to strengthen bones.
- Good nutrition supports timely sexual maturation.
- Balanced nutritional habit since adolescence prevents weak/brittle bones, obesity, heart disease and diabetes.

52

Now ask each participant to mention at least one factor other than the food consumed that may influence nutrition of an adolescent boy or girl. Group similar responses together and list the major factors on the flip chart/black board.

Gender Norms	Lack of Knowledge and Misconceptions
<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 	<ul style="list-style-type: none"> • Think nutritious food is expensive • Too much washing of raw material • Over cooking • Sour food causes bleeding among girls
Socio-economic Status	Cycle of Malnutrition
<ul style="list-style-type: none"> • Cannot afford nutritious food • Work load is more than affordable food • Forced child labour at home or outside 	<ul style="list-style-type: none"> • Undernourished mother, undernourished infant

Discuss the consequences of each of the factors on the growth of an adolescent, especially a girl child.

- Delayed or absence of growth spurt
- Slow pubertal change

- Stunted body (especially in girls)
- Anaemia, both among girls and boys
- Slow sexual maturation (delayed onset of menstruation in girls)
- Early pregnancy (adolescent pregnancy) is detrimental with more demand for nutrition (for mother and baby)
- Birth of low birthweight babies to adolescent mothers
- Insufficient breast milk to feed newborn baby (who is a weak, low birthweight baby)
- 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)

Activity 4



Divide participants in a group. Give them a case to discuss.



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 noodles and egg, 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, fish 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.

53



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 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. Was mother right to ask them to help her in cooking?
4. Of the three, who will help their mother the most and why?






Showcase a table of commonly available foodstuff (cooked or raw or combination of both). Ensure that locally available, seasonal and low-cost food items are not missed out. Also ask the participants to list and draw food items that are used at home during every meal.

Ask participants their opinion on what makes a particular food nutritious or unhealthy. Help them to name some major nutrients they know about. Write down the responses on a flip chart/blackboard and complete the list if all responses are not received.

Explain major nutrients in food and why growing adolescents need them. Commonly eaten foods can be broadly divided into three 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, groundnut	Vitamins: Milk and milk products like paneer, curd; vegetables and fruits of different colours; meat; leafy vegetables (spinach, bathua, methi); raisins, fresh or dried; amla; dates; citrus fruits like orange, lemons, 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 and most of the cereals Zinc: More in animal protein
Key to nutritious food <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). 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 seasonal vegetables and fruits. Avoid processed cereals and food. Provide your personal help in cooking, so that workload on mother or any other person responsible for cooking is less. Everyone should learn cooking irrespective of his/her gender. Respect everyone's choice of food including parents and grandparents. 		

Table 1: The Five Food Groups

The Five Food Groups		Food Stuff	Main Nutrient Contribution
	1	MILK Curds, paneer (cheese), skim milk powder PULSES Dried beans & peas, nuts MEAT	Protein Calcium Riboflavin
	2	FRUITS Orange, tomato, mango, papaya, amla, lemon etc. GREEN LEAFY VEGETABLES Sag or keera, cabbage, carrot tops etc.	Carotene (Vitamin A Value) Vitamin Salts Iron (in leafy vegetables)
	3	OTHER VEGETABLES Brinjal, gourds, fresh beans, pumpkin, ladies finger, tinda etc.	Vitamins Minerals (in small amounts)
	4	CEREALS Rice, wheat, maize, ragi, etc. Starchy Vegetables Yams, colocasia, tapioca, potatoes	Carbohydrates 'B' Vitamins Protein (in cereals)
	5	FATS AND OILS Vegetable oil, butter, ghee SUGAR Jaggery etc.	Fat (Energy) Essential fatty acids Vitamin A (in Animal fats only) Carbohydrates (in sugars only)

Summarize the activity with the following:

1. With nutrition, diet also needs to be balanced.
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 and also makes a small provision for extra nutrients to withstand short duration of leanness.
3. As these are present in different types of food items like pulses, *chapati*, rice, green vegetables and milk, it is important to eat these food items in the right mix every day.

Key Messages

1. Physical and emotional changes during adolescence are normal.
2. In case of onset of pubertal changes before the age of 8 years or their absence till the age of 13 years in a girl and onset before the age of 9 years or its absence till the age of 14 years in a boy, the adolescent should be referred for appropriate medical care.
3. Menstruation is a normal body function and girls should follow their daily routine including schooling and sports, with some extra care for hygiene and nutrition.
4. Nightfall is a normal body function and does not require any treatment.
5. Personal hygiene protects us from infections and embarrassment.
6. Following a daily routine that includes outdoor sports, exercise and a balanced diet helps us to grow fit and healthy.
7. In case an adolescent still feels that he/she has a problem, he/she should be referred to the ANM *didi* at the sub-centre or to the Adolescent Health Centre at the PHC.

Role of a Peer Educator, 'A Trusted Friend'

1. To educate adolescents between 10–19 years on pubertal changes.
2. To provide support to adolescents to overcome their fear, guilt and embarrassment.
3. To help adolescents deal with emotional stress during the pubertal changes.
4. To help adolescents access health provider and Adolescent Friendly Health Clinics (AFHC) centre at PHC for counselling and treatment if required.
5. To educate elders and other community people to be sensitive to the needs of adolescents.
6. To maintain confidentiality of peers.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Growing Up**

Session 4

Gender and Sexual Identity

Introduction

Sex and gender are different but are often used interchangeably in our society, a fact which sends the wrong message to a growing child on his/her expected role in society. Sex generally refers to biology and anatomy. People are often said to be 'male' and 'female' as determined by three sets of characteristics: external sex organs, internal sex organs and secondary sexual development during puberty. However gender identifies the socially or culturally constructed relationships between women and men, including their roles, privileges, responsibilities and power. Gender relations are context specific and often change in response to altering circumstances. During the growing-up phase, it is common among adolescents to experience uncertainty and confusion because of contradiction in their biological identity as males or females and their expected role in society. Expected gender roles may be restrictive and pose barriers in realizing the full potential of an adolescent. If one's behaviour does not conform to the socially expected role of a male or a female, it may even stigmatize the individual and increase his/her vulnerabilities to poor health, coercion and violence. Hence, it is important for adolescents to learn about diversity in terms of sexual and gender identities existing in our society and learn to respect diversities.

57



Learning Objectives:

1. To learn that gender and sex are not the same
2. To recognize and respect diversity in gender and sexual identity
3. To know about socially prescribed gender roles and its impact on adolescent behaviour



Time:

30 minutes



Material:

Coloured cards (equal size cut pieces from chart papers); flip chart/blackboard, LCD or slide projector for presentation



Methodology:

Brainstorming; four corner exercise; presentation, group discussion

4.1 Understanding Sex and Gender

Activity 1



Initiate this session by conducting a word association exercise on 'Man' and 'Woman'. Take a chart paper and divide it into three columns. Write 'Man' in the extreme left column and 'Woman' in the extreme right column. The middle column should be left blank.

Now ask female participants to say words they associate with 'Men' 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 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
<i>Tough</i>		<i>Soft</i>
<i>Cruel</i>		<i>Beautiful</i>
<i>Smart</i>		<i>Shy</i>
<i>Adventurous</i>		<i>Giving birth</i>
<i>Anger</i>		<i>Affectionate</i>
<i>Moustache</i>		<i>Sensitive</i>
<i>Tall</i>		<i>Breast-feeding</i>
<i>Father</i>		<i>Gossiping</i>
<i>Earns money</i>		<i>Mother</i>
<i>Decision maker</i>		
<i>Leader</i>		

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 sports persons, film stars, celebrities, political leaders, freedom fighters and others) to convey this more effectively.

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

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'.

59

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 ingrained in our society that it is often mistaken for sex by us and we tend to relate a particular characteristic with only one sex. For example, the thought that men are breadwinners and women are homemakers is changing with time. Today there are many families where both men and women are in employment and both share responsibilities for child care and household chores.

4.2 Respecting Diversity

Activity 1



Tell the participants that in the previous activity there were endless notions about being a man and a woman. Many societies have a clear categorization as male and female. Largely, people identify with their biological sex. Since early childhood (as early as 3–5 years), we start conforming to one of the categories

through actions and behaviours socially prescribed for a male (masculine) or a female (feminine). Such actions and behaviour are referred as 'gender roles'. But there are some of us who do not conform to the prescribed role and their biological identity is inconsistent with the gender role they take on. Ask the participants if they know anyone whose behaviour is different from his or her sex/biological identity. Ask them how the community reacts to such people.

Tell the participants that in any given society there could be at least the following types of people (could be more):

1. Biologically male with masculine behaviour
2. Biologically male with feminine behaviour
3. Biologically female with masculine behaviour
4. Biologically female with feminine behaviour
5. Persons with indistinct biological identity with masculine behaviour
6. Persons with indistinct biological identity with feminine behaviour

Many cultures and societies have a third category known as the 'third gender' or 'transgender' to classify people whose behaviour does not conform to their sex. All such people are as normal as any man or woman. They have the right to talk, walk or act the way they are comfortable. They deserve to be loved and treated with respect and have access to education, entertainment, services, schemes and employment as any other member of society.

60

Inform the participants that as different people may relate to different gender identity, there are people who have different preferences for partners in love and sexual relationship. Most men partner with women and most women partner with men (heterosexual). However there are men who like to partner with only men (homosexual/gay) or with both (bisexual); similarly there are women who like to partner only with women (homosexual/lesbian) or both (bisexual). All such people are as normal as any other member of the society.

4.3 Gender Roles and Adolescent Behaviour

Activity 1



Divide the participants in two groups and give them a set of socially expected gender roles for an adolescent boy and girl such as, boys do not cook or clean at home while girls are expected to do all household chores. Such gender roles are biased and do not promote equal division of labour or sharing responsibilities of household chores. Ask each group to add to the list if they have something new. Tell the participants that though the rules of our society guide us to be good members, some rules like those related to gender roles may be misleading and harmful for adolescent well-being. Ask them to discuss and write down how such expectations can impact the health and well-being of an adolescent. After the group discussion is over, invite each group to present its work. Discuss it in the larger group with reference to the facts given in the chart.

Draw three columns on a chart paper. Mark the first column as 'Gender Roles', the second as 'Impact on Adolescent Behaviour' and the third as 'Facts'.

Gender Roles	Impact on Adolescent Behaviour	Facts
1. <i>Boys are smarter, know everything.</i>	<ul style="list-style-type: none"> • May never seek information from right source for fear of being identified as ignorant and inexperienced • May indulge in high risk activities – sexual initiation at an early age • May give in to peer pressure for substance abuse or unsafe sexual behaviour • May approach misleading sources such as quacks, cheap literature, pornography, uninformed peer groups etc. 	<i>Girls are also smart and know everything but may not speak for fear of rebuke and strong opposition. In our society girls are not encouraged to speak in public or give their opinions freely. Girls who argue and talk back are often considered 'tomboyish' and harassed for these 'boy-like attributes'.</i>
2. <i>Girls are innocent, shy and simple.</i>	<ul style="list-style-type: none"> • May shy away from seeking information on health especially related to reproductive health like menstruation, family planning etc. • May not share their opinion about choice of partner • May fear seeking help or support in situations of coercion and abuse • May not try for higher education or vocation • Those who do not conform to this role may face stigma and discrimination by society 	<i>Boys can also be innocent and shy and simple. Very often these boys are rebuked and considered 'sissy' or girlish. This is just the opposite of what has been pointed out in point 1 above.</i>
3. <i>Boys never cry.</i>	<ul style="list-style-type: none"> • Prevents boys/men from expressing their anguish • May resort to anger and violence to vent their pain • May not be able to seek support even in coercive and abusive situations and continue with the stress for a long time • May not concentrate on other work and study • May even resort to substance abuse 	<i>Boys also cry but are not encouraged to do so because crying is considered girl-like behaviour. That is how tough and rough masculinities are formed and socialized. Crying is an emotional outlet and often good for mental health as it allows venting and sharing of feelings.</i>

Gender Roles	Impact on Adolescent Behaviour	Facts
4. Men are brave and successful.	<ul style="list-style-type: none"> • Prevents boys from exploring different learning opportunities in life • May mislead them on expected parameters of success • May feign bravery and courage through unfair means like fight, anger, violence, rash driving, unsafe behaviour such as not using condoms, smoking etc. 	Girls also are brave and successful.
5. Husbands control wives and wives should be submissive to their husbands.	<ul style="list-style-type: none"> • This is one of the key reasons behind wife beating. • This prevents women from resisting unreasonable demands of husbands and in-laws • Women don't raise their voice against exploitation and coercion (rape, domestic violence). • Women have poor control on their reproductive health and may be vulnerable to unwanted pregnancy, sexually transmitted infections like HIV. 	Wives can be controlling and husbands may also face violence, but this happens in fewer cases
6. Boys work hard and so need better food.	<ul style="list-style-type: none"> • Household chores are not recognized as hard work • Poor nutritional status of women (anaemia) • Low nutritional intake during pregnancy that results in complications and low birthweight babies 	Girls also work hard. In fact they need better nutrition than boys as they go through the menstrual cycle and later, child bearing.
7. Daughters are the family honour while sons carry forward the family name.	<ul style="list-style-type: none"> • Son preference and bias • Girl child faces discrimination • Load of household chores to prepare her to adjust with husband's family • Undue restriction on girl child in the name of family honour • Early marriage to transfer related responsibility to husband and in-laws 	<p>The term 'honour' is often used to mean 'power' and unfortunately girls and women are 'used' to establish power. They are given in marriage irrespective of their choice. Girls/women are raped or subjugated to establish one's power, reducing them to commodities/objects for establishing power and settling enmities and disputes. Sons and daughters have responsibilities towards their parents and can make the family proud by their good work and achievements.</p>

Activity 2



Read out the following job/professions/jobholder and ask the participants to say who does the work – man or a woman. Tick the column based on majority response as given below. Also, ask some of the participants why they think that particular work can be done only by a man or a woman.

Job/Profession	Men	Women	Both	Job/Profession	Men	Women	Both
<i>Tailor</i>	✓			<i>Police</i>			
<i>Doctor</i>			✓	<i>Nurse</i>			
<i>Carpenter</i>	✓			<i>Painter</i>			
<i>Priest</i>	✓			<i>Singer</i>			
<i>Henna decorator</i>		✓		<i>Dancer and actor</i>			
<i>Leader (political or social)</i>	✓			<i>Cycle mechanic</i>			
<i>Astronaut</i>			✓	<i>Electrician</i>			
<i>Engineer</i>				<i>Mobile repairing</i>			
<i>Teacher</i>				<i>Soldier</i>			
<i>Car mechanic</i>				<i>Housemaid</i>			
<i>Cook</i>				<i>Fridge mechanic</i>			
<i>Cobbler</i>				<i>Taxi/Truck driver</i>			

Summarize the activity by telling the participants that the gender roles that society expects from us also influence and restrict our choice of profession/job. The majority of work options (whether related to household chores or employment) are possible and permitted for people with different gender identities. One should explore all possible opportunities based on our interests and abilities and not on roles expected by the society. Learning and practising skills whether at home or outside makes us more independent and expands our income opportunities in life. For example a boy or a girl who has interest in cooking may take up 'cooking' related professions and become a chef; similarly girls may like to learn driving or household equipment repair work.

Key Messages

1. Gender is socially constructed while sex is biological/natural.
2. Except for biological characteristics, men and women are alike.
3. The gender-based characteristics and roles for man and woman vary with time and culture.
4. Gender roles may create biases and discrimination.
5. Gender roles may influence our behaviour and restrict our life options.
6. Though majority of the people are born as male or female, there are some whose gender role is not in agreement with their biological sex. They may be fewer in number but they are normal and valued members of the society.
7. Some people prefer a same sex person for love and sexual relationship. They are normal and have a right to choose their partner just as anyone else.
8. Irrespective of our biological, gender or sexual (choice of partner) identity, we are equal and deserve the same love, respect, information, education, services, employment or any other institutional benefits.

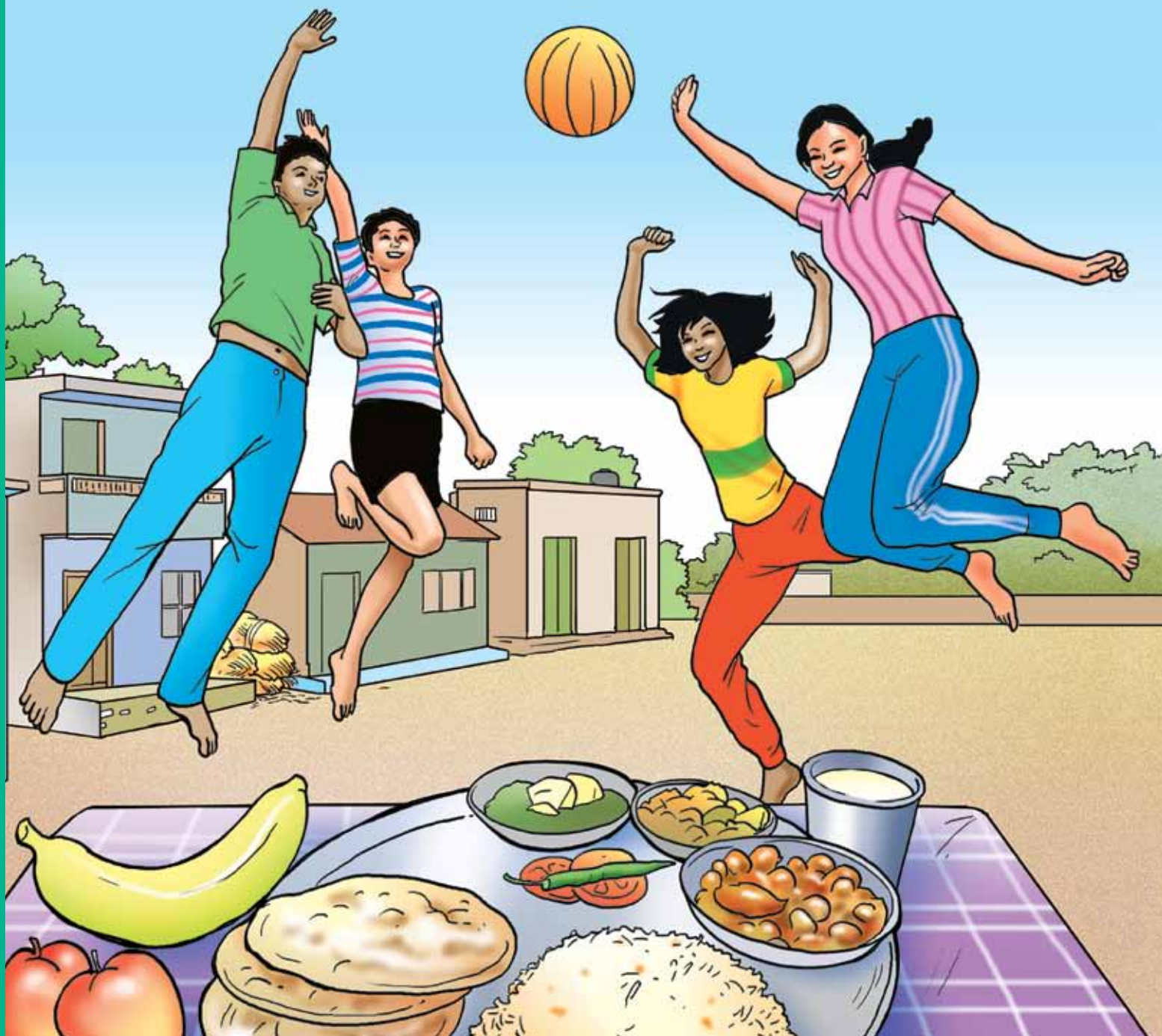
Role of a Peer Educator, 'A Trusted Friend'

1. Inform and educate adolescents between 10 and 19 years on respecting diversity in gender and sexual identity.
2. Identify and reach out to those adolescents who may be different from their peers.
3. Empathize with such adolescents and link them to mainstream society.
4. Reassure such adolescents that they are normal and help them overcome their guilt and fears.
5. Educate other members of the community to be sensitive to the needs of people with different gender and sexual identities.
6. If concerns on gender or sexual identity remain, link the adolescent to counselling services.
7. Maintain the confidentiality and trust of adolescents who confide in you for help.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Gender and Sexual Identity**

module III

health and happiness



Session 5

Health Conditions during Adolescence

Introduction

Adolescence is a phase that is largely understood as a very healthy phase of life. However, it has been found that adolescents too have health issues that need immediate attention. Though adolescents may be at a risk for as many infections as any adult like malaria, viral fever, air- and water-borne infections etc., there are factors other than infections that may turn into a health concern for an adolescent. Some of these factors are very specific to adolescence and may impact her/his health lifelong if not addressed as early as possible. The common but serious conditions are those related to malnutrition, obesity and addiction to substance. The factors identified with some of these conditions are linked to poverty, harmful practices and ignorance on the one side while on the other side it is lifestyle that promotes unhealthy eating, sedentary routine, stressful mind and in some cases addiction to alcohol and tobacco in some or the other form.

A diet with low levels of essential nutrients like protein, carbohydrate, fats, vitamins and mineral elements like calcium and iron causes under-nutrition in a child which could be chronic (stunting) or acute (wasting). On the other hand overeating or eating a particular food in a quantity more than required is also a major problem of malnutrition. Often elders in the family ignore childhood obesity or eating patterns, but this is the time when one learns to eat well and eat healthy. Also, if it is not addressed at this stage, it may lead to health conditions and diseases that are more associated with adults like diabetes, cardiovascular problems etc. These diseases are not caused due to any infection but because of unhealthy eating, overeating, sedentary routine and stress. Alcohol and tobacco consumption are the other main causes of lifestyle diseases. Hence these are called 'lifestyle diseases'. In some of the lifestyle diseases like cancer, stress is considered a reason but confirmed reasons are not yet known.

This session talks about the nutrition-related factors that influence health conditions in adolescents and traditional practices and modern lifestyle that may influence their health.



Learning Objectives:

1. To raise level of self-awareness about nutrition and factors affecting nutrition
2. To understand the cause and consequences of poor nutrition (under-nutrition and anaemia)
3. To understand anaemia, its causes and consequences
4. To understand health conditions due to unhealthy eating and lifestyle
5. To gain knowledge on healthy eating and habits to maintain health and fitness

**Time:**

45 minutes

**Material:**

Chart papers; sketch pens, projector, flip charts

**Methodology:**

Brainstorming, PowerPoint slides, discussion, case studies

Activity 1

Present the story of Kamala given below:

68

Kamala Umraon, a 14-year-old student of Class 9, is very popular in her school as a fast runner. Last year she won the 1,000 meters run in the district level inter-school games. Kamala's teacher tells her that she will become very popular one day and if her performance continues to be good, she will represent her state in the national games. In three months the state-level Annual Games begin in the capital city. The school has high hopes and expects to be in top three on overall performance. Kamala will represent her school for the 1,000 meters and 100 meters relay.



But for the last few months Kamala has been feeling tired and does not want to go for practice after school hours. The sports teacher is very angry with her for not being regular for practice. One day he tells her that she is mature enough to understand her responsibilities and that she is letting her team and school down. He also tells her that he will not listen to any more excuses and will replace her with another more deserving girl.

Kamala doesn't want to be out of the team, so she comes for practice. She starts running and completes her first round but slows down in the second round. The teacher observes that she is not able to perform as in the past. She is exhausted and gives up after two rounds. Friends and teacher try to build her confidence and ask her to complete the distance. But Kamala cannot complete even half the distance. Her teacher is concerned.

The sports teacher discusses the matter with her class teacher. The class teacher informs him that Kamala's performance in studies has also deteriorated. The sports teacher feels he should talk to her parents.

**Discussion Points:**

1. What do you think is the reason for Kamala's poor performance in games?
2. What did Kamala's teacher notice?

3. What should the teacher do to help Kamala?
4. Do you know about others who have complained of tiredness or dizziness like Kamala?
5. What should adolescents do whenever they feel tiredness or dizziness?

Answer

Kamala's poor performance may be due to not eating well and weakness. She may have an infection if she has fever too. Her tiredness could also be linked to infections like malaria, dengue or conditions related to the menstrual cycle, if she experienced any of these recently. The teacher should have inquired about Kamala's health even earlier as she has been not well for a few months now. The teacher should talk to Kamala and her parents and refer her for a timely check-up.

Activity 2



Taking Kamala's story further, narrate the next part of the story:



The teacher visits Kamala's house and finds that Kamala's parents work with a local contractor at a factory and that they leave home early in the morning and return only by 5 pm. Some days they also do night shifts. Some days her mother prepares lunch but on other days Kamala has to prepare lunch after returning from school. Kamala also looks after three younger siblings (12-year-old Pinto, 10-year-old Rani who goes to school with her and the youngest one who is 3 and 1/2 years old whom the older ones pick up from the Anganwadi *didi* while returning from school). She also helps her mother finish other household work in the evening. Her mother says that she is proud of her children especially Kamala and feels bad that on some days, she is so tired that she sleeps early and misses her dinner.

On knowing the schedule followed in the family, the teacher requests Kamala's parents to get her examined by a doctor. They are scared and cannot understand why their healthy daughter needs to be taken to a doctor but agree. At the health centre, the doctor suggests a blood test. Kamala is found to be anaemic.



Discussion Points:

1. Why did the teacher ask Kamala's parents to take her for a health check-up? Is there anything wrong with the schedule followed by the family?
2. Do you think Kamala has been eating well? Why?
3. What is anaemia? How many of us may have anaemia? Ask the participants to raise their hands and tell them to get a check-up.
4. Do you feel that Kamala's siblings may also be suffering from anaemia? Why?
5. Is her workload at home too much for her age?
6. Are Kamala's parents, especially her mother, aware of their children's eating habits and nutritional intake? How?

Answer

The teacher suspects that Kamala is undernourished. Kamala is probably not eating enough in comparison to the physical labour she does. Besides being young and unsupervised most of the time, she is ignorant about her nutritional needs, cooking and nutritional value of food items. Apart from her own studies and practice for games, she has work at home that may prevent her from cooking nutritious food for herself. Anaemia is a condition where the blood level in the body is reduced with inadequate iron folate and vitamin B-12, two essential nutrients for the body at any stage of human life. Tiredness, dizziness and poor concentration are some of the basic signs of anaemia and under-nutrition. In India, anaemia among adolescents is rampant and girls are more affected. However, adolescents and their family rarely think of health check-ups for them, which is a wrong practice. It is possible that Kamala's siblings too are malnourished. The ages of the first three children also show the mother's closely spaced pregnancies and it is possible that the children may have been neglected in their infancy too. However, the youngest one visiting the AW centre may have better nutritional level as his/her growth and nutrition is monitored by AW but the child still requires care and frequent feeding at home. It may be difficult for adolescents to take care of a younger sibling.

The mother's own age, education and her health determine the nutritional care of her children. The situation also shows that the father is not much involved in household chores and is equally unaware of the nutritional needs of his children. The parents need to be more careful about their children's nutrition as they have three adolescents and one who is under 5 years of age.

70

Cooking three meals a day needs careful planning so that daily intake of nutrition for each family member is met. Cooking is a skill and right from washing, cutting to cooking, utmost care needs to be taken so that food is prepared hygienically and has high nutrient value.

Activity 3



Taking the story further:



After a few months, Kamala's father decides that Kamala is grown up and he should look for a match for her. He goes to his elder brother's family and requests them to suggest a good match for her. Kamala's uncle assures her father that he will find a match soon so that Kamala can be married the following year.



Discussion Points:

1. Is Kamala mature enough for marriage? What is the right age for marriage?
2. What will Kamala lose if she gets married? Refer to Kamala's potential to be a great sports person.
3. What will happen to Kamala after marriage?
4. Will Kamala's nutrition level and overall health improve after marriage?
5. What will happen if Kamala gets pregnant before 20 years of age?

6. Do you think Kamala as a mother will be able to take care of her child's nutrition?
7. Is there any risk for Kamala's child or children to be malnourished? How?

Answer

Early marriage, early and frequent pregnancies are key factors leading to malnourishment among adolescent mothers and infants. Large family size worsens the situation and affects health and development of the entire family including young fathers. If Kamala is married as a child, this cycle of early and frequent pregnancy and poor health and nutrition may continue in her family. Under-nutrition in the mother causes under-nutrition in the child from the womb itself. Low birthweight babies are at increased risk of under-nutrition. Ignorance and family practices prevent the newborn being given colostrum (the first milk of mother) and many mothers start feeding water and other milk to babies before 6 months of age. Exclusive breast-feeding up to 6 months is very important for the nutrition and health of the infant. Stunting is rampant among children under 5 years. Hence, it is important to **learn, inform and educate all adolescents and their mothers and fathers on the importance of nutrition if this cycle of poor nutrition, poor health, poverty and excessive workload is to be broken.**

Activity 4



Cooking at home also needs careful planning. Ask participants to suggest ways to cook ensuring health and nutrition of all of Kamala's family members. Remind them about the session on personal care and nutritional intake during growing up. Ask them to categorize their responses under three heads:

71

Selection of food items and the menu of the day	Sharing household work, cooking and food preference	Eating habits
<p><i>Choose what is available in your local market and in your kitchen garden.</i></p> <p><i>Value food for its qualities and not price.</i></p> <p><i>For nutrition one does not have to choose expensive food items.</i></p> <p><i>Seasonal vegetables and fruits are the best.</i></p> <p><i>Choose Indian traditional sweets as they are made of cereals with high nutrient value (sooji ka halwa, kheer etc.)</i></p>	<p><i>Kamala, her parents and two school-going siblings need to share the responsibility of the household chores and the care of the youngest sibling.</i></p> <p><i>The father has an important role in helping the mother cook and teaching the children good ways of cooking nutritious and tasty food.</i></p> <p><i>Younger siblings can help with light jobs and in the process learn the value of hygienic management and nutritive value of food.</i></p>	<p><i>The family should eat at least one meal together.</i></p> <p><i>Having meals together helps parents monitor children's diet and teach them the nutritional value of food.</i></p> <p><i>Do not miss any meal. Three meals a day, especially breakfast, are very important and need to be taken on time.</i></p> <p><i>Missing a meal for snacks is a wrong practice. Snacking may also cause acidity and obesity.</i></p>

Contd...

Selection of food items and the menu of the day	Sharing household work, cooking and food preference	Eating habits
<p><i>Plan your meals to include the five food groups (refer to Session 3).</i></p> <p><i>Plan a few simple recipes that can be prepared easily and in less time on busy days.</i></p> <p><i>Take advice from older members in family and in the community as they have traditional recipes using locally available food items.</i></p>	<p><i>Prepare one menu for one meal as too many likes and dislikes about food puts unnecessary pressure on the person cooking.</i></p> <p><i>Always consider suitability of menu to all family members including old people.</i></p> <p><i>Prepare one meal a week which is the choice of one family member or celebrate birthdays or special days of each family member with a meal of that person's choice.</i></p> <p><i>(This way the family can also have special meals at least once a month and each member's likes are respected. Birthday celebrations also enhance self-awareness among growing children about their age and related decisions like schooling, learning vocation, career, marriage and family).</i></p>	<p><i>Washing hands with soap before handling food items for cooking or eating is the key to good nutrition.</i></p> <p><i>Serve meals according to the requirement of a person. A person doing physical labour requires more food than a person doing sedentary work.</i></p> <p><i>Children and adolescents need extra nutrition as they are growing.</i></p> <p><i>Pregnant women need extra nutrition.</i></p> <p><i>Low intake of nutritious food may also result in intra uterine stunting and wasting of a child and many complications for the mother.</i></p> <p><i>If an adolescent girl gets pregnant, both the adolescent girl as well as the unborn child needs nutrition as mother's body is also growing.</i></p>

Harmful Traditional Practices and Norms that are Discriminatory and Perpetuate Malnutrition

Child marriage, adolescent pregnancy, frequent pregnancies (gap of less than three years between two pregnancies), discrimination against girl child in food distribution, restrictions on certain food items and quantity impact the nutritional status of adolescent girls and pregnant women.

Discrimination in food distribution to the poorest and on the basis of caste and religion is another important reason for malnutrition among marginalized communities.

Stand up against such harmful practices and discrimination!

Activity 5



Discuss under-nutrition and anaemia with the help of PowerPoint slides.

Under-nutrition

- **Under-nutrition** is the condition that results from eating a diet in which certain nutrients are lacking or in the wrong proportions. It includes deficiencies of essential vitamins and minerals (generally known as micro-nutrients).

Signs of under-nutrition

- Dizziness
- Poor concentration in studies or other work
- Fatigue
- Dry skin
- Weak immune system (fall sick often)
- Spongy bleeding gums
- Thin and soft nails
- Fragile bones that break easily

Consequences

- Impaired memory/memory loss/forgetfulness
- Poor school performance

SLIDE 1

73

Anaemia: Lack of iron

- **Anaemia** refers to lack of blood or reduced red blood cell (RBC) count.
- A common cause of anaemia is iron deficiency (or low intake of food containing iron like green leafy vegetables – spinach, apple etc.)
- Iron is fundamental for haemoglobin (found in RBC) production that carries oxygen from lungs to the capillaries. Since all human cells depend on oxygen for survival, anaemia may have wide range of consequences.
- The haemoglobin level in adolescents should not be less than 12 gm/dl.
- The body needs more iron when it is growing rapidly and when frequent blood loss occurs (e.g. through menstruation).

SLIDE 2

Causes of anaemia

- Insufficient intake of iron, folate and vitamin C rich foods
- Hookworm infestation
- Low absorption of iron in the body
- Loss of blood through menstrual bleeding in adolescent girls
- Frequent episodes of malaria

Signs and symptoms

- Shortness of breath
- Dizziness
- Weakness
- Fatigue
- Cold hands and feet
- Pale skin, nails, etc
- Lack of appetite
- Women of childbearing age are also at risk of iron deficiency with continued loss of iron during menstruation






SLIDE 3

74

How to prevent anaemia

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

SLIDE 4

The Five Food Groups		
The Five Food Groups	Food Stuff	Main Nutrient Contribution
	1 MILK: Curds, paneer (cheese), skim milk powder PULSES: Dried beans & peas, nuts MEAT	Protein Calcium Riboflavin
	2 FRUITS: Orange, tomato, mango, papaya, amla, lemon etc. GREEN LEAFY VEGETABLES Sag or keera, cabbage, carrot tops etc.	Carotene (Vitamin A Value) Vitamin Salts Iron (in leafy vegetables)
	3 OTHER VEGETABLES: Brinjal, gourds, fresh beans, pumpkin, ladies finger, tinda etc.	Vitamins Minerals (in small amounts)
	4 CEREALS: Rice, wheat, maize, ragi, etc. Starchy Vegetables Yams, colocasia, tapioca, potatoes	Carbohydrates 'B' Vitamins Protein (in cereals)
	5 FATS AND OILS: Vegetable oil, butter, ghee SUGAR: Jaggery etc.	Fat (Energy) Essential fatty acids Vitamin A (in Animal fats only) Carbohydrates (in sugars only)

SLIDE 5

5.1 Lifestyle Diseases and Risk Factors

Activity 1



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



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

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

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

Options/Corner 2: Mother should take Sujoy to a doctor, counsellor or ARSH centre.

Options/Corner 3: Mother should monitor how Sujoy spends 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.

76

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.

[These exercises do not aim to establish right or wrong but try to help the participants identify their own values related to the subject and think of a positive solution to the problem. They may be right or wrong, but sharing gives them an opportunity to learn about other opinions that may trigger a change at a later stage.]

Activity 2



Divide the participants into small groups. Give a chart paper to each and ask one group to prepare a list of healthy foods and healthy habits. Ask another group to prepare a list of unhealthy foods and unhealthy habits. Tell them to discuss among themselves the reasons for each food or habit listed as healthy or unhealthy and then paste it on the wall.

Activity 3



Tell participants that Sujoy's story is not unique. Ask them if they have experienced something like this. Inform participants that overeating or eating a particular food in excess is also a major problem of malnutrition. Often elders in the family ignore childhood obesity or their eating pattern, but this is the time when one learns to eat well and eat healthy. Also, if it is not addressed at this stage, it may lead to health conditions and diseases that are more associated with adults like diabetes, cardiovascular problems etc. These diseases are not caused due to any infection but because of unhealthy eating, overeating, sedentary routine and stress. Alcohol and tobacco consumption are the other main causes of diseases. Hence these are called 'lifestyle diseases' or non-communicable diseases. In some of the lifestyle diseases like cancer, confirmed reasons are not yet known.

Explain lifestyle diseases with the help of PowerPoint slides and help the participants understand better what 'healthy' and 'unhealthy' mean.

Introduction to lifestyle health conditions

- Lifestyle health conditions primarily include conditions that may lead to diabetes, hypertension, cardiovascular diseases, chronic respiratory diseases or cancer. These include conditions like obesity, which is observed increasingly among children and adolescents, and are linked to changes in lifestyle with urban and improved economic status and hence termed 'lifestyle diseases'.
- These can be prevented through adoption of healthy eating behaviour and healthy lifestyle.

SLIDE 6

Common lifestyle health conditions among adolescents

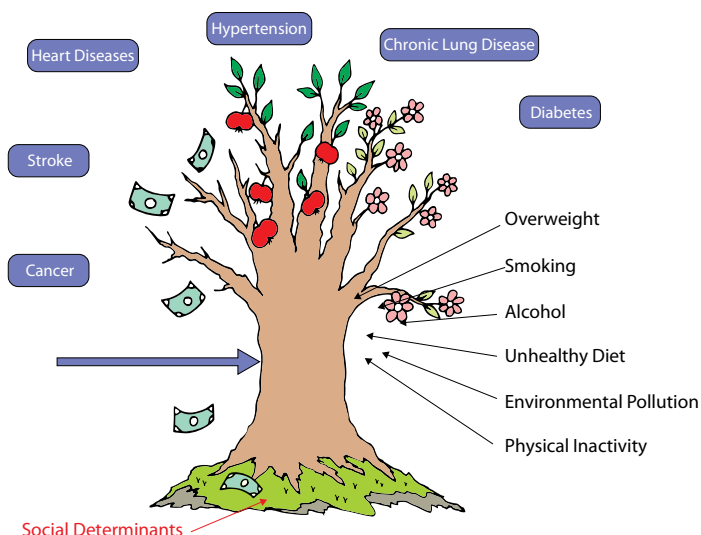
- **Overweight/Obesity:** Overweight occurs when extra fat is stored in your body. Leading an unhealthy lifestyle may lead to obesity in young adolescents.
- **Diabetes:** High blood sugar or diabetes results from a defect in insulin secretion, insulin action or both. Adolescents may suffer from type 1 diabetes (insulin-dependent *diabetes mellitus*) wherein the body does not make insulin. Insulin helps the body use glucose from food for energy. The other type of diabetes is type 2 (non-insulin-dependent *diabetes mellitus*) which occurs generally in old age.
- **High blood pressure:** High blood pressure or hypertension is becoming very common in young adolescents due to increase in stress and unhealthy lifestyle behaviours. High blood pressure may not have any symptoms but causes dizziness, nausea, shortness of breath etc., in some people.
- **Heart diseases:** Unhealthy lifestyle may predispose a young adolescent to heart diseases in early adulthood.

SLIDE 7

Explain risk factors associated with lifestyle diseases.

78

Lifestyle diseases and associated risk factors



SLIDE 8

What is an unhealthy diet?

- Unhealthy or junk food is a term applied to foods that are perceived to have little or no nutritional value (i.e. containing 'empty calories').
- These foods contain ingredients considered unhealthy when regularly eaten, or those considered unhealthy to consume at all.



SLIDE 9

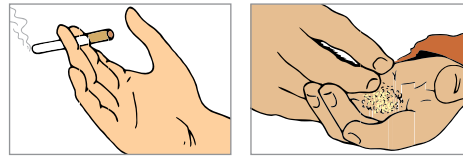
Why are some foods considered unhealthy?

- Foods that provide empty calories – typically all fried and sweetened foods like aerated drinks, soda etc., – are harmful and lead to obesity and other related diseases.
- Food items having less fibre – all bakery and processed foods made of refined products like pizza, noodles, cakes, pastries etc., – are harmful and detrimental to health and may lead to problems like constipation, obesity etc.
- Excess fried foods replace healthy meal that has balanced nutrition.
- Food items like *pakoras*, *kachoris* etc., are generally fried in oils containing hydrogenated fat (such as *vanaspati*) which gets converted to **transfat** and damages the body (fat after being heated to a high temperature or reused is the main culprit for causing obesity, high blood pressure and heart diseases).
- Fast foods (like burgers, hotdogs, noodles, chips etc.) generally lack fresh fruits, vegetables and whole grains and hence are deficient in vitamins and minerals thereby affecting our immunity and endurance to fight lifestyle diseases. Often young people get addicted to fast food.
- Fast food costs relatively less and tastes good, but the negative effects on physical health last much longer than these immediate concerns.
- Alcohol, tobacco and other substance misuse is also responsible for lifestyle conditions and diseases.

SLIDE 10

Unhealthy habits like tobacco use lead to

- Shortness of breath, even when not exercising
- Wheezing or gasping
- More frequent headaches
- Increased phlegm (mucus)
- Respiratory illnesses
- Worse cold and flu symptoms
- Reduced physical fitness
- Poor lung growth and function
- Addiction to nicotine
- Gum disease and tooth loss
- Cancer
- Chronic lung diseases, like bronchitis, which limit exercise
- Hearing loss
- Vision problems, such as macular degeneration, which can lead to blindness
- Blood vessel disease, which can lead to heart attacks or strokes at a young age

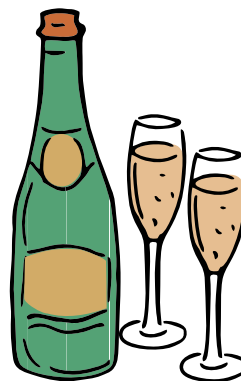


SLIDE 11

80

Unhealthy habits like alcohol use lead to

- Increased risk of heart diseases (coronary heart disease, stroke, hypertension)
- Increased risk of cancer (liver, stomach, colon, pancreas, breast, mouth, throat)
- Impaired immune system
- Malnutrition/obesity
- Reproductive problems
- Accidents/deaths
- Risky behaviour
- Violence
- Poor academic performance



SLIDE 12

Activity 4



Divide the participants into four groups. Ask groups 1 and 2 to discuss Case Study 1 and groups 3 and 4 to discuss Case Study 2.



Case Study 1:

Lata is a 16-year-old girl. As summer has arrived, Lata decides to store her winter clothes. She is deciding which clothes to keep and which ones to discard. So she tries on many of the clothes to see if they should be kept. To her surprise, many of the clothes do not fit her any longer. She steps on to a weighing scale to measure her weight. Her weight is 65 kg. Lata is 5 feet tall. She is astonished to realize that she has gained weight over the winter.

- What do you think has happened to Lata?
- Will this weight gain be harmful to Lata? How?
- What should Lata do?
- How can a doctor or nutritionist or you help Lata?



Case Study 2:

Raman, a 15-year-old, has started eating tobacco. It started with *pan masala* and *gutkas* and now he smokes too. Raman has lost weight in the past few months and looks very weak and sick. He keeps persuading his friends to buy him tobacco.

- Why is Raman looking sick? Is he eating well? Why?
- How can his condition affect the future?
- How can you help Raman?

81

Summarize the activity with the following:

- Lifestyle diseases are caused due to not eating well (overeating, untimely eating and unhealthy eating), sedentary lifestyle and consumption of tobacco or alcohol.
- It is not wise to take up unhealthy habits due to any kind of peer influence or attractive advertisements.
- One needs to practice saying 'No' to unhealthy foods and substances like alcohol and tobacco.
- Elders and peers can be of great help in getting rid of such conditions.
- Always remember, you have to live a long and healthy life.

5.2 Balanced Nutrition and Physical Exercise

To enjoy a healthy lifestyle, it is important to have a balance of exercise and good diet. Regular physical activity can produce long-term health benefits. Your physical activity should be enough to burn the calories you imbibe in the form of food. If the extra calories are not burnt through physical activity, they accumulate as fat and make you overweight/obese.

Activity 1



Invite five pairs of volunteers. Assign a health condition to each pair as given below and ask one to act as an adolescent with the given health condition and unhealthy habit and the other as a peer educator. Ask the peer educator to help his/her friend understand his/her condition and help him/her to get rid of this health condition with the facts and tips given in the chart.

Promotion of Healthy Lifestyle

Risk factors	Facts you must know	Counselling tips for prevention of common lifestyle conditions among adolescents
High blood pressure <i>High blood pressure is called the 'silent killer'.</i>	<p>When your blood pressure is high, your heart works harder than it should to move blood to all parts of the body. If not treated, high blood pressure can lead to stroke (brain attack), heart attack, eye and kidney problems and death.</p> <p>Blood pressure in adolescents varies with age group and sex.</p>	<p>Advise your friend to get his/her blood pressure checked once a year. Suggest the following:</p> <ul style="list-style-type: none"> • Aim for a healthy weight. • Be active every day. • Use less salt and sodium. • Eat more fruits, vegetables and low-fat dairy products. • Avoid tobacco and alcohol.
Overweight <i>Overweight occurs when extra fat is stored in your body.</i>	<p>Being overweight increases your risk of developing high blood pressure, high blood cholesterol and diabetes.</p>	<ul style="list-style-type: none"> • Maintain a healthy weight. Try not to gain extra weight. • If you are overweight, try to lose weight slowly. Try to lose 1/2–1 kg a month.
Diabetes <i>When the sugar in the blood is high, your body cannot use the food you eat for energy.</i>	<p>Diabetes is serious; you may not know you have it. It can lead to heart attacks, blindness, amputations and kidney disease.</p>	<p>If you come to know that your friend has high blood sugar, refer him/her to the nearest health facility.</p>
Smoking and alcohol <i>It is an addiction that puts one's health at risk and generally starts under peer influence. Unmindful consumption adversely impacts social and family life.</i>	<p>Cigarette smoking is addictive. It harms the heart and lungs. It can raise your blood pressure and blood cholesterol as well as those of others around you.</p> <p>Alcohol and other substances are addictive.</p> <p>Person is vulnerable to accidents and injuries.</p>	<p>Help your friend stop smoking or cut back gradually.</p> <ul style="list-style-type: none"> • Try convincing your friend about the effects of tobacco and alcohol consumption. • Take your friend to a nearby health facility for further counselling.

Contd...

Risk factors	Facts you must know	Counselling tips for prevention of common lifestyle conditions among adolescents
<p>Physical inactivity</p> <p><i>Physical inactivity can double the chances of heart disease in adulthood.</i></p>	<p><i>Physical inactivity increases the risk of high blood pressure, high blood cholesterol and diabetes.</i></p> <p><i>Adolescents should do 60 minutes or more of moderate physical activity each day.</i></p>	<p><i>Advise to stay active. You may advise your friends to spare at least 30 minutes each day or one-hour exercise or a walk three times a week.</i></p> <ul style="list-style-type: none"> <i>Suggest outdoor games to your friends; jogging, yoga, dance, swimming are also popular ways to be physically fit.</i> <i>Use of stairs is also a form of physical activity.</i>

Explain good health to participants with the following facts:

- Good health is not about not being ill, it is about adopting a healthy lifestyle and leading a stress-free life, thus being physically, mentally, spiritually and socially fit.
- Being healthy is not anymore just about taking medicines when unwell; it means taking care of ourselves to prevent any illnesses and to change our attitude when we need to heal or get better after the illness.
- Taking care of our health today means doing a lot of things to feel good, from eating the right way, physical exercise, managing anger and stress combined with positive thinking.

Key Messages

1. Both adolescent boys and girls require good nutrition for optimal growth and development.
2. Intake of inadequate diet can result in severe consequences leading to under-nutrition and anaemia.
3. Girls especially need attention to increase food intake to accommodate 'growth spurts' and to establish energy reserves for pregnancy and lactation.
4. Fight iron deficiencies through consuming foods rich in iron (green leafy vegetables, meat and liver), vitamin A (papaya, mangoes, carrots, pumpkins, liver).
5. Prevent and treat infections, by timely immunizations, taking IFA tablets and imparting education about under-nutrition and anaemia.
6. Overeating or unhealthy eating combined with sedentary lifestyle can cause overweight and obesity.
7. Eating well and physical exercise are both important to maintain good health and fitness.

Role of a Peer Educator, 'A Trusted Friend'

1. To educate adolescents between 10–19 years on importance of under-nutrition and lifestyle conditions.
2. To inform and educate adolescents, their parents and the community on under-nutrition, anaemia and lifestyle health conditions and diseases.
3. To encourage peers to share the cooking responsibilities with their mothers or the person in charge of cooking at home.
4. To raise your voice against harmful traditional practices and discrimination against girl child or women that restricts access to nutritional food.
5. To organize, with the help of Anganwadi worker, educational sessions on nutritional recipes with locally available food items especially during times of high inflation.
6. To help adolescents go for periodic health check-ups to monitor their health and nutrition.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Health Conditions during Adolescence**

module IV

healthy mind for healthy behaviours



Session 6

Dealing with Peer Pressure

Introduction

Adolescence is a turning point in one's life, a period of increased potential but also increased vulnerability. Mental health concerns are rising among adolescents both in urban and rural areas. Youth is the stage in which most mental disorders have their onset. Young people have a high rate of self-harm and suicide which is one of the leading causes of death. Mental health can be strongly correlated with many other health and development concerns for young people, notably with educational achievements, substance misuse (non-medical drugs), violence and reproductive and sexual health outcomes.

Adolescence is also the phase of formative and dynamic transitions when young people take on new roles, responsibilities and identities. As adolescents mature cognitively, their mental process becomes more analytical. They become capable of abstract thinking, better articulation and develop an independent ideology. These are truly the years of creativity, idealism, buoyancy and a spirit of adventure. However, these are also the years of experimentation and risk taking, of giving in to peer pressure, and of making uninformed decisions on crucial issues, especially related to their bodies and their social behaviour. This phase is marked by frequent mood swings and stress compounded by pressure to conform to peer group norms that may conflict with one's own attitude, values and behaviour. However, peer pressure can also have positive effects when adolescents are influenced positively. The need of the hour is to equip adolescents with the information and skills to manage peer pressure, stress and emotions in constructive ways without harming self, practise responsible sexual behaviour, to make informed decisions and to say 'no' to risky behaviour. The session will specifically build practice exercises on some of the core life skills (learnt on day 1) necessary to manage stress, emotions and peer pressure.

87



Learning Objectives:

1. To learn and practise skills to manage peer pressure
2. To learn about the risks associated with substance abuse, unsafe sexual behaviour and reckless driving
3. To learn the significance of assertive communication and saying 'No'
4. To practise phrases that help make your response assertive and in saying 'No'



Time:

30 minutes

**Material:**

Printed copies of given case study; chart papers; sketch pens

**Methodology:**

Brainstorming, group discussion, role plays/forum theatre

6.1 Assertive Communication

Activity 1



Invite the participants to sit in a circle. Explain that communication is about using speech, body language, expression, seeing and listening. This exercise will allow them to practise their communication skills to make them more effective. Invite three pairs of volunteers. Give each pair a role play to prepare in five minutes and enact.

Role Play 1: Shyama is travelling in a bus. A man is standing next to her. He tries to take advantage of the crowd in the bus and tries to touch her deliberately. Shyama is uncomfortable but confused. After sometime, he falls on her. Shyama somehow maintains her balance. He says "Sorry", pretending again that he was pushed by the crowd. Shyama manages to move away from him. A while later the man again comes near her trying to touch her. Shyama is trying her best to protect herself but doesn't say anything to the man. The man stretches his other arm to hold the rod where Shyama is moving.



Role Play 2: Shyama is travelling in a bus. A man is standing next to her. He tries to take advantage of the crowd in the bus and tries to touch her deliberately. Shyama looks at him and tells him loud and clear, "Please stand properly as I am being hurt. I can understand there is a crowd but you can hold on to the support so that you don't fall on others". The man moves back.

Role Play 3: Shyama is travelling in a bus. A man is standing next to her. He tries to take advantage of the crowd in the bus and tries to touch her deliberately. Shyama pushes him back and shouts, "Can't you see women are standing, you moron?". The man answers, "Can't you see the bus is overcrowded?"

Now write three words on the flip chart/blackboard:

Non-assertive, Assertive and Aggressive

Ask the participants to identify the manner of communication each role play demonstrated. Ask them the reasons for their response and list them in three columns titled Non-assertive, Assertive and Aggressive. Also ask them to tell the advantages and disadvantages of each response. Ask the volunteers how they feel when they are assertive, non-assertive or aggressive. Note down their responses and connect to Activity 2 and Activity 3.

Activity 2



Explain to the participants the advantages and disadvantages of different ways of communication and the differences between each with the help of the charts given below.

Ways of Communicating: Advantages and Disadvantages

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

Differences between Non-assertive, Aggressive and Assertive Communication

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

Activity 3



Invite four volunteers and give them a role play to enact. Tell all the participants to remember the difference explained in Activity 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.

Ask the participants whether Ajit was assertive, non-assertive or aggressive. Invite volunteers to replace Ajit in the role play and ask them how they would respond to get out of that situation. Tell them that each one will get only a few seconds or a minute to make their point. Ask the volunteers how they feel when being assertive or non-assertive or aggressive.

Summarize by saying that assertive communication is an effective way to communicate your feelings. By being assertive you respect your own right to express and practise your opinion and thoughts. You are confident and in control of your environment. It helps you make your point without causing misunderstanding or getting into a heated debate or violence.

Non-assertiveness does not solve your problem and may even increase your risk, while aggressive ways can lead to violence, embarrassment, emotional pain and injuries. It may be humiliating and build a negative image of you as a person who gives into pressure. Aggressive ways can also be humiliating for self and others.

Adolescents are exposed to situations where it is difficult to communicate effectively. At times it is fear of embarrassment or shame or fear of offending friends and elders. An assertive technique helps make the point without hurting anyone at the same time safeguarding one's own interests. Never hesitate to be assertive if you are not in agreement with others' thoughts or pressures.

The second role play on Shyama's experience of physical harassment demonstrated the assertive response of Shyama. In Ajit's case, the assertive response could have been, *"I don't want to miss my class/school for a movie. I need to submit my homework on time. If I have to go to a movie, I will go on a holiday or after school with my parents' permission. That way I will enjoy the outing better and will be safe. Sorry I don't smoke and do not have any interest in trying."*

6.2 Learning to Say 'No'

Activity 1



Invite a few volunteers. Tell them that they will do a role play where everyone can participate. Give a role play to the volunteers to prepare in five minutes and enact in front of the group. Inform the participants that in the role play there are two kinds of characters – one a persuader and the second a decision maker (one who has to deal with the persuasion in such a way that he/she does not put himself/herself at risk). The situation is as given below:



Sanjay is invited for a party by a few of his friends. He goes to the party and finds that there are arrangements for smoking and alcoholic drinks. Sanjay is also offered a drink. He says he would like some fruit juice. His friends laugh at him, "Come on, you are a man. You never invite us for parties, but at least keep us company in enjoying drinks." Atul serves him a large drink. Sanjay doesn't want to drink or smoke. He says, "....."

Ask the volunteers to continue the play with their own dialogues. Let the dialogue between Sanjay and his friends continue for some time and then ask them to 'STOP' or 'FREEZE'.

Ask the remaining participants to identify the persuader and the decision maker. Then ask them if they think that Sanjay has been able to refuse the drinks and cigarettes offered by his friends convincingly. Answers would be 'No' or 'Yes'. Invite them one by one if they want to replace the volunteer for Sanjay's role to take the position. Start the play again and see how the new volunteer deals with the situation. Try and ensure that many people get the chance to act as Sanjay in the given situation; hence when the play restarts and Sanjay is debating with friends, if anyone feels that he/she has a better way to deal with this pressure, the participant can say 'STOP' or 'FREEZE' at any point and take the position of Sanjay, with the earlier volunteer returning to the audience. Let this continue for as long as innovative ideas to deal with the situation come.

Note down some of the interesting ways suggested by the participants through this role play.



Suhani's Story:

Suhani is very happy today and has worn her favourite dress. Today she is attending a college party. Friends say that the party is more fun with Suhani. Suhani is very happy. She is talking to everyone, singing and dancing with friends. After sometime, a boy from a senior class (who is also a friend's relative), comes to her and invites her to dance. Suhani is not very comfortable but agrees as he is her senior and the relative of one of her friends. Later when the party is over, the boy asks Suhani if he can drop her home. Suhani thanks him and says she can go on her own. The boy starts insisting and then tells Suhani's friend, who is his relative, to convince Suhani. Now both the boy and his relative are insisting that Suhani goes home with him. Suhani is not prepared to do so. Suhani says, "....."

Shyama's Story:

Shyama's friend Anita wants her to accompany her to a cousin brother's birthday party. She says that her brother has specially invited Shyama for the party. Shyama is not comfortable going with her friend and she knows that her parents will not like this. She is trying to make an excuse but Anita says that she will be upset with her if she doesn't come. Shyama does not want to hurt her friend but does not want to go to party either. Shyama says, "....."

Ask peer group members to suggest ways in which Suhani and Shyama can refuse. As in the previous story, this can be also conducted as a role play with participants practicing ways to say 'No' by replacing the character of Suhani.

92

Activity 2



Tell the participants that through the role play, we can understand that saying 'No' is not an easy task, especially to friends.

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 accepted 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.

Remember it is alright to say 'No' in situations of coercion or pressure. Human relationships are not based on terms and conditions but mutual understanding and consent.

The ways to say 'No' could be polite refusal, giving an argument, or being firm and assertive. Being non-assertive or aggressive may increase our vulnerability and hence we should try to communicate in an assertive way. Some ways of being assertive are illustrated in the chart.

Invite two pairs of volunteers. Give them the chart shown below and ask one participant in each pair to act as persuader and the other as decision maker. Ask the persuader to read his/her line and the decision maker to respond to the persuader. Explain the method used in each response.

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

Activity 3



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

List the responses from the participants. Go through some of the pressure lines given below and suggest some assertive ways to deny the pressure:

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

Summarize by saying that learning to say 'No' is a skill that will get better with practice. It 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.

6.3 Substance Misuse and Mental Health

Activity 1



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



Group 1:

Suhani is very happy today and has worn her favourite dress. She is attending a college party. At the party she is offered a drink. Friends say that the party is more fun with her. She is happy and flattered and takes a few glasses. She starts dancing and shouting. Friends also join her. She loses control, falls and passes out. When she wakes up she finds herself in her room. She finds her mother crying and her father shouting at her.

- What went wrong with Suhani?
- Why did Suhani faint? Is Suhani habituated to alcohol?
- How did Suhani get home?
- Why was her father shouting and her mother crying?
- Do you think Suhani put herself at risk? How?
- What could have happened to Suhani that day?
- What should parents do?



95



Group 2:

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

- What do they understand by the term 'drug use'?
- What are the symptoms of a drug user?
- How do they think Neeraj has taken to drugs?
- How will drug use harm Neeraj?
- How can Neeraj overcome this challenge and get back to normal life?
- What should his parents and teachers do?



After listening to the participants' responses, thank the groups.

Activity 2



Write the phrase 'substance misuse' on the board. Ask the participants what they understand by this. Have they ever heard about drugs? Explain about drugs/substance misuse, users and addiction with the help of the information given in the box below.

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

There are two types of users:

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

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

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

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

Refer to the case of Suhani and Neeraj. Tell them that Suhani and Neeraj are examples of young people taking to drugs and alcohol 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 and/or HIV, reckless driving, delinquency, unsocial behaviour etc. Adolescents who are more popular with friends are at increased risk to give in to peer pressure. Such adolescents are more worried about their social image among friends and fear losing that kind of popularity. Therefore at times popular students are not always the best performers in studies or any other constructive field. Suhani may or may not be habitual, but drinks at such parties also have the risk of being mixed with drugs that impair thinking and self-control temporarily. These are often used in cases of date rapes.

Neeraj on the other hand shows signs of addiction as he is trying all means, including stealing money, to get drugs. Suhani and Neeraj have a good chance to overcome these challenges but they need support from their family, friends and most importantly, teachers and mentors. It is natural for parents and mentors to lose control and become angry but such reactions will only worsen the situation and not help their children in any way. They have to be patient, strict and at the same time supportive to help their children overcome this. They should also seek help from doctors and counsellors, as well as from relatives, children and the community they live in to be supportive in helping their children fight drugs and addiction.

Some common characteristics/signs in adolescents who are misusing substances

If someone is misusing substances, you might notice changes in how the person looks or acts. The most obvious sign of an addiction is the compulsion to have a particular drug or substance. The adolescent user may

- Lose interest in studies and school
- Change friends (to spend time with people who use drugs)
- Have an unexplained change in personality or attitude such as sudden mood swings, irritability, anger, etc.
- Want to be alone most of the time
- Have trouble concentrating on work or studies
- Sleep a lot (maybe even in class), be depressed
- Show change in eating habits, including weight loss or weight gain
- Have unexplained need for money and start stealing or selling belongings
- Frequently get into trouble.
- Have unusual odour in breath, body or clothing
- Appear fearful, anxious or paranoid for no reason
- Have red or puffy eyes; pupils are larger or smaller than usual
- Cough a lot and show deterioration in physical appearance, personal grooming habits
- Have tremors, slurred speech or impaired coordination.

Summarize with the following facts:

1. Substances such as depressants, stimulants and hallucinogens are harmful, having serious consequences on one's health and well-being.
2. These substances affect personal, physical and psychological abilities and the growth of an individual.
3. Life skills like assertive communication, learning to say 'No', coping with stress, managing emotions help protect against such risky habits and situations.
4. Help your friends, family and community to get rid of all forms of substance abuse. You have the strength to do that.
5. Long- and short-term effects of some drugs/substances are given in the chart below:

Substance	Short-Term Effects	Long-Term Effects
Tobacco <i>Description</i> <i>It consists of the crushed and dried leaves of the tobacco plant.</i> <i>It is one of the most commonly used drugs.</i>	<i>The user's pulse rate and blood pressure increases. The amount of acid in the stomach and urine production increases. Activity in the person's brain and nervous system initially speeds up but then slows down. The appetite decreases.</i>	<i>Blood vessels in the heart and brain are narrowed; person develops shortness of breath and cough. Infections in the lungs, such as pneumonia, are more likely.</i>

Substance	Short-Term Effects	Long-Term Effects
<p><i>The nicotine in tobacco is largely responsible for the short-term effects of smoking and its addictive nature.</i></p> <p>Other Names (forms of tobacco)</p> <p><i>Cigarettes, smokes, sticks, butts, gutka, beedi</i></p>		<p><i>Cancer of the lungs, mouth, larynx, oesophagus, bladder, kidney or pancreas is more likely. Stomach ulcers may develop.</i></p> <p><i>The skin ages prematurely.</i></p> <p><i>A pregnant woman who smokes is more likely to have a premature baby, or one with a lower birthweight.</i></p> <p><i>A woman smoker who takes birth control pills is more likely to develop blood clots and also increase her risk for heart attack and stroke.</i></p>
<p>Alcohol</p> <p>Description</p> <p><i>It is one of the most commonly used drugs made through fermentation of fruits and or grains.</i></p> <p><i>It is a depressant that slows down the activity of the central nervous system.</i></p> <p>Other Names</p> <p><i>Beer, brew, suds, wine, spirits, booze, grog, hooch, moonshine.</i></p>	<p><i>At first, the person feels relaxed and less inhibited but s/he actually loses the reflection and ability for clear thinking, judgement and decision making. The person's reflexes will become slower; s/he will have trouble working and doing anything that requires any physical and mental co-ordination.</i></p> <p><i>The person's mood may change; s/he may become angry or take more risks.</i></p> <p><i>If the person drinks a large amount of alcohol on a single occasion (binge drinking), the respiratory system may slow down seriously or even stop, causing death (alcohol poisoning). The effects of alcohol may increase if combined with certain other drugs.</i></p> <p><i>Short-term effects are intensified with binge drinking. Hangover may occur. (Discomfort occurs the next day due to rebound excitation of an alcohol-depressed nervous system. Symptoms include headache, low blood sugar levels, dehydration and irritation of the lining of the digestive system).</i></p>	<p><i>A person who drinks heavily on a regular basis may develop:</i></p> <ul style="list-style-type: none"> <i>• Inflamed stomach or pancreas</i> <i>• Cirrhosis of the liver</i> <i>• Certain cancers of the gastrointestinal tract</i> <i>• Heart disease, high blood pressure</i> <i>• Brain and nerve damage</i> <p><i>In men, especially, the production of sex hormones will decrease</i></p> <p><i>In pregnant women, prenatal exposure to alcohol can cause Foetal Alcohol Syndrome (FAS) or Foetal Alcohol Effects (FAE) (facial abnormalities, growth deficiencies and damage to the central nervous system which can result in developmental delays, learning disabilities, and hyperactivity and memory deficits).</i></p>

Key Messages

1. Mental health is a growing concern among adolescents.
2. Unnecessary stress, emotional swings and taking to substance use impact mental health during adolescence.
3. It is important to communicate assertively and develop the skill to say 'No' to deal with negative peer pressure or any negative influence.
4. By giving in to negative peer pressure you are disrespecting yourself and undervaluing your own knowledge and decision-making skills.
5. Respect your own rights while using your judgement to act upon a pressure.
6. Practise saying 'No' to drugs in any form be it alcohol, tobacco in the form of gutka, cigarette or *beedi*, opium and other drugs.
7. Substance abuse has many associated risks like unsafe sexual behaviour leading to unwanted pregnancy and/or HIV, sexual abuse, cancer, lung and liver diseases, reckless driving leading to accidents and deaths.
8. Addiction not only ruins the life of the addict but poses a heavy economic burden and social stigma on the entire family and community at large.
9. Manufacturing, cultivation, import, export, storage, sale, purchase or consumption of substances like cocaine, morphine and heroin are serious offences and have penalties like rigorous imprisonment, fine and even death in some cases of repeat offence.
10. Help those who have given in to such habits to overcome these challenges.

Role of a Peer Educator, 'A Trusted Friend'

1. To educate adolescents between 10–19 years on mental health issues and factors triggering such conditions in adolescents.
2. To help adolescents recognize peer influence in their life and teach them ways to deal with peer pressure.
3. To educate adolescents and the community at large about consequences of substance misuse.
4. To provide support to adolescents who have given in to negative peer pressure to overcome their fears, guilt and embarrassment.
5. To support adolescents to deal with emotions and stress.
6. To help adolescents access health provider at Adolescent Friendly Health Services/Clinics (AFHCs) at PHC for counselling and treatment, if required.
7. To educate elders and other community people to be sensitive to the needs of adolescents who have taken to substance abuse.
8. To maintain confidentiality and trust of peers.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Dealing with Peer Pressure**

Session 7

Managing Emotions and Stress

Introduction

We are almost constantly stressed during the adolescent phase. The reasons could be many: fear of exams, concerns about physical changes, falling in love, getting admission in a good school/college, pressure by employers if employed, pressure by friends, discriminatory behaviour of elders, risk of violence etc., and trying to maintain good relations with everyone during this process. Any of these can cause a susceptible person to break down and slip into depression. However stress alone does not disturb the mental health of an adolescent. The individual's personality, environment and ability to cope with stress and manage emotions contribute to his/her mental health. Hence it is important for adolescents to learn and practise skills to solve their problems, resolve conflicts and manage stress and emotions.



Learning Objectives:

1. To learn and practise skills to manage emotions and stress
2. To learn to identify the root cause of stress and emotional disturbance
3. To learn how to solve problems and resolve conflict peacefully



Time:

30 minutes



Material:

Printed copies of given case study; chart papers; sketch pens



Methodology:

Brainstorming, group discussion

7.1 Problem Solving

Activity 1



Tell the participants that all of us face numerous 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 difficult situations in our lifestyle and in the future.

The session will help you identify the problems and highlight the ways to find solutions to problems. Thus, it is first important to understand the reasons for the problem(s). Usually we fail to identify the root cause of problems and therefore we are not able to find solutions for them.

Divide the participants into four groups and provide them case studies for discussion.



Case Study 1:

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

1. Who is right, his mother or Ravi?
2. Who is stressed more, his mother or Ravi?
3. Why is Ravi stressed?
4. How can Ravi solve this problem?



Case Study 2:

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

1. What do you think Ramesh should do in this situation?
2. How would you handle this problem?
3. Do you think there could be a possible solution to this problem?



Case Study 3:

Safina is a student of Class 9 who likes a boy called Nitesh. Nitesh starts dating her and asks to have sex with her. Safina refuses and tells him that if her parents get to know about it, they will scold her. Nitesh leaves Safina and starts dating another girl. Safina consults an astrologer and asks for a solution to get Nitesh back in her life. The astrologer fools her and tells her to pay him Rs. 5,000/- for that. Safina shares this with her childhood friend, Meenakshi, and also her plan to steal money from her house. Meenakshi tells Safina that the astrologer is fooling her but Safina refuses to listen to her.

1. What is the root cause of Safina's stress?
2. Is it wise to chase someone like Nitesh?
3. What would you do in Safina's place?
4. How can Meenakshi help?
5. Is there a solution to this problem? If yes, explain.



Case Study 4:

Sakshi is a blind girl who stays with her brother Sanjay. Her parents died in an accident and so there is no one to take care of Sakshi at home. Sanjay goes to college and locks the door while going. He gives the keys to a neighbour. The neighbour assures Sanjay that he will take care of Sakshi but then starts assaulting Sakshi in his absence. Sakshi becomes very depressed and irritable. She shares with Sanjay that somebody comes to the house and assaults her in his absence but Sanjay feels that Sakshi is lying to him as she wants him to stay with her all the time. On Sakshi's request, Sanjay stays with her all the time and does not go to college regularly. He starts feeling frustrated as his college friends make fun of him. He wants to get rid of Sakshi.

1. Why is Sakshi depressed?
2. Is Sanjay also going through mental and emotional stress?
3. How can Sanjay get rid of Sakshi? Is it right for him to do that?
4. What could be the possible alternatives for Sanjay?
5. How would you deal with this situation?
6. How would you counsel Sanjay?

Explain to the participants that in the beginning simple problems that can be easily solved should be identified. For solving more difficult problems, they can approach someone for help. Explain that as peer educators, they should remember that after they have completed their training, they will be able to solve at least some of the common and simple problems. As they become more skilled and competent they will be

able to identify more complex problems and solve them with expert help. However, the key is to discuss the problem with as many people as possible without revealing the identity of the person with the problem. Seek the help of community elders, doctors and social workers as required. Discussion brings informed and innovative solutions to a problem, just as we practise in this training.



Discuss the case studies in detail with the participants and make sure that they are able to identify the problem and suggest possible solutions.

Explain some ways to solve problems.

Problem solving enables a person to deal constructively with problems in his/her life. Problems left unresolved can cause mental stress and give rise to physical strain.

At times problems do not have easy solutions. Give some time to yourself. In such situations it is better to look for what best can be done rather than coming under wrong influence that will harm you as well as others. In such cases talking to different people like peer educators, parents, relatives, doctor, teacher, social worker or an older member of the community helps.

103

Steps to solve problems:

1. It is important to recognize the problem/s.
2. Identify the root cause to be addressed.
3. Once you decide to solve the problem/s, give importance to solving it.
4. Select the problems one by one instead of trying to solve all of them at one go. Trying to solve multiple problems at the same time only creates confusion.
5. Try to think of various solutions. Identifying more than one solution to a problem can result in selecting the best solution.
6. You can discuss the various options with someone you trust, and choose the most appropriate solution which can be implemented without too much difficulty.
7. Commit yourself to solving the problem.
8. Implement the solution. This should be done as soon as possible since any delay might lead to decrease in the priority given to solve the problem.

Explain the case of Ravi with the help of the matrix given below.

Steps	How to do it	Example
Describe the problem.	Use 'I' messages. Don't accuse, blame or criticize.	Ravi: "I don't like it when you tell me I have to come home early. When I leave early, I feel like I'm missing the best part of time spent with my friends."
The other person listens and then reflects on what he/she has heard.	Listen quietly without interrupting, and then summarize the other person's thoughts and feelings without advising, criticizing or judging.	Parent: "You don't like it when I tell you to be home early. When you have to leave early, you feel like you are missing the best time of the day with friends."
Ask the other person for his or her thoughts and feelings about the problem.	Listen quietly without interrupting, asking questions or commenting.	Ravi: "What do you think about the problem?" Parent: "I get upset when you stay out late and I have noticed you are awake till midnight. I worry that you won't get enough sleep or that something bad might happen."
Reflect on what you hear.	Summarize the other person's thoughts and feelings without advising, criticizing or judging.	Ravi: "You get upset when I stay out or when I am awake till midnight because you worry that I won't get enough sleep or that something bad might happen."
Summarize the problem, including both people's needs and feelings.	Avoid judging, criticizing and blaming.	Ravi: "Seems like the problem is that you want me to come home early, and I don't want to miss out on conversation with my friends."
Invite the other person to solve the problem with you.	Each person comes up with several possible solutions. Some will be workable, some will not.	Ravi: "Let's each try to come up with some ideas to work this out."
List the ideas.	Be respectful of each other's ideas even if you don't agree with them.	Ravi: "Well, just don't worry about me." Parent: "Come home on time and we will stop worrying."

Contd...

Steps	How to do it	Example
		<p>Ravi: "How about if I call you if I'm going to be late?"</p> <p>Parent: "That's good. But how about fixing a time for your friends and calling and telling me exactly where you are? We will call only if you don't reach home at the decided time."</p>
Comment on each idea.	Avoid judging or criticizing.	<p>Ravi: "Sometimes I want to hang out with my friends and not be home so early."</p> <p>Parent: "Until you're old enough to handle your life, we will keep worrying about you."</p> <p>Parent: "I like it when you call me, but when you call to say you're staying out till 8:00 or 9:00 pm, it doesn't solve the problem."</p> <p>Ravi: "OK, I can try that. But 6:00 pm seems kind of early."</p>
Make a plan on how the solution will work.	Include details and what each person needs to do.	<p>Parent: "Let's try this for a week. You'll come home by 6:00 pm and by 7:00 pm on the weekends. If it works well we can stay with it."</p> <p>Ravi: "So if I come home on time for a week, you won't ask me when I'm coming home every time I go out."</p>
Write the plan down and put it somewhere you both can see every day.		<p>Parent: "Let's write out our agreement and put it on the wall so that we both can see it."</p>

In Ramesh's case, he should discuss it with his teacher and other members in the community. Someone can suggest a scholarship or government schools where there is free education up to 14 years. Someone in the village can also sponsor his education. To get help, one has to ask for help.

In Safina's case, it is good that she discussed the issue with her friend. She needs to be educated that Nitesh is not in love with her or else he would have not asked her for such favours. Also, if he can leave her on such an excuse he doesn't deserve her at all. In fact she is lucky she came to know his true character. She should concentrate on her studies and work and look for true friends rather than wasting time, energy and money on the astrologer. She should also not do anything wrong like stealing money, as this will not help her in any way and she will only lose the trust of her family and friends.

In Sakshi and Sanjay's case, they should seek the help of the village head, teachers, social workers or relatives to find a school for the blind for Sakshi, where she will have the opportunity to grow to her full potential. This will empower her and help her become self-sufficient. If there is no such school nearby, Sakshi should be allowed to attend regular school and listen to the lectures. She should spend time with her friends and co-learners rather than being locked up at home. Sanjay could seek help from her co-learners or friends to help Sakshi reach the learning centre and return home safely.

Activity 2



Explain to the participants that positive thinking and constructive solution seeking helps one cope with stress.

Healthy ways to manage stress

106

1. Avoid unnecessary stress by managing your time, identifying your strengths and limitations, saying no to pressures and avoiding hot-button topics.
2. Alter a stressful situation by being assertive, expressing your feelings rather than bottling them up and take control of the situation.
3. Adapt to the needs of the stressful situation: maybe by changing your ways to suit the demands, by being more active and considerate and focussing on the positives of the situation.
4. Accept things that you cannot change; let go of bitter experiences, forgive, seek a compromise where you neither win nor lose too much.
5. Engage in recreational activity and fun; take up music, sports, dance, yoga etc. These help immensely.
6. Adopt a healthy lifestyle that maintains nutritional balance, keeps your weight in control, aids immunity and thus helps you have a disease-free body.
7. Take help from friends, parents, teachers or other elders. If you present your case properly, they will understand your situation and help you.

Activity 3



Discuss some examples of stress builders and stress busters. Ask the participants to add from their experience.

Stress Builder	Stress Buster
<i>I am always late in submitting my home work. I will fail this time also.</i>	<i>If I stay focused, I will improve. I will not be the best but I will improve on my earlier performance. I should also take help from the teacher or someone who knows the subject well.</i>
<i>My teacher did not respond to my greetings. She doesn't like me as I don't get good marks.</i>	<i>I am jumping to conclusions. Whether I get good marks or not, the teacher will always respond to me as it is basic courtesy. She must have not noticed or been absorbed with something else. Even if she did ignore my greeting, I will continue to be respectful. I am right in doing that.</i>
<i>Ritesh doesn't love me. What should I do so that he starts loving me?</i>	<i>Maybe I am not his choice. I should not change myself just to attract Ritesh. I will get someone who likes me the way I am.</i>

Summarize with the following:

1. Stress is a combination of physical, mental and emotional feelings that result from pressure, worry and anxiety.
2. Too much or too frequent change in one's life can cause stress.
3. Stress may be caused due to pleasant or unpleasant events.
4. Stress is a result of related and unrelated reasons and many times is more apparent to others than to one.
5. Mild stress and anxiety can enhance performance and life but if it is of high degree it may be disruptive.
6. Positive ways of thinking can help us cope with stress.

7.2 Peaceful Ways to Resolve Conflict

Activity 1



Divide the participants into two groups and give a case to each one to discuss and present.



Case Study 1:

Anmol, Raghav and Noosarat are good friends and lead their class in planning for Teacher's Day celebrations. They have been allowed to prepare a one-hour programme. Noosarat says that she will prepare a folk dance with other girls and boys, a play and some speeches. Raghav says that they should have some snacks and flowers for the teacher and give her a nice present from the class. Anmol does not agree with either of them and wants to take the teacher out for a picnic as she is always working and never seems to have any leisure time. While discussing this, none of them wants to give up his/her idea and suddenly their voices are raised and Noosarat is in tears while Anmol and Raghav are angry with each other.

1. What is the cause of conflict?
2. Who is suffering and who is happy?
3. Can this conflict be resolved? How?

The group can give as many solutions as they want but solutions should be practical and peaceful.



Case Study 2:

Manju, Prabhakar, Jose and Neekhat are friends. They are in the same school and try to spend time together. For some days Manju and Neekhat observe that Prabhakar and Jose are not spending enough time with them. Even during recess they have lunch with other boys and not with them. Neekhat is very close to Jose and feels that he shares everything with her. One day another classmate came to her and said, "Neekhat where were you yesterday? We had a party after games practice. Manju, Prabhakar and Jose were also there." Neekhat is upset that she was not informed by her friends and even Jose didn't bother to tell her. When she asks Manju, Manju teases her a bit and then says that it was just unplanned. Neekhat feels depressed and at the same time angry with her friends, especially Jose. She stops talking to them. Prabhakar, Manju and Jose are sad. Neekhat does not listen to Manju at all.

1. What is the cause of conflict? Who is suffering and who is happy?
2. Can this conflict be resolved? How?

The group can give as many solutions as they want but solutions should be practical and peaceful.

Once the group discussions are over ask each group to present their case. Explain the following:



Healthy interpersonal relationships are the heart and soul of human experience. Friendship and relationships are a crucial part of adolescence. As children grow into adolescents, they become increasingly reliant on peers for friendship, intimacy and validation. However, conflicts due to external or internal factors do arise. At times they are due to differences in opinion, views and attitude with our near ones or others and sometimes due to our own conflicting choices like choosing between a new dress or a new game; choice of career; one-sided liking for someone etc. For girls it is even more difficult as there are social norms that restrict them from expressing their feelings and opinions. Unresolved conflicts may lead to risky situations like being taken advantage of by others who may not be true well-wishers or slipping into self-harming or delinquent behaviour. Resolving conflict is difficult but not impossible and that too through peaceful means of effective communication.

Conflicts and Why They Occur



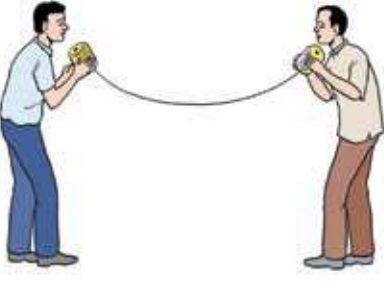
- Conflict is a natural part of our lives and is very common during adolescence as adolescents think differently and have different perspectives.
- Conflict is an inevitable part of relationships.
- Conflict refers to some form of disagreement arising within a group when the beliefs or actions of one or more members of the group are either resisted or unacceptable to other members of the group.
- Conflict reflects the complex and sometimes inconsistent wants, values and expectations of individuals and groups.
- Conflict can occur on different levels. Interpersonal conflicts occur between strangers, acquaintances, friends, parents and children. Intrapersonal conflicts occur within oneself.
- Although conflict often is perceived as negative, it has the potential to positively contribute to both relationship quality and personal development.

109

Show the slides given below and explain different ways of conflict resolution.

<p>Competition: Win-Lose</p>  <p>"I satisfy my needs at your expense"</p>	<p>Giving In/Accommodating: Lose-Win</p>  <p>"I satisfy your needs at my expense."</p>
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SLIDE 1

<p>Avoidance</p>  <p>"Neither you nor I satisfy our needs."</p>	<p>Compromise: Both win a bit/both lose a bit</p>  <p>"I give up some of my needs to satisfy you and you give up some of your needs to satisfy me."</p>	<p>Co-operation: Win-Win</p>  <p>"We have discovered new and creative ways to satisfy our needs."</p>
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SLIDE 2

Some peaceful ways of resolving conflict are listed below:

110

1. Stop the argument when you feel you are getting angry and may say something that you will regret later.
2. Walk away when the discussion is getting heated.
3. Stay calm and take deep breaths.
4. Tell the person what is bothering you, but do it nicely. Use 'I' statements while describing your feelings and how the other person's behaviour is hurting you.
5. Listen to the other person's point of view.
6. Try to understand how the other person is feeling.
7. Look for a compromise; think of possible solutions that can satisfy both sides. Remember compromise is not a win-win situation always.
8. Do not indulge in name calling or insults.
9. Do not yell or raise your voice.
10. Agree to disagree.
11. Ask someone else to help (teacher, parents, other friends, etc.).

There are six ways to handle conflict. Each of them is appropriate in some situations and inappropriate in others.

1. **Directing/Controlling:** We're doing it my way and that's that.
2. **Collaborating:** Let's sit down and work this out.
3. **Compromising:** Let's both give a little.
4. **Accommodating:** Whatever you want is fine.

5. **Avoiding:** Let's skip it.
6. **Appealing to a third party:** Let's get some help.

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

Activity 2



Invite four volunteers for a role play/forum theatre. Give them a situation to prepare.



Rijwan, Mahendra, Rosy and Shireen are decorating the walls of a small space at *Panchayat Bhavan*, from where Mahendra was able to convince the sarpanch/village head to allow them to run a youth club. Shireen's mother is a doctor in the PHC and she said that she will get some first-aid items and condoms and will also invite ANM didi at least once a month to talk to the youth on health and safe sexual behaviour. Mahendra and Shireen are very excited about this club. Rosy and Rijwan plan to paint the room with bright colours and put up some paintings to attract young people. Mahendra wants it to be painted white while Shireen finds it a waste of money as they can get this space painted whenever the *Panchayat Bhavan* is painted. All four are arguing. Suddenly Mahendra shouts that he would decide as he was the one who got this space. Shireen shouts back, "Keep it to yourself, I will start a new one." Rijwan says he is fine with whatever they decide and he will not be part of this team. Rosy is furious, "This club belongs to all youth and is not Mahendra's personal property." Mahendra gets abusive on hearing that. All four friends are angry and sad and are not able to concentrate on anything else.

111

Now ask the volunteers to enact the situation. Once the situation has been enacted ask them to 'STOP' or 'FREEZE'. Ask others to replace anyone they want in the play by saying 'STOP' or 'FREEZE' and try to calm the situation. Continue this for some time and allow as many as possible to try peaceful ways to resolve this issue.

Summarize the activity with the following:

1. Conflict resolution is solving the problems created by the conflict. Positive conflict resolution has three qualities:
 - It is non-violent.
 - It meets some important need or needs of each person involved.
 - It maintains - and can even improve - the relationships of the people involved.
2. Conflict is a normal and natural part of life. Without conflict there is stagnation. The goal of conflict resolution is to use conflict for its constructive and positive aspects, rather than its destructive ones.
3. Conflict is not a contest. In a contest, only one person is the winner; everyone else loses. In conflict resolution we aim for what is called the win-win resolution, where both parties get what they want or need. Lastly, there is no one right way to handle all conflicts.

Key Messages

1. It is important to manage your emotions and stress in constructive ways for mental and physical health.
2. One should try to identify the root cause of stress and plan to solve it through small steps.
3. Stress can be managed in constructive and positive ways.
4. Mild stress can be a source of motivation to do well while higher levels may be disruptive.
5. Conflicts are normal and a natural part of life. However if left unresolved they may cause unnecessary stress and emotional disturbance.
6. Conflicts are not contests where one has to win and the other has to lose.
7. Conflict resolution should aim at win-win situation for all involved parties.
8. Violence and abusive language are the most dangerous methods of conflict resolution.
9. Effective communication helps resolve conflicts peacefully.
10. If unable to resolve, take the help of a third party.
11. Unnecessary stress and conflicts take away our time and energy that could have been used positively.

Role of a Peer Educator, 'A Trusted Friend'

1. To educate adolescents between 10–19 years on mental health issues and factors triggering such conditions in adolescents.
2. To help adolescents recognize situations that may cause stress.
3. To educate adolescents on how to identify the root cause and plan to resolve problems and conflicts peacefully.
4. To educate adolescents about constructive ways to manage stress.
5. To promote sports, music, dance, painting, yoga and other recreational activities among adolescents to reduce stress and engage them in constructive activities.
6. To always maintain the confidentiality and trust of peers who seek your help.
7. To seek the help of elders in the community like parents, teachers, social worker, doctor, ANM *didi*, ASHA *didi* etc., in crisis situations.

Refer Peer Educator Resource Book to deliver messages and clarify doubts related to **Managing Emotions and Stress**

Session 8

Accidents and Injuries

Introduction

Adolescence is full of potential but also has an increased risk-taking tendency and vulnerability to acts that may lead to accidents and injuries. While risk taking in this age group is more of a physiological drive, negative peer influence increases vulnerabilities. Peer pressure and substance misuse (especially alcohol) are common influences in the life of some adolescents and are highly associated with aggressive behaviour and delinquency. Reckless driving and unnecessary confrontations with parents or friends or anyone in the community are some of the unwanted effects. Such behaviour may lead to accidents and physical injuries to self and/or others. The 10 core life skills teach us in different ways to manage our emotions, control our anger and differentiate between safe and unsafe behaviour. It is important to learn that risk taking, violence and being insensitive to feelings of other people is not 'macho'. Risk-taking behaviour can be addressed by channelizing the drive to positive mediums like sports and games. Vulnerabilities can be reduced by replacing negative peer influence with positive peer influence in the communities.



Learning Objectives:

1. To understand some of the causes of accidents and injuries associated with adolescent behaviour
2. To learn and practise anger management skills
3. To learn how to prevent accidents and injuries



Time:

30 minutes



Material:

Printed copies of given case study; chart papers; sketch pens



Methodology:

Brainstorming, group discussion

8.1 Managing Anger

Activity 1



Introduce the session to the participants. Tell them that adolescence is the phase when one is most vulnerable to accidents and injuries. Most of these accidents and injuries can be prevented by working on the factors leading to such situations. Some of the factors associated with accidents and injuries among adolescents are anger leading to aggression, peer pressure and the influence of alcohol and drugs. As adolescents we do not realize how often we get into unnecessary confrontations with friends and family, including parents. At times in our anger we also get physically violent and end up harming ourselves or others. Sometimes, due to peer pressure, adolescents adopt risky behaviours, like taking alcohol and drugs, reckless driving or driving without a helmet, unprotected sexual intercourse etc. Hence, it is important for us to learn to manage anger and resist peer pressure in such a way that we minimize our risks and vulnerabilities to accidents and injuries. We have learnt about resisting negative peer pressure in earlier sessions. In this session we discuss managing anger and minimizing risks.

Divide participants in to two groups. Give each group a situation and ask them to discuss and present their response.



Case Study: Story of Rahul and Vijendra

Rahul and Vijendra are standing at a *chai* shop. They hear two men criticizing a political leader from that area. Rahul is a big fan of the leader and gets agitated when he hears anything negative about him; he turns violent and tries to defend the leader by beating others. Rahul is very angry but Vijendra holds him back and says, "This is not the right platform for a political debate. Everyone has the right to express his or her opinion and the best way is through exercising one's right to vote. Let's go from here."



Discussion Points:

1. What do you think has happened in this situation?
2. Is it right for Rahul to get so angry? Why?
3. Can such situations be harmful not only for Rahul but for others as well? How?
4. What would you do in Rahul's place?
5. How would you help Rahul to manage his anger?



Case Study: Story of Neetu and Raunak

Neetu is a 13-year-old girl who likes to watch films and listen to film songs. She sings as well. Family and friends appreciate Neetu's singing. Neetu wants to pursue singing as a career. One summer, Neetu's grandparents come to visit Neetu and her parents and stay with them for a month. They disapprove of Neetu's fondness for films and songs. One day, when Neetu and her friend Raunak are singing together and noting down the lyrics of one of their favourite songs, Neetu's grandfather scolds her for singing so loudly and also tells her parents to be strict with Neetu and teach her how to behave. Her grandparents believe that singing film songs, that too loudly, is not culturally appropriate for a girl like Neetu. Seeing her grandparents so upset, Neetu's parents ask Neetu to do house work and not waste her time singing.

Neetu is embarrassed. She is very angry not only with her grandparents but also with her parents. In anger, she starts singing even louder. Neetu's parents try to stop her but she doesn't listen to them. Her grandmother gets so angry that she throws a glass of water on Neetu. Neetu is very angry and emotionally hurt. She feels no one likes her and her hobby. Raunak tries to console her. She tears up the diary in which she has written lyrics of hundreds of songs and starts breaking all the cassettes and CDs. While doing so she hurts her hand badly and is bleeding profusely. Raunak calls Neetu's parents for help and makes Neetu sit down. He tells her, "By doing this you are only harming yourself. Our grandparents belong to the old school of thought and we should try to make them understand our views rather behaving like this."

115



Discussion Points:

1. What do you think has happened in this situation?
2. Is it right for Neetu to get so angry? Why?
3. Who is the loser? Neetu or her grandparents? How could Neetu have dealt with this situation?
4. How would you help Neetu manage her anger?

Explain

Anger is a human emotion that is expressed in many different ways. The common methods used to deal with anger are either to express it openly and honestly or to release it in a passive-aggressive manner. The most common recipients of misdirected anger are younger siblings, peers, mothers and teachers– basically those whom we perceive as less powerful than us.

- Expressing anger is a need for every individual but expressing it in a **socially acceptable and harmless way** needs to be learnt.
- Uncontrolled anger can lead to violence and physical harm. At times in anger we harm ourselves or we harm others or we may get harmed by others. Hence one should learn how to manage our anger and practice it in such situations.
- Most of the time our anger is misdirected at people who have nothing to do with the situation.

- It is important to be aware of our emotions and our reactions to different situations so that we can control our emotions.
- All emotions are neither good nor bad, but how we express them is important.
- Adolescents may get into situations of confrontation but if they know how to communicate their views assertively, negotiate in the best interests of the person affected (self or others), provide reasonable arguments and manage their emotions and anger, they can overcome such situations in a way that does not cause any physical harm or hard feelings.
- In some situations one may find the opponent unrelenting but still one should continue communicating one's views assertively rather reacting in ways that can be socially unacceptable such as physical violence, verbal abuse, threatening etc. If the other person gets violent and your reasoning is not being listened to it is better to leave the place or move away from the person. One can resolve the matter calmly later with the help of others.

With help of the information given above explain 'Anger' and 'Steps to Control Anger'

What is anger?

- If conflict is left unresolved it causes anger.
- Anger is a negative emotion that is managed in one of the two ways: keeping it inside or letting it out.
- It is important to acknowledge, accept, manage and appropriately express feelings rather than being overwhelmed by their strength.
- Anger, which comes out, can harm oneself, damage friendships, interfere with learning, disturb family relationships and limit participation in group activities/team work.

Steps to control anger

STEP 1: Prepare for the provocation

If possible, get yourself ready for a potential conflict. Make statements such as these:

- I can handle this.
- I know how to control my temper.
- This could get ugly, but I know how to handle myself. Let me take deep breaths.
- If it is not going well, I need to calmly excuse myself and address it later.

STEP 2: Confront the provocation

While the conflict or problem is going on or after it has happened and you are going to address it, make statements such as these:

- Keep calm. Be cool. This is not that big a deal.
- I will control the situation if I stay in control.
- Yelling and screaming are not going to solve anything.
- This person is really acting poorly, he must really be upset. I can help this person if I remain calm. I am not going to let him upset me.

STEP 3: Coping with arousal and distress

When you start to notice that you are getting upset and losing your cool, make statements such as these:

- I can feel my heart pounding, let me take a few breaths.
- My head is pounding, let me take a break and talk about it later.
- I have a reason to be annoyed, but I am going to stay in control.
- He can probably see that I am getting upset, but my voice and words will be calm.
- Even though I am steaming, I am going to try to work this problem out.
- I am way too upset to confront her; I will talk to her later.

STEP 4: Self-evaluation

After the episode is over, make statements such as these:

- That was not so bad. I got a little peeved, but I stayed in control.
- I did a good job breathing. It helped me.
- I can see that keeping cool turned out to be better in that situation.

Ask Participants: What could be other ways to deal with our anger? Listen to all the answers. With the help of a volunteer, note down all the responses. Summarize the responses and highlight those that were non-violent and healthy. With the help of the points given below suggest few alternative ways to deal with anger.

117

Alternative ways to deal with anger

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

8.2 Minimizing Risk Taking

Activity 2



- A. Write the words 'RISK TAKING' on the board and ask the participants what they understand by this. Ask them if they can or would like to share any event in their lives wherein they have taken some risk and the consequence thereof.

Listen to responses patiently and avoid using words like 'good', 'very good', 'very bad', 'oh', etc. It will unnecessarily influence the adolescents and they may not share their experiences freely.

Make a chart and list the consequences as positive or negative after discussing with the group.

- B. Explain factors leading to risk-taking behaviour in boys and girls with the help of the information given below.

Risk Taking among Adolescents

During adolescence we all tend to take risks for various reasons. Both boys and girls engage in risk-taking behaviour. Research also shows that boys take more risks and are injured more often than girls. This is more because, from childhood, boys face fewer restrictions than girls. For example, few parents stop their son from running or spending unsupervised time out of the house. On the other hand, most parents teach daughters to walk slowly and spend more time at home. If daughters go out, their movements are supervised. Different ways of socialization bring different risks and vulnerabilities. Boys take more risks due to overconfidence while girls may take risks due to poor self-esteem and poor self-confidence. For example, boys often drive motor vehicles without a driving license, drive a bike without a helmet or indulge in unprotected and unsafe sexual behaviour. On the other hand, girls do not have the confidence and skills to resist sexual coercion or pressure, physical violence like beating or may give in to other forms of exploitation. Hence, the type of risks that boys take may be different from the ones that girls take but both are equally vulnerable to accidents and injuries that could be physical, sexual or emotional.

Reasons for Adolescent Risk-Taking Behaviour

- Desire to have autonomy from parents and elders and establish one's identity
- Desire to be popular and to conform to peer norms
- To prove masculinity – In some cultures risk taking is associated with 'Macho' behaviour
- To conform to gender norms, especially where girls are expected to be shy, polite, submissive
- Negative peer influence
- Curiosity with regard to sex, friendship and attraction
- Experimenting, especially with unprotected sex, substance abuse including alcohol and cigarettes
- Anger and impulsiveness
- Lack of self-control, critical and creative thinking abilities
- Desire to be 'powerful': Bullying, physical violence like beating, slapping, kicking; sexual harassment and violence, that includes verbal abuse and eve teasing are some aggressive behaviours demonstrated against those whom perpetrator thinks of as powerless or weak. Such violent behaviours can cause serious injuries to victims but can have serious consequences for the perpetrator as well

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Some Common Risks Taken by Adolescents

- Impulsive decisions resulting in dangerous situations may happen more if one is overconfident or emotionally unstable.
- Reckless driving; driving without helmets, racing in busy streets, stunts without expert supervision
- Provoking, arguing and testing limits with peers and adults. Confrontation with parents and teachers.
- Experimentation with substances like alcohol, tobacco and others
- Multiple sexual partners
- Sex without condoms
- Giving in to sexual coercion, peer pressure
- Not resisting or protesting against physical violence like slapping, beating, kicking etc.

- C. Tell participants that one should try to analyze the risks being taken and how will it affect one, one's family and other community members in the long run. Sometimes a risk perceived by us as small, can cause serious injuries. For example, being careless with crackers has often caused severe injuries like burns, damage to eyes. Similarly, unprotected sexual intercourse – even for the first time – may cause an unwanted pregnancy and/or sexually transmitted infection. Hence, it is always advisable to be a little careful and follow the rules rather than be overconfident and lose out on a healthy and satisfying life. **Discuss with participants how one can minimize risk-taking behaviour with the help of the following points.**

119

Minimizing Risk Taking

- Do not drive a vehicle if you are less than 18 years of age.
- Do not drink alcohol if you are below 25 years of age. (Alcohol drinking affects young people differently from adults as it increases risk taking).
- Do not drive a vehicle in drunken state. Also, do not sit in a vehicle that is driven by a person who is drunk.
- While riding a motorcycle, scooter or bicycle, always wear a helmet. Do not exceed the speed limit.
- Be extra careful in case of bad weather or when driving conditions are challenging.
- When you are tired or sleepy do not work with a machine or with fire (for example, a stove).
- Do not meddle with any equipment or try to repair it if you do not have adequate knowledge about it. Do not try to use any equipment if you do not know how to use it. Be very careful with electrical equipment and wiring. They can be dangerous.
- Learn to swim whenever you get the opportunity. If you do not know how to swim, do not try to save a drowning person. Do not get into deep water unless you are fully confident. Seek help immediately from a counsellor, healthcare worker or a doctor if the adolescent is depressed and talks about committing suicide, taking poison or running away from home.
- Observe safety at farms and at workplace as well as in the school at all times.
- Protest against situations of coercion like sexual violence, physical violence like beating, slapping, kicking etc. and seek help to stop it.
- Never have sex without using condom and be faithful to your partner.

D. Discuss with peers how to handle injuries with the help of basic first aid tips

Try to prevent injuries as far as possible. Educate your peers about safe behaviours. You can also spot/identify boys and girls who seem to be more violent in their daily behaviour. Try to talk to them and suggest activities which can help to divert their attention towards productive work.

A person who has been injured should be given first aid immediately. A peer educator should provide assistance to transfer the injured to the hospital immediately and safely.

Some Basic First Aid Tips

Bleeding

- Pressure should be applied with a towel or gauze until bleeding stops.
- Minor cuts and scrapes should be treated with hydrogen peroxide.
- Sealing the wound with a 'Band-Aid' and antibiotic ointment can reduce the chance of infection.

If bleeding is profuse, seek medical help immediately.

Burns

- Minor burns can be treated with cool running water or a cold compress.
- Seek the help of a medical professional if blistering occurs.
- An antiseptic spray can provide temporarily relief from sunburn or minor burns.

Sprains

- Apply a cold compress or ice immediately to help reduce swelling.
- Talk to a medical professional as soon as possible to prevent further damage.
- Elevate arms or legs to help reduce swelling.

If fracture in any part of the body is suspected, seek medical/expert help to transfer patient

Bites and Stings

- Ice or cold compress should be applied immediately.
- Remove the sting if at all possible.
- Elevate the location of the bite or sting.
- Seek the help of a medical professional for treatment for any side-effects such as shortness of breath or swelling.

Other Precautions

- In case an adolescent is bleeding, it is essential to stop the bleeding immediately. The peer educator should know the correct method to stop the bleeding. This can also be learnt through first-aid training.
- In case there is a head or neck injury, lay the injured person with the head low and feet raised. This should be done with as little movement of the injured person as possible.
- Keep the injured person warm. Cover with a blanket. If s/he is awake, give her/him clear fluids to drink but do not give anything to eat.
- If you suspect that there is a broken bone then the affected area should be given some kind of support.