



**Training Manual**  
for  
Adolescent's Health Counsellors

**Facilitator's Guide**



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**Note: 1:1:1 = Module No. : Session No. : Flip Chart No.**

# Abbreviations

ADHD	Attention-Deficit/Hyperactivity Disorder
ACE	Adverse Child Events
AEP	Adolescent Education Programme
AFHS	Adolescent Friendly Health Services
AG	Adolescent Girls
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive Sexual Health
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BMI	Body Mass Index
BSY	Balika SamridhiYojana
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Diseases
ECP	Emergency Contraceptive Pills
EFA	Essential Fatty Acids
ELISA	Enzyme-linked Immunosorbent Assay
FAQs	Frequently Asked Questions
FLE	Family Life Education
FSH	Follicle-Stimulating Hormone
GoI	Government of India
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Training Center
ICMR	Indian Council of Medical Research
IFA	Iron Folic Acid
IMR	Infant Mortality Rate
IUCD	Intrauterine Contraceptive Devices
IUGR	Intrauterine Growth Restriction
KAP	Knowledge, Attitude and Practice
KSY	Kishori Shakti Yojana
LAM	Lactational Amenorrhea
LH	Luteinizing Hormone
LHV	Lady Health Visitor

MHRD	Ministry of Human Resource Development
MMR	Maternal Mortality Rate
MTCT	Mother-to-Child Transmission
MTP	Medical Termination of Pregnancy
NACO	National Aids Control Organization
NACP	National AIDS Control Programme
NCD	Non-Communicable Disease
NCERT	National Council of Educational Research and Training
NCRB	National Crime Records Bureau
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NHE	Nutrition and Health Education
NNAPP	National Nutrition Anaemia Control Programme
NPAG	Nutrition Program for Adolescent Girls
NRHM	National Rural Health Mission
NSS	National Service Scheme
OCP	Oral Contraceptive Pills
ODD	Oppositional Defiant Disorder
PHC	Primary Health Center
PID	Pelvic Inflammatory Diseases
PLWHA	People Living with HIV/AIDS
PPT	Power Point Presentation
RCH	Reproductive Child Health
RHD	Rheumatic Heart Disease
RRC	Red Ribbon Club
RSH	Reproductive and Sexual Health
RTI	Reproductive Tract Infection
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TFR	Total Fertility Rate
UNDOC	United Nations Office on Drugs and Crime
UT	Union Territory
VCTC	Voluntary Counseling And Testing Centers
WHO	World Health Organization
WIFS	Weekly Ironfolic Acid Supplementation
YUVA	Youth Unite for Victory on AIDS

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# Introduction

The percentage of adolescents (10-19 years) in India is increasing and comprises of one-fourth of the total population. Adolescence is recognized as a phase rather than a fixed time period in an individual's life. It is a phase of development and transformation from appearance of secondary sexual characteristics to sexual and reproductive maturity; the transition from total socioeconomic and emotional dependence to relative independence. During this phase of transition the adolescents face multi-complex issues such as gender discrimination, early marriage and child bearing complications during pregnancy and childbirth. High risk of RTI/STI and HIV/AIDS increases reproductive and sexual health complication which leads to higher maternal morbidity, mortality and infant mortality rate. In addition, these conditions lead to discontinuation of school, restricted exposure and reduced social interaction.

Adolescents are leaders in the making; their ambition, creativity, curiosity; drive and eagerness create a fertile ground for planting seeds for their bright future. However, at this stage adolescents struggle with self-identity, peer acceptance, parental approval and overall societal belonging. During this second decade of their life they begin to question the meaning of life, inherited family beliefs, values and norms. They are bothered by the set of rules and regulations that according to them stand in the way of fully enjoying life based on their own terms. They are extremely self-conscious of actions, behaviours and characteristics, continuously judging themselves through a critical lens. They are often torn between seeking their parent's approval and that of their peers, which are usually opposite sides, leading the adolescent to inner turmoil or with feelings of guilt and regret once a choice is made. The need for differential values, competencies and coping styles between parents and adolescents are a source of anxiety and stress for both adolescents as well as parents.

Both boys and girls have limited knowledge, skills and exposures to handle their problems and challenges within the existing environment. Broadly, on the basis of these issues, concerns and developmental changes adolescents constitute two major groups i.e. early adolescents of age group 10-14 and late adolescents of age group 15-19. Adolescents are also not a homogeneous group as their situation varies by age, sex, marital status, class, region and cultural context. Based on their situation across the country they have diverse concerns, needs and expectations from their family members, community and health providers. Due to inadequacy or lack or inappropriate information regarding health services the health and well-being of adolescents is more vulnerable, complex and difficult.

Anaemia and malnutrition are also major factors which affect adolescent's physical development. In adolescent girls, it has been observed several times that nutritional deprivation among them reduces their school attendance, learning ability and overall performance. Adolescent boys in India face different sets of problems, their own inhibitions do not allow them to express their problems and needs easily. Sedentary life style, changing dietary patterns, increasing consumption of alcohol and smoking are key risk factors which increases the incidence of non-communicable conditions among adolescents in their later stages of life. Adolescents have to face lot of pressures which range from having interpersonal issues with friends and family to poverty, violence and adapting to cultural norms. Adolescents may also be concerned about significant issues such as religion, gender roles, values or ethnicity. Some adolescents face difficulties in dealing with past traumas that they experienced such as sexual harassment, domestic violence and gender based violence. This often has an impact on their well being and behaviour which can lead to distress and if not addressed can lead to more complicated mental disorders such as depression and eating disorders. There is a sound evidence that adults can influence the environment of adolescents to enhance their health and well being. A positive relationship with parents and a school environment that is perceived as positive are strong protective factors against a variety of negative health outcomes. Conversely family conflict and negative peer role models are associated with increased risk behaviours and depression.

Lack of information, poor knowledge and unavailability of counseling services are the main underlying factors resulting in limited usage of health services by adolescents. The service provision for adolescents is influenced by many factors such as lack of adequate privacy, confidentiality and judgmental attitudes of service providers, who often lack counseling skills. Most of the time adolescents require socio-psychological support and motivation to deal with their personal and family relationships, physical and psychological changes in their body, peer pressure and emotions. Learning from various ongoing adolescent health programs suggest that providing effective, adequate and appropriate counseling can play significant role to ensure the quality delivery of adolescent friendly health interventions.

As per the National Adolescent Health Strategy, developed by Ministry of Health and Family Welfare, GoI has made a provision for two full time counsellors. One will provide regular counseling services at community health center and the other will deliver outreach counseling services in the vicinity of the health center once in a week or fortnightly, based on the number of health centers. The counsellors would act as an important link between the existing health system and adolescents. The provision of Health Counsellors will help adolescents seek counselling services more frequently and comfortably. Additional support in the form of skill building would help the Counsellors in performing the preliminary screening and conducting Counseling sessions. Their exposure on adolescent related issues would support them in making appropriate referrals to the Medical Officers, who would be able to do justice to the adolescent specifically seeking medical intervention.

These counsellors will not only promote healthy life styles, preventative measures, follow-up and referrals but would also strengthen outreach services, establish linkages with the community at large and generate demand for adolescent friendly health services.

Counsellors will act as a facilitator and help adolescents to solve problems, create an enabling environment for adolescents. For counseling adolescents, the counsellor should have Master degree in Social Science or Psychology and at least two year experience in adolescent health program.

The key objective of formulating a training manual for Adolescent's Health Counsellors is to enhance the knowledge, skills and practices of counsellors to effectively deal with adolescents and to counsel with confidence. This would ensure that they have adequate communication skills to reach out to the adolescents. They would also be able to provide effective, appropriate and adequate counseling services on various aspects of adolescent health and development. It also focuses on providing the front line workers training on teaching adolescents various life skill tools to handle peer pressure, manage their stress, fear, anxiety and psychological phobia during this phase. The training manual also provides the skills to deal with drug abuse, smoking and alcohol, life style diseases, importance of balance diet and food habits. This manual can also be used for improving the skills of counseling among ASHAs, AWWs, ANMs and ICTC workers.

The training manual is designed to be delivered in six days' residential workshop setting. It is based on participatory learning and teaching technique. The learning and teaching methods have been empirically selected to accomplish desired outcomes. The manual consists of two modules – Facilitator's Guide and Handout. The Facilitator's Guide provides key instructions and methodology for conducting the specific section. The manual is designed in a way that one can organize training of the whole manual or for any specific section based on the requirement. However, the Handout provides literature or reference material for counsellors which can help them to enhance their knowledge and gain a broader perspective of topic as well as overall subject. The training manual for adolescent health counsellor will enable the front line workers to understand what is essential for counsellor to know prior to their dealing with adolescents (10-19) and how can they enhance their understanding for responding better to the needs and problems of adolescents.

During the formulation of both Facilitator Guide and Resource Book, utmost care has been taken to incorporate diverse concerns and needs of adolescents from various perspectives. However, on the basis of feedback and inputs after implementation of the manual in different parts of the country, additional information can be incorporated in the Training Manual.

# Facilitator's Note

The complete set of manual covers six days' training program, which may be adapted for longer or shorter period as per need. Any part of the manual could be edited and picked up according to the relevance and cultural sensitivity of trainee counsellor. "The Training Manual for Adolescent Health Counsellors" is based on theoretical approaches of counseling. The theory helps to explain what happens in the counseling relationship and assists counsellor in predicting, evaluating and improving the counseling results. Theory also helps counsellor to understand their clients and thus derive techniques that are most useful and effective in achieving the counseling objectives.

The Manual is intended for counsellors in the adolescents' health services and front line health providers working with adolescents across the country. This manual provides a unique opportunity to all health and non-health counsellors to understand the basics of communication with adolescents, reproductive and sexual health, nutritional aspects, non-communicable diseases, mental health, gender, violence and injuries among adolescents as well as aspects of parental counseling for adolescents. However, to use this manual, facilitators have to take care of the following key points :

1. The teaching and learning methods used throughout the training manual are participatory and appropriate for working with adults.
2. It is expected that the main group of participants already have some knowledge and experience of working with adolescents and adolescents' health issues.
3. The entire manual and sessions use range of methods and approaches such as group discussion, role plays, cards, case based learning activities and various brain storming exercises. Facilitators can use these exercise as per the prescribed guidelines or based on their own experiences.
4. Overall training manual includes Resource Book and Facilitator's Guide. Resource Book provides an opportunity for participants to understand the theory on specific topics which can help them to improve their knowledge on various issues of adolescents' health. The Facilitator Guide consists of eight core modules. It is necessary for all participants to go through all eight modules because they cover all essential topics that will equip the participants with the knowledge and understanding they need to achieve the overall objectives.
5. It is necessary for all facilitators to go through both Resource Book and Facilitator Guide prior to the training. During the training, facilitator has to ensure the respect and confidentiality of participants, especially on sensitive issues.

6. The overall manual is based on fixed time schedule and requires respecting the allotted time for each session. The training can be organized for overall manual or it can be organized for specific required session.
7. Facilitators should ensure that everyone has the opportunity to share their knowledge and experiences. Facilitator should not have bias for any issue such as caste, religion, sex and age.
8. Facilitators have to recognize and appreciate the participants' knowledge and experience all the time. For specific efforts or work, facilitator can give prizes to individuals or the group for their encouragement.

# Introduction of Facilitator Guide

The “Training Manual for Adolescent's Health Counsellors” attempts to look at various dimensions of adolescent health and growth. This offering relevant information, knowledge and skills which seem necessary for adolescent's counselling. The Manual has been divided into two parts comprising of Facilitator's Guide and Resource Book. The Facilitator's Guide has been drafted with purpose of a work book with relevant explanation and activities which have been methodologically divided into specific time frames and sequences. The Resource Book elaborately discusses each topic in congruence to the Facilitator's Guide.

The Facilitator's Guide has been conceptualized in a way wherein it can be used by both health and non-health personnel in counseling. The language, terminology and activities have been based on day-to-day incidences and have an appeal on issues of adolescents from rural or urban background. The delivery mechanism has been based on participatory approach so that participants have an opportunity to share their knowledge, experiences and learning at each stage.

The Facilitator's Guide consists of eight core modules and each module has several sessions based on the extension of subjects. Each session includes introduction, objectives, time frame, required training material and detailed description of required activities.

<b>Module</b>	<b>Name of Module</b>	<b>Sessions Description</b>
Module – 1	Introductory	Session 1-2
Module – 2	Communication with the adolescents	Session 3-5
Module – 3	Reproductive and sexual health	Session 6-11
Module – 4	Nutritional aspects among adolescents	Session 12-14
Module – 5	Non communicable diseases and Health promotion	Session 15-18
Module – 6	Mental Health	Session 19-21
Module – 7	Gender, violence and injuries	Session 22-23
Module – 8	Parental counselling	Session 24

## Module – 1 Introductory

The Introductory sessions provide the overview of “Training Manual for Adolescent's Health Counsellors” including objectives, patterns of delivery, basic roles and responsibilities of trainers and participants. It also creates an enabling environment between participants and trainers, which can help everyone to participate in the training and achieve the required skill and knowledge.

## **Module – 2 Communications with Adolescents**

Basics of communication, its channels and barriers have been elaborated to establish a basic understanding on the concept of Communication. Further adding on to it, this chapter tries to explore the key characteristics of a counsellor. It is very important to establish here that the skills of a counsellor will enhance when supported by appropriate counseling skills. It is also important to understand that adolescents are normally not very keen to visit a counsellor, thus the counsellor should understand their role in grooming adolescent health.

## **Module – 3 Reproductive and Sexual Health**

The module on Reproductive and Sexual Health focuses on adolescent growth and development, mensuration cycle and key disorders, sex and sexuality, Reproductive Tract Infection, contraceptives and safe abortion as well as adolescence pregnancy.

The developmental characteristics of an adolescent have been explained according to major stages of change. Stages of healthy development in adolescents have been discussed. The reproductive organs of male and female, their functions, hygiene and effects of puberty have been elaborated in detail for both adolescent boys and girls.

An elaborate understanding has been established on promoting sexual and reproductive health of adolescents by discussing conditions of premature ejaculation, masturbation, night fall and related myths and facts. Menstrual disorders, their key characteristics and support/ help required have been listed. Adequate information has been shared on sex and sexuality. Information about contraceptives, safe abortion and adolescence pregnancy has been shared. The module addresses issues that adolescent health counsellors should look at to improve access to sexual and reproductive health information and services.

## **Module – 4 Adolescents Growth and Nutrition**

Adolescence is a significant period for physical growth and sexual maturation. Nutrition being an important determinant of physical growth of adolescents, is an important area that needs attention. Growth retardation is one of the most important concerns for the adolescents and their parents as well as health care workers.

The module discusses the importance of nutrition among adolescents. It tries to explore their special needs irrespective of sex. Improper nutrition in the body may lead to malnutrition, over-nutrition or under-nutrition. The chapter discusses the causes and influential factors for Anaemia and Malnutrition.

Differences between Overweight and Obesity have been highlighted. Factors affecting healthy growth have been reviewed under psychological, personal and environmental factors. Height and weight relationship and concepts of BMI (Body Mass Index) have also been addressed.



## **Module – 5 Non-Communicable Diseases and Health Promotion**

Broadly, diseases can be categorized into two types, namely Communicable Diseases and Non-Communicable Diseases. During the past century, the developed world has experienced a dramatic change in the pattern of diseases. There is a tremendous decline in infectious (communicable) diseases and a steady rise in so called lifestyle diseases or non-communicable diseases. So, the global burden of disease is shifting from infectious diseases to non-communicable diseases. The Module discusses what are Non-Communicable Diseases and their fact files of prevalence. As a result of industrialization, socio-economic development, urbanization, changing age-structure, changing lifestyles, India is facing a growing burden of non-communicable diseases.

An understanding has been made on disease pattern based on cycle approach, sensitization on adolescents and Non-Communicable Diseases, Risk factors which can be further elaborated as modifiable and non-modifiable have been discussed. Looking at the entire scenario, the role of health counsellor using the health promotion approach has been elaborated.

## **Module – 6 Mental Health**

The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

Mental health from the perspective of adolescent age group includes coping, resilience, good judgment to achieve overall well being and set the stage for positive mental health in adulthood. There are a lot of pressures for adolescents to deal with among friends and family. For some youth, pressures include poverty, violence, parental problems and mobs. Adolescents may also be concerned about significant issues such as religion, gender roles, values or ethnicity. Some adolescents have difficulty in dealing with past traumas they have experienced, like abuse.

Establishing an understanding on the topic, the sessions are further drafted to understand the issues in perspective to adolescents, the common types and its prevalence. A discussion has been brought forward on what are "Protective Factors" and "Risk Factors". The influencing factors, general issues and problem solving skills among adolescents. Concept of emotional resiliency has been shared discussing emotional fear and anxiety as well as steps for adolescent well-being has been discussed.

## **Module – 7 Gender, Violence and Injuries**

Gender equality refers to equal access to social goods, services, resources and equal opportunities in all spheres of life for both men and women. Gender equity implies fairness in the way women and men are treated. Gender-based violence (GBV) is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination, physical and mental integrity.



The module tries to distinctly draw the line between sex and gender, their perception and how to deal with these differences. It hints at some of the gender based roles and responsibilities. It also elaborates on violence and injury, the fact that they could be intended or un-intended and be addressed to adolescent girls as well as boys. The topic also probes in identifying the cause and influencing factors of injury.

## **Module – 8 Parental Counseling**

Being a parent to adolescents can be a challenging, worrying and sometimes distressing time. The adolescents, who undergoing of growth and development, are mostly in a stage of inner conflict. They refuse to be submissive and are often in conflicts with their parents or siblings. At such times, it becomes very important for parents to understand how to help their adolescent child grow. They should understand that the lessons of life learnt by them have to now be experienced by their children. It also has to be understood that each individual's form of learning is unique, thus instead of posing their opinions the parents need to balance between being a good friend to a disciplinarian.

# Six Days' Training Programme for Adolescent Health Counsellor

Day	Name of module and sessions	Duration	Number of session
<b>First day</b>			
<b>Module – 1 Introductory Module</b>			
10:00- 11:00	Key Objectives and Introduction of Participants	60	Session -1
11:00- 11:30	Pre-assessment	30	Session -2
<b>11: 30-12:00 Tea Break</b>			
<b>Module – 2 Communication with adolescents</b>			
12:00- 1:00	Basics of communication	60	Session -3
<b>1:00-2:00 Lunch</b>			
2:00- 3:00	Key characteristics of counsellor	60	Session -4
<b>3: 00-3:15 Tea Break</b>			
3:15- 4:15	Role and scope of counsellor	60	Session -5
4 : 15 – 4:30	Summary of the module	15	
<b>Second day</b>			
<b>Module -3 Reproductive and Sexual Heath</b>			
9: 30- 10:00	Review of pervious day/Re-cap	30	
10:00 – 10:15	Self-Assessment of module	15	
10:15 – 11:15	Adolescence growth and development	60	Session -6
<b>11: 15-11:30 Tea Break</b>			
11:30- 1:00	Menstruation cycle and key disorders	90	Session – 7
<b>1:00-2:00 Lunch</b>			
2:00 – 3:00	Sex and sexuality	60	Session – 8
<b>3: 00-3:15 Tea Break</b>			
3:15 – 4:15	Reproductive Tract Infection and HIV Aids	60	Session -9
<b>Third day</b>			
<b>Module -3 Reproductive and Sexual Heath</b>			
9:30 – 10:00	Review of pervious day/Re-cap	30	
10:00 – 11: 00	Contraceptive and safe abortion	60	Session -10
<b>11: 00-11:30 Tea Break</b>			
11: 30- 12:30	Adolescence pregnancy	60	Session – 11
12:30-12:45	Summary of the module	15	
12:45 – 1:00	Self-assessment of the module	15	
<b>1:00-2:00 Lunch</b>			
<b>Module – 4 Nutritional aspects among adolescents</b>			
2:00 – 3:00	Adolescent concern and importance	60	Session 12
<b>3: 00-3:15 Tea Break</b>			
3:15 – 4:15	Types of malnutrition	60	Session -13
<b>Fourth day</b>			
<b>Module – 4 Nutritional aspects among adolescents</b>			
9:30 – 10:00	Review of pervious day	30	
10:00 – 11:00	Role healthy diet and counsellor	60	Session -14
<b>11:00 – 11:15 Tea Break</b>			
11:15 – 11:30	Summary of the module	15	
11:30 – 11:45	Self-assessment of the module	15	
<b>Module -5 Non-communicable diseases and health promotion</b>			
11: 45- 12:45	Understanding of communicable and non-communicable diseases	60	Session -15
<b>12:45-1:45Lunch</b>			
1:45 -2:45	Key characteristics of non-communicable diseases	60	Session - 16
2:45 – 3:45	Key risk factors and their implications	60	Session – 17
<b>3:45 – 4:00 Tea Break</b>			
4:00 - 5:00	Role of counsellor and health promotion	60	Session – 18

<b>Fifth day</b>			
<b>Module -5 Non-communicable diseases and health promotion</b>			
9:30 – 10:00	Review of pervious day//Re-cap	30	
10:00 – 10:15	Summary of the module	15	
10:15 – 11:00	Self-assessment of the module	15	
<b>11:00 – 11:15 Tea Break</b>			
<b>Module – 6 Mental Health</b>			
11:15 –12:15	Distress and disorder	60	Session - 19
12:15 – 1:15	Concept of protective and risk factors	60	Session - 20
<b>1:15 – 2:15 Lunch</b>			
2:15 – 3:15	Concept of emotional resilience	60	Session - 21
<b>3:15- 3:30 Tea break</b>			
3:30 – 3:45	Summary of the module	15	
3:45 – 4:00	Self-assessment of the module	15	
<b>Module – 7 Gender, Violence and Injury</b>			
4:00 – 5:00	Understanding gender identity and roles	60	Session - 22
<b>Sixth day</b>			
<b>Module – 7 Gender, Violence and Injury</b>			
9:30 – 10:00	Review of previous day//Re-cap		
10:00 –11:00	Violence and injuries	60	Session - 23
11:00 – 11:15	Summary of the module	15	
11:15 – 11:30	Self-assessment of the module	15	
<b>11:30-12:00 Tea</b>			
<b>Module – 8 Parental Counseling</b>			
12:00 -1:30	Needs of parental counselling and key components	90	Session -24
<b>1:30 – 2:30 Lunch</b>			
2:30 – 2:45	Summary of the module	15	
2:45- - 3:00	Self-assessment of the module	15	
<b>3:00-3:15Tea</b>			
3:15-3:30	Post-test	15	
3:30 – 4:30	Feedback session	30	
4:30 – 5:00	Vote of thanks		

# Training Manual for Adolescent Health Counsellors

## Pre/Post test

Name of \_\_\_\_\_ Designation \_\_\_\_\_

Highest Qualification \_\_\_\_\_ Date of Programme \_\_\_\_\_

Date of Test \_\_\_\_\_ Time : 30 Minutes

Note: Answer all questions. Multiple choice questions have only one correct answer. Please read each question and the multiple choices carefully and put a ( ✓ ) mark on correct answer.

1. Adolescents come under which age group?
  - a) 8-10 years
  - b) 8-15 years
  - c) 10-19 years
  - d) 19-35 years
2. What are the important changes that take place in the individual as he/she goes through adolescence?
  - a) Physical
  - b) Mental
  - c) Emotional
  - d) All of the above.
3. What are health related concerns of adolescents?
  - a) Menstrual problems in girls and night fall in boys
  - b) RTIs/STIs - Hygiene
  - c) Teenage pregnancy
  - d) Anaemia
  - e) Unsafe abortions
  - f) Drug/substance abuse/smoking
  - g) All of the above.
4. How would you strike a rapport with an adolescent client?
  - a) By not asking too many questions and not making eye contact
  - b) By friendly, warm and non-judgmental behaviour with positive non-verbal cues.

- c) Frowning and stern behaviour.
  - d) None of the above.
5. Adolescents do not utilize available health services because:
- a) They fear the health providers will inform their parents.
  - b) They are not interested.
  - c) They do not recognize illness.
  - d) They do not know where to go.
  - e) All of the above.
  - f) None of the above.
6. What are the barriers to good communication?
- a) Service provider use simple words and language.
  - b) Client feels comfortable.
  - c) Lack of privacy.
  - d) Adolescents are unable to talk because of fear.
  - e) Insufficient time to explain.
  - f) (a) and (b)
  - g) (c, d and e)
7. What problems are caused by lack of menstrual hygiene?
- a) Anaemia, weakness, diarrhea
  - b) Malaria, worm infestation
  - c) Vaginal discharge, burning during urination and genital itching
8. According to you, how will you rate masturbation for adolescent boys and girls?
- a) Normal behaviour
  - b) Abnormal behaviour
  - c) Shameful behaviour
9. Lack of nutrition in adolescence can cause-
- a) Protein - energy malnutrition
  - b) Stunting of growth
  - c) Anaemia
  - d) All of the above.
  - e) None of the above.
10. What can a counsellor do to prevent unsafe abortions in pregnant adolescents?
- a) Counsel and refer to appropriate facility for termination of pregnancy.
  - b) Conduct termination of pregnancy themselves.

- c) Scold her for getting pregnant, tell her to continue her pregnancy now and take some contraception after delivery.
11. Which contraceptive methods are appropriate for adolescents?
- a) Abstinence, condoms and oral pills.
  - b) Sterilization, Fertility-awareness based methods and IUCDs.
12. After unprotected sex, emergency contraceptive pills can be given to:
- a) Married adolescents
  - b) Unmarried adolescents
  - c) Both
  - d) None of the above.
13. Non-communicable diseases from the following are-
- a) Cancer
  - b) Diabetes
  - c) Cardiovascular diseases
  - d) All of the above.
  - e) None of the above.
14. What are the main reasons for having non-communicable diseases ?
- a) Smoking and excessive alcohol consumption
  - b) Fast food and no exercise
  - c) Hereditary
  - d) All of the above.
  - e) None of the above.
15. What are the methods to prevent non-communicable diseases?
- a) No smoking and no alcohol consumption.
  - b) Taking natural food and regular exercise.
  - c) Control or maintain weight as per height and weight.
  - d) All of the above.
  - e) None of the above.
16. Can mental diseases be developed in adolescents?
- a) Yes
  - b) No
17. Adolescents have more health risks in comparison to adults due to:
- a) They do not have adequate and appropriate information.
  - b) They have strong peer pressure.

- c) They do not have capacity to take decision.
  - d) All of the above.
18. Providing appropriate counseling to the adolescents, counsellor has to:
- a) Listen to them.
  - b) Provide them adequate time.
  - c) Ensure required privacy.
  - d) All of the above.
19. What should restrict adolescents to reach health facilities
- a) Socio-cultural reasons.
  - b) Absence of required services.
  - c) Fear with provider.
  - d) All of the above.
20. Which of the following conditions affects adolescent's growth & development
- a) Eating disorders.
  - b) Distress and depression.
  - c) Early pregnancy and child birth.
  - d) All of the above.





**Module –1**  
**Introductory**  
**Number of Sessions - 2**

SN	Name of session	Time (Minutes)
<b>Session-1</b>	Key Objectives and Introduction of Participants	60
<b>Session-2</b>	Pre assessment	30

## Module-1

Introductory module

### Session-1

Key objectives and introduction of participants

### Time(Minutes)

60

### Objectives

- ❖ Sharing the key objectives of “Training manual for Adolescent Health Counsellor” and getting to know participants
- ❖ Understanding past experiences of the participants and their expectation from the training

### Required training material

- ❖ Flipchart 1:1:1, 1:1:2 and 1:1:3
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes, A4 sheets

	Name of activity	Patterns of delivery	Time (Minutes)
Activity -1	Key objectives and getting to know each other	PPT and participatory	25
Activity -2	Understanding the experiences of participants	Participatory	15
Activity -3	Expectation of participants	Participatory	20

### Activity - 1

1. Initiate the session by introducing yourself and other team members
2. Welcome the participants in the training programme and share the key objectives by explaining them what is the importance of counseling during adolescent period.

Flip Chart 1:1:1 – Key objectives
<ul style="list-style-type: none"><li>❖ To deliver the training manual of comprehensive knowledge and skills on various aspects of adolescent health issues</li><li>❖ To build the capacity of counsellors on various aspects of counseling and communication</li><li>❖ To improve the skills of counsellors on adolescents' needs, assessments and priority setting</li></ul>

3. Make them friendly on various aspects of adolescent health by sharing experiences of adolescent period. It can be done voluntarily by two or three participants and spend few minutes in getting to know each other by the following game.

### Game

Provide the list of participants and tell them to identify their co-participants based on their name, age and sex within one minute, whoever matches the maximum number of participants by their name will get appreciation and prize.

4. Ask the participants to select their peer by counting 1,2,3,4; 1,2,3,4;..... and instruct them to make pair with 1, 3 and 2, 4; each pair has to present their partner in front of group using their own innovative ways.

### Activity - 2

1. Provide a single piece of paper for each participant and tell them to write the years range when they were between 10-19 years in one half of paper and on the other half to write the years of working experiences with adolescents
2. Write all the information on single chart paper. Sample chart provided below:

Flip Chart 1:1:2 – Experiences of participants			
Name	Adolescent period	Working experiences	Key challenges
Sunita	1977- 1986	20 Years	Menstrual Hygiene
Rani	1986 -1995	15 Years	Taking decisions
Reekha	1997- 2008	10 Years	Knowing about contraceptive
Seema	1995 - 2004	5 Years	MTP services

3. Using this chart the facilitator can draw the conclusion that we have sufficient number of participants which has experienced adolescent life between 1977 and 2008. They all are diversified in location, education, experiences and employment status.
4. Calculate the total years of experience and then get the average years of working experiences with adolescent of each individual. Calculate the total number of years of working experiences that exists inside the hall.

### Activity - 3

1. Divide the participants into three groups and tell them to do a 5 minute brain storming on – What is their major expectation from the Training Manual?

2. After brainstorming, each group will present and explain how it will be useful for them; they can also suggest something for facilitators such as comfortable language, other issues of communication and any specific issue which facilitators should follow during the training.
3. Facilitator should note all the expectations on a blank sheet and post it somewhere inside the training venue so that all the participants will remember the road map of the training. Each day after wrap up session, facilitators will refer to it and counter-check if any improvisation is needed.
4. Put up a Flipchart and organize a brainstorming exercise among the participants on what expectations do they have from the training.

### **Flip Chart 1:1:3– Expectation of participants**

- 1.
- 2.
- 3
- 4.
- 5.
- 6.

#### ***Tips for facilitators***

- ☛ *Facilitator has to provide enough time to the participants to speak out their concerns.*
- ☛ *Facilitators should speak loudly, slowly, clearly and calmly; even in situations of conflict he/she has to justify all the questions with appropriate rationale.*
- ☛ *Always give credit and appreciation to the participants and proactively encourage them in group work and discussions.*

## Module - 1

Introductory Module

## Session - 2

Pre assessment

## Time (Minutes)

30

## Objectives

- ❖ To conduct pre-test exercise for all participants to understand their knowledge and skills on adolescent health and communication
- ❖ Formulation of ground rules and responsibility for both participants and facilitators

## Required training material

- ❖ Flipchart 1:2:2
- ❖ Flipchart, white and black board markers, colour chart papers in different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity -1	Pretest exercise	Question paper for each participants	20
Activity -2	Formulation of ground rules and regulations	Participatory	10

## Activity– 1

1. Facilitator will display the key instructions about pretest questionnaire and then distribute the questionnaire among the participants.
2. The purpose of pretest is not to evaluate the knowledge of the participants, rather gather an understanding for the sake of the facilitator in structuring the sessions and their explanations accordingly.
3. Provide 20 minutes time to participants to complete the pre-test. Collect the answer sheet from the participants.

### ***Tips for facilitator***

- ☛ *Thank all the participants for their participation.*

## Activity– 2

1. Motivate the group to come up with the certain ground rules which they consider important for the training session. Facilitator can then put up Flip chart 1:2:2 to display some ground rules and can add to prepared list.

Flip chart 1:2:2 – Ground rules
<ul style="list-style-type: none"><li>❖ Respect each other at all times, irrespective of sex, age or caste</li><li>❖ Maintain confidentiality of all conversations during the training</li><li>❖ Speak one by one – ensuring an enabling environment so that everyone gets an opportunity to share their concerns</li><li>❖ Accepting and giving critical reviews based on past knowledge and experiences</li><li>❖ Try to use common language and words, so everyone can feel comfortable</li><li>❖ Keep mobile phone on silent mode</li></ul>

2. Participants can add, change or delete any rule from the existing flip chart and paste it at visible location, where everyone can see it. Through the participatory processes facilitators can decide a fine, if any one will not follow the rules.

### ***Tips for facilitator***

- ☛ *Before the pretest questionnaire begins, the facilitators should explain clearly that this is not an exam and it does not link with anyone's individual performance but it is very useful to understand the potential of participants and areas of more concern.*
- ☛ *For every session, two volunteers will be decided among the participants and they will provide all the necessary support and organize feedback sessions the following day.*
- ☛ *Facilitators can organize exercises and games as energizer. For this, facilitator always has to give opportunities to participants first or request if anyone wishes to volunteer.*

## Self-Assessment

❖ Two key objectives of the module:

1.

2.

❖ List three Government health service providers responsible for delivery of adolescence health services at community level:

1.

2.

3.

❖ State 3 major causes which are affecting adolescents' health in India:

1.

2.

3.

❖ State any 3 reasons for investment on adolescents' health and development:

1.

2.

3.





## Module –2

### Communication with the Adolescents

Number of Sessions - 3

SN	Name of session	Time (Minutes)
<b>Session-3</b>	Basics of communication	60
<b>Session-4</b>	Key characteristics of counsellor	60
<b>Session-5</b>	Role and scope of counsellor in adolescent health	60

## Module-2

Communication with the adolescents

### Session-3

Basics of communication

#### Time (Minutes)

60

#### Objectives

- ❖ Knowing the basics of communication
- ❖ Ways and means of communication and importance of counselling

#### Required Training Materials

- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	What is communication and key its barriers	Participatory discussion	30
Activity-2	Verbal and non-verbal communication	Role play	30

#### Activity-1

1. Ask the participants “What do you understand by communication”?

Discuss on types, modes of communication with their advantages and barriers. Try to generate more discussions on importance of nonverbal & verbal communication.

#### Activity-2

Divide all participants in two groups and give them two different situations for verbal and nonverbal communication.

Facilitator gives a written message to the first participant and asks him/her to deliver verbally to the next participant who would deliver to the next and so on till the last participant, who would then write the message on the flipchart. Once on board, the first participant will reveal the original message and the group will now compare if there is any discrepancy or distortion in the message. Discuss the findings.

- ❖ What went wrong and why?
- ❖ How can we improve it?
- ❖ Who is responsible for this distortion and why?

Facilitator should organize a role play in which one participant acts as a female counsellor and the other enacts the role of a young boy. The counsellor is sitting informally with other friends and exhibits anxiety and fear. The adolescent boy wants to say something to the counsellor but her/his posture and behaviour does not encourage the boy to tell what he actually wants to say. Participants should observe the role play and reflect on the following points:

- ❖ What is the importance of non-verbal communication?
- ❖ How does non-verbal communication help to increase the efficacy of verbal communication?
- ❖ Which form of communication is more important and why?

### ***Tips for facilitator***

- ☛ *Facilitator can use various types of communication which are currently being used for dissemination of information or delivering messages.*
- ☛ *Participants can be encouraged to plan a role play which includes various aspects of communication.*
- ☛ *Facilitator discuss mobile phone based interaction and it's positive and negative aspects among adolescents.*

## Module – 2

Communication with the adolescents

### Session - 4

Key characteristics of counsellor

#### Time (Minutes)

60

#### Objectives

- ❖ Know the required knowledge, experience and skills for adolescence counsellor
- ❖ Understand the necessary instructions and guidelines for adolescence health counsellor

#### Required Training Materials

- ❖ Flipchart 2:4:1
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes )
Activity-1	Required skills for adolescent counselling	Group work	30
Activity-2	Guidelines for counsellor	Role play	30

#### Activity -1

1. Firstly, the facilitator should ask all the participants what skills are required for counsellor to deliver effective counselling especially among adolescents.
2. All the responses of participants should be written down on flipchart.
3. Once all the points have been noted a one to one discussion should be conducted with each participant. In the process the facilitator should provide correct and right information.

Flipchart 2:4:1 GATHER
<b>G</b> = Greet the person <b>A</b> = Ask how can I help you <b>T</b> = Tell them any relevant information <b>H</b> = Help them to make decisions <b>E</b> = Explain any misunderstanding <b>R</b> = Return for follow up or referral

## Activity - 2

Divide the participants into four groups by counting 1,2,3,4 among all group members. Then all 1s will form group 1, all 2s will form group 2, all 3s- group 3 and all 4s – group 4

Give each group to act out one scenario as a role play, with one person acting as an adolescent and the other using the above given tips talk to the adolescent.

### Group Work

- Group–1** Leela is a 13 years female from rural Haryana who comes for counseling. She said that she is not feeling well for the last two months. She is unable to concentrate on her studies and continues to feel insecure from her friends.
- Group–2** Shobha Devi is a 16 years old adolescent from west Karnataka who has come for counselling for the reason that since last one month, her boyfriend is compelling her to have sexual relationship on denial he is ignoring her completely. She is confused as she does not want to engage in a sexual relationship however, she still wants to continue the friendship.
- Group–3** Geeta is 17 years old married adolescent from rural Bihar and she got pregnant last month. She does not want to continue her pregnancy, but her husband and mother-in-law are pressurizing her to continue the pregnancy.
- Group–4** Lucky is a 17 years adolescent boy studying in standard 12<sup>th</sup>. He comes for counselling and says that he wants to quit smoking as well as alcohol but due to high peer pressure he is unable to do so.

All the groups to present their role play one by one on the above mentioned scenarios. After each role play, other groups can ask questions or suggest for addition and also give their feedback on counselling.

### Tips for facilitator

- ☛ Facilitator can help and encourage participants to include all the aspects of given subject in their role play or if they want to do role play on their own created situation, it is also allowed.
- ☛ Organize a symbolic situation of the adolescents and try to address issues where counsellors do not have answers to tell the adolescents.
- ☛ After the symbolic exercise, facilitator can encourage to find the gaps and suggests solutions

## Module – 2

Communication with the adolescent

### Session - 5

Role of counsellor in adolescent health

#### Time (Minutes)

60

#### Objectives

- ❖ Understand the role of adolescence counsellors
- ❖ Know the key component of adolescence health counsellor prescription

#### Required Training Materials

- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Scope of counselling at various levels	Group work	30
Activity-2	How is counselling done?	Participatory work	30

#### Activity -1

Facilitator should ask openly to all the participants the following questions:

- ❖ Which adolescents related issues can be addressed best as a counsellor?
- ❖ In which of these (above mentioned) situations, the health of the adolescents is affected most?
- ❖ Can counselling services play important role in both preventive and curative stages?

Write down all the responses on flipchart and then the facilitator can summarize them. The applicability of counsellor in preventive, promotive and curative measures can be explained. (Example: HIV+ patients may need counseling throughout life, pregnant mother also needs counselling at various stages of pregnancy)

#### Activity - 2

The participants can be divided in two equal groups and assign them Role play 1 and Role play 2 respectively. Now tell both the groups to do brainstorming amongst themselves on the assigned situation and plan a counselling session for their respective clients.

### **Role Play 1:**

Savita, 16 years comes to a counselling center. She is very upset and tensed. Upon reaching the center, she is asked to wait on account of prior engagement of the counsellor, even though she sees nobody around. After 1 hour of waiting she enters the room. Although she didn't notice at first but the room was filled with files and was dusty. Upon greeting the counsellor she started speaking her concerns. It was very difficult for her to speak to the counsellor because she was confused and was not able to speak her main problem. She shared that she was having difficulty in concentrating on studies; she was worried about her future and felt she cannot deliver good results in her Board Exams. In the meantime, the Counsellor was also talking on the phone with other clients.

After 15 minutes of sharing, the Counsellor read out the notes he had jotted from the conversation and concluded that Savita was having psychological challenges and she should see a Psychiatrist.

### **Role Play 2:**

Sushant, 13 years old visits a counseling center very reluctantly, because he was asked to do so by his aunt. He doesn't feel he has any problem. During the session he reveals that nowadays he gets angry very soon and doesn't like to be teased or instructed like a small child. The Counsellor continues to ask questions and taking notes. She keeps mentioning about things that are not known to Sushant like gender and violence, Reproductive and Sexual Health; he also notices that she is repeating her information. This makes him more irritated.

### **Tips for facilitator**

- ☛ Try to explain the scope of counsellor and limitations. Facilitator can prepare one or two case studies where counsellor can understand their scope as a counsellor.
- ☛ Counsellor should have flip chart, posters and reading materials available to provide them to clients as per their needs and requirements.

### **Tips for facilitator**

- ☛ *The Counsellor should greet the client and their guardians (if they are accompanying) warmly.*
- ☛ *The Counsellor should ensure whether the client wants company or would prefer to talk alone. At the same time, emphasize that any information shared will be kept confidential and any writing is purely for the purpose of maintaining notes.*
- ☛ *The Counsellor should patiently listen to what the client has to say offering brief statements like, "so you mean to say.." or "so you are saying..."*
- ☛ *The Counsellor should make a quick, brief summary of the situation that the client has just shared and confirm if the client agrees.*
- ☛ *The Counsellor should engage in a conversation asking what the client now feels should as an alternative to the situation. Often the adolescents, would be too absorbed in their feelings, without pressurizing them, the Counsellor has to facilitate them to think of some alternative to come out of the situation or emotion.*
- ☛ *The Counsellor should give sufficient time to adolescent clients to express their feelings and emotions.*
- ☛ *Counsellor should have flip chart, posters and reading materials available to provide them to the clients as per their needs and requirements.*
- ☛ *The Counsellor should also use the decision making and discrimination abilities for assessing the genuineness of the situation and client.*



## Self-Assessment

- ❖ Mention three key characteristics of counsellor.

1.

2.

3.

- ❖ The best three ways of communication

1.

2.

3.

- ❖ Who can counsel adolescents better? Write three names with reasons

1.

2.

3.

- ❖ Which are three key areas where adolescents need maximum thrust on counselling?

1.

2.

3.



### Module –3

## Reproductive and Sexual Health

Number of Sessions - 6

SN	Name of session	Time (Minutes)
<b>Session-6</b>	Adolescent growth and development changes	60
<b>Session-7</b>	Menstruation cycle and key disorders	90
<b>Session-8</b>	Sex and sexuality	60
<b>Session-9</b>	Reproductive Tract Infections and HIV	60
<b>Session-10</b>	Contraceptives and Safe Abortion	60
<b>Session-11</b>	Adolescent Pregnancy	60

## Module-3

Reproductive and Sexual health

### Session-6

Adolescent Growth and Development Changes

#### Time (Minutes)

60

#### Objectives

- ❖ To understand the natural change, growth and development among the adolescents
- ❖ To understand the importance of growth among adolescents
- ❖ To understand the importance of investing on adolescents' health and development

#### Required training material

- ❖ Flipchart 3:6:1, 3:6:2, 3:6:3 , 3:6:4, 3:6:5
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Understanding the change of events	Group work	20
Activity-2	Key health implications during adolescents' growth	Group work	20
Activity-3	Reasons for investing on adolescent health	Participatory	20

#### Activity – 1

Facilitator should ask the participants what they understand by the term, “Adolescence” and explain how they relate to it.

Flipchart 3:6:1 – “Adolescence”	
Adolescence	Basically a period of time
Pre Adolescence	10-14 Years
Late Adolescence	15-19 Years

Facilitator should encourage equal participation of all to evolve their understanding and concern about the adolescent period.

Divide the participants into three groups and provide them the following group work

### Group Work

- Group 1:** List the physical changes that occur during adolescence in boys and girls and their implications.
- Group 2:** List the mental (psychological) and emotional changes that occur during adolescence in boys and girls and their implications.
- Group 3:** List the social / behavioural changes that occur during adolescence in boys and girls and their implications.

Give participants 15 minutes for group discussion and then each group should present their opinions to the rest of the participants using flipchart. The facilitator can request the other group members to come forward to add more points or ask for further clarification if required.

Put down the responses on blank flipchart and at last show them Flipchart 3:6:2. Read out the key points about adolescents

Flipchart 3:6:2 - Stages of Healthy Adolescent Development			
Characteristic Developmental Milestones and Tasks			
Stage with Age	Early Adolescence (ages 11-13 years)	Middle Adolescence (ages 14-15 years)	Late Adolescence (ages 16-18 years)
Physical Growth	<ul style="list-style-type: none"> <li>❖ Puberty : Rapid growth period</li> <li>❖ Secondary sexual characteristics begin to appear</li> </ul>	<ul style="list-style-type: none"> <li>❖ Secondary sexual characteristics further develop</li> <li>❖ 95% of adult height reached</li> </ul>	<ul style="list-style-type: none"> <li>❖ Physical maturity and reproductive growth levelling off and ending</li> </ul>
Intellectual / Cognition	<ul style="list-style-type: none"> <li>❖ Concrete thought dominates "here and now"</li> <li>❖ Cause and effect relationships are underdeveloped</li> <li>❖ Stronger " Self" than "Social awareness"</li> </ul>	<ul style="list-style-type: none"> <li>❖ Growth in abstract thought</li> <li>❖ Reverts to concrete thought under stress</li> <li>❖ Cause and effect relationships are better understood</li> <li>❖ Highly self-absorbed</li> </ul>	<ul style="list-style-type: none"> <li>❖ Abstract thought established</li> <li>❖ Future oriented; able to understand, plan and pursue long term goals</li> <li>❖ Philosophical and idealistic</li> </ul>
Autonomy	<ul style="list-style-type: none"> <li>❖ Challenge the authority of family structure</li> <li>❖ Lonely</li> <li>❖ Wide mood swings</li> <li>❖ Begins to reject childhood likings</li> <li>❖ Argumentative and disobedient</li> </ul>	<ul style="list-style-type: none"> <li>❖ Conflict with family predominates due to ambivalence about emerging independence</li> </ul>	<ul style="list-style-type: none"> <li>❖ Emancipation: Vocational /technical/college and /or work -- adult lifestyle</li> </ul>

Body Image	<ul style="list-style-type: none"> <li>❖ Preoccupied with physical changes and critical of appearance</li> <li>❖ Anxiety about secondary sexual characteristics</li> <li>❖ Peers are idealized as a standard for normal appearance (comparison of self with peers)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Less concern about physical changes but increased interest in personal attractiveness</li> <li>❖ Excessive physical activity alternating with lethargy</li> </ul>	<ul style="list-style-type: none"> <li>❖ Usually comfortable with body image</li> </ul>
Peer Group	<ul style="list-style-type: none"> <li>❖ Intense friendship with same sex</li> <li>❖ Contact with opposite sex in groups</li> </ul>	<ul style="list-style-type: none"> <li>❖ Strong peer allegiances– fad behaviours</li> <li>❖ Sexual drives emerge and adolescents begin to explore ability to date and attract a partner</li> </ul>	<ul style="list-style-type: none"> <li>❖ Decisions / Values less influenced by peers</li> <li>❖ Relates to individuals more than to peer group</li> <li>❖ Selection of partner based on individual preference</li> </ul>
Identity Development	<ul style="list-style-type: none"> <li>❖ “Am I normal?”</li> <li>❖ Day dreaming</li> <li>❖ Vocational goals change frequently</li> <li>❖ Begin to develop own value system</li> <li>❖ Emerging sexual feelings and sexual exploration</li> <li>❖ Imaginary audience</li> <li>❖ Desire for privacy</li> <li>❖ Magnify own problems: “no one understands”</li> </ul>	<ul style="list-style-type: none"> <li>❖ Experimentation – Sex, drugs, friends, jobs, risk-taking behaviour</li> </ul>	<ul style="list-style-type: none"> <li>❖ Pursue realistic vocational goals or career employment</li> <li>❖ Relates to family as adult</li> <li>❖ Begin to distinguish their imaginations from real</li> <li>❖ Establishment of sexual identity, sexual activity is more common</li> </ul>

### Social/Behavioural

- ❖ Searching for identity. influenced by gender, peer group, cultural background and family expectations
- ❖ Seeking more independence.
- ❖ Seeking more responsibility, both at home and at school
- ❖ Looking for new experiences. may engage in more risk-taking behaviour.
- ❖ Thinking more about 'right' and 'wrong'.
- ❖ Influenced more by friends': behaviour- sense of self and self-esteem
- ❖ Starting to develop and explore a sexual identity
- ❖ Communicating in different ways. communication with peers through internet, mobile phones and social media

Adolescents can also be grouped into two sub groups viz. 10 to 14 year and 15 to 19 years on the basis of behaviour and vulnerability to adoption of risk factors. In the latter group, disease burden shifts to outcomes of sexual behaviour and mental health.

<b>Flipchart 3:6:3 Health implications among the adolescents</b>		
<b>Physical changes</b>	<b>Sexual development changes</b>	<b>Emotional and psychological changes</b>
<ol style="list-style-type: none"> <li>1. Normal growth – anxiety and tension</li> <li>2. Increase in height and weight - malnutrition and anaemia</li> <li>3. Breast development – stooping of shoulders, abnormal posture and back pain</li> <li>4. Skin becomes oily – acne</li> <li>5. Body image – requirement for protein, energy, prevalence of malnutrition</li> </ol>	<ol style="list-style-type: none"> <li>1. Desire to have sex- unsafe sex, unwanted pregnancy, RTI/STI, HIV/AIDS</li> <li>2. Ejaculation- fear, guilt, myths and emotional problem</li> <li>3. Masturbation – myths, confusion, inadequate knowledge</li> <li>4. Menstruation – menstrual disorder, unhygienic practices leads to RTI/STI</li> </ol>	<ol style="list-style-type: none"> <li>1. Development of self-identity- confusion</li> <li>2. Curiosity – risk taking behaviour , eating behaviour and life style disorders such as smoking, alcohol and drugs</li> <li>3. Relationships – peer pressure , parental relationships and sexual relationships</li> </ol>

## Activity -2

Ask the participants to give their feedback on the following topic “Why is it important for the nation to invest on adolescent health”? Broadly explain the theme, health implications among adolescents and emphasize on the importance of their health.

Put down the responses by participants on blank flipchart, discuss and explain each point briefly.

Share the facts about adolescents and then discuss the importance of adolescent period. Collect various facts about adolescents and then display the chart to improve their scope of understanding.

<b>Flipchart 3:6:4 Key facts about Adolescents in India</b>
<ul style="list-style-type: none"> <li>❖ 22% of total population</li> <li>❖ 50% girls get married before 18 years</li> <li>❖ Contribute 19% of TFR(Total Fertility Rate)</li> <li>❖ 50% risk of maternal morbidity and mortality</li> <li>❖ Only 5% adolescents use modern contraceptives</li> <li>❖ Premarital sexual relationships have increased</li> <li>❖ Trafficking and prostitution has increased</li> <li>❖ Recently RTI/STI and HIV infections have increased among the adolescents</li> <li>❖ 40% youth start drugs and substance abuse between 12-18 years</li> <li>❖ Nearly 15% of adolescents are working</li> <li>❖ Only 1% adolescents receive quality counseling, health and medical services</li> <li>❖ Adolescents are more prone to HIV infection in comparison to other age groups</li> <li>❖ Substance abuse and life style disorders create significant percentage of burden of disease on health system</li> <li>❖ Adolescents also contribute significantly to the IMR, MMR and in TFR, all these factors increase both morbidity and mortality factors among them.</li> </ul>

### Case Study 1:

Faiz, 14 years, is a bright student and likes to play sports. However, of late he stays very aloof and quite. Since there is no background or history of any mishap, the family is unable to understand his gradual lack of interest in things. His uncle brings him to a counsellor with whom he gradually shares that he feels a misfit in the social circle because of his short height and boyish appearance. He fears that he will not grow like a man, rather will develop as a girl. He fears he will not be able to marry the girl of his choice because he is not capable of having a family.

- ❖ What are the observations of the counsellor?
- ❖ What are the counselling tips that can be offered?
- ❖ Does this scenario need medical intervention?

### Cue: Sexuality Counseling

- ❖ The Counsellor should listen patiently.
- ❖ The Counsellor should ensure complete confidentiality.
- ❖ The Counsellor should try to help Faiz share his true feelings.
- ❖ The Counsellor should help Faiz understand that he would not grow and develop as a girl. The Counsellor should explain reproductive and sexual organs which determine the sex of each individual at the time of birth.
- ❖ The Counsellor should help Faiz understand about puberty and its onset. The Counsellor can help Faiz identify milestones of his growth with an average boy of his age.
- ❖ The Counsellor should refer for clinical support in case the results are very low to the average growth.

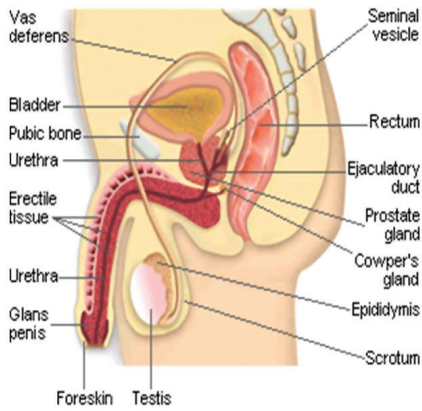
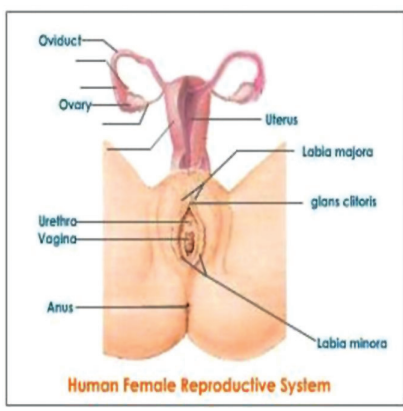
### Tips for facilitator

- ☛ *For this session, female facilitators can take their own example rather than participants.*
- ☛ *Facilitator also has to remember that all participants are counsellors so a counseling situation should be always provided to them.*
- ☛ *The facilitator should ensure that all participants reflect scenarios based on their local social norms and customs and should be comfortable while doing so.*



### Activity – 3

The Facilitator can paste an unlabelled image of male and female reproductive organs on a wall. Divide the groups into male and females sub-groups and assign them opposite gender's chart to name the organs i.e. group of females to label images of Male Reproductive Organs and males to label the image of Female Reproductive Organs. Give about 5 minutes for completing the task. Now discuss the Reproductive Organs and offer corrections if needed.

Flipchart3:6:5 - Male and female reproductive organs		
	Male	Female
	 <p>Labels for Male diagram: Vas deferens, Bladder, Pubic bone, Urethra, Erectile tissue, Urethra, Glans penis, Foreskin, Testis, Seminal vesicle, Rectum, Ejaculatory duct, Prostate gland, Cowper's gland, Epididymis, Scrotum.</p>	 <p>Labels for Female diagram: Oviduct, Ovary, Uterus, Labia majora, glans clitoris, Urethra, Vagina, Anus, Labia minora.</p> <p>Human Female Reproductive System</p>
<b>External</b>	<b>Penis, Scrotum, Testes, Epididymis</b>	<b>Labia Majora, Labia Minora, Bartholin's glands, Clitoris</b>
<b>Internal</b>	Vas deferens, Ejaculatory ducts, Urethra, Seminal vesicles, Prostate gland, Bulbourethral glands	Vagina, Uterus (womb), Ovaries, Fallopian tubes

## Module – 3

Reproductive and Sexual health

### Session - 7

Menstruation cycle and key disorders

#### Time (Minutes)

90

#### Objectives

- ❖ To know about various stages of menstruation cycle
- ❖ To know the key disorders of menstruation cycle and its management
- ❖ To understand the importance of reproductive hygiene

#### Required training material

- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Menarche and Menstruation cycle	Participatory discussion	30
Activity-2	Menstruation disorders and its management	Role play	20
Activity-3	Importance of reproductive hygiene and its impact	Group work	20
Activity-4	Myths and beliefs	Agree/ Disagree	20

#### Activity – 1

The facilitator should initiate a friendly and comfortable discussion among the participants. Now ask the female participants to share their initial experiences of menstrual onset. What were their difficulties and did they know about it prior to the occurrence of the event?

After this informal open house discussion, facilitator can distribute equal number of three different colour papers (red, blue and green) to all the participants. Then ask the following three questions

#### Group Work

Q1- What is normal age for menarche?

Q2 -Duration in terms of days for a normal menstrual cycle? (Red)

Q3 - Which period during menstrual cycle is known as safe period? (Green)

Q4 - Which period during menstrual is known unsafe? (Blue)

All participants should write their answers. After a short informal discussion the facilitator can put the menstrual scale on the chart paper and fill the key events of menstrual cycle with the help of the participants as following:

Put on the menstrual scale on a chart paper with 28 equal divisions and try to explain the various events of menstrual cycle and the concept of fertility day. (Facilitator can use 28 balloons of three different colours for better understanding on mensuration cycle)

At last facilitator can discuss and make necessary correction (if required).

## **Activity - 2**

This activity mainly focuses on menstrual disorders and its management.

First of all, ask a few questions from the participants and encourage all to give their understanding and opinion:-

### **Group Work**

- Group-1** Key menstruation disorders during adolescent period and their management
- Group: 2** Key preventive measures required in menstrual hygiene during adolescence
- Group: 3** Standard days' methods

Give participants 15 minutes for group discussion and then each group should present their opinions to the rest of the participants using flipchart. The facilitator can request the other group members to come forward to add more points or ask for further clarification if required.

## **Activity – 3**

Conduct an open house discussion based on the following questions, which will help the participants understand various aspects of menstrual cycle as well reproductive hygiene for both male and female.

### **Group Work**

- Q1. Which type of material should be used during menstruation to soak the blood?
- Q2. How should the material be washed, dried and stored?
- Q3. How many times should it be changed within 24 hours?
- Q4. Where and how should it be disposed?
- Q5. What is the difference between reproductive and menstrual hygiene?

## Activity – 4

Divide the participants into two groups and read the following points loudly. Individually, the participants may agree or disagree for each statement. On agreeing they take a step forward and on disagreement, they take a step back. Facilitator should discuss each statement once the participants take their stand, even if all do the same action.

**1. *You can't get pregnant during your period.***

Yes you can get pregnant during your periods. Ovulation cycles aren't always regular. If they are of a particularly short ovulation cycle and a particularly long period, sperm can fertilize an egg even during menstruation. Usage of condom is always recommended.

**2. *When you have your periods, you need to avoid strenuous activity.***

During your period, females can do any kind of activity which they normally do on a regular basis.

**3. *Avoid cold food and bare feet during your period because chilliness will make your cramps worse.***

Females experience pain due to uterine contractions. It won't be affected because of the chilliness of feet.

**4. *You can't get pregnant while breastfeeding, as periods don't come during breastfeeding***

The ovulation may restart at any point eventually, even though the periods may not be regular for a while. However, care must be taken as the ovulation process may lead to pregnancy if precautions are not observed.

**5. *When you go through menopause, a super-heavy flow for a few months is totally fine.***

While slight shifts are normal during the hormonal changes of menopause, very heavy bleeding can indicate some serious health problems. A health review is recommended.

**6. *It's unhealthy to have sex during your period.***

While some women may feel uncomfortable about having sexual intercourse during menstruation, it's perfectly OK, and may even help relieve menstrual cramps. In fact, although not scientifically proven, researchers have associated sex during menstruation with decreased endometriosis, as well as with several other health benefits including a long life; absence of heart disease, stroke, and breast cancer; healthy immunity; regulating the menstrual cycle; pain management; and improved quality of life.

**7. *Don't wash your hair when you're menstruating.***

There is absolutely no reason for not washing your hair, or take a bath or shower during menstruation. In fact, a nice warm bath can do a lot to relieve menstrual cramps and pre-menstrual tension. Although females might want to avoid cold water during their

period since it could, theoretically, cause uterine contractions that could increase menstrual cramps.

**8. You shouldn't exercise or do strenuous activities during your period.**

You can do normal regular activities

**Tips for facilitator**

- ☛ *Facilitator can share the following situation for all three groups and ask them to present these situations as role-play*
- ☛ *Situation 1- Usha Rani, a 15 year old girl from rural Bijnor studies in class 8<sup>th</sup>. She is depressed and worried since she has not started having her periods till now, but all her friends have it period for the last two years.*

*(How will the counsellor manage this case?)*

- ☛ *Situation 2 - Ritu is 16 years old unmarried girl from northern Bihar, who complains of foul smelling, dirty vaginal discharge accompanying with itching in the genital region. Her period started six month back and she is not sexually active.*

*(How will the counsellor manage this case?)*

- ☛ *Situation 3 - Shabana is 16 years old unmarried girl from northern state of Manipur who has irregular period from last four months as well as heavy bleeding with pains.*

*(How will the counsellor manage this case?)*

*Ask the participants to refer to the handouts to discuss above situations in their groups. They can decide how they are going to present it in front of the group. Each group has to present its own situation in the way it happens in their community.*

*Facilitator or participants can share their own experiences, challenges and problems faced during the adolescent period.*

## Module – 3

Reproductive and Sexual Health

### Session - 8

Sex and Sexuality

#### Time (Minutes)

60

#### Objectives

- ❖ To understand the terms: Sex and Sexuality
- ❖ To know the key implications of sexuality on overall health of adolescents

#### Required training material

- ❖ Flipchart 3:8:1, 3:8:2
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Explanation on sex and sexuality	Participatory	20
Activity-2	Myths on sex and sexuality	Agree and disagree	20
Activity-3	Broader understanding on sexuality	Group work and presentation	20

#### Activity – 1

Introduce the session to the participants. This session primarily focuses on sex, sexuality and myths related to it.

Encourage the participants to talk in their group about their own understanding on sex and sexuality. The difference between the two terms should be explained by the facilitator at the end of the session using flip chart.

Flipchart 3:8:1 – Definition	
❖ <b>Sex</b>	: Sex is the biological difference between women and men
❖ <b>Sexuality</b>	: Sexuality includes perception, thinking, personality and behaviour of any individual. Sometimes it is related to individual or specific type of community or group of people.

## Activity -2

Divide the participants into two groups and assign them the task of discussion: "Common concerns related to physiological process/functions in males".

Give participants 10 minutes for group discussion and then each group will come up with their flipchart to present their views among the participants. The facilitator can request the other group members to come forward to add more concerns and clarifications.

Now on the basis of charts from both the groups, divide them into normal physiological functions (erection, ejaculation, Night fall etc.) and myths (if any) related to size of sexual organ, masturbation, premature ejaculation etc.

Conduct an open house discussion on the following terms:

- ❖ Premature ejaculation
- ❖ Masturbation
- ❖ Nocturnal Emission

Ask participants and try to assess their familiarity with these words and then paste the actual definition. Clarify myths and doubts of participants

### ***Tips for facilitator***

- ☛ *Facilitator should conduct these activities with opposite sex group and share it in mixed group for getting the feedback from other groups. For e.g. discussion about males should be conducted with group of females.*
- ☛ *Facilitator should provide adequate time for discussion on various organs and their functions among the participants.*
- ☛ *For counseling issues following points can be discussed*
  1. *Size of external sexual organs*
  2. *Early or delay in sexual maturity*

### Flipchart 3:8:2 - Definition

#### ❖ **Masturbation**

Masturbation is a way of satisfying sexual desires by self-stimulation, people use hand or other things to perform this, but this is not a natural way of reaching orgasm. Internally masturbation causes almost similar activities like the ones which happen during normal lovemaking, this includes mental, hormonal and physical activity.

#### ❖ **Nocturnal Emission (Wet dreams)**

In adolescent boys, once sperm formation starts and semen is formed, it sometimes gets ejaculated during sleep even without sexual intercourse. This is called night fall and is a normal growing up process. In absence of its knowledge, it is of great concern and worry for boys.

Divide the participants into two groups and read the following points loudly. Individually, the participants may agree or disagree for each statement. On agreeing they take a step forward and on disagreement they take a step back. Facilitator should discuss each statement once the participants take their stand, even if all do the same action.

- ❖ Both boys and girls masturbate.
- ❖ If an adolescent boy masturbates too much, his adult sex life is affected.
- ❖ Most people stop masturbating after they get married.
- ❖ People who masturbate too much are tired and irritable most of the time.
- ❖ Masturbation is considered more acceptable today than it used to be. Still, it is common for people who masturbate to feel guilty about it.
- ❖ Masturbation can cause pimples, acne and other skin problem in adolescents.
- ❖ People who masturbate too much when they are adolescents may as a result, have mental problems when they get older.
- ❖ Homosexuals masturbate more than heterosexuals.
- ❖ People always masturbate alone.
- ❖ When an individual masturbates, some people imagine themselves participating in a sexual act they would consider strange at other times.
- ❖ If boys masturbate continuously for longer duration, their penis will bend.
- ❖ Masturbation is a safe way in which adolescent boys and girls can deal with their sexual desire.

#### **Answers**

1. Agree 2. Disagree 3. Disagree 4. Disagree 5. Agree 6. Disagree 7. Disagree  
8. Disagree, 9. Disagree 10. Agree 11. Disagree 12. Agree



### Activity – 3

Broader understanding of Sex and Sexuality help participants to cover all the issues as well as all the aspects related to their sexuality. It includes gender, sexual & reproductive health and rights, pleasure, violence, diversity and relationships.

In open house discussion, facilitator should take one topic at a time among the participants to get their concerns and clear their doubts or misconceptions if any.

#### ***Tips for facilitator***

- ☛ *Facilitator can use the news published from newspaper (in the last one week) and paste all the news cutting on the wall.*
- ☛ *Anyone can read these loudly and then ask other participants for their feedback and concerns.*
- ☛ *Ask the participants, if they have they ever discussed these news with adolescence or tried to give them skills to handle these situation*
- ☛ *How did they feel initially when they read such news? As parents, do they have adequate skills to teach their children on sexuality? According to them should it be part of curriculum?*

## Module – 3

Reproductive and Sexual health

## Session – 9

Reproductive Tract Infection and HIV

### Time (Minutes)

60

### Objectives

- ❖ Signs and symptoms of RTI and STI
- ❖ Consequences of RTI and STI as well as key prevention measures
- ❖ Understanding HIV among adolescents, myths, transmission and misconceptions
- ❖ Signs, symptoms and key prevention measures of HIV/AIDS

### Required training material

- ❖ Flipchart 3:9:1,3:9:2, 3:9:3, 3:9:4, 3:9:5, 3:9:6
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Basics of RTI and STI	Participatory	15
Activity-2	Consequences and prevention measures	Group work	15
Activity-3	HIV among adolescents, myths, transmission and misconceptions	Role play	15
Activity-4	Why young people are more susceptible to HIV	Open house discussion	15

### Activity – 1

Explore the answers of following questions with all the participants

**Q1.** What is the relationship between menstruation, RTI and STI?

(Facilitator can help the participants to understand the root cause of infection and its effects on their health)

**Q2.** What is the relationship between RTI and STI?

(Facilitator has to build the knowledge of participants on RTI and STI)

### Flipchart 3:9:1- Definition

#### ❖ Reproductive Tract Infections (RTIs)

Are defined as any infections of the reproductive system. They include Sexually Transmitted Infections (STIs) and other infections of the reproductive track that are not caused by sexual contact. These other infections may be the result of overgrowth of the bacteria and other organisms that normally live in the vagina. RTIs also include infections that result from inadequate infection prevention practices by individuals.

Although RTIs affect both women and men, research shows that women are more susceptible to infection and often less likely to seek treatment than men. In addition, complications can be more serious in women and infections can be transmitted to the offspring of pregnant women.

#### ❖ Sexually Transmitted Infection (STIs)

STI is an infection one can get by having intimate sexual contact with someone who already has the infection. STIs can be caused by viruses, bacteria, and parasites. Many STIs have mild or no symptoms. So one can have an STI and not even know about it. Most STIs can be found by simple tests, but routine testing is not widespread. Thus, many cases of STIs go undiagnosed and untreated, which can lead to serious health problems— particularly for women.

Facilitator should give a presentation on RTI and STI, elaborating on causes, key signs and symptoms, necessary precautions and key prevention and promotion measures. The most important thing for facilitators is to remember that the counsellor should know the basics of RTI precaution, preventions and promotion so that they can give better alternatives to adolescents. Secondly both persons have to take all the measures together including prevention as well as treatment for both partners.

Put up the flipchart, mention that some factors alone or in combination lead to increase in RTI/ STI among adolescents.

### Flip chart 3:9:2 Factors responsible for RTI/STI among adolescents

- ❖ Adolescents are anxious to do experiments oblivious of any chances of diseases and as such indulge in unsafe sexual practices
- ❖ More prone towards risk taking behaviour or take risk as a mode of thrill and adventure
- ❖ Vaginal and cervical epithelium in adolescents is immature
- ❖ Lack of adequate and appropriate health services
- ❖ Poor reproductive hygiene practices
- ❖ Unsafe delivery and abortion

## Activity -2

Ask participants to organize role plays on the following situations.

### Role Play 1:

Rajesh from Meerut, a 19-year-old boy comes to you with a urethral discharge. He tells you that he has been suffering from this on and off, for a year. He knows that this is an STI, but does not seem very concerned about it. On enquiry, you learn that the young man got married to a 16 year old girl 3 months ago.

❖ **How would you deal with this situation?**

### Role Play 2:

Rita from rural area of Nagpur, a 17-year old married girl comes to you with her mother. She complains of itching and genital discharge for the last 2 months. She reveals that her husband works in Bhopal. Two months ago, he came home to the village for 10 days. Her complaint started soon after his visit.

❖ **How would you deal with this situation?**

Facilitator should also discuss the consequences of infections or disorders

### Flip chart 3:9:3 - Key preventive measures

- ❖ Maintaining proper genital hygiene as well as menstrual hygiene
- ❖ Practicing responsible and safe sexual relationship
- ❖ Avoid unprotected sexual contact as well as relationships with multi - partners
- ❖ Ensuring adoption of all preventive and promotive measures by both partners
- ❖ Improve the delivery of adolescent friendly health information and medical services at all health centers

### Tips for facilitator

*At the end of the session, summarize what was discussed in the entire session and invite questions or comments. Finally emphasize on the following points-*

- ☛ *RTI/STI among the adolescents is preventable*
- ☛ *RTI/STI does not occur only after sexual contact*
- ☛ *RTI/STI increases the percentage of HIV infection across the globe specially among adolescents*
- ☛ *Untreated RTI/ STI leads to serious complication such as infertility, cervical cancers and make individuals prone for HIV infection*
- ☛ *Treatment and preventative measures should be followed by both partners if infected adolescents are sexually active.*

**Note:** The facilitator should welcome opinions other than the ones discussed as prevalent in the society.

### Activity - 3

Initiate the next activity with a brainstorming exercise by asking participants what do they understand by HIV/AIDS? Note down the responses on the blank flipchart and explain what HIV/AIDS stand for.

Put up standard Flipchart and define HIV/AIDS

Flip chart 3:9:4 Full Form of HIV/AIDS
<b>HIV</b> <ul style="list-style-type: none"><li>❖ Human</li><li>❖ Immunodeficiency</li><li>❖ Virus</li></ul> <b>AIDS</b> <ul style="list-style-type: none"><li>❖ Acquired – Not Genetically inherited but received from somebody</li><li>❖ Immunodeficiency - Poor body defense mechanism</li><li>❖ Syndrome –A group of diseases or syndrome</li></ul>

Divide the participants into two groups and read the following points loudly. Individually, the participants may agree or disagree for each statement. On agreeing they take a step forward and on disagreement they take a step back. Facilitator should discuss each statement once the participants take their stand, even if all do the same action.

Flip chart 3:9:5- Statements
<ul style="list-style-type: none"><li>❖ To have more than one sexual partner is acceptable.</li><li>❖ Anal sex is a perversion.</li><li>❖ Oral sex is a wrong practice.</li><li>❖ A homosexual can be easily recognized by the looks.</li><li>❖ Sex without intercourse is not real sex.</li><li>❖ Condom should be made available to adolescents on request.</li><li>❖ Sex prior to marriage is not acceptable.</li><li>❖ Post marital sexual relationship is not acceptable.</li><li>❖ Sexual education and sensitivity need to be developed only in girls.</li><li>❖ Girls should compulsarily observe a dress code in public areas.</li></ul>

### Case Study 1:

Rashmi is 15 years old and goes to the only school in her village. She made friends with her neighbor's son, Deepak and likes to spend time with him. They develop a relationship and have sex. Deepak who often goes to city for work has had 3 sexual partners in the past. He has never used a contraceptive. Deepak also keeps unwell most of the times. Rashmi has strong opinion that it is due to her misdeeds for which her friend is being punished. She has no one to talk to.

- ❖ What are the observations of the counsellor
- ❖ What are the counselling tips that can be offered?
- ❖ Does this scenario need medical intervention?

### Cue: HIV/AIDS

- ❖ The Counsellor should listen patiently
- ❖ The Counsellor should ensure complete confidentiality
- ❖ The Counsellor should try to help Rashmi share her true feelings
- ❖ The Counsellor should help Rashmi realize that it is not because of her misdeeds that her friend is in pain. The Counsellor has to be very careful of not hurting any religious or social beliefs. Rather help her understand the situation scientifically and technically
- ❖ The Counsellor should offer complete information on contraceptives and their utility. The Counsellor should motivate Rashmi to advise Deepak to seek clinical help to be sure of the problem.

The Counsellor should ensure a follow-up to see the possibility of HIV in Deepak or Rashmi or both.

Facilitator can initiate a discussion with all the participants about how HIV is transmitted and invite any participant to voluntarily come forward and write all the points on a blank flipchart. At the end facilitator can show the standard flipchart

Flip chart 3:9:6 Transmission of HIV	
<p>A person <b>can</b> get HIV by:</p> <ul style="list-style-type: none"> <li>❖ Unprotected sexual contact such as anal, vaginal or oral</li> <li>❖ HIV infected mother can transmit it to her child during pregnancy, delivery and through breastfeeding</li> <li>❖ Sharing of infected syringe, infected operation tools</li> <li>❖ Transfusion of infected / unsafe blood</li> </ul>	<p>A person <b>cannot</b> get HIV by:</p> <ul style="list-style-type: none"> <li>❖ Hugging and kissing</li> <li>❖ Shaking hands</li> <li>❖ Eating and drinking from same plate or together</li> <li>❖ Mosquito bite</li> <li>❖ Donating blood with new sterile needles</li> <li>❖ Loving and caring an HIV infected person</li> </ul>

#### Activity - 4

Now discuss with the participants why young people or adolescents are more susceptible to HIV.

- ❖ Feeling of being invincible.
- ❖ Do not know preventive measures for safe sex.
- ❖ Assuming that adolescents do not require sex education at this age.
- ❖ In addition to the adolescent age peer pressure, sexual experiment, drug and alcohol use may increase the risk of unprotected sex.
- ❖ Lack of participation on family planning program or lack of access to contraceptives.
- ❖ Gender disparity leads to poor negotiation.
- ❖ Young female are more vulnerable due to biological reasons (immature vaginal and cervical tissue may get damaged or torn).

After understanding the vulnerability issues, the facilitator can discuss the salient features of HIV

- ❖ Unexplained weight loss.
- ❖ Continuous loose-motion or diarrhea.
- ❖ Intermittent constant fever.
- ❖ Enlarged lymph glands – neck, armpits, groin.

Facilitators should also emphasize on the following points:

- ❖ HIV does not immediately get confirmed once acquired; it may take 8-10 years for pathological confirmation.
- ❖ Only laboratory test can confirm it.
- ❖ ELISA test is most common as a screening test.
- ❖ Western blot is essential for confirmation.

- ❖ Maintaining confidentiality of test result is of utmost importance.
- ❖ Integrated test and counseling centers are now available across India.

Key preventive measures from acquiring HIV

- ❖ Practicing safe sex.
- ❖ Always use new and sterile syringe.
- ❖ Avoid unsafe blood transfusion.
- ❖ Pregnant mothers and adolescents should have access to Integrated testing and counseling centers.

### ***Tips for facilitator***

- ☛ *Ask participants what they understand from safe and unsafe sex*
- ☛ *Facilitator should tell them a story about safe and unsafe sex and then share its implications on overall health of women*

*Facilitator should ask and get to know answers for following situations or questions*

- ☛ *How did they feel during the exercise on HIV and sex?*
- ☛ *What is the importance of counseling in relation to a person who has HIV / AIDS?*
- ☛ *Are we always following the safe sex norm?*
- ☛ *What do you understand by safe sex practice?*



## Module – 3

Reproductive and Sexual health

## Session – 10

Contraceptives and safe abortion

### Time (Minutes)

60

### Objectives

- ❖ Know the basics of family planning and understanding on informed choice.
- ❖ Delivering key information on various contraceptives methods.
- ❖ Key barriers among adolescents to access contraceptives.

### Required training material

- ❖ Flipchart 3:10:1, 3:10:2, 3:10:3
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Basic information on contraceptives	Participatory	20
Activity-2	Selection of eligibility, precaution and guideline for use	Open house discussion	20
Activity-3	Case study and role play on medical abortion	Role play	20

### Activity – 1

Put up the flipchart prior to discussion and make sure that each participant is able to differentiate among all three.

<b>Flipchart 3:10:1 Definition of safe sex , unsafe sex and contraceptives</b>		
<b>Safe sex</b>	<b>Unsafe sex</b>	<b>Contraceptives</b>
Sexual activities in which precautions have been taken, by using a condom or any other contraceptive, to minimize the chances of spreading or contracting a sexually transmitted disease or HIV	Unsafe sex involves failure to take precaution during sex that may prevent the adolescents from spreading sexual transmitted diseases or transmitting STI or HIV to their partner.	Contraception (birth control) prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implementation. There are different kinds of birth control that can be used at different points in the process.

Put up the flipchart and present the list of contraceptive methods that are available and suitable or not suitable for adolescents

<b>Flipchart 3:10:2 -Definition of natural, temporary and permanent contraceptives</b>		
<b>Natural contraceptive</b>	<b>Temporary contraceptives</b>	<b>Permanent contraceptive</b>
Natural family planning is a general term that applies to various methods that have been developed to help women and men determine the fertile and infertile times of a woman's menstrual (monthly) cycle. These methods can be used to achieve or avoid pregnancy. All the methods rely on the interpretation of natural biological signs or indicators of fertility. Implicit that in these methods, the couples abstain from intercourse and genital contact during the fertile time of the woman's cycle if they are avoiding pregnancy.	When using birth control pills, condoms, or other types of contraception, pregnancy becomes possible as soon as the man or woman discontinues the use of the contraceptive. Types of temporary contraception include diaphragms, spermicides, IUDs, male condoms, hormonal vaginal rings and birth control pills.	Unlike temporary contraception, permanent contraception lasts forever. Only men and women who are certain that they do not want any children in the future should undergo permanent contraception procedure. While permanent contraception is reversible in some cases, these reversal procedures are complicated, expensive, and provide no guarantee of a successful pregnancy.
Abstinence and non-penetrative sex , Fertility awareness methods, Basal body temperature, Locational Amenorrhea, Withdrawal	Male condom, Female condom, Oral contraceptive pills, Emergency contraceptive pills, Injectable contraceptive	Male and female sterilization

Facilitator should initiate an open discussion on all the points, one by one and at the end summarize the key information about all contraceptives. During facilitation, the facilitator can incorporate medical eligibility, appropriateness and effectiveness for preventing pregnancy, STI and HIV.

## Activity - 2

Facilitator should ask the participants to list out the medical contraindication, precautions and availability of contraceptives available in public health system.

The participants can be divided into two groups to discuss the topic as for and against motion. At the end facilitator will establish the right message with appropriate justification.

- ❖ Is it appropriate to provide information about contraceptives to unmarried adolescents?
- ❖ Should counseling and services of family planning be made available at school level?
- ❖ Is parents' consent necessary for abortion in case of minor (adolescents)?
- ❖ Should state declare abortion as a contraceptive so that the adolescents can adopt it without taking parental consent?

<b>Flipchart 3:10:3- Understanding on Unplanned and Planned Pregnancy</b>	
<b>Unintended pregnancy</b>	<b>Intended pregnancy</b>
An unintended pregnancy is a pregnancy that is mistimed, unplanned or unwanted at the time of conception. Unintended pregnancy mainly results from the lack of, inconsistent, or incorrect use of effective contraceptive methods. Unintended pregnancy is associated with an increased risk of problems for the mother and the baby. If a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing. For example, women with an unintended pregnancy could delay prenatal care that may affect the health of the baby.	Intended or planned pregnancies mean having adequate difference between two pregnancies. It also avoids the medical termination of pregnancies. It also delays early marriages ( not before 18 years ) and pregnancies (not before 21 years) as well as pregnancies after the age of 35 years

## Activity - 3

The barriers that adolescents face in accessing contraceptives are:

- ❖ Unexpected and unplanned nature of sexual activity.
- ❖ Lack of information and knowledge about conception, contraceptives and their availability.
- ❖ Fear of medical procedures.
- ❖ Fear of judgmental attitudes of providers.

- ❖ Inability to pay for services and transport.
- ❖ Fear of opposition from partner or parents.
- ❖ Pressure to have children.

### **Case Study:**

#### **Unsafe Abortion**

Monika from north Orissa is 15 year old girl married to Mono, 17 year old boy from a village in Uttar Pradesh. Six months after their marriage, Monika became pregnant. Her husband and Monika didn't want a child so soon, so she went to a village woman who does abortions. The village woman put in some kind of stick inside Monika. Monika bled a lot and since then she is not feeling well. She has not told this to anyone in her family as she is afraid that when her mother-in-law will get to know of this she will get very angry. Now Monika wants to know what to do?

- Discuss:**
- What is/are the problems in this case?
  - What can be done to help Monika?

(The discussion should also include all the aspects of safe abortion and its importance in women health)

For Safe abortion, refer MTP act in Handout (Annexures)

#### **Health consequences of Unsafe Abortions**

- ❖ Unsafe abortion is a major cause of injury and death among women worldwide.
- ❖ Incomplete abortion can result in symptoms including abdominal pain; heavy vaginal bleeding; and a soft, enlarged uterus.
- ❖ Uterine perforation can occur when a sharp object or instrument is inserted into the uterus.
- ❖ Unsafe abortion can also result in chronic pelvic pain, pelvic inflammatory disease, an infection of the reproductive organs and infertility, ectopic pregnancy & systemic infections (Acute renal failure).

### **Tips for facilitator**

- ☛ Facilitator should focus on quality delivery and use of contraceptives
- ☛ Facilitator should also emphasize on the importance of pre examination, precaution and post follow-ups.
- ☛ Early detection of pregnancy can reduce the rate of delayed abortions
- ☛ Emergency pills or early abortion can reduce the unwanted pregnancies in the early stage.

## Module – 3

Reproductive and Sexual health

### Session – 11

Adolescent Pregnancy

#### Time (Minutes)

60

#### Objectives

- ❖ Sensitization of participants on reproductive rights.
- ❖ Understanding the various factors influencing adolescent's pregnancy and childbirth.
- ❖ Management of adolescent pregnancies.

#### Required training material

- ❖ Flipchart 3:11:1, 3:11:2 and 3:11:3
- ❖ Flipchart, white and black board markers, colour chart papers in different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Reproductive rights and their importance	Open house discussion	20
Activity-2	Magnitude and Contributory factors of adolescent pregnancy	Group work	20
Activity-3	Management of adolescent pregnancies	PPT	20

#### Activity – 1

Start with open discussion among the all participants – Why is legal age required for sex and marriage? Facilitators can write all the points and at the end emphasize on other reproductive rights also.

The facilitator should divide all the participants into sub-groups, give them 5 minutes for brainstorming and then present their findings on the following rights

##### Group Work

1. Right to marriage and age of marriage.
2. Right to continuation of pregnancy.
3. Right to oppose sexual harassment.
4. Right to get adequate Reproductive Health Services.

## Activity – 2

1. Show the following facts and start discussion among the participants to understand various aspects of adolescent pregnancies and childbirth.

### Flipchart – 3:11:1 Key facts regarding adolescent pregnancies and delivery

- ❖ 40% of Indian women are married before the age of 18 years.
- ❖ Nearly 20% of adolescents across the country below 15 years are already mothers.
- ❖ Unmet need of contraceptives among the adolescents (> 18 years) is above than 65%.
- ❖ Across the country only 33% pregnant mothers below 18 years receive antenatal services, 68% of mothers deliver their child at home and only 18% receive post-partum services.
- ❖ Maternal mortality is four fold more in adolescent mothers.
- ❖ Annually in India 60 million illegal abortions are sought for medical care.
- ❖ More than 40 % abortion complications are in women under 20 years of age.

2. Facilitator should try to establish the magnitude of adolescent pregnancies among the participants and organize group work on the key factors that contribute to adolescent pregnancy

### Group Work

**Group–1** Social-cultural factors

**Group: 2** Service delivery factors

Facilitator should ask them to come forward and present their group work. Once both the groups have completed their presentation, invite questions and comments from rest of the participants.

3. Divide the participants into four groups; ask each group to list out the risks during abortion and pregnancy as well as childbirth. Give at least 10 minutes to all groups to complete the group work.

After completing the task, all four posters should be pasted on wall and facilitator can explain all points and provide answers to the queries of the participants.

### Case Study 1:

Pramila, 15 years unmarried girl from rural Andhra Pradesh came to the Primary Health Centre (PHC) with severe lower abdominal pain. After a thorough examination the doctor confirms two months pregnancy. Her conjunctiva and nail beds are very pale and her Hb is only 8gm%. He called her family members and explained the diagnosis and its implication for the health of the mother and her unborn baby, and what remedial action needs to be taken.

- ❖ Ask the participants what they think their role could be as counsellor, in managing the adolescent pregnancy.
- ❖ Do participants agree that sex education and counseling should be an essential component at school level?
- ❖ What are the possible pregnancy complications among adolescents?
- ❖ What important steps do you think could have prevented the above incident?
- ❖ Invite any additional comments or suggestions from the participants.

### Flipchart 3:11:2 – Complication of pregnancy and unsafe abortion practices

Complications early Pregnancy	Unsafe Abortion practices (early age)
<ul style="list-style-type: none"><li>❖ Pregnancy induced hypertension</li><li>❖ Anaemia</li><li>❖ STI/HIV</li><li>❖ Pre term Birth</li><li>❖ Obstructed labour</li><li>❖ Pre-eclampsia</li><li>❖ Postpartum depression</li><li>❖ Low birth weight</li><li>❖ Perinatal and neonatal mortality</li></ul>	<ul style="list-style-type: none"><li>❖ If unmarried or outside a stable relationship</li><li>❖ Delay in seeking help</li><li>❖ Have ingested substances with serious health implications</li><li>❖ Have used dangerous methods to terminate pregnancy</li><li>❖ Have other serious complications</li></ul>

### Flipchart – 3:11:3 Management of pregnancy in adolescents

Unmarried	Married
<ul style="list-style-type: none"> <li>❖ If she desires to continue the pregnancy, provide her adequate information about the antenatal, natal and postnatal care.</li> <li>❖ It is also necessary to tell her the chances of complications that may occur during the antenatal, natal and postnatal</li> <li>❖ Counsellor should also tell her about the issues that need extra care such as nutrition, rest and extra medical care</li> <li>❖ If adolescents are not ready to continue, provide them adequate guidance about legal abortion services</li> <li>❖ Counsellor may also tell them the importance of contraceptive usage during post-delivery or post-abortion counseling.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Early registration for antenatal services</li> <li>❖ Early risk assessment and advise for necessary precautions</li> <li>❖ Generate awareness among adolescents on the possible risks</li> <li>❖ Promote institutional delivery</li> <li>❖ Ensure postpartum services</li> <li>❖ Contraceptive counseling after post delivery</li> </ul>

#### Key Points

- ❖ Provide adequate information on safe sex to all adolescents prior to the onset of menarche.
- ❖ Give adequate information to them about their private parts.
- ❖ Make them aware about their body parts.
- ❖ Teach adolescents to say no when someone touches their private parts, parents should teach and talk with pre-adolescents about their private body parts.
- ❖ It also necessary to tell adolescents how they can identify early pregnancy and its termination if required.
- ❖ Adolescents should know about emergency contraceptives, early medical termination and its benefits.



### **Tips for facilitator**

- ☛ *Facilitator should explain that the age of sex and age of marriage are two different words. Constitution has made provision that no girl should marry before 18 years and male before 21 years of age however there is no indication to make sexual relation. It is true that socially and culturally no religion allows sex prior to marriage or they leave it on the individuals to mutually decide.*
- ☛ *Counsellors should try to ensure delay in pregnancies till the age of 21, but if it occurs prior to that then the health should be a major concern as it is highly risk prone.*
- ☛ *Quality of food, adequate rest, essentially required hygiene and exercise can reduce the risk during pregnancies as well as delivery.*

## Self-Assessment

- ❖ Write the name of reproductive organs of both sexes?
  1. Female (both external and internal)
  2. Male (both external and internal)
  
- ❖ State three reasons as importance of sex education among adolescents
  - 1.
  - 2.
  - 3.
  
- ❖ Mention any three disorders during menstruation, along with its characteristic and support required for each disorder
  - 1.
  - 2.
  - 3.
  
- ❖ Mention three factors influencing adolescent pregnancy and childbirth
  - 1.
  - 2.
  - 3.
  
- ❖ Give three reasons why adolescents are more prone to HIV infection
  - 1.
  - 2.
  - 3.

## Module –4

### Nutritional Aspect among Adolescents

Number of Sessions - 3

SN	Name of session	Time (Minutes)
<b>Session-12</b>	Introduction, adolescent concerns and importance of nutrition	60
<b>Session-13</b>	Types of malnutrition and understanding influential factors	60
<b>Session-14</b>	Role of healthy diet and counsellors	60

## Module – 4

Adolescents Growth and Nutrition

### Session - 12

Introduction, adolescent concerns and importance of nutrition

#### Time (Minutes)

60

#### Objectives

- ❖ Introduction
- ❖ Understand the relationship between growth, development and required nutrition

#### Required Training Materials

- ❖ Flipchart 3:12:1, 3:12:2
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Introduction and adolescent concerns	Group work	40
Activity-2	Special needs of nutrition during adolescent period	GroupDebate	35
Activity-3	Case study	Discussion and presentation	30

#### Activity-1

Divide the participants into two teams A and B, ensuring that team 'A' includes only male and team 'B' includes female. Both the groups can take opposing stand on the topic “Adolescents have special needs for Nutrition”

After discussion, facilitator can request participants about their key concerns, challenges and problems with nutrition.

After the debate, facilitator will establish the right message in favour of statement and make it clear with reasons that adolescents have special needs of nutrition.

#### Activity-2

Discuss the exercise

1. Ask the participants whether they feel that additional nutrition is required by adolescents. Most participants are likely to agree.
2. Ask the participants to list reasons why adolescent boys and girls require nutritious food. List the responses on a flipchart.

Uphold Flipchart 3:12:1 and explain the reasons why adolescents have special nutritional needs emphasizing that adolescent growth and development creates special nutritional needs that are higher during adolescence than in either childhood or adulthood. Sub-optimal nutrition slows the growth process and the rate of sexual maturation.

Flipchart 3:12:1-Special needs of nutrition
<ul style="list-style-type: none"><li>❖ They are in growing phase of life</li><li>❖ Up to 50% increase in weight</li><li>❖ Up to 20% increase in height</li><li>❖ Up to 50% increase in skeletal bone mass</li><li>❖ Need strength and energy to work and play</li><li>❖ Are future parents</li><li>❖ Girls have menstrual blood loss</li><li>❖ Boys develop muscles</li></ul>

### Activity – 3 (Gender discrimination)

Divide participants into two groups and give them following two case studies for discussion and presentation. The other group can raise queries and clarify doubts.

#### Case Study 1:

Kavita is a 15-year-old girl from Rajasthan. Her family comprises of her parents, two brothers and a younger sister. Kavita goes to school and also helps her mother with all the household work. Her staple diet is rice and watery dal twice a day. Vegetables are cooked once a while. As per the social custom in her family, Kavita and her sister eat after her father and brothers have eaten. Two months back, she suffered from malaria and since then has been feeling very weak and is always exhausted. She was brought to the PHC after she fainted on her way to school one day.

#### Discuss:

- ❖ What do you think has happened to Kavita?
- ❖ How can her condition affect her future?
- ❖ How can you help Kavita?

### Case Study 2:

Kamal is 14 year old and lives in a village of rural MP. Every morning he goes barefoot to the fields to defecate. He has upset stomach most of the times and suffers from loose motions. He dislikes vegetables, dal etc. and eats only rice with sugar every day. He also likes to eat roadside snacks. He is feeling very weak and low since last 15 days. His mother brings Kamal to you.

#### Discuss:

- ❖ What do you think has happened to Kamal?
  - ❖ What investigations are required?
- 
- ❖ Discuss both the case studies and ensure that the groups have correctly identified that Kavita & Kamal have Protein Energy Malnutrition and Anaemia respectively.
  - ❖ Conclude the case studies by pointing out that there are certain gender discriminations directed towards girls due to the embedded socio-cultural beliefs. Girls are often fed last and the least in some households in comparison to the male counterparts even when they work equally hard at home. The girls also suffer from dietary restrictions imposed on them during menstruation. All these factors result in gross nutritional inadequacies leading to malnutrition. However, boys are also prone to malnutrition due to not getting all the nutrients in their food. This may be due to strong likes/dislikes for certain foods, poverty, worm infestations, lack of hygiene etc.
  - ❖ After the case studies put up Flipchart 3:12:2 and discuss.

#### Flipchart 3:12:2 Factors influencing nutrition of adolescents

- ❖ Lack of knowledge in the family and community about the importance of nutrition during adolescence
- ❖ Lack of food because of socio-economic circumstances
- ❖ Inequitable distribution of food in the family wherein girls being denied nutritious food
- ❖ Poor dietary intake of food and vegetables rich in iron
- ❖ Poor bioavailability of iron in the diet
- ❖ Hookworm infestation
- ❖ Diseases like Malaria
- ❖ Bad cooking habits (over boiling vegetables and straining water, removing husk from wheat, eating polished rice and straining rice water, etc.)
- ❖ Perpetuation of a vicious cycle of malnutrition and infection, which might begin, even before birth and may have more serious consequences for the girl child

### ***Tips for facilitator***

- ☛ *Facilitator should collect the regional grains, pearls, spice, vegetable and fruit and then teach the participants based on its contents and importance. It helps them to manage their diet inside home.*
- ☛ *Facilitator can also try to develop seasonal diet chart and importance of local made food and its different varieties.*
- ☛ *Facilitator also tries to discuss that every meal can have all required food contents, at whatever the cost.*

## Module–4

Adolescents Growth and Nutrition

### Session–13

Types of malnutrition and understanding the influential factors

#### Time (Minutes)

60

#### Objectives

- ❖ Types of malnutrition
- ❖ Understanding the key factors influencing malnutrition among the adolescents

#### Required Training Materials

- ❖ Flipchart 4:13:1, 4:13:2, 4:13:3, 4:13:4
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Types of malnutrition, under nutrition and over nutrition	Group work	30
Activity-2	Eating disorders and other reasons	Participatory discussion	
Activity-3	key factors influencing malnutrition among adolescents	Group work	30

#### Activity - 1

Invite an open discussion with all the participants on what is their understanding about overweight and obesity, write down all the points given by participants and show them the following flipchart:

Flip Chart 4:13:1 - Definition of Overweight and Obesity	
Overweight	Obesity
A person may be overweight from extra muscle, bone, or water, as well as from having too much fat. Both terms mean that a person's weight is higher than what is thought to be healthy for his or her height.	Obesity is a state in which there is a generalized accumulation of excess fat in adipose tissue in the body leading to more than 20% of desirable weight. Obesity has several adverse health effects and can even lead to premature death. Obesity leads to high blood cholesterol, high blood pressure, heart disease, diabetes, gall bladder stone and certain types of cancer.



After having a brief discussion on overweight and obesity, facilitator should establish the intensity of the problem and its implication on adolescence development and growth. Facilitator can ask openly all the participants about the key factors responsible for obesity and write down all the points given by participants and show them the following flipchart:

<b>Flip Chart 4:13:2 - Factors responsible for obesity</b>
<ul style="list-style-type: none"> <li>❖ Inactive life style</li> <li>❖ Gene and family history</li> <li>❖ Junk food and over eating</li> <li>❖ Psychological</li> <li>❖ Environmental causes</li> <li>❖ Diseases</li> </ul>

First, try to explain to adolescents the relationship between height and weight and explain them how to calculate BMI (Body Mass Index)

<b>Flip Chart 4:13:3 - Calculating BMI Using the Metric System</b>
<p>If you're using the metric system, you can learn how to calculate BMI by using the following formula: Weight in kilograms divided by height in meters squared (weight (kg) / [height (m)]<sup>2</sup>). Since height is commonly measured in centimeters, divide height in centimeters by 100 to obtain height in meters. An example of calculating BMI using the formula: Height = 165 cm (1.65 m), Weight = 68 kg BMI Calculation: <math>68 \div (1.65)^2 = 24.98</math></p>

After the exercise each individual participant has to calculate for 5 other participants

1. Weight and height
2. BMI
3. Selection of underweight, normal, over weight and obese

## **Activity -2**

Divide all the participants into two groups and try to understand their perception about eating habit among the male and female adolescents in various diversities such as – rural and urban, school going and non-going, pregnant adolescents and non-pregnant, male and female as well as age 10-14 and 15-19 years.

Display Flipchart and discuss the factors that are specific for adolescent nutrition.

#### **Flipchart 4:13:4- Eating Pattern of Adolescents**

- ❖ Food selection is based mainly on availability, convenience and time, rather than food value
- ❖ Influence of peers, mass media, prevalent body image
- ❖ Personal self-esteem and body image guide the eating behaviour
- ❖ Missing meals and snacking are very common
- ❖ Fast food joints are mainly patronized by adolescents. These spoil the appetite for regular meals and are high on calories and low on nutrients.

During the discussion facilitator should also emphasize on adolescents' various eating patterns and its impacts on overall health.

The facilitator can organize a survey among the participants to what a normal adolescent eats in a day and what is actually required.

#### **Activity – 3**

Open house discussion among the participant's facilitators can request participants to share the key factors influencing adolescent nutrition.

Display Flipchart and discuss the cause of malnutrition among the adolescents

##### **1. Infectious diseases:**

- ❖ Diarrhea
- ❖ Intestinal parasites
- ❖ Malaria
- ❖ Tuberculosis

##### **2. Cultural influences:**

- ❖ Food habits, customs, beliefs, traditions & attitudes
- ❖ Religion
- ❖ Cooking practices
- ❖ Social practices (gender discrimination)

##### **3. Socio-economic factors:**

- ❖ Poverty
- ❖ Ignorance about nutritional needs of adolescents
- ❖ Large family size
- ❖ Lack of knowledge of nutritive value of foods

1. Ask the participants what they think their role could be as counsellor, in preventing malnutrition/anaemia among adolescents.
2. Nutrition education and counseling should be an essential component of all preventive and promotive interventions for adolescent health.
3. Invite any additional comments or suggestions from the participants.

### ***Tips for facilitator***

- *Adolescence is a phase of rapid and continuous physical, mental and sexual growth and development. The quality of food consumed by adolescents during this phase will help them in their adult life too. Therefore, in order to take care of the body needs during adolescence, a diet rich in carbohydrates (to provide energy), proteins (to build the body from inside and to help in producing good quality blood), vitamins such as iron (to help produce blood), minerals such as calcium (to help bone growth) should be consumed. Grains/cereals, pulses/legumes, milk and milk products and green leafy vegetables should be consumed in greater quantity.*
- *The facilitator should emphasize that both boys and girls require good quality food in adequate quantity during adolescence since their bodies undergo continuous and rapid growth and development. In actual practice, boys are provided with more and better food than girls, as families give more importance to their dietary needs and link the discriminatory practice with the future of the boys (of studying hard, going out to earn, etc.). However, girls too require balanced and adequate food in order to compensate for blood loss during menstruation; to shoulder the extra burden of housework and at times outside work to supplement the family income. Also, they have to perform the duties of child bearing and rearing in the future.*
- *Because of their gender and social conditioning, girls are more vulnerable to poor nutritional status. Consequently, they are likely to suffer from chronic anemia, suffer miscarriages, or give birth to low birth weight babies thus affecting even the next generation. Their efficiency or capacity to work goes down, and learning and thinking skills are affected. Anemia is considered as a contributory factor to maternal mortality. Severe anemia may even lead to death, especially if there is bleeding due to any cause or if there is a hemorrhage.*
- *Both boys and girls when given nutritional diet during adolescence gain height and body mass. Girls in India lag behind only because of gender discrimination.*

## Module – 4

Adolescence Growth and Nutrition

### Session – 14

Role of healthy diet and counsellors

#### Time (Minutes)

60

#### Objectives

- ❖ Enable the participants to understand the causes, sign symptoms and risk factors of anaemia
- ❖ Provide the skills of measuring weight, height and BMI
- ❖ Understand the meaning of overweight and obesity

#### Required Training Materials

- ❖ Flipchart 4:14:1
- ❖ Measuring tape (cm), weighing machine
- ❖ Blank flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity	Anaemia – cause, factors and preventive measures	Group work	30
Activity	Role of counsellors in healthy diet promotion	Participatory	30

#### Activity -1

Divide all the participants into four groups and organize brain storming exercise on the following topics

##### Group Work

- Group – 1** Common causes of anemia
- Group – 2** Key sign and symptoms of anemia in adolescents
- Group – 3** Risks of anemia in adolescents
- Group – 4** Preventive measures

After completing the brainstorming exercise, each group can showcase their presentation one by one and other three groups can ask the questions or add new points. At last facilitator can conclude the session and give key tips for remembering as well show them the following flipchart.

### **Flip Chart 4:14:1 - Anaemia in Adolescents – causes, sign & symptoms, risk & key preventive measures**

#### **Main causes**

- ❖ Inadequate iron intake/absorption/stores
- ❖ Frequent dieting or restricted eating
- ❖ Meal skipping
- ❖ Substance abuse
- ❖ Heavy/lengthy menstrual periods
- ❖ Rapid growth
- ❖ Adolescent Pregnancy
- ❖ Parasitic infection

#### **Sign and symptom**

- ❖ Fatigue, lethargy, dizziness, headaches
- ❖ Shortness of breath, ringing in ears, taste disturbances
- ❖ Restless leg syndrome
- ❖ Pallor, Flattened, brittle nails (spoon nail)
- ❖ Angular stomatitis (cracks at mouth corners)
- ❖ Glossitis, Blue sclera (whites of eyes), Pale conjunctivae

#### **Key risks**

- ❖ Impaired cognitive functioning and memory
- ❖ Decreased school performance
- ❖ Compromised growth and development
- ❖ Increased lead and cadmium absorption
- ❖ Increased risk of pregnancy complications, including prematurity and fetal growth retardation
- ❖ Decreased work capacity
- ❖ Depressed immune function

#### **Prevention measure**

- ❖ Encourage adolescents, particularly those with risk factors for iron-deficiency anaemia, to follow the dietary strategies as discussed above.
- ❖ Adolescents who are at high risk for anaemia, such as female athletes with heavy menses, may benefit from routine or periodic use of a low dose iron supplement.

## Activity -2

Open house discussion among the adolescents on the several issues affecting growth and development of adolescents.

<b>Flipchart 4:14:2– Health Promotion</b>		
<b>Contributor to Adolescent Overweight</b>	<b>Adolescent Behaviour Objective</b>	<b>Health promotion (to be filled during group activity)</b>
1. Excessive TV, video and computer use	Limit the use of TV/ video /computer to 1-2 hours per day; increase other activities instead	
2. Lack of physical activity	Increase daily active play and other fun, lifestyle physical activity; National goal is 60 minutes/day	
3. Over- consumption of Sweetened beverages	Replace sweetened beverages such as soda & fruit drinks with water & low-fat milk	
4. Excessive portionsizes	Eat standard portions, e.g., USDA serving sizes, or smaller portions	
5. High consumption of fast foods	Eat fast food no more than 1-2 times/ week; supplement fast food meals with fruits, vegetables, milk/ water	
6. Skipping breakfast	Eat breakfast daily	
7. Lack of low-fat dairy in diet	Consume 2-3 cups of fat-free or low-fat milk, or equivalent dairy per day (2 cups for ages 2-8 and 3cups for ages 9+)	
8. Lack of vegetables, fruit, and fiber in diet	Consume 3-4 cups of fruit and Vegetables per day. Consume whole-grain products often; atleast half the grains should be whole	

### Case Study 1:

Deena is 14 years old and aspires to be a model. She often compares herself to these models and aims to look like them. In her desire to look slim like them she often adopts crash diet. On a regular basis she avoids eating breakfast except for a glass of milk. Whenever forced to eat she would food which is high in fat but has low nutritional value. Her mother has brought her to the counsellor. The Counsellor appreciates Deena's ambitious spirit and tells her that most people her age and even older are still not sure of their goals in life. Once Deena is attentive, the Counsellor shares that it is not sufficient to know how the models look, it is also important to know how they struggled for it.

Then the Counsellor tells her that by not eating Deena may look thin and slim but she will also look pale and weak. Her skin may look dry; she will not have glowing and shining face like her favourite model. The Counsellor further elaborates that thus it is very important that Deena continues to eat, she should not be so conscious about her looks and figure as that can be maintained in a healthy way with right amount of food, sleep and exercise.

- ❖ What was the observation of the counsellor?
- ❖ What are the counselling tips that can be offered?

### Cue:

- ❖ The Counsellor should patiently listen to the Client.
- ❖ The Counsellor needs to help Deena understand her scenario of health
- ❖ The Counsellor should help Deena adopt a rehab plan for his smoking habits and follow a health regime.
- ❖ The Counsellor should help Deena understand about nutrition, its importance and how to maintain a healthy lifestyle.
- ❖ At no point in the entire conversation, the Counsellor should offer judgmental remarks.

### Tips for facilitator

- ☛ *Facilitator should have explain broader implications of anemia among adolescents affecting their education, livelihood and overall women health*
- ☛ *Facilitator also has to establish effective connection between hygiene, nutrition and anemia*
- ☛ *Quality food and good eating habit should be the key path for better health promotion*
- ☛ *Adequate exercises, Yoga and Meditation should be involved in the daily life of each adolescents*

## Self-Assessment

❖ Write three source rich in carbohydrate, protein and fat:

- 1.
- 2.
- 3.

❖ Write three importance of water and explain why is so important for living organism:

- 1.
- 2.
- 3.

❖ Why fast food is not good for adolescent health. Give three key reasons:

- 1.
- 2.
- 3.

❖ Write three implications of anaemia among the adolescents?

- 1.
- 2.
- 3.

❖ What can be done to promote better health among the adolescents? Give three points:

- 1.
- 2.



## Module –5

### Non–Communicable Diseases and Health Promotion

Number of Sessions - 4

SN	Name of session	Time (Minutes)
<b>Session – 15</b>	Understanding of communicable and non-communicable diseases	60
<b>Session – 16</b>	Key characteristics of Non-Communicable diseases	60
<b>Session – 17</b>	Key risk factors and their implications	60
<b>Session – 18</b>	Role of health counsellors & health promotional approach	60

## Module–5

Non–Communicable Diseases & Health promotion

### Session–15

Understanding of communicable and non-communicable diseases

#### Time (Minutes)

60

#### Objectives

- ❖ Understanding the difference between Communicable and Non-Communicable Diseases

#### Required Training Materials

- ❖ Flipchart 5:15:1 and 5:15:2
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Difference between Communicable and Non-Communicable Diseases	Debate	25
Activity-2	Disease patterns on the basis of life cycle approach	Group work	25
Activity-3	Sensitization of participants on lifestyle based disorders	Quiz	10

#### Activity -1

Facilitator can ask the participants to write down the name, age and cause of death of five people who expired within last one year in their relation or friend circle or community.

1. After the discussion with participants, facilitator can take people above 30 yearsage and write the cause of death and then ask their past history especially on smoking, alcohol, drugs use and life style.
2. Try to sensitize participants on relationship between factors and individual behaviour.
3. At last, make clear that smoking, consumption of alcohol, use of drugs and sedentary life style increase the risk of Non-Communicable Diseases

After discussion, facilitator should explain the difference between Communicable and Non-Communicable Diseases

### Flipchart 5:15:1 - Definition

#### Communicable diseases

- ❖ Diseases those are transmissible from one person, or animal, to another
- ❖ The disease may spread directly, via another species (vector) or environment
- ❖ Illness arises when the infectious agent invades the host, or sometimes as a result of toxins produced by bacteria in food
- ❖ The spread of disease through a population is determined by environmental and social conditions which favour the spread of infectious agent, and the relative immunity of the population
- ❖ An understanding of the disease and the measures necessary for its containment and management is important

#### Non-communicable diseases

- ❖ Diseases that do not spread from one person to another.
- ❖ Examples include cancer, heart disease, diabetes, Hypertension etc.
- ❖ Risk factors such as a person's lifestyle, habits and environment are known to increase the likelihood of certain non-communicable diseases. They include age, gender, genetics, exposure to pollutants, behaviour such as smoking or chewing tobacco, unhealthy diet and physical inactivity which can lead to hypertension and obesity.
- ❖ Most NCDs are considered preventable because they are caused by modifiable risk factors

### Activity - 2

After establishing this understanding the facilitator should divide all the participants into three groups and give them the following exercise in which they have to write what types of diseases and disorders they got as per their age

#### Group Work

- Group – 1** Children (1- 10 years)
- Group – 2** Adolescents and youth (10-35 years)
- Group – 3** Adult (>35 Years)

After ten minutes of brainstorming exercise, the groups can paste their work on wall and visit the work done by other groups. If required, they can add or delete or ask questions for clarification.

At the end the facilitator should conclude the session and give key points. Facilitator can show the trend & pattern of diseases among all three target groups.

### Activity – 3

Divide the participants in two groups. Each group will decide their group leaders for the quiz. Time allotted for each answer is 30 seconds and then question is passed to next group. In case it is answered by another group they get an additional point. (Group has to say only Yes or No about statement) and facilitator can start discussion on each statement.

#### Flipchart 5:15:2 Key statements

1. Communicable diseases are contagious.
2. Non – communicable diseases are not preventable.
3. Communicable diseases are also known as life style diseases
4. Cancer, diabetes and hypertension come under communicable diseases.
5. Smoking, alcohol and drugs can aggravate communicable diseases.
6. HIV is a chronic disease but it comes under communicable diseases.
7. All non-communicable diseases are chronic diseases but all chronic diseases are not communicable diseases.
8. Inactivity and unhealthy eating behaviour aggravate both communicable and non- communicable diseases

#### Answer Key:

1. Yes 2.No 3.No 4.No 5.No 6.Yes 7.Yes 8. Yes

#### Tips for facilitator

- ☛ Facilitator should introduce this topic very politely and sensitively.
- ☛ After the brainstorming exercise, the participants should make separate list of both communicable and non - communicable diseases
- ☛ In the end, the facilitator can instruct participants to write all the unhealthy habits, diet and behaviour observed by their relatives and friends.
- ☛ Facilitator should identify the duration of these habits and establish if any of them started when they were in their adolescence.

## Module – 5

Non-Communicable Diseases

### Session-16

Key characteristics of Non-Communicable Diseases

#### Time (Minutes)

60

#### Objectives

- ❖ Listing out major non-communicable diseases
- ❖ Understanding the importance of non-communicable diseases in adolescents

#### Required Training Materials

- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Key Characteristics of major Non-communicable diseases	Open house session	30
Activity-2	Adolescence and Non communicable diseases	Group work	30

#### Activity-1

Divide the whole group into four sub-groups and each sub-group works on following common non- communicable diseases with focus on causes, affected age groups, main signs and symptoms.

#### Group Work

- Group – 1** Hypertension
- Group – 2** Diabetes
- Group – 3** Cancer
- Group – 4** Chronic Respiratory Diseases

After 10 minutes of brainstorming, each group will present their summarized findings. After each presentation, other three groups can raise the questions and add any new points if required. At the end of presentation, facilitator can conclude and summarize the key information.

## Activity–2

Facilitator should initiate a group discussion on, “Adolescents and Non Communicable Diseases” covering the following points;

### Group Work

- ❖ What is the need to discuss Non-Communicable Diseases among adolescents?
- ❖ What key role can be played by adolescents in reduction of non-communicable diseases?
- ❖ What is the implication of non-communicable diseases on adolescents and their future?

### *Tips for facilitator*

- ☛ *Facilitator should facilitate participants on various non-communicable diseases and try to ensure their clear understanding with all terminologies.*
- ☛ *Try to make the relationship clear between factors responsible for non-communicable diseases and health promotion.*

## Module– 5

Non –Communicable Diseases

### Session–17

Key risk factors and their implication

#### Time (Minutes)

60

#### Objectives

- ❖ To understand the key risk factors of non-communicable diseases among adolescents
- ❖ To know the preventable measures to reduce the risk of developing non-communicable diseases

#### Required Training Materials

- ❖ Flipchart 5:17:1 and 5:17:2
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Risk factors and their implications	Group work	30
Activity-2	Specific knowledge on key risk factors	Open house discussion	30

#### Activity -1

Divide all the participants into two groups and provide them 10-15 minutes for brainstorming and then discuss with other participants.

##### Group Work

- Group–1** Modifiable Risk Factors
- Group–2** Non-Modifiable risk factors

At the end the facilitator can summarize and clarify the issues with a few key points.

Flipchart 5:17:1 - Risk factors – Non-Communicable Diseases	
Modifiable Risk Factors	Non-Modifiable Risk Factors
<b>Leading risk factors</b> <ul style="list-style-type: none"> <li>❖ Tobacco Use (in any form)</li> <li>❖ Alcoholism</li> <li>❖ Physical Inactivity or sedentary lifestyle</li> <li>❖ Overweight/Obesity</li> <li>❖ High Blood Pressure</li> <li>❖ High Cholesterol Levels</li> <li>❖ High blood glucose level</li> </ul> <b>Other risk factors</b> <ul style="list-style-type: none"> <li>❖ Unhealthy diet</li> <li>❖ Stress</li> <li>❖ Certain infections that can lead to cancer</li> <li>❖ Environmental pollution</li> <li>❖ Occupational exposures to toxins</li> </ul>	<ul style="list-style-type: none"> <li>❖ Age</li> <li>❖ Sex</li> <li>❖ Family history</li> <li>❖ Genetic factors</li> </ul>

## Activity -2

Divide participants equally in four groups and give one topic to each group for discussion and presentation, during presentation other group can ask the questions or add if required

### Group Work

- Group-1** Smoking is injurious to health
- Group-2** Alcohol aggravates more risk in adolescent period
- Group-3** Drugs have significant biosocial affect in adolescent life
- Group-4** Inactivity in adolescent period can make adulthood more difficult

**Note –** Group will focus on following points

1. Why should there be an increased focus on adolescents regarding this issue?
2. Which factors influence such behaviour?
3. What is its impact on adolescents' life?



## Module– 5

Non –Communicable Diseases

### Session–18

Role of health counsellors & health promotional approach

#### Time (Minutes)

60

#### Objectives

- ❖ To understand the relationship between health promotion and Non- communicable diseases

#### Required Training Materials

- ❖ Flipchart 5:18:1
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Risk factors and preventable measures	Group work / presentation	20
Activity-2	Orientation about Health Promotion Approach	Presentation	20
Activity-3	Case scenario: Applied	Presentation	20

#### Activity - 1

Divide participants equally in five groups to discuss the assigned modifiable risk factors for NCDs among the adolescents within their groups. All the groups can creatively present their findings using white board, charts, flip charts etc.

#### Group Work

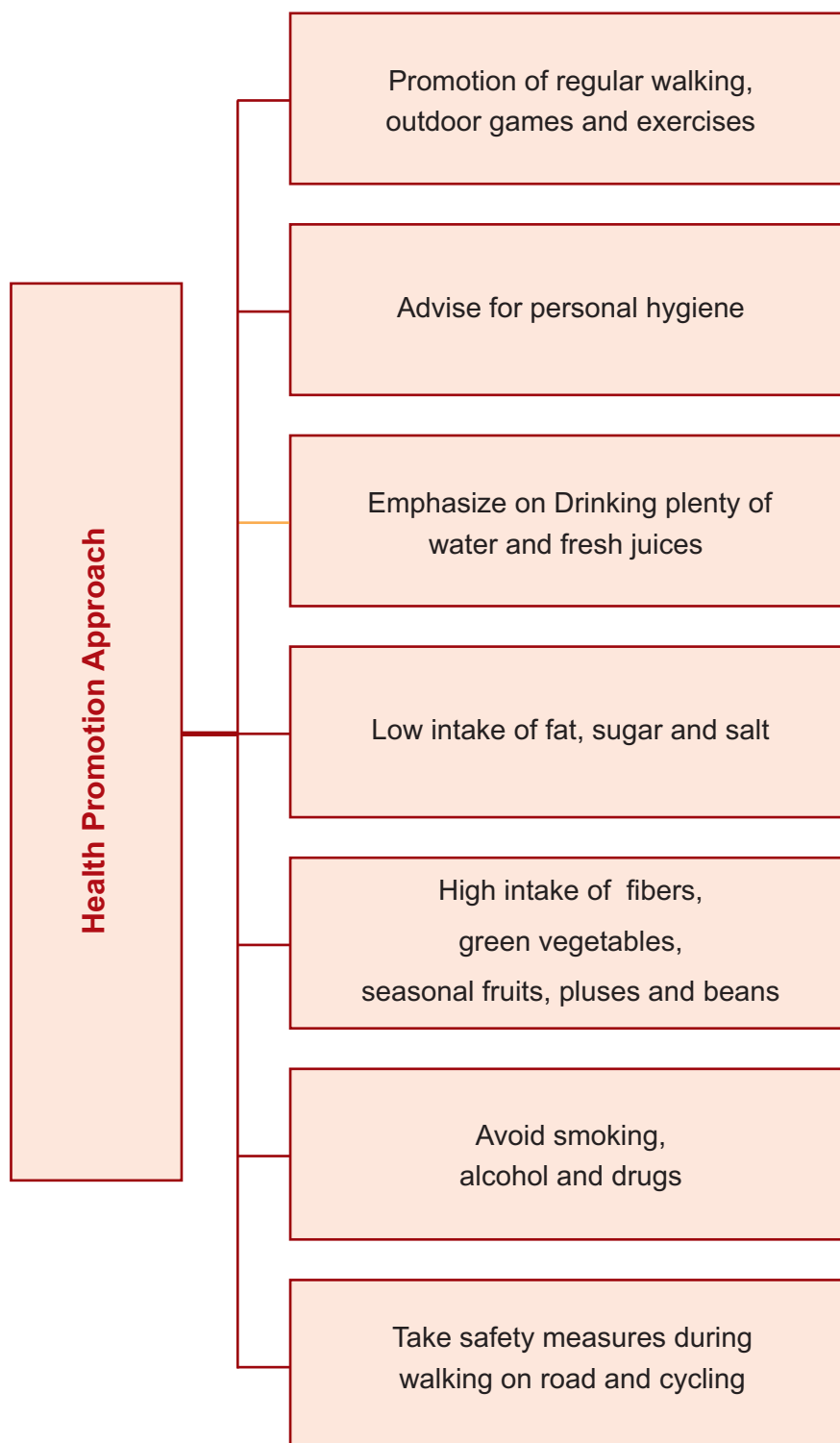
- Group–1** Physical activity
- Group–2** Quit smoking or chewing tobacco
- Group–3** Controlling or avoiding alcohol
- Group–4** Control or maintain weight
- Group–5** Improve eating behaviors

Now discuss with them how to reduce the effects of the each risk factors for Non-Communicable Diseases among the adolescents.

### Activity-2

Discuss each step and sensitize counsellors about the importance of these steps

#### Flipchart 5:18:1 – Health Promotion Approach



### ***Tips for facilitators***

- ☛ *Counsellor should motivate and provide insight about health promotion approach and encourage its use as and when required*
- ☛ *Counsellor should adopt positive approach even in difficult & complex situations*
- ☛ *Counsellor should explain adequately and appropriately about Health promotion and preventative measures*

### **Case study 1:**

Suraj is 23 years old obese engineering student. He has always been among the toppers. However, of late he started complaining of short breath. This problem was so severe that for days he was not able to study. With his performance falling, he was scared that he will not be able to get good job placement. He visited a counsellor, who after taking brief notes of his condition asked him few questions about his lifestyle when he was an adolescent.

Suraj revealed that as an adolescent he didn't like to go out and play with his friends very much. He used to feel burdened to maintain his position in the class and thus used to study constantly, which often meant irregularity in his food consumption. The only thing which helped him relax himself was smoking and tobacco which he started at the age of 15 years. Initially, he used it as a style factor and then as leisure but gradually he got used to and couldn't stay without smoking even for an hour. Currently he smokes around 1 pack of cigarette every day. He shared that this craving increases during exams.

- ❖ Which risk factors you consider are important, which could contribute in development of NCDs in Suraj's life?
- ❖ What is the counselling (health promotional) advice you would like to give for above scenario?
- ❖ Does this scenario needs medical help?

**Cue:**

- ❖ The Counsellor should patiently listen to the Client
- ❖ The Counsellor needs to help Suraj understanding his lifestyle in terms of health
- ❖ The Counsellor should help Suraj adopt a rehab plan for his smoking habits and follow a health regime
- ❖ The Counsellor should help Suraj understand that his problems were established during his adolescent years, which are formative years in all aspects so he will have to be very careful with his lifestyle
- ❖ At no point in the entire conversation, the Counsellor should offer judgmental remarks

***Tips for facilitators***

- ☛ *A Counsellor should be able to help the clients in segregating the problems; which could be at any level like friends, family, school, relationships so that client can effectively manage all situations efficiently*
- ☛ *A Counsellor should be able to help the clients in developing bond with their friends, family and more importantly with their own-self*
- ☛ *A Counsellor should be able to guide the clients through a set of exercise regime according to their situation of the client. Exercises like jogging, walking, Aerobics, Yoga, Meditation etc.*
- ☛ *A Counsellor should promote healthy lifestyle and promote healthy eating, adequate rest and optimum physical activity*

## Self-Assessment

- ❖ Mention any five factors which increase the chances of Non Communicable diseases among adolescents:

1.

2.

3.

4.

5.

- ❖ Mention two key differences between communicable and non-communicable diseases:

1.

2.

- ❖ Write three examples each of communicable and non-communicable diseases:

1.

2.

- ❖ What habits can be promoted among adolescents to reduce the risk of non-communicable diseases. Write two promotional and two preventive measures:

1.

2.

3.

4.



**Module – 6**  
**Mental Health**  
**Number of Sessions – 3**

SN	Name of session	Time (Minutes)
<b>Session – 19</b>	Distress and disorder	60
<b>Session – 20</b>	Concept of protective and risk factors	60
<b>Session – 21</b>	Concept of emotional resilience	60

## Module– 6

Mental Health

### Session–19

Distress and disorder

#### Time (Minutes)

60

#### Objectives

- ❖ Sharing the concept of mental wellbeing and sensitization on distress and disorder
- ❖ Understanding the belief system of community and reactions

#### Required Training Materials

- ❖ LCD project and screen, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
<b>Activity-1</b>	Introduction and concept of mental wellbeing	Group work	10
<b>Activity-2</b>	Adolescent stress and anxiety	Participatory	10
<b>Activity-3</b>	Understanding the chain of stress to disorder	Participatory work	20
<b>Activity-4</b>	Case Study	Participatory	20

#### Activity–1

- ❖ Welcome the participants in the training program and share the key objectives by explaining them about the need and relevance of Adolescent Mental Health.
- ❖ Conduct a brainstorming session with the group on what they understand by the term mental health and wellbeing. Relate their examples and situation to provide a clearer perspective on key issues of mental health among adolescents.
- ❖ At the next level, ask open questions among the group about the types of mental health issues which they find in the society, community and their own family.



### **Tips for facilitators**

- ☛ *Mental health is a state of well-being in which the individual realizes his or her own abilities. It helps him or her to cope with the challenges in life and work productively and fruitfully. Thus helping the individual makes a contribution to the community.*
- ☛ *Value of mental health and well-being: Mental well-being makes up an integral part of an individual's capacity to lead a fulfilling life, including the ability to nurture relationships, study, and work or pursue leisure interests, as well as to make day-to-day decisions and choices.*
- ☛ *Determinants of mental health and well-being: Mental health and well-being is influenced not only by individual attributes, but also by the social circumstances in which persons find themselves and the environment in which they live; these determinants interact with each other dynamically, and may threaten or protect an individual's mental health state.*

### **Activity -2**

- ❖ Familiarize them with various aspects of adolescent mental health by inviting voluntary sharing. Ask them to share their experiences of adolescent age, ensuring that two or three participants focus on stigma (if felt by them or others).
- ❖ Ask the participants to select their peers, by calling out counting starting from 1 and then pairing with the alternate number. Each pair will write the stigmas related to adolescent mental health issues and cultural practices. Each pair has to present the stigmas and cultural practices of their partner in front of the group.
- ❖ Understanding the stigmas related to Adolescent Mental Health.

### ***Tips for facilitators***

- ☛ Key objectives of the session are to Sensitize about sound Mental Health with focus on adolescent mental health
- ☛ The aim is to provide insight about stigma and discrimination related to mental health in general and their impact of stigma and discrimination on help-seeking behaviour
- ☛ The Facilitator should also motivate the group to discuss about the differences between myths and realities of mental illness
- ☛ Stigma results in discriminatory behaviour towards people with mental illness
- ☛ The fear of stigma prevents people from seeking help for mental illness
- ☛ Stigma is perpetuated through mistaken beliefs about mental illness, and can be seen in people's attitudes
- ☛ It is important to learn ways of overcoming stigma and promoting a realistic and positive understanding of mental illness

Stigma and discrimination can be reduced by providing accurate information about mental illness and its treatment

### **Activity-3**

- ❖ Initiate the activity by brainstorming on what the participants understand by stress, anxiety and factors that influence mental distress among the adolescents.
- ❖ Now, facilitators can ask the participants to reflect about their own stress, anxiety conditions and the factors that aggravate it. (Each participant may have different set of experiences)
- ❖ Provide a single piece of paper for each participant and tell them to write the cause of stress and anxiety they face in their routine life.
- ❖ Write all the information on the flip-chart and discuss the common reasons of stress and anxiety

From this chart, the facilitator can draw the conclusion about the differences between normal and abnormal stress.

### **Tips for facilitators**

- ☛ *Every one experiences stress and anxiety and it can range from general, mild, moderate to severe on the basis of duration and reasons.*
- ☛ *Stress is a problem when it affects our regular activities negatively.*
- ☛ *Stress and anxiety can convert into depression which can lead to severe mental disorders depending upon the time and severity of conditions.*
- ☛ *The major problems of adolescent mental health are Behavioural problems (attention- deficit and conduct disorder), Developmental problems (learning difficulties), Emotional disorders (depression & anxiety), Severe mental disorder (schizophrenia)*

### **Activity-4**

#### **Case Study 1:**

(Read out case scenario and discuss with participants how they would handle such clients)

Surabhi (15) and Sita (12) are two sisters. They occasionally fight with each other. Of the two, Sita is more introvert and does not express her anger easily like her sister, instead keeps to herself. She often feels as the center of amusement and joke among her family and friends. Although she has some positive strength and likes to be on stage, she thinks everybody makes fun of her.

Following is a conversation between her and the Counsellor

**Counsellor:** "Hello Sita, Welcome! Please take a seat and feel comfortable".

Sita looking around blankly takes a seat.

**Counsellor:** (Referring to her notes) "Your mother has shared that you are feeling upset these days, would you like to share about it".

**Sita:** "I feel everybody around me doesn't love me; instead they like to make fun of me".

**Counsellor:** "Why do you feel like that"?

**Sita:** "My parents love my sister more. And everybody laughs at me when I tell them I can hear the voices of people talking at the end of the street".

**Counsellor:** "Ok Sita, let's take one issue at a time. Why do you feel everybody loves your sister more? Can you recall any moment when your family and friends did something for you which made you happy"?

**Sita:** (After thinking for a while) –"Well, there are a lot of moments like that. I just get upset when my sister doesn't share her things. I understand she doesn't like to share her favourite things, even I don't like to".

**Counsellor:** “Good! Now have you ever told anybody what you can hear at a distance”?

**Sita:** “No, I don't repeat the conversation. I cannot because I forget, but I can hear”.

**Counsellor:** (Didn't push Sita much on this topic, because she could see that Sita was already relaxed after having worked out her previous problem. Also the Counsellor felt that Sita was using this technique to gain attention) “Ok Sita! It is fine. Let us feel happy that you have understood what bothers you at family level. Now let us plan to do something that would make your family happy too”.

When they met after a week, Sita didn't mention about hearing voices. She shared that in the past one week she had helped her mother in the kitchen and shared her doll with her elder sister. They had all gone out for a movie also and

### ***Tips for facilitators***

- ☛ *Facilitators have to responsibly and sensibly alleviate mental health issues by using appropriate examples.*
- ☛ *Facilitator should also explain the importance of counseling in mental health issues and disorders.*
- ☛ *Learning and eating disorders along with their implication should be explained very clearly.*

## Module– 6

Mental Health

### Session–20

Concept of protective and risk factor

### Time (Minutes)

60

### Objectives

- ❖ Key issues of adolescents mental illness
- ❖ Identification of causes and influencing factors

### Required Training Materials

- ❖ Flipchart 6:20:1, 6:20:2
- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Key protective and risk factors for mental health	Group activity	20
Activity-2	Causes and influencing factors	Participatory	20
Activity-3	General issues of adolescents with problems solving skills	Group activity	20

### Activity– 1

- ❖ Divide the participants into two groups (A&B) to brainstorm on strength (protective) and Risk (stressors) factors among adolescents to cope with mental health problems. After 5 minutes of brainstorming, Group A will present the Strengths and Group B will present the Risk factors.

#### ***Tips for facilitators***

The purpose is to sensitize the participants about identification of protective factors and risk factors among the clients, which can enhance the counselling skills.

- ❖ **Protective factors** – Factors which help adolescents by strengthening their ability to cope with adverse life events.
- ❖ Resilience is the individual's capacity to cope with adverse situations of life and coming back to the normalcy.
- ❖ It is the mental health integrity when confronted with stressors.
- ❖ Factors facilitating resilience include high self-esteem, good problem solving skills, good peer relationship, stability in thoughts, past experience of facing stressors successfully and spiritual soundness.

<b>Flipchart 6:20:1 - Protective and risk factors for mental health</b>			
<b>Level</b>	<b>Risk factors</b>		<b>Protective factors</b>
<b>Individual attributes</b>	Low self-esteem	❖	Self-esteem, confidence
	Cognitive/emotional immaturity	❖	Ability to solve problems and manage stress or adversity
	Difficulties in communicating	❖	Communication skills
	Medical illness, substance abuse	❖	Physical health, fitness
<b>Social Circumstances</b>	Loneliness, bereavement	❖	Social support of family and friends
	Neglect, family conflict	❖	Good parenting/ family interaction
	Exposure to violence/abuse	❖	Physical security and safety
	Difficulties or failure at school	❖	Scholastic achievement
	Work stress, unemployment	❖	Satisfaction and success at work
<b>Environmental factors</b>	Poor access to basic services	❖	Equality of access to basic services
	Injustice and discrimination	❖	Social justice, tolerance, integration
	Social and gender inequalities	❖	Social and gender equality
	Exposure to war or disaster	❖	Physical security and safety

## **Activity- 2**

Causes and influencing factors

### Case Study:

(Facilitator can invite any participant to read out the case study)

Raju is a religious adolescent of 17 years. He had developed feelings for Chaya, his classmate. He liked to be around her and got very restless if he didn't see her at any point of time. He had shared about these feelings to his friends. Chaya was friendly, but had not expressed any inclination towards him. Raju used to get very disturbed when he saw her talking to other boys of the school. He used to follow her till home and used to give her a call once in the evening at least, using some excuse of studies.

He gradually started to feel sexually attracted towards Chaya and wanted to meet her in private, but she was not interested. Raju once deliberately damaged his teacher's vehicle because he had scolded Chaya. He started fighting with his friends also. His obsession had increased and he had a conversation with Chaya's brother and father asking them not send her to school because boys of the class talk to Chaya, but when they didn't listen he got the father and brother beaten. After displaying any sort of similar behavior he used to hurt himself physically as repentance to his God. Slowly he started smoking and consuming alcohol as per his peers' advice to reduce the stress and anxiety. After three months he started to use drugs and got involved in drudgery to meet the expenses. His mental health became worse by each passing day.

(Now divide the group into three homogenous groups A, B & C and assign each of them one of the topic to prepare & present)

- A. What was the thought process when the adolescent (Raju) visited the counseling session?
- B. What are the counselling tips that can be offered?
- C. Does this scenario need medical intervention?

### Cue:

- ❖ The Counsellor has to understand the behavioural tendencies of the client
- ❖ The Counsellor should understand that certain tendencies and scenarios which seem anti-social should be discouraged, but at no point of time the personal opinions of the Counsellor should be imposed on the Client
- ❖ Through structured assessment if the Counsellor feels that the Client needs medical or rehabilitation intervention, he/she should be motivated for the same
- ❖ It needs to be observed that the adolescents of nature similar to the case discussed here are not very keen towards listening to guidance tips from elders. There is a possibility that they don't return even for the second sitting, thus the Counsellor should be precise and comforting right from the beginning.

### Activity- 3

#### Mental health determinants

Divide the group into five equal and homogenous groups and assign each of them separate case scenario giving them 5 minutes to prepare on (1) Identification of problem (2) Key Points for counseling such cases.

#### Scenario 1: (Emotional)

Farzaana (14 years) lives with her joint family. She is the eldest of all her siblings. Since childhood she was asked to take care of her younger brothers and sisters. As she is growing up she is getting more irritable while taking care. She often complains of headache and sits alone with her books, but cannot concentrate on studies. She often tells her friend, how lucky those people are who are able to live their life on their own terms and conditions. She wishes to leave her home.

#### Scenario 2: (Motivational)

Of late, Shashi has been keeping very low and to herself. She doesn't want to go to any family function. Her friends have shared that at school also, she is very quiet and submissive nowadays. In a session with a counsellor, she shared that her elder uncle's son has physically abused her and had a forced physical relation with her. He has also threatened her that if she would share it with anyone, he will defame her and her unit of family. Shashi is now contemplating on taking her life, as she can't bear to defame her family.

#### Scenario 3: (Mental)

Sandeep is 15 years old and is very fond of his friends. His friends teased him that he is not mature enough to take drugs, and that if he will take it he will experience a unique "high". To prove his maturity he started using drugs. Gradually, the friends teased him that he is not a man, and to prove himself he stalked a girl in the neighbourhood and under the influence of drugs, physically assaulted her. Sandeep is tensed now because the girl is pregnant and has witnesses for the scene.

#### Scenario 4: (Behavioural)

Sheetal (16 years) is not able to concentrate on her studies and house hold chores. She constantly avoids eating food and is always depressed. She is very reactive and cries very often. She shared with the counsellor that she likes her teacher very much, but he is not interested in her and is soon going to be married. She wants to look like his fiancée so that the Teacher starts liking her.

#### Scenario 5: (Vegetative or mild)

Raghav is a fun-loving boy of 14 years. His father got transferred to a new city. Of late he started making excuse for not going to school and kept complaining of stomach ache or headache. His parents thought the problem was his burden of studies, so they took him to a counsellor. He shared with the counsellor, that his seniors at school are very bullish and



tease him bypassing physical comments at him. He fears that someday they might make him do or perform something that he has seen in the movies.

<b>Flipchart 6: 20:2 - Sign and symptom of various depressive disorders</b>	
<b>Categories</b>	<b>Symptoms</b>
<b>Emotional</b>	Anxiety, depression or sad mood, irritable mood
<b>Motivational</b>	Loss of interest in daily activities, feelings of hopelessness and helplessness, suicidal thoughts, suicidal acts or attempts
<b>Mental</b>	Difficulty in concentrating, feelings of worthlessness, sense of guilt, low self-esteem, negative self-image,
<b>Behavioural</b>	Preference for time alone, easily angered, oppositional or defiant
<b>Vegetative or mild</b>	Sleep disturbance, appetite change, weight loss or gain, energy loss, lack of energy, decreased libido

### ***Tips for facilitators***

- ☛ *Facilitator should carefully assess the counseling skills of participants*
- ☛ *Facilitator should describe the judgmental scale for counsellors so that they can refer the case for medical treatment*
- ☛ *Facilitator can train the parents so that they can create the required enabling environment for adolescent*

## Module– 6

Mental Health

### Session–21

Concept of emotional resilience

#### Time (Minutes)

60

#### Objectives

- ❖ Understand the fear among the adolescents.
- ❖ Skills for emotional maturity and steps for mental wellbeing.

#### Required Training Materials

- ❖ Flipchart 6:21:1, LCD projector
- ❖ Flipchart, white and black board markers, colour chart papers in different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Adolescent's emotional fear and anxiety	Participatory	20
Activity-2	Skills for emotional maturity	Group activity	20
Activity-3	Steps for adolescent's mental wellbeing	PPT	20

#### Activity– 1

1. Facilitator can start interactive discussion among the group about emotional fear and anxiety. Try to understand the responses and segregate it based on sex and age of adolescents.
2. Write down all the responses of the participants.
3. Facilitators should explain steps they can use for achieving full emotional maturity and reduce the stress and anxiety among adolescents.

### Flipchart 6:21:1 – Coping skills

#### Emotional maturity

- ❖ Do not stop communicating
- ❖ Share your problems with your parents and peers
- ❖ Read suitable literature
- ❖ Take help from help line
- ❖ Ask your teacher
- ❖ Meet counsellors

#### Stress and anxiety

- ❖ Understand the life style
- ❖ Try to understand the family structure and relationship
- ❖ Regular activity and leisure time
- ❖ Improve social skills
- ❖ Daily exercise
- ❖ Meditation and relaxation
- ❖ Develop healthy dietary habits
- ❖ Sleep well
- ❖ Do deep breathing exercises regularly

### Activity– 2.1

Discuss steps of adolescent mental wellbeing by introducing the goals of counseling and role of the counsellor for restoration of sound mental health.

#### 1). Make Connections

Good relationships with close family members, friends, or trusted adults are important. Accepting help and support from those who care strengthens resilience.

#### 2). Avoid seeing crises as insurmountable problems

Encourage them to interpret the situation or event realistically. Ask them to think through the things before responding. Seek consultation.

#### 3). Accept that change is a part of living

The one constant thing in life is “Change.” Certain goals are no longer attainable, while specific situations are no longer tenable. People who cannot tolerate change in their life-circumstances are the ones who suffer most.

#### 4). Keep moving towards the goal constantly

Learn to know the difference between realistic and unrealistic goals. This does not mean that the individual does not push or challenge oneself. It also does not mean to shy away from difficult tasks that are not familiar. It means that some goals are currently unreachable unless certain smaller goals are met first.

### 5). Nurture a positive view of yourself

Developing confidence in our ability to solve problems and trusting our instincts helps build resilience.

### 6). Maintain a hopeful outlook

An optimistic outlook enables one to expect that good things will happen in their life. Try to visualize which events are desired, rather than worrying about what the fears.

### Activity 2.2

These steps can enhance the counselling skills for building positive attitude among their client.

Condition	Exercise	Duration	Benefits
Tension, Anxiety, Emotional Distress	Progressive Muscle Relaxation and Body Scan	10 minutes	Helps in bringing down the anxiety level
Diabetic or pre-diabetic condition	Progressive Muscle Relaxation and Body Scan	10 minutes	Helps in restoring balance between sympathetic and para-sympathetic nervous system
Asthma	Diaphragmatic Breathing	10 minutes	Helps in prevention of asthmatic tendencies
Over-eating	Mindful Awareness	15 minutes	Helps build focus on one's thoughts and calm the mind

### 1. Progressive Muscle Relaxation and Body Scan

In Progressive Muscle Relaxation, trainee counsellors will learn how to control their own physical tension so that they can teach these skills to adolescents. The physical practice is done, reclining on a firm surface and bringing one's attention to every part of the body systematically. They begin with systematically bringing their attention to every muscle group of the body, starting with the head, neck and shoulders, and continuing down through the body.

**Step1:** Identify a cool, quiet and moderately lit place

**Step 2:** Spread out a mat on a flat ground

**Step 3:** Position yourself comfortably on it, lying on the back

**Step 4:** Gradually focus on your breath, it should be even, smooth and without sound

**Step 5:** Keeping the breath flow stable bring your attention to your body

**Step 6:** Systematically relax your body from head to toe and reverse

**Step 7:** Stay in the relaxed position for a while, gently roll over to your side and sit up

## **2. Diaphragmatic Breathing-10 minutes**

This practicum builds on the first exercise and helps to deepen the ability to relax the body from the muscular system to the deeper levels of the nervous system. In this exercise, adolescents are taught to slow the breathing and more naturally, using the full capacity of the lungs. This exercise can help adolescents to reduce anxiety and depression, can overall improve health, and can assist in reducing impulsive or angry behaviours. It may also help adolescents to improve the quality of sleep.

One can do this either by sitting or lying down flat on the ground

**Step 1:** Position yourself in a comfortable posture.

**Step 2:** Bring your attention to your breath and body.

**Step 3:** Focus on the area below the rib-cage, above the stomach, which is called the Diaphragm. The Diaphragm should go in on exhalation and out on inhalation.

**Step 4:** The breath should be effortless, smooth and even.

### ***Tips for facilitators***

- ☛ *Counsellors need different skills/approach to counsel people with mental illness*
- ☛ *Often adolescents feel they have a problem but counsellors are not able to find any, while many counsellors understand the severity of problem but adolescents think that they don't have any problem.*
- ☛ *Facilitators need training to remain calm, patient listener, non-judgmental and should give adequate time for analysis before arriving at any conclusion.*

## Self-Assessment

❖ Mention any three common mental disorders among adolescents.

1.

2.

3.

❖ Mentions three key factors responsible for mental disorders among adolescents.

1.

2.

3.

❖ Why is it necessary to address mental health problems among adolescents?

1.

2.

3.

❖ Write three key promotional health interventions for adolescents which can reduce the risk of mental disorders.

1.

2.

3.

**Module – 7**  
**Gender, Violence and Injuries**  
**Number of Sessions – 2**

SN	Name of session	Time (Minutes)
<b>Session-22</b>	Understanding Gender identity & roles	60
<b>Session-23</b>	Violence and Injuries	60

## Module– 7

Gender, Violence and Injuries

### Session–22

Understanding Gender identity & roles

#### Time (Minutes)

60

#### Objectives

- ❖ Understanding the difference between sex & gender and its health implication
- ❖ Understanding gender roles

#### Required Training Materials

- ❖ Flipchart 7:22:1
- ❖ LCD project and screen, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Sex and gender	Group work	20
Activity-2	Gender based role and responsibility	Participatory	20
Activity-3	Case Study	Participatory	20

#### Activity–1

At the onset, the facilitator has to encourage a healthy discussion amongst the participants reflecting their understanding of “Sex” and “Gender” so they can participate effectively in the group work.

The facilitators should provide brief introduction of the session. Subsequently the groups can be divided into two subgroups and following task can be assigned to them:

- ❖ List the difference between male and female on the basis of gender

Give participants 10 minutes for group discussion and then each group will come up with their flipchart to present their views on the topic. The facilitator can request the other group members to come forward to add more points and ask for more clarification if required. Put up the pre prepared Flipchart 7:19:1 containing the list of difference between sex and gender.



### **Tips for facilitators**

- ☛ *Gender education starts by building awareness on gender. This means recognizing the negative impacts of gender stereotypes and addressing the inequalities that arise from them.*
- ☛ *By reducing gender stereotypes, gender education assists the adolescents in building a genuine civic equality where women and men live in relationships built on cooperation and mutual respect. No one is valued less or more just because one is a girl or a boy.*
- ☛ *SEX - The biological difference between female and male is present at birth. It includes anatomical and physiological differences.*
- ☛ *Gender implies a set of roles and rules about behaviour, which are determined by society for male and female. Women are more affected, for example they get limited opportunity to study, face violence, malnutrition and other health problems.*

## **Activity- 2**

### **❖ Understanding the difference between Sex and Gender**

#### **Procedure**

Draw two columns on the board. In the first column the word 'Woman' is written and in the second column the word 'Man' is written. Ask the trainees what comes to their mind when they hear or see the word 'Woman', enlist all the responses in the first column. Repeat the same task for the column named 'Man'. Review the lists and then exchange the titles of 'Man' with 'Woman'. Ask the trainees if the characteristics mentioned for woman could be attributed to man and vice versa. Go through each of the words in the list and ask the participants to identify those characteristics that are determined 'by Nature' by marking "N" next to the word and "S" for those determined 'by Society'.

Generate discussions and clarify doubts about what the participants understand as the differences between 'Sex and 'Gender'

#### **1. Understanding gender roles and its influence on behaviour**

Draw the resource sheet given below on the board:

### Flipchart 7:22:1 – Understanding gender wise work responsibility

TASKS	Who does this at home (man or woman)	Who does this as an occupation outside the home
Cooking		
Washing clothes		
Washing dishes		
Stitching (tailoring)		
Sweeping		
Serving food		
Teaching Children		
Caring for sick		

#### Group Work

- ❖ Go through each item and ask participants whether this type of work can be done outside as a source of income as well – such as cooking can be done outside in a hotel and/ or a restaurant to earn an income. After checking for each item, ask the participants to list out who commonly do these chores/activities at home – man or woman. Write the group consensus against the activity/work in column two. Then ask the participants who commonly does this same work/activity outside the home as an occupation/source of income – man or woman. Once again, in column three write in the response that has the group consensus. Now initiate discussion using the following questions:

#### Questions:

1. When work like cooking or stitching has to be done at home, why do women do most of it? Why is the same work done more by men when it comes to earning?
2. Are some kinds of work less important than others? If yes, which one(s) and why? If no, why?
3. Are chores divided since birth whether they have to be done by man or woman?
4. Are women capable of doing men's work? Give examples to substantiate.
5. Are men capable of doing women's work? Give examples to substantiate.
6. Nowadays women are earning outside the house, so can men do the household chores? How many actually do it? Why, or why not? Some positive experiences can be elicited from the participants and appreciated.

### **Tips for facilitators**

Messages to be conveyed during discussions

- ☛ It is important to distinguish between what society has constructed or created for each gender and what is biological.
- ☛ Gender is a social construct. This means that gender roles and attributes vary from society to society and at different times in history. Gender roles and behaviour are assigned by society. They are learned than being innate.
- ☛ Recognizing that gender is socially constructed and that gender based behaviour is learned helps to understand that behaviour can be changed. For example, recognizing that aggression in men is often learned can help us change the way we socialize/condition boys to be aggressive. Similarly, women should stay at home and take care of children is based on social norms, and can be countered by encouraging and supporting women if they choose to work.
- ☛ As with sexuality and its formal definition, gender is also influenced by the interaction of biological, psychological, social and historical factors

### **Activity -3**

Divide the group into two and ask both the groups to listen to the story. Read out the following story of “Two Frogs in a City” to both the groups.

#### **Case Study 1:**

#### **Two frogs in a city**

This is a story of two frogs, A and B, living together in a city. A works as a teacher at the local school and B is a night club singer. A resents the kind of work B does, but does not complain too much because of the comforts B's earnings manages to fetch them. On a fine Sunday evening, they are debating about how to spend time. A wants to go out with friends and have fun. B would rather go to the market and finish the week's grocery shopping. There is a huge argument and finally A gives in and the two frogs decide to go grocery shopping.

On the way, they witness a street brawl. B wants to intervene and stop the fight, but Frog A feels this is unnecessary. B gives up much against A's wishes. When they reach the market and finish their purchases, there is very little money left. A remembers they have to buy gifts and suggests they use the money for this. B is resentful because B would rather have used the money to buy a fashion magazine, but gives in.

On their way home, they are suddenly attacked by a huge eagle that has been troubling them for many days now and wants to gobble them up. A and B try to think of ways to escape. B is angry and A is plain frightened. Jostling each other along, they somehow manage to reach home and bang the door shut. Just then they hear the eagle knocking at the door. A hides inside a cupboard and B decides to open the door and deal with the eagle.

**Question:** Which of the frogs is a male and which is a female and why?

**Option 1:** A is male & B is Female

**Option 2:** A is female & B is Male

- ❖ Based on the story, the groups have to decide which frog is female and which is male with adequate arguments or justification. Then get the groups to present their discussion to the whole group. After the discussion is over, ask the trainees whether they would like to switch their decisions to that of the other group.

At the end of the exercise summarize by conveying the following points:

- ❖ All the characteristics mentioned in the story are purely based on the society and its socialization patterns.
- ❖ Not a single characteristic is defined by the biology.
- ❖ How we construct the gender of the frogs is determined by how we are conditioned through our socialization. Our behaviour follows similar expectations.

### ***Tips for facilitators***

- ☛ *Gender' implies is a set of roles and rules about behaviour, which are determined by society for males and females. Every culture determines its own appropriate gender rules and roles; hence these vary from society to society. Gender norms and gender discrimination affect our day to day lives including work, education, marriage, decisions. The kinds of work which are considered less valuable such as housework and those related to care, such as nursing, fall in women's domain. Gender-based division of work has a negative effect women and men. Women are more affected, for example they get limited opportunity to study, face violence, malnutrition and other health problems.*
- ☛ *In reality, just having a girl's body doesn't teach her household work or caring for others, while having a boy's body does not ensure aggression, fearlessness or strength. All these qualities are learnt or acquired. If we wish, we can create a society where roles and responsibilities are not determined and imposed based on sex, but rather everyone has the right and freedom to choose roles, build upon talents and develop as a balanced human being.*

## Module– 7

Mental Health

### Session–23

Violence and Injuries

#### Time (Minutes)

60

#### Objectives

- ❖ Understanding violence, its factors & impact

#### Required Training Materials

- ❖ Flipchart, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Violence, its causes and influencing factors	Group activity	30
Activity-2	Injury among adolescents	Group activity	30

#### Activity– 1

- ❖ **Understanding what is violence and its impact**

Write the word 'Violence' in the centre of the board. Ask the participants to share with the group what comes to their mind when one says the word 'Violence'. Acknowledge their response. Stick the three labels on three walls of the room titled, 'It is Violence', 'It is not Violence' and 'I do not know'. Read out the following situations one by one to the trainees and ask them whether the described situation is violence or not? They do not have answer it, instead they have to move around and stand in front of their view point.

- ❖ Divide the equal number of participants in the four groups. Give them following group work individually and tell them they have to present to the rest of the participants after discussing among themselves.

### Group Work

- ❖ Rahul liked a girl Sunita in his neighbourhood. On quite a few occasions they came across each other. Once they got a chance to hang around in a lonely place. Both of them started to kiss each other. Rahul persuaded Sunita to take off her clothes. Eventually she agreed to it. But Sunita got upset and wanted to go back. Rahul tried to convince her that they had come this far, they could still go further and he repeatedly insisted that Sunita has sex with him. He told her that she was looking beautiful and he cares about her. Rahul didn't use any physical coercion. Is it violence?
- ❖ Mangesh used to tease girls in the local trains. Whenever girls smiled or laughed, he tried to touch their body. Even then, girls used to laugh and smile over his acts and Mangesh thought that girls like these things. If he teased any girl and she smiled, then is it violence?
- ❖ Vishnu was part of a gang, who used to coerce younger boys to have sex. One day Vishnu said to a young boy, Vikas, that if he agreed to have sex with him then he would protect him from older boys? Is it violence?
- ❖ Rajesh and Meena are married for two years and they have an enjoyable sex life. Sometimes, Rajesh came home late and by the time Meena was fast asleep. Rajesh often woke her up and asked for sex. Many times even if Meena was not willing, she gave in to Rajesh. Is it violence?

Once the participants have prepared their viewpoints, they need to discuss it with the rest of the participants. The participants can counter question the group who will have to defend themselves.

Based on the arguments presented by each group the participants will also be allowed to change their positions.

Ask the following questions after each of situations is discussed:

- ❖ Are these situations realistic?
- ❖ What is gender based violence?
- ❖ What do you think is sexual violence?
- ❖ Are there types of violence that are related to a person's gender? What is the most common type of violence practiced against women and against men?
- ❖ Are only men violent, or are women also violent? What is the most common type of violence that women use against others?
- ❖ What are the most common types of violence that occur in intimate relationships?
- ❖ Does a person, man or woman, ever 'deserve' to be hit or suffer some type of violence?
- ❖ Are all violence crime?
- ❖ What are the consequences of violence?
- ❖ What can we do to prevent gender based violence?

### ***Tips for facilitators***

- ☛ *Facilitators should also discuss violence issues against boys and try to get the observations of the participants.*
- ☛ *Facilitators should also ask the participants about their views on violence against boys and how can they be prevented.*
- ☛ *Facilitators should also discuss about legal aspects and justice.*

## **Activity- 2**

Injury among adolescents

Facilitators can ask open house question to all the participants and get their points on types of injury that mostly occur among adolescents.

Next, the facilitator can explain about the intended and unintended injury. The group can be divided equally into two sub-groups. One group will have to present “Injury among the girls, their causes and influential factors” and the other group will have to present “Injury among the boys, their causes and influential factors”

Once the discussion and presentation is over, facilitators should explain all types of injuries in a systematic manner.

At last the facilitator can focus on preventative measures and skills required for adolescent for safety from unwanted injuries.

## Self-Assessment

❖ Mention any three common type of violence among adolescents:

1.

2.

3.

❖ Mentions three key factors responsible for violence among adolescents:

1.

2.

3.

❖ Why is it necessary to address issues related to violence?

1.

2.

3.

❖ Write three key promotional health intervention for adolescents which can keep adolescents away from such activities:

1.

2.

3.



**Module –8**  
**Parental Counseling**  
**Number of Sessions – 1**

SN	Name of session	Time (Minutes)
<b>Session-24</b>	Needs of parental counseling and its key components	60

## Module– 8

Parental counseling

### Session–24

Needs and Key components

#### Time (Minutes)

60

#### Objectives

- ❖ Introduction and needs of parental counseling
- ❖ Key components and role of counsellors

#### Required Training Materials

- ❖ Flipchart 8:24:1
- ❖ LCD project and screen, white and black board markers, colour chart papers of different sizes

	Name of activity	Patterns of delivery	Time (Minutes)
Activity-1	Introduction and needs of parental counseling	Participatory	30
Activity-2	Case studies	Group work	30

#### Activity–1

Ask an open question on “Needs of parental counseling in present scenario” among all the participants and write down their responses.

Once the responses have been documented, the facilitator should discuss the topic with the group.

#### Activity 2

Divide all participants in two equal groups and give them the following case studies for discussion. Each group has to present their understanding and the other group can ask questions or add something if required

### Case study 1

Rekha was 17 years “normal kid” who was on the school swimming team and looked forward to trips to the zoo with her mother. The youngest of four sisters, Rekha enjoyed art and literature in class. She was fond of her classmates at the high school she attended. Drugs and alcohol had never been a problem. “I didn't drink, smoke pot or anything,” she says. But her boyfriend was another story. “My boyfriend was into cannabis,” she says. Though she was tempted to try it, she never did. And then after sometimes, he jabbed her with cannabis as she walked by. She was shocked – at first – then grew to need the drug. It wasn't long before she became addicted. “I'd use once every couple of weeks,” she says. “But then it progressed...and I was doing it every day.”

#### Questions

- ❖ Do you think Rekha will share it with her parents?
- ❖ What reaction do you expect from her parents?
- ❖ How would the counsellor approach the parents?

### Case study 2

“I grew up in a family where everybody drank and nobody seemed to get in trouble for it. Then there was me. I was in my mid- 20s and was just going along, doing what was expected of me. I graduated from college. I had good jobs. Then my mom and my sister both died and I married a very rude woman. I had no coping skills, and alcohol became my coping skill. I had already lost my mom and sister. I threw out my wife and I just drank and acted inappropriately—I drove drunk and did things that I wasn't raised to do. If I had enough money for a bottle of vodka and a pack of cigarettes I thought I was having a good day”.

“I had hit my bottom. I was living in what I would call a “crack house”.It was a shared accommodation. I was unemployed and unemployable. I had nothing. I had no license, no job, no family, and no money. Nothing, I was just totally mentally, physically, and spiritually bankrupt.”

#### Questions

- ❖ What could be a corrective counseling by parents to the speaker?
- ❖ What reaction you expect from their parents/ guardian/family?
- ❖ How would the counsellor approach the parents/guardians/family?