



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

resource book

training module for
peer educators





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

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Introduction

Adolescents (243 million) comprise nearly one-fifth (21.2%) of India's total population (Census 2011). Of the total adolescent population, 12 per cent belong to the 10–14 years age group and nearly 10 per cent are in the 15–19 years age group. Adolescence is a very promising phase of life. The Government of India recognizes the need to provide the best possible support and care to adolescents in the country so that they realize their full potential in life. Compulsory education at least up to 14 years of age, opportunities for higher education and learning vocational/professional skills, access to health care and protection from coercion or violence are some ways in which our government is committed to provide an enabling environment for adolescents. Our constitution grants its children some special rights and to meet these rights, the Government of India has brought in several policies, programmes, schemes and legal acts to protect and promote our health and well-being. The **Adolescent Health Strategy** is one such initiative in this direction. The adolescent health strategy has six priorities:

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

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

Some of the initiatives under the programme are:

- Adolescent Friendly Health Services
- Menstrual Hygiene Scheme (MHS)
- Weekly Iron Folic Acid Supplementation (WIFS)

Respecting the rights of adolescents to privacy, confidentiality, non-judgemental attitude, non-discrimination and acceptance of their health needs as any client of health, the programme will follow

an 'adolescent-friendly' approach. In order to reach adolescents irrespective of their age, sex, culture, caste, religion, marital status or social status, the Government of India has introduced a special programme named '**Adolescent Peer Education Programme**', which will facilitate the following:

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

The **peer educators** (PEs) are trained adolescents between 15 and 19 years of age. They have been selected by the ASHA *didi* and other village stakeholders in the village based on their educational qualification, communication skills, motivation and interest to lead such an initiative. These trained PEs are the most important link between the service providers and the adolescents in the community and hence are the key to the success of the Rashtriya Kishor Swasthya Karyakram.

The health and well-being of the adolescent population is a key determinant of any country's overall development. Supporting adolescents in reducing barriers to access education, health and opportunities for growth and development will help India realize its demographic bonus, as healthy adolescents are an important resource for the economy.

About the Peer Education Resource Package and the Resource Book

The Peer Educator Resource Package on adolescent health comprises of the following two documents:

- Facilitator's Guide for the Training of Peer Educators
- Resource Book for the Peer Educators

The documents have been developed through a consultative process. The content is generic in nature and can be adapted to suit the needs of the locale. The documents are available in English and can be translated to any state-specific language.

Peer educators are adolescents or young adults selected by the community to guide and help adolescents between 10 and 19 years of age to face numerous challenges during the period of growing up and use opportunities that are available to them in the best possible manner. This package aims to build the capacities of PEs to create awareness among adolescents about the numerous challenges, risks and vulnerabilities during adolescence, life skills and steps to deal with them and promote utilization of services available to adolescents (like adolescent-friendly health clinics, MHS, WIFS, RBSK and others) to enhance the health and well-being of adolescents in the country.

This package can be taught to PEs in 6 days either (a) once a week to be completed in 6 weeks or (b) twice a week or a month to be completed in 3 weeks or 3 months or (c) 6 days' training at a stretch. The sessions are divided into six days with minimum training hours of 7 hours each day. The emphasis in the package is on learning by doing, group work, role plays, case studies, questions and answers, discussions, brain-storming and forum theatre. The case studies have been built keeping in mind the 10 core life skills participants will practise while discussing the cases.

Resource Book for the Peer Educator

The Resource Book for Peer Group Educators can also be modified to suit the needs of the rural/urban settings for in-school and out-of-school adolescents in India. The Resource Book for PEs is a document to be referred to by the adolescent PEs to conduct the sessions among peers in their community. The time period envisaged for a PE to deliver the sessions through group interactions as per the Resource Book is at least 12–15 weeks with a minimum of 2–3 hours a week.

The modules and sessions in the Resource Book correspond to the training curriculum followed for the PEs (as in the Facilitator's Guide for the Training of Peer Educators). The content of each session in the Resource Book has been culled out from the corresponding content given in the Facilitator's Guide. For each session,

an introduction to the topic, key messages to be delivered and the expected role of PEs are provided. The content starts with a case related to the topic that PEs can narrate or enact with the help of some volunteers and facilitate discussion among peers. This is followed by delivering basic facts on the topic being discussed and common myths. The session ends with key messages and information on service delivery and the support system existing in the community. **Besides the Resource Book, the PEs may also use games, issue-based job aids and other reference material to conduct discussions on the topic chosen for the day.**

The package encourages the facilitators and PEs to be creative and innovative to include games, energizers, skits, and local songs relevant to the context to effectively cover its content and make it more interesting. However caution needs to be taken to prevent misinterpretation or dilution of the message to be conveyed.

module I

adolescent peer education programme



Session 1

Rashtriya Kishor Swasthya Karyakram and Peer Education

Introduction

Adolescence is a promising but delicate phase of life when children need the utmost care and support to realize their full potential. Yet, some of their concerns often go unnoticed. Our culture inhibits an open dialogue between young people and adults like parents and teachers, especially on personal subjects like those related to bodily changes, love, marriage and relationships. In such matters adolescents are found to be more comfortable with their peers. During this phase, adolescents also experience frequent mood swings. The feeling of isolation and likelihood of being misunderstood by elders and parents are relatively high.

We recognize that every adolescent (irrespective of sex, age, caste, religion, marital status), like any adult, has the right to access information, counselling and services on concerns that may impact their health, education, safety and overall well-being. Hence, **Rashtriya Kishor Swasthya Karyakram**/National Adolescent Health Programme under the National Health Mission aims to reach out to this special group through their own peers who can be trained on a range of issues and concerns that may be perplexing adolescent minds. The approach adapted is 'friendly', which means it will take care to maintain privacy, confidentiality and a non-judgemental attitude towards the adolescent seeking help. The approach will focus on enhancing the skills and capacities of adolescents and their peers to resolve their concerns with information, counselling, curative and preventive services from reliable sources only.

The Adolescent Peer Education Programme, as the name suggests, is a new programme to establish an information and support network among adolescents in a community that can help them and their friends access scientific and reliable information and services on their issues and concerns.

Activity 1



Health Service for Adolescents – A 'Friendly' Approach and Peer Education Programme



Facilitation Steps:

- Invite peer group members for a session to introduce the programme.
- Ask them if they have ever visited a health centre or a doctor. Ask them how the experience was. Try to highlight some of the barriers in accessing a health centre or any service provider such as fear of being judged, identity being disclosed, facing the anger of the provider etc.

Inform friends about the Adolescent Health and Peer Education Programme of Ministry of Health and Family Welfare of Government of India and its features.

1. What is the Rashtriya Kishor Swasthya Karyakram?

The Rashtriya Kishor Swasthya Karyakram covers six broad issues as priority for adolescents. These issues are:

- Sexual and reproductive health
- Mental and emotional well-being
- Healthy lifestyle
- Violence-free life
- Improved nutritional status
- Substance misuse prevention

The focus is on building the skills and capacities of adolescent girls and boys to resolve their health concerns through rights-based access to service of choice (information, counselling, curative, preventive and/or referral for legal aid in case of violence).

2. What are the initiatives under this programme?

Some of the initiatives under the programme are:

- Adolescent Friendly Health Services
- Menstrual Hygiene Scheme (MHS)
- Weekly Iron Folic Acid Supplementation (WIFS)

The approach is 'friendly', which means the health centre, the service providers including doctors, ANM and ASHAs will provide privacy, maintain confidentiality and will have a non-judgemental attitude towards any adolescent seeking help of any type.

3. What is the Peer Education Programme?

The Peer Education Programme aims to reach adolescents in a friendly way through trained adolescent PEs from the community. The programme will:

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

4. What does 'Friendly Health Service Approach' mean?

'Friendly' adolescent health service is the one that:

- Respects adolescent clients
- Ensures their privacy while discussing problem/s with the service providers

- Tries to minimize waiting hours
- Maintains strict confidentiality about the concerns of the adolescent client
- Does not stigmatize them
- Does not make judgements about their behaviour
- Promotes adolescent health check-up to lead a healthy future
- Helps adolescent clients identify the root cause and take positive steps to avoid such situations in future

5. Explain the need for peer education

- During adolescence, one spends or likes to spend maximum time with one's peers.
- Adolescents make friends fast and in large numbers.
- There is a bond with friends that becomes much stronger than other relations. Adolescents trust the wisdom of friends more than that of elders including parents.
- If one has to seek help, one approaches a friend who may also be uninformed or may have incorrect information, which could be dangerous.
- A friend who is informed and trained is an asset.
- The Adolescent Peer Education Programme is an effort by the government to reach out to all adolescents in the community through trained PEs who are trusted friends and will be an asset to any adolescent in the community and outside.

6. Who are peer educators and how can they help us?

Peer educators are adolescents between 15 and 19 years of age from your own community/village. Each community/village (1,000 population) is expected to have four PEs to interact with the boys and girls of the community. To ensure coverage of adolescents both in schools and outside, two PEs (i.e., one male and one female) will be selected to work with young people in school, and similarly two PEs will be selected to work with young people outside school. These adolescents are trained by the Department of Health on a range of issues pertaining to adolescents.



A friend who is trained is an asset

The trained PEs will help adolescents in the communities learn about different issues that are important for their health and development. The interactions will help adolescents clarify their doubts on various topics and resolve their concerns through scientific facts. PEs can also help adolescents access medical or legal help if required without breaching confidentiality.

Key Messages

1. Adolescent Peer Education Programme is a way to reach out to adolescents to help them resolve their health concerns.
2. The approach is based on 'Trust' and 'Confidence' of a friend, the peer.
3. A peer educator is a trained adolescent who will help peers learn about important issues pertaining to adolescence.

Role of a Peer Educator, 'A Trusted Friend'

1. To identify and reach out to adolescents between 10 and 19 years of age irrespective of gender, caste, religion or marital status
2. To respect every adolescent and assure him/her that you are his/her friend
3. To build a rapport in the community and win the trust of peers
4. To inform and educate adolescents about the Rashtriya Kishor Swasthya Karyakram
5. To seek support from respected members of the community and parents to carry out your role

Session 2

Peer Educator – A ‘Trusted’ Friend

Introduction

Adolescents knowingly or unknowingly spend more time with their friends and peers. Self-initiated interactions with adults are minimal. Some adults look at peer influence with concern while some take the help of peers to reach out to their children. Friends can be good or bad, informed or misinformed, and so their influence may be positive or negative. However, the Adolescent Peer Education Programme endeavours to utilize the positive aspect of peer influence.

Peer education is a process whereby well trained and motivated young people carry out informal or organized educational activities with their peers (those similar to themselves in age, background or interest). This is carried out over a period of time through either small group interactions or through one-to-one interaction or even when someone seeks help to resolve an issue. It aims at developing knowledge, attitudes, beliefs and skills among peers on a range of issues relevant to them and enables them to be responsible for and protect their own health. It can be conducted in a variety of settings like schools, playgrounds, a friend's house, a tea stall and/or any place where young people gather for recreation/leisure. An adolescent health PE has the potential to become a good friend to his/her peers. As a PE one should remember that ‘trust’ and ‘confidence’ are the pillars of peer education.



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Activity 1



Becoming a Good Peer Educator

1. What are the qualities of a PE?

A PE is a ‘trusted friend’ who helps adolescent friends learn about issues pertaining to adolescent health that they otherwise are not comfortable discussing with adults or service providers. This trusted friend will never breach trust, will provide privacy, maintain confidentiality and will not have a judgemental attitude towards the adolescent friend seeking support. It is very important to maintain the confidentiality and trust of adolescents of all age groups by never disclosing anybody's concern to

anyone else. One should also never make fun of any adolescent but try to support or protect those who are being targeted. Some of the other qualities of a PE are given below:

- Ability to keep abreast of new information and knowledge
- Ability to listen and communicate effectively
- Ability to deal with emotions and difficult situations
- Non-judgemental attitude
- Ability to express emotions
- Adaptive and flexible nature
- Ability to encourage and provide support
- Ability to lead by example
- Ability to maintain confidentiality and foster trust
- Ability to look at things from various perspectives
- Sensitivity to gender issues

2. How can I become a good PE?

As a PE or a true friend one has to cultivate the acquaintance of more and more youth in the community and try to reach a large number of them with one's message. This can be effective only if one is able to win their trust as a true friend. Some knowledge about the adolescent and being sensitive to his/her likes and dislikes irrespective of his/her social, educational or economic background would help bring people closer. This further reinforces trust between two people. As a true PE, one should not discriminate against any friend and always try to include all those in the larger youth group who are otherwise excluded in the community. Remembering the names of peers is a step towards this. This shows that you value them and their friendship.

3. How can I start my work as a PE?

- As a first step, you need to identify adolescent girls and boys in your community or in a given area. ASHA *didi* will help you in this.
- Establish contact with the adolescents and their families and introduce yourself and the purpose of your work.
- Prepare a list of all adolescent girls and boys in the 10–14 and 15–19 years age groups separately. A male PE will prepare the list of the boys and a female PE will prepare a list of the girls.
- Reach out to adolescents who are out of school or those from marginalized communities. Include all irrespective of religion, caste, class, gender and marital status. Do not discriminate against any adolescent. Be respectful to them. Record their name, age, education and livelihood, if any.
- Ask for their contact details, address and phone number if they have a phone.
- Form small groups of adolescents with 15–20 members in each. Once a group is ready, you can start your sessions with this group. You will go through 8 modules which will be covered over a time period of 15 weeks (conducting one session a week for each peer group). Once 15 sessions with a group are completed, you can initiate similar sessions with a new group and meet the previous group once in

two weeks or as required. You can also take the help of some of the members of the previous group in reaching out to new adolescents.

- With the consensus of group members select one volunteer member to assist you in coordinating the group in your absence. He/she will have the contact details of all group members and will convey messages like session days and timing to all members and gather them for the group session. Each group member can act as a volunteer in rotation so that everyone has a chance to practise leadership.
- Fix a date and timing for group sessions for each of your groups. Invite each group for an introductory session on a fixed date, day and time.
- During the introductory session take the assurance of all members that they will attend all 15 sessions. With the consensus of all members, give the group a name. This will help group members share ownership of the group they belong to.
- Both male and female PEs along with their PE coordinator (ASHA *didi*) should contact the village *Sarpanch* or *Mukhiya* and other well-known people like the school principal to provide a clean and safe space for your group sessions such as the *Panchayat Bhavan*, the local school, the AWW centre or even a peer's house. The PEs can decide separate days or timings for their group sessions and inform their groups accordingly.
- Along with the ASHA *didi* ensure that the space is easily accessible for group members and is safe and acceptable to the community members, so that group members do not face resistance from parents in visiting the place. The *Panchayat Bhavan* or the local school would be ideal. Invite your peer mentors (ASHA *didi*, AWW *didi*, teacher or others as assigned) to join you as this will provide credibility to your work.
- Though most of the sessions are to be conducted separately, with the support of the ASHA *didi* or AWW *didi* or teacher or any person assigned, the male and female PEs can collaborate and organize a joint session, cultural programme, quiz or debates between the male and female members of the two groups on the issues learnt.
- Put up a 'Question Box' for adolescents to put their queries into. You can fix a date to open the question box and answer queries with the help of the ASHA *didi*. Inform all group members in the locality about the day the queries will be answered. The question box is like a post box where everyone can put in letters but only an authorized person can collect all letters and not anyone else. It is therefore locked from outside.

4. How shall I introduce myself?

It is important to introduce yourself and your purpose clearly to avoid any confusion among adolescents and their families. Tell them your name and share your address and/or telephone number. Inform them about the Rashtriya Kishor Swasthya Karyakram/Adolescent Health Programme and Peer Education Programme, show your badge/cap or an identity that has been provided by the department. Tell them about your peer coordinator whom they might already know. Inform them briefly about your work and how and when you will be contacting them for sessions. Also inform them that, if necessary, the adolescents can contact you for help. Inform the village *Sarpanch/Mukhiya* or other elderly people or people in authority before starting your work. You can also invite the village elders for an introductory session and invite your mentors to help you with this.

5. What is my role as a PE with respect to my peer group members and community?

As a PE, you will be required to play various roles in the community and among your peers. Some of them are listed below:

- Build a rapport with adolescents, tell them that you are new, but may be of some help to them and that you can also put them on to the right people if any help or service is required.
- Invite them for sessions or try to establish informal interaction with them.
- Share your name, work and contact details.
- Conduct weekly sessions as given in the Resource Book (15 sessions over a period of 15 weeks).
- Help adolescents clarify myths and misconceptions with regard to health and protection issues.
- Set up a question box in front of the *Panchayat Bhavan* and school for adolescents to post their concerns and queries regarding their health. During the first session introduce the 'Question Box' and inform members that no adolescent is expected to write his/her name in the query as answers will be discussed in a group session. During these days the ASHA *didi* (your PE Coordinator), AWW *didi* or any other informed person will be available to help answer the queries. Even if by mistake someone writes his/her name, the PE and the PE coordinator or the invited guest will not disclose the name. The queries posted are confidential and the adolescent peer education team is committed to maintain the confidentiality of the person. All queries, if required, will be neatly typed with answers for the group members to learn from them. The posted queries will be destroyed after they are answered and recorded.
- Answer the queries with the help of the Resource Book and ASHA *didi* or ANM *didi*.
- Provide referral service with regard to medical or protection needs of adolescents in crisis.
- Maintain confidentiality all through.
- Organize awareness activities on issues with the help of group members, and ASHA, AWW, teachers or any person assigned as coordinator/facilitator/mentor) and other respected members of the village.
- Inform mentors, the village elders, police or child protection officer if you come to know of cases of violence (like child marriage, domestic violence, eve teasing, molestation etc.) in the community, especially against children and adolescents.
- Help victims of violence reach medical care and counselling and gain access to legal aid.

6. Who will guide me in my work?

You are not alone in completing this task. You will be supported by the ASHA *didi*, your PE Coordinator, ANM *didi*, AWW *didi*, a teacher or any other informed person in the community, who has been oriented on your role as a PE. They will be your mentors and are named peer mentors.

Introduce yourself to your peer mentors, who can be contacted any day with their permission



and you can also invite them for the introductory session with your peer group. They can help you in addressing queries posted by the group members in the question box. They will contact you at least once in two weeks but you can contact them any time you need any support. The role of the PE coordinator is to do the following:

- To support PEs in carrying out their duties
- To help PEs reach out to adolescents (especially those out of school and most marginalized)
- To help PEs introduce their work to village elders including the *Sarpanch/Mukhiya*
- To help PEs get a safe space in the community to conduct group sessions and peer group interactions, such as the *Panchayat Bhavan*, the local school or the AWW centre, that is easily accessible, safe and acceptable to community members
- To help PEs resolve any problem in carrying out their work
- To ensure correctness of messages being delivered by PEs
- To help adolescents clarify myths and misconceptions and answer queries posted by them in the question box
- To provide referral to adolescent clients brought by the PEs, if necessary
- To help PEs maintain a daily diary of their work and report at the end of every month

7. How will I conduct sessions with identified peers?

You can carry out your role in the following manner:

- Formal group sessions
- Informal small group interactions
- One-to-one interactions

You need to conduct 15 group sessions as given in the Resource book over 15 weeks. You are expected to take one formal group session once a week. You will also be provided with a checklist to keep track of topics discussed with each of your peer groups.

You can coordinate two groups (if possible) with 15–20 members in each simultaneously. Once the sessions are completed with this group, you may initiate the process for new groups. You can also take the help of members of previous groups to reach out to new adolescents and form new groups.

8. How am I expected to report to the PE coordinator about my work?

You are required to meet the PE coordinator every week and fill out some forms. These are easy to fill, and in case you have any difficulty your PE coordinator will help you complete it. You will be provided with the forms by your peer mentors. The forms are as given on the next page.

A. For One-to-One Interactions

Date/Month/Year

S. No.	Name of adolescent/ stakeholder reached (To be kept confidential)	Sex (M/F)	Age	Issue/Problem discussed	Referral slip issued, if any
1.	Sagar	M	15	Effects of smoking	No
2.	Anil	M	17	RTIs and STIs Pain during urination	No

B. For Group Interactions

Date/Month/Year

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

C. Weekly/Monthly Compilation Sheet

Month and Year

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

Contd...

No. of community awareness and advocacy campaigns organized									
<i>Week 2</i>									

D. Action Plan/Content Check List for Peer Educator

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

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

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

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

Pubertal changes	Menstruation	Nightfall	Personal hygiene
Gender identity	Respecting diversity	Under-nutrition and anaemia	Risk factors for health conditions related to life style
Dealing with peer pressure	Preventing substance misuse (alcohol and smoking)	Managing emotion and stress	Minimizing risks to prevent accidents and injuries
Child marriage	Preventing adolescent pregnancy	RTIs and STIs	Preventing HIV and AIDS
Responding to violence against children/ adolescents	Preventing gender-based violence (violence against adolescent girls and women)	Knowing our rights and entitlements	Community sanitation and hygiene

Pre and post-session information:

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

module II

growing up



Session 3

Adolescence – Transition to Adulthood

Introduction

Adolescence is a phase of life that is marked with change be it related to physical, emotional or social growth. It is also a period when most of our thoughts and ideas about our own selves start taking shape. But very few adolescents are well informed on the changes during adolescence. Hence, at times these changes may cause unnecessary stress and worry. Also, as an adolescent, one may pursue inexplicable desires and look at our peers and adults as role models. One tends to simulate adult behaviour without seeking guidance and this could be risky. As most of the concerns and desires are kept secret and rarely discussed with adults, the risks and vulnerabilities during adolescence also increase. Hence, it is important for all adolescents to understand changes during adolescence and the healthy behaviours to be adopted.

Activity 1



Pubertal Changes

15



Facilitation Steps:

- Invite the peer group members for a session on growing up.
- Share a case given below and discuss it with the help of the points given. You may share both cases (on boys and on girls) with group members. With the help of Chart 1 help group members understand the pubertal changes in males and females.
- With the help of Chart 2 explain the male and female reproductive systems.
- With the help of questions and answers and key messages given in the charts inform group members on changes during adolescence and answer their queries.



Case Study on Girls:

Sarita's Story

Sarita is a cheerful 13-year-old girl. She has two brothers aged 15 and 12 years. She is very popular in school and very dear to her brothers. When she plays *kabaddi*, even boys are not able to match her energy level. She can challenge her opponents with “*Kabaddi, kabaddi, kabaddi...*” for a long time. All children want to be in her team. But, for the past few days Sarita's grandmother has been objecting to her playing. One day she tells Sarita's mother, “Why does your daughter always run around? Can't she walk slowly? Can't you get her a *salwar kameez* with a *dupatta*?”

One evening, when Sarita's friends call her out to play, her mother refuses and asks her to make *chapatis* and take care of her grandmother. Further, her mother tells her that she can only visit the neighbour's house in her free time or start knitting a sweater for her father. However, Sarita's brothers are not given any such instructions and they continue going out with friends. Sarita is sad and confused. She stands in front of the mirror and thinks "Am I different? If so, how?"



Discussion Points:

1. How does Sarita feel?
2. Why does her grandmother oppose her playing and want her to wear a *salwar kameez* with *dupatta*?
3. What will she feel, as her brothers have not been stopped from running or going out with friends or asked to change the way they dress?
4. Are such restrictions imposed by Sarita's grandmother and mother unfair? Why?
5. Do you think her grandmother and mother should talk to Sarita on pubertal changes during adolescence?
6. What are the other concerns among adolescent girls?



Case Study on Boys:

Dileep and Zahir's story

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



Discussion Points:

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

Answer:

The stories of Sarita, Dileep and Zahir highlight the growth phase of adolescence. Adolescence is the period between 10 and 19 years of age marked by physical, physiological and emotional changes. These changes are also called 'pubertal changes'. All adolescents go through them; some may experience onset of puberty early while some may experience it later, as the age for onset of such changes is not the same for all adolescents.

Lack of information and knowledge on pubertal changes makes this phase stressful for adolescents. Some experience anxiety due to either early or late onset of puberty in comparison to peers. Besides, reactions from elders and friends who themselves may be uninformed add to unnecessary stress.

Hence, it is important for every adolescent to know the process of growing up to overcome unnecessary anxiety and deal with the challenges in a scientific way.

With the help of the table given below, discuss major pubertal changes for both males and females. One can use job-aids to explain the changes to peer group members.

Activity 2**Body Mapping Exercise**

Divide the members into two groups. Ask one group to draw an outline of a female human body clearly depicting different parts and ask the second group to draw a male human body. Give them 10–15 minutes to complete the exercise. Invite each group to present the group work and explain it to the larger group. Help participants label different body parts (including male and female reproductive organs and secondary sexual characteristics). Explain different body parts with the help of the charts of male and female human body.

In case drawing materials are not available, invite a volunteer to lie down on the floor. Ask two other volunteers to draw an outline of the volunteer lying on the floor with the help of a chalk. Then ask the volunteer to get up. Ask the group members to discuss among themselves and draw the important body parts and write their names with a chalk on the outline drawn. Discuss each body part from head to toe with the help of a volunteer. Help group members learn scientific terms for sexual and reproductive organs and related physiological processes.

Summarize the activity with the following:

- It is very important for every child to know about the human body. This helps children to know the various body parts and their vital functions and to learn to respect their bodies by taking care to maintain good health.
- Many parents do not educate their children about sexual and reproductive organs. Some of them feel that sexual and reproductive organs are private parts and hence any talk about these is shameful, while some may feel shame as they do not know an acceptable manner in which to talk about these organs and related concerns. This may have negative consequences such as children not communicating any ailment related to their private parts or fearing to complain or protest if being sexually abused or being

touched in an inappropriate or unwanted manner. Children may fear criticism or being misunderstood and may suffer in silence.

- One should learn the correct and scientific terms used for body parts including our private parts like breast, vagina in females and penis in males, and practise using them to express our concerns firmly and in an acceptable manner.

Chart 1: Changes during Adolescence/Pubertal Changes

Changes	Major Changes in Females	Major Changes in Males	Key Messages
Skin	<i>Hormonal changes make skin oily and result in pimples or acne</i>	<i>Skin becomes oily, sometimes with acne</i>	<ul style="list-style-type: none"> • It is not related to eating oily food or fantasizing. • Proper medical treatment is now available with doctors. • Acne usually stops appearing by late adolescence (after 18 years of age).
Hair	<i>Hair growth under arms and in pubic area</i>	<i>Hair growth on legs, chest, face, underarms and in pubic area</i>	<ul style="list-style-type: none"> • The distribution of body hair is different in boys and girls due to the effects of male and female sex hormones. • The amount of hair which grows and the age at which it grows is different for every young man and woman.
Breasts	<i>As breasts begin to grow in size and shape, the girl may initially feel some discomfort. Sometimes there can be tenderness in the initial phases</i>	<i>Sometimes the breasts can become prominent; however this usually will subside on its own</i>	<ul style="list-style-type: none"> • In girls, the size of the two breasts may vary. This is normal and not a cause for concern. • The phenomenon of male breasts being prominent is called gynaecomastia (enlargement of breast tissue in males) and needs medical treatment. • Extreme obesity can also lead to apparent enlargement of male breast tissue.
Body size	<i>Widening of hips, enlargement and development of breasts, weight and height increase</i>	<i>Shoulders and chest broaden, weight and height increase</i>	<i>The height of an adolescent is influenced by the height of the parents, nutritional status and many other factors.</i>
Voice	<i>No change</i>	<i>Voice starts to crack</i>	<i>This happens due to growth of the larynx (voice box)</i>

Contd...

Changes	Major Changes in Females	Major Changes in Males	Key Messages
<i>External genitalia, sexual and reproductive organs and associated physiological processes</i>	<p><i>Hair appears on external genitalia and becomes pigmented. Internal organs also enlarge.</i></p> <p><i>Menstruation begins, there may be a whitish discharge due to physiological changes; ova are released</i></p>	<p><i>Hair appears on external genitalia which enlarge in size and become pigmented.</i></p> <p><i>Semen is a body fluid that carries sperms and seminal fluid.</i></p> <p><i>Sperms are formed in huge numbers and flow out through the semen. One may experience spontaneous emissions and erections. Sometimes spontaneous emission occurs during night or when one is sleeping, which is normal. This is commonly known as a wet dream or nightfall.</i></p>	<p><i>In Females:</i> It shows that hormonal changes lead to maturation of an egg in the ovaries and that the girl has potential to become pregnant (but onset of menstruation does not mean that the girl is physically and mentally ready to carry pregnancy as the uterus has not matured fully).</p> <p><i>In Males:</i> Wet dreams/nightfall and erections are physiological processes and denote sexual maturity in the males. They do not require any medical treatment.</p>
<i>Emotional and psycho-social changes</i>	<ul style="list-style-type: none"> • Level of intelligence, cognitive abilities increase • Frequent mood swings and temper • Emotional vulnerability increases • Voice starts to crack 		<p><i>Adolescents may behave differently and at times their behaviour is not understood by adults. No matter how difficult, they need continued love, guidance and emotional support from peers and elders to get through this tough phase successfully.</i></p>

Activity 3

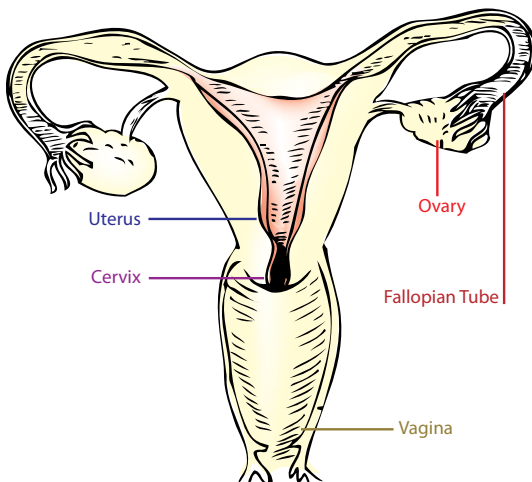


Reproductive System (For 15–19 age group only)

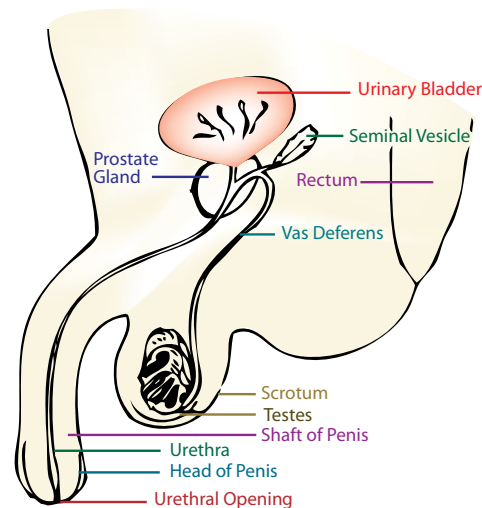


Facilitation Steps:

- Tell group members that just as we learn about the pubertal changes during adolescence, we should also learn about the specific changes in anatomy and physiology related to our reproductive system. It is important for older adolescents (15–19 years) to learn about changes in both the male and female bodies as they prepare for adulthood.
- With the help of the diagram given below or other job aids provided to you, help adolescents understand changes pertaining to reproductive health.



Female Reproductive Organs



Male Reproductive Organs

Summarize the activity by presenting the diagram (job-aid apron method can be used) on major male and female reproductive organs and their functions:

Chart 2: Reproductive System

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

Contd...

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

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

Questions and Answers



1. When do pubertal changes start in girls?

Pubertal changes may start appearing from 8 years of age (largely height or weight gain); however the secondary sexual characteristics like development of breasts, development of hair on external genitalia, development of genitalia, uterus and physiological changes like menstruation usually start between 11 and 13 years of age. The age for growth spurt varies from one adolescent to another by a year or so which is normal. If an adolescent and his/her parents feel that the pubertal changes are early or delayed, they should consult a doctor or ANM.

2. When do pubertal changes start in boys?

Pubertal changes may start appearing from 10 years of age (largely height or weight gain); however the secondary sexual characteristics like growth of genitals i.e., penis, enlargement of scrotum and testes, appearance of facial and pubic hair usually start between 11½ to 14½ years of age. The age for growth spurt varies from one adolescent to another by a year or so which is normal. If an adolescent and his/her parents feel that the pubertal changes are early or delayed, they should consult a doctor or ANM.

3. What should an adolescent do if he/she has not grown in height even after 12 years of age?

An adolescent should not worry too much if he/she has not grown in height even after 12 years of age but should see a doctor at the earliest possible opportunity. In some adolescents puberty may get delayed due to under-nutrition. With good diet one can recover the normal pace of growth. It is important to consult a doctor on time so that precious time is not lost to gain height.

4. Can a child of short parents attain good height?

The height of parents is not the only factor determining the height of a child. It also depends upon the nutritional status and the physical activity of the child. One should have nutritional food and take up outdoor activities like cycling or stretching that enhance physical activity and therefore the height.

5. Why does skin become oily sometimes with acne? Is it because of fantasizing?

Hormonal changes make the skin oily and result in pimples or acne. Acne usually stops appearing by late years of adolescence (after 18 years of age). It is not related to eating oily food or fantasizing. One needs to maintain good hygiene and wash the face with medicated soap at least two to three times a day to prevent it from spreading.

6. Are adolescents moody? Why do they behave strangely?

With physical changes, adolescents also go through changes in thinking abilities and emotions. It is normal for them to experience frequent mood swings. At times they may sound uncaring and disrespectful to older people, especially parents. One can help them by being understanding and sensitive to their needs. Talking to adolescents helps but they need patience and care.

7. Can pubertal changes occur early? When should one consult a doctor?

Yes, in some adolescents pubertal changes may occur early. Onset of pubertal changes among girls before the age of 8 years or its absence by 13 years and onset among boys before the age of 9 years and its absence by the age of 14 years may be a cause of concern. In many such cases simple dietary advice and supplements help but consultation with a doctor is important to get the right advice.

8. What should a girl do if her breasts are not well developed?

It is normal to have small or flat breasts. It is also normal that the size of the two breasts may vary initially but this is not a cause for concern. One should not worry unnecessarily. If the anxiety is because of looks, one should be assured that different cultures have different views about physical beauty.

9. Is breast development normal in boys?

In some boys, breasts can become prominent, which is normal and will subside eventually on its own. However if they are too prominent the condition is called 'gynaecomastia' and needs medical treatment. Sometimes extreme obesity can also lead to apparent enlargement of male breast tissue.

10. What should be the size of the penis?

Concerns about the size of penis and testicles are common among boys especially in relation to sexual abilities. The size of the penis has no relation to sexual performance. The penis doubles in length and girth during adolescence with most rapid growth taking place between 14 and 16 years. The width or length of the penis varies from person to person. The average penis size (*when flaccid*) is 3–4 inches in length and 1 inch in diameter. The penis may also have slight curvature to left or right, which is normal. The size of the two testicles may also vary and the left one generally hangs lower than the right.

11. Is it normal for adolescents to fall in love?

Yes, adolescents often fall in love. They may feel attachment for a friend or a person of the opposite or same sex. It is natural to have special feelings for someone. It is important for adolescents to understand that such relationships are based on mutual consent, trust, commitment and respect.

It is good to express your feelings to the person you feel for but always in a respectful way. One should also be prepared to accept the other person's decision to remain friends with you with dignity and decency.

Boys should know that when a girl says 'No' it means 'No'. One should learn to respect the personal space of a girl if she is not interested in having a relationship. The same is true for girls. Feelings during adolescent years may change over time as one grows into an adult. This is also normal and one should learn to accept it.

In a love relationship, one should behave in a responsible way so that one does not create difficulties for oneself and for the friend, spouse or partner. This means one should avoid early sexual debut, having unprotected sex, forcing partner for sex, consuming alcohol and tobacco or other drugs, engaging with multiple partners etc. Adolescents should try and understand one another and help each other pursue their educational or professional dreams.

Activity 4



Menstrual Cycle and Management



Facilitation Steps:

- Share the case of Nagma given below with group members.
- Discuss the case with the help of points given.
- Explain menstruation cycle with the help of diagram given or other job aids.
- With the help of questions and answers given below explain to the group members about menstruation and steps to manage it. These will also help in answering queries received from group members or other adolescents.



Nagma is a very bright 12-year-old student of Class 6. One day when she is in the classroom, she feels a wetness in her underwear. She wants to request the teacher's permission to go to the washroom. While walking to the teacher, a friend hints that there are stains on her clothes. All the other students start looking at her. Nagma feels very embarrassed and quickly runs out of the class without even talking to the teacher. She is scared and doesn't know whom to talk to. She doesn't want to go to school the next morning.



Discussion Points:

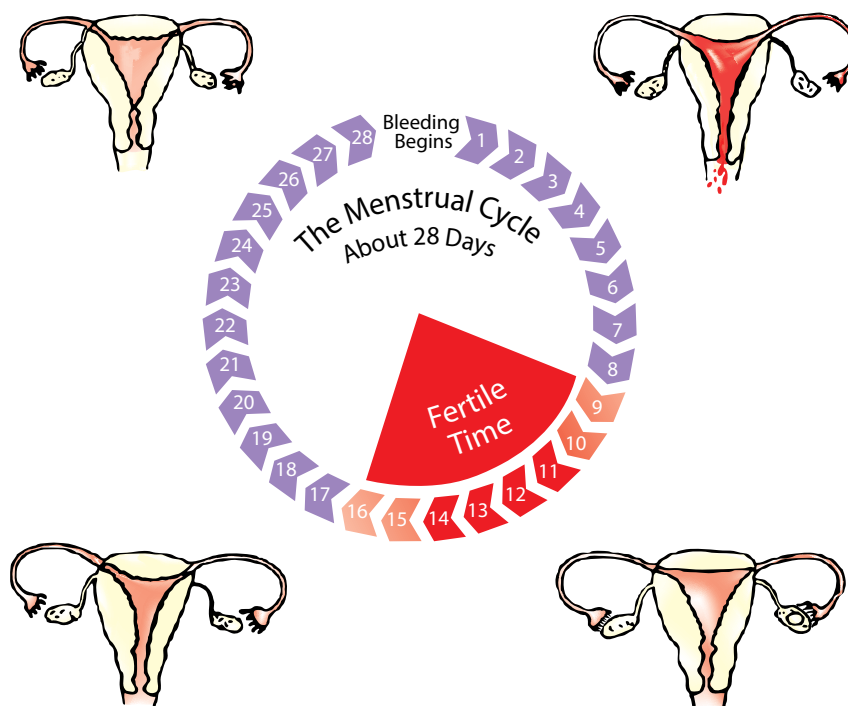
1. Why do you think Nagma was scared?
2. Was this Nagma's first menstrual cycle?
3. What could have helped Nagma avoid such embarrassment?
4. Whom should Nagma talk to about this?
5. Is your school prepared to take care of your menstrual management needs?
6. What does one need to manage one's menstruation?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

Answer:

Nagma was scared because she did not know that menstruation is a normal process and she was not prepared to manage the situation as it was her first cycle. If she had known about this, she could have sought help from her teacher or mother. One needs to use sanitary napkins during menstruation. At times, clothes get stained even after taking all precautions; hence one should not worry too much about it as it happens with most adolescent girls and also women. One should not feel embarrassed or low because of if

it happens, but think of ways to manage it (*cover it with a dupatta, request school for spare dress to change into which some schools keep, take leave and return home to change dress, ask for a sanitary napkin*). Schools should have sanitary napkins and a teacher to help out girl students in situations like this or any other situation when they may not feel comfortable. Schools need to inform all female students regarding the teacher and facilities available. Also, schools need to have separate toilets for girls with adequate water supply and disposal facility (waste bin to throw away used sanitary napkins). Some schools have incinerators (machine to burn used pads).

Explain the menstrual cycle in detail with the help of the diagram given below or other job aids provided.



The menstrual cycle is about 28 days, varying from 21 to 35 days in women.

Cycle begins (days 1–3):

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

Early days (days 3–10):

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

Near mid-cycle (days 10–16):

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

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

Late cycle (days 21–28):

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

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



Facilitation Steps:

Tell the participants that the menstrual cycle is a normal physiological process and hence we should understand the cycle and ways to manage it hygienically and with dignity (without being embarrassed). With the help of questions and answers given below explain to the group members or answer their queries.

Questions and Answers



1. What is menstruation?

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

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

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

3. What should adolescent girls do to overcome fear, pain and discomfort during menstruation?

- Adolescent girls should not feel ashamed or guilty of having menstruation; they should follow their daily routines with a bit of extra nutrition and hygiene during these days.
- The pain in the lower abdomen and heaviness is common and can be eased by having hot water bath, hot drinks and light exercise like walking, stretching etc. This will help improve blood circulation and lessen pain.
- One should use disposable sanitary napkins to prevent staining of clothes and inflammation/itchiness in private parts. In case sanitary napkins are not available, one can use clean old soft cotton cloths, washed and dried in the sun. Napkins should be changed at least three times a day.
- Sanitary napkins can be disposed by dumping them into a deep pit, burning or putting them in the waste bin for processing.
- One should have daily bath and clean private parts with water and gentle soap.

4. From where can one get disposable sanitary napkins?

- The Ministry of Health and Family Welfare has a scheme promoting menstrual hygiene among adolescent girls (10–19 years) in rural areas, wherein sanitary napkins are available at a subsidized price of Rs. 6 per pack (six pads in each pack) under the brand name 'Freedays'. These can be bought from the ASHA *didi* in your village.
- All chemists and general stores keep sanitary napkins. You can choose and purchase from a wide range to suit your need, comfort and budget.
- The Adolescent Friendly Health Services at the sub-centre, PHC and CHC as well as the ANM, ASHA and Anganwadi *didis* provide counselling and services on menstrual management.

5. What small actions at the family and community levels can help girls and women manage their menstrual cycle with hygiene and dignity?

The PE can inform adolescents about some of the actions given below that can be taken by the family and the community to support menstrual hygiene management and can even conduct school talks with mentors and group members to create awareness on the issue.

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

6. Does the onset of menstruation mean that a girl is ready for marriage and pregnancy?

The onset of menstruation only signifies the physical ability of a girl to become pregnant and not the overall maturity to carry the pregnancy and give birth to a child without risks and complications. **A woman should not have her first pregnancy before attaining at least 20 years of age.** In our society child marriage is so rampant that adolescent girls are at high risk for unplanned and unsafe pregnancies. The causes and consequences of pregnancy in adolescence are discussed in detail under the session 'Adolescent Pregnancy'.

7. Can a girl take bath during her menstrual cycle?

Yes, bathing during menstruation is important to maintain hygiene. Menstruation is not 'unclean' or 'polluting'. If managed hygienically, girls can carry out all activities including schooling, outdoor games, cooking, preparing pickles, and even perform religious duties with comfort and dignity.

Activity 5



Managing Nightfall or Wet Dreams



Facilitation Steps:

- Share the case given below with group members and discuss it with the help of points given.
- With the help of questions and answers given below explain to group members about nightfall or nocturnal emission or wet dreams. The questions and answers will also help address queries by group members or other adolescents.



Raju's Story:

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

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Discussion Points:

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

Answer:

Raju has probably experienced nocturnal emission which is commonly known as **nightfall or wet dream**. It is a spontaneous discharge from the sexual organ during sleep. One may wake up with it or simply sleep through it. It is most common during adolescence and early young adult years. Though girls also experience vaginal discharge, nocturnal emission is more evident among boys. The experience of nightfall among adolescents may vary: some may have it once a week while some may not experience it at all. It is more common during early morning while some experience it during the night. Raju need not worry about

it as most such cases do not require medical treatment. In case he still feels he needs to be treated, he should visit a qualified doctor at the nearest PHC or hospital or adolescent clinic. Reassurance or counselling will help Raju overcome unnecessary fears.

Questions and Answers



1. What is nocturnal emission/nightfall?

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

2. What causes nocturnal emissions/nightfall?

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

3. Is nocturnal emission harmful?

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

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

Nocturnal emission is a natural process and hence does not require any treatment. Its occurrence/frequency will gradually decrease as one attains maturity. If one still has doubts about it, one should consult the doctor at the nearest Adolescent Clinic/PHC/hospital.

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Activity 6



Personal Care during Adolescence



Facilitation Steps:

- Tell peer group members that a healthy body is a beautiful body and hence to look beautiful one has to cultivate healthy habits. Personal and nutritional care from childhood help us maintain the fitness and hygiene of our body including hair, face, skin and private parts.
- Ask participants how we should take care of ourselves. Some of the responses may be as follows: early to sleep and early to rise; daily bath; eating on time; yoga etc.

- Thank the participants for their response. With the help of the questions and answers given below explain to group members ways to maintain physical and mental fitness and how adolescents, especially girls, can remain fit. Also inform participants about maintaining personal hygiene.

Questions and Answers



1. How does one maintain an active body and mind?

Physical activities like exercise, yoga, dance, martial arts, outdoor games like football, basketball etc., help us build stamina, fight fatigue and obesity and support the growth of bones and muscles. They also add to our confidence level. One can also explore new games and ways to support cognitive/ learning abilities.

One can pursue hobbies like music, poetry, painting or dance and keep up with current events by reading the daily newspaper and listening to news programmes or panel discussions. These activities stimulate our thinking and learning abilities, keeping us stress free, confident and happy.

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

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

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

3. How can we maintain body hygiene?

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

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

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

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

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

Key Messages

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

Role of a Peer Educator, 'A Trusted Friend'

1. To educate adolescents between 10 and 19 years on pubertal changes
2. To provide support to adolescents to overcome their fears, guilt and embarrassment
3. To help adolescents deal with emotional stress during pubertal changes
4. To help adolescents access a health provider and ARSH centre at PHC for counselling and treatment, if required
5. To maintain the confidentiality and trust of peers

Session 4

Gender and Sexual Identity

Introduction

Sex and gender are different but are often used interchangeably in our society, which sends the wrong message to a growing child on his/her expected role in society. Sex generally refers to biology and anatomy. People are often said to be 'male' or 'female'. However gender identifies the socially or culturally constructed relationships between women and men, including their roles, privileges, responsibilities and power. Sex does not change but gender relations change in response to changing circumstances. During the growing-up phase, our roles in society often confuse us as our sexual and gender identities are perceived and expected to be the same. Often, expected gender roles may be restrictive and pose barriers to realizing the full potential of an adolescent, especially girls. If one's behaviour does not conform to the socially expected role of a male or a female, it may even stigmatize the individual and increase his/her vulnerability to poor health, coercion and violence. Hence, it is important for adolescents to learn the difference between sex and gender so that they stand up against discrimination based on gender (especially against females) and do not restrict their choices and opportunities in life based on gender roles. As responsible people in society, all adolescents need to understand diversity in terms of sexual and gender identities existing in our society and learn to respect people with different gender and/or sexual identities.

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Activity 1



Sex and Gender



Facilitation Steps:

- Invite the group members for a session on gender and sexual identity.
- Conduct the exercise as given below.
- Discuss with group members and learn their views on gender and sex.
- Help them understand that men and women are equal and it is unfair to discriminate against women.

Exercise:

To conduct a word association exercise on 'Man' and 'Woman', take a chart paper and divide it into three columns. Write '**Man**' in the extreme left column and '**Woman**' in the extreme right column. Leave the middle column blank.

Ask the members to say words they associate with men and write them in the column under 'Man'. Explain that these words may reflect good or bad characteristics. Once the list is ready, ask the participants to say words that they associate with women and list them in the column 'Woman'.

Some of the likely responses are as follows:

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

Now interchange the column heads 'Man' and 'Woman' as shown below. Go through the list once again but review each listed word or expression in the context of the opposite sex and check if the words associated with women are applicable to men and vice versa. For example, you can ask the participants if it is possible for women to be tough, cruel, smart, adventurous or angry and for a man to be emotional, sensitive, shy, quiet or charming. You can use examples from real lives (like sportspersons, film stars, celebrities, political leaders, freedom fighters and others) to convey this more effectively.

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

In the central column, help the participants to list the words or phrases that are specific characteristics of either men or women and are not applicable to both. These could be words like beard, moustache, giving birth, breastfeeding, menstruation, testicles, ovary etc. At the end of the exercise add a heading to the central column 'Sex'.

Sex	Gender
<i>Sex refers to biology and anatomy. People are often said to be of 'male' or 'female' sex as determined by three sets of characteristics: external sex organs, internal sex organs, secondary sexual characteristics (as learnt in the session 'Growing up – Pubertal changes in male and female').</i>	<i>It identifies the socially and culturally constructed relationships between women and men, including their roles, privileges, responsibilities and power. Gender relations are context specific and change in response to changing situations.</i>
<i>Sex is biological.</i>	<i>Gender is socially constructed. It is not biological, hence can change depending on the situation and its needs.</i>
<i>Sex is constant.</i>	<i>Gender is culture specific. Gender roles may change. For example, in some cultures women are the breadwinners in the family or women wear clothes like men.</i>

Activity 2



Respecting Diversity



Facilitation Steps:

With the help of the questions and answers given below inform the participants about sexual orientation and diversity.

1. What is sexual orientation and sexual diversity?

Sexual orientation is an intrinsic part of sexual identity. As we grow during adolescence, we explore our romantic feelings and sexual attraction towards other people. For some, the romantic feelings, love and emotions or sexual attraction are towards a person of the opposite sex, that is a male is attracted to a female and vice versa. Some individuals experience the same romantic feelings and emotions for another person of the same sex that is, a male feels for or is attracted to another male and a female feels for or is attracted to another female. Yet other people are attracted to both people of the opposite sex and of the same sex. This is called 'sexual orientation' and accordingly people are termed as heterosexual, homosexual or bisexual.

Heterosexual: Romantic feelings, love and emotion for a person of the opposite sex

Homosexual: Romantic feelings, love and emotion for a person of the same sex (also known as gay or lesbian)

Bisexual: Romantic feelings, love and emotion for people of opposite as well as same sex

There are also people **who do not conform to an identity either as male or female biologically** and they are commonly known to take on socially described feminine roles and dress and behave like women. Such people are commonly known as '**transgenders**'. A transgender has the same rights as any other human being – to grow as any male or female child, be educated, to have a job, to have access to the best health care etc. Discrimination against such people and their isolation from family and society is a violation of their rights.

Sexual diversity means that our world has people with different sexual orientation which is natural. However, as society has seen only heterosexual people as the majority, it tends to ignore homosexual or bisexual people. This is unfair and a violation of the basic human rights of such people. We should learn to respect sexual diversity just as we have respected diversity in religion and gender.

Activity 3



Gender Roles and Impact on Adolescent Behaviour

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Facilitation Steps:

Discuss the expected role of a boy and girl one by one and ask members how they can influence our behaviour positively or negatively. Using the chart given below help them understand some of the gender roles and their impact.

Chart 1: Gender roles and their impact on adolescent behaviour

Gender Roles	Impact	Fact
1. Boys are smarter, know everything	<ul style="list-style-type: none"> May never seek information from right source for fear of being identified as ignorant and inexperienced May indulge in high risk activities – sexual initiation at an early age May give in to peer pressure for substance abuse or unsafe sexual behaviour May approach misleading sources such as quacks, cheap literature, pornography, uninformed peer groups etc. 	Girls are also smart and know everything but may not speak for fear of rebuke and strong opposition. In our society girls are not encouraged to speak in public or give their opinions freely. Girls who argue and talk back are often considered 'tomboyish' and harassed for these 'boy-like attributes'.

Contd...

Gender Roles	Impact	Fact
2. <i>Girls are innocent, shy and simple</i>	<ul style="list-style-type: none"> • May shy away from seeking information on health especially related to reproductive health like menstruation, family planning etc. • May not share their opinion about choice of partner • May fear seeking help or support in situations of coercion and abuse • May not try for higher education or vocation • Those who do not conform to this role may face stigma and discrimination by society 	Boys can also be innocent and shy and simple. Very often these boys are rebuked and considered 'sissy' or girlish. This is just the opposite of what has been pointed out in point 1 above.
3. <i>Boys never cry</i>	<ul style="list-style-type: none"> • Prevents boys/men from expressing their anguish • May resort to anger and violence to vent their pain • May not be able to seek support even in coercive and abusive situations and continue with the stress for a long time • May not concentrate on other work and study • May even resort to substance abuse 	Boys also cry but are not encouraged to do so because crying is considered girl-like behaviour. That is how tough and rough masculinities are formed and socialized. Crying is an emotional outlet and often good for mental health as it allows venting and sharing of feelings.
4. <i>Men are brave and successful</i>	<ul style="list-style-type: none"> • Prevents boys from exploring different learning opportunities in life • May mislead them on expected parameters of success • May feign bravery and courage through unfair means like fight, anger, violence, rash driving, unsafe behaviour such as not using condoms, smoking etc. 	Girls also are brave and successful.

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

Activity 4



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

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

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

Questions and Answers



1. What is sexual and gender identity?

Sexual identity is determined on sexual characteristics: external sexual organs, internal sexual organs and secondary sexual characteristics. However, gender identity is based on how a person's culture or society expects him or her to behave. Sexual identity remains constant (*except in some individuals who experience inconsistency in biological sex and sexual orientation; in such cases 'sex change' is done through surgical process*) but a person can assume different gender roles in changed cultural, social or economic situations. It is important for an adolescent to know that he/she should not restrict emotions and potential based on gender roles as defined by society. The biological differences between men and women are few but most of the differences that we know are not natural but man-made and we need to change them to bring equality between men and women.

2. Is it okay for boys to cry or be soft-spoken?

Yes, a boy or a man should cry to vent his feelings. He can be soft-spoken or shy as well. Being rude or insensitive is not macho. It is normal that some boys may have soft voices or some boys may like playing with dolls or like to cook or do things generally associated with girls. Taking on different gender roles does not mean that a boy is not male. The same is true for girls who are outspoken or like to dress like boys or play games more associated with boys. It is wrong to label such adolescents as 'sissy' or 'tomboyish'.

3. What does 'respecting diversity' mean?

Respecting diversity means not discriminating against any person based on that person's sex (male, female or transgender) or sexual orientation (heterosexual, homosexual or bisexual) and trying to create an enabling environment for individuals to grow as human beings and access entitlements as per the law of the country. Every individual has the right to lead a lawful life and decide his/her identity or sexual orientation. With regard to romantic love or sexual relationships, mutual consent of both partners is a must, irrespective of the sexual orientation. No relationship is lawful if a person is coerced.

Key Messages

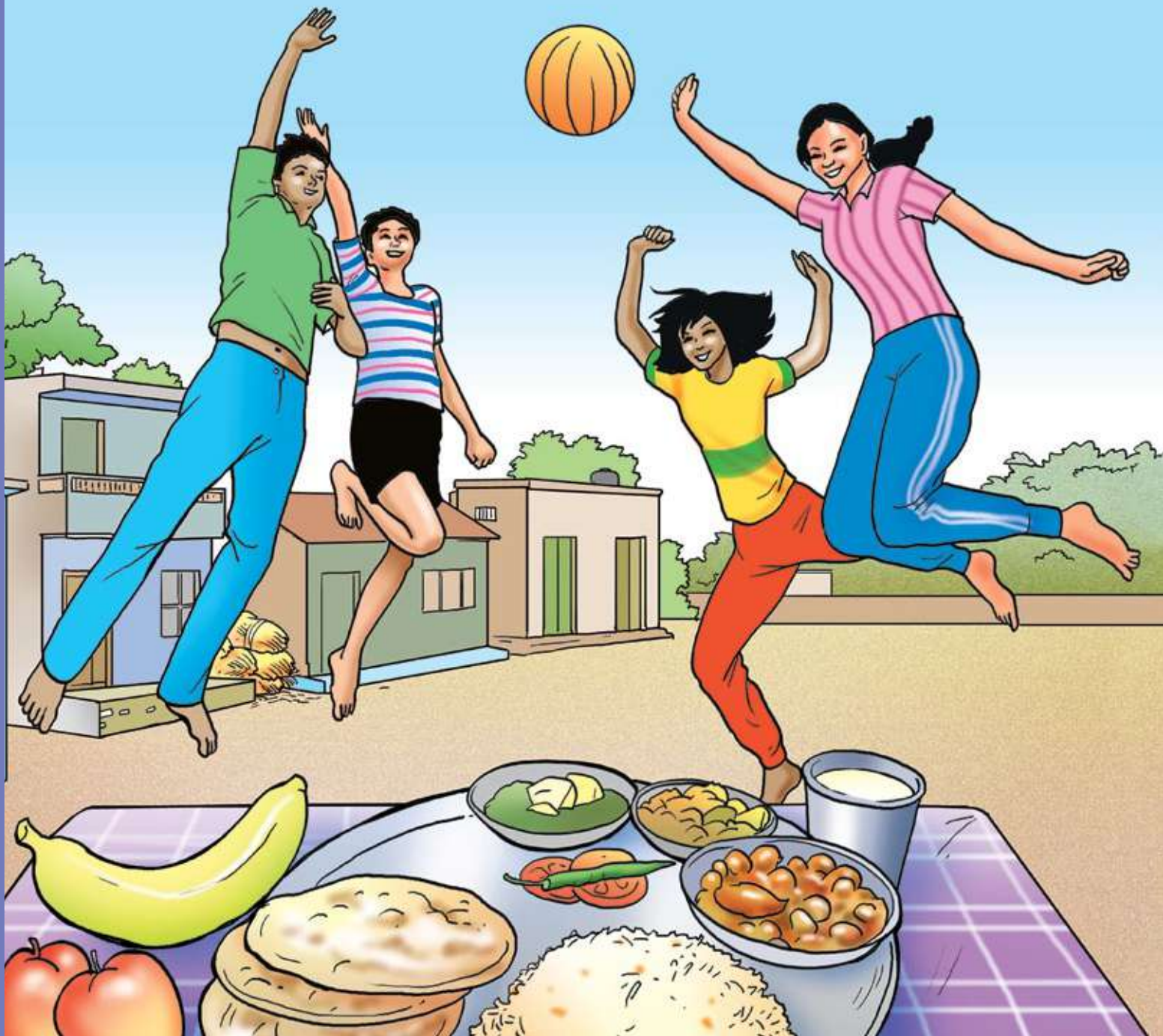
1. Gender is socially constructed while sex is biological/natural.
2. Except for biological characteristics, men and women are alike.
3. Gender-based characteristics and roles for a man and a woman vary with time and culture.
4. Gender roles may create biases and discrimination.
5. Gender roles may influence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

Role of a Peer Educator 'A Trusted Friend'

1. To inform and educate adolescents between 10 and 19 years about respecting diversity in gender and sexual identity
2. To identify and reach out to those adolescents who may be different from their peers
3. To provide empathy to such adolescents and link them to the mainstream
4. To reassure such adolescents that they are normal and help them overcome their guilt and fear
5. To educate other members of the community to be sensitive to the needs of people with different gender and sexual identities
6. To link adolescents to counselling services if concerns on gender or sexual identity remain
7. To maintain the confidentiality and trust of adolescents who confide in you for help

module III

health and happiness



Session 5

Health Condition during Adolescence

Introduction

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

A diet with low levels of essential nutrients like proteins, carbohydrates, fats, vitamins and mineral elements like calcium and iron causes under-nutrition in an adolescent. On the other hand overeating or eating a particular food in a quantity more than required may lead to obesity. Adolescence is the time to learn and practise healthy eating habits. If eating habits and other lifestyle factors are not addressed at this stage, it may lead to health conditions and diseases that are seen more in adulthood such as diabetes, cardiovascular problems, respiratory problems etc.

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

Activity 1



Under-nutrition and Anaemia



Kamala Umraon, a 14-year-old student of Class 9, is very popular in her school as a fast runner. Last year she won the 1,000 metre run in the district level inter-school games. Kamala's teacher tells her that she will become very popular one day. If her performance continues the way it is, she will represent her state in the national games. Only three months are left for the state level annual games to begin in the capital city. The school has high hopes and expects to be in the top three on overall performance. Kamala will represent her school for the 1,000 metre run and the 100 metre relay. But for the last few months Kamala has been feeling tired and does not want to go for practice after school hours. The sports teacher is very angry with her for not being regular for practice. One day the teacher tells her that she is mature enough to understand her responsibilities and that she will be letting her team and school down if she does not practise regularly. He also tells her that he cannot listen to any more excuses and will replace her with some other deserving girl. Kamala does not want to be out of the team and so she comes for practice. She starts running and completes her first round. In the second round she is slower. The teacher observes that Kamala is not able to perform as in the past. She is exhausted and gives up after two runs. Her friends and teacher try to build her confidence and ask her to complete the distance, but Kamala is unable to complete even half the distance. Her teacher is concerned and discusses the matter with her class teacher. The class teacher informs him that Kamala's performance in studies has also deteriorated. The sports teacher feels he should talk to her parents.

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Discussion Points:

1. What do you think is the reason for Kamala's poor performance in games?
2. Do you know about others who have complained of tiredness or dizziness like Kamala?
3. What should the teacher do to help Kamala?
4. How can Kamala's situation improve?
5. How may Kamala's situation worsen?

Answer:

Kamala's poor performance may be due to not eating well and hence her physical weakness. She may be suffering from anaemia, a form of under-nutrition common among adolescents in our country. The teacher should take or send Kamala and her parents for a medical test. Kamala and her parents need to be counselled on her nutritional requirements. Her condition will improve with good dietary intake and iron and folic acid (IFA) supplements as advised by the doctor or ANM. Kamala's condition may worsen if she ignores her nutrition, leading to other health problems due to early marriage and early pregnancy or other illnesses or infections.

Activity 2



Nutritional Food for an Adolescent



Facilitation Steps:

Ask peer group members why growing girls and boys need good nutrition. Some of the responses may be as under:

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

Thank them for their response and inform them about the importance of nutritious food with the help of Charts 1 to 4 given below.

Chart 1: Why adolescents need nutritious food

- Nutritional need is higher during adolescence than in childhood or adulthood.
- Girls and boys gain up to 50 per cent of their adult weight and more than 20 per cent of their adult height, and 50 per cent of their adult skeletal/bone mass during adolescence.
- Ensure calcium levels in bones.
- Girls require additional iron supplementation to make up for the blood loss during menstruation and calcium to strengthen bones.
- Good nutrition supports timely sexual maturation.
- Balanced nutritional habits since adolescence prevent weak/brittle bones, obesity, heart disease and diabetes.

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Chart 2: Factors that influence the nutritional intake of a boy and a girl

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

Chart 3: Impact of poor nutrition

- Delayed or absence of growth spurt
- Slow pubertal change
- Stunted body (especially in girls)
- Anaemia, both among girls and boys
- Sexual maturation is slow (delayed onset of menstruation in girls)
- Early pregnancy (adolescent pregnancy) is detrimental creating more demands for nutrition (for mother as well as baby)
- Adolescent mothers may give birth to low birthweight babies
- Insufficient breast milk to feed newborn baby (who is a weak, low birthweight baby)
- Vicious cycle of stunted mother, stunted baby (especially baby girls are likely to continue the cycle if necessary interventions are not made to break the cycle by means of additional nutritional support to girls at all stages of life – infancy, childhood, adolescence and adulthood)






Chart 4: Nutritional requirements and food items

Energy-giving nutrients and foods	Growth-promoting/body-building nutrients and food	Protective and supportive nutrients and foods
Carbohydrates: Cereals (wheat, rice, maize), starchy vegetables like potatoes, sugar	Proteins Animal source: Milk and milk products, eggs, cheese, fish, meat Natural source: Pulses/legumes, beans (rajma, soya bean), chana, groundnut	Vitamins: Milk and milk products like paneer, curd; vegetables and fruits of different colours; meat; leafy vegetables (spinach, bathua, methi); raisins, fresh or dried; amla; dates; citrus fruits like orange, lemons, food made with fermented dough like idli and dosa
Fats: Groundnut oil, mustard oil, butter, ghee		Minerals Iron: Green, leafy vegetables, jaggery, meat Calcium: Milk and milk products, egg, fish and most of the cereals Zinc: More in animal protein
Key to nutritious food <p>With nutrition, diet also needs to be balanced. A balanced diet is one that provides all nutrients (carbohydrates, proteins, fats, vitamins and minerals) in required amounts and proportions for maintaining health and general well-being and also makes a small provision for extra nutrients to withstand a short duration of leanness. As these are present in different types of food items like pulses, chapati, rice, green vegetables and milk, it is important to eat these food items in the right mix every day.</p> <ul style="list-style-type: none"> • Carefully choose local food that is cheap, fresh and has one or more nutrients. • Include food of different colours (white, green, saffron, red, yellow). 		

Contd...

- Right mix of cereals, vegetables, milk and milk products and fruits (and egg, fish, meat for non-vegetarians) in a day.
- Use a variety of seasonal vegetables and fruits.
- Avoid processed cereals and food.
- Provide your personal help in cooking, so that workload on mother or any other person responsible for cooking is less.
- Everyone should learn cooking irrespective of his/her gender.
- Respect everyone's choice of food including parents and grandparents.

Table 1: The Five Food Groups

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

Questions and Answers



1. What is under-nutrition?

A diet with low levels of essential nutrients like proteins, carbohydrates, fats, vitamins and mineral elements like calcium and iron causes under-nutrition in a child which could be chronic (stunting) or acute (wasting). It happens because of eating a diet which lacks certain nutrients or contains them in the wrong proportions. Under-nutrition includes deficiencies of essential vitamins and minerals (generally known as micronutrients).

2. What are the signs of under-nutrition and what could be its consequences if not treated?

The signs of under-nutrition are:

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

The consequences can be

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

3. What is anaemia?

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

Common reasons for anaemia among adolescents are:

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

Symptoms of anaemia include:

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

4. How can we prevent anaemia?

Anaemia can be prevented if you:

- Consume iron-rich foods, green leafy vegetables, jaggery, meat, supplemented with vitamin C sources like citrus fruits, oranges, lemon and Indian gooseberry (*amla*).
- Take IFA tablets as prescribed by the ANM. Maintain a gap of at least 30 minutes between meals and intake of IFA tablet.
- Do not take tea/coffee with meals or for at least one hour after taking iron tablets and meals.
- Maintain personal hygiene and sanitation.
- On some days food can be cooked in iron utensils.
- Cooking on slow fire and in covered pans helps reduce nutrient loss (such as in a pressure cooker).
- Prevent early marriage and early pregnancy, both of which worsen the nutritional status of an adolescent girl.
- Wear footwear to prevent worm infestation; take a course of deworming medication in case worm infestation is suspected.
- Prevent breeding of mosquitoes to protect against malaria and other mosquito-borne diseases.

Activity 3



Lifestyle Diseases and Risk Factors



Facilitation Steps:

- Share the case given below with peer group members and discuss it with the help of points given.
- Inform them about the risk factors to health associated with lifestyle. With the help of the questions and answers address the queries of adolescents, parents and other community stakeholders.



Sujoy's Story:

Sujoy is a 14-year-old boy who likes to eat. He is very fond of packaged snacks like chips and aerated drinks. He also likes sweets a lot. Everyday Sujoy's mother gives him some pocket money thinking that he will learn to save money to buy something that he likes later on. But Sujoy has been spending that money on eating junk food from the market. His mother has also observed that Sujoy does not eat a proper meal after returning from school. She finds him lazy and most of the times watching television or on the computer. She tries to talk to Sujoy, but he is offended and says that it is his pocket money and that he should have the freedom to do what he wants with it. His mother gives up.

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



Discussion Points:

1. What is the problem? Is snacking harmful? Why?
2. Is his mother wrong in stopping Sujoy?
3. If Sujoy does not get rid of this habit, what would be the health consequences?
4. How can we help Sujoy start eating healthy?

Answer:

Many of us follow a lifestyle and eating habits similar to Sujoy's. It is important for our health that we consume nutritious food. With nutrition, it is also important to include physical activity and not have a sedentary lifestyle. The problem in Sujoy's case is that he does not eat nutritious food and consumes a lot of packaged and processed foods that carry empty calories (no nutritional value but harmful trans fats).

His mother is right to dissuade him from eating such food. If Sujoy does not get rid of this habit, he will be prone to obesity (weight exceeding the permissible limits), diabetes, heart disease (stroke), etc. In some adolescents such eating habits may be because of some stress or an addiction to such foods. His mother should continue checking on Sujoy's nutrition and take him for a health check-up. She can also start him on some outdoor sports. Counselling by an expert may help Sujoy take a healthy path.

Questions and Answers



1. What are the risk factors to lifestyle health conditions?

Lifestyle health conditions also known as non-communicable health conditions are caused due to risk factors associated with changing lifestyles. The adolescents and youth in particular spend long hours before computers, televisions, on mobile phones and social media, which results in a sedentary lifestyle with very little physical activity. Also there is overexposure to messages from media and advertising to follow a lifestyle that may not always be healthy. The key risk factors are unhealthy diet, eating packaged and processed foods, physical inactivity (sedentary lifestyle), consumption of tobacco and alcohol and mental and emotional stress.

2. What diseases can one acquire due to risk factors associated with lifestyle?

Most common lifestyle diseases include obesity, diabetes (high blood sugar), hypertension (high blood pressure), heart disease etc.

3. What is an unhealthy diet?

An unhealthy diet consists of foods with low or no nutritional value. These foods are also known as junk food and include items like sodas, aerated drinks, chocolates, chips, chowmein, oily food, food made of processed cereals like *maida* and packaged foods. Junk food is high on the 3Ss (sugar, salt and sour taste), which provide empty calories and reduce one's appetite.

4. How does an unhealthy diet affect one's health?

An unhealthy diet is low on nutrition. Intake of an unhealthy diet may hamper adolescent growth and development and may make adolescents vulnerable to many lifestyle diseases.

5. How can physical activity and sports help prevent lifestyle health conditions?

Physical exercise is important for both adolescent girls and boys. Girls should equally be encouraged to participate in outdoor games and regular physical exercise. Physical activities like sports and exercise help burn calories more efficiently. The key to health is to burn what you eat. If you are consuming more than what you are eating, you will end up stacking calories that do not have nutritional value but make you overweight or obese. Hence, one should try including a good physical exercise or sport like cycling, football, running, swimming etc., to balance calorie consumption.

Activity 4



Maintaining Health and Happiness



Facilitation Steps:

With the help of the chart below help adolescent peer group members understand the risk factors and steps to prevent them in order to maintain health and happiness.

Risk Factors and Tips for Prevention

Risk factors	Facts you must know	Counselling tips for prevention
High blood pressure: High blood pressure is called the 'silent killer'	When your blood pressure is high, your heart works harder than it should to move blood to all parts of the body. If not treated, high blood pressure can lead to stroke (brain attack), heart attack, eye and kidney problems and death	<ul style="list-style-type: none"> • Aim for a healthy weight • Be active every day • Use less salt and sodium • Avoid tobacco and alcohol <p>Blood pressure in adolescents varies with age and sex</p>
Overweight: Overweight occurs when extra fat is stored in your body	Being overweight increases your risk of developing high blood pressure, high blood cholesterol and diabetes	<ul style="list-style-type: none"> • Maintain a healthy weight • If you are overweight, try to lose weight slowly by exercising and eating right, not by fasting
Diabetes: When the sugar in the blood is high, your body cannot use the food you eat for energy	Diabetes is serious; you may not know you have it. It can lead to heart attacks, blindness, amputations and kidney disease	If you come to know that your friend has high blood sugar, refer him/her to the nearest health facility immediately
Smoking and alcohol: Tell your friend that he/she puts his/her health and family's health at risk when he/she smokes or imbibes alcohol	Cigarette smoking is addictive. It harms the heart and lungs. It can raise blood pressure and blood cholesterol in the smoker and those around him/her too	<ul style="list-style-type: none"> • Help your friend stop smoking or cut back gradually • Try convincing your friend about the effects of using tobacco and alcohol • Take your friend to a nearby health facility for further counselling
Physical activity: Physical inactivity can double the chances of heart disease in adulthood	Physical inactivity increases your risk of high blood pressure, high blood cholesterol and diabetes Adolescents should do 60 minutes or more of moderate physical activity every day	<ul style="list-style-type: none"> • Suggest outdoor games to your friends • Use of stairs or cycling to school is also a form of physical activity

Key Messages

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

Role of a Peer Educator 'A Trusted Friend'

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

module IV

healthy mind for healthy behaviours



Session 6

Dealing with Peer Pressure

Introduction

Adolescence is a turning point in one's life, a period of increased potential but also of increased vulnerabilities. It may sound strange, but mental health concerns are rising among adolescents both in urban and rural areas. Youth is the stage in which most mental disorders have their onset. Young people have a high rate of self-harm and suicide which is one of the leading cause of death among them. Important behavioural disorders, particularly in young men in India, are related to misuse of substance especially alcohol and tobacco. Mental health concerns of an adolescent obstruct educational achievements and make the person vulnerable to substance misuse, violence and also unwanted reproductive and sexual health outcomes like early pregnancy, sexually transmitted infections or HIV.

During adolescence, we mature mentally and our thinking abilities grow as well. We strive for an identity of our own. We want to be popular and try our best to conform to the expectations of our friends. At times our behaviour may conflict with our own values and thoughts. But as adolescence is also the period of experimentation and risk taking, we give in to peer pressure. Some of the unsafe acts that one may get into can be reckless driving, drunken driving, misuse of substance like alcohol and cigarette smoking, delinquency or having unprotected sex.

However, peer pressure can also be positive. Hence it is important for all adolescents to be equipped with the information and skills to manage peer pressure, stress and emotions in constructive ways without harming self and practising safe behaviour.

Activity 1



Assertive Communication



Facilitation Steps:

- Narrate the story of Ajit or with the help of some friends perform it as a role play.
- With the help of the chart explain to the participants the advantages and disadvantages of three ways to communicate our feelings.
- With the help of questions and answers clarify their doubts.

Role Play 1:

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

Friends: Hey we are going to a movie today. Come with us. You will have fun. Have a smoke with us.

(They offer him a cigarette.)

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

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

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

(Ajit looks away from his friends.)

Friends: Don't worry. We will return by that time. If we are late, tell your mother that the teacher gave us some work.

(A friend holds his hand and pulls him.)

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

Role Play 2:

Shyama's friend Anita wants her to accompany her to a cousin's birthday party. She says that her cousin has specially invited Shyama to the party. Shyama is not comfortable doing so and knows that her parents too will not like this. She tries to excuse herself from going but Anita says that she will be upset with her if she doesn't come. Shyama does not want to hurt her friend but does not want to go to the party either.

**Discussion Points:**

1. What is the problem and who is in trouble?
2. Why are Ajit and Shyama being forced?
3. If Ajit and Shyama are not interested, why can't they refuse? Is it difficult to refuse friends? Why?
4. Have you or any of your friends experienced such a situation when you are forced to do something that you don't want to?
5. How do you feel about yourself if you do something that you know is wrong or do something with which you aren't comfortable?
6. Do you think it is better to refuse to indulge in an activity with which you are not comfortable than do what you are being forced to?

Answer:

During adolescence, friends are very important and peer influence is high. We want to follow our peers and sometimes we do things to conform to peer influence or popular practice. Often, in doing this we find activities that may be against our family values. But most of the times, we avoid refusing or being assertive for fear of hurting friends or losing their friendship. Ajit and Shyama are probably going through these emotions. Ajit knows that smoking is not good and does not want to take to smoking, but he is unable to refuse his friends straightaway. Shyama too feels uncomfortable going to that party as she is probably not comfortable with Anita's cousin.

It is never a good feeling to do something that you don't want to do. Hence, it is always better to communicate your feelings assertively in such situations.

The pressure to be 'acceptable', 'macho', 'popular', 'cool', 'polite', and 'helping' etc., is so much on an adolescent that he/she gives in on many things which he/she does not agree with. Adolescents often lack assertiveness and good communication skills, which renders them unable to articulate their needs and withstand pressure or coercion from peers or adults.

Adolescence is a stage when trial of substances like alcohol, cigarettes and drugs starts and soon it becomes an addiction for many. Peer pressure increases adolescent risk-taking behaviour like experimenting, delinquency, drug misuse, unsafe sexual behaviours, reckless driving and these activities commonly occur in the company of peers. So a responsible adolescent should know how to deal with this pressure and make the right choices.

Support the discussion with the information provided below and discuss how peer pressure plays an important role in the life of an adolescent.

Explain to peer group members about the advantages and disadvantages of different ways of communication and the differences between each with the help of the charts given below.

Chart 1: Advantages and disadvantages of three ways to communicate our feelings

Non-assertive	Aggressive	Assertive
<i>Disrespectful to oneself</i>	<i>Disrespectful to others</i>	<i>Respectful to oneself as well as to others</i>
<i>Undervalue one's knowledge, feelings and rights</i>	<i>Undervalue knowledge, feelings and rights of others</i>	<i>Sensitive to self as well as others</i>
<i>Remain quiet in situations where personal rights, needs and feelings are violated</i>	<i>Only talking and not listening or trying to understand the other person's situation</i>	<i>You have control of the situation and can express your opinion based on right judgement of the situation</i>
<i>Giving in to external pressure against your own wish and values</i>	<i>Being impolite and rude to others</i>	<i>Being confident and polite</i>
<i>Blaming oneself</i>	<i>Blaming others</i>	<i>Judging the situation without bias or blame</i>

Activity 2



Learning to Say 'No'



Facilitation Steps:

- Narrate the case given below or with the help of volunteers perform it as a role play.
- With the help of the chart explain the advantages of saying 'No'
- With the help of the questions and answers clarify the doubts of the participants.



Story of Sanjay:

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

Ask peer group members to suggest ways in which Sanjay can refuse.

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Story of Suhani:

Suhani is very happy today and has worn her favourite dress as she is attending a college party. Her friends say that a party is more fun when she is around. She talks to everyone, sings and dances with friends. After sometime a boy who is from a senior class (also a friend's relative), comes to her and invites her to dance. Suhani is not very comfortable with this but agrees since he is her senior. After the party, the boy asks Suhani if he can drop her home. She thanks him and says that she can go home on her own. The boy is insistent and asks Suhani's friend (his relative) to convince her. Both the boy and his relative try to convince Suhani to go home with him. She is not prepared to do this and says, "....."

Ask peer group members to suggest ways in which Suhani can refuse.

Answer:

It is not easy to say 'No' especially to friends, seniors and elders (including those in the family) for various reasons. But, at times, if you are forced to do something you are not comfortable with or feel is not socially accepted and may even harm you, you need to say 'No'. At times, there may be no direct pressure but popular behaviour or practices among peers can create pressure. This is what we call peer pressure. Peer pressure can be positive as well as negative. When peer pressure conflicts with our attitude, values and behaviour we should learn to say 'No'. Every adolescent has the right to decide in his/her own best interest.

However there are ways to say 'No' that can be polite refusal, argumentative, or firm and assertive. Being non-assertive or aggressive may increase our vulnerability and hence we should try communicating in an assertive way.

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

Some of the assertive ways are given below:

Ways to Negotiate or Say 'No' when Someone is Pressurizing You

Persuader	Probable Method	Decider; Probable Answer
"Can I get you a drink?"	Polite refusal	"No, thank you"
"How about a beer?"	Give reason	"I don't like beer" "I am on medication and my doctor told me to avoid alcohol"
"Here, smoke this cigarette with me" "Come on!" "Just try it"	Be firm	"No, thanks" "No, thanks, I don't smoke" "No, thanks, I said I don't smoke"
"Hey, do you want to buy some tobacco?"	Walk away	Say "No" and walk away
"Do you want to smoke?"	Cold shoulder (no reaction)	Keep going as if you did not hear the person. (Not the best manner to use with friends)
"Come, let's chat"	Give an alternative	"I have housework to finish" "I have some very important work to do and report to my parents/ teachers"
"Work can wait for 10 minutes, let's talk for sometime"	Reverse the pressure	"What did I just tell you? Were you listening?"
"I will wait for you, please do come" "You will have fun, do come" "Other friends are also coming"	Avoid the situation	If you know people or situations where you will be pressurized to do things you don't want to do, stay away. Or reinforce that you will finish your work and then see if you can go

Persuader	Probable Method	Decider; Probable Answer
<i>"You are sick, you don't like troubling/teasing girls"</i>	<i>Strength in numbers/groups</i>	<i>Stay with like-minded people who support your decision to not drink, use drugs or misbehave or tease girls</i>
<i>"Hey, I am going that way and will drop you home on my bike"</i> <i>"Come on, don't be so formal. Allow me to be of some help to you"</i> <i>"Come with me. Am I not your friend?"</i>	<i>Own your feeling</i>	<i>"Thanks, but I will go with my friends. The house is not that far and I am used to walking this distance."</i> <i>"No, I told you I will walk as I do every day. I like my friend's company."</i> <i>"I don't know you well enough to be your friend. Thanks for your offer, but I am not comfortable going with you."</i>

Questions and Answers



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1. What is peer pressure?

Peer pressure is influence that a peer group, observers or individuals exert that encourages others to change their attitudes, values or behaviour to conform to group norms.

2. Is peer pressure always negative?

Peer pressure can also be positive such as pressure to volunteer for a charitable cause, respect elders or excel in academics. You have to make a choice whether you want to be part of wrong peer pressure or create a positive peer pressure for those who are creating a negative one for you.

3. What can be done to handle peer pressure?

Be Assertive: This means being able to stand up for ourselves and say what we feel. It includes expressing opinions and feelings, saying 'No' without feeling guilty, setting your own priorities i.e., choosing how you spend your time, asking for what you want, being able to take reasonable risks and choosing not to assert yourself at times when you feel it would be better not to say anything.

4. How can one be assertive?

Learn C.A.L.M. assertion. There are four steps that can help adolescents stand up and speak up for themselves or others.

- **C – Stay cool.** Assertive adolescents are cool.
- **A – Assert yourself.** You should learn a few comeback lines in different situations where you may

need to be assertive: "Cut it out." "Stop it." "That's not right." "You're hurting her/his feelings." "Because I don't want to!" etc.

- **L – Look the person in the eye.** Adolescents have to 'look' confident before they can be taken seriously. And the best way to appear confident is by using eye contact. Just by looking the person in the eye you will appear more confident.
- **M – Mean it.** Adolescents should know the difference between a wimpy and a strong voice. To assert yourself use a strong and firm –but not loud–tone to get your point across.

5. Myth: I'm being selfish if I say what I want

Fact: All we are doing by being assertive is putting our own needs on an equal level with the needs of other people. It is important for our own well-being to do this. It is not selfish behaviour but informed behaviour, where one is aware of what is good for oneself.

6. Myth: I feel too anxious to start being assertive

Fact: Being assertive for the first time is always hard but it becomes easier after that.

7. Myth: Assertiveness is basically the same as being aggressive

Fact: Some people who are aggressive think they are being assertive because they are stating what their needs are. It is true that both assertive and aggressive communication involves stating your needs; however there are very important differences between the two. There are differences in the words, tone and body language used. We will discuss these differences in more detail in the section on verbal and non-verbal characteristics of each of the communication styles.

8. My friends pressurize me a lot to indulge in substance misuse

Learn and practise saying 'No'. Do not feel guilty for refusing something that you are forced to do. Good friends never force one to do anything one is not comfortable with. If you feel there is risk of physical harm in saying 'No', you should not hesitate to take the help of elders.

9. I feel scared to say 'No'

Saying 'No' for the first time is always hard but it becomes easier after that. Practise when you are alone and then say it and be CALM. Remember:

- Be straightforward and honest but not rude so that you can make the point effectively.
- As a rule keep it brief.
- Tell the person if you are finding it difficult.
- Be polite – say something like "Thank you for asking..."
- Speak slowly with warmth, otherwise 'No' may sound abrupt.
- Don't apologise and give elaborate reasons for saying 'No'. It is your right to say 'No' if you don't want to do things.
- Remember that it is better in the long run to be truthful with others than resentful within yourself.
- When saying 'No' take responsibility for it. Don't blame or make excuses. Change "I can't" to "I don't want to".

10. My friends say that tobacco and alcohol will make me an adult

To be an adult you should be able to take responsibility for your actions and under the influence of substance no one is able to do so.

11. How do you talk to your peers, parents and family to deal with pressure?

- Be honest and open when communicating with your parents. Tell them that you feel pressurized to do things that seem wrong or risky and don't know how to deal with it.
- If you cannot communicate directly with your parents try to communicate with someone in the family who understands you, maybe an older sibling, uncle, aunt, etc.

For parents and family: to help deal with peer pressure

- Encourage open and honest communication. Let the adolescent know that he/she can come to you if he/she is under pressure to do things that seem wrong or risky.
- Get to know your child's friends. If issues or problems arise, share your concerns with their parents; don't fight with the parents and make the situation awkward for your child.
- Help your child develop self-confidence. Children who feel good about themselves are less vulnerable to peer pressure.
- Develop backup plans to help your child get out of uncomfortable or dangerous situations. For example, tell him/her that you trust him/her and will always help him/her or get him/her if he/she feels unsafe or worried, without asking any questions.

12. How can we be assertive in different situations of coercion or undue pressure?

Some pressure lines are given below and also some assertive ways to deny the pressure:

Pressure Line	Assertive Response
<i>You cannot get pregnant the first time. Let's just do it once</i>	<i>Unprotected sex is unsafe anytime. I don't want this risk at all</i>
<i>You do not think I have a disease, do you?</i>	<i>No, I don't think so. I want both of us to be safe</i>
<i>Come on, you are not a kid anymore</i>	<i>I am smart and I know why I don't want to ...</i>
<i>I know you want to, you are just shy</i>	<i>My 'No' means 'No'. If I was interested, I would have said 'yes', but I am not interested</i>
<i>We are more than friends. I love you so much</i>	<i>For me you are only a friend. If you love me don't force me to do things I am not comfortable with</i>
<i>Come on, just have one drink. It will relax you</i>	<i>No, thanks. I have other ways to relax</i>
<i>Smoke this and you will be in paradise</i>	<i>Smoking is injurious to health. Do you think a hospital bed is paradise?</i>
<i>No one will know about it, it's just you and me</i>	<i>I don't want to do anything that will embarrass me later</i>

Pressure Line	Assertive Response
<i>You may not get another chance like this</i>	<i>That's fine with me. I don't want any such risk</i>
<i>Why can't we do it when everyone else is doing it?</i>	<i>I know what I should do and what I should not; I don't have to learn now</i>
<i>Do it or goodbye</i>	<i>Okay then, goodbye</i>
<i>Nothing will happen, it is all right</i>	<i>No, I am not prepared and I don't want to do it</i>
<i>Do you think I will hurt you? You are my love</i>	<i>If you love me then you won't force me</i>
<i>I can hurt you if you don't</i>	<i>You are threatening me. That is wrong. I am not afraid of your threats. If you don't stop I will inform my parents</i>

Activity 3



Preventing Substance Misuse



Facilitation Steps:

Ask peer group members what they understand by the term 'substance misuse'. With the help of charts given below explain about drugs/substance misuse, type of users and addiction and its effects.

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Chart 1: Substance and types of (mis)users

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

There are two types of users:

1. **Experimenters:** Begin using drugs largely because of peer pressure and curiosity and usually confine their use to recreational/party settings
2. **Compulsive users:** Devote considerable time and energy into getting high, talk incessantly about drug use and become experts on street drugs

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

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

Explain some of the common symptoms of an adolescent using drugs.

Chart 2: Symptoms of a drug user

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

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



Chart 3: Some commonly known and used substances and their short-term and long-term effects

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

Contd...

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

Key Messages

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

Role of a Peer Educator 'A Trusted Friend'

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

Session 7

Managing Emotion and Stress

Introduction

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

Activity 1



Problem Solving

- A. Tell the group that we all face numerous problems in our day-to-day life. If we do not solve our problems as and when they appear, the problems only get bigger and create difficult situations in our daily life and hence in the future too. Thus, it is important to understand the reasons for the problem(s). Usually we fail to identify the root cause of the problems and therefore we are not able to find solutions for them.
- B. Divide the participants into two groups and provide them case studies or narrate the case studies given below for discussion.



Case Study:

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

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



Discussion Points:

1. What do you have to say about the story?
2. What was the problem?
3. What do you think could be a possible solution to this problem?

Discussion:

Explain to the group that in the beginning, simple problems that can be easily solved should be identified. For solving more difficult problems, they can approach someone for help. Explain that the key is to discuss the problem with as many people as you can without revealing the identity of the person with the problem and seek the help of community elders, doctors and social workers as required. Discussion helps bring informed and innovative solutions to a problem, same as we practise in this training.

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

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

Explain some of the ways to solve the problem.

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

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

C. Tell the participants that there are various ways to solve the problem. Some of the steps to solve problems are listed below:

1. It is important to recognize the problem/s.
2. Then identify the root cause to be addressed.
3. Once you decide to solve the problem/s, give importance to solving it.
4. Select the problems one by one instead of trying to solve all of them at one go. Trying to solve multiple problems at the same time only creates confusion.

5. Try to think of various solutions. Identifying more than one solution to solve the problem results in selecting the best solution.
6. You can discuss the various options with someone you trust, and choose the most appropriate solution which can be implemented without too much difficulty.
7. Commit yourself to solving the problem.
8. Implement the solution. This should be done as soon as possible since any delay might lead to decrease in the priority given to solve the problem.

D. Also discuss a few activities to cope with stress.

Healthy ways to manage stress:

1. Avoid unnecessary stress by managing your time, identifying your strengths and limitations, saying 'No' to pressures and avoiding hot-button topics.
2. Alter stress situation by being assertive, expressing your feelings rather than bottling them up, and take control of the situation.
3. Adapt to the needs of the situation causing stress, maybe change your ways to suit the demands, be more active and considerate and focus on the positives of a situation.
4. Accept things that you can't change; let go bitter experiences, forgive, seek a compromise where even if you do not win, you do not lose too much.
5. Engage in recreational activity and fun; take up music, sports, dance, yoga etc. It helps immensely.
6. Adopt a healthy lifestyle that maintains your nutritional balance, weight in control, good immunity and a disease-free body.
7. Take help from friends, parents, teachers or other elders. If you present your case properly, they will understand your situation and help you.

Summarize with the following points:

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

Activity 2



Peaceful Ways to Resolve Conflicts

Ask the group what could be better ways to resolve conflict. Let the group discuss it among themselves. Now narrate the following case studies and ask them to discuss the questions given.



Case Study 1:

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

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

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



Case Study 2:

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

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

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

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

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

Conflicts and why they occur

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

Some peaceful ways of resolving conflict

- Stop the argument when you feel you are getting angry and may say something that you will regret later.
- Walk away when the discussion is getting heated.
- Stay calm and take deep breaths.
- Tell the person what's bothering you, but do it nicely. Use 'I' statements while describing your feelings and how the other person's behaviour is hurting you.
- Listen to the other person's point of view.
- Try to understand how the other person is feeling.
- Look for a compromise; think of possible situations that satisfy both sides. Remember compromise is not a win-win situation always.
- Do not indulge in name calling or insults.

- Do not yell or raise your voice.
- Agree to disagree.
- Ask someone else to help (teacher, parents, other friends, etc.).

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

Competition:
Win-Lose



"I satisfy my needs at your expense"

Giving In/Accommodating:
Lose-Win



"I satisfy your needs at my expense."

SLIDE 1

Avoidance



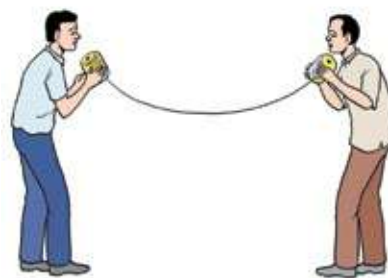
"Neither you nor I satisfy our needs."

Compromise:
Both win a bit/both lose a bit



"I give up some of my needs to satisfy you and you give up some of your needs to satisfy me."

Co-operation:
Win-Win



"We have discovered new and creative ways to satisfy our needs."

SLIDE 2

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

- **Directing/Controlling:** We're doing it my way and that's that.
- **Collaborating:** Let's sit down and work this out.
- **Compromising:** Let's both give a little.
- **Accommodating:** Whatever you want is fine.
- **Avoiding:** Let's skip it.
- **Appealing to a third party:** Let's get some help.

Summarize the activity with the following information:

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

Key Messages

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

Role of a Peer Educator 'A Trusted Friend'

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

Session 8

Accidents and Injuries

Introduction

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

Activity 1



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Managing Anger



Facilitation Steps:

- Invite peer group members for a session on preventing accidents and injuries. Ask the group the following questions:
 1. Do adolescents get angry?
 2. When and in what situations do adolescents get angry?
 3. What do we feel when we are angry? Have you ever beaten up anyone or been beaten up by others?
 4. Have you ever met with accidents or got some injuries due to physical fights or reckless driving or been hit by others?

Listen to the answers and thank all the members for participating in the discussion.

- Introduce the session to the participants. Tell them that adolescence is a phase when one is most vulnerable to accidents and injuries and that most of these accidents and injuries can be prevented by working on the factors leading to such situations. Some of these factors are anger leading to aggression, peer pressure and influence of alcohol and drugs. Adolescents do not

realize how often they get into unnecessary confrontations with friends and family including parents. At times the anger leads to physical violence and ends in harm to self and/or others. Also some adolescents indulge in risky behaviour due to peer pressure such as imbibing alcohol and drugs, reckless driving or driving without a helmet or unprotected sexual intercourse. It is therefore important for us to learn to manage anger and resist peer pressure in a manner that minimizes the risk and vulnerability to accidents and injuries. We have learnt about resisting negative peer pressure in earlier sessions. In this session we discuss more about managing anger and minimizing risks.

- Narrate the two stories given below and discuss with the questions.



Story of Rahul and Vijendra:

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

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Discussion Points:

1. What do you think happened in this situation?
2. Is it right for Rahul to get so angry? Why?
3. Can such situations be harmful for Rahul and others as well? How?
4. What would you do in Rahul's place?
5. How would you help Rahul manage his anger?



Story of Neetu and Raunak:

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

Neetu is embarrassed in front of her friend. She is very angry not only with her grandparents but also with her parents. In anger, she starts singing even louder. Her parents try to stop her but she does not listen to them. Her grandmother is so angry that she throws a glass of water on Neetu. Neetu is very angry and emotionally hurt. She feels no one likes her and her hobby. Raunak tries to console her. She tears the pages of her diary where she has written down the lyrics of hundreds of songs and starts hammering all the cassettes and CDs. While doing so she hurts her hand badly and starts bleeding profusely. Raunak calls Neetu's parents for help and makes her sit down. He tells her that since her grandparents are old-fashioned, she should try to explain her point of view to them instead of harming herself.



Discussion Points:

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

With the help of the information given below explain anger and steps to control anger.

What is anger?

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

Steps to control anger

STEP 1: Prepare for the provocation

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

1. I can handle this.
2. I know how to control my temper.
3. This could get ugly, but I know how to handle myself.
4. Remember to breathe.
5. If it is not going well, I need to calmly excuse myself and address it later.

STEP 2: Confront the provocation

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

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

STEP 3: Coping with arousal and distress

When you notice that you are getting upset and that you may be losing your cool, make statements such as the following:

1. I can feel my heart pounding; let me take a few deep breaths.
2. My head is pounding, let me take a break and talk about it later.
3. I have a reason to be annoyed, but I am going to stay in control.
4. The other person can probably see that I am upset, but my voice and words will be calm.
5. Even though I am steaming, I am going to try to work this problem out.
6. I am very upset and should not confront the other person now; I will talk to him later.

STEP 4: Self-evaluation

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

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

Summarize the discussions with the following points:

Anger is a human emotion expressed in many different ways. It is either expressed openly and honestly or released in a passive-aggressive manner. The most common recipients of misdirected anger are younger siblings, peers, mothers, grandparents and teachers, basically those whom we perceive as less powerful than us.

- Expressing anger is a need for every individual but expressing it in a **socially acceptable** and **harmless way** needs to be learnt.
- Uncontrolled anger can lead to violence and physical harm. At times in anger we may harm ourselves or others or we may be harmed by others. Hence we should learn and practise how to dissipate such situations.

- It is important to be aware of our emotions and our reactions to different situations so that we can control them.
- Emotions are neither good nor bad by themselves, but how we express them is important.
- As an adolescent, we may get into situations of confrontation but if we know how to communicate our views assertively, negotiate in the best interest of the person affected (self or others), provide reasonable arguments and manage our emotions and anger, we can overcome such situations safely without causing any physical harm or hard feelings.
- In some situations we may find an opponent unrelenting but we should still continue to communicate our views assertively rather than react in socially unacceptable ways like physical violence, verbal abuse, threatening etc. In case the opponent gets violent and our arguments are not listened to, it is better to leave the place or move away from the person and resolve the matter with the help of others in a calmer frame of mind.

Ask the group members what could be other ways to deal with anger. Listen to all the responses and note them down with the help of a volunteer. Summarize the responses by pointing out those that were non-violent and healthy. With the help of the points given below suggest a few alternative ways to deal with anger:

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

Activity 2



Minimizing Risk Taking

- A. Ask the group what they understand by risk-taking behaviour. Ask them if they think they have it. If yes, then request some examples. Thank them for their response and explain risk taking in boys and girls.

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

Explain reasons for risk-taking behaviour with the following information:

Reasons for Adolescent Risk-Taking Behaviour

- Desire to have autonomy from parents and elders and establish one's own identity
- To prove masculinity – in some cultures risk taking is considered macho
- To conform to gender norms, especially where girls are expected to be shy, polite and submissive
- Desire to be popular and conform to peer norms
- Negative peer influence
- Curiosity with regard to sex, friendship and attraction
- Experimenting, especially with unprotected sex, substance misuse including alcohol and cigarette
- Anger and impulsiveness
- Lack of self-control, critical and creative thinking abilities
- Bullying, physical violence like beating, slapping, kicking; sexual harassment and violence, that includes verbal abuse and eve teasing are some aggressive behaviours demonstrated against those perceived as powerless or weaker. Such violent behaviour can not only cause extreme injuries to victims but also have serious consequences for the perpetrator as well.

Some Common Risk Taking among Adolescents

- Impulsive decision making; may happen more if one is overconfident or emotionally disturbed or angry
 - Reckless driving
 - Driving without helmets
 - Racing in busy streets, trying stunts without expert supervision
 - Provoking, arguing and testing the limits with peers and adults
 - Confrontation with parents and teachers
 - Experimentation with substances like alcohol, tobacco and others
 - Multiple sexual partners
 - Sex without protection
 - Giving in to sexual coercion, peer pressure
 - Not resisting or protesting against physical violence like slapping, beating, kicking etc.
- B.** Tell your peers that they should try to analyse the risks being taken and how it will affect them, their family and other community members in the long run. Sometimes a risk perceived as small can also cause extreme injuries. For example being careless with crackers has often caused huge injuries like burns and permanent damage to eyes. Similarly unprotected sexual intercourse even for the first time in life may result in an unwanted pregnancy and/or a sexually transmitted infection. Hence, it is smart to be careful and follow the rules rather than be overconfident and lose out on the advantages of a healthy and prosperous life.
- C.** Discuss with your peers how risk-taking behaviour can be minimized with the help of the following points:
1. Do not drive a vehicle if you are less than 18 years of age.
 2. Do not drink alcohol if you are below 25 years of age. (Alcohol drinking affects young people differently as it increases risk-taking behaviour.)
 3. Do not drive a vehicle in a drunken state. Also do not sit in a vehicle that is driven by a person who is drunk.
 4. While riding a motorcycle, scooter or cycle always wear a helmet. Do not exceed the speed limit.
 5. Be extra careful in case of bad weather or when driving conditions are challenging.
 6. When you are tired or sleepy do not work with a machine or fire (like a stove).
 7. Do not meddle with any equipment or try to repair it if you do not have adequate knowledge about it.
 8. Do not try to use any equipment if you do not know how. Be very careful with electrical equipment and wiring. They can be dangerous.
 9. Learn to swim whenever you get the opportunity. If you do not know how to swim, then do not try to save a drowning person. Do not get into deep water unless you are fully confident.

10. Seek help immediately from a counsellor, healthcare worker or a doctor if an adolescent is depressed and talks about committing suicide, taking poison or running away from home.
11. Observe safety at farms and at work places as well as in the school at all times.
12. Protest situations of coercion like sexual violence, physical violence like beating, slapping, kicking etc., and seek help to stop it.
13. Never have sex without using protection and be faithful to your partner.

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

Try to prevent injuries as far as possible. Educate your peers about safe behaviour. You can also spot/identify boys and girls who seem to be more violent in their daily behaviour. Try to talk to them and suggest certain activities which can help divert their attention towards productive work. An injured person should be given first aid instantly. A PE should provide assistance to transfer the injured to a hospital immediately and safely.

Some Basic First-Aid Tips

Bleeding

- Pressure should be applied with a towel or gauze until the bleeding stops.
- Minor cuts and scrapes should be treated with hydrogen peroxide.
- Sealing it with an antibiotic ointment and a Band-Aid can reduce the chance of infection.
- If bleeding is profuse, seek medical help immediately.

Burns

- Minor burns can be treated with cool running water or compress.
- See a medical professional if blistering occurs.
- Antiseptic spray can provide relief of sunburn or minor burns temporarily.

Sprains

- Apply a cold compress or ice immediately and intermittently to control swelling.
- Talk to a medical professional as soon as possible to prevent further damage.
- Elevate arms or legs to help swelling.
- If fracture in any part of the body is suspected, seek medical/expert help to transfer the patient.

Bites and Stings

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