



Guide Book for Teachers



**Comprehensive School Health Programme
Ministry of Health and Ministry of Education**

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FOREWORD



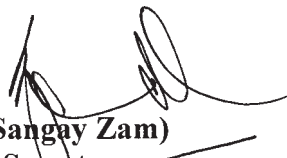
Bhutan has a young population. Adolescents age group of 10-19 years constitute about one fourth of the population of Bhutan. The adolescent girls and boys have specific health needs that are required to be addressed so that they remain healthy. The needs may vary from increased nutritional requirement, information about growing up, counseling, responsible decision making, withstanding peer pressure, skills to remain away from harmful substances, develop their self esteem of specific health services for adolescents. The adolescents also need to be provided with the relevant skills to deal with the changes that globalization brings and acquire the relevant information to make healthy and responsible decisions.

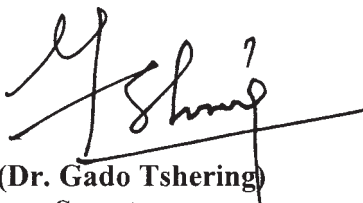
The Royal Government is fully aware of the present issues that adversely impact the health of adolescents in terms of adolescent pregnancy, substance abuse, the emerging threats of rising incidences of Non Communicable Diseases, HIV/AIDS, violence, injuries and is committed to address them in a holistic manner. All these issues not only negatively impact the public health indicators but also the health determinants for future health and thus need to be urgently addressed.

To address the health needs of adolescents in schools, the Comprehensive School Health Program was instituted both in the Ministry of Health and Ministry of Education. The Comprehensive School Health Program will promote and educate adolescents in schools on adolescent health with the institutionalized support of teachers and School Health Coordinators, who are expected to respond to the physical, emotional and social health needs of the adolescents in schools.

This “**Guidebook for Teachers on Adolescent Health**” is designed to provide teachers with appropriate material that they can use in the classroom setting to build the information and skills of students. It is a simple, clear, user friendly guide which has been developed after interaction and in-depth understanding of issues with Senior Program Managers, School Health Coordinators, Doctors, Health Workers, Teachers and students to be used under the Comprehensive School Health Program of the Ministry of Health and the Ministry of Education. The sessions in the guidebook are designed to be age appropriate and provide a platform for enhancing information and skills of adolescents to protect and promote their health. It is hoped that this guidebook will be of immense use and be extensively used by our teachers.

Though primarily designed for the use of school teachers, the sessions can be adapted and utilized to reach “out of school” adolescents also.


(Sangay Zam)
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BACKGROUND

What are lifeskills?

Life skills (LS) are abilities for adaptive and positive behaviour that enable individuals to deal with the demands and challenges of every day living. **Life skills are individual skills/abilities that each one of us possess and yet, need to enhance in order to meet the challenges of life. Effective acquisition of life skills can influence the way one feels about oneself and others and can enhance one's productivity, efficacy, self-esteem and self confidence. They also provide tools and techniques to improve interpersonal relations. Life skills are needed for creating a demand and effectively utilizing the existing education, health and other services.**

Three **broad areas of life skills are social, thinking and emotional skills.**

- Social skills - establishing relationships, communicating effectively
- Thinking - self awareness, social awareness, goal setting and planning, problem solving and decision making
- Emotional skills - coping with and understanding emotions and stress.

Core life skills

A set of 10 core life skills have been defined. These are:

Self Awareness

Empathy

Critical Thinking

Creative Thinking

Decision Making

Problem Solving

Effective Communication

Interpersonal Relationship

Coping with Stress

Coping with Emotions

How is LSE relevant to adolescent?

According to the WHO/SEARO Regional Framework Life skills are a group of psychological competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and cope with and manage their lives in a healthy and productive manner. Life skills may be directed toward personal actions or actions toward others, as well as actions to change the surrounding environment to make it conducive to health.

The Skills Based Health Education approach states that LSE helps children and adolescents learn how to deal with the difficulties of daily life, growing-up and to deal with risk situations. A well-designed and implemented LSE curriculum within the school and the community addresses diverse needs and

problems through learning and application. Life skills education is an essential component of promoting healthy and socially accepted individuals. Experiences in South-East Asia of implementing LSE have led the author towards the following operational definitions:

- ♦ Life skills put adolescents in a better position to translate their dreams and values into constructive actions.
- ♦ LSE also impacts on adults (trainers, teachers, administrators and health professionals) - when they improve upon their life skills.
- ♦ LSE provides inner power and strength to deal with daily life.
- ♦ Life skills process transfers knowledge, skills, attitudes that one has acquired into application/ strategies for a healthy life.
- ♦ Life skills are effective tools to empower young people to act, take initiative and take control/ charge of their lives.
- ♦ LS lay the foundations for good health and mental wellbeing.

Operationalising Life Skills Education (LSE):

Life skills can be operationalised through content, thematic, or activity approach. A content approach focuses on information for increasing knowledge related to specific subject areas. In a thematic approach, appropriate themes for the target group are built into the sessions (e.g, understanding self, being a girl). The activity approach is built around activities that have scope for providing experiential learning for building life skills (role-play, quiz etc). In any of the approaches adopted, boys and girls can be enabled to make sound decisions about relationships and sexual interactions and stand up to those decisions.

Life Skills

Life skills are abilities for adaptive and positive behaviour and enable individuals to deal effectively with the demands and challenges of everyday life (WHO definition).

In particular, life skills are a group of psycho-social competencies and interpersonal skills that help people make informed decisions, communicate effectively, and develop coping and self-management skills to lead a healthy and productive life.

Life skills may be directed toward personal actions or actions toward others, as well as to actions to change the surrounding environment to make it conducive to health.

As health education and life skills have evolved during the past decade, there is a growing recognition and evidence that as young people grow from their earliest years through childhood, adolescence, and into young adulthood, developing psycho-social and interpersonal skills can protect them from health threats, build competencies to adopt positive behaviours, and foster healthy relationships. Life

skills have been tied to specific health choices, such as not to use tobacco, eating a healthy diet, or making safer choices about relationships.

Different life skills are emphasised depending on the purpose and topic. For instance, critical thinking and decision making skills are important in analysing and resisting peer and media influences to use tobacco; interpersonal communication skills are needed to negotiate sexual activity. Young people can also acquire advocating for the creation of tobacco-free and weapon-free zones, the addition of safe water and latrines to school grounds, or the availability of condoms for HIV prevention.

Teachers should organize regular sessions - if required, separately - for boys and girls. The principal may create an adolescent resource corner where she/he thinks proper. This corner/centre can have question box, support material and samples of other activities. The question box provided and addressing the issues in general should continue with the required cycle to be decided by the Principal and these trained teachers. A word of caution - the school and teachers have to be careful in interacting with the adolescents and keeping the issues discussed confidential.

ABOUT THE GUIDE BOOK

The Comprehensive School Health Program utilizes the services of the School Health Coordinators (SHC) to promote and protect the health of adolescents in schools. School Health Coordinators are expected to respond to the physical, emotional and social health needs of adolescents in schools, inform the students on health related topics, provide first aid, and also distribute emergency medicines.

The **Guide Book for Teachers** is a simple, clear, user friendly guide which has been developed after interaction and in-depth understanding of issues with Senior program managers, School Health Coordinators, doctors, health managers, teachers as well as students to be used under the **Comprehensive School Health Program** of the Ministry of Health and the Ministry of Education.

A “working group” - consisting of School Health Coordinators, doctors, teachers, school managers, functionaries from the health and education Ministries was created to work closely with a WHO supported consultant in adolescent health and life skills expert to develop the guidebook and devise a training plan. This Guide Book for Teachers is the outcome of the “felt needs” of the School Health Coordinators and the Program managers that were expressed during the working group meetings. It was realized that “information giving alone was not sufficient; the students’ skills for taking responsible and healthy decisions also need to be built up”. Thus it was decided that a “life skills based education” approach would be adopted. The need for the School Health Coordinators to have a broad base of information was also articulated. The uniqueness and the strengths of the Bhutanese way of life were seen as protective in nature and it was decided that they be highlighted.

The available material - including the existing “Guidelines on Promoting Adolescent Reproductive and Sexual Health utilizing the Life Skills education approach,” and the “Guidelines on Promoting Mental Health” were reviewed. Many other modules were also reviewed. The group decided that the Life Skills education approach, methodologies, information level, cultural sensitivity and the overall presentation that has been utilized in the “YUVA - Handbooks for Teachers” that has been developed by Directorate of Education, GNCT Delhi, India are most suitable for Bhutan. The group then selected the sessions from various available materials including YUVA handbooks, that needed to be incorporated after suitable modifications.

The booklet you hold is the outcome of this process that brought together the experts from the fields of adolescent health, life skills education, mental health, academics and medicine. The program managers from the Ministry of Health and Education spearheaded the initiative to make available this handbook as early as possible.

Rather than a complete work, this guidebook is a “work in progress”. Though sufficient precautions have been taken to avoid any factual errors and to respect sentiments, we welcome your comments and inputs pointing out the errors and omissions so that these may be incorporated in the next edition.

Utilizing the Guide book for Teachers

The **Teacher's Guide book** is a user friendly guide, written in a simple, clear, language and has been developed after interaction and in-depth understanding of adolescent health issues with senior program managers, health coordinators, doctors, health managers, teachers as well as students. This is primarily meant to be used by teachers under the Comprehensive School Health Program of the Ministry of Health and the Ministry of Education to promote adolescent health and development in a holistic way. However, the sessions can be adapted and utilized to reach out to "out of school" adolescents by other stakeholders.

This facilitator's guide is the outcome of the "felt needs" of the teachers, School Health Coordinators, adolescent students, and the program managers from the Ministry of Education and Ministry of Health that were expressed during the working group meetings held with the World Health Organisation supported consultant, to develop the guidebook. It was expressed that "information giving alone is not sufficient; the students' skills for taking responsible and healthy decisions also need to be built up". Thus it was decided that a "life skills based education" approach would be adopted to promote the health of the adolescents. The need for the School Health Coordinators to have a broad base of information was also articulated. The uniqueness and the strengths of the Bhutanese way of life were seen as protective in nature and it was decided that they be highlighted.

Before using the Guide take a look at the table of contents so that you get familiar with the subjects that are covered. Then, look through the sessions. All of the sessions have the same format: **Suggested age group, Objectives, Life Skills used, Advance preparation, Activities, Guidelines for the Facilitator, Learning in the Community, and a Fact sheet.**

The suggested **Age Group** tells you the age group for which that session is thought to be of use and relevance. You can select the sessions for a particular age group based on this recommendation. You can be flexible and can use it for other age groups too, if you think it to be of relevance.

The **Objectives** focus on what the students will be able to do and what they should know by the end of the session. Objectives are guides that help you stay on track and keep the discussion focussed on the topic. Care has been taken that objectives are not more than two to three in number and are written in simple language.

Life Skills used: The Life skills which are extensively used in the particular session are highlighted in this column. Reinforce them during and at the end of the session, so that the students develop the skills to internalize the life skills they have learned.

Advance preparation tells you what all you will need to conduct the session such as:

1. Paper, pens, sketch pens, pencils, chalk, blackboard etc.
2. Sample teaching materials that are included in the manual and can be used such as stories, skits, and role plays.
3. Materials to be prepared before the meeting, such as posters and charts.
4. Fact sheets to read for background information on a topic.

Activities: Each session has one or more activities followed by discussion and “Guidelines for the Facilitator”. The second last activity in each session talks about a recapitulation of all the important points discussed in the session to reinforce them. The last activity actually talks of some important question that you need to ask the students at the end of the session to get a feedback on the level of understanding and comprehension of the students -the “check questions”

The Guidelines for the Facilitator assist the teacher/facilitator in many ways. They provide guidance about what points should be covered, how to proceed with the discussion, any precautions to be taken or to watch out for and what other issues could be linked -the “lateral thinking” approach. They also discuss supplementary questions to stimulate discussion. These also contain comments, suggestions, information, or helpful hints that will assist you as you prepare for and conduct the lesson. Please read them carefully to utilize the information and suggestions given therein.

At the conclusion of each session, there is a heading titled “Learning in the Community” for further learning. This is to promote “experiential learning” outside the classroom. There are different kinds of activities in this section:

1. Questions to help the students think over what they learned and experienced.
2. Follow-up activities to do at home.

Fact Sheet: at the end of each lesson a fact sheet gives you detailed technical and related information on the topic/issue addressed in the lesson. Read the fact sheet carefully before the start of each lesson so that you are well abreast with detailed information on the subject.

Note: All sessions have been designed for one period i.e. for 45 minutes. Almost all lessons can be taught within the designated timeframe. However depending upon the group strength, involvement and the activity, it is possible that some sessions may require more than the expected time.

INTRODUCTION TO LIFE SKILLS

Activity 1

Greet the participants. Tell them that from today we are going to start working in an important area that will help us throughout our life. Tell them they are going to learn about important skills that will be of importance in every sphere of life.

Guidelines for the facilitator:

Give some background about this initiative. Tell them about the various workshops carried out and the way these modules were developed. Tell them that this program is expected to last till class XII and that we will all work together. Let them know that the program is activity based and participatory in nature. Tell them that we will learn and have fun while doing so.

Activity 2

Tell the class that we will carry out an activity. Call at random, eight students to the front and ask them to pick up a chit from the box. Ask them one by one to enact the role of the person mentioned in the chit (Chits can contain the following - Cook, Driver, Teacher, Nurse, Dancer, Babysitter, Student, Traffic police, and Carpenter etc). Ask the class "what are they doing?" What role are they performing?

Expected Response: The students would guess what the person is doing. Some may not be able to guess. Provide liberal hints to help the students.



Guidelines for the facilitator:

The students are likely to come up with various answers: cooking, driving, teaching nursing, dancing, babysitting etc. Encourage the participants and make a list on the board. You can modify the list- only keep in mind that the four categories (Literacy skills, Livelihood skills, Professional skills, and Functional skills) should be represented in the list.

Objectives

By the end of the session, the students will be able to:

- ✓ Name the ten core Life Skills.
- ✓ Name the three broad classifications of Life Skills.
- ✓ Differentiate between skills and Life Skills.

Life Skills being used

Critical Thinking, Creative Thinking and Effective Communication.



Advance Preparations

Chalk, chalkboard, Prepared "skills- chart," chart with definition of Life Skills, Chart explaining core life skills and the three categories, handouts, cardboard box, 8-10 chits containing the names of different jobs (Cook, Driver, Teacher, Nurse, Dancer, Babysitter, Student and Carpenter etc.) If charts are not available then write them on the blackboard.



Activity 3

Display the following chart, prepared beforehand

Literary Skills	Functional Skills	Livelihood Skills	Professional Skills

Now ask the participants to sort out the previously mentioned professions and place under the correct column. Ask them "Under which type of skill would reading come.", And Policing the Traffic? And how about carpentry? Etc. Let the participants brainstorm and discuss among themselves. Ask them to suggest more examples of skills in each heading.

Guidelines for the facilitator:

Applaud the students who had acted out and the ones who provided lively discussion. You can add more jobs to clarify the concept of skills -like a computer operator, gardener etc.

- ♦ A literary Skill includes reading, writing, and arithmetic.
- ♦ A functional skill includes work, which helps in general functions and does not require any training.
For e.g. getting a letter registered.
- ♦ A livelihood skill includes work done in order to earn a living.
- ♦ A professional skill includes skills to be acquired by undergoing training in a specific field.

Activity 4

Now ask them "Why are some people better at their work than others?" Let the participants brainstorm & note down their responses.

Expected Responses: they work harder, they have inborn talent, they learn, they are skilled, talented, God -gifted etc

Guidelines for the facilitator:

Tell them that the people who are good at their task are called skilled or experts (give them some good examples of skilled people like football/cricket player, actor, surgeon, musician, dancers etc). To be skilful means to be capable and adept at doing something well. Tell them that, just as the way these people succeed because they are skilled, all of us can succeed in life by consciously using Life Skills. We all can lead happier, healthier and successful lives by using the Life skills. Tell them this introductory lesson to Life Skills will in turn form the basis for the future lessons.

NOTE: BREAK OF SESSION

You have to stop in a short while as the time allocated may be nearing an end. Applaud the students & do a quick recap of what they did in this period. Inform them about the timing/date of the next session & tell them that you will continue the activity.

You are about to start the remaining part of the session after a gap. It is best to do a quick recap: state the topic and ask a volunteer to narrate what was learned in the previous session. Thank her/him & add any if important points were missed. Then start the remaining session.

- ♦ *Ignore the above statement if you have time slot available to you in continuity.*

Activity 5

Tell them that we have been able to differentiate between skills. But there is one more section of skills -very different from these- called "LIFE SKILLS". Tell them that our program depends on learning these Life Skills (LS) very well and applying them in our day to day situations. Ask the participants to give examples of a few other skills which are not basically meant to earn livelihood but still are important for a good life. You may initiate by giving hints like: Don't we require to



- Solve our problem? , Reconcile our differences? Resolve our conflicts? Be understood? etc. These require the use of Life skills.

Put up the definition of "Life Skills on display using either chart or black board,

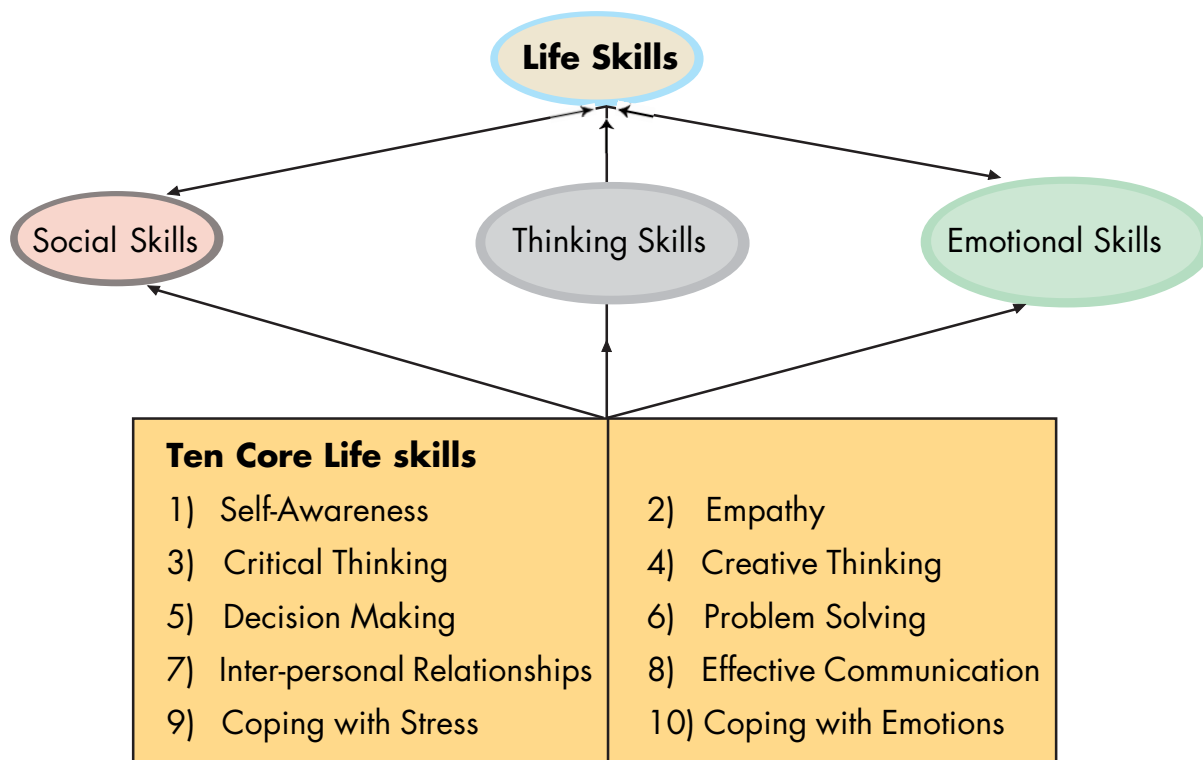
Ask one or two students to read it twice.

Definition Strip:

"Life Skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with demands and challenges of everyday life." (World Health Organization (WHO)).

Activity 6

Put up the following figure for display using either chart or black board. Read out the names of the skills and explain the three broad categories of skills and the 10 core life skills. Make use of the fact sheet to explain the life skills.



Guidelines for the facilitator:

Tell the students that the 10 core Life skills are broadly divided into three general categories –social skills, thinking skills and emotional skills. The above ten skills are usually mentioned in pairs. (As shown) like Self Awareness- Empathy, Critical Thinking- Creative Thinking etc. Tell the students that all of us use these skills in one way or the other but we need to learn to use them consciously and effectively. (Refer to the fact sheet at the end of the Module.)

Activity 7

Ask if there are any queries. Gently and patiently clear any misconceptions and doubts.

Guidelines for the facilitator:

It is best to explain about each skill by using simple language and by giving examples. For example – explain "Empathy" as "putting oneself in other person's shoes", Self-Awareness as "Knowing more about one's own self", Effective Communication as " capability of transmitting and receiving messages effectively" etc. Ask students to give some examples. Tell them that in the next session we will learn more about how to use LS in our life.

Activity 8

Tell the students that we use life skills everyday for tasks such as: Thinking – deciding solving problems, managing differences, minimizing stress etc. Also ordinarily we use life skills in various combinations.

Now ask the students the following:

1. What are the basic differences between “skills” and “life skills?”
2. How many types of life skills are there? Name them?
3. Ask one of the students to read out the TEN core life skills

Guidelines for the facilitator:

Reiterate that knowing about Life skills will help us not only have a happy & healthy day-to-day life but also help us to meet challenging situations, which we may face in future.

Key Messages

Highlight and recap the following to the class:

- (a) Life Skills help us to meet different challenging situations effectively.
- (b) There are ten core life skills.
- (c) We use these skills in one way or other but we need to learn and practise them to be able to use them consciously and effectively.

Ideas for learning more

- ♦ Ask participants to list out “How learning about LS will help me!” in their notebooks. This will be discussed in the next session.
- ♦ Ask Participants to list out what LS would be required to choose an appropriate gift for their best friend on her/his birthday.

FACT SHEET

CORE LIFE SKILLS

(Generic)

Life Skills

Life Skills have been defined by WHO (1993) as “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”. Life Skills, from this perspective, are essentially those abilities that help to promote physical, mental and emotional well being and competence in young people as they face the realities of life. “Living skills” refer to the personal competence that enables a person to deal effectively with the demands and challenges confronted in everyday life.

Life skills are put to use in specific situations. Opportunities have to be provided for developing these skills and the process is as important as the content. Following are the expected outcomes of life-skills interventions:

- ♦ Enhanced self-esteem -Self confidence
- ♦ Assertiveness -Social sensitivity
- ♦ Listening and communication skills -Ability to establish relationships
- ♦ Ability to plan and set goals -Learning to learn
- ♦ Acquisition of knowledge related to specific contents



Life skills can influence the way we feel about ourselves, and the way others perceive us. They can improve productivity, self-esteem, self-confidence and interpersonal relationships. Life skills can help individuals in making informed choices, and becoming “proactive”. Individuals are able to resolve conflicts, cope with stress and develop negotiating skills for personal and social interests. Life skills help adolescents deal with the demands and challenges of everyday life by developing abilities relevant to everyday life, and promote and protect life, health and well-being in risk situations (Designing Life Skills education for schools: Guidelines for curriculum developers. WHO & the International Children’s Institute).

Life skills for adolescents

- ♦ Life skills are competencies and actual behaviours.
- ♦ They are best learnt through interactive learner-centred methods.
- ♦ The acquisition of life skills is based on a social process of observation, practice and application

Effective Acquisition of Life Skills Can Influence

- ♦ The way we feel about ourselves
- ♦ The way others perceive us
- ♦ Our productivity
- ♦ Self-confidence
- ♦ Self esteem
- ♦ Interpersonal relations

Ten core Life Skills are

- ♦ Empathy, Self Awareness
- ♦ Critical thinking, Creative Thinking
- ♦ Problem Solving, Decision Making
- ♦ Effective Communication, Interpersonal Relationships
- ♦ Coping with Stress, Coping with Emotions

The above Life Skills are usually paired.

Core Life Skills and three major areas: The Core Life Skills are also divided according to three major areas:

Thinking Skills	Creative Thinking
	Critical Thinking
	Decision-Making
	Problem Solving
Social Skills	Self-Awareness
	Effective Communication
	Interpersonal Relationships
	Empathy
Emotional Skills	Coping with Emotion
	Coping with Stress



Explanation of Life Skills

Decision Making helps us to deal constructively with decisions about our lives.

Problem Solving enables us to deal constructively with problems that arise in our lives. Significant problems that are left unattended can cause mental stress and physical strain.



Creative Thinking enables us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience and to respond adaptively and with flexibility to situations in our daily lives, even if no problem is identified, or no decision is to be made.



Critical thinking is the ability to analyse information and experiences in an objective manner. It can help us recognize and assess the factors that influence attitudes and behaviour, such as media and peer pressure.

Effective communication is the ability to express, both verbally and non-verbally, in ways that are culturally acceptable.

Interpersonal relationship skill helps us relate with people in a positive way, to make and maintain friendly relationships, which can be of great importance to our mental and social well being. It may also mean being able to end relationships constructively.

Self-awareness includes recognition of 'self', our character, our strengths and weaknesses, desires and dislikes.

Empathy is the ability to be sensitive to another person's situation, as in the case of AIDS sufferers, or people with mental illnesses, who may be stigmatized and ostracized by the very people they depend upon for support.

Coping with emotions involves recognizing emotions within us and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions like anger or sadness can have negative effects on our health if we do not respond appropriately.

Coping with stress means recognizing the sources of stress in our lives, recognizing how this affects us, and acting in ways that help us control our levels of stress, by changing our environment or lifestyle and learning how to relax.

I. THINKING SKILLS

- ♦ Critical and creative thinking enable us to deal constructively with problems in our lives.

(1) Creative thinking

- ♦ Creative thinking helps us respond adaptively and flexibly in our everyday life situation. It is about looking beyond our direct experience, exploring available alternatives and the various consequences of our actions or non action.
- ♦ Creative thinking is a novel way of seeking of doing things that is characteristic of four components

Fluency
Flexibility
Originality
Elaboration

(2) Critical thinking

- ♦ Critical thinking enables us to analyze information and experience objectively and assess the factors that influence that way we think and act.
- ♦ Critical thinking is important for any of our crucial life decisions.

e.g; What options do I have? What can each option lead to? , Is this really what I want?

(3) Decision Making

- ♦ Helps to deal constructively with decisions about our lives.
- ♦ These can have consequences for health if adolescents actively make decisions by assessing the different options and the effects that different options and different decisions may have.

(4) Problem solving

- ♦ Problem solving skills empower us not only to control our problems, but can turn them to opportunities.
- ♦ Problem solving also leads to decision making and managing emotions and stress



II. SOCIAL SKILLS

(5) Self Awareness

- ♦ Self awareness is the ability to understand our strengths, weaknesses, values, character, needs, desires, aspirations and feelings.

e.g; I like myself even though I am imperfect

(6) Effective communication

- ♦ All of us communicate, but it may not always be effective.
- ♦ Listening is an important component of effective communication.
- ♦ Non verbal communication may sometimes be as effective as verbal communication e.g. body language.

(7) Interpersonal Relationships (IPR)

- ♦ There is always some relationship between people e.g. families, friends, workmates, neighbours
- ♦ Relationships are developed over a period of time and require constant nurturing.



(8) Empathy

- ♦ An extremely important but less used life skill.
- ♦ It helps us to feel for the other person so that we can
- ♦ Helps to strengthen interpersonal relationships and in coping with emotions and stress.

III. EMOTIONAL SKILLS

(9) Coping with stress includes

- ♦ Recognising the sources of stress in our lives.
- ♦ Recognising how this affects us,
- ♦ Acting in ways that help to control our levels of stress
- ♦ Take action to reduce the sources of stress, e.g; Learning how to relax so that tensions created by unavoidable stresses do not give rise to health problems.

(10) Coping with emotions includes

- ♦ Recognizing emotions in ourselves and others
- ♦ Being aware of how emotions influence behaviour
- ♦ Being able to respond to emotions appropriately.
- ♦ Being aware that intense emotions, like anger or sadness, can have negative effects on our health if we do not deal with them appropriately.

MAKING HOME A HEALTHY ENVIRONMENT

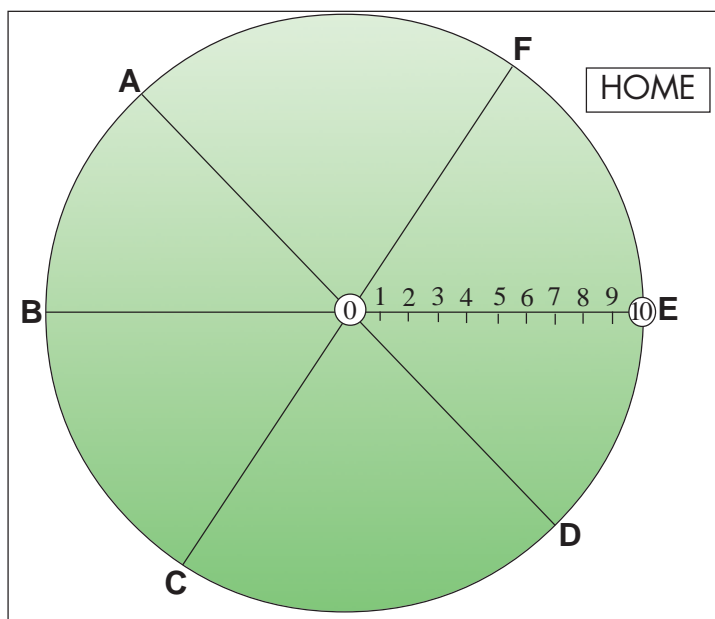
Activity 1

Greet the students and introduce the topic. Tell them that today they will be discussing certain concerns that they have and their efforts to deal with those concerns. Tell them that the focus will be on their home.

Ask them to identify **six areas of concern** at home e.g.

- A** - Segregating garbage
- B** - Recycling biodegradable wastes
- C** - Turning lights and fans off when leaving a room
- D** - Closing taps when not required
- E** - Using mostly energy saving bulbs
- F** - Keeping taps in good condition so that they don't leak

Ask the students to draw a circle with diameter of 8 inches. Tell them to divide it into six parts as illustrated. The students should write their concerns against each line i.e. A to F (as above).



Objectives

By the end of the session, the students will be able to:

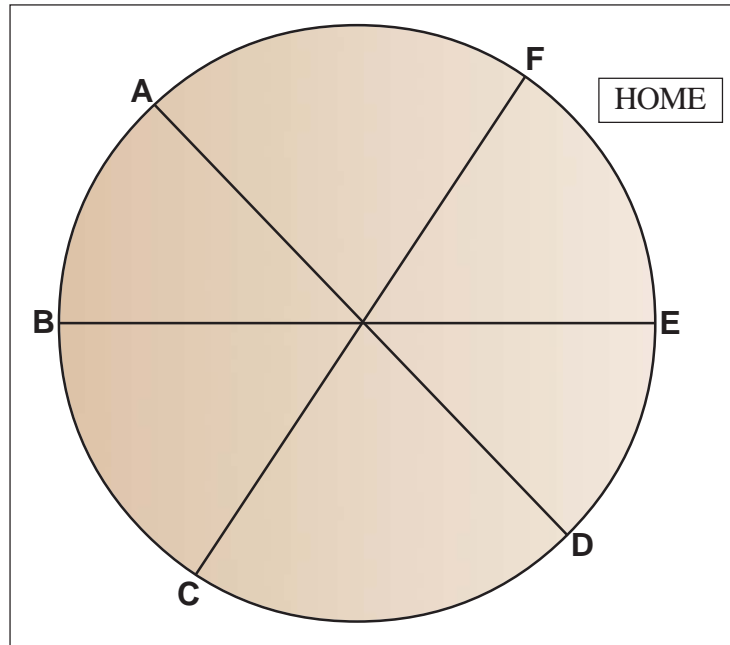
- ✓ Realize the importance of maintaining a clean environment at home
- ✓ Increase their efforts to make and keep their environment clean.

Life Skills being used

Critical Thinking, Creative Thinking and Decision Making

Advance Preparations

Compass, pencil, eraser, paper, red and green colour pencils.



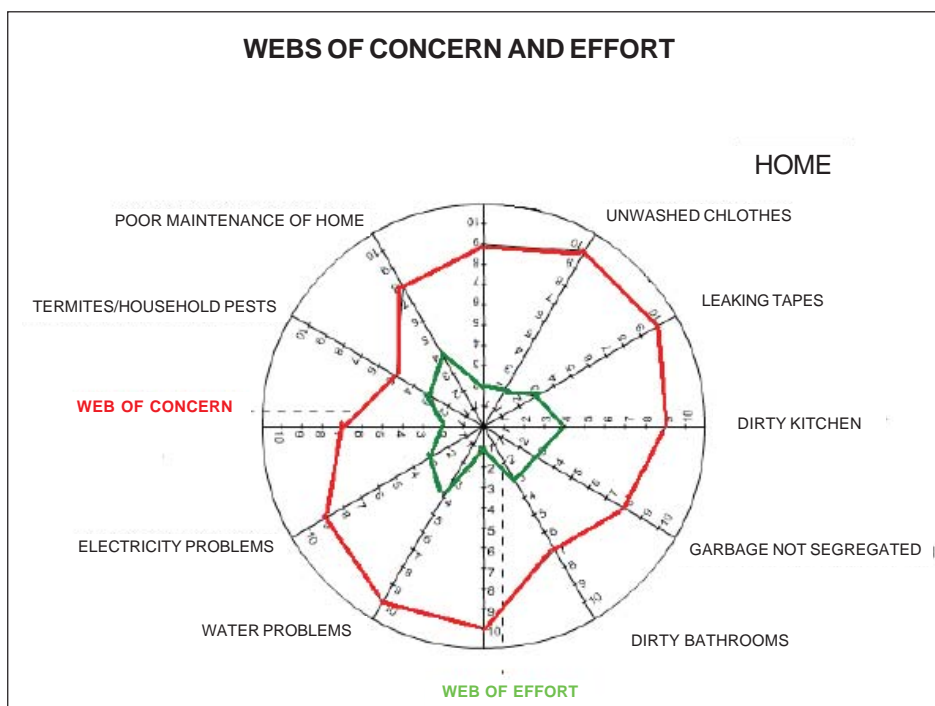
Each line is now divided into **10 parts** and numbered – 0 at the centre and 10 at the circumference as illustrated.

Ask the students to rate how important each concern is to them – from 1 to 10. Mark that point on the line and join all the points with a **red** pencil. E.g. Tenzin might grade concern A with a level of 8, concern B with 6 and so on. This is the '**Web of Concern**'.

Next, ask students to **rate themselves** on a scale from 1-10 against each concern, indicating how much effort they are actually taking at home. Let students indicate these on the lines and join them up with a **green** pencil. This is the '**Web of Effort**'.

Guidelines for the Facilitator:

An example of the illustration has been given here. The students have already identified their concerns and these may be the same or different from those illustrated. Tell the students that each student will be doing this activity alone. If desired a student need not even share her work with neighbours while doing it. Each student should rate each concern sincerely and also see how much she is doing to solve the issues.



Now, ask students to compare their web with their neighbour's web.

Ask **"Is there a gap between your web of concern and your web of effort? Why?"**

Ask **"How can we bridge this gap?"**

Guidelines for the Facilitator:

Encourage them to **Think Critically** about how we all complain about our environment, but do little to change it. If each citizen does his little bit, we can produce a dramatic change. So why not start today and have a **"Clean my home"** campaign and start cleaning my own home. See how it will motivate others and create a chain reaction! So let us start from today!

Activity 2

Recap the following at the end of the period:

- It is usual to complain about the deficits in the home and in society. Society is made up of individuals like us who need to take small steps to address and solve these problems.
- Social responsibility is the duty of one and all. Life Skills like **Self-Awareness** and **Critical Thinking** can help us to work towards a healthy environment.
- The web is a clear indication of our complaints and efforts. We can change it and thereby change society.
- Each one of us can make a difference. All we need to do is to make an effort.

Activity 3

Ask the students:

1. Why is it important to keep your house clean?
2. List 6 things that you would do to keep your house clean?

Learning in the Community:

Ask the students to reflect on the following:

- What are my two major concerns at home?
- What is the rating of these concerns?
- What is my rating in terms of my effort to rectify the concerns?
- How can I bring about a change in the situation?

FACT SHEET

SOCIAL RESPONSIBILITY-KEEPING THE ENVIRONMENT CLEAN

The health of an individual, a community or a country is determined by the integration of two ecological universes i.e., the **internal environment** of man himself and the **external environment** which surrounds him. These two internal and external environments comprise the **total environment**. Advances in nuclear technology, and urbanization have given rise to the problem of **environment pollution** like **air** pollution and **water** pollution. Various diseases are often a result of disturbance in the delicate balance between man and his environment. Therefore, the attainment of a **Healthy Environment** is very important for a Healthy Person. It is the duty and responsibility of every individual in the society to keep the environment clean and prevent pollution.

Environmental pollution refers to the process in which contaminants and foreign matter are added to the environmental resources. It can be classified into **air** pollution, **water** pollution, **soil** pollution and **noise** pollution.

The following are some of the **strategies** that can be adopted by the students to **prevent environmental pollution** and **conservation** of natural resources:

- Keeping **garbage** in proper **containers** at home and in school.
- Avoiding disposal of waste on the road and in public places.
- Always carrying a **cloth bag**; this prevents accumulation of plastic bags.
- Developing the habit of turning the **lights off** when not necessary. This will save electricity costs and energy.
- Turning the **tap off** while brushing teeth and turning it on again while rinsing.
- Carrying out necessary **repairs** wherever possible to prevent wastage – e.g. leaking taps.
- **Recycling** as much as possible from used materials.



Finding ways to reuse products takes both common sense and creativity. Consider **donating books** and magazines to public libraries or to nursing homes. **Reduce, recycle, and reuse** are known as the **three Rs** of the waste-reduction movement. But a **fourth R** often is forgotten: **Respond**. This simply means that one has to take a positive step in refusing to take material that has been packed improperly. Only then will a clear message go to the relevant people.

CLEANLINESS means different things to different people. Standards of cleanliness are not the same around the world, and people grow up with varying concepts of cleanliness. When it comes to physical cleanliness, people can go to extremes. On the one hand, being fanatical about cleanliness can rob us of the joy of living. It can also consume much precious time. On the other hand, dirty and unkept homes may prove to be costly to repair. Between these extremes is the practical, sensible approach to keeping our home clean and presentable.

Keep it simple. Clustered homes or rooms are difficult to clean, and dirt may not be so easily detected in such congested surroundings. Modest, unclustered homes take less time to clean.

Keep it tidy. A clean home is the responsibility of everybody living in it. Untidy homes often start out as untidy rooms. Tidiness means that everything is in its proper place. The place for soiled clothes, for example, should not be the bedroom floor. And more seriously, toys and tools left lying around are potentially dangerous. Many accidents in the home are due to untidy habits.

Keep the **garbage** in proper **containers** at home

Ensure that the air in the home is not moisture laden. If so, get pipes and drains checked for leakage if any.

PERSONAL HYGIENE PROMOTES HEALTH

Activity 1

Inform the students that today they will discuss the importance of personal hygiene. Ask them:

What is the importance of personal hygiene in maintaining health?
Ask a volunteer to record their responses on a flip chart.

Possible Responses:

Sense of cleanliness; keeps us from acquiring diseases; makes us look attractive and pleasing; appreciation from people and communities; contributes to success.

Ask them to list a few sicknesses that spread when personal and household hygiene are poor. Add from the list given below (list 1)

List - 1

Diarrhoea	Malaria	Frequent sore throats
Dysentery	Tuberculosis	Frequent colds
Hepatitis A	Cholera	Minor ailments
Worms	Skin rashes	Scabies
Typhoid	Eye infections	

Guidelines for the Facilitator:

Tell them that there are many other diseases that spread in unhygienic conditions, but these are the common ones. Ask them if any of their family members are known to have suffered from any of these diseases in the recent past.

Link it up with the fact that “bird –flu” could not spread in Bhutan because everyone took precautions that were suggested by the Ministry of Health. State that whenever such instructions are given, it is our duty as good citizens to follow them as they are for our benefit.

Objectives

By the end of the session, the students will be able:

- ✓ To understand the importance of personal hygiene, and the connection between disease and lack of hygiene.
- ✓ To bring about necessary changes in their day-to-day life for healthy living.

Life Skills being used

Critical Thinking,
Interpersonal
Communication, Decision
Making.

Advance Preparations

Flip charts, blackboard,
chalk, Marker pens,
arrangement for the game
“Musical Chairs” (optional)

Activity 2

Tell the students that they will now play a game, “passing the parcel”. Ask them to make a circle. Take a book (the parcel) and designate one person as the “music master”. Let him start clapping to move the parcel in a circle; the parcel stops when the “music” stops. The person holding the parcel at that moment has to state a “good personal hygiene” habit. Continue the game till the students have run out of ideas (after one or two rounds of the circle).

Guidelines for the Facilitator:

Give the group enough time to come up with a variety of ideas and tips. Ask a volunteer to keep writing them on a flip chart/black board. Add from your knowledge and tell the group that though simple and inexpensive, hygiene measures are important in keeping us healthy and preventing diseases. You can give them hints either verbally or by actions. This will make the activity more interesting.

After all the responses have been recorded, point out to the participants that most of these habits are very simple and inexpensive. Ask them now

1. What are the reasons that people do not take even these simple precautions and measures?
2. What happens if we do not maintain good personal hygiene?

Possible Responses:

Dirt accumulates on the body; skin infections; body odour.

You should explain that in addition, nobody will want to come close to you. People will begin to avoid you, however well dressed or attractive you may be.

Guidelines for the Facilitator:

Try to bring out the various reasons for poor hygiene in life- apathy, insensitivity, poor time management, thoughtlessness, poor childhood training, etc. rather than the lack of money.

Point out that we can remain clean and healthy if we can think of options (creative thinking) to overcome our limitations.

Activity 3

Recap the following at the end of the period

- Personal Hygiene is the first step to good grooming and good health
- Personal hygiene is important for the maintenance of health and healthy living.
- We must take care of all parts of our body

Activity 4

Ask the students:

1. Why should we maintain personal hygiene?
2. What happens if we do not maintain personal hygiene?

Learning in the Community:

Ask each student to record in their notebook the life style changes they would like to bring in the light of the activities carried out.

Ask them to carefully examine their younger siblings and other household members and suggest hygienic measures to them.

FACT SHEET

PERSONAL HYGIENE

Hygiene is commonly understood as preventing infections in personal places through cleanliness. In scientific terms hygiene is the maintenance of health and healthy living.

Personal Hygiene is the first step to good grooming and good health. Elementary cleanliness is common knowledge. Neglect causes problems that you may not even be aware of. Every external part of the body demands a basic amount of attention on a regular basis. Here are some grooming routines and some complaints associated with neglect.

Hair

Wash your hair at least once a week using soap or mild shampoo. Rinse well. Dry your hair after a wash.

Brush your hair three to four times a day with a soft bristled brush or a wide toothed comb. Wash your brush and comb every time you wash your hair.

Oil the scalp, once a week, preferably an hour before hair wash.

Skin

Soap and water are essential for keeping the skin clean. A good bath once or twice a day is recommended. Those who are involved in active sports or work out to a sweat would do well to take a bath after the activity.

Wash off well after soaping. Drying with a clean towel is important. Avoid sharing soaps and towels. Change into clean underwear after a bath.

Teeth

Brush teeth twice a day and rinse well after every meal. Brushing before going to bed is important.

While brushing, pay attention to the fact that you are getting rid of the food particles stuck in between the teeth and in the crevices of the flatter teeth at the back, the molars and pre-molars. Brush down on the upper teeth and brush up on the lower teeth. Use a circular motion. Pay attention to the tongue and the inner surface of teeth as well. The brush should have resilient bristles. It should be rinsed well and left to dry after use

Hands

Wash hands thoroughly with soap and water before and after every meal and after visiting the toilet. Soaping and rinsing should cover the areas between fingers, nails and back of the hand. Hands should be dried with a clean towel after washing. The towel at the wash stand has to be washed and changed everyday.

While cooking, you can prevent food from spoiling and minimize contamination by keeping your hands clean. While handling food avoid scratching, or touching the ears, nose, mouth or other body parts. If you need to use a handkerchief or tissue, wash your hands after that. Keep your nails short.

Feet

Give your feet a good scrub with a sponge, pumice stone or foot scrubber that is not made of very rough material when having a bath. Dry between toes. Keep toenails clipped. Those who use shoes constantly need to slip them off now and then. This airs the socks a bit and makes them less smelly. Wear cotton socks. Wear a clean pair everyday. Powder your feet before wearing socks. Many people have sweaty feet, and socks and shoes can get quite smelly. If possible do not wear the same pair of shoes every day

JOYS AND DILEMMAS OF GROWING UP

Activity 1

Greet the students and introduce the topic.

Distribute one blue and one yellow card to each student. Ask the students to think about all the changes that are happening currently in their body as they are growing up. Tell them to write two such positive changes on the yellow card and two changes that they feel as 'not so positive changes' on the blue card, and pin stick them on a board. It is OK if a student wants to write only one card!

Guidelines for the Facilitator:

- If the group is large, students can be asked to respond verbally.
- The Facilitator should also participate and perhaps share a personal experience of dealing with physical changes while growing up.
- The responses will tend to remain focused on external body parts.
- The students are being encouraged to use the skills of **Self-Awareness, Effective Communication** and **Critical Thinking**. The students have to think, realize and then tell what they have felt.

Once all students have responded, ask them to imagine that if a body part they disliked stops functioning, how would they feel? Encourage students to accept all body parts as normal, important and necessary.

Conclude this activity with a brief discussion on accepting and respecting one's body, appreciating the beauty.

Activity 2

Divide participants into three UNISEX groups. **(It is best to do this activity in single sex groups)**

Ask one group to draw a figure of a girl aged 6 years and a figure of a girl aged 15 years depicting the **physical** changes that take place, and make a list of changes.

Objectives

By the end of the session, the students will be able to:

- ✓ Understand the physical & psychological changes taking place during puberty.

Life Skills being used

Self-Awareness, Critical Thinking, Decision Making and Empathy

Advance Preparations

Drawing sheets, blue and yellow cards, sketch pens, Chart paper, blackboard, chalk.

Ask the second group to do the same but with figures of boys.

Ask the third group to list the **changes in the thought processes** (psychological changes) that they feel have taken place since they were 8 years old.

Guidelines for the Facilitator:

During the activity, move amongst the groups and encourage them to draw and list down physical and psychological changes that are more visible in girls and boys, in order to get the participants thinking. The students are becoming **Self Aware** about their bodies and minds as they go through this exercise. A lot of **Critical Thinking** is also being used here. You can help them to **Communicate Effectively** so that their presentation becomes better

Ask all the groups to make presentations on their group work, after which initiate a discussion along guidelines provided in the facilitation notes in the Fact Sheet.

Guidelines for the Facilitator:

- Convey the importance of understanding one's body, and explore associated feelings like shame and guilt that we may often experience.
- Provide complete information on growth spurt, changes in body proportion, changes in facial features and changes in body muscle and fat. Talk about issues and concerns related to these changes.
- Convey the role played by hormones during puberty.

Ask the girls if they have started their menstrual cycle. Many may not respond feeling shy and embarrassed. Ask them explicitly, if they have been bleeding or their undergarments have had traces of blood, sometimes in the recent past. Tell them not to be scared, as this is a natural phenomena and it happens to all women.

Tell the students that the onset of puberty is marked by physical changes in the reproductive system leading to maturation of sexual organs and the onset of Spermatarche in boys and Menarche in girls. This menarche is the beginning of the menstrual cycle in girls. Menstruation (also called monthly period) is the periodic shedding of the unfertilized egg, blood and tissue from the uterus, which is seen by monthly bleeding from the vagina

Every month, one egg leaves one of the ovaries on its way to the uterus via the fallopian tubes. Meanwhile, in preparation for the egg, the uterus starts to develop a thicker lining and its walls become cushiony. If the egg reaches the uterus and is fertilized by a sperm cell, it attaches to this cushiony wall.

Most of the time the egg just passes right through without fertilization. Since the uterus no longer needs the extra blood and tissue which made up the walls thick, it sheds them by way of the vagina. This cycle happens nearly every month until the ovaries stop releasing eggs, usually several decades later.

Once a girl starts menstruating at puberty, she is capable of becoming pregnant and having a baby. It is a normal part of development, is a sign of good health, and there is nothing 'dirty' about it. It usually starts at the age of 9-15 years.

Now tell them that just like girls start menstruating at puberty, for boys too this is the onset of spermarche, when there is discharge of fluid semen through the penis, which usually happens during sleep.

Activity 3

Recap the following at the end of the period:

- The passage from childhood to adulthood is called adolescence, which occurs between the ages of 10 to 19.
- There are many physical as well as psychological changes, which occur during adolescence.
- These changes are normal, and occur over a period of time, with a lot of individual variation.

Activity 4

Ask the students:

- What physical changes take place during adolescence in girls?
- What physical changes take place in boys during adolescence?
- List some psychological changes that take place during puberty?
- How do the adolescents feel about these changes?

Learning in the community:

- Ask the students to make a note of the various physical and other changes that they have undergone.
- Did they know about them beforehand? If "No", then in what ways do they think this knowledge has been useful to them?

FACT SHEET

GROWTH SPURT

An adolescent is defined by the World Health Organization as a person between the ages of 10 and 19 years. Adolescence is the transition from childhood into adulthood, during which the child explores new ideas, widens his/her horizons, and finally assumes greater responsibility and individual identity. Therefore, during adolescence the individual is neither a child nor an adult.

PHYSICAL CHANGES DURING ADOLESCENCE

GROWTH SPURT: In a span of seven to nine years, boys and girls grow up to be young men and women. For a brief period of two or three years they experience what is referred to as the growth spurt. Adolescents shoot up in height and gain weight. The growth spurt begins two years earlier for girls than for boys but it lasts longer for boys. Within nine years, boys gain an average of 36 cms in height and 25 kgs in weight. Similarly, girls gain an average of 24 cms in height and 21 kgs in weight. However, these are only average values and wide variation in these figures should not be considered abnormal.

CHANGES IN BODY PROPORTIONS: The rapid acceleration in height and weight is accompanied by changes in body proportions. The different parts of the body have their own sequence and growth. Some grow slowly while others grow fast. At this age, hands and feet become almost adult size before the legs and arms reach their full length. Girl's hips become wider in relation to their shoulders.

CHANGES IN FACIAL FEATURES: There is a slight change in facial features. The jaw and the nose become larger, while the mouth widens and the chin becomes prominent.

CHANGES IN MUSCLE AND BODY FAT: In both boys and girls, as the height increases, there is a rapid increase in the development of muscles. However, boys show a more rapid increase than girls; as a result they gain more muscle tissue. That is why boys are more muscular as compared to girls. The rate of development of muscles in adolescents is faster than the development of fatty tissue. This is more so in boys than in girls. As a result girls tend to retain some of their fat, especially on their arms, legs and hips. The boys, having lost their childhood fat, become lean and muscular as their height increases.

PHYSICAL CHANGES IN THE REPRODUCTIVE SYSTEM OR SEXUAL MATURATION: Along with changes in body size, physical changes in the reproductive system also take place leading to sexual maturity. Sexual maturation consists of two types of changes in the reproductive system. Those that relate to primary sex organs such as the penis and testes in males, and the vagina and the ovaries in the females are called primary sexual characteristics. Associated changes visible on the body are referred to as secondary sexual characteristics. These include breast development in females, facial hair or beard in males and growth of underarm and pubic hair in both sexes.

MENARCHE: This is the first menstrual period which marks the onset of sexual maturity in girls.

Menstruation (also called monthly period) is the periodic shedding of the unfertilized egg, blood and tissue from the uterus, which is seen by monthly bleeding from the vagina

Every month, one egg leaves one of the ovaries on its way to the uterus via the fallopian tubes. Meanwhile, in preparation for the egg, the uterus starts to develop a thicker lining and its walls become cushiony. If the egg reaches the uterus and is fertilized by a sperm cell, it attaches to this cushiony wall.

Most of the time the egg just passes right through without fertilization. Since the uterus no longer needs the extra blood and tissue which made up the walls thick, it sheds them by way of the vagina. This cycle happens nearly every month until the ovaries stop releasing eggs, usually several decades later.

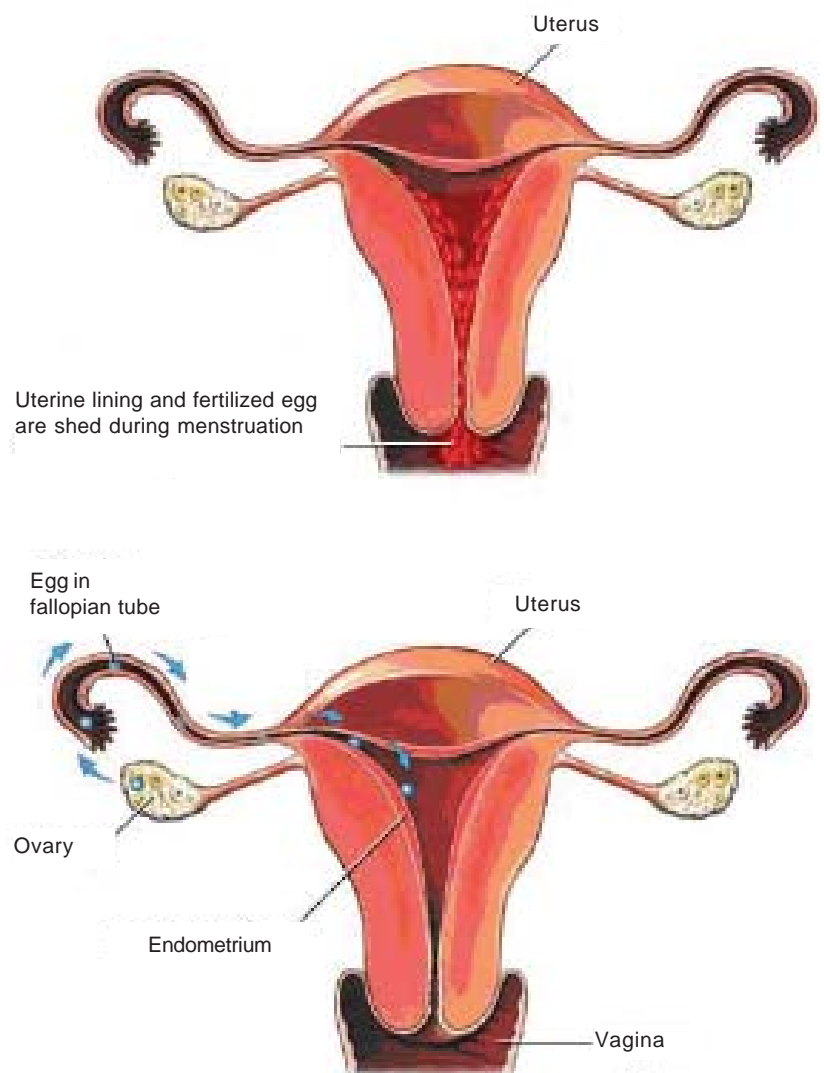
Once a girl starts menstruating at puberty, she is capable of becoming pregnant and having a baby. It is a normal part of development, is a sign of good health, and there is nothing 'dirty' about it. It usually starts at the age of 9-15 years. It is not the first sign of puberty, but appears fairly late. The first sign of puberty is development of the breast.

Periods last normally for 1-6 days, and occur every 21-35 days, which is called the menstrual cycle. However, at puberty, the first few periods are very irregular, and should not be a cause for concern.

Some girls may get pain or discomfort during menstruation. A warm bath or massage of abdomen usually relieves the pain.

Estimated blood loss is 50 - 150 ml blood per cycle. Men do not have a uterus or eggs, and therefore do not menstruate.

SPERMARCHE: The first spontaneous discharge of the fluid semen through the penis. It occurs generally during sleep. The adolescent is usually unaware of it.



WHY DO CHANGES OCCUR?

Puberty is the time when a boy develops into a man and a girl develops into a woman and they become physically capable of having children. The changes in the body that take place from childhood to the end of adolescence are controlled by the central nervous system. It regulates growth through its influence on the glands in the endocrine system namely thyroid gland, the pituitary gland and the adrenal gland. These glands secrete chemicals called hormones directly in to the blood when they receive a signal from the nervous system. The ovaries of the female and the testes of the male are the other glands that become active during puberty and secrete sex hormones. Both sexes have a little of the opposite sex hormone too.

PHYSICAL CHANGES IN BOYS AT PUBERTY

1. Growth spurt occurs. (height and weight)
2. Overall increase in size of body parts, e.g. hands, face, legs.
3. Skin becomes oily and pimply. Body sweats more and smells.
4. Shoulders and chest broaden.
5. Muscles develop.
6. Larynx (voice box) enlarges, voice deepens.
7. Facial hair appears.
8. Underarm, arm, leg and chest hair appears.
9. Pubic hair appears.
10. Penis and testes enlarge.
11. Sperm production begins.
12. Ejaculation and wet dreams occur.



PHYSICAL CHANGES IN GIRLS AT PUBERTY

1. Growth spurt occurs (height and weight)
2. Overall increase in all body parts including hands, legs, face.
3. Skin becomes oily and pimply
4. Breasts develop.
5. Hips widen
6. Underarm hair appears
7. Pubic hair appears.
8. External genitals enlarge
9. Uterus and ovaries enlarge
10. Ovulation occurs
11. Menstruation begins.



PSYCHOSOCIAL CHANGES IN ADOLESCENCE

1. Body image concerns-constant comparison with role models and peers about body shape, size, and structure leads to low self-esteem.
2. Need for acceptance in peer group.
3. Experimentation and risk taking behaviour-smoking, drinking, drug abuse.
4. Critical Thinking
5. Establishing identity
6. Attraction towards opposite sex
7. Wanting independence
8. Clarifying personal value system
9. Setting goals and career planning

Emotions change very rapidly and adolescents may feel moody and experience extremes of behaviour.



LEARNING TO MANAGE TIME

Activity 1

Greet the class and introduce the topic of time management.

Ask each student to take a white foolscap paper. Instruct him to draw a circle measuring 16 cms. in diameter in the lower half of the page using geometrical instruments. Ask each student to divide the circle into 24 parts indicating 24 hours.

Now ask each one of them to write down various activities of their typical day in the upper half of the page, e.g., sleeping, washing, bathing, eating, and helping in household work, playing, homework, reading, leisure and other miscellaneous activities.



Picture 1



Picture 2

Instruct each student to write how much time he/she spends on each activity in a day. This is to be done without discussing or copying from other students. This will help the student to think about the total time spent so that he/she will perceive the circle as a graph and not as a 24 – hour clock where activities appear periodically through out the day (See Picture 1).

Ask them to transfer this information on to the circle (divided into 24 equal parts) blocking out time in sections, e.g. sleep – 8 hours would be blocked out using 8 portions of the circle. Suggest them to use different colour for each activity as this makes it easier to see and get a visual feed back later (See Picture 2)

Objectives

By the end of the session, the students will be able to:

- ✓ Review the time spent by them on various activities over the day.
- ✓ Learn to prioritise their activities.
- ✓ Understand strategies for time management

Life Skills being used

Self-Awareness, Critical Thinking, Decision Making, Creative Thinking, Problem Solving and Coping with stress.

Advance Preparations

Examination pad / hard board to support paper, pencils and eraser, coloured felt pens and geometry box.

Activity 2

Now divide the class into 6 – 8 groups. Allow each group to select a spokesperson. Ask each group to sit in a circle and discuss the questions.

When every one has finished, suggest that they share their information within their group. Encourage all group members participate.

Then ask each group to present their discussions and observations to the whole class. Write the main points on the black board.

Facilitative Questions:

1. What are the activities on which you and your parents agree about the amount of time you have spent?
2. What are the activities on which you and your parents have a difference of opinion?
3. What are the activities you would like to include but do not have the time to do?
4. Do you feel dissatisfied with the amount of time you spend in any category (whether it is too much or too little)?
5. Can you suggest any alternatives so that you can change what you don't like?
6. How many hours should we sleep in a day?
7. Should we allot time for studying every day and include it in our daily planning?
8. Is it good to sleep less and read more?
9. What skills are required to manage time effectively?

Guidelines for the Facilitator:

Encourage the students to participate actively in the group discussion. Ask questions to clarify any point. Spend some time exploring the areas that the students themselves feel as a "waste of time". Time management requires **Self-awareness** to prioritise the tasks for the day, associated with **Critical Thinking**. It is a very effective tool for **Coping with Stress and Emotions**.

Possible Responses:

Group 1:

Our parents do not allow us to play at all. They just want us to study and do nothing else. They do not realize that we need recreation also. Doing homework assignments daily takes more time. We are not able to do the activities like reading regularly, going for a walk, play etc.

Group 2:

Our group felt that our daily activities should have a healthy mix of several activities – reading, recreation, play, meditation, household work, organizing things, diary writing etc. This will help us to develop into complete persons. It is natural that our parents scold us for spending more time on play rather than reading. We need to have a proper daily routine to overcome all these differences of opinion.

Today's activity really helped us to plan our routine, think properly and decide how much time needs to be spent on each activity and prioritising the specific activity.

Group 3:

In our group different members expressed different opinions. Most of us felt that we need to spend more time on Mathematics and Science because most of us are weak in these subjects and find them difficult. It is not possible to follow the time management schedule very rigidly. Should we read or stick to this plan on a holiday or Sunday too?

Group 4:

Our group observed that boredom (not knowing what to do) was a major problem. We often got angry with our parents and teachers because they did not give proper guidance. Now we have learnt that each of us can and should take responsibility to plan a routine containing several activities. We felt we are not spending much time on reading difficult subjects. We felt we should read and practice a difficult topic every day. Most of our time goes in completing homework and going to tuitions.

Activity 3

Ask each student to write in her/his notebook ***“What are the areas on which you would like to spend more time?”***
“How will you generate this extra time? On which activities would you like to spend less time?”

Give them a few minutes to do this self exploration activity.



Guidelines for the Facilitator:

Time is **totally irreplaceable**. It is a unique resource and its supply can never be increased, no matter how much the demand rises. State that we all have to learn to prioritise time as it can not be created or generated. We can achieve great success and happiness if we keep the “time control” with ourselves and learn to constantly prioritise our time. We have to spend less time on some activities – watching TV or being on the phone, if we want to extend spending our time on say sports or studies.

Remind them of the discussion that they had under activity 2. Draw their attention to the salient points discussed at that time.

Activity 4

Recap the following at the end of the period:

- It is essential to prioritise our activities in order to allot adequate time to each activity.
- Time management is an essential component of a student's life.
- We should take advice of our parents / teachers to be able to manage time.
- Time control lies with us. We all can reallocate time to the important activities

Activity 5:

Ask the students

- 1. Why is managing time important for a student?**
- 2. How should a student tackle difficult topics?**
- 3. How much sleep is needed for a student of your age?**

Learning in the Community:

Ask the students to:

1. Prepare a Time Plan for a week and observe how they would like to make changes in the time allotted to various activities.
2. At the end of the week to review their plan and see how much they succeeded.

TIME MANAGEMENT



Time is **totally irreplaceable**. It is a unique resource and its supply can never be increased, no matter how much the demand rises. It is totally perishable and cannot be stored. **Time management** is a simple and practical technique of planning and structuring a day. This means allocation of time for different subjects, household activities, leisure, play, self-care, entertainment, sleep and other miscellaneous activities over 24 hours.

It is important to appreciate that many problems of young people stem from the fact that they feel bored from time to time, feel frustrated that they are unable to do things in their life as expected by others or fulfil their own desires. They find that they have lot of time at some juncture and do not have time at all in other situations.

This makes a student feel controlled by external factors such as school, examinations, T.V. and not acting according to his choice. Lack of attention, lack of motivation in studies, disinterest in hobbies, under achievement at school can be related to this sense of being controlled and not controlling his/her life.

We are ill-equipped to manage our time. In order to be effective, we have to know how to manage time, and for that we have to know where we spend it. **Planning and structuring** a day helps the student to be in control of the situation and makes the student feel that he/she has played a meaningful role in life. Boredom, emptiness, uncertainty, frustration, poor achievement in studies, feeling upset about backlog in school, failure in exams can be avoided by this. Effective use of time management strategies have been found very useful both by the young and old.

Most young people are familiar with the concept of time management and structuring of activities in school. Some accept this passively; some are actively involved in planning it but do not follow it. Successful time management involves planning, following the plan, reviewing its effectiveness and making necessary changes every now and then. The plan and structure should be for the day, week and the month.

STRESS AND ITS IMPACT ON US

Activity 1

Greet the class. Write the word "**DESSERTS**" on the board, and ask a student to read it. Now ask the class what this means?

Possible Responses: sweets, tasty, yummy, ice cream, cake, pastry etc

Let them laugh and enjoy. Lead them to say words like good, happy by asking "How does it make you feel?"

Now ask someone to read it in a reverse fashion – i.e. "STRESSED". Ask "How does this make you feel?"

Possible Responses: Tense, angry, anxious, depressed

Now introduce the topic and ask the students, "**What do you understand by stress?**"

Note down their responses on the board.

Possible responses:

- Tension
- Tiredness
- Anxiety
- Irritation
- Fatigue
- Nervousness
- Fear



Objectives

By the end of the session, the students will be able to:

- ✓ Understand how stress is caused and its varying impact
- ✓ Recognize the effects of stress.
- ✓ Understand that stress can be positive

Life Skills being used

Self-Awareness, Creative Thinking, Decision Making, Coping with Stress.

Advance Preparations

Blackboard, chalk, small cards cut from chart paper in **four** different colours, gum, wall covered with news papers with 4 coloured cards. Write **Events** on colour A, **Physical** on colour B, **Emotional** on colour C, **Behavioural** on colour D

Guidelines for the Facilitator:

Stress is a feeling that is created when we react to particular events. It is the body's way of rising to a challenge and preparing to meet a tough situation with focus, strength, stamina, and heightened alertness. Stress is our body's reaction to people and events and to our own thoughts. Adolescents face as much or even more stress than other age groups. Some level of stress is normal, such as before a test or an athletic event. But too much stress can have physical and psychological effects that interfere with the health and well-being of an individual. The events that provoke stress are called **stressors**, and they cover a whole range of situations - everything from physical danger to making a class presentation or taking an exam.

Point out that the symptoms of stress can be physical- Faster heartbeat and breathing, tight muscles, not being able to sleep, nausea, sweating, dry mouth or behavioural or emotional symptoms such as irritability, overeating, compulsive dieting, oversleeping, depression, fatigue.

Activity 2

Distribute four cards, each of a different colour, to each student. The **colours** shall be called A, B, C and D in this chapter.

Ask them to think critically about the **events** that have caused them stress. Ask them to write

- three such **events** on the **first colour A** card (**Stressors**)
- What **happens** physically to their body when they are stressed? on **colour B** card. (**Physical**)
- How do they **feel** mentally when they are stressed? on **colour C** card. (**Emotional**)
- What do they **do** when they are stressed? on **colour D** card. (**Behavioural**)

Ask them to paste the cards on the newspapers on the wall in four rows – all cards of the same colour in each row.

Call on some volunteers one by one and ask them to read out the responses.

Possible responses

Stress-causing events (Colour A)

- When my mother scolded me
- When I have a test the next day
- When my friend doesn't believe me
- When I had to go alone to my friend's house.



Effect on the body (physical) (Colour B)

Headache, grinding teeth, shivering, trembling, fever, body ache, loss of appetite, breathlessness

Effect on feelings (emotional) (Colour C)

Depressed, angry, irritated, anxious

Effect on behaviour (behavioural) (Colour D)

Do not sleep, eat a lot, do not eat, cry, break things, shout at others.

Ask the class to have a look at all the cards and see the **impact** of stress on our bodies, feelings and behaviour.

Note the responses and ensure that the students are clearly able to categorize physical, emotional and behavioural **effects** of stress.

Now ask them “**What impact will such stress have on us and our work output?**”

Possible responses:

- Depression
- Irritability
- Extra tiredness
- We will not have proper concentration
- Poor performance in exams
- Panic attacks
- People start taking drugs
- Suicide
- We can start getting ill often

Guidelines for the Facilitator:

These exercises will help students not only to identify what **causes** stress, but also its **impact** on health, and work (including ability to study). Everyone experiences stress a little differently. Some people become angry and act out their stress or take it out on others. Some people internalize it and develop eating disorders or substance abuse or alcohol problems.

As we become uncomfortably stressed distractions, difficulties, anxieties and negative thinking begin to crowd our minds. Concentration suffers, and focus narrows as our brain becomes overloaded. Stress is related to other **health problems**, such as heart disease, blood pressure and depression. Stress also has been linked to suppression of the immune system, increasing your chances of becoming ill.

Since prolonged stress can impact on your health, it is important to develop positive coping mechanisms to manage the stress in your life.

Explain to the students that many events / factors in life can lead to stress. Tell them that the feeling of stress is partly due to **external** factors, but mostly due to **internal** factors which are **under our control**. In other words the events that happen may or may not be under our control but how we react to them is definitely under our control. By utilizing **Life Skills** of **Critical Thinking, Self Awareness, Creative Thinking** (including humour), **Problem Solving, Interpersonal Relationship** etc we can overcome or manage stress. This is one very good example where a **combination of Life Skills** can assist another life skill.



Activity 3

Ask the students **“Can there be anything positive about stress?”**

Possible Responses:

- It can make us do better
- It can motivate us
- It can make us more mature

Guidelines for the Facilitator:

Tell the students about Positive stress or **Eu-stress** and negative stress or **Dys-stress**. Tell them that the situation remains the same. It is our response which decides our stress. If we respond in a positive fashion, we will excel, but if we respond in a negative fashion, we will get “stressed”.

End the session by telling the students to convert their “Stressed” life into “Desserts” by converting negative behaviour into positive behaviour!

Activity 4

Recap the following at the end of the period:

- Stress has physical, emotional and behavioural impacts.
- Some events may not be under our control but how we react to them is mostly under our control.
- Utilizing a combination of life skills like **Self Awareness, Creative Thinking** (including humour), **Problem solving**, etc. can help us overcome or cope with stress.

Activity 5

Ask the students:

1. What do you understand by Stress
2. What are the different kinds of Stress?
3. How does stress impact our work and day to day activities?

Learning from the community:

Ask the students to write down a situation that produces physical, emotional and behavioural impact (stress) on them. How would they tackle it again if it happens now?

FACT SHEET

WHAT IS STRESS?

Stress is a feeling that is created when we react to particular event. It is the body's way of rising to a challenge and preparing to meet a tough situation with focus, strength, stamina, and heightened alertness.

The events that provoke stress are called **stressors**, and they cover a whole range of situations - anything from real physical danger to participating in a class debate or taking an exam in your toughest subject! What may stress one person may not affect another.

The human body responds to stressors by activating the nervous system and specific hormones. All of these lead to certain **physical changes** that prepare a person to react quickly and effectively to handle the pressure of the moment.

This natural reaction is known as the **stress response**. Working properly, the body's stress response **enhances a person's ability** to perform well under pressure. But the stress response can also cause **problems** when it overreacts or fails to turn off and reset itself properly.

Adolescents face a variety of situations in their lives that lead to stress. The most common sources of day-to-day stress for young adolescents these days are:

- Problems with **peers**
- **School** related problems
- **Family** related issues
- Their own thoughts, feelings and fears

The Effects of Stress on You

Stress has various effects on our bodies. The physical effects are due to the release of hormones, and may also lead to the emotional and behavioural changes listed below.

Physical Effects

- Rapid pulse
- Flushed face
- Dry mouth
- Perspiration
- Migraine headaches, Aches/pains (no apparent cause), Lower back pain, Headache
- Nervous stomach or cramps, Nausea, Constipation, Diarrhoea, Indigestion
- Skin disorders
- Palpitations

- Fatigue
- Shortness of breath
- Trembling hands
- Clenching the jaw or gritting teeth
- Chills
- Difficulty in sleeping
- Cold hands or feet

Emotional Effects

- Nervousness, Anxiety
- Getting angry easily
- Hostility
- Depression, Sense of despair
- Lack of sense of humour
- Boredom, Moodiness
- Negativity, Feeling of inadequacy or failure
- Feeling of powerlessness

Behavioural Effects

- Forgetfulness
- Inability to think clearly
- Poor concentration
- Indecisiveness
- Increased errors in judgment
- Slowing down of thought processes

Stress can cause severe health problems and, in extreme cases, can cause death.

Is all stress bad?

No! To a certain extent stress is essential for our body to make it perform to the best of our ability. This is called '**eu-stress**'. Excess of stress leads to '**dys-stress**'. At '**Optimum stress**' we work at our best.

Stress is an integral part of our lives. If we are not under enough stress, then we may find that our performance suffers because we are bored and unmotivated. If we are under too much stress, then we will find that our results suffer as stress related problems interfere with our performance. It can lead to depression, suicide, substance abuse, panic attacks, etc.

It is important that we recognise that we are responsible for our own stress - very often it is a product of the way that we think. If we learn to monitor our stress levels, and adjust them up if we need to be more alert, or down if we are feeling too tense. By managing our stress effectively we can significantly improve the quality of our life.

It is important that adolescents are trained to cope with their stress. The first and most important step here is for adolescents to be able to recognize their stress, identify the situations that lead to stress and only then will they be able to manage it. **Awareness** and **acceptance** have to precede the **action** and change in **attitude**.

TELEVISION VIEWING AND OUR HEALTH

Activity 1

Greet the class. Ask these questions.

Which TV programme do you enjoy watching the most?

How much time in a week do you spend watching this programme?

Guidelines for the Facilitator:

- Note down all responses.
- Direct their attention to the diversity of the viewed programmes by referring to a few.
- Mention that people have different choices. Use examples from the responses.
- Mention that some popular programmes show how the TV serves educational purposes in addition to entertainment.
- Present the flip side of the coin by stating that it also helps in sedating us when we watch passively. ("COUCH POTATO" SYNDROME). This has adverse effects on our health.
- Also add that we need to use our critical thinking and be wary of generalities that the TV offers. We should not accept these as universal truths.

Activity 2

Divide the class into 3-4 groups. Ask them to sit around the table or sit on the floor.

Invite each group to nominate a leader.

The leaders then write the **discussion points** given below on small pieces of paper (prepared earlier).

Ask them to put them in a box placed in the centre of their group.

Objectives

By the end of the session, the students will be able to:

- ✓ Tell the merits and demerits of watching TV.
- ✓ Make informed decisions regarding time devoted to TV viewing.
- ✓ Select programmes appropriate to their age and purpose of viewing.



Life Skills being used

Critical Thinking; Decision Making; Self-Awareness and Effective Communication.

Advance Preparations

Paper cut into small pieces
4 small boxes, pens or pencils.

Explain activity - **"Just for 30 seconds!"**

Guidelines for the Facilitator:

Tell them that after the group work students chosen at random will have to present the discussion points to the whole class through the activity **“Just for 30 seconds!”** – in which the student will have to speak “non-stop” for 30 seconds on the given point.

If you wish you may add or replace some of the statements that you feel are more appropriate.

Discussion points: (Agree/Disagree)

1. TV has an adverse effect on studies.
2. TV should be watched only at a specified time.
3. It is essential to watch TV everyday.
4. TV affects our physical and mental health
5. TV should only be used as a means of information and knowledge.
6. TV promotes violence and areas like graphic sexuality.
7. TV has spoiled youngsters, especially students.
8. TV should be banned.

Ask **one student** from every group to pick a topic from the box and decide whether he/she agrees or disagrees with the statement on hand.

Let him/her **read it aloud** to his/her own group and provide **three reasons** for agreeing or disagreeing.

Others in the group make a note of their responses to the speaker’s viewpoint which they will discuss at the end.

The next student from the group follows in a similar fashion.

The leader makes a note of the points that emerge. He/she ensures that the speech making is done without interruptions.

Allow a brief discussion lasting five minutes or so

Guidelines for the Facilitator:

- Ensure that all groups work separately.
- Move from group to group to ensure they are following the instructions and provide assistance if required.
- See that the emphasis is on the reasons/arguments being advanced.

Activity 3: “Just for 30 seconds!”

After the debate within the group is complete, request the students at random to sum up the debate and highlight the key aspects of their discussion for the whole class.

State that the student from the group must speak non-stop for 30 seconds on the allocated point (“**Just for 30 seconds!**”)

Possible Responses:

- TV is the only source of entertainment for today’s youth and parents or elders should not prevent them from watching it.
- TV is a source of entertainment and students do not need entertainment through the day. They need it only for some part of the daytime for recreation, relaxation. Or to keep themselves posted about the affairs of the world at large.
- TV is very addictive and thus interferes with one’s study discipline e.g. a student may tend to spend some time watching a cricket match even before an important examination
- TV is also the most common cause for arguments and quarrels at home. These can be sorted out if the family can decide which programmes the family would watch together and which can be watched by individual members in their own time.
- Excessive TV watching leads to health problems like headache and sore eyes.
- It is ideal to maintain a distance of 6 ft. from the TV while watching it.
- TV reports profusely on violence and sex, hence inadvertently promotes both.
- TV reports violence, which has occurred, implying thereby that violence is already present in the society. On the other hand not reporting violence would amount to closing our eyes and pretending that there is no violence or sex related crime around us.

Guidelines for the Facilitator:

Emphasize that we need a balanced lifestyle. While there are advantages of watching TV (educational, entertainment, general knowledge, news of the world) and there are useful channels – that deal with Nature, Wildlife, History, News, Sports – yet we need to balance it with other important activities.

State that TV should not cut into our study and exercise time. We need to exercise our body and mind so that we remain fit and healthy. Playing an outdoor game for 30 minutes is much healthier than watching it for 3 hours! Also inform them about “TV hygiene” – that TV should not be viewed in complete darkness, and not from very near. Also the sound volume should be kept low! Such “common – sense” principles need to be followed diligently as they help keep our eyes, ears and other body systems safe. Also viewing programs that affect our mind – thrillers, horror, graphic images related to violence and sexuality disturb our concentration and focusing, interfere with our memory processes and sleep pattern and affect our school performance. Refer to the Factsheet for more details.

Bring up the topics of computer games-internet viewing too and point out the similarities of issues for all. The idea is to inform students about TV viewing and computer games and internet programming so that they can take healthy and informed decisions while spending their time on the above. Do spend some more time discussing these points if you specifically want to underline them. Warn them about the damaging sites on the internet and the games that are graphic (violence, sex, gender) in their content. The students may not know how such issues affect their young minds.

Also stress the importance of **Life - Skills** like **Self Awareness, Critical and Creative Thinking, Decision Making and Coping with Stress and Emotions** in our maintaining balance in choosing TV programs and in our abilities to deal with the content and impact.

Utilizing the technique “Just for 30 seconds” – a variation of the game “Just a minute” helps students sharpen their abilities of communication, elocution, debating and provides them with confidence. And they love it!

Activity 4

Recap the following at the end of the period:

- Do acknowledge the **benefits** of TV watching: it provides us access to information; it is a source of entertainment and knowledge about several important things; some channels like DISCOVERY, HISTORY AND NATIONAL GEOGRAPHIC could be watched preferentially.
- Some channels have been developed exclusively for children, and can be watched with enjoyment, such as POGO and DISNEY channels.
- TV can affect our health and academic performance. Stress the need to strike a balance between our responsibility as a student and the need for entertainment.
- While it is unwise to say that TV should be banned, it is also important to recognize that TV should be viewed in a healthy and purposeful manner. Utilizing our life skills can help us decide about the programs and the time we want to give to TV viewing.
- Appropriate individual decisions should be taken: regarding the duration of TV watching; the frequency of TV watching sessions and the selection of appropriate programme.
- We should also use similar strategies for deciding about how we want to use the internet and the computer for games.

Learning in the Community:

Ask the students to reflect on the following:

- Which programme (s) have I watched regularly on TV over the last month?
- How many hours a day do I spend in watching TV?
- Is there any friction with parents or sibling (brother/sister) over TV watching?
- Do my parents object to my TV watching or to the type of programmes or the number of hours?
- Does their objection to my TV watching habits affect my relationship with them?

TELEVISION VIEWING

Television (TV) is a major invention of the twentieth century and it has played a vital role in bringing **information, entertainment and distance education** to people in their homes. TV viewing is a major activity amongst children and adolescents and has considerable influence on them. Children watch TV on an average of **three to four hours** a day. By the time of high school graduation, they will have spent more time watching TV than they have in the classroom. While TV can entertain, inform and keep our children company, it may also influence them in undesirable ways.

The availability of TV has reduced the time of information dissemination to a large extent. So much so that our mighty planet has become a **global village**. With the invention of satellites, there is an entertainment and information overload at least in some areas of our country. **Programmes** of a wide range are made in an **appealing** manner using visuals, sounds, music, animation and humour, pandering to both imagination and fantasy. This makes one feel compelled to watch all the programmes one after the other, thus getting one enslaved to the medium. **Young people are often glued** to television most of the time to the exclusion of other activities, serious or otherwise. This means that a significant amount of free time is spent in front of the TV. This situation gets worse if the parents are away for long spells for either work or socializing. Television thus begins to replace studies, hobbies and purposeful play.

Most often this leads to conflict amongst children, youngsters and parents. Fights, quarrels, tantrums, oppositional behaviour are common over the issue of television viewing. Parents often find themselves at a loss since on the one hand they agree that TV is an easy and good source entertainment and relaxation for their children. On other they are unhappy over the **long hours of TV viewing** that often leads to neglect of study and play.

Time spent watching TV **takes us away from important activities** such as reading, school work, playing, exercise, family interaction, and social development. Children may also learn **information** from TV that may be **inappropriate or incorrect**. They often can not tell the difference between the **fantasy** presented on television **and reality**. They are influenced by the thousands of **commercials** seen each year, many of which promote alcohol, junk food, fast foods, and toys.

Children who watch too much TV are likely to:

- Have lower grades in school
- Read fewer books
- Exercise less
- Be overweight.

Negative impact of watching TV for long hours:

- Youngsters used to watching TV over long hours do not find **other activities** exciting such as reading or playing because they may not be as stimulating or captivating as a television program.
- Watching TV for a long time has also been known to decrease **concentration** significantly.
- **Headaches and visual disturbances** can occur due to flashing lights if long hours are spent in front of the television.
- Most often **quarrels between siblings** because of different preferences in the choice of programmes are a major source of concern for parents.
- **Violence**, sexuality, race and **gender stereotypes**, drug and **alcohol abuse** are common themes of TV programmes. Young children are **impressionable** and may assume that what they see on television is typical, safe, and acceptable. As a result, TV also exposes children to **behaviours and attitudes** that may be overwhelming and difficult to understand.

The purpose of this session is not to discourage TV viewing but to develop a rational method to **use it appropriately and optimally**.

In addition, **teachers** can help by discussing the following:

- Discourage children from long blocks of TV watching and helping them in **select** appropriate individual programmes.
- Choose shows that meet the developmental needs of the child. Children's shows on public TV are appropriate, but soap operas, adult sitcoms, and adult talk shows are not.
- **Encourage discussions** with parents about what they are watching. Point out **positive behaviour**, such as cooperation, friendship, and concern for others. As they watch, **make connections** to history, books, places of interest, and personal events. Talk about **personal and family values** as they relate to the show.
- Ask children to **compare** what they are watching with real events. Talk about the **realistic consequences** of violence. Discuss the **role of advertising** and its influence on buying.
- Encourage the child to be involved in **hobbies, sports**, and peers. With proper guidance, the child can learn to **use television in a healthy and positive way**.
- Refuse to let children see shows known to be violent, and tell them to **change the channel** or turn the TV set off whenever offensive material comes on.
- To offset peer pressure among friends and classmates, ask all the students to agree to enforce similar rules about the length of time and type of programme they may watch.

I WANT TO CONTINUE GOING TO SCHOOL

Activity 1

Greet the students and introduce the topic.

Divide the class into 5-6 groups. Ask each group to choose a spokesperson.

Give the situation sheet (Tshering's story) to each of the groups. Ask them to read it; discuss the questions raised. Encourage the students to listen to everybody's opinion on the questions whether right or wrong. One issue can be discussed in more than one way.



Refer to annexure for Tshering's story

Now ask the students the following questions:

1. What should have Tshering done when he thought of giving up studies?
2. Did Tshering prepare himself mentally to face the consequences of discontinuing his education and the problems likely to come up in future?
3. Is it necessary to study even in the face of difficulties?
4. What are other reasons a student stops attending school?
5. What are the skills/abilities needed and steps to be taken by a student to continue studies even in the face of difficulties?
6. How can others like teachers, parents or friends help in such a situation?

Ask the groups to write the responses on a paper for each of the questions raised. A spokesperson from each group has to present the discussion of the group to the class.

Objectives

By the end of the session, the students will be able to:

- ✓ Recognize that dropping out of school may be an easy thing but has long term negative consequences.

Life Skills being used

Decision Making, Problem Solving, Self Awareness and Coping with Stress.

Advance Preparations

Photocopies of sheets with the situation written on it, paper and pencils.

Possible Responses:

- Tshering was a lazy boy; he was not willing to work hard. He should suffer for his mistakes. Our parents send us to school; they work very hard towards this commitment. It is our responsibility to study. Discontinuing studies is very wrong. Finishing school may not provide the student with a job immediately but it opens up many other choices of career/jobs other than unskilled labour. Manual labour can still be an option and the student's education helps him to do it with self respect.
- Tshering should have thought about his future before discontinuing studies. What ever may be the reason he should have stayed in school. He should have considered various alternatives and weighed the pros and cons of each one of them. Since he had chosen a hard life he has to accept and live with that. Perhaps he can think of joining evening classes . Taking financial help from relatives could have been an option. Illiteracy is the main reason for labourers being exploited. Education prevents it.
- Several others in our group feel that Tshering's decision was impulsive. He escaped studying to enjoy freedom and an easy life. If he was not getting enough help for studies he should have discussed his problems with teachers or his classmates. This would have helped him look at his problems in various ways. Finding a simple (discontinuing school) solution to a problem is always dangerous.
- We feel very sympathetic about Tshering. We feel that he should be helped and given guidance. He should act immediately and think of joining evening school. He should think positively and give up alcohol. He seems to be getting into more problems in the process of solving his present problems. This is a bad strategy. One should think about one's problems in detail and seek clarification, suggestions from friends or relatives before one takes major decision. Any decision taken, should not be one person will regret it later in life. Lastly, even if the outcome is undesirable, one should be committed to whatever decision one takes.
- Anybody else in Tshering's place would have done the same. Finishing basic education guarantees him nothing. He did the right thing by dropping school; he should realize that and stop feeling miserable.

Guidelines for the Facilitator:

Let a good discussion take place amongst the students. Many students will share the problems faced by Tshering – and sometimes by them and their families as reasons for not continuing with school! Listen and be empathetic to their responses while also stating the importance of education in one's life – for achieving social, economic and material gains and for self actualization. Tell them that Life skills can help a student to face difficulties. He first needs to be **Self Aware** of what his goals, dreams and aspirations in life are. He then has to use **Critical Thinking** to analyse his situation and use **Problem Solving** techniques to find a suitable solution – **Decision Making**.

State that it is important to continue education for health reasons too. Studies point out that there is direct correlation between education level and health of the family and even that of the next generation.

Activity 2

Recap the following at the end of the period:

Many students discontinue their education and take up unskilled work for a number of reasons like lack of financial support to continue studies, responsibilities of taking care of sick parents or other siblings at a younger age, sometimes difficulties in understanding the subject, poor motivation etc.

Coping with difficulties in studies positively, discussion with class teachers, elders, relatives and friends, taking guidance from them are good ways of solving the problems and this can result in preventing school drop out.

It is necessary that students recognize the need for basic education to survive in this competitive world. He/She should therefore have adequate **Self Awareness** and **Critical Thinking** skills.

Basic education should not restrain one from taking up further learning of specific vocational skills – carpentry, electrical work, cattle rearing etc. Methodical training gives a student an advantage over a person who spends years in learning it by experience.

Activity 3

Ask the students:

1. Why is education important?
2. Why do students drop out of school?
3. What strategies should be adopted to prevent students from dropping out of school

Learning in the Community:

Now ask the students to reflect on the following questions later at home:

- What are the reasons that I come to school?
- Have I ever thought of stopping school? If 'Yes' why?
- How will I convince someone who has stopped coming to school to restart school?

Annexure

Situation 1: Tshering's story

Tshering is a 20 years old youth who works as a helper in a workshop. Tshering used to be an average student in 7th standard about seven years ago when his earning brother died in an accident. He decided on his own to give up studies and join his brother's job as a garage helper. His parents were against his decision. But Tshering was very happy with the fact that he was able to earn 45 Ngultrum per day and help his parents. Now he earns about Nu. 150 per day but is hardly able to meet the basic needs of his life.

Tshering meets some of his old school friends and learns that they are continuing their education in commerce, Information Technology, engineering, medicine, arts and so on.

He deeply repents his decision of discontinuing school and often spends sleepless nights. He has not learnt any specialized skills which would help him to earn much more. This makes him worry a lot resulting in decreased efficiency at work. Tshering feels totally lost in his life; neither can he restart schooling to acquire higher skills nor can he do something different to earn more money to meet the demands of his family.

Lately, his worries have made him resort to using alcohol which is further worsening his financial situation. He feels sorry about his situation and wonders why he did not continue his studies.

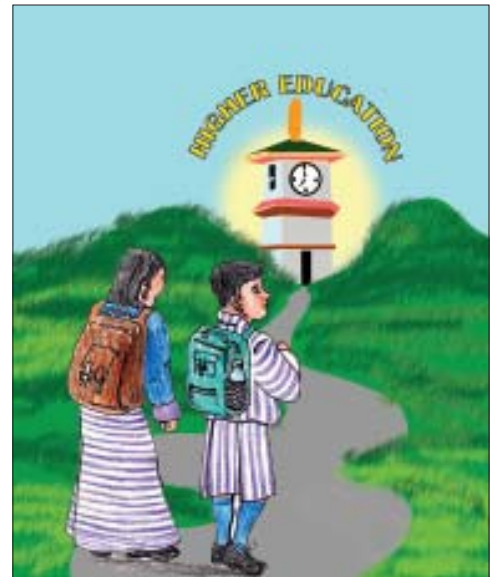
CONTINUING SCHOOL

School forms an important part of life for growing/developing children and adolescents. Schooling gives every child an opportunity to meet other young people, learn new things, play and understand his or her environment. A significant number of young people drop out of school for various reasons. This is an issue of great concern for parents, teachers, educationists, administrators and policy makers.

There are many reasons for a student to drop out of school. These may be **student related factors** like low intelligence, sensory handicaps (like poor vision, speech difficulties), specific learning disability, poor motivation, interest in other activities (like sports, movie acting), group activities, indulgence in substance abuse, influence of friends who are not interested in studies etc. There may be **family related factors** like illiterate parents, parents not interested in the education of the student, first generation literates where parents do not provide a studying environment with books or discussions, lack of supervision of studies by parents, illnesses in parents, alcoholism in mother/father, poverty in the family forcing the student to work full time etc. Some of the **community based factors** are poverty, lack of school facilities, lack of teachers, poor teaching methods, punishing school system etc.

Lack of education, knowledge and skills are major barriers for living and competing in the larger social world today. While there are opportunities for every child to learn and grow in the context of school, a significant proportion discontinue studies that ultimately leads to a life of poverty, ignorance and discrimination. Over a period of time, most of the young people who belong to this category live in constant distress and unhappiness. The lack of specific and specialized skills force them to lead a poor quality of life. This sense of unhappiness leads to various problems like violence, exploitation, crime, drug abuse, alcoholism and significant social discrimination.

Understanding their needs, helping them to cope with problems of studying and preventing school drop-out go a long way in making young people live productive and contented lives.



I TALK TO MY PARENTS EVERYDAY

Activity 1

Greet the class & introduce the topic i.e. parent-child relationship

Distribute two sheets of paper and a pen to each student and ask them to write, "How well do I know my parents" on top of both. They should label one paper as "Father" and the other paper as "Mother".

Write the following questions on the board.

Ask the students to note their responses individually on a sheet of paper.

1. What is your father's / mother's full name?
2. What is the favourite colour of your mother/father?
3. What is their height?
4. What is the favourite food of your mother/father?
5. Where were your father and mother born?
6. What work does your father/mother do?
7. Who is your father's/mother's best friend?
8. How much has your father/mother studied?
9. What is the most valuable possession of your mother/father?
10. What did your father/mother dream of becoming when they were your age?
11. What are your mother's/father's ambitions for you?

Tell students that they have 15 minutes to write their responses.

Objectives

By the end of the session, the students will be able to:

- ✓ Check how well they know their parents.
- ✓ Identify ways of improving their relationship with their parents.



Life Skills being used

Self-Awareness, Interpersonal Relationships, Effective Communication and Empathy.

Advance Preparations

Board, Markers / chalk, A-4 size sheets, pens, Handouts of skit.

Guidelines for the Facilitator:

See that the students work quietly and do not communicate with each other. This will minimize any teasing that may take place for the students who may not have all the details about their parents. Do not ask any details from any students.

Explain to the students that the purpose of the activity was to point out the gaps that they may have about information related to their parents. Explain that communication is a "two way process" & that everyone needs to take interest in the lives of their parents. Inform the students that in this session we shall carry out activities to learn better communication.

Ask the students to carry the sheets home and check their responses with their parents.

Activity 2

Ask four students to be volunteers:

Tell them they have to present a skit. Give them a few minutes to prepare the skit. (Refer to annexure for the skit). Then give them 5-7 minutes to present the skit.

After the skit ask the following questions. These questions will facilitate analysis of the skit:

- Ask the actors how did they feel and why did they think their character behaved the way they did?
- What happened in the skit? How did Duptho Wangmo behave? How did Sonam Tobgay behave? How did the parents behave?
- What do you think will happen to Duptho Wangmo and Sonam Tobgay?
- How else could they have handled the situation?
- Is a situation like this common? In what ways?

Convey to the group the tips one can use to communicate more effectively with their parents (refer to the Fact Sheet).

Activity 3

After the discussion, divide the students into groups of 4 and ask them to give ideas that show how the situation could have been handled differently by Duptho Wangmo and Sonam Tobgay using the tips conveyed above.

Guidelines for the Facilitator:

See that points such as being honest, not having frequent and unnecessary emotional outbursts and active listening are brought out. Keep encouraging them to come out with more ideas (beyond the ones given in the Fact Sheet!). Explain that **Effective Communication** is the key to good **Inter-Personal Relationships** and can prevent many problems from taking place and help solve the ones that have happened. Tell them that we need to practice to become better at expressing and listening!

Activity 4

Recap the following at the end of the period:

- We should regularly interact with our parents.
- Communication is a "two way" process : We need to "express" as well as "listen"; "tell" as well as "ask".
- It is advantageous to maintain good communications with parents at all times.
- Communication skills need to be practiced.

Activity 5

Ask the students:

1. Why is it important to know about your parents?
2. What strategies do you think will help you maintain good relations with your parents

Learning in the Community:

- Ask the students to note down their experiences about communication with their parents.
- How can they improve the communication process?

Annexure:

SKIT: COMMUNICATING WITH YOUR PARENTS

There is a family of 5 people consisting of 2 parents, 1 brother and 2 sisters.

The two younger children – daughter and son, Duptho Wangmo and Sonam Tobgay are good friends.

Sonam Tobgay: Do you know about the Tshechu in the village tomorrow? Why don't we go there?

Duptho Wangmo: Yes, let's go! But do you think I can go? I am sure you can go, but I think I will have to stay at home, prepare food and help ama with the household work

Sonam Tobgay: It'll be OK – come on, let's go and ask ama and apa.

(With Ama and Apa)

Sonam Tobgay: Ama! Apa! Duptho Wangmo and I are going to the Tshechu tomorrow.

Apa: (looking at Duptho Wangmo) Are you?

Duptho Wangmo: Please apa I want to go.

Ama: Well Sonam Tobgay, can go, but you cannot Duptho Wangmo. You know that you have to prepare food and help your mother – that is your duty.

Apa: Yes, Duptho Wangmo, you have a short memory.

Duptho Wangmo (upset): But that's not fair, why can Sonam Tobgay go and not me?

Apa: Keep quiet and don't answer back. Go to the kitchen. Now go and cook dinner and help your mother. Duptho Wangmo you can go. And remember; stop putting ideas in your sister's head!

FACT SHEET

RELATIONSHIP WITH PARENTS

Relationships play an important role in one's life. They are the heart and soul of human experience which is necessary for the survival of man who is a social animal. Therefore, relationships need to be tackled carefully. **Healthy Interpersonal Relationships** that are cooperative, interdependent, and mutually supportive are a source of security and enjoyment for every individual.

Relationships vary in intensity and importance. One of the important institutions with whom we share a very intense relationship is the "**Family**" which comprises parents and siblings. The family is the first source of social interaction and the quality of attachment within the family plays an important role in the overall social and emotional functioning of the child. **Parents** are the most important people in a child's life. Worldwide, studies have shown that children learn best when their physical and emotional needs are met and they feel psychologically safe and secure.

If we do not have healthy interactions with these significant people in our life, it is important to understand why? And work towards bringing them closer. To do so, various styles of communication can be used including both verbal and non verbal communication (tone of voice, body language and posture).

Tips to improve communication with your parents:

- Be **honest** about your feelings. Your parents are a great source of support and knowledge, but they don't know what's going on in your life if you don't tell them.
- If your parents upset you by setting a curfew or by grounding you, don't immediately become defensive. Make sure you **talk** to your parents when you're not emotionally upset. If you start yelling or crying, you won't be able to express your important feelings.
- Calmly tell your parents what is on your mind. Avoid "you" statements like, "You don't give me enough freedom" or "You're never happy with anything I do." These types of accusation statements will only cause more friction. Instead use "I" statements such as "When I go out with my friends, your early curfew makes me feel as if you don't trust me," or "Sometimes I feel hurt when you don't give me credit for being responsible." This method communicates your feelings without blaming your parents.
- **Listen** to what your parents have to say. If you are getting a chance to speak what's on your mind, it's only fair to give the same opportunity to your parents. If you listen to what they say, you may learn that you've been misinterpreting their feelings.
- When you are talking to your parents, if they say something you disagree with, **don't** immediately **overreact**. Give them a chance to express their feelings and then calmly explain why you may disagree with them. Try to identify what you need from them and tell them (they may not know).

PERSONAL CARE DURING MENSTRUATION

Activity 1

Greet the students and introduce the topic. Tell them that menstruation is a natural phenomena, all girls menstruate and that they should not feel scared about it.

Now ask them, **“What are the usual discomforts that young girls might face during menstruation?”**

Possible Responses: Back pain, Heavy bleeding, Passing clots, Abdominal pain, Uncomfortable feeling, Muscle cramps, fear of messing up the clothes as not knowing when the next period will start, where to go and change pads, disposal of used pads, getting/buying new pads, etc. Some girls who have not started their periods, may not give any answer.

Guidelines for the Facilitator:

Some girls may hesitate and not respond. Create a comfortable and enabling environment by sharing some personal experiences to make the girls open up. You can conduct this session separately for boys if you feel so. Encourage the boys also to take part. This will build **Empathy** and understanding and improve **Interpersonal Relationships**.

Refresh their memories by explaining that Menstruation is a natural body function. It is a woman’s monthly bleeding. It is also called *menses*, menstrual period, or period. When a woman has her period, she is menstruating. The menstrual blood is partly blood and partly tissue which forms the inside lining of the *uterus (womb)*. It flows from the uterus through the small opening in the *cervix*, and passes out of the body through the *vagina*. Explain to them that this blood is the same as the rest of the blood flowing in our body and is just as clean. If this lining did not form then none of us would have been born as this provides the nutrition to the egg when it gets fertilized. This blood helps to nurture the baby in the mother’s womb. The blood of the umbilical cord of the baby is nowadays being recommended for preservation and storage as the stem cells derived from this could be life saving from malignant and life threatening diseases. Therefore, to term this blood as dirty is not correct as this could be life saving as well.

Objectives

By the end of the session, the students will be able to:

- ✓ Describe methods of effective menstrual hygiene.
- ✓ Identify the ways to deal with the various discomforts related to menstruation.
- ✓ Maintain a personalized record of their menstrual periods.

Life Skills being used

Self – Awareness, Effective Communication, Problem Solving, Empathy

Advance Preparations

Picture of sanitary pad, a small diary/ notebook, blackboard, chalk

Ask: **“What can be done to reduce these discomforts or their impact on the girls/women?”**

Possible Responses: Better information about menstruation, knowing about the expected date of next periods, positive change in the thought process of boys, girls and society in general, easier access to health services, education about household remedies to bring relief, menstrual pads to be made more affordable etc.

Now ask: **“What special care should a girl take during menstruation?”**

Possible Responses: Eat well, sleep well, remain clean, avoid heavy work, take total rest, etc.

Guidelines for the Facilitator:

Applaud the appropriate answers given. Tell them that, unless the girl is having severe pain and advised to take rest by doctor, a girl need NOT miss her school or be on total rest. Menstruation is a normal physiological process. Emphasize upon various aspects (See fact sheet) of menstrual hygiene, adequate rest and a healthy and happy life style. Tell them that as we keep our other body parts like face, arms, hair etc clean, similarly the genitals should be kept clean –especially during the period days. Do also share with the class the information given in the fact sheet on managing cramps and abdominal pain.

Ask them **“What would happen if girls use unclean cloths or do not change the cloth/pads frequently?”**

Possible Responses: catch infections, have itching, bad odour, do not know, etc.

Guidelines for the Facilitator:

Tell them that many girls and women suffer from Reproductive Tract Infections (RTI) just because of poor menstrual hygiene. Tell them that RTIs can have serious consequences for women including infertility.

Tell the advantages of using sanitary napkins over a cloth. Tell them that sanitary napkins do not cost very much and anyway it is better to spend a little money on them now than to suffer from sickness later.

Activity 2

Making and maintaining of diary for menstrual period:

Tell the girls that they can maintain a diary to record their periods. Show them the simple format given below and explain how to fill each line. Take an example of an imaginary girl Dechen Pelden and fill it up. (Shown in the example given below)

FORMAT for the monthly Diary: (An example for Jan and Feb has been filled in)

Dechen Pelden's Diary

Months	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Start	15 th	14 th										
End	19 th	20 th										
Types of flow	Little on day 1, norm. on day 2-5	Same as in Jan, Some spotting on day 6										
Any problems	Nil	Severe pain on day 3, clots on day 3, 4										
Medical help		Saw the doctor/nurse,										

Guidelines for the Facilitator:

Tell them that girls don't have to feel embarrassed since only the particular girl to whom the diary belongs, will have access to the diary and no one else. Tell students that it is advantageous to keep a diary since it will help them to understand their bodies better and thus they can be prepared for the next period. Also, they can spot any change over the months and see a doctor/ health worker concerning those changes. Ask them to share the information about this activity with their parents in the beginning, so that any kind of misunderstanding can be avoided. Tell them to keep the diary in a safe/personal place.

Activity 3

Recap the following at the end of the period:

- Menstruation is a **normal** process in **every girl and should never be consider "dirty"**. It is **NOT a monthly punishment that she has to bear**.
- Hygiene during periods is important as it also help in preventing Reproductive Track Infection
- Unless advised by doctor there is no need to be absent from school.
- It is important for every girl to learn ways of managing discomfort during menstruation.

Activity 4

Ask the students:

1. What is Menstruation?
2. How can you maintain hygiene during menstruation?
3. Why do some girls face discomfort during their periods? What are the ways of managing this discomfort?

Learning in the Community:

Ask the students to list two things that they will keep in mind while maintaining hygiene during menstruation.

MENSTRUAL HYGIENE

What should one use while Menstruating? : One can use sanitary napkins, cotton cloths, and tampons depending upon their availability and affordability.

Sanitary Pads: sanitary pads are made of cotton and absorbent materials and need to be supported by a belt, a string/an adhesive tape. Some pads are belt less and have a sticky strip, which helps to stick the pad on to a panty. They are usually available at the chemist and general stores.

Cotton Cloths: Many girls use a large soft cotton cloth folded several times to keep inside the panty. It needs to be washed and dried thoroughly preferably in the sun. Synthetic and silk material should be avoided. It has poor absorption capacity and can irritate the skin.

Tampons: A tampon is absorbent cotton, about 2 inches in length. It is inserted into the vagina. Sports persons commonly use these. Tampons should not be retained for long periods (maximum 8 hrs.)

Menstrual Hygiene:

A women/ girl needs to keep her vagina and surrounding area clean at all times but especially during periods. Otherwise she may have infection, itching, and burning and bad odour. A girl should practice the following during this period;

- Bathe daily with warm/ cold (depending upon the season) water.
- Change sanitary napkins/cloth frequently at least 3 to 4 times a day in order to prevent bad odour and infection. The used napkins must be placed in a paper or a plastic bag before throwing them in a closed dustbin.
- If using a cloth, wash the cloth in hot water with detergent soap and dry it in the sunlight in order to prevent infection.
- When the blood stained pad or cloth rubs against the thigh, the skin of the thigh gets sore. It becomes difficult to walk. Hence, applying cream, oil/ powder in that area is helpful. It is not advisable for girls to engage in heavy physical activity (such as manual labour) during menstruation as there is loss of blood and the various reproductive parts are under strain due to the process of menstruation. Moderate work is allowed.

Certain suggestions for managing pain and cramps during Menstruation:

- Hot water bag can be placed on abdomen or the lower back to reduce pain.
- If the cramps are very severe, the girl should consult the physician and take medication.
- Adequate rest is necessary during this period especially the first 3 days of heavy bleeding.
- Regular exercise helps in reducing cramps/ pain.
- Household remedies like drinking *Tea* have been found to be beneficial in reducing cramps.

Personal Care during Menstruation: Some Tips:

- Eat healthy food. Excessive loss of blood may lead to anemia, which must be treated by proper iron rich diet.
- Continue normal activities.
- Some girls are a little uncomfortable during their periods. They may experience cramping or pains in their lower abdomen/back. There are several things a girl can do if she experiences cramps: take a warm bath, take a walk, rub the abdomen, lie on the back with knee up, move the knees in small circles, etc.
- Carry out moderate exercise: Exercise speeds up circulation and helps ease tension.
- The body may retain more water at this time and feel full and bloated. Cutting down on salty food will help to prevent water retention.
- Water retention and mood swing often occur just before menstruation, and are all called premenstrual syndrome or PMS.

Lack of menstrual and personal hygiene is the most likely cause of complaints like vaginal discharge, burning during urination and genital itching in girls who are not sexually active.

SOCIO-CULTURAL ASPECTS OF MENSTRUATION

Some of the common myths associated with menstruation are:

1. The menstruating girl is considered unclean and made to feel dirty or ashamed.
2. She is not allowed to go out especially to places of worship.
3. She is not allowed to eat certain essential foods during this time since they are considered to be 'hot' or 'cold' foods that may increase or decrease the menstrual flow e.g. jaggery.
4. She may not be allowed to enter the kitchen in her own house.
5. She is not encouraged to take a bath

These rituals may have been started in older times to give rest to the girls and prevent over exertion for their positive well-being. However, with the passage of time, they have come to be taboos with a strong gender bias.

MENSTRUATION is related to the cycle of life. The uterus prepares itself for growth of fetus, if and when conception takes place. When this does not occur, the soft, temporary lining of the uterus sheds which results in menstruation. This blood is the same as the rest of the blood flowing in our body and is just as clean. If this lining did not form then none of us would have been born as this provides the nutrition to the egg when it gets fertilized.

KEY FACTS ABOUT THE MENSTRUAL CYCLE

What is menstruation?

Menstruation is the shedding of tissue and blood from the lining of the womb through a woman's vagina. This process takes place about once a month during a woman's reproductive years. Menstruation is also called monthly bleeding, menses, menstrual course, menstrual period, and period



How long does monthly bleeding last?

Usually, from two to seven days, often around five days.

Is the bleeding dangerous to a woman's health?

Not usually. A woman's monthly bleeding is not like bleeding that occurs with a cut or wound. Most of the menstrual fluid is extra tissue from the lining of the womb. It contains only about 50ml - 150ml of blood over the course of a menstrual period. If a woman has heavy bleeding every month, however, it could contribute to anemia.

Why does the bleeding happen again and again?

A woman's body goes through a cycle, or process, of getting ready for pregnancy each month. This is called the menstrual cycle. She can get pregnant only on certain days of the cycle. If she does not get pregnant, then she has monthly bleeding, and the process starts over again. If she does get pregnant, though, monthly bleeding stops.

When can a woman get pregnant?

If a couple are not using family planning, vaginal intercourse can lead to pregnancy when it takes place in the five days before a woman's egg is released or on the day that the egg is released. If sex has taken place during this time, the egg may be fertilized by the sperm. A woman's egg is released once a month, usually about midway between two menstrual periods. The exact timing is difficult to predict, however. Women with 28 day cycles (see next question) are most likely to be fertile between days 8 and 15 of each cycle.



How are the days of the menstrual cycle counted?

A menstrual cycle starts with the first day of monthly bleeding. The last day of the menstrual cycle is the day before the next monthly bleeding starts. For example, if bleeding started on July 1, that is the first day of the menstrual cycle. If the menstrual cycle that month is 28 days long, the next monthly bleeding would start on July 29. If this woman usually has 28 day cycles, she can expect monthly bleeding to start again on August 26.

How long does the menstrual cycle usually last?

Most women have menstrual cycles that last between 24 and 35 days. The most common length is 28 days. But many women have longer or shorter cycles. The length of some women's cycles varies by a few days from month to month. All these patterns are normal.

When do girls usually start having menstrual periods?

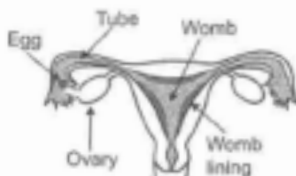
Girls usually start to have periods between the ages of 11 and 16, and on average between 12 and 13. As socioeconomic conditions and nutrition have improved, the age at which a girl's period starts has gradually decreased. In some parts of the world, it is not uncommon for girls to start their periods before age 11.

A 28-Day Menstrual Cycle

- The **FERTILE TIME** of the cycle is the day the egg is released and the five days before that.
- For full protection from pregnancy, it is best to use contraception **THROUGHOUT THE CYCLE**.

1 Release of egg

(difficult to predict timing but usually about midway through the cycle—around day 14 of a 28-day cycle)



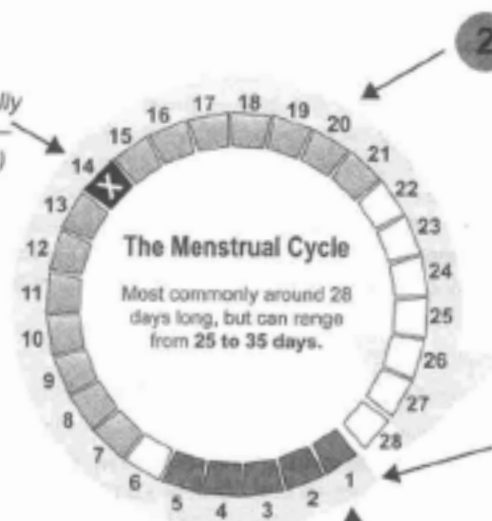
2 Thickening of the womb lining



Note: When counting the days in the menstrual cycle, always start with the first day of menstrual bleeding.

3 Menstrual bleeding (period)

(usually ranges from 2 to 7 days, often about 5 days)



Source: Adapted from the World Health Organization 2005 (23)

How does a girl know when she will begin to have periods?

A girl cannot know for sure when she will begin to have periods. However, a girl's first period usually comes about a year after her breasts begin to develop and after her breasts begin to develop and after her pubic hair becomes coarser and darker.

Do adolescent girls have different cycle lengths than adult women?

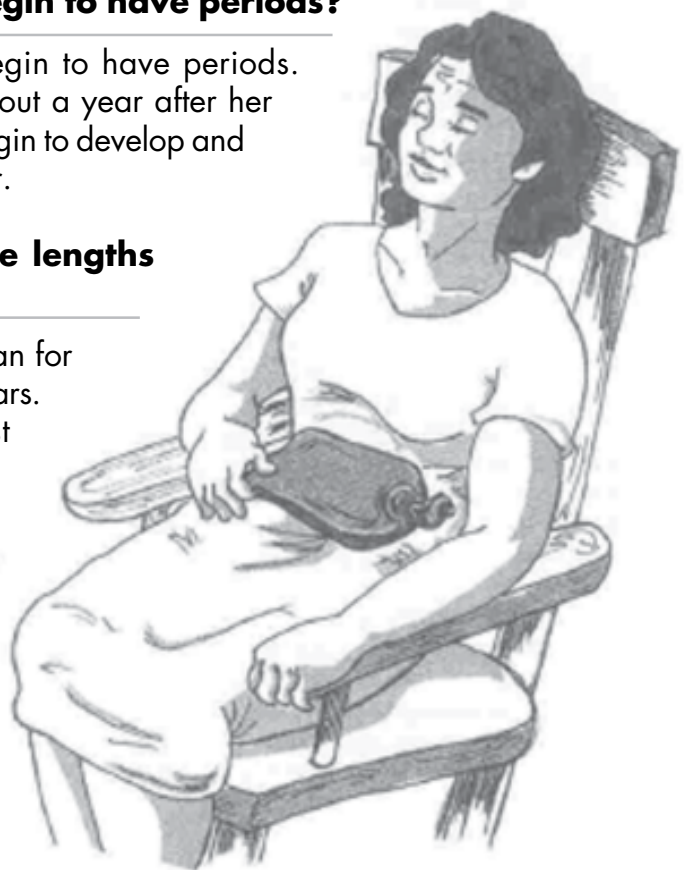
The lengths of adolescents' cycles vary more than for adult women, especially in the first two to three years. Cycles become more regular with time. Most adolescents' cycles range between 21 and 45 days. For women in general, 24 to 35 days in length is usual. Menstrual bleeding for adolescents usually lasts between two and seven days, the same as for adult women.

How often should a woman wash her genital area during monthly bleeding?

A woman should wash the genital area at least once a day. This practice, along with changing menstrual pads or cloths before they are soaked with blood, can help avoid problems such as genital itching and burning urination.

What if a woman is bleeding more than usual?

If a woman is bleeding for longer than eight days or is bleeding twice as much as usual for her, she should see a health care provider. Women usually bleed for two to seven days and lose between 50ml - 150ml of blood per cycle. In practical terms, each woman should be aware of what is normal for her. She can count how many menstrual cloths or pads she usually uses during monthly bleeding over a few months to determine what is typical for her.



PROBLEM SOLVING FOR BETTER HEALTH

Activity 1

Greet the class and introduce the topic.

Ask them if ***they have ever faced any problems in their life?***

Possible Responses: Several times, everyday, studies are a problem

How do they solve a problem?

What are the steps in Problem Solving?



Guidelines for the Facilitator:

Tell the students that everybody faces and solves problems daily. Some problems could affect our health or be directly related to our health. However, by methodically solving the problem, we may find better solutions. When they are taking Examinations, they are using **Problem Solving** skills! Tell them about the 5 step method to Problem Solving (Refer to Fact Sheet), and distribute the handouts.

Objectives

By the end of the session, the students will be able to:

- ✓ Critically evaluate situations for Problem solving & effective Decision making

Life Skills being used

Self-Awareness, Critical Thinking, Problem Solving, Decision Making and Creative Thinking.

Advance Preparations

Pens, bag with chits containing different situations, photocopies of the handouts for each student.

Activity 2

Now divide the students into groups with 5 participants in each group. Provide each group with pens.

Provide a bag containing chits – each with a different situation – and instruct each group to select one chit from the bag. (Refer to situations list.). You may also like to pre-select the situations and allocate one to each group

Guidelines for the Facilitator:

Situations can be selected from those given at the end. Further additional situations can be added depending on the needs of the group. Please write situations on sheets of paper and then make participants pick sheets randomly

Ask the groups to initiate a discussion around the situation and solve the problem using the techniques from the hand out given earlier. Encourage the participants to be creative when exploring positive solutions. This will enhance their problem solving and decision making abilities

On completion, ask each group to make a presentation of the situation and the solutions that they have arrived at. Discuss.

State that these skills can be used in situations that have an impact on our health and thus are very useful to rehearse and apply at all times.

Recap the following at the end of the period:

- Problem Solving is an important Life Skill which is used everyday by everyone.
- It is a skill which can be developed by practice.
- Problem solving can be carried out by asking five simple questions.
- Problem solving skills can help us to protect from diseases and promote our health.

Activity 3

Ask the students:

1. How can solving problems help us in our lives?
2. Explain the various steps in Problem solving?

Learning in the community:

Ask the students to do the following:

1. Over the next 24 hours, list down 2-3 situations which posed a problem to you & how you identified positive aspects of the problem / situation, while dealing with them.

Situations

- You feel tired very soon and do not know what is wrong with you
- The senior boys in the school bully and hit you regularly.
- Your pant / skirt button breaks in the school!
- You are worried as you are getting more pimples than other students of your class.
- You are very anxious and depressed and just want to withdraw from all social activities.
- Your friend wants you to watch a blue film.
- Your friend has started drinking alcohol and wants you to try it at a party.
- Guests come suddenly for dinner and there is not enough food.
- You ate in a restaurant and realize that you have forgotten your wallet!
- You buy a new pair of jeans and they shrink after the first wash.
- You are studying for your exam but there is a lot of noise at home.
- Your parents have gone out, and your younger sister gets a high fever.



HAND OUT:

5 EASY STEPS TO PROBLEM SOLVING:

1. **WHAT** is the problem? In simple words, write down the key issues in the problem.
2. **WHY** is there a problem? What has caused this problem? Usually a problem has more than one cause. List them all. Also write any important circumstances or explanations about the problem.
3. **HOW** can we solve it? This is where you can use your imagination. During this stage, first come up with all the ideas you can think of. Let some ideas be wild. This is “Thinking out of the box” and is the way many new inventions took place. Look at it from different perspectives. Don’t work at it. Do it in a way that is playful and fun. Jot down your ideas.
4. **WHICH** solution appeals to you the most? You have a collection of possible solutions, and reading through them probably sparked some more ideas. Write them all down. Then look over your ideas and choose what you think is the finest solution among them.
5. **ACT** on your solution. It won’t always work. Even if it doesn’t – you have others to try. Problems are an important part of life, and it is always in your best interest to improve your ability to create good solutions.

PROBLEM SOLVING

Problem Solving is the process of tackling problems in a systematic and rational way. **Problem solving** forms part of thinking. Considered the most complex of all intellectual functions, problem solving has been defined as a higher-order cognitive process that requires the modulation and control of more routine or fundamental skills

Like all the wider key skills units Problem Solving involves a cyclical process, which is described as the plan-do-review cycle.

The aim of the Problem Solving is to encourage students to develop a systematic approach to tackling problems and to be able to reflect on their approach. This process should involve learning to improve problem-solving skills for the future. This requires the transfer of skills, knowledge and experience gained to new problems.

The teaching of a systematic approach must be linked to developing the interpersonal skills and personal qualities required. While not every student will become a great problem solver, skills can be improved so that a logical and rational approach is taken which will stand them in good stead whatever the situation.

NO MORE SEXUAL HARASSMENT

Activity 1

Greet the class and tell them that today the topic of discussion will be an issue that many of them face -that of sexual harassment.

Ask the students, “**What are the different kinds of sexual harassment?**” Ask them to brainstorm on various types of sexual harassment, eve teasing, etc. and how prevalent are they. Note down their responses on the board.

Guidelines for the Facilitator:

Tell the class **sexual harassment** is defined as unwanted and unwelcome physical contact, verbal demands and put downs based on sex, gender or sexuality of the person being harassed. In many parts of Asia, sexual harassment is called “Eve Teasing”, but is actually much more than that. State that sexual violence and harassment is a serious public health problem. It can profoundly affect the physical, emotional, mental and social well being of the victims who face it



Activity 2

Divide the class into 3 groups. Give one copy of the quiz to each group. Ask the students to examine each scenario in the quiz and decide which category they fall in:

- Sexual harassment:
- Unacceptable behaviour but not sexual harassment:
- Acceptable behaviour
- Unsure

Objectives

By the end of the session, the students will be able to:

- ✓ Identify the various manifestations of sexual harassment
- ✓ List various ways in which sexual harassment could be reduced.

Life Skills being used

Self-Awareness, Empathy, Coping with Stress, Coping with Emotions and, Effective Communication.

Advance Preparations

Copies of the quiz, “Is this sexual harassment?”

Scenarios

1. A young man continually asks a young woman to have sex with him and she always says 'no'. (a)
2. A young man shows a pornographic magazine to his male friends in front of a young woman. The man teases her about her body. (a)
3. The teacher gets angry and slaps a boy in her class. (b)
4. A young man pulls down the pants of another young man in the change room against his will. (a)
5. A young man threatens his girlfriend that if she doesn't have sex with him, he will tell his friends a nasty rumour about her. (a)
6. A male coach teaches tennis to a girl and holds her hand to teach her how to hold the racket. (c)
7. A group of young men and women often tease a woman they know has been raped. (a)
8. A young boy asks his friend to try marijuana. (b)
9. A group of young men often tease a young woman about the size of her breasts. (a)
10. A young girl asks a boy for his notebook. (c)
11. A group of young men and women often tease a young man about his clothes. (a)
12. A group of young men often tease a young man about the size of his penis. (a)
13. A young woman and a man make sexual suggestions to each other in public. (b)
14. The "uncle" of a 16 year old girl kisses her on the lips forcefully. (a)
15. A young man wears a sexually graphic image on his shirt, which offends others. (a)

Ask the groups to answer the questions put to them at random. Correct their impressions where ever required. Allow some discussion to take place.

Guideline for the Facilitator:

The correct answers of each situation are given in brackets.

Ask the students to use Life Skills like **Self-awareness, Empathy and Critical Thinking** while carrying out the activity.

Activity 3: ROLE PLAY

Now ask the same groups to prepare roleplays on how to deal with sexual harassment.

Give them 5-7 minutes (not longer!) to prepare. State that the role plays must reflect how the victim can deal with it in practical manner. **State that no touching or uttering of obscenities should take place.** State that we will rehearse our skills of self awareness (being assertive), decision making, problem solving, and coping with stress and emotions through these role plays.

Ask each group to present the role play for 3-5 minutes.

Guideline for the Facilitator:

Applaud the role plays. Discuss the various “methodologies’ – being confident and assertive, warning the aggressors, shouting loudly, not allowing physical touching, defending self by hitting out, moving away, seeking help from others, etc that were exhibited in the role play by students. State that the victim by herself and along with friends can do a lot to effectively deal with such situations.

State humorously that being physically fit, knowing self defence and being confident – not only helps in dealing with such situations but also may prevent such situations.

State that the victims should **not** “feel guilty” and, instead, should vigorously complain about the aggressors to authorities and adults – teachers, parents, principal, police and others. Also let them know about committees and mechanisms that exist in your area to deal with such incidents. Sexual harassment and / or violence should not become acceptable and must be reported to various authorities

Inform everyone that sexual harassment is punishable by law. Many people do not know this and so carry out such harassment in the mistaken belief that nothing will happen to them.

Activity 4

Ask “Do you think we can prevent sexual harassment? How?”

Ask “Suppose a friend is being sexually harassed, how would you help her/him?”

Guidelines for the Facilitator:

Let a discussion take place. Add from your side if needed. (Refer to Fact Sheet). Bring out the fact that singly and collectively we all can deal with this problem. Reiterate the mechanisms available for redressal. State that the school follows a “no harassment” policy.

Discussing these questions would clarify to the students that not only is sexual harassment “not acceptable” but we all can do a lot to prevent it from happening. The boys too should understand the implications – and their role in preventing such incidents.



Activity 5

Recap the following at the end of the period:

1. Sexual violence and harassment is a serious public health problem.
2. It can profoundly affect the physical, emotional, mental and social well being of victims.
3. Sexual harassment can be prevented.
4. Sexual harassment and / or violence is not acceptable and must be reported to various authorities.

Activity 6

Ask the following:

1. What do you understand by the term 'Sexual harassment'?
2. What are the different types of sexual harassment that you know?
3. How can sexual harassment be prevented?

Learning in the Community:

Ask the students to reflect:

1. Have they ever experienced any form of sexual harassment?
Yes / No.
2. If yes, how did they deal with it?
3. In case they are ever harassed again, what strategies will they adopt?

SEXUAL HARASSMENT

Sexual harassment is any unwanted sexual attention / behaviour which a girl or boy experiences in various situations. The behaviour may be intentional or unintentional with implicit or explicit sexual connotations. It may be verbal, non-verbal or physical. It can happen to anyone – a girl, a boy, a woman or a man. However, girls and women experience sexual harassment more often than boys or men. Following are some examples of sexual harassment.

Verbal Harassment:

- Passing suggestive jokes or comments of sexual content; making derogatory remarks of sexual content.
- Inappropriate comments on someone's body or dress.
- Making obscene phone calls.
- Using language with double meaning.
- Derogatory sounds or gestures implying sexual meaning.

Non-verbal Harassment:

- Stalking / keeping track of the person all the time.
- Sexually suggestive graffiti (writing or drawing about the person on wall, board with sexual content).
- Leering.
- Exposing genitals in a public area /masturbation and exhibiting.
- Inappropriate display of sexually suggestive pictures, objects etc.
- Writing anonymous letters / E Mails with sexual / pornographic content.
- Spreading sexual rumours about an individual.

Physical Harassment:

- Unnecessary or unwanted physical contact of a sexual nature - touching, pinching, patting, rubbing against the other person's cheeks, lips, breasts or bottom.

Young girls are subjected to sexual harassment much more than older women or boys or men. Girls are usually harassed by other boys or men in public places like crowded market places, buses, isolated roads etc.

Sexual harassment is a type of sexual abuse. The subtle difference is that in sexual harassment there is no sexual contact and the harassment is often done anonymously in public places (towards strangers, in crowds and buses). Sometimes, sexual harassment can be done by a known person (example-a senior employer repeatedly making sexual comments towards junior person in the office). It is commonly presumed that the person who indulges in sexual harassment is proving his / her superiority. The truth is that people who harass others sexually are **immature** and do not have the ability to fulfil their sexual needs either by postponing gratification or being in a satisfying stable relationship like love or marriage. They are **inadequate** people who resort to sexual satisfaction by devious methods only.

Youngsters who are subjected to repeated sexual harassment may show disturbances such as:

- Feeling unsafe leaving home and going outside, including school.
- Avoiding or being irregular in school.
- Sudden decline in academic performance.
- Difficulties in concentration
- Poor memory.
- Withdrawn from friends, parents and teachers.
- Generalized fear, anxiety and depression.
- Self-blame and guilt feelings.
- Anger outbursts, irritability and restlessness.

CONFLICT RESOLUTION AND NEGOTIATION FOR BETTER HEALTH

Activity 1

Greet the Students and introduce the topic.

Ask the class: ***"What is Conflict?"***

Possible responses:

- Two people/parties fighting over something
- Tension, fight, anger, feeling of opposition, etc.



Ask the class: ***"What are the levels of conflict?"***

Possible responses:

Don't know, High and low, etc.

Ask the class ***"How can conflicts harm our health and social standing?"***

Possible responses:

- Our peace of mind and happiness can be lost
- We can get injured in fights.
- We can do things in anger that can harm our social standing.

Guidelines for the Facilitator:

Conflict is **defined** as ***"the competitive or opposing action of incompatibles"***.

Tell the students that in Chinese culture, conflict includes the **opportunity** for resolution, and carries significant consequences and **"Danger"** if not resolved. Thus we all must find or look methods to reduce and resolve conflict

Objectives

By the end of the session, the students will be able to:

- ✓ Understand the three levels of conflict and how to deal with them.
- ✓ Identify and enlist available options for conflict resolution
- ✓ State the steps for successful and effective negotiation.

Life Skills being used

Self- Awareness, Decision Making, Effective Communication, Inter personal Relationship, Empathy.

Advance Preparations

Black Board, Chalk, Photocopy of role plays, Photocopies of handouts for each student, Poster displaying ***"Ways to resolve Conflict"***.

There are **three levels** of Conflict:

Level 1: Can't we just get along?

Level 2: I intend to win

Level 3: I will hurt you

State that conflict – either acute or chronic - can harm our health in many ways. It can snatch our happiness, joy and peace of mind. It can lead to violence against others and /or self. Chronic conflict situations can lead to hypertension, affect our heart and lead to depression. Some reports have also linked chronic stress to occurrence of cancers. In short, unresolved conflicts adversely affect our health – physical, mental, social and spiritual. They can also reduce or adversely impact our social standing and reputation.

Activity 2

State that it is important to learn how to reduce or resolve conflicts. Display the poster **“Ways of Resolving Conflict”** prepared by you, or write the following on the black board.

Ways of Resolving Conflict

Avoid conflict	-	Simply withdraw from any conflict.
Smooth it over	-	Pretend there's no conflict and everything is OK.
Win at all Costs	-	Get what you want; the other person loses.
Compromise	-	Give up something you want to get something else that you also want.
Win/win negotiation	-	Use creative problem solving to give both people what they want or need.

Guidelines for the Facilitator:

Tell students: The first three situations given above usually lead to problems and the latter two are more successful. We will be doing activities to understand how to make/improvise a win / win negotiation.

Activity 3 - Role plays

Divide the class into 3-4 small groups and ask each group to think of some scenarios that bring about conflict and then choose one to use for a role-play exercise.

Ask students to develop a role-play to illustrate “win – win” method of conflict resolution.

Then ask:

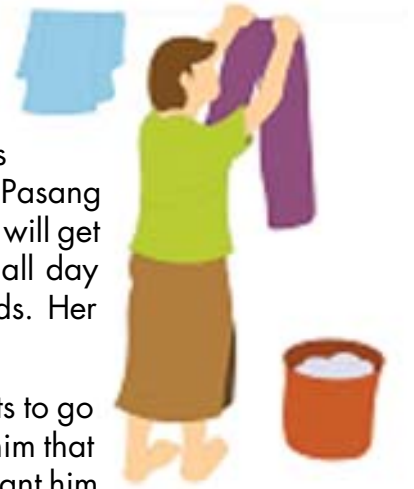
- Which methods usually cause problems?
- Which options are better strategies? Why?

Give an example of a common situation in which two parties reach a compromise.

Example 1: Pasang wants to go to the movies with her friends on Saturday night. But she has been doing badly in school and her parents refuse to let her go out with her friends until she improves her grades. Pasang says she is serious about improving her grades. She suggests that she will get extra help from her teachers. She will also study Friday night and all day Saturday if she can enjoy Saturday evening at the movies with her friends. Her parents agree to this compromise.

Example 2: Tenzin lives in a village and goes to school. He wants to go to the fair with his friends on the coming Sunday. But his parents tell him that they are expecting some relatives to come over on Sunday and they want him to help. Tenzin suggests to them that he will finish all his work before leaving for the fair. His parents agree to this compromise.

Now ask the students: What is the name of the **process** that leads to such a compromise / agreement? The answer that you are looking for is **negotiation**.



Guidelines for the Facilitator:

Applaud the role plays. Reiterate the processes of conflict resolution that were shown. State that as we gain experience most of us start realizing that there are ways to create “win – win” situations in conflict prone situations. Whether relationships with our parents or friends, or questions of taking alcohol or indulging in high risk activities, we can overcome our conflicts by utilizing these methods – especially negotiation. We must remember that our health and life are essential and we must preserve them at all costs. Creating “win- win’ situations through the process of negotiation can frequently be of help.

Ask participants to think of other examples where negotiation and compromise might bring an agreement. Discuss with them the **advantages** and **disadvantages** of reaching a compromise. Ask them to think critically and creatively.

Activity 4

Display on Poster/Blackboard “**Four Steps of Successful Win/Win Negotiation**”: Ask a volunteer to read out the points.

FOUR STEPS OF SUCCESSFUL WIN/WIN NEGOTIATION

1. **State your position.** Use “I” statements, say what you want or need.
2. **Listen to the other person’s position.** Find out what the other person needs or wants. Restate the other person’s position to be sure that you understand.
3. **Brainstorm WIN/ WIN solutions.** Take into account both peoples’ needs and wants. Be **creative**.
4. **Agree** on a solution. Try it out. If it does not work, start the process over again.

Now ask for an example of how a win-win negotiation could work well. Read the example below. Ask the group to try and discover a way of resolving the conflict using a win/win option. Ask volunteers to develop **a short role play** which shows Nima and Pema working out a win-win solution to this problem.

Ask the volunteers to portray: - **“How can Nima and Pema work out this situation so that each “wins”?”**

Two Friends

Nima and Pema have been good friends for a while and really like each other. They spend a lot of time studying / playing together. Nima however, still gets very jealous if Pema pays attention to other friends.

Recently, Pema and another friend Yangki started working together after school on an oral report that they have to make to their cooking class at school. Nima feels that Yangki is trying to get close to Pema. She wants Pema to stop working with her. She says that Yangki does not have a good reputation and it is not right for them to meet and spend hours together. Besides, Nima wants to spend more time with her.

Pema likes Yangki, as a friend, but Nima is still her best friend. She wants Nima to trust her and to stop being jealous all the time. She says there is no way she will stop working with Yangki. Yangki is a good student and always does well in whatever she does. Pema is hoping to improve her own results by doing a really interesting report with her.

Guidelines for the Facilitator:

Applaud the role play carried out and remark on some of the salient features. Compare it with the previous role plays that were carried out by the groups. Bring out the Life Skills required for reaching a win-win solution i.e. **Self-Awareness, Effective Communication, Interpersonal Relationship, Decision Making** and **Empathy**. Remind the students that a combination of Life Skills is required to deal effectively with life situations. Raise the following questions and see that some discussion takes place about them.

Also present them as “**food for thought**”, the following-

- Why do people have so much trouble negotiating a solution to a conflict?
- How might people’s feelings get in the way of a win / win solution?
(Self-Awareness, Coping with Emotion).
- Could violence be an outcome in any of these situations? Which one? Why?
- What makes it easier to negotiate? What makes it harder?
- What are examples of situations in which you would be unwilling to compromise?

Guidelines for the Facilitator:

State that many people have never learnt the art of negotiation. Their egos and lack of life skills like self awareness, creative thinking, problem solving and coping with stress and emotions hinders their conflict resolution ability. Many a times arguments are sought to be “resolved” by violence which only complicates matters further. Utilizing all life skills makes it easier to resolve conflicts. Off course there need not be any “compromise” in matters that concern our life and health!

State that we can utilize similar methods to sail through potential conflict ridden situations that can affect our health – heated arguments, being coerced for sex or alcohol, being bullied or living under fear, chronic stress because of relationship issues- etc. All these can be sorted out by a process of negotiation.

State there may be some students who are passing through turmoil or have current conflicts. Ask them to think how they would like to resolve it through negotiation. What kind of solutions are they likely to offer. Tell them that everyone needs to **constantly practice** these strategies before they become second nature.

Tell them that using methods like drinking, totally withdrawing by taking drugs etc are harmful and should be avoided at all costs.

Distribute the handouts to each student.

Activity 5

Recap the following at the end of the period:

- All of us face conflict many times in our lives. Conflict can harm our health in many ways.
- Conflicts need to be resolved early otherwise negative impacts are likely on interpersonal relationships which may result in violence and also impact on our and others health in an adverse fashion.
- Choose a ‘**conflict resolution method**’ which is advantageous to self, and also to the other person involved.
- Try and give up methods of conflict resolution which are harmful to self and others.

Activity 6

Ask the Students:

1. What do you understand by conflict?
2. How can conflicts adversely affect our health?
3. In what ways can you resolve conflicts?
4. Describe the steps towards a win/win situation

Learning in the Community:

Tell the students to write about any conflict they had last week .How did they resolve it?

If they were to face a conflict situation again, how would they deal with it now?

FACT SHEET

DEFINING CONFLICT

It has been said that the Chinese symbol for conflict is a combination of the symbols for “opportunity” and “danger.” This suggests that, at least in the Chinese culture, conflict includes the opportunity for resolution, and carries significant consequences if it is not resolved.

The dictionary defines conflict as the “competitive or opposing action of incompatibles: antagonistic state or action (as of divergent ideas, interests, or persons).”

As conflict increases, it usually results in an increased desire by the parties to “win,” an increased desire to save face, and a heightened concern for vengeful actions.

The Levels of Conflict

Conflict generally falls into one of three levels. Each level is unique and brings out its own set of challenges and possible strategies for managing conflict at that level. The levels are:

Level 1: Can't We Just Get Along?

At this level of conflict, the parties involved are able to discuss issues and share opinions without threats of reprisal. Coping strategies for this lowest area of conflict tend to involve one or the other party either giving in or avoiding conflicts. In this case, the **“live and let live”** approach usually works best. At this level, the most important goals are harmonious - fitting in and belonging by both parties.

Level 2: I Intend to Win.

At this stage, the attitude of competition takes over; trust levels decline and a **“win-lose”** mentality becomes paramount. The self-interest of each party takes precedence. Resolving such conflicts can be very challenging and frequently requires the intervention of a third party. The third-party role is one of opening discussion on the issues and seeking middle ground. This intervention takes the form, most typically, of mediation. Mediation is a dispute resolution process that uses an independent person called a mediator who assists disputing parties to reach a mutually agreeable settlement. The work of a mediator is generally not binding, but relies on the goodwill of the affected parties

Level 3: I Will Hurt You.

At this stage of conflict, the focus shifts from winning to **“annihilating”** the other party. Both parties tend to lose their perspective of the issues and move to a **“win-at-all-costs”** approach. Normally, the ability of the parties to reach an agreement has been exhausted. The strategy for resolving this level of conflict requires meaningful third party mediation or arbitration.



Coping with Conflict:

Conflict is part of the natural world. When we encounter personal or professional conflict, we need extra skills to cope. To get a clearer vision of the conflict you are dealing with or trying to manage, ask yourself the following questions:

- What are the motives of the conflicting parties?
 - What are the specific areas of disagreement?
 - What are the areas of agreement?
 - What mutual interests are at stake?
 - How has either party solved conflict in the past?
 - Who is the leader of each party, and what personal stakes do they have in the conflict?
 - If the conflict were solved overnight by magic, what would it look like?
 - What would be some concrete evidence that the conflict is increasing or decreasing?
-

If you can answer some of these questions as they apply to your situation, you may be able to better grasp the roots of the problem and its potential solutions.

Negotiation is one way to manage conflict. Negotiators can help to ease communication and speed resolution of a conflict. If it is up to you to solve a conflict, the best thing to do is to:

- Let your mind relax and allow solutions to come to you while you do other things
 - Be receptive to creative energies that you may not be able to access if you are stressed out and intensely focused on the problem
 - Perhaps a game of tennis or a yoga or art class will help solutions emerge naturally in your mind
-

It is a fact that we are more creative when we are relaxed, and at times thinking creatively is the only way to quell a conflict. Try to see the conflict from a new angle.

When conflict is apparent and there is nothing to do but cope, you can use coping strategies to help manage your emotions and thoughts. Learning some relaxation techniques can be helpful in such a situation. **Anger-control** techniques may also be of use if you feel that the conflict is arousing your own anger.

By understanding the basics of conflict resolution, and by implementing the strategies appropriate to the situation, a person in conflict can find ways to successfully resolve the conflict and take the “danger” out, leaving an “opportunity” for growth and learning.

HAND OUT:

RESOLVING CONFLICTS AND NEGOTIATING SKILLS

1. **IDENTIFY NEEDS.** **What** is your need or want?

Each person in the conflict should answer this question, without blaming or accusing the other person.

2. **DEFINE THE PROBLEM:** **What** do you think the problem is here?

The whole class can help to come up with a response that includes both persons' need but does not blame either. The people in the conflict must agree to the definition.

3. **BRAINSTORM LOTS OF SOLUTIONS:** **Who** can think of a way that we might solve this problem?

Any one in the class may offer a response. These should all be written down, without comment, judgment, or evaluation. The aim of this step is to come up with as many solutions as possible.

4. **EVALUATE THE SOLUTIONS:** **Would** you be **happy** with this solution?

Each party in the conflict goes through the list of alternatives and says which one would/would not be acceptable to him/her.

5. **DECIDE ON THE BEST SOLUTION:** Do you **both agree** to this solution? Is the problem solved?

Make sure both parties agree, and acknowledge their efforts in working out the solution?

6. **CHECK TO SEE HOW THE SOLUTION IS WORKING:** Let's **talk to each other** again soon to make sure the problem is really solved.

STEPS IN NEGOTIATION

1. Ask the other person to say what he or she thinks and how he or she feels about the issue. Use **"active" listening** to make sure you are understanding the other person's point of view.
2. Using **assertive communication** and I statements, tell the other person what you think and feel about the issue.
3. Each person thinks about ways to solve the problem so that **both people win**. Remember, each person may have to give something up in order for both people to win.
4. Both people state **ideas for solving** the problem.
5. Find an idea that is **agreeable to both people**, select it, and make plans to implement.

FRIENDSHIP WITH HIV POSITIVE PERSON

Activity 1

Greet the class and introduce the session.

Say that you will hand out a script for role-play. Invite 4 students for role-play.

Ask the other student to watch carefully as they will be asked to discuss what they have seen.

Role-play

Deki: You know yesterday in the village meeting people suggested that Phuntsho's father should leave the village along with his family members

Pasang: Did Phuntsho's father commit any sinful act? Why?

Deki: No! Phuntsho's father has AIDS and it seems his little brother and mother are also infected. People in the village are scared to speak with them.

Pasang: Oh really? That means his father had sex with lots of women.

Deki: Look Pasang, Phuntsho is coming towards us along with his little brother Penjor.

Pasang: Deki, I don't want to stand here and speak with them. I am going, are you coming with me?

Deki: Don't be stupid. HIV/AIDS does not spread through talking, touching, or playing with them. I think you should talk with his brother and treat him as a friend rather than running away like this.

Pasang: Yes now I remember the school sessions. People always say that HIV/AIDS infected people should be kept separately. One woman from the neighbouring village was asked to leave the place because she had HIV/AIDS. She was not allowed to speak with anybody or visit the holy place or public places. She was kept away from every activity in the village. I read about the same type of incident happening in several places in the newspapers. I feel

Objectives

By the end of the session, the students will be able to:

- ✓ Express their feelings, fears and attitudes towards HIV/AIDS infected people
- ✓ Have positive attitude and friendship for people who are HIV Positive or have AIDS.

Life Skills being used

Empathy and Self-Awareness, Coping with Emotions.

Advance Preparations

White sheet and pen, 4 photocopies of the role play.

Phuntsho and Penjor should not face similar treatment. Our fear should not cloud our judgment and our behaviour. Let us offer our support to the family!

Activity 2

Divide the class into 4-5 groups and ask them to discuss the points given below in the group. Ask the group to select a spokesperson who will present the synopsis of the discussion.

Points for Discussion:

- Do you think Phuntsho's father should leave the village? Why?
- Can HIV be cured?
- Can he and his family lead a normal life?
- What do you think are the ways by which AIDS is spread?
- What are the ways by which it does not spread?
- Can we prevent ourselves from getting infected with HIV? How?
- Why are people scared of being with HIV Positive people?
- Can we be friends with an HIV Positive person?
- Should people discriminate against HIV Positive people?

Give the groups a few minutes to discuss the points. Ask each group to present -one by one - their findings.

Guidelines for the Facilitator:

Applaud the significant points made by the groups. Tell the students that there is no reason why a person or family should be discriminated against. There is no vaccine to prevent one from getting HIV, except one of education! Some things that people can do are to **abstain** from sex, be **faithful** or make sure they use a **condom** when having sexual intercourse. Though there is no cure for HIV, the progression of HIV Positive to AIDS can be delayed by using drugs. There are a number of drugs (AZT, protease inhibitors etc) which, when combined together, can reduce the amount of HIV in a person's body. These drugs boost up the immune system so it can fight off the opportunistic infections, which occur because of AIDS.

TRADITIONAL HEALERS/MEDICINES CANNOT CURE HIV OR AIDS

Tell the students that given access to appropriate treatment, it is possible now for an HIV infected person to lead a reasonably normal and healthy life. Although there are medical treatments that can slow down the rate at which HIV weakens the immune system, access to such treatments is limited and costs are still high. However, some of the infections associated with HIV can be easily treated. These are called '**opportunistic infections**' and include Pneumonia, Rashes, TB etc. As with other diseases, early detection offers more options for treatment and preventive health care.

It can be explained that even students living with HIV or AIDS should lead a full life as much as possible and should not be denied the opportunity to receive an education to the maximum of their ability. Likewise, people living with HIV or AIDS should lead as full a professional life as possible, with the same rights and opportunities as other people and with no unfair discrimination being practiced against them.

No one should be discriminated against. Lack of accurate information, misconceptions, prevailing attitude and lack of empathy lead to fear that in turn leads to stigma and discrimination against the HIV+ person or a person suffering from AIDS. Thus wide spread education and counselling are important to reduce fear, stigma and discrimination.

Refusal to study with a student, or to work with or be taught by a teacher or other staff members with HIV or AIDS, should be preempted by providing accurate and understandable information on HIV/ AIDS to all educators, staff members, learners, students and their parents.

We all can be friends with HIV Positive people. Students who refuse to study with a fellow student should be counselled.

Most people living with HIV are supported by their family. However some, especially women, are abandoned and rejected by their family. It is important to understand that for people living with HIV or AIDS to lead a reasonably normal and healthy life, they must be given nutritious diet, rest, exercise, love and support from family and friends.

Activity 3

Recap the following at the end of the period:

- It is possible for a child /young person /adult living with HIV to lead a reasonably normal and healthy life.
- Children and young people living with HIV have a right to education, accurate information, friendly health services, support and understanding from the community.
- No student may be denied admission to, or continued attendance at, a school or an institution on account of his or her HIV and AIDS status or perceived HIV or AIDS status.
- No student or educator with HIV or AIDS may be unfairly discriminated against directly or indirectly.
- Individuals living with HIV need our support and understanding just as with any other life threatening illness.
- People living with HIV need to be respected and treated with dignity.
- An HIV positive person needs you as a friend.

Activity 4

Ask the students:

1. Is it possible for a person living with HIV to lead a healthy life? How?
2. Is there a cure for HIV? What kind of medication is given to a HIV positive person?
3. How all can we provide support to HIV Positive people and their families?

Learning in the Community:

Ask the students to reflect:

- Would they object if an HIV infected student is in their class?
- Would they share their food, with him/her?
- Would they play with him/her?
- What three things can they personally do to help out someone with HIV/AIDS?

RELATIONSHIPS-EMPATHY- HIV / AIDS

There is an urgent need to bring awareness to the public about HIV/AIDS and its mode of transmission. Lack of information, fear of transmission and myths about the illness have contributed to the negative attitude and stigma towards HIV/AIDS infected people.

People with HIV/AIDS are ill treated and labelled as sinners. This is because HIV/AIDS is usually associated with prostitution, extra marital affairs and homosexuality. People with HIV/AIDS are labelled with "bad behaviour, children of dirty people" etc. The victims are from the community and society. Children who are HIV positive are subject to discrimination and bullying by other children in school. One of the reasons for stigma is lack of information about the illness.

The teacher plays an important role allowing student to express their fears, feelings and attitudes towards HIV infected people and impart scientific knowledge about the illness to students. This reduces stigma and brings about healthy attitudes towards the HIV infected people.

The present module on empathy for HIV infected people focuses on helping students to learn skills to empathize with infected people and understand their needs and feelings in treating them as part of the community or society.



HOW TO SAY NO

Activity 1

Greet the class and introduce the topic.

Divide the class into 5 groups, and assign one role play to each. It does not matter whether the groups are all boys or all girls or mixed.

Role plays:

- 1) Dorji is being pressurized into smoking by his friends.
Ask the group to come up with ways in which he can get out of the situation?
- 2) Yangki has come to the park with her boyfriend Tenzin. He is asking her to kiss him like they do in the movies. She does not like the idea.
Ask the group to come up with suggestions, how she can refuse?
- 3) Some boys are forcing Sangay to bunk school to go to see the latest movie. He does not want to go. They then threaten him that he will have to leave the group since he is too "goody goody". Ask the group on how he should say "No"?
- 4) Sonam's best friend Pema has invited her to a party at her house, where boys will also come, and they will get alcohol. Sonam does not want to go, but does not want to lose her friend. What should she do? The group should suggest ways for Sonam to say 'No'.
- 5) Rinzin's friends want him to go with them to bully a younger boy. Ask the group to consider, how Rinzin can say 'No' and also prevent his friends from bullying the boy.

Ask each group to enact their play. Write on the board the methods used by each to say 'No'.

Applaud their efforts. Ask the class **"Can you think of any other methods of saying 'No'?"**

Objectives

By the end of the session, the students will be able to:

- ✓ Learn ways of saying 'No'.
- ✓ Develop skills required in saying 'No'

Life Skills being used

Critical Thinking, Coping with Emotions, Creative Thinking, Coping with Stress.

Advance Preparations

Paper chits with role plays, blackboard, chalk, and chart with 10 ways of saying 'NO' written on it, copies of Handout for each student.

Guidelines for the Facilitator:

State that such situations – many of which can adversely impact the health of the adolescents – can be faced by anyone. Thus it is best to be prepared in advance to deal with such situations. Children and adolescents usually don't say NO for fear of offending 'good friends/boyfriend/girlfriend' and the thought of losing them. Tell the students that if their friends were so concerned about their feelings they would not be forcing them to do or take part in certain acts. Also, in such a situation, even if we say 'No' and lose our friendship then we're actually better off for our so called "friends" never really cared for us if they force us to do things against our wishes. In such situations we can then seek out similar people and be friends with them instead. **Remind them that their values, morals and good habits will be their life long friends!**

The students will be using skills of **Self-Awareness** for **Decision Making**, (I don't want to do this) **Critical** and **Creative Thinking** for **Problem Solving** (How do I get out of this situation?). They will be **Coping with Stress** and **Emotions** (Pressure by friends/boyfriend) and have to use strong **Inter Personal Relationship** skills with **Effective Communication** to handle these situations. While doing the role plays, students also develop **Empathy** as they are putting themselves in the situation given. Today it may be a role play but tomorrow it can actually happen and this will assist them in dealing with such situations.

Activity 2

Now distribute the handout to all students. Tell them the 10 ways to say "NO" (**Refer to Fact Sheet**). Elaborate a little on each point. See to it that they understand the different approach adopted in each method.

State that since different situations need to be met in a different way, numerous ways of saying "NO" are discussed. It is up to us to choose and utilize the most appropriate for the situation we face.

Activity 3

Ask the groups to **re-enact** the role plays that they had enacted earlier, using at least **TWO different techniques of saying NO** from the Handout! It is best to allocate the groups the particular methodologies of saying NO so that ALL methodologies could be covered.

Give the groups a few minutes to prepare and then present the role plays one by one.

Applaud the role plays. Ask

"How was this set of role plays different from the first set though the same actors had carried them out"

"Why should we know the various methods of saying "NO!"?"

Guidelines for the Facilitator:

State that knowing the various techniques made the performances sharper and more focused.

It is best to know a variety of techniques as some techniques can be utilized for one situation and others for other situations.

State that it is best to say NO! to drugs and other high risk behaviours – the first time, every time and always! Tell the students that we will discuss many specific situations that will require us to say No to protect our health and protect ourselves.

Activity 4

Recap the following at the end of the period:

- We must be able to say 'No' when we feel that we are being pressurized to do something against our wishes or something which is not right.
- We must keep practicing various techniques to say 'No' to get us out of difficult situations.
- It is best to say NO! to drugs and other high risk behaviours – the first time, every time and always!

Activity 5

Ask the students:

1. Do we often get pressurized by doing what our friends ask us to do?
2. What are the different ways of saying 'No'?

Learning in the Community:

1. Tell the students to think of all the ways to say 'No' they learnt today. Think about one situation where they can use each way and write them in their note books.

FACT SHEET

HOW TO SAY 'NO'

Learning how to say no can be hard, but it's something that can really help you be more productive, reduce stress and do a better job with the things you do say "yes" to.

Learning how (and when) to say no is something that takes practice, especially if you're someone that is honestly interested in helping everyone you can, or one of the many who feels guilty every time you turn down a request for help.

Remember:-

- We say "yes" to others because we want to please them. But when eventually we can't continue, we let them down and we feel guilty. Both parties suffer. Recognize that a **desire to please** often prevents us from saying no.
- Make sure you **understand exactly** what is being asked of you before you respond. Perhaps the task is more time consuming than you thought. On the other hand, it may not take much effort at all.
- You have a **right** to say no. Remember that others may take you for granted and even lose respect for you if you don't.
- Be **polite**, but **firm** in saying no. You only build false hopes with wishy-washy responses. For instance, the phrase "I'll try to be there" in response to a party invitation is giving yourself an excuse to avoid a commitment.

Young people are often offered alcohol. To resist such pressure, youngsters say they prefer quick "one-liners" that allow them to dodge a drink without making a big scene. It will probably work best for them to take the lead in thinking up responses to drink offers so that he or she will feel comfortable saying Yes or No. But to get the brainstorming started, here are some simple pressure-busters—from the mildest to the most assertive.

1. No thanks.
2. I don't feel like it—do you have a soft drink?
3. Alcohol's NOT my thing.
4. Are you talking to me? FORGET it.
5. Why do you keep pressuring me when I've said NO?
6. Stop it!

Being an adolescent is not always easy. In fact, teenagers are often faced with very complicated and important decisions. One such decision is whether or **not to have sex**. Many of them want to say "no" but **peer pressure**, a desire to look "**cool**" or the **lack of assertiveness** prevents them from doing so. For those wanting to say "no" but are having problems, here are some ways to say "no" that work.

- Say no and **keep saying no** as many times as it takes to get the point across (Broken record technique).
- Before the occasion arises, **practice** what you would say if someone pressured you to have sex.
- Get out of a troublesome situation by **walking away** and staying away.
- Use **body language** that helps make your point.
- **Don't stick around** with the groups that pressurize you to do things their way.

HAND OUT:

Ways to say 'NO'

Method	Persuader	Decider
1. Polite refusal	"Can I get you a drink?"	"No thank you"
2. Give reason	"How about a beer?"	"I don't like beer" "I am taking medicine and my Doctor told me not to drink alcohol"
3. Be firm (Broken record technique)	"Here Smoke this cigarette with me" "Come on!" "Just try it"	"No thanks" "No thanks" "No thanks"
4. Walk away	"Hey do you want to buy some charas"	Say "No" and walk away after you say it.
5. Cold shoulder	"Do you want to smoke"	Keep going as if you did not hear the person. (Not the best to use with friends)"
6. Give an alternative	"Let's go upstairs to my room"	I'd rather stay here and watch T.V."
7. Reverse the pressure	"Come up stairs with me"	"What did I just tell you? "Were you listening"
8. Avoid the situation	_____	If you know of people or situations where people will pressurize you to do things you don't want to do, stay away from these situations.
9. Strength in numbers/ groups	_____	Stay with people who are like minded and who support your decision to not drink, use drugs, etc."
10. Own your feeling	_____	I am not comfortable doing this"" It makes me unhappy"

EATING WISELY

Activity 1

Greet the students. Divide them into groups of five. Let them pretend that they have to organize a small party with their friends. What kind of food would they choose? Ask each group to make a small list of food items, not exceeding 5 or 6. They have to write on a paper why they have chosen the items they included in the list.



Guidelines for the Facilitator:

This activity will create curiosity and an atmosphere to initiate this session on "food". This will also help the students exercise **Critical Thinking, Creative Thinking** and **Decision-Making Skills**.

Ask them to stick their papers showing food items and reasons for that on the wall /black board. You shall be using them later in the discussion.

Ask them- **Why do we eat food everyday?**

Possible responses:

- To fill our stomach/ relieve hunger
- To live
- To become strong
- To get energy to do work

Guidelines for the Facilitator:

Tell them that eating is important not only for filling our stomachs, but also for various other functions – growth, energy requirements, normal repair- in fact for sustaining life! (Refer fact sheet for details). Tell them that they are growing very fast; they need to eat the right kind of food in right amounts, and choose wisely from a variety of foods available.

Objectives

By the end of the session, the students will be able to:

- ✓ Learn about commonly available nutritious food.
- ✓ Appreciate the importance of eating the right kind of food for proper growth

Life Skills being used

Self-Awareness, Effective Communication, Decision Making, Critical Thinking, Creative thinking

Advance Preparations

Chart showing different food groups and food pyramid, chart giving calorie and nutritional status of different food items, sheets and pens, black board and chalk.

Activity 2

Now show them the Food Chart showing **five food groups** i.e. **cereals (grains); pulses, legumes, meat and nuts; dairy; fruits and vegetables; and sweets/fats** and tell them that different foods carry out different functions in our body.

For Energy



For Growth & Development



For Protection from Diseases



Group I:	Cereals	}	Give Energy
Group II:	Fats and Oils		
Group III:	Meat, Fish, Poultry; Pulses and Legumes; Nuts and seeds	}	For Growth and Development
Group IV:	Milk and Dairy products		
Group V:	Vegetables and Fruits → Perform protective functions		

Guidelines for the Facilitator:

Tell them that foods have been grouped into broad categories. However, one food can perform more than one function e.g. nuts and oil seeds can give energy and are also needed for growth and development. Similarly, milk and meat products also perform protective functions.

We must choose food items from each group, then only can food be called complete and nutritious. Ask them to refer to their plan for the party and find out whether it has foods from all the food groups? Praise the groups which meet the requirements.

Show them the chart of the **Food Pyramid**. (Refer the fact sheet) Tell them we need to eat more of the foods at the base of the pyramid e.g. bread and rice and less of those at the peak e.g. butter. Also, tell them that we need to keep in mind the calories and nutritional value of the food item that we select as part of the menu.

Now keeping in mind all the food groups and food guide pyramid, ask the students to plan a nutritious lunch menu/party for themselves on a sheet. Stick the sheet on the wall / board.

Guidelines for the Facilitator:

Tell them that they are becoming aware of the fact that **“they are what they eat”**. They are making wise choices for eating the right kind of food for staying healthy.

Ask them to check the diet they have planned and see if they have included foods from all the groups and in right quantity.

You will need to be sensitive about the economic backgrounds of your students. Some may come from economically weaker families and talking about the ‘correct’ diet must not become insensitive.

Link up with eating habits. Raise the issue of missed meals, especially breakfast and its harmful effects. State that along with choosing wisely, we also need to develop and follow good eating habits. Timing, frequency and regularity are of great importance, especially in the growing age. Also poor eating habits and anemia lead to poor concentration and performance. Thus eating wisely helps us on many fronts.

Activity 3

Recap the following at the end of the period:

- Since you will grow very fast during adolescence (10-19 years) and gain **15-20% of your final height** and about **25-50% of your final weight**, you need a diet which has a variety of food stuffs from all food groups in the right quantity.
- Adequate nutrition will help your body to perform **physical functions** (like sports) and **mental functions** (learning well) and will also protect you from diseases.
- Under nutrition (e.g. anemia, underweight, stunting) and over nutrition (overweight, obesity), are both harmful.
- We need to eat wisely especially in the earlier years 10 – 16 as maximum growth spurt takes place in these years.

Activity 4

Ask the students:

1. Why do we need food?
2. What are the various food groups?
3. What should a nutritious diet contain? Why?

Learning in the Community:

Ask the students to:

- Ensure that their household menu is not deficient in any of the food groups.
- Suggest changes in their family menu over a week to see that the family gets a diet

inclusive of all food groups.

EATING WISELY! EATING WELL!

Adolescence is a phase of rapid and continuous physical, mental and sexual growth and development. The quality of food consumed by adolescents during this phase will help them in their adult life too. Since the growth is very fast during adolescence (10-19 years) adolescents gain **15-20% of their final height** and about **25-50% of their final weight**, they need a diet which has a variety of food stuffs from all food groups in the right quantity.

Adequate nutrition will help them perform **physical functions** (like sports) and **mental functions** (learning well) and will also protect the adolescents from diseases.

Under nutrition (e.g. anemia, underweight, stunting) and over nutrition (overweight, obesity), are both harmful.

The adolescents need to eat wisely especially in the earlier years 10 – 16 as maximum growth spurt takes place in these years.

A healthy diet can be achieved through a blend of five basic food groups i.e. Cereals, Pulses and Legumes, Fats and Oil seeds, Meat, Fish and Egg and Fruits and Vegetables.

These groups provide us with different nutrients that carry out the various functions in the body.

Group I – Cereals – provides energy to do work and helps in growth.

Group II- Fats and Oils – provides energy to do work.

Group III – Meat, Fish and Poultry; Pulses and Legumes; Nuts and Seeds – provides protein for growth.

Group IV — Milk and Dairy Products - provides protein and calcium for physical and mental growth.

Group V – Vegetables and Fruits – provides vitamin and minerals for protection from diseases.

Need to eat the right food during Adolescence

- Helps to achieve **rapid growth** to full growth potential.
- Helps in timely **sexual maturation**.
- Ensures adequate calcium deposition in the bones and helps in achieving normal **bone strength**.
- Establishes **good eating habits** and sets the tone for a life time of healthy eating. This prevents obesity, osteoporosis; other diseases in later life.

The best nutrition advice to keep adolescents healthy includes encouraging them to:

- Eat a **variety** of foods

- Balance the food you eat with **physical activity**
- Choose a diet with plenty of grain products, vegetables and fruits
- Choose a diet low in fat, saturated fat, and cholesterol
- Choose a diet moderate in sugars and salt
- Choose a diet that provides enough calcium and iron to meet their growing body's requirements.
- You can help promote good nutrition by setting a good example. Healthy eating habits and regular exercise should be a regular part of the school activity.

Food Guide Pyramid:

The main emphasis of the food guide pyramid is on the five major food groups. Foods from all of the groups are required for good health.

Food Guide Pyramid

The food guide pyramid shows a range of servings for each food group. The shape of the pyramid guides an individual how much food from each group should be eaten. Foods which are at the base are to be eaten in large quantities and as it proceeds towards the apex, the quantity of foodstuffs decreases. It also emphasizes that foods that include a lot of fats, oils, and sweets should be used sparingly. These foods are at the apex of the pyramid. How much one actually eats depends on one's age and activity level.



Changes in height, weight and body composition during adolescence

The time and tempo of changes in height, weight and body composition can vary greatly among adolescents.

Changes in height

- **15-20% of adult height** is gained during adolescence.
- Growth spurt starts later in boys than girls and has a higher peak velocity than in girls. Linear growth can be slowed or delayed in adolescence if diet is severely restricted in energy or energy expenditure is increased as in highly competitive athletes.

Changes in weight

- **25-50% of final adult ideal weight** is gained during adolescence.
- The timing and amount of weight gain can be greatly affected by energy intake and energy used.

Changes in body composition and skeletal mass

- In the pre-pubertal period the proportion of fat and muscle in boys and girls is similar and lean body mass is equal in both sexes.
- Growing boys gain proportionately more muscle mass than fat, and more lean body mass as compared to girls.
- As adults the normal percentage of body fat is about 23% for women and 15% for men.
- Approximately 45% of skeletal mass is added during adolescence. By the end of the second decade of life, 90% of total bone mass is gained.
- Females with delayed puberty fail to gain bone mass at a normal rate and show lower mineral density as adults. Nutrition is one of the environmental factors that determines onset of puberty.
- The pubertal growth can be monitored by using height-for-age, weight-for-age and body mass index (BMI)-for-age (weight/height²)
- ***Adolescence can be the second opportunity to catch up growth if environmental conditions especially in terms of nutrient intake are favourable.***

Are nutritional needs of boys and girls the same?

Nutritional needs of males and females of the same age differ little in childhood but diverge after the onset of the pubertal growth spurt. After puberty, the differences in nutrient needs persist. The reason for the sex differences in nutrient recommendations after the age of 10, include earlier maturation of females (protein requirements of 11-14 year old girls are higher than for boys of the same age group but are much less for 15-18 year old girls as compared to their male counterparts), and variations in physiological needs for some nutrients by sex e.g., difference in the requirement of iron. Besides differences in height and weight, boys gain proportionately more muscle mass than fat as compared to girls. They experience increased linear growth to produce a heavier skeleton and develop greater red blood cell mass than girls. Girls on the other hand have more fat than muscle tissues.

In actual practice, boys are provided with more and better food than girls, as families give more importance to their dietary needs and link the discriminatory practice with the future of the boys (of studying hard, going out to earn, etc.) However, girls too require balanced and adequate food in order to compensate for blood loss during menstruation; to shoulder the extra burden of housework and at times outside work to supplement the family income. Also, they need more nutrients to be healthy to perform the duties of child bearing and rearing in the future.

LEARNING TO APPLY LIFE SKILLS

Activity 1

Ask them if they know about the Life Skills and the life skills program that has been instituted in some schools of Bhutan. Ask them to:

- Q1) Try to name the ten core Life Skills?
- Q2) Provide one example of where they used:
- 1- Creative Thinking,
 - 2- Empathy,
 - 3- Effective Communication,
 - 4- Self –Awareness, etc.



(You can add more skills or ask some more examples for the skills mentioned. The idea is to see that students have a clear understanding of the skills)

Possible Responses:

The students name the various core Life Skills and also provide examples that reflect their understanding. Very few students know about life skills.

Guidelines for the Facilitator:



The purpose of this step is **to make the students** familiar with all the Life Skills and their meanings in the session. So it is best to spend some time carrying out this activity.

Applaud the students' answers and their enthusiasm. **If you think it is needed, explain a little more about the skills and**

their meanings in easy, everyday language. See to it that they have clarity on the basics. You can write the 10 core life skills on the board.

Objectives

By the end of the session, students will be able to:

- ✓ Recognise the various Life skills.
- ✓ Understand that Life skills work best in combinations.
- ✓ Learn the inter-linkages of a particular skill with other skills.

Life Skills being used

Critical Thinking. Self-Awareness, Empathy, Effective Communication.

Advance Preparations

Brown paper/ chart paper pasted on one of the Walls, chalk, Blackboard, two different coloured cards (cut from chart paper – size 10 inches by 4 inches) in enough numbers for all students, (OR 2 different coloured papers for each student), glue sticks or cello tape, prepared chart on "How Life Skills interact with one another".

Now tell them that today we will learn more about how these skills work best in **combinations and the application of Life Skills** in different situations.

Activity 2

Tell the students that this exercise called “**Knowing yourself**” will tell each one of them about themselves. Provide all the students with **two** cards of different colours –say one pink card and one yellow card. Ask the participants to write down their own **three** major “strengths” and **three** major “weaknesses” on the cards provided to them. Direct them about the **colour code** – i.e. tell them that they should write the “Strengths” on the –say- Pink coloured card and the “Weaknesses” on the –say-Yellow coloured cards. Reinforce that they can write **ONLY THREE** qualities on each card. Tell them **not** to write their names.

Paste two cards as shown below on the brown paper/chart paper under which the students can paste their cards.

WEAKNESSES

STRENGTHS

Give them 5 minutes to introspect, think and decide about their qualities. Ask them to paste their cards at the spaces marked on the brown paper/chart paper pasted on the wall beforehand by you.

Ask everyone to collect near the pasted cards and stand in a semi circle. Ask a few students to **read** out the cards stating the strengths and weaknesses aloud. After all the cards have been read out, thank the students who helped the group that has many qualities.

Carry out a small discussion on why different people have chosen different qualities as their strengths and weaknesses.

Guideline for the Facilitator:

Tell the students that it is **normal to have certain weaknesses** and we need to work on ourselves to reduce/overcome them. This is one important area where consciously utilizing the Life Skills can help us. Also tell them that we all are a **unique combination** of various qualities. That’s what makes us all different and interesting! Create interest and humour in the discussion! Tell them that learning about Life Skills can be **fun and valuable** at the same time.



Now ask them the following questions:

1. How did you **like** the exercise?
2. Was it **easy or difficult**? Which part was difficult? Why?
3. What **Life Skills** were brought in use while carrying out this simple looking exercise of writing your responses?
4. Were some people **stressed**? Why? How did you cope with the stress?

NOTE: Keep on asking supplementary questions and explanations from students to keep the discussion going. Use humour and share interesting details.

Possible Responses:

- 1) We liked it, it was interesting, I never knew I had so many qualities, I liked writing on the cards
- 2) No, there was no difficulty, It was difficult to choose just three strengths/weaknesses; I could not think of many weaknesses that I have; It was difficult since it was the first time I thought about myself.
- 3) Life Skills utilized: Self-Awareness, Critical Thinking, Decision Making, Effective Communication, Coping with Stress.
- 4) Yes we were stressed, thinking about self brought stress on me, I thought of what my father/mother/friend says about me, Just choosing three qualities gave me stress, I thought more and overcame my stress, I realized that no names are required so I managed to relax, accepted my reality and overcame the stress, etc.

Guideline for the Facilitator:

Most people find these types of exercises very interesting but some may get stressed. So it is proper to acknowledge that self-analysis may give rise to stress.

Be vigilant to record interesting statements and utilize them to enrich and sustain the discussion.

Thank the students for a very rich discussion. You can also adopt other methods to carry out this activity e.g.. likes and dislikes, three things that make you happy or sad etc. You can also be creative and think of entirely new activities to introduce the concepts.

Reinforce the following:

- Although this simple activity of self-analysis was mainly dependent on the skill of Self-awareness, many other life skills were required to carry it out satisfactorily. Remind the students about the number of skills that they mentioned.
- **Life Skills work best in combinations.** Many Life Skills are required to deal satisfactorily with a particular situation/problem.
- One particular Life Skill can be required to work in many situations/problems.
- We all continuously use Life Skills. But learning how to use them **effectively and consciously** will help us deal with the situations more effectively.
- **Rehearsing** the use of Life Skills in simple situations can make it easy for us to utilize them in complex situations too.

Activity 3

Now share with them the chart on which you have details on. **“How Life Skills interact with each other”**. Explain it to the students and ask them to make a note of the important combinations.

Tell the class that there will be a small group activity to analyze the combinations of skills required to deal with certain common situations in the life of adolescents.

Divide the class into 5-6 groups and ask all the groups to elect a group leader who will present the groups findings. Allocate to each group 2-4 statements from those mentioned below and ask them to write at most 3 Life skills that would/should be used to manage the given situation. Give them 5 minutes to work.



Select from the following situations (You can add your own too!)

“What Life skills does an Adolescent require ?”

- 1) To do well at school.
- 2) To get on well with his/her parents.
- 3) To get a job after 18 yrs of age.
- 4) To deal with a change (e.g. changing school, changing house).
- 5) To deal with a demand to have sex when he/she is reluctant.
- 6) To deal with an offer to experiment with /sell drugs.
- 7) To get on well with his/her peers and friends.
- 8) To deal with loss and separation (e.g. separation from a friend, death of a relative.
- 9) To deal with a suggestion to bunk classes.
- 10) To help a person who is suffering from some chronic illness.
- 11) To maintain friendship with a person who has recently had a sad incidence/a set back in his/her life.
- 12) To help a classmate who is getting less marks despite working hard.

After the allocated time is up, ask by turns each leader to present their group’s findings. Ask the other groups whether they agree with the presentation. Let a discussion take place.

Guideline for the Facilitator:

Applaud each presentation. Along with the discussion, guide them gently with your comments where you think it is needed.

Tell them that Life skills are used not only for daily activities like learning, interacting, socializing but perform a critical role in dealing with situations that can be vexing and stressful.

See to it that students are able to have a clear concept of which skills are critical to deal with the situations mentioned.

Reiterate how more than one skill is required to deal with real life situations, and how one particular skill can be helpful/useful in many situations.

Activity 4

Recap the following at the end of the period:

- We use Life Skills in different situations, all the time
- Many Life Skills are used in combination when dealing with certain situations.
- Rehearsing the use of Life skills in simple situations makes it easy for us to utilize them in complex situations also.

Activity 5

Ask the students:

1. Name the 10 core Life Skills
2. Why are Life Skills important in our lives?
3. How do Life Skills interact with one another?

Learning in the Community:

1. Ask the students to analyze some of the well known stories for children –like Aesop’s fables, Thirsty Crow, Hare and the Tortoise, and explain what Life skills were used by the characters.
2. Ask them to use some of the stories from their text books that are appropriate for this activity, as well.

I. THINKING SKILLS

- Critical and creative thinking enable us to deal constructively with problems in our lives.

(1) Creative Thinking

- Creative thinking helps us respond adaptively and flexibly in our everyday life situation - It is about looking beyond our direct experience, exploring available alternatives and the various consequences of our actions or non action.
- Creative thinking is a novel or different way of doing things. Artists, writers, actors, etc use a lot of this skill.

(2) Critical Thinking

- Critical thinking enables us to analyze information and experience objectively and asses the factors that influence the way we think and act. ("What all can happen if I do this")
- Critical thinking is important for any of our crucial life decisions.
e.g.: What options do I have? What can each option lead to? Is this really what I want?

(3) Decision Making

- Helps to deal constructively with decisions about our lives.
- These can have consequences for health if adolescents actively make decisions about their actions by assessing the different options and the effects that different options and different decisions may have.

(4) Problem solving:

- Problem solving skills empower us not only to control our problems, but can turn them into opportunities.
- Problem solving also leads to decision making and managing emotions and stress

II. SOCIAL SKILLS

(5) Self Awareness

- Self awareness is the ability to understand our strengths, weaknesses, values, outlook, character, needs, desires, aspirations and feelings.

e.g.: I like myself even though I am imperfect



(6) Effective Communication:

- All of us communicate, but it may not always be effective.
- Listening is an important component of effective communication.
- Non verbal communication may sometimes be as effective as verbal communication e.g. body language.

(7) Interpersonal Relationships (IPR):

- There is always a relationship between people e.g. family, friends, workmates, neighbours
- Relationships are developed over a period of time and require constant nurturing.

(8) Empathy:

- An extremely important but less used life skill.
- It helps us to feel for the other person so that we can understand his/her feelings.
- Helps to strengthen interpersonal relationships and in coping with emotions and stress.

III. EMOTIONAL SKILLS

(9) Coping with Stress includes:

- Recognizing the sources of stress in our lives.
- Recognizing how this affects us,
- Acting in ways that help to control our levels of stress
- Take action to reduce the sources of stress,

e.g.: Learning how to relax so that tensions created by unavoidable stresses do not give rise to health problems.

(10) Coping with Emotions includes:

- Recognizing emotions in ourselves and others
- Being aware of how emotions influence behaviour
- Being able to respond to emotions appropriately.
- Being aware that intense emotions, like anger or sadness, can have negative effects on our health if we do not deal with them appropriately.

How Life skills interact with each other

Life Skills work best in combination. A few examples are given below.

A. GETTING TO KNOW YOURSELVES

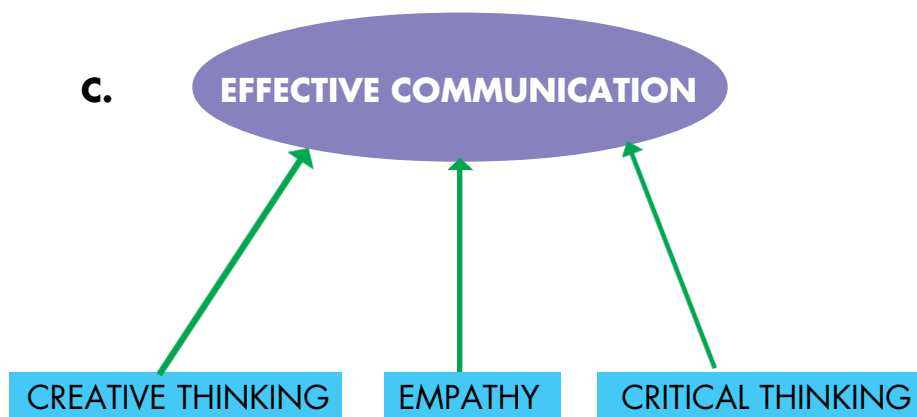
SELF-AWARENESS + CRITICAL THINKING

To get to know ourselves we first need to be **self aware**, and also analyse our views, values, actions, etc. by doing **critical thinking**.

B. WORKING TOWARDS YOUR GOAL

SELF-AWARENESS + CRITICAL THINKING + CREATIVE THINKING

To work towards our goal, we first need to use **Self Awareness** (What is our goal?); then **Critically Think** (analyse the steps involved and obstacles to be expected) and then use **Creative Thinking** (to overcome the obstacles).



D.

INTER-PERSONAL RELATIONSHIP

SELF-AWARENESS

EMPATHY

EFFECTIVE COMMUNICATION

E.

DECISION MAKING

SELF-AWARENESS

CRITICAL THINKING

F.

PROBLEM SOLVING

CREATIVE THINKING

CRITICAL THINKING

G.

SELF-AWARENESS

COPING WITH STRESS

COPING WITH EMOTION

EMOTIONAL GROWTH AND MATURITY

Activity 1

Greet the class and tell them that today they will be talking about mature and immature behaviour.

Ask some volunteers to relate to the class some school situations where they felt they had acted maturely. (Ask at least two volunteers). Also ask them about situations wherein they acted immaturely?

Now, ask them, ***“Why their behaviour in that particular situation was immature***, and given a chance, how would they change their immature behaviour into a mature one?

Guidelines for the Facilitator:

Explain to the students that as they mature, they may adopt new beliefs, establish new values, and change the way they perceive themselves. The basic structure of a person’s self-concept, however, tends to remain much the same throughout adolescence. Self concept can change if there is a great difference between the real and the ideal self.

Now ask – “Why is it important to be emotionally mature?”

Possible replies: to get along well with people, to be happy, to be able to control our feelings

Guidelines for the Facilitator:

Applaud the good answers. State that –just like physical and reproductive maturity - emotional growth and maturity are also the tasks of adolescence. To be emotionally secure and mature are the hallmarks of a well adjusted human being. Also they have beneficial impact on our health in many ways. We are less likely to be angry, depressed, anxious and frustrated – with their attended benefits on our physical health! Our relationships are likely to be joyous and fruitful. We will be able to take success and setbacks with equal ease. In fact the Bhutanese culture values emotionally stable persons.

Objectives

By the end of the session, the students will be able to:

- ✓ Distinguish the characteristics of mature behaviour from immature behaviour.
- ✓ Identify immature behaviours and plan ways to improve them.
- ✓ Assess one’s level of maturity based on a behavioural checklist

Life Skills being used

Self-Awareness, Creative Thinking, Critical Thinking, Decision making and Effective communication.

Advance Preparations

Checklist of “How mature are you?”, photocopies of articles, sheets of paper & sketching material.

Activity 2

Now ask the students- "**Do you think you are mature? Why do you say so?**" Record their responses on the blackboard. Then ask the class to copy the following list.

Ask the students to individually tick the phrases they feel are the way they usually behave. Ask them to answer the questions given below the checklist.

HOW MATURE ARE YOU? (Checking Your Own Personality)

The Immature Person	The Mature Person
▪ Depends on others	▪ Makes his/her own decisions
▪ Avoids responsibility	▪ Shoulders responsibility and follows through plans for the future
▪ Drifts from day to day	▪ Has a plan and a goal
▪ Wants his/her own way always	▪ Is willing to cooperate
▪ Worries endlessly	▪ Thinks through his/her problems
▪ Gets angry easily	▪ Controls his/her temper
▪ Broods over his/her mistakes	▪ Can laugh at himself/herself

- Choose one of the points checked in the first column. Jot down 2 or 3 examples showing when and why you have behaved this way. When, for example, have you been angry? Why? What have you worried about?
- If you did not choose points under the first column, would you say you are a mature person? Explain.

Guidelines for the Facilitator:

Tell the students that using their responses to the checklist on how mature they are, they should describe their level of emotional growth and maturity. Ask them to complete the following:

One is mature if



Ask them to compare the following maturity check-up with the checklist they have just worked on. Are the concepts of maturity the same for both? Or different? Explain.

MATURITY CHECK-UP

- A mature person does not take himself or herself too seriously; his/her job, yes!
- A mature person keeps alert in mind.
- A mature person does not always “view with alarm” every adverse situation that arises.
- A mature person is too big to belittle someone.
- A mature person has faith in self, which is fortified by faith in God.
- A mature person never accepts either success or failure in self as something permanent.
- A mature person never accepts any personal moods as permanent.
- A mature person is one who can control personal impulses.
- A mature person is afraid to make mistakes.

- Leonard Wede

Activity 3

Now ask the students:

From their responses in the checklist ‘How Mature Are You’?, choose one in the first column which you consider your weakest trait. Plan how you can transform this negative trait into something positive. Ask them to write the steps in their notebooks.

Guidelines for the Facilitator:

Let the students know that most people of their age are neither fully mature nor completely immature! This is generally reflective in the ways we behave viz a viz our education, health, interpersonal interactions and so on. Also some people may rate higher on some aspects of the maturity check up than others. This is perfectly normal.

Tell them that we should adopt a stage wise approach – first finding out the weak areas and then working on them patiently and diligently. Utilizing **Life Skills like Self-Awareness, Critical Thinking can help us with the first phase and Decision Making, Problem Solving, Coping with Stress, Interpersonal Relationship & Creating Thinking** will assist with the second phase.

Tell them that all of us have scope for further improvement and we should strive to improve further. State that being emotionally mature and stable is not only beneficial in social situations but has a tremendous promotive impact on our health too!

Activity 4

Recap the following at the end of the period:

Immature people sulk, make excuses and do not accept responsibilities while mature people enjoy who they are, take responsibility and can receive and take in what is offered to them.

Activity 5

Ask the students:

1. What do you understand by the term 'Mature' and 'Immature'?
2. How can you strive to become more mature?

Learning in the Community:

Tell the students to depict their level of maturity through any of these forms: a self portrait, a comic strip with them as one of the characters, or a collage.

Ask them to include a script or a description of their work and submit their masterpiece any day before the next meeting.

FACT SHEET

EMOTIONAL GROWTH AND MATURITY

Some people are never old enough to manage their lives successfully. The boy who always forgets to do his homework, the girl who is downcast because she cannot have a new dress, the man who gives up one job after another because "nobody" is going to tell him where to get off," the woman who admits that she "just cannot do a thing with the children"-all are people who never grew up.

Immature people sulk, make excuses, get hurt at trifles, do not accept responsibility. On the other hand, mature people enjoy who they are; are always open for growth; can give by being creative and productive for others; and can receive and take in what is offered to them. How deep is your emotional maturity?

Living harmoniously with others necessitates a high degree of emotional maturity. Growing up emotionally happens when people are aware of themselves as they relate with others.

Take a look at the following questions. Identify yourself with the examples given, and determine your level of emotional growth and maturity.



1. Do you take responsibility and follow through?

Developing your ability to see a thing through is one of the surest ways to back up your claim that you are old enough to do things on your own. When you volunteer to work for a club, a tea, a committee, do you stick around long enough finish the job? Children start projects enthusiastically, tire of them quickly, and drop them half finished. Mature people, however, are able to keep at the job after the first enthusiasm has faded, to look beyond the seeming dullness of the work, and continue to carry the work through to the end.

2. Do you cooperate with others?

Can you give and take in your dealings with people? The girl who sulks all evening because her family decided to cancel the weekend picnic; the brother and sister who quarrel every evening over which television programs to watch; the boy who lets his chores go because he is "too busy", are all emotionally immature. Where do you stand with the overgrown children whose theme is "We'll do it my way or not at all," or with the grown-ups who say "Well, what points can we get together on?"



3. Are you a good sport?

Can you accept defeat without whines, excuses, or complaints? When somebody else gets the role you tried for in the school play; when it rains without let up the day of the class field trip-can you swallow your disappointment? When the going is rough, can you take it and try again?

4. Can you keep calm in trying situations?

Does every little annoyance make you fuss and fume? If you are stuck waiting for your turn at the paying counter, do you get mad, mutter and shove?

Train yourself to look calmly over situations. See them as they really are. The lunch time chat will cost you at most five minutes. What are five minutes out of your life?

5. Do you think for yourself?

You are old enough to make your own decisions. Make them but be sure: (1) that they are clear, sensible judgments based on all the facts you can command; and (2) that they are your own. What the crowd does, wears, says and thinks mean a great deal to many young people. And since the crowd offers companionship, fun and a sense of belonging, some boys and girls parrot whatever their group says and never bother thinking for themselves. No one is ready for adult responsibilities unless he/she is willing to think things through for himself/herself.

LET US PUT A STOP TO SUBSTANCE ABUSE

Activity 1

Greet the students and introduce the subject by presenting them the case study and ask one of the students to read it out loudly.

Case Study

Rinzin, a high school boy is very good in studies and games. One Sunday, his friends found him fiddling with a plant. They also saw him eating some parts of that plant.

After sometime, Rinzin was found acting abnormally. When he was asked what happened, he simply laughed like a mad man.

Now ask them the following questions-

1. What do you say about Rinzin's health?
2. What kind of plant could Rinzin be fiddling with? (Make them to think critically and creatively?)
3. Do you think Rinzin was really mad? Yes/ No and give your reasons. (Here students will think critically and use effective communication to give the answers.)

Guidelines for the Facilitator:

State that maybe Rinzin was curious, but he ended up consuming a harmful substance – a drug - and being adversely affected by it. Maybe it was a 'dhatura' plant or something else. He wasn't mad but under the effect of the plant his behaviour had become abnormal.

The SHC / facilitator should emphasize more on substance abuse. All drugs are substances but not all substances are drugs. For more clarification, refer to fact sheet.

Objectives

By the end of the session, the students will be able to:

- ✓ Define substance abuse.
- ✓ Tell the abusive substances that are used in their locality.
- ✓ Tell reasons why substance abuse can be dangerous to their physical mental & social health.

Life Skills being used

Self-awareness. Critical Thinking, Creative Thinking, Effective Communication.

Advance Preparations

Chart, marker pen, posters of case study and definition of substance abuse, news print paper.

Activity 2

Now ask the students what they can say about drug and substance abuse. Ask them to come up with their definition of substance abuse in small groups of 5-6 students each. Display their definitions on the wall. Then display the correct definition for the students to compare.

Definition of Substance abuse: ***“a harmful substance which is taken without medical reason in an amount, strength, frequency or manner that damages the physical or mental functions of an individual”.***

Activity 3

Now provide each group with a chart paper and a marker pen. Then ask them to list down the common substances being abused in their locality and their ill effects on a chart.

Guidelines for the Facilitator:

The facilitator must not provide any additional information regarding substances being abused! This is to make sure that the students are not exposed to the substances which they are not familiar with.

Ask the students to display their findings and make them to think critically, analyze what will happen if anyone of the listed substances is abused? Ask them ***do they know that all such substances cause harm?***

Guidelines for the Facilitator:

Encourage the students to think of the future effects of drug/substance abuse including cumulative economic impact and the impact on personal health. Refer to the fact sheet to provide them information.

Warn the students about ill effects like depression, reduced school performance, worsening parent-child conflicts, run away, bad behaviour etc. Inform the students that after understanding about drug/substance abuse, its ill effects will be dealt in detail in a later session.

Activity 4

Now ask the students: ***“How can we keep ourselves and our friends away from harmful substances?”***

Possible answers: Not taking unknown things, saying “NO” to drugs, telling our friends and educating them about substance/ drug abuse etc.

Guidelines for the Facilitator:

Applaud the good answers. State that the best way to remain away from substances and drugs is to “Say NO to drugs – first time, every time, always!” state that Bhutan is a “tobacco free” nation. This sends a clear message to everyone about the socio cultural “values” and that the citizens of Bhutan are aware about the adverse impact substances can have on our society.

State that we all can launch a campaign against harmful substances and educate others about their impact. We can warn our friends about substances and look after them.

State that utilizing life skills like Self awareness, critical thinking, creative thinking and coping with stress and emotions would make the adolescents take responsible decisions.

Activity 5

Recap the following at the end of the period:

- Substance abuse is the use of harmful substances which are taken without medical reason in an amount, strength, frequency or manner that damages the physical or mental functions of an individual.
- It can have many harmful effects on one's social, physical, mental and economic well being

Activity 6

Ask the students:

1. What do you mean by drug abuse?
2. Why are some substances more abused than others?
3. List down some of the ill effects of substance abuse

Learning in the Community:

Ask the students:

What kind of skills did they learn from this session?

If they were offered some harmful substances, how would they react? Why?

SUBSTANCE ABUSE

Substance abuse is a serious health issue among adolescents. A large proportion of adolescents may use substances but are not yet dependent on them. They vary from recreational to harmful and hazardous drug users and require different approaches to screening, diagnosis and management. Substance use can lead to other risk taking behaviours by clouding judgment.

Why adolescents use substances:

1. Imitations of adult behaviour (use of legal substances)
2. Aggressive advertising by alcohol and tobacco companies
3. Individual and social risk factors:
 - Depression, low self esteem
 - Reduced school performance
 - Worsening parent-child conflicts, family dysfunction
 - Unexplained negative behaviour
 - Worsening communication skills
 - Preference for drug abusing pills
 - Positive family history of drug use
 - Run away behaviour
 - Conflicts with public officials
 - Overt evidence of drug intoxication
 - General accessibility of drug

Symptoms of drug abuse:

- Decreased attention span
- Poor memory skills
- Limited fine motor control
- Poor hygiene oral/general
- Injected conjunctivae
- Nasal irritation or discharge
- Episodes of abdominal pain

- Weight loss
- Emesis
- Malaena
- Hepatomegaly
- Chronic cough, recurrent bronchitis
- Tachycardia
- Poor muscle tone
- Multiple skin bruises
- Various STDs

Drugs commonly abused in Bhutan are:

- Tobacco
- Alcohol
- Doma
- Marijuana
- Cough syrups such as corex and phensydryl
- Solvents (petrol, glue, correcting fluid)
- Tablets such as nitrazepam, diazepam

Some of the common causes of substance abuse among students are:

- Curiosity
- Pressure from friends
- Too much pocket money
- Escape from boredom
- Broken family
- Mistaken belief that drug abuse will not lead to addiction.
- Rebellions attitude.
- Lack of parental guidance.
- Stress of growing up, failing exams, failed love relationships.
- To escape reality.
- Myths about drugs such as drugs cause happiness etc.

Tobacco and Smoking: Of the nearly 1.15 billion smokers in the world today, low and middle-income countries account for 82% of all smokers. While smoking prevalence is declining steadily in most high income countries, the tobacco epidemic is expanding in developing countries. Tobacco use presently causes around 11,000 deaths every day and the number of deaths in the next three decades is projected at 10 million annually, 70% of these will occur in the developing countries. Tobacco related illness such as cancer, cardiovascular diseases and respiratory diseases are already major problems in most countries and there are an estimated 12 million cases of preventable tobacco related illness each year in India. Approximately half of all cancers in men are tobacco related, while over 60% of those suffering from heart disease below the age of 40 years are smokers. In Sri Lanka, it is estimated 43% of reported cancers are tobacco related. Oral cancer is the most prevalent form of cancer in Sri Lanka and cardiovascular disease is the leading cause of death. Thailand reports 10,000 cases of tobacco related lung cancers each year, while 70% of those treated for acute heart attack in Bangladesh are smokers. The tobacco industry needs to lure new smokers to replace the ones who die due to tobacco use. 11,000 new tobacco users are needed each day to replace those that die, to keep the sales of the tobacco industry intact. Massive amounts are spent on advertising and endorsements to show smoking as glamorous and fashionable. The younger the age when smoking begins the longer the smoking cycle. Young people are also more vulnerable because they are likely to be less aware of the addictive nature of nicotine and the harmful effects of tobacco consumption. In most developing countries, a significant percentage of the population belongs to the adolescent and younger age groups. It is established that almost all tobacco users commence use before the age of 18 years and therefore the young in developing countries are now increasingly being targeted by the tobacco industry to increase sales, in order to offset their losses in the developed countries. The number of adolescents using tobacco is already a cause for concern.

FACT SHEET

BETEL NUT

THE EFFECTS OF CHEWING ARECA NUT AND BETEL QUIDS

Introduction

Areca, or betel, nut chewing is an important cultural practice that has traditionally been used in some medical practices, religious ceremonies and to strengthen social ties in Bhutan as in a number of regions in south and southeast Asia and the Asia Pacific.

It is estimated that between 10 and 20 per cent of the world's population chew areca nut in some form. This makes areca nut the fourth most widely used psychoactive substance, after nicotine, ethanol (alcohol) and caffeine.

This fact sheet provides general information about areca nut and betel quids and their effects.

What are areca nuts?

The areca nut is the seed of the fruit from a palm (*Areca catchu*) belonging to the *Palmaeae* family. Some people use the nut when it is unripe and green, while others wait until it is ripe and is a brown or orange-yellow colour. The seed (or endosperm) is separated from the outer layer of the fruit and may be used fresh, dried, boiled, baked, roasted or cured.

Street/other names

Areca nut is sometimes referred to as "betel nut". It is known as *doma* in Dzongkha, *gugey* in Shartshop and *goa* in Lhotsham in Bhutan. It is also known by various names in other countries such as *supai*, *pan parag*, *marg*, *maag*, *pugua* (Guam), *supari* (Hindi and Bengali), *puwak* (Sri Lanka), *gua* (Sylheti), *mak* (Thailand), *pinang* (Sarawak) and *daka* (Papua New Guinea).

How are areca nuts used?

Areca nuts are chewed, in a similar manner to chewing tobacco, for their mild euphoric and stimulating effects and to help reduce tension.

The most common method of using areca nut is to slice the nut into two to four slices, wrap in a betel leaf along with slaked lime and chew. In Bhutan it is known as *doma khamto*. Dried nuts are made into thin strips and rolled in a betel leaf (from the *Piper betel*) with slaked lime (powder) or crushed sea shells and chewed. This leaf package is generally referred to as a "betel quid", or a "betel nut chew", "betel chew", *betel pan* (India) or *betel paan* (India).

Betel quids may also contain tobacco and other additives such as cloves, cardamom, nutmeg, aniseed, coconut, sugar, syrups and fruit extracts, to enhance the flavour. Sometimes areca nuts are rolled in leaves other than betel leaf, such as a leaf from the rubiaceous plant (*Mitrogyna speciosa*), nutmeg tree (*Myristica fragrans*), or the pepper plant used in kava (*Piper methysticum*).

In countries in which areca nut and betel quid chewing are indigenous, these practices have traditionally played an important role in social customs, religious practices and cultural rituals.

In some countries the areca nut can be purchased as a refined product containing a wide variety of areca mixtures, both with and without tobacco. The products that are manufactured industrially and marketed commercially are known as “pan masala”. Pan masala products that contain tobacco are generally known as gutka (India).

Effects of areca nut and betel quid

It is thought that the effects of chewing areca nuts are due to several chemicals found in areca nuts, including arecoline, which affect the central and autonomic nervous systems. In betel quids, some of the effects may also be attributable to the leaves that are used.

The effects of chewing areca nut and betel quids are still not fully understood. For example, it has been claimed that chewing areca nuts and betel quids can be used to help treat parasitic infections, strengthen teeth and gums, help with symptoms of mental illness such as schizophrenia, aid digestion and as an aphrodisiac. Currently, there is little evidence to support these claims. There is still much research to be done to find out the immediate and long-term effects of chewing areca nut and betel quids and whether the suggested benefits outweigh the negative side effects.

Immediate effects

The effects of consuming areca nuts and betel quids are reportedly felt quickly, with the onset of effects occurring within a few minutes of chewing and the effects being felt for a couple of hours. The effects of chewing areca nut and betel quids appear to depend on the amount being chewed and whether the person chews areca nut and betel quids occasionally or on a regular basis. The effects are generally stronger for people who chew areca nut and betel quids occasionally than for those who chew regularly.

Areca nuts and betel quids are generally chewed for their psychoactive properties that help reduce tension, produce a feeling of well being and facilitate social interactions and strengthen social ties.

Some of the reported immediate effects of chewing areca nut and betel quids include:

- mild euphoria and a sense of well being
- feelings of general arousal and increased alertness
- palpitations and increased heart rate
- increased blood pressure
- sweating
- facial flushing and a warm sensation in the body.

There are also anecdotal reports that chewing areca nut or betel quid suppresses feelings of hunger, stimulates the appetite, aids digestion, reduces feelings of nausea and acts as an anti-diarrhoeal, although there is currently little evidence to support these claims.

People who are chewing areca nut for the first time and experienced areca nut consumers who chew a large amount may also experience:

- tremor
- dizziness
- diarrhoea
- upset stomach
- vomiting
- acute psychosis

Long-term effects

Excessive long-term use of areca nut and betel quid has been associated with a number of health-related issues and problems such as:

- discolouration of teeth and gums, sometimes turning reddish-brown
- mouth ulcers and gum disease
- oral submucous fibrosis and oral cancers, including squamous cell carcinoma
- peptic ulceration
- increased risk of cardiovascular disease.

The risk of developing health problems increases when the betel quids include tobacco.

Social effects

Chewing areca nuts and betel quids has played a role in various cultural rituals, facilitating social interactions and strengthening social ties. However, excessive use of areca nut and betel quids can lead to a range of social problems that can impact on a person's family, friends, work, school and financial situation. Family members and friends may become frustrated when the person does not realise the problems their areca nut chewing is causing. Some people may also spend large amounts of money buying areca nut, which can result in financial difficulties and increased pressure on the family if there is not enough money left over to buy food and other essentials.

Dependence and withdrawal

There is evidence that people develop a tolerance to areca nut and betel quids. The effects are generally stronger for people who only chew areca nuts and betel quids occasionally than for those who chew it regularly.

People who chew large amounts of areca nut and betel quid on a regular basis may become dependent on it and when they stop using it they may experience withdrawal symptoms. The withdrawal symptoms are generally mild and include:

- mood swings
- feeling uneasy, anxious, irritable, and maybe even paranoid
- poor concentration
- lack of energy
- fidgety
- sleep disturbance
- increased appetite.

PREPARING WELL FOR MY EXAMINATIONS

Activity 1

Greet the students. Divide the class into groups of 8-10 students each. Instruct each group to choose a spokesperson.

Give each group a copy of any newspaper of the same edition and date. Allow the group members to read the cover page of the newspaper. Take away the newspaper after 5 minutes.

Give each group a question sheet with 15 short questions and ask them to recall maximum points and answer the questions. Allow them 10 minutes.



Guidelines for the Facilitator:

You can take any newspaper of any date-it need not be today's. Prepare the questions beforehand –it takes some time to prepare "good" interesting questions! Give them the questions and ask them to answer them as a group – the discussion and animated activity are important to build energy! There will – of course - be some noise and confusion. So keep the classroom door closed!

Ask the written questions one by one to the groups – like asking questions during a quiz. Ask a volunteer to note down the group number that provides the correct response. Tally up the responses at the end and point out the first two or three groups. Let the class applaud for them.

Objectives

By the end of the session, the students will be able to:

- ✓ Go through a mock examination that is not academic.
- ✓ Understand the appropriate methods of reading, learning, discussing, and answering any test.
- ✓ Discuss issues pertaining to any examination or evaluation with friends and share thoughts and emotions about it.
- ✓ Reduce to the amount of stress that may go with an examination.

Life Skills being used

Critical Thinking, Coping with Stress, Coping with Emotions, Self Awareness and Creative Thinking.

Advance Preparations

6 photocopies of the first page of a newspaper, a sheet with **15 short questions prepared by you** based on the news on this page of the newspaper, pen, and photocopies of "How to prepare for examination – guidelines" for each student.

Activity 2

Now assign following questions to the groups; ask them to discuss among themselves and present the summary of their report to the class by the spokespersons. Discuss along these lines....

1. How was it to carry out the activity?
2. Is this similar to the preparation for an examination? If 'yes', how? In what way is it different?
3. Why do we have exams – advantages/disadvantages?
4. What are the advantages and disadvantages of studying just a few days before exams?
5. What abilities does a student need to prepare well for an examination?
6. What characteristics of a student interfere with preparation for an examination?
7. Do you know of any school which has no exams? How do the teachers there know that the children have studied or learnt?

Guidelines for the Facilitator:

In your comments concentrate more on point 5 and 7. (Refer to Fact sheet for details especially the Guidelines for Preparation for Examinations). Link up that many students though they study well are not able to perform well in exams. This builds anxiety and strife in their life. Some of them have problems within the family and some have extreme level of stress, frustration and depression.

State that all this takes a great toll on the mental health of the students. You as a School Health Coordinator – and a teacher – are concerned about it and would like to train your students so that they do not suffer from anxieties and their performance is optimal.

Possible Responses:

- We enjoyed the game.
- The time was very short. We were not able to completely go through the paper.
- We were very anxious hence we could not remember.
- We did not prepare well. So we were not able to answer or recall anything.
- This activity is like exams to a certain extent – in exams we study a portion and answer questions from that portion.
- This is not like exams – in exams the portions are very large - here we read small portions and we answered the questions.
- Exams are meant to check whether we have studied.
- Nobody will study if there are no exams.

- We will study better if there are no exams.
- How will we know who studies better than others if we do not have exams.
- Exams are meant only to increase our fear.
- During exams, students lose sleep, lose weight. Some students are worried about scoring high marks and others' fear about failure.
- If we do not study well we can't do well in exams. The outcome is failure or less marks.
- One needs to prepare adequately for exams to expect good results.
- Motivation to study, time management, studying regularly, making notes, discussion with friends, clarifying doubts with teachers, collecting old questions and making notes. These are some of the healthy ways of preparing for an examination.
- Strategies to deal with stress and emotions and overcoming exam phobia are also important.
- There are no schools without examination.
- My cousin studies in a school where there are no exams. But they do have weekly assessments.

Activity 3

Summarize the discussion by asking the students:

"What steps will you take now to prepare better for your Board Exams?"

"What Life Skills are required to prepare better for your Board Exams?"

Possible Responses:

- We will study daily.
- We will be regular.
- We will be attentive in class.
- We need to use **Self-Awareness, Critical Thinking, Creative Thinking** and **Coping with Stress** to prepare well for exams.

Guidelines for the Facilitator:

Try and include points from the fact sheet and hand out on '**How to prepare for exams.**'
Distribute the handout to each student and ask them to read it carefully.

Do link up with the important issues of healthy nutrition ("Eating wisely") and proper eating habits, adequate sleep and rest, enough exercise, being away from substances and drugs of all kind and techniques like meditation etc to cope with stress.

State that for doing well in exams we have to do well everyday! The preparation for our examinations is best done "bit-by-bit" everyday and in many ways. **Our health – physical, mental, social and spiritual plays a primary role in doing well in exams.**

Activity 4

Recap the following at the end of the period:

- In some schools there are no competitive exams (no ranking or marking) – but tests are conducted to see whether the students have learnt what is necessary and how they use it. It is unfortunate that the common exams are competitive and anxiety provoking.
- Lack of motivation and commitment, poor reading habits, fear of failure are causes for failure in examination.
- Early preparation, taking down proper notes, clarifying doubts with teachers, parents, giving more importance to difficult subjects, reviewing old questions etc. are some of the guidelines for preparing for examinations.

Activity 5

Ask the students:

1. What are the advantages and disadvantages of having exams?
2. What are the advantages and disadvantages of studying just a few days before exams?
3. What steps should be taken to prepare well for the exams?

Learning in the Community:

Ask the students to:

- Write a personal time schedule to prepare for exams.
- Rate their anxiety on 1-10 just before the last examinations (1 is very low or no anxiety at all, 10 is maximum anxiety).

FACT SHEET

PREPARING WELL FOR MY EXAMINATIONS

Exams are unavoidable for most students in the current system of education, and one has to face an examination at one time or the other. In our modern educational system EXAMINATION is the only way of assessing the academic ability of a student. Hence, examinations have become crucial for students. There are several examinations which a student has to take to be able to pursue higher education. Doing well in exams is thus very important.

Success in the Exams depends on many factors like:

- Motivation to study.
- Commitment to complete education.
- Time Management.
- Regular study habits.
- Ability to handle the stress of planning, preparing and facing the examinations.
- Appropriate preparation for the specific examinations.

Failure in an Examination depends on many factors like:

- Lack of motivation to study.
- Lack of commitment.
- Lack of regular study habits over the year.
- Lack of clarity in whatever one has read – due to poor reading habits.
- Lack of adequate preparation for the examination – Preparing for exams at the last minute
- Fear of failure
- Becoming 'anxious' and 'stressed' during the examination.
- Following "Poor examination preparation" methods.
- Not writing legibly/writing full of corrections and over-writing.
- Not adjusting the size and way of answering depending on the question and the marks allotted.
- Difficulties in summarizing and writing in exams.
- Not managing time during the three hours of exam – writing excessively for the first few questions and omitting the last few questions due to lack of time.

You could stress that preparation over months is more important than last minute preparation.

Your health – physical, mental, social and spiritual_is an asset for doing well in exams. Thus a well rounded preparation for exams includes:

- Eating wisely
- Proper timings for breakfast, lunch and dinner and NOT skipping meals.
- Proper sleep hygiene – quantity, timing , quality
- Adequate rest and entertainment
- Enough exercise
- Being away from substances
- Coping with stress – meditation, Yoga, etc
- Coping with emotions

HANDOUT

HOW TO PREPARE FOR EXAMINATIONS: GUIDELINES

Preparation throughout the **Year**

- Adequate and early preparation is very important to reduce examination tension.
- Preparation starts from the day the student enters the class for that year.
- Attending classes regularly and listening with interest.
- Taking down proper notes in the class.
- Reading textbooks and comparing it to the class–notes to get a clear picture and understanding of the lesson covered by the teacher.
- Any reading is to be understood by its concept rather than just memorizing it.
- Writing and summarizing by the student in a way which is easy for him/her to remember.
- Discussing the lesson with friends out of the class.
- Clarifying doubts with teachers or other classmates.
- Getting the help of teachers, parents or a tutor if the student has difficulty in understanding certain topics or chapters.
- Finding a method to connect it to other known information.
- Reviewing notes regularly.
- Giving more time and importance to subjects found difficult by the student – e.g. Mathematics, English.

- Avoiding choosing portions in each subject or reading only that based on earlier question papers.

One Month before the Exams:

- Preparing a study plan.
- Combining favourite and not so favourite subjects in the study plan of a day.
- Trying and completing two Model Question Exams (each subject) in this time.
- Having fixed times for sleep and relaxation (including T.V. time).
- Meditating every day to be calm in the examination situation.
- Discussing with one's parent or sibling or friend regarding one's progress in the exam preparation from time to time.



Some DON'Ts a few days before the Exams:

- ⊗ Collecting new notes and materials from friends and reading them till the last minute without time for revision.
- ⊗ Trying to learn new things on one's own at the last moment.
- ⊗ Sitting for long hours continuously to read. Not taking breaks for bathing, food, relaxation and sleep. It makes one feel more tired, reduces concentration and makes studying boring and anxiety producing.
- ⊗ Keeping awake the whole night and reading continuously before the exams.
- ⊗ Excessive consumption of coffee, tea or cigarettes to keep awake the whole night.
- ⊗ Giving up studying totally as the student feels that his mind is 'BLANK' and he has forgotten everything that he has read.
- ⊗ Spending time to trace the 'question papers' or teachers who are probably involved in paper correction.

Some DO's on the day of the Exams:

- ✓ Having a good night's sleep the previous night.
- ✓ Having a light but adequate breakfast.
- ✓ Leaving for the examination hall well in advance.
- ✓ Checking whether one has taken all the necessary things – pens, pencils, geometry box, hall-ticket – a checklist of all items is essential.
- ✓ Going to the toilet before entering the examination hall.
- ✓ Taking deep breaths, and keeping calm.

Steps to be followed when the students gets the Question Paper in the Examination room:

- Reading the instructions carefully. If there are any doubts clarify with the instructor, teacher or invigilator.
- Budgeting the time and planning the answers. Allocating time for each question. Students frequently write one answer for too long and end up with too little time for the other questions.
- Choosing the questions you are sure of if choices are available.
- If not sure of an answer, not spending long time thinking and recalling answers, but going to the next known question, and handling the least known questions towards the end.
- Writing legibly – if a mistake is made do not over-write but cross it out.
- Highlighting important points – underline, write in capital etc.
- Answering to the point and not writing unnecessary information to make the answer appear long.
- Giving equal importance to things like formulas (maths, science), drawing figures (science), marking on the map (geography), graphs (maths and physics).
- Trying to finish ten minutes before the end. This helps the student to go through the paper and correct mistakes/underline important points, etc.
- Most of the students have a habit of discussing answers with friends after the examination. This makes the student anxious and worried. The anxiety may interfere with the study for the next examination. Once an exam is over it is better to concentrate on the next one. Reviews and discussions can be carried out after the last examination.

Anxiety and Exams:

Most students suffer from anxiety about examinations and their performance. While anxiety by itself is not bad, not being able to recognize and cope with it can be disastrous. Many students do not know how to handle this stress, which results in poor performance in examinations despite good preparation. Sometimes it can lead to extreme actions like suicidal attempts or running away from home. The normal responses to exam stress are:

- Not being able to concentrate or remember what has been read.
- Difficulty in falling asleep or not feeling refreshed even after sleeping for many hours.
- Constant irritability, anger, worry or listlessness.
- Discomfort in the stomach.
- Decreased appetite or increased appetite.
- Vomiting sensation.
- Stomach pain.

- Loose stools.
- Frequent urge to urinate.
- Mild fever.

Reasons for Anxiety:

- Inadequate preparation for examination.
- High expectations from parents, teachers and oneself.
- Unhealthy competition in the class to secure the highest marks. Here the focus is only on securing the highest marks and not on performing well and this affects the performance.
- Jealousy.
- Bad experience in a previous exam that may increase the anxiety e.g. 'I failed last year. So I will probably fail this time also'.
- Distraction during exams – holidays, visitors, festivals, and other events.
- Generally anxious person.

How to Handle Anxiety:

- Following "How to Prepare for Exams" suggestions during preparation before and on the day of exams.
- Following some specific relaxation techniques many times a day – meditation, breathing exercises, prayers and autosuggestion. This method must be comfortable and useful to the student. So it is necessary that the student starts using it, months before the exams and see whether it is effective for him/her.
- Solving old examination papers within specified time – 3 hours, i.e. doing mock exams on one's own.
- Recognizing whether one is mildly anxious or highly anxious that interferes with concentration and learning. If one is highly anxious, sharing it with someone whom the student trusts in and taking help is desirable.
- Avoiding negative thoughts, for example 'I have not prepared well', 'I may fail in this exam' or 'I have not covered all the portions'.
- Practice group relaxation exercises in the school for 10 minutes everyday at least 3 months before exams.



WHO AM I? (UNDERSTANDING OURSELVES)

Activity 1

Greet the students and ask the students to write 10 sentences about themselves on the paper **provided** and divide them in categories - their physical self, their social self and their inner self

S. No.	Sentences about yourself	Category



Instruct the students that any statement which describes them physically should be labelled as their **physical** self. e.g. "I am tall".

Any statement which describes their relationships with people, environment or the world is their **social** self. e.g. "I study in class VI".

Any statement which describes their feelings, thoughts, emotions, ideas, ideals, values, etc are their **inner** self. All these describe the real YOU as a person, and are the most important part of oneself e.g. "I love music"

Guidelines for the Facilitator:

After the students have carried out the activity, ask "How did they like doing the activity? "What did they learn about themselves?" How else would they want to describe themselves? etc.

Let them see that the life skill of "self awareness" helps us to understand ourselves better. Similarly utilizing critical thinking and self awareness together leads to introspection.

State that being self aware is an important step in taking healthy decisions. Thus there is a very strong connection between utilizing Life Skills and being healthy!

Objectives

By the end of the session, the students will be able to:

- ✓ Become aware about themselves
- ✓ Understand one's positive points

Life Skills being used

Self -Awareness, Critical Thinking.

Advance Preparations

Papers, Black board and sketch pens

Activity 2

Now ask each student to write ten sentences about a great leader/king e.g. His Majesty the 4th King, or the person they admire, or a role model whom they respect and love and may want to emulate.

Ask a group of students to act out one incidence (Role play) from the life of the great person that they admire most. Applaud the performance and continue the session.

Now ask some of them to read out what they have written.

Ask them the following questions and discuss-

- Did his physical self or inner self make him great?
- What should we concentrate on improving – our physical self or our inner self? Why?
- When do you feel the happiest - when you focus on the physical self, social self or inner self?

Guidelines for the Facilitator:

This is the introductory exercise for one of the most essential Life Skills, i.e. **Self Awareness**. As we look deeper and look within and search for the true meaning of our existence we realize that we are all a small but essential part of creation. We have many aspects – physical, emotional, etc. We concentrate always more on the physical part since that is what we see in the mirror. However, our qualities are much more important in our lives since these are what will make us successful and happy. Being in touch with our inner selves and doing the things close to our heart, e.g. painting, caring for animals, etc. bring us more joy and peace than getting new clothes or being good looking

Activity 3

Ask each student to write down “how do you want to improve your inner self?” Ask them to write three things in their notebooks. Give them a few moments to think and carry out the exercise.

Activity 4

Recap the following at the end of the period:

Self awareness is one of the most important Life Skills .

We have a physical side to our being as also an inner side

We are what we are not because of our physical self but our inner self.

Activity 5

Ask the students to:

1. List 3 of their physical traits?
2. List 3 aspects of their character which describe their inner self.
3. List 2 characteristics that describe their social self.
4. How do they think this exercise has been useful?

Learning in the Community:

Ask the students to:

- List 6 positive qualities that they have.
- What efforts will they make to improve their physical self, social self and inner self?

FACT SHEET

SELF AWARENESS

Self-awareness is basically learning about ourselves. It includes recognition of our **personality, our strengths and weaknesses, our likes and dislikes, our morals and values, our priorities, our feelings**. Developing self-awareness can help us to recognize when we are stressed or under pressure. It is also often essential for **effective communication** and **interpersonal relations**, as well as for developing **empathy** for others.

Knowing oneself is not as easy as it sounds. Some people are not prepared to face the truth about themselves. For example, a person who tells lies will not want to accept the fact, and will tell more lies to cover up the older ones!

When we know who we are, we may have to change; but some of us may not want to change, because changing demands effort! Self-awareness requires **honesty and courage** ... to get in touch with what we are thinking and feeling and to face the truth about ourselves.

It is therefore called by some as the **Mother of all Life skills**. Improving **Self Awareness** is a life long process. In this process of deep and **complete self realization** is peace and 'nirvana' – achieved only by a chosen few – like Buddha.

Benefits of Self-awareness

The better we understand ourselves, the better we are able to accept or change who we are. Being in the dark about ourselves means that we will continue to get caught up in our own internal struggles and allow outside forces to mould and shape us.

The clarity with which we can answer these questions: Who am I? Where have I been? Where am I going? determines our capability to chart our own destiny and realize our potential.

Self awareness is the key that unlocks the riches of life. It improves our **self esteem**. We have all the answers to the questions of our lives right inside of us. All we have to do is to learn how to access our own wisdom.

This begins with self awareness - Paying attention to our many senses, thoughts, feelings and intuition; Diving deep into our emotions to tap their sources; Discovering our deepest essence.

Realistic View

In our quest to know ourselves, we should not think too highly of ourselves or have a superiority attitude. Rather have a sober view of **our strengths**. On the other hand, we should not exaggerate our weaknesses and look down on ourselves. Also, we must not excuse or rationalize our weaknesses. We need a realistic view of both our strengths and weaknesses if we are to know our true selves.

How we see ourselves may be clouded by the feedback messages we receive about ourselves from others. But how can anyone know more about me than myself? Others do not feel our emotions or think our thoughts; they do not face the issues that we wrestle with; they do not know our circumstances. No one can know me better than myself! Therefore, do not let others look down on us.

Significant Others ... Parents

We must, however, be prepared to listen to others, especially significant others – parents, friends, spouses, elders - allow them to jolt us to re-examine our own perceived self-image. There are no perfect people and there are no perfect parents. Nevertheless, from a practical viewpoint, our parents, who gave birth to us have had the opportunity to observe us at close quarters over many years and have a clearer insight of our character than anybody else. We don't have to accept their views but at least listen to them.

Self-awareness Questions

1. What are your strengths?
What are your weaknesses?
2. How do your friends describe you?
Do you agree with their descriptions? Why or why not?
3. List two situations when you are most at ease.
What specific elements were present when you felt that way?
4. What types of activities did you enjoy doing when you were a child?
What about now?
5. What motivates you? Why?
6. What are your dreams for the future?
What steps are you taking to achieve your dreams?
7. What do you fear most in your life? Why?
8. What stresses you?
What is your typical response to stress?
9. What qualities do you like to see in people? Why?
Do you have many friends as you just described? Why or why not?
10. When you disagree with someone's viewpoint, what would you do?

VALUE OF FRIENDSHIP

Activity 1

Greet the students and start the following activity by dividing the class into two groups. Ask them to form two rows facing each other. Maintain a distance of at least 6 ft. in between the two rows. Instruct them to start greeting each other in their own way when the facilitator "claps". After the activity tell them to go back to their respective seats

Guidelines for the Facilitator:

The gesture should reflect friendliness, which could be verbal and non-verbal. eg. eye contact, holding hands, shaking hands, hugging, bowing etc.

Now introduce the topic "Friendship" and explore the concept by asking the following questions.

1. What is friendship?
2. Why do we need a friend?
3. Can girls and boys be friends?
4. Can boys and girls friendship be useful in understanding each other?

Possible Responses:

- To share each other's thoughts, a supportive relationship, a relationship giving us joys.
- To talk, express, to gain information for company.
- Yes, girl and boys can be friends.
- Opposite sex friendships are useful in understanding gender relationships

Objectives

By the end of the session, the students will be able to:

- ✓ Realize the life skills required for maintaining good friendship
- ✓ List five points which might lead to losing a friend

Life Skills being used

Self-awareness, Critical Thinking, Empathy, Interpersonal relationship, and Effective Communication.

Advance Preparations

Chart, marker pen, chalk, chalkboard



Guidelines for the Facilitator:

Let the students know that human beings by nature and instinct are social. They need to communicate with people. Encourage them to know more about friendship, and also the advantages of having a friend. Let them critically think about 'Friendship', which means a supportive, empathizing and mutually beneficial relationship

Activity 2

Now ask them to think critically and logically. ***"What are the qualities of a good friend?"*** Note them down.

Select one quality and ask, ***"What life skills are required to possess this quality?"***

Guidelines for the Facilitator:

The students are likely to come up with a long list of qualities of a good friend. Let them keep on giving the list. You can also tell that nobody may have all the qualities collected here but we can try to be better friends. Select one of the common qualities like being helpful, being kind, sharing time and secrets etc. Ask the class to think critically to come up with life skills required to possess the particular quality.

Eg. To be helpful we need to have skills in creative thinking, interpersonal relationships, problem solving and self-awareness. This will help students realize how utilizing Life Skills makes them better friends with others and also tell them that Life Skills can be very useful to deal with challenging and complex situations of life.

Activity 3

Tell the participants that they will now find out how friendly they are by filling "the friendship scale instrument"(See below). The purpose behind completing the instrument is to introspect and find what sort of a friend one is and what it is that one lacks in making a good friend or becoming a good friend to someone. "Self-awareness" is a part of this exercise and this skill will allow the participants to understand what strengths/weakness they possess before maintaining and sustaining the friendship. Make sure that all the participants fill in the sheets, and mark "Yes" or "No" sincerely. (use activity sheet- "friendship scale")

After they have done so tell them to score as follows:

Give one point for "No" to question 1-6 and one point for "Yes" to question 7-11. If your total is more than 6, you can be categorized as friendly. Do not worry if you score below 6, you can change yourself to become more friendly.

Guidelines for the Facilitator:

Explain to the participants that if they want friends, but are unable to make any, they can start by practicing what they do and how they behave. They may not be able to change other people but they can try to change themselves, that peoples perceptions about them will also change.

Activity 4

Recap the following at the end of the period:

- Friends form an important part of our lives
- We need friends to share each other's thoughts, for a supportive relationship, to talk, express and to gain information.
- Opposite sex friendships are useful in understanding gender relationships

Activity 5

1. Why do we need friends?
2. Can boys and girls be friends?
3. What qualities do you look for in a friend?

Learning in the Community:

Ask the students to reflect and decide on what they should keep in mind while making friends? Why?

FRIENDSHIP

Friendship is a term used to denote co-operative and supportive relationship between two or more humans. The term connotes a relationship which involves mutual knowledge, esteem, and affection. A friend is someone who may often demonstrate reciprocating and reflective behaviours. Yet for many, friendship is nothing more than the trust that someone or something will not harm them

Four qualities that are generally true for all good friends:

Trustworthy- Good friends stand by you in times of need. They like you for what you are and accept you.

Reliable- Good friends can be counted upon and are reliable. They will do their best to keep dates and promises.

Empathetic- Good friends are sensitive to your feelings. They share your happy times and your bad times too. They comfort you when you are upset.

Caring- Good friends care for each other. They value each other's feelings as much as their own. They accept the other's weaknesses as well as their strengths.

Qualities of Good Friends:

- Someone who likes you
- Someone you can confide in
- Someone with whom you can share your feelings
- Someone you can rely on
- Someone who always stands by you
- Someone who balances your weaknesses
- Someone who values your help
- Someone who always tells you the truth
- Someone who believes in you
- Someone who cares about you
- Someone who is not jealous of you
- Someone who supports you
- Someone who makes you feel good about yourself
- Someone who values your opinion



- Someone who keeps your secrets
- Someone who introduces you to new ideas
- Someone you can learn from

Friendship Scale:

What sort of a "Friend" would you make?

This instrument can help you to find out about yourself on the friendship scale. Mark "Yes" or "No".

1. Do you feel that you are not worth having as a friend?
2. Are you very demanding? Do you have high expectations of others?
3. Are you ever disloyal?
4. Are you generally critical of other people?
5. Do you generally wait for someone else to make the first friendly move?
6. Do you offer help when people need it even if they don't ask for it?
7. Do you volunteer to take part in-group activities, rather than wait to be asked?
8. Do you go out of your way to talk to other people who seem shy or short of friends?
9. In an argument, do you try and see things from the other person's point of view, as well as your own?
10. Do you generally listen when people talk to you?

If someone looks miserable, would it occur to you to ask him/her if anything is wrong or to try to cheer him/her up?

CLEARING MYTHS AND MISCONCEPTIONS

Activity 1

Greet the students & introduce the topic.

Divide the group into teams of 8-10 students each. The teams shall compete against each other for points for the correct answer.

The question cards are jumbled in an open box. Either the facilitator or a member of each team draws out their question. The facilitator reads it for all to hear. One team is allowed to confer and come up with the answer. If the team answers correctly, they are awarded 10 points for getting the myth/fact part correct and 40 points for being able to explain why (total points for a correct answer: 50)

If they do not answer correctly, the question passes to the next team and so on. Ask as many questions as you can in a period. Continue this session in another period as well. Share the details about the statements with the students. For statements and their correct responses refer to the Fact Sheet.

Continue the quiz till the end of the period. Add up the total score and declare the winner.

Activity 2

Ask ***“Why are there so many myths related to growing up among adolescents?”***

Possible answers: Lack of information, no one to talk to, etc

Guidelines for the Facilitator:

State that lack of age and sex appropriate information is one of the main reasons for prevalence of various myths. The students may not be able to access any one who can answer their various questions and anxieties. They may also lack in life skills like Effective communication, coping with stress and decision making preventing them from reaching out to teachers and other adults. Most adolescents are then left with the only option of talking to their peers – who themselves may not know much!

Objectives

By the end of the session students will be able to:

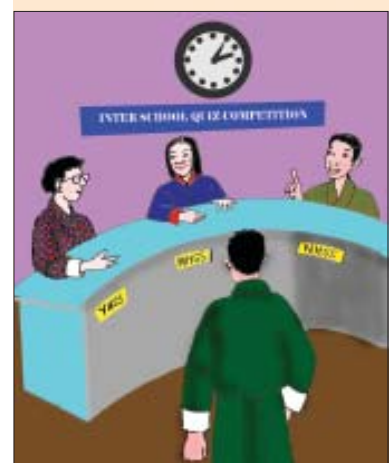
- ✓ Clarify myths and misconceptions related to different aspects of adolescence.

Life Skills being used

Self-Awareness, Critical and Creative Thinking, Empathy.

Advance Preparations

Set of index cards (or paper cut outs of the photocopied sheets) with common beliefs on them, to be used as question cards.



State that they must access credible sources to seek appropriate information. State that they can ask you any doubts henceforth and you will try to seek correct information!

Activity 3

After the quiz is over - ask ***“Have any of their myths been clarified?”***

Guidelines for the Facilitator:

Applaud the answers. Reiterate that many times we all especially young people, have incorrect and misleading information on a lot of issues which can prove very dangerous for us. It is therefore important that we clear all our doubts and have the correct information.

Activity 4

Recap the following at the end of the period:

- There are many myths & misconceptions related to our bodies.
- Adolescents can easily clear these myths and misconceptions with the help of authentic knowledge.

Activity 5

Ask the students:

1. Loss of semen weakens the body and so should be avoided?
2. Does bathing cause menstrual cramps?
3. Should a girl engage in physical activity during her periods?
4. Pimples occur due to body heat?

Learning in the community:

Ask the students to:

- List 3 myths/misconceptions that they had prior to this session.
- Suggest ways to impart correct & authentic information to their friends.

FACT SHEET

Belief Statements	Clarifications
During adolescence, a boy's voice becomes hoarse	True - The voice becomes hoarse during adolescence due to the changes which occur in the voice box during this period, caused by release of sex hormones, and is natural.
All adolescents grow tall in the same way	Myth – The rate of increase of height varies from person to person. It is affected by many factors like heredity, diet, exercise, race, natural environment, growth hormones in the body etc.
Pimple/acne come up because of body heat	Myth – Sudden appearance of pimples during adolescence in some cases is a natural phenomenon. Their appearance is caused by body hormones, in this case androgens. Androgens are actually male hormones and in girls they are linked to the "unisexual" changes in adolescence, like the spurt of growth. Pimples are not caused either by 'body heat' or 'upset stomach'.
All boys look attractive and handsome during adolescence.	Myth - No two individuals look alike (except, may be identical twins). The colour, height features and body image are influenced by socio-cultural factors. One cannot change these factors. An attractive personality does not depend simply on physical appearance but depends more on one's abilities, character, attitude traits, actions etc. Hence, these factors together with a healthy body and mind are more important than physical appearance.
Masturbation is harmful for health.	Myth - Masturbation is the manual manipulation of sex organs or other parts of the body for sexual arousal or release of sex drives/tension. Scientifically speaking, masturbation is not harmful for health, provided body parts are neither injured in the process nor exposed to unhygienic objects or conditions. It does not affect sex life/performance in any way.

Menstruation is unclean	Myth – Menstruation is related to the cycle of life. The uterus prepares itself for growth of fetus, if and when conception takes place. When this does not occur, the soft, temporary lining of the uterus sheds which results in menstruation.
Erection of the penis during morning waking is normal.	True – An erect penis on waking-up (especially in the morning) and discharge of semen during sleep and dreaming are very normal. These are the signs of healthy physical growth and development, and are not harmful. However, physical growth and development may be healthy in those persons also who do not experience wet dreams.
Men also get menstrual period.	Myth – Men do not menstruate because their bodies function differently from a woman and they do not have a uterus
Having small breasts is normal	True – The size and shape of the breasts depends upon genetic background and varies according to age. There is a lot of variation in the normal size of the breast. Breast size does not affect attractiveness nor its function.
The size of the penis is a measure of the man's masculinity or virility	Myth - The size of the penis either when it is flaccid (not erect) or when erect is not an indicator of a man's masculinity or sexual ability.
A girl should not engage in physical activities during her periods.	Myth - Menstruation is not a reason for curtailing the activities of a girl/women. There is no reason as to why a girl should not indulge in a specific activity during her periods, unless she has cramps or any such discomfort. However, she must maintain proper hygiene.
Boys can tell when a girl is having her menstrual period	Myth – There is no way one can do it. There are no symptoms of menstruation which one could tell by looking at a person.
Bathing causes menstrual cramps	Myth - This is not true. On the other hand it is extremely important to have a regular bath and maintain proper hygiene during this period. Some people believe that bathing and washing one's hair is harmful while menstruating. There is absolutely no connection between the two.

Once a girl has had her first period, she can become pregnant	True – When a girl starts having her menstrual periods, it means that her reproductive organs have begun working and that she can become pregnant. It does not mean, however, that her physical organs and body and mental condition are necessarily prepared for the birth of a child.
A drop of semen is equal to 10 drops of blood. Hence the loss of semen weakens the body and should be avoided.	Myth - Loss of semen causes no weakness to the body. Semen is meant to be released from the body. There is no scientific proof that one drop of semen is formed by 10 drops of blood.
During adolescence the body sweats and starts smelling.	True - During adolescence, oil and sweat glands are activated. This leads to the development of body odour. This is very normal. This calls for hygienic measures like regular bathing.
Some adolescents have thin beard/moustache and others have thick growth.	True – Growth of beard/moustache mainly depends on secretions of certain hormones in the body which vary from person to person. Therefore, this growth can not be altered. Hence, one should not worry about it. Shaving more frequently also does not help. Parent's reaction on shaving really depends on socio cultural environment of your family and community. Therefore, you must understand your environment and decide accordingly.
If a boy has swelling in the breasts it is nothing to worry about.	True – Some boys develop a swelling, the size of marble in their breasts at puberty. The swelling may be painful. Boys get worried as to whether they would develop breasts like girls. This is a harmless condition caused due to hormonal changes and disappears in a few months.

CAN I IMPROVE MY MEMORY?

Activity 1

Greet the students and introduce the topic.

Divide the entire class into 7 teams and assign each team a colour of the rainbow (VIBGYOR). Instruct the groups to identify a volunteer from each team, ask her or him to collect their tray with 20 objects and keep them hidden.

Request each team to sit in a small circle on the floor or around a table. Instruct the volunteer to

- Distribute pencils and papers to each member of the team.
- Write the name of the team and place it in the centre of the circle.
- Place a tray or a cardboard in the middle of the group with the 25 to 30 articles in it.

Ask the volunteer to remove the articles after two minutes. Instruct all members of the group to write down as many articles as they can remember.

Guidelines for the Facilitator:

The group members should not discuss or talk during the activity – they must keep this as an “individual” activity. Give them 5 minutes. The volunteers then write down the number of items correctly recalled by each member in his/her team, and see who has scored the maximum.

Encourage students to discuss in their respective groups the questions raised below:

- How did you like the activity?
- What factors helped you to remember the articles?
- What factors made you forget some of the articles shown?
- Does a student require good memory? What are the situations which require students to have a good memory?
- Are you aware of any methods to improve memory?

Objectives

By the end of the session, the students will be able to:

- ✓ Learn various methods for improving memory.
- ✓ Adopt some of these methods to improve their memory.



Life Skills being used

Critical Thinking, Creative Thinking, Self-Awareness and Decision Making

Advance Preparations

Seven trays or cardboard boxes each having 20 assorted common objects used in daily life, e.g. hair-clips, pens, coins, fruits, handkerchiefs, spoons, erasers, ribbon, buttons, etc.,

Pens to write with paper to write on and photocopies of Memory Tips for student.

- Are there specific things which impede our memory?
- What skills are needed by a student to improve his memory?

Guidelines for the Facilitator:

Request each team leader to present the discussion to the whole class. Note the important points of each presentation on the black board – do not rewrite points already covered

Possible Responses:

- The game was very interesting and we enjoyed it.
- Our group recalled more items than other groups.
- Time was too little for the activity.
- We were very anxious to note all the articles – this made us miss some of the items.
- Exams require good memory.
- Our group was able to recall many items as one of our members used an imaginative method to remember the objects.
- Reading regularly, making points or writing notes, reviewing the subjects, reading text and discussing with friends helps us to remember the subjects.
- Reading irregularly, not making notes, poor understanding of the subjects, reading only at the times of exams are some factors that interfere with memory. Stress, lack of sleep, drinking alcohol, smoking can also affect memory adversely.
- Anything that is read with understanding will help us to remember it better. Being relaxed and eating well will help.
- A student needs to be disciplined to be able to read regularly and remember well.

Guidelines for the Facilitator:

The most important skills needed to improve memory are **Critical Thinking** and **Creative Thinking**. Critical thinking helps in understanding the topic and creative thinking helps in retaining it in a unique fashion, e.g. with a mnemonic like VIBGYOR.

Encourage students to discuss the topic and also read out the points written on the black board. Provide the memory given in the Fact Sheet tips to all students at the end of the session.

Link this up with **nutrition and other issues**! State that the presence of anemia, lack of enough sleep, irregular eating habits, lack of exercise and the presence of stress and anxieties –ALL impact on our memory adversely. Being relaxed, happy, cool and well-fed helps!

Chronic alcohol consumption, smoking and use of other drugs also retard memory processes and thus adversely affect our capacity to remember. Tell them that Bhutan has done a wise thing by declaring itself a “tobacco free” country!

You can really link up the issues and encourage the students to look at their eating and playing habits and mental health areas in a new light – no mean gain!

Tell them about the **3R’s** which are important: **Registration, Retention and Recall.**

Activity 2

Recap the following at the end of the period:

- All students of an age group have almost equal ability to read and remember though some minor differences exist among them.
- None of us is bestowed with excellent memory by birth.
- Registration, Retention and Recall (3R’s) can be improved by regular practice.
- Fear, anxiety and preoccupation with difficulties can interfere with memory due to poor attention and concentration.
- Good nutrition, adequate rest and exercise are helpful in improving memory.
- Alcohol consumption adversely affects memory.
- Use good study habits and memory tips for effective learning.

Activity 3

Ask the students:

1. What are the three R’s that you learnt today?
2. What should we do to improve our memory?

Learning in the Community:

Ask the students to reflect on:

- How difficult is it for me to remember what I read?
Among the different memory tips given today, the one which I will be practicing regularly is
- What changes will you make in your life style that you think will help you improve your memory?

FACT SHEET

HOW TO IMPROVE MEMORY

Memory is the ability to register and recall past sensory impressions, experiences and learned ideas. A student's ability to perform well in a situation like exams depends on his/her memory. Good memory is one of the necessities to be successful in exams.

Most students complain of poor memory from time to time and it is a major source of concern for students, parents and teachers.

Good nutrition, adequate rest, enough exercise, regular habits, good study habits, strategy and focusing help in retaining and remembering all help memory.

When a student reads there are many steps happening within his/her brain, one after the other to help remember what was read. The brain helps the eyes to read, makes a **registration** and puts it in a temporary place called SHORT TERM MEMORY. When the read material makes sense and is totally understood by the student, multiple connections about the information are made to other earlier known information (**retention**). If such multiple connections are made the brain automatically remembers it in various ways and shifts the information to PERMANENT MEMORY. Once the information is in permanent memory a student has the ability to **recall** it when provided with various cues.

It is possible for a student to register and remember even nonsense information for a short time in the SHORT TERM MEMORY. However, since it is not connected to any earlier learnt information it will be lost within hours or days. For example, it is possible for a student who does not know French to learn in French the sentence "The weather is hot today". Since he does not have any earlier memory of the language the student will forget it in a short time. It can be made permanent by repeating it every few hours. The methods by which a short – memory can be made into a long – memory are as follows:

Memory Tips

These are in addition to the "life style" changes the students must make to improve their memory

- **Repeating the learnt material again and again.** This is unfortunately possible only for short pieces of information. Children learn mainly by this method because what they learn is simple. Very large amount of information cannot be repeated easily many times. Other methods are:
- **Repeating the concepts** has the same effect and this can be achieved in multiple ways.
 - Totally understanding what is read – as it is connected to earlier known information.
 - Summarizing.
 - Explaining in one's own words.
 - Discussing with friends.

- Focused group study i.e. a group of students discuss a particular topic.
 - Explaining to a friend who has not read the lesson.
 - Having a question and answer session on it among friends.
 - Having mock exams with model questions.
- **Reading the same topic/information in different ways and by different authors** – Different sources give you the same information with different views, which helps you to understand and repeat thoroughly in your mind.
 - **Connecting it to earlier known information** – The student remembers that India got independence in 1947. Gandhi died soon after that. So the year of death of Gandhi should be after 1947 – probably 1948.
 - **Connecting it to mental images** i.e. pictures or numbers – to remembering that Yellow River flows in China – imagining yellow race men and women with small eyes taking bath in a river in which yellow colour lemons are flowing.
 - **Making connections between multiple new information by a unique technique to which you are used to** – e.g. the first letters of the colour of the rainbow are grouped as VIBGYOR for the order. i.e. Violet, Indigo, Blue, Green, Yellow, Orange, Red. This is called MNEMONICS.
 - **Using methods where the initial registration is good** - by reading in a quiet place with no distractions and focused attention and concentration (Refer “**Learning to Concentrate**”).
 - **Training the brain to register, review and recall any information** - by making reading and writing a regular habit and not only before exams. This reading can be books, other than subject books, in which one is interested.
 - **Training the brain to be prepared to register whenever you sit for studying** – sit in the same place, specific time and after a small ritual of decreasing noise, distracting things and a prayer of self suggestion.
 - **Reading the information with interest** – a positive framework and keen interest make any type of learning easier as the connections are made better and faster. For example, the cricket scores and match dates are remembered better by a student who is a cricket fan, than the geography of South America.
 - **Avoiding aspects, which can interfere with registration and recall** e.g., mental tension. It is a common experience that we sometimes forget names, addresses and telephone numbers very familiar to us in situations when we are anxious. Our emotional state significantly impedes recall and one will presume that his or her memory is poor. This leads to lack of self-confidence and poor self-esteem, which further increases the tension and decreases registration and recall.

- ***Writing the information down, from Memory.***
- **REGISTRATION, RETENTION and RECALL** are the three important steps.
- Many of the memory tips are also related to **“WORK WHILE YOU WORK; PLAY WHILE YOU PLAY”** and **“PREPARING FOR EXAMINATIONS”**.
- A proper balanced diet also helps to improve concentration and memory.

Can we run a 100 meters race in 10 seconds the first time we run? Definitely not! Regular practice and training will help us achieve that goal over a period of time. The ability to perform well in test situations also needs regular practice and training in memory.

SHOULD I CHANGE MY EATING PATTERN?

Activity 1

Greet the students and introduce the topic.

Divide the students into 4 groups of 10-12 each. Ask each group to choose a leader. Give them each a sheet and pen.

Provide two groups with Case study 1 and the related questions, and allot Case study 2 to the other two groups. Ask the groups to discuss in detail each situation and write down the answers to the questions raised.

Case Study I

Ugyen is a fourteen-year-old boy. He is 5'2" tall and weighs 68 kgs. He stays in a family of four. He is very fond of playing games on the computer. He hardly goes out to play. He loves to eat noodles, and momos. He studies through the night. He keeps munching chips and chocolates while he is studying. Whenever he is free, he plays games on the computer or watches TV. He finds it difficult to get up in the morning for school and is always irritable when he wakes up.

- What do you think of Ugyen's health?
- What is your guess - is Ugyen obese?
- Is he eating the right kind of food?
- Do you know anybody like Ugyen?
- What skills does Ugyen need to be healthy?

Case Study II

Rinzin is a 10th standard girl who is worried about her final board exams. Often she has no time in the morning to have breakfast as she is rushing out to school. So she leaves home after having a cup of tea. She barely eats her lunch or dinner and she has difficulty in concentrating on studies after the meal. This makes her unhappy and irritable. She has a lot of tea to keep her awake.



Objectives

By the end of the session, the students will be able to

- ✓ Recognize common faulty eating habits.
- ✓ Understand that healthy living requires not only a balanced diet but also regular food habits and adequate exercise.
- ✓ Realize the ill effects of "junk food" on health.
- ✓ Define 'eating disorders'.

Life Skills being used

Self-Awareness, Critical Thinking and Decision Making.

Advance Preparations

Papers and pens, two photocopies of each case study.



- Is this common among students of your age?
- Is it healthy? If no, why?
- Why is Rinzin tired and sleepy after the meal?
- What advice can we give to improve her food habits to suit her routine?
- What skills does Rinzin need to be healthy?

After the group discussion, ask the leaders to present the opinions of their group.

Possible Responses:

- Ugyen is fat / inactive / lazy / lethargic.
- He is prone to diseases like hypertension and diabetes etc.
- Low physical activity and consumption of junk food may lead to constipation and nutritional deficiency.
- Many in our group eat like Rinzin.
- She could probably bring a tiffin box with nutritious food to school.
- Saying “NO” to coffee and tea is also important.
- Rinzin does not get any physical exercise; she is studying all the day long. This is not a healthy habit.

Guidelines for the Facilitator:

Applaud the answers. Link up with the long term adverse effects of habits that are developed in adolescence. **State that these habits can be the precursor of “life style” related diseases like hypertension, heart problems and diabetes.**

Link up with “body image” and eating habits. It is important to have a “positive body image” and accept our bodies the way they are. Let the students know that “being thin is NOT in”! Adolescents require food for growth for repair and for reserves. They must have proper nutrition. Of course they should take care that they remain active and agile so that they do not add extra fat.

Also relate eating patterns to performance in exams and in the field of sports. State that optimal nutrition and proper eating habits are important to do well in most spheres of life.

Activity 2

Ask the students

1. What is the usual eating pattern of adolescents like you?
2. Why do adolescents like 'Junk Food'?
3. What are the ill effects of 'Junk Food'?
4. What are 'Eating Disorders'?

Possible Responses:

- We love to eat out; eating with friends from road side vendors, is more enjoyable than eating in a hotel with our parents; we like 'fast food'; etc.
- Because it is tasty; it is fast; it is cheap; etc.
- It is fattening; may be unhygienic; can cause infections; etc.
- Don't know; eating junk food in excess; etc.

Guidelines for the Facilitator:

Correct the myths here. The idea of this activity is to help the students identify the importance of **good nutrition**. Tell them that students often munch **snacks** instead of having a proper meal. These snacks are rich in fats and sugars, and give calories, rather than nutrition, and may lead to **obesity** and many **lifestyle diseases** in the future.

Clarify that the word '**Junk Food**' is a misnomer. The habit of eating snacks regularly is a **junk habit**; some of the foods, though poor in nutrition, when eaten occasionally are tasty and enjoyable. Do we not also enjoy Momos, noodles and Pizzas once in a while?

However, a **BALANCED** diet along with regular **exercise** is the key to healthy living.

By developing **Self Awareness**, an adolescent will realize his/her unhealthy eating habits. **Critical and Creative Thinking** will help him/her to analyze which foods are healthy and which are not, and help him/her to create tasty and healthy options, e.g. having a fresh fruit juice instead of a cola, and a sandwich instead of a burger.

An '**Eating Disorder**' is a **medical** condition with a strong psychological basis. It may have its roots in poor **Body Image, Low Self Esteem and poor coping skills**. Commonest examples are **Anorexia Nervosa and Bulimia**. (Refer to fact sheet)

Activity 3

Recap the following at the end of the period:

- An important cause of poor health among adolescents at present is poor eating habits.
- Poor eating habits are mainly due to worry about one's weight, stress, peer pressure and economic status.
- It is necessary to eat three meals in a day and at fixed hours of the day. It is especially important to take a good breakfast for a good day's start. It is advisable not to eat junk food in between meals.
- It is the responsibility of a student to use his/her skills to eat a balanced diet.
- Adolescence is the time to shape and consolidate healthy eating and life style behaviours, thereby preventing the onset of nutrition related chronic diseases in adulthood.
- Adequate exercise is essential for the maintenance of good health.

Activity 4

Ask the students:

1. What do they understand by 'Junk Food?'
2. Why do you think eating Junk Food is harmful?
3. Define 'Eating Disorder'

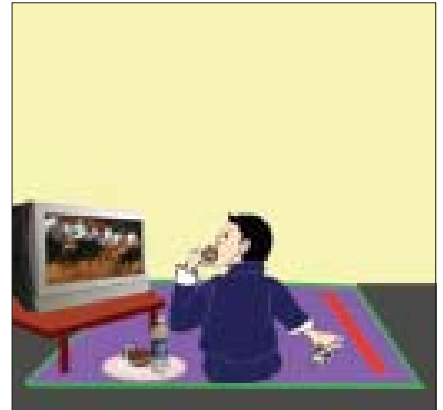
Learning in the Community:

Ask the students to reflect on:

- In the past two days have I had three meals a day?
- Do I eat a lot of snacks in between meals?
- Does my diet contain lot of junk food?
- Am I active enough?
- Do I exercise?
- What changes am I going to make to my diet?

OBESITY

Malnutrition can be under nutrition as well as over nutrition. The problem of **obesity** (over nutrition) is gradually emerging as a health problem in the relatively affluent sections of our society. Obesity is caused by the currently prevalent lifestyle among children and adolescents, namely, **sedentary** habits (lack of exercise, excessive TV viewing, computer games etc.) and '**junking**' (consumption of fast food rich in empty calories e.g. pizza, momos, burgers, potato wafers, aerated drinks etc.)



Adolescence is a vulnerable period for obesity. Since it is also a time when the individual is developing self-image, obesity can be very detrimental to psychological development. It has been observed that obesity that persists through age 12 years increases the risk of adult obesity, which has significant implications on health. It can lead to **hypertension and heart disease**. Worrying about obesity and going on crash diets is hardly the answer!

Obesity is often diagnosed by visual impressions and confirmed by growth charts (Weight for height more than 120% of standard). **Body mass index** (weight in kg/square of height in metres) is another sensitive index. Adolescents with body mass index at or more than 95th percentile for age and sex require medical evaluation and appropriate therapy.

Impact of excessive weight control

Some adolescents are overly concerned about their weight. Images of slim and trim models on television and glossy magazines; advertisements of instant weight-loss clinics, discussions with peers, even pressure from parents and relatives cause adolescents to be unduly figure conscious. For whatever reason, nowadays, most young women want to reduce their weight in order to be what they believe is more beautiful, attractive, or healthy. Adolescent girls go to extreme measures to remain thin. What drives young women to want to be thinner? Their dieting behaviour is supported by their female friends and by commercial advertising.

Reasons for wanting to lose Weight: The following are some of the reasons given by adolescent girls for wanting to lose weight:

Internally driven:

- Want to become more attractive
- Want to become "Sexier"
- I am overweight!
- Good for health

Externally Driven:

- Every body else is thinner!
- Boys like thin girls
- All models / actresses are thin
- People say I am overweight
- Celebrities promoting diet plans / weight loss on the media

According to the National Centre for Health Statistic (NCHS), one out of 100 females in the U.S.A; between the ages of 12 and 18 **have anorexia nervosa**, an **eating disorder** that causes people to severely limit their food intake. Those with **bulimia** indulge in bingeing (periods of over eating) and later purging by vomiting or using laxatives. Although more common in females; about 5 to 10% of all eating disorders occur in males.

Eating disorders such as *bulimia* are often caused by anxiety, tension or worry about one's weight. *Anorexia nervosa* is a psychological disorder where people suffer from the mistaken notion that they are fat even though they are actually thin and weak. These are the traps to which we can fall prey if we are obsessed about being too fat or too thin. And sometimes this is indirectly related to being obsessed with the way we look.

Anorexia and bulimia can have serious consequences such as convulsions, renal failure, irregular heart beat and dental erosion. In adolescent girls, anorexia can delay the onset of menstruation, minimize stature and result in osteoporosis.

As a result of reduced food intake, the average energy intake of women between 15 and 19 is only 93% of their daily needs. Their average daily intake of iron and calcium is only 85% and 71% to 80% respectively, of the recommended daily amount. Only 17% of women compared to 27% of men, had a habit of exercising. These young women could have **iron deficiency anaemia**, **osteoporosis** (at present or in later life), amenorrhoea, or eating disorders.

Given above are some examples of eating disorders and the results of excessive weight control. While students may have milder versions of these, they cause stress and may lead to adverse health consequences unless they are curbed at the outset. As a teacher, use the information given in these fact sheets to identify what is wrong with a student who is too thin or too fat and cannot concentrate in class, or a child who tires easily and help them to cope or get medical advice.

Body mass index (BMI)

Body mass index (BMI) is currently the most widely accepted calculation of excess body fat for human beings, especially for screening purposes and to monitor the effect of treatments. It is also the calculation used in epidemiological or population-wide measurements of obesity. It is calculated by dividing the subject's weight in kilograms by the square of his/her height in meters ($BMI = kg / m^2$).

Recommendations to schools and parents:

- Encourage **physical activity** on a daily basis. It is good to make our children computer savvy but not at the cost of their health. They need to spend time playing and indulging in physical exercise to ensure they remain physically fit.
- Work on incentive based plans to encourage children to indulge in sports and other physical activities in school.
- Discourage eating at fast food joints and give a **healthy nutritive diet** that limits calorie and fat intake. Parents need to inculcate healthy eating habits at home. Eating out is not wrong, but ensuring a good choice of food is important. Schools have to shoulder equal responsibility by ensuring that children are only served nutritious and healthy food in school canteens
- Increase **awareness** about the benefits of an active life style.

UNDERSTANDING THE MALE BODY

Activity 1

Greet the class. Introduce the topic by telling the students that they will be discussing an important topic that has many myths related to it.

Ask the students:

“What happens during Puberty?”

Possible responses: We grow up, become mature, become adult, capable of taking more responsibilities, capable of reproduction etc

Guidelines for the Facilitator:

Applaud the students for the answers that they give. Tell the students that one of the tasks of puberty is to make the person –whether male or female- capable of reproduction. Tell the group that today we will discuss the male reproductive organs. Some students may feel shy or embarrassed. Remind them that there are chapters in the textbooks that deal with this topic. Tell them there is nothing to be embarrassed about. Remind **them to use the Life Skills they have learnt –Coping with stress, Self awareness and Critical thinking** to overcome stress.

Ask them: - ***“Why in their opinion, should one know the details of the male reproductive organs? How will it benefit you all?”***

Possible responses: So that one can understand its functioning, so that we know the correct answers, to remove myths, all information is important etc.

Objectives

By the end of the session, the students will be able to:

- ✓ List the parts of the male reproductive system
- ✓ Explain its functioning
- ✓ Correct some of the myths related to “Wet Dreams” and “Masturbation.”



Life Skills being used

Self-Awareness, Critical Thinking, Coping with Stress, Effective Communication and Creative Thinking.

Advance Preparations

Chart with the illustration of the male reproductive system, (or a prepared transparency and an OH projector)
Case study “What is happening to Tenzin?” one cup, a bottle full of water, one large flat pan, copies of activity sheets/handouts, quiz questions,

NOTE: If necessary this session may be conducted separately for boys & girls

Guidelines for the Facilitator:

Before starting a discussion on the reproductive and sexual organs, convey to the students that:

Acquiring information/ knowledge about sexual organs is not obscene, vulgar or wrong. Sexual organs, like other organs in the body, have specific functions. Correct and complete information (**Critical Thinking, Problem Solving**) will only help us to understand ourselves and males/ friends better (**Self awareness, Empathy**). It will also help us to break myths about male sexual organs (**Critical Thinking, Problem solving, and Coping with Stress**).

Activity 2

Show them the illustrations of the male reproductive organs that have been prepared. Alternatively use the transparency if an OH projector is available. Tell the group that we studied this in the last class, so quickly name the parts.

Possible responses: Testes release sperm, penis is the male sex organ for intercourse, penis is used for urination, do not know, embarrassed silence.

Ask the students if they understood the functions of the male reproductive system. Respond to their queries and ensure that they understand the information and the Life skills that are being built up.

Now ask them: ***“Why do the testes lie outside the body whereas the ovaries of the girls are inside?” “Why do testes sometimes move up and down by themselves?”***

Possible responses: There is less place inside the abdomen of males, for better production, do not know

Guidelines for the Facilitator:

This can make the session very interesting and humorous! Tell them that by utilizing critical thinking and a little bit of information we can come to know so many interesting things about our body! Tell them that sperm production requires 2 degrees **less temperature** than the body temperature, thus the testes are outside the body. The testes also move up and down inside the scrotum to maintain the temperature – moving down to become cool and moving up to regain heat from the body! Also tell them that this is why wearing very tight underwear or jeans for a long time could be harmful for sperm count and also lead to itching.

Activity 3

Now tell them that the male reproductive system keeps functioning throughout the adult life. Tell them that semen is being produced constantly inside the body and sometimes this could be a source of anxiety to young boys. Tell them we will discuss a Case Study “What is happening to Tenzin” to understand this better. Read out/make a student read the following Case Study

“What is Happening to Tenzin?”

Tenzin, 13 years old, lives in a village called Paam on the outskirts of Trashigang town. Tenzin loves school and because he topped his class in the annual exams this year, his parents arranged a party for him. They invited all his class friends, uncles and aunties and many of his cousins. One of his cousins brought a friend of hers. Her name was Sonam and she too was 13 years old. She seemed very nice and pleasant and had helped him clean up the carpet when one of his younger cousins accidentally knocked down a plate of food. That night as he was preparing to sleep, Sonam’s face flashed in front of Tenzin. He remembered her sweet laughter and her warmeyes. Her thoughts made him smile, and he very soon fell asleep. In the morning, he woke up to find that his under garment was wet and that he had stained the bed-sheet. He was horrified and thought that he had urinated in the night. He thought he must be ill and did not know what to do.

Now ask students the following questions one by one:

1. Do you think Tenzin is ill? What do you think had happened to him? Why?
2. Can it happen to Tenzin again?
3. Can boys get stressed due to this? How can Tenzin overcome his anxiety and stress?
4. What does it mean to have “Wet dreams”?

Guidelines for the Facilitator:

In the ensuing interesting discussion, try to build not only the content but also the relevant Life Skills like Critical Thinking, Self Awareness, Empathy, Problem Solving etc-of the students. Also some students may either not understand the phenomenon because it may not have happened to them or may feel embarrassed. Deal appropriately with such feelings.

Possible responses:

- Tenzin is not ill. He has had a *nocturnal emission* - commonly called as a “wet dream”.
- In this case it may be that Tenzin was dreaming about Sonam, but it can happen often in sleep anyways. It is a normal biological response to dreaming due to muscular contractions. Boys can have erections and wet dreams just because they are dreaming even if the dream is not sexual.
- Yes, it can happen again. Recurrent wet dreams are normal for boys during and after puberty. Their frequency can vary from boy to boy and from time to time in the same boy. Some boys get excessively anxious (Try to bring out empathy here)

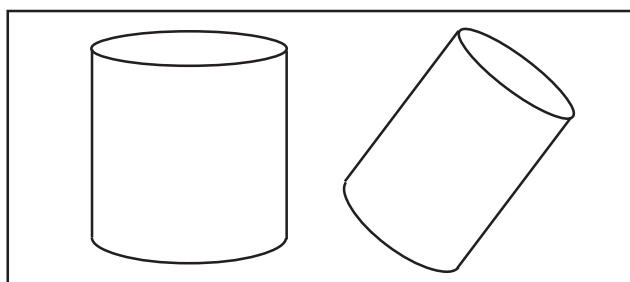
- Tenzin has not done anything bad or immoral. If he has all this information (gathered by utilizing Critical Thinking, Inter Personal Relationships and Effective Communication) and utilizes Critical Thinking and Self-Awareness, he too will reach to the conclusion that this is normal. This way he will overcome his anxiety and can help other boys who may have similar anxieties.
- Having wet dreams does not mean that a person has to have sex. But it does indicate that the person has become mature and, as the semen could have sperm in it, the person could make a girl pregnant if they had sex.

Activity 4

Tell the students that they will carry out an exercise that will help them to understand the simple mechanism behind wet dreams.

Ask them to take a cup and fill it with water till the brim, taking care that the large flat pan is directly underneath. Now ask the students to look carefully what happens when you either move the cup or put more water in the cup from the bottle. Shake the cup gently to let some water pour out into the pan. Now pour more water in the cup till it again starts dropping out of the cup into the pan.

Ask the students ***“Why did the water start pouring out of the cup?”***



Guidelines for the Facilitator:

This activity will involve a lot of creativity and excitement! At the same time, some students will experience shyness and embarrassment. Tell them this is quite normal. It may be the first time for many among them to understand how their bodies actually function.

Tell them that since the cup has a certain capacity and when the cup was full, even a little movement of the cup led to the water pouring off. Also, when the quantity of water being poured into the cup exceeded the capacity of the cup, the water started to pour out. Similarly, there is a certain capacity to store semen in the male body. Semen production is a continuous process in the male body. When the capacity has been reached, even a gentle movement of the internal muscles can lead to expulsion of the semen from the urethra. This is what happens in the dreaming phase. Under deep sleep (REM sleep), some involuntary movements of the muscles –legs, arms etc takes place and sometimes internal pelvic muscles also may move and contract. This may squeeze the tissues and result in the expulsion of semen. This is entirely natural. This is not a disease, does not have any ill effects and requires NO treatment.

(REM phase: Rapid Eye Movement phase- an important phase in deep sleep.)

Activity 5

Recap the following at the end of the period:

- Information acquired about sexual organs and their functioning is useful for gaining self-awareness and self-esteem.
- Having 'Wet Dreams' is perfectly normal for boys during and after puberty. It indicates that a person is becoming mature. It is not bad or immoral.
- "Wet Dreams" or Nocturnal emissions can also be a voluntary act by the individual. This is known as 'Masturbation' or 'auto sex' or 'self stimulation'. This also is neither bad or immoral or unhealthy.

Activity 6

Ask the students:

1. Name 4 male reproductive body parts and their functions
2. What are 'wet dreams'?
3. Where are sperms produced in the body?
4. Does loss of semen due to wet dreams lead to general weakness?

Learning in the Community:

Ask the participants to try to explain what they learned in this lesson to a friend, sibling, or other peers. Ask them to think of other innovative, interesting ways to do so and report back next week.

Annexure:

(Copy on a chart or make a transparency for the use with an OH projector)

FACT SHEET

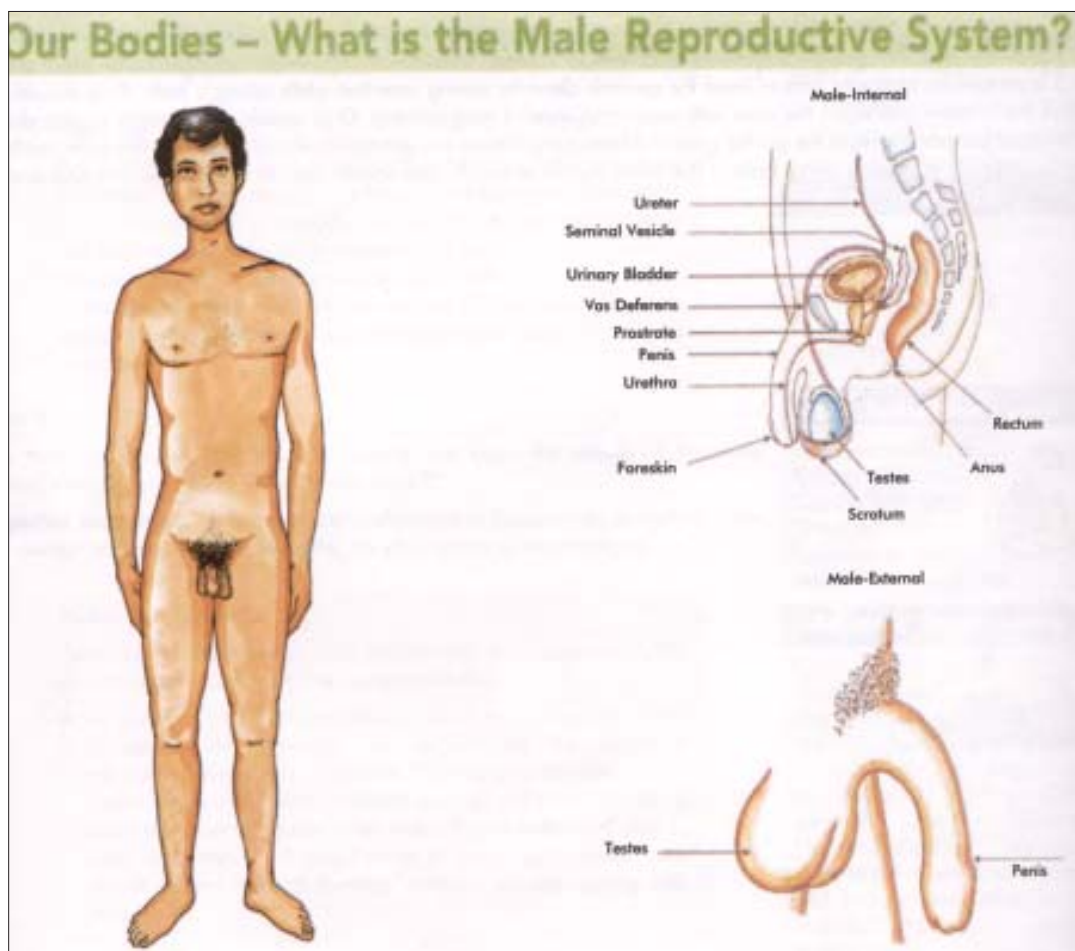
MALE REPRODUCTIVE ORGANS

The parts of the male body included in reproduction are called the reproductive organs. They include internal and external organs.

EXTERNAL ORGANS:

The Penis is the male sex organ for sexual intercourse. It is a tubular organ which gets erect during the sex act. It contains the urethra which is a common passage for urine and seminal fluid. When a man is sexually aroused or his penis is stimulated it gets enlarged and erect and can enter the vagina and ejaculation of semen (that contains sperm and some secretions) can occur. The sperm thus then enter the vagina and move into the fallopian tube. It is normal for the penis to have a little curve in one or the other direction.

The Scrotum: It is a loose pouch of skin located behind on both sides of penis which contains the testicles. It controls the temperature necessary for sperm production and survival. The skin of the scrotum is very thin and may be of reddish colour/lighter colour in early adolescence and appears darker as the age advances. This is entirely normal.



Testes: The testes are two glands suspended in the scrotum by the spermatic cord. Before birth they are in the abdomen but descend into the scrotum following birth. They are important reproductive glands in the male because they produce the male sex hormones (androgens) of which testosterone is the most important. Androgens are responsible for the physical development in the male such as weight and height increase, voice changes, growth of hair on the face, and growth of the penis and testicles and also for sexual desire and functioning.

They also produce sperm which are first produced during puberty and continue life long. Each ejaculation contains 200 million to 500 million sperms in about 2-3 ml. of seminal fluid but only ONE can fertilize the egg. It is normal for one testis- usually the left- to be lower than the other. One testis can produce enough sperm for fertilization to take place.

INTERNAL ORGANS:

The Vas Deferens (sperm tube) is the passageway for sperm, leading from the testicles and joining with the urethra

Urethra: The urethra is the tube through which urine passes from the bladder to the outside of the body; it is closed to urine during ejaculation.

Glands: The glands includes the seminal vesicles, prostate gland and bulbo urethral glands. The sperms are mixed with secretion from these glands to form the seminal fluid. The semen can vary in colour from white to yellowish to greyish. It can also vary in quantity from one ejaculation to another in the same person.

Handout

On Masturbation

Most students have had some experience with masturbation before puberty although many of them maybe unfamiliar with the word "Masturbation". They have heard it called "touching yourself", "self-abuse," or more commonly among the boys, the slang term "jacking off". Simply stated - self stimulation of the genital organs is called masturbation.

Authorities tell us that it is an almost universal practice among healthy boys and is also a common behaviour in girls. People learn it by themselves or else from their youthful friends. Masturbation may begin at any age and it has been observed in children under three years of age. It may be started again in the adolescent years and re-occurs in adult life during times of stress or sexual deprivation. At one time, there was a great deal of concern about masturbation. Many people thought it caused serious health and sexual problems, and it was regarded as sin. While some of these attitudes and beliefs have changed today, there is still a lot of misinformation and misunderstanding about masturbation.

The dire consequences that are commonly believed to follow from masturbation are almost entirely fictitious. Masturbation will not impair the mind and it will not interfere with the successful performance of the sexual function in marriage. Many superstitions and unfounded attitudes have been handed down from generation to generation that implied that masturbation would have very dangerous consequences for the boy in his teens and for the man he is going to be. Actually, any harm resulting

from masturbation, according to the best medical authorities, is likely to be caused by worry or a sense of guilt due to misinformation. While doctors do not encourage the practice, they treat it as a natural part of growing up.

Some families and religious organizations believe that masturbation is morally wrong. Each student must consider these beliefs when deciding what behaviour is best for him/her. Most religious and medical counsellors now take a position that masturbation is a normal way- station in the maturation process.

Some Myths about Wet Dreams and Masturbation:

MYTH: Loss of semen during wet dreams leads to weakness of body.

FACT: Wet dreams/masturbation are a normal part of growing up. They do not make one tired.

MYTH: Wet dreams are more frequent among the boys who are over-sexed and always pre-occupied with sexual fantasies.

FACT: Wet dreams are common soon after puberty in a boy – this is normal. Sexual urges and fantasies are common in all healthy boys. Many learn to channel and divert their attention to other pleasurable activities like games, studies and hobbies.

MYTH: Only the young, unmarried and the immature individuals practice masturbation.

FACT: Even married and elderly people practice masturbation. There is no research evidence to show that only immature people practice masturbation.

MYTH: Practicing masturbation is bad and harmful.

FACT: Masturbation is an outcome of a physiological need. The guilt feelings associated with such an act and the attitudes of the society make the person to think that it is bad or harmful.

MYTH: Only boys practice masturbation. Girls do not practice masturbation.

FACT: Masturbation is practiced by both sexes. It is more common among the men. Women are taught culturally to suppress sexual needs. This does not mean they have no sexual needs. A woman masturbates by stimulating the clitoris.

MYTH: Masturbation leads to weakness, impotency and insanity.

FACT: There is no connection between masturbation and weakness, impotency and insanity. It does not lead to insanity.

EARLY SEX AND ITS CONSEQUENCES

Activity 1

Greet the class and introduce the topic.

Divide the class into two groups and ask each group to choose one of their group members as the reporter. Give each group a chart paper and marker pen. Request one group to give a list of reasons **why some young people choose to have early sex** and the other group to give a list of reasons **why some young people choose NOT to have early sex**. Give the groups ten minutes for the group work.

Invite reporters of both groups in turn to display their charts and represent the listed reasons. Refer to fact sheet and complete the list of all possible reasons.

Activity 2

Now, divide the class into 3-4 sub groups and ask each group to choose a reporter. Give each group a chart paper and pens. Ask them to write their responses to the following query: **“What can be the adverse consequences of early sex?”**

Give the subgroups 10 minutes to complete the exercise and then ask each subgroup to present their responses to the larger group.

Possible responses - Sexually Transmitted Infections (STIs), unwanted pregnancy, unwed parenthood, emotional problems because of heartbreaks, social problems and ostracism, interruption in studies, family problems, loss of a job, problems in future marriage. The consequences of pregnancy, STIs and social consequences are much more severe in young people, i.e., before their body and mind has matured.



Objectives

By the end of the session, the students will be able to

- ✓ List the consequences of early sexual intercourse.
- ✓ Realize the importance of marrying at a late age.

Life Skills being used

Self-Awareness, Critical Thinking, Decision Making.

Advance Preparations

Chart Papers, Marker Pens & copies of Fact Sheets for each student.

Guidelines for the Facilitator:

After all the subgroups have presented their responses, applaud the whole group for having done a wonderful job. Tell the students that, as pointed out earlier, early sex has many untoward consequences - physical, mental, emotional, social and economic. Let them know that STIs can even harm the future (unborn) generations or cause infertility. Refer to the fact sheet and add from your side. State that many girls and boys in Bhutan have had to face such adverse consequences.

The group would have utilized Life Skills of **Critical Thinking, Self Awareness, Decision Making, Interpersonal Relationship, Effective Communication** etc.

Further reiterate that in the light of the above discussion, the decision to have or not to have sex is an important one. It has bearing on the person's future including his/her career, personal and married lives and possibly his/her yet unborn children. Thus, **"when to have sex?"** becomes an important question. Tell them that in addition to age other factors too are important. Such decisions should be critically thought of, be lawful, in line with the personal values and should ultimately enhance and enrich a person's life. . All of these have a bearing on our health – physical, mental, social and spiritual.

Tell the students that most societies have tried to fix the age of marriage presuming that people would start sex within their married lives. Ask the group the following questions one by one and note their responses.

Q1) What is the minimum permissible age for girls to get married in Bhutan? (18)

Q2) What is the minimum permissible age for boys to get married in Bhutan? (21)

Q3) Why are these ages specified?

Guidelines for the Facilitator:

Applaud the students. Tell them that many countries have legally defined age for initiation of sexual intercourse and marriage, just as they have defined ages to say, obtain a driver's license or to vote.

Tell the students that there are good reasons to have ages specified. As noted earlier sex has significant consequences. These and many other factors make societies define the minimum age for marriage (and consensual sex) for girls. Sexual initiation and marriage should be freely made decisions which require maturity to handle the consequences of sex and responsibilities of married life; to prevent child sexual abuse and child marriage, to prevent trafficking in women, to give a chance for overall development; girl's bodies are not ready for motherhood till they are 20 yrs. Also the trafficking in women makes it necessary to define the age for consensual sex.

Activity 3

Recap the following at the end of the period:

- Most young people choose not to have early sex (before marriage).
- There are many adverse consequences of early, unplanned sex.

Activity 4

Ask the students:

1. What are some of the consequences of having early sex?
2. Why is the age of marriage specified in many countries?
3. How should a young person take decisions regarding their sexual conduct and marriage?

Learning in the Community:

Ask the students to:

- Find out if there is any one known to them who has had early sex. Find out the problems she / he had faced because of that.



FACT SHEET

Possible reasons (list is not complete...) expressed by young people:

Sl. No.	To Have Sex	Not To Have Sex
1.	Express love	Don't want to do it
2.	Receive love	Value of self & family don't allow
3.	Retain friends	May be painful
4.	Experiment	Risk of Pregnancy
5.	Curiosity	Risk of infections / diseases
6.	Rebellion	Danger of Blackmail
7.	Forced into sex	Want to gift virginity to spouse
8.	Peer pressure-everybody else is doing it	Can't afford to bring up a baby
9.	Effect of films, TV and print media	Don't want to interrupt studies and career because of pregnancy
10.	To prove that one has 'grown up'	Because they know that no contraceptive is 100% effective



FACT SHEET

ADVERSE CONSEQUENCES OF EARLY SEX

Sex is one of the most intimate acts. Anyone can have sex, but wisdom demands that we exercise our informed and critical choices regarding the person and timing before we say yes to sex. Most adolescents are unable to exercise informed choice as they lack information regarding not only reproductive health (contraception, STI) but also about consequences of sex.

Sex has **physiological, psychological, emotional, moral, social, legal and medical consequences.**

A. Physiological:

- Pregnancy
- Early reproduction is emotionally and physically more taxing than one which begins later

B. Psychological:

- Interruption in studies
- Loss of a Job
- Marriage failure
- Low status of women is perpetuated from generation to generation
- Reduced marriage prospects

C. Emotional:

- Heart breaks
- Guilt

D. Moral:

- Provoke either the boy or the girl to commit suicide

E. Social:

- Unwed motherhood
- Care of the children
- Social Stigma and Ostracism
- Family Problems
- School drop-out
- Their opportunities for employment are reduced and their continued dependence on others for their livelihood is reinforced
- Strong social pressure may lead to a forced marriage

F. Legal:

- Abortions and its attendant dilemmas
- Charges of statutory rape
- Problems in future marriage
- Illegitimate children may face the problem of social and legal discrimination as well as economic hardships

G. Medical:

- The STI contracted in adolescence can even harm the future unborn children of that person or cause **infertility** in him or her.
- HIV/AIDS can be fatal.
- Illegal abortions
- Infertility due to infections

OUR REPRODUCTIVE SYSTEM

Activity 1

Greet the class & start the session by asking the following questions to the student:

“What are the organs/systems of the human body that you know of?”

Possible Responses - Digestive system, Heart, Liver, Testes, Uterus, Circulators system, bones, Brain, Eyes, Stomach, Nervous system, Endocrine system etc

Ask ***“Do you think it’s important to know about our reproductive organs? Why?”***

Possible Responses - Yes, it is, we must know about our body parts, maybe not, there are so many misconceptions

Guidelines for the Facilitator:

Adolescence is a period of rapid growth and development of the whole body -especially the reproductive system. The adolescent who has no background has many questions in his/her mind. They are confused and embarrassed and have many doubts in their minds about whether they are ‘normal’ or not. It is necessary therefore to inform them about their own bodies and the development and functioning of the various parts of their reproductive system.

State that we need to understand the reproductive system and organs, not only because they are part of our body but also because there are many misconceptions about the reproductive system and physiology. We must have a clear understanding of their functioning so that we have no anxieties and stresses related to our body and are also able to look after ourselves.

State that this is the basic lesson about the reproductive system. Over the years their knowledge and skills will be built up so that they can make responsible and safe decisions about themselves.

Link the topic with the lessons given in the science books. They may or may not have been taught these. Use this opportunity to clear doubts and any questions that students may have.

Objectives

By the end of the session, students will be able to:

- ✓ Understand the structure and functioning of reproductive organs.

Life Skills being used

Self-Awareness, Critical Thinking.

Advance Preparations

Charts of male and female reproductive systems

NOTE –This activity may be carried out separately for girls and boys by female and male teachers respectively. It needs to be taught by a teacher who is comfortable with the topic.

Activity 2

Now pin up the blown up charts of male /female reproductive system (place stickers over the labels to hide the names of the organs)

Divide the class in to two groups & give them the following instruction:

Group 1 will attempt to name various female reproductive organs (internal and external)

Group 2 will attempt to name various male reproductive organs (Internal and external)

For every correct answer the group will get one point. The group with maximum points will win.

Guidelines for the Facilitator:

The students shall/maybe give names of some parts and may not know about all body parts. Teachers may ask students to repeat the names of the reproductive organs in unison. The facilitator may expect to hear some colloquial terms which they may ignore and provide the exact terminology.

Activity 3

After the group responds, remove the stickers and provide the participants with the correct answers as well as the role and function of the organs in normal body functioning. (Refer to the fact sheet)

Guidelines for the Facilitator:

See to it that you repeat the names and give clear information about their functioning. You may ask some "check questions" to build their understanding.

When discussing the female reproductive system, remind the students about the menstrual cycle, and stress the point that menstruation is normal and universal.

Brainstorm about *why is it important to look after the reproductive organs.*

Possible responses: they form a part of the body, they also play an important role in functioning of our body, for the next generation, to maintain hygiene etc.

Guidelines for the Facilitator:

State that reproduction is the method by which the human species continues. Thus we need to not only understand the construction and functioning of our reproductive system, but also learn to look after it.

Also introduce the topic of personal hygiene – menstrual hygiene for girls and prepuccial hygiene for boys. Let a small discussion take place. State that we will talk about them in detail later. This links up the sessions being carried out by School Health Coordinator and creates expectations for the sessions to be carried out in future.

Activity 4

Recap the following at the end of the period:

- We need to be aware of our body.
- We should understand the functions of various organs
- We should take care of our body.

Activity 5

Ask the students:

1. Name two external and two internal reproductive organs of the females
2. What is the function of the ovaries ?
3. What is Urethra?
4. How should boys and girls maintain genital hygiene ?

Learning in the Community:

Ask the students whether they learnt something new today? What was it?

FACT SHEET

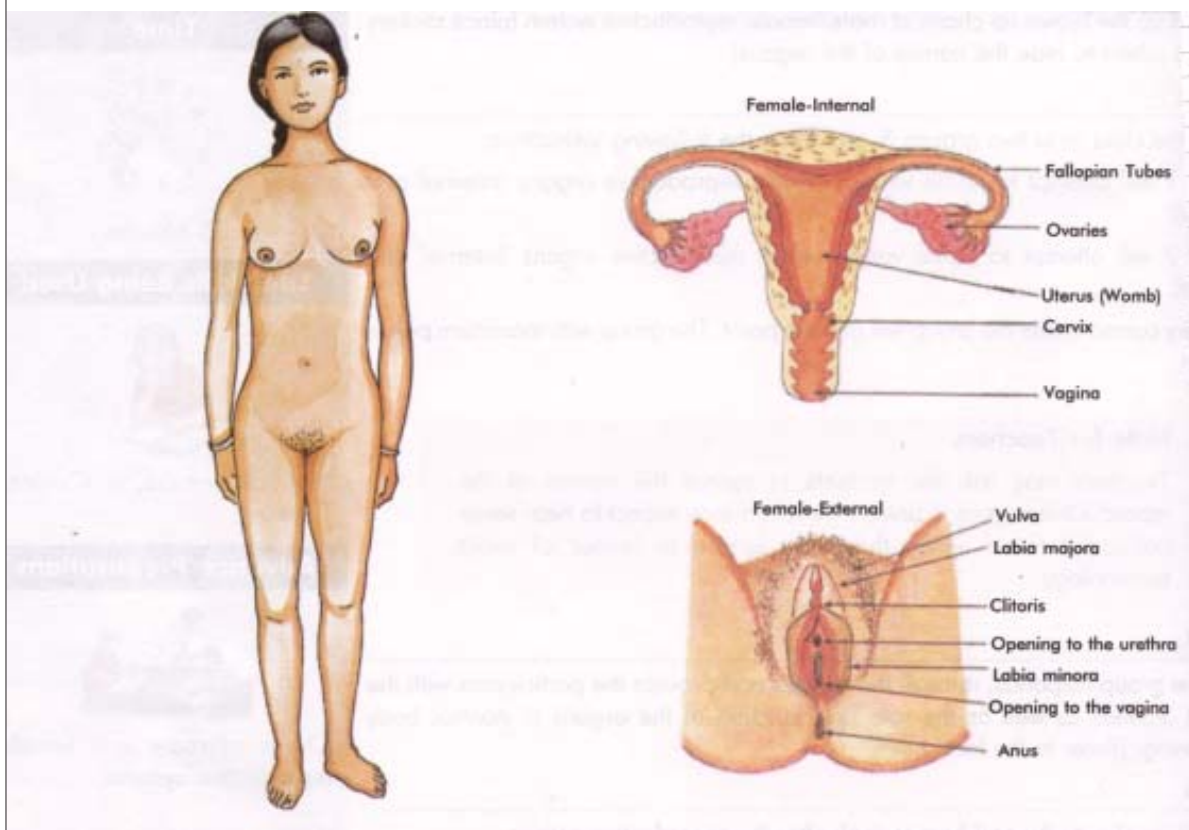
HUMAN REPRODUCTIVE SYSTEM

Reproduction is a normal and natural part of human behaviour and function. Along with changes in body size, changes in the reproductive system also occur during adolescence leading to sexual maturity. Sexual and reproductive organs are as important as other parts of human body like hands, fingers, feet, eyes etc. It is important to understand the human reproductive system & its functioning. If you do not take care of sexual and reproductive organs many problems may arise. For example if you are not careful about genital hygiene, infections, can occur. If you neglect any symptom and do not contact a doctor in time, long lasting problems can arise.

Female internal genitalia:

- Ovary – Two ovaries, each about the size of an almond, produces the egg or the ovum. Approx. 450 to 500 eggs will mature & be released in the girl's life time.
- Uterus/womb: About the size and shape of an upside down pear. It is made of muscle & grows in size (from 50 grams to 1 kg) as the baby grows
- Fallopian tubes: These are two tubes leading from the ovaries to the womb which carry the ovum from the ovary and it is here that the ovum meets the sperm & fertilization occurs.

Our Bodies – What is the Female Reproductive System?



- Vagina: A tube about 8cm (3 inches) long, it leads from the cervix to the vulva. The vagina is very elastic so that it can easily stretch around a man's penis or around a baby during labour.
- Cervix: The neck of the womb. It is normally almost closed with just a small opening through which menstrual blood passes out or sperms pass up.
- Bladder: Sac of muscular and fibrous tissue which holds urine.

Female external genitalia: (also known as VULVA)

- Labia Majora and Labia Minora: two sets of folds on either side of vagina which provides protection to the clitoris & vaginal opening. Labia majora lie outside and over the labia minora.
- Hymen: it is a thin membrane that lies at the entrance of the vagina. It normally has a small opening through which menstrual blood comes out. It usually breaks during sexual intercourse. The presence of the hymen is often but falsely taken as proof of a girl's virginity. However the hymen may break due to exercise (such as running,) and is no proof of virginity.
- Clitoris: Small pea sized sensitive organ at the top of the female external genitals. During sexual excitement the clitoris enlarges and hardens.
- Urethra/ water passage: A tube which carries urine from the bladder to the outside urethral opening.
- Anus: Opening at the lower end of the bowel for passage of stools.

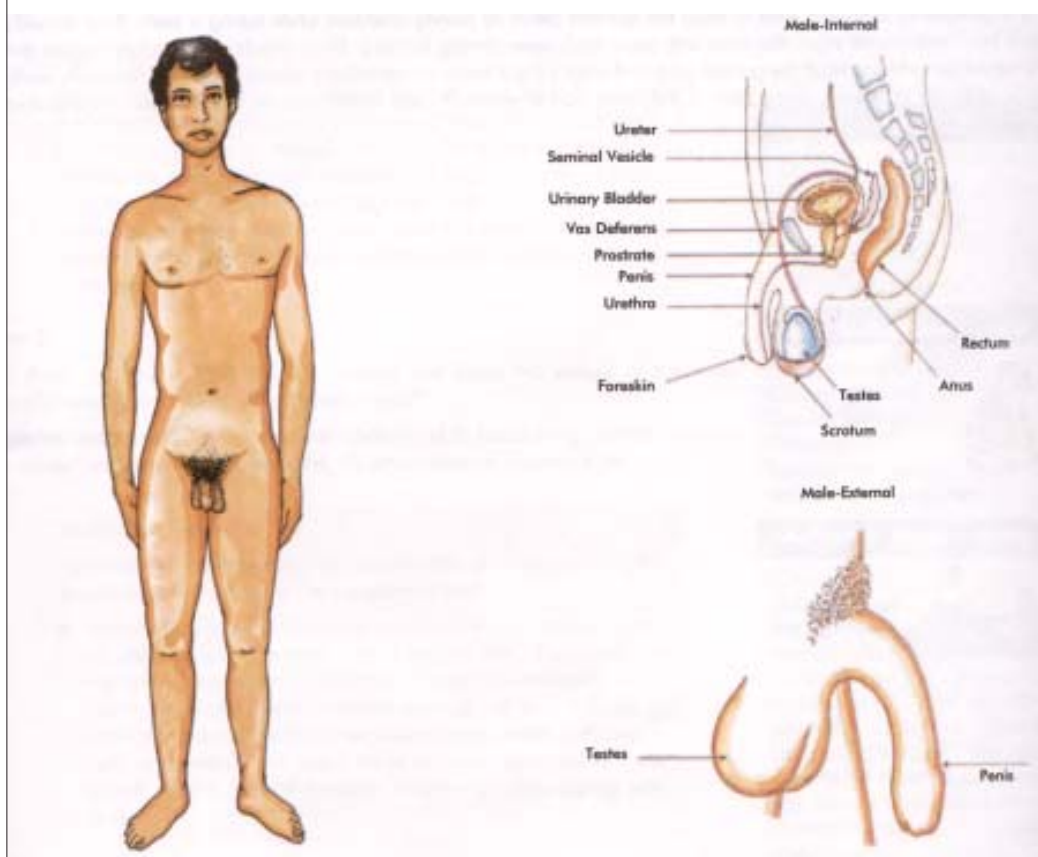
Male internal genitalia

- Vas deferens: Tubes which carry the sperms from testicles to urethra (these are cut during vasectomy).
- Seminal vesicles: These sit at the back of the prostate gland and produce the thick milky fluid of the semen.
- Prostate Gland: This is situated at the base of the bladder and produces a fluid which forms part of the semen (the liquid which appears when a man ejaculates)
- Urethra: A tube which carries urine from the bladder and semen (with sperms) through the penis.

Male external genitalia

- Penis: A tubular structure made up of spongy tissue which fills with blood during an erection. The urethra passes through it.
- Glans: The helmet shaped head of the penis.
- Foreskin: A loose piece of skin which covers the glans and can be pulled back for cleaning. This is removed when a man is circumcised.
- Scrotum: Sac made of loose skin, which holds the testicles and hangs outside the body.
- Testicles: Produces sperms and the male sex hormone testosterone.
- Epididymis: Area where sperms are stored in testes.

Our Bodies – What is the Male Reproductive System?



Genital Hygiene

It is important for both boys and girls to keep the genital area clean by paying attention while taking a bath. Boys should pull back the foreskin and wash the area with soap and water during bathing. Girls should use sanitary napkin during menstrual periods and wash the genital area and keep it dry. If there are symptoms related to genitals like pain, swelling, sores, difficulty in passing urine, pain in the lower part of Stomach one should discuss this with parents and doctors if needed.

LET ALCOHOL NOT BECOME A PROBLEM

Activity 1

Greet the class and make them stand in a circle and ask them to pick a question from the box/container.

- What is his/her first impression about a person who drinks alcohol? How is it different from a person having a soft drink?
- If you were to interact with a person consuming alcohol, what kind of conversation will you have with that person? Will it affect your/his nature ?
- Ask them to narrate one behaviour of a person when he/she is drunk.
- How do you identify a person who is drunk?

Possible Responses:

- When I see a person drinking alcohol, I feel he/she must be very modern or fashionable.
- I think it is a sign of changing times; people drink alcohol instead of juice.
- I feel very sad for the person's family.
- I feel frightened that the person may become violent and attack me
- Conversation may be very restricted
- Conversation may not make sense
- Cannot take what they say seriously
- Using abusive language
- Shouting
- Incoherent speech
- Red eyes and foul breath

Objectives

By the end of the session, the students will be able to:

- ✓ Mingle with one another and share some of their ideas about alcohol use.
- ✓ Understand and have a mental picture of a person who abuses alcohol and substance

Life Skills being used

Critical Thinking, Creative Thinking, Effective Communication, Self Awareness, Decision Making.

Advance Preparations

Chalk board, Chalk, Question strips, Paper container/any container, Charts, Index cards, boards, chalks

- Cannot walk straight and keeps falling down
- Vomiting
- No self control

Guidelines for the Facilitator:

Assess if the students are comfortable with one another with a sensitive topic such as alcohol use. If yes, proceed to the next activity. If not, try to determine what they are still uncomfortable with and spend some more time discussing these issues:

Alcohol and substance abuse is a serious health issue among adolescents. A large proportion of adolescents may be those who use the alcohol and substances occasionally but are not yet dependent on them. Students (adolescents) vary from recreational to harmful and hazardous drug users and require different approaches to screening, diagnosis and management. Substance abuse can lead to other risk taking behaviour by clouding the adolescents' judgment.

Activity 2

Divide the class into 4 groups.

Give each group a case study with some questions.

Ask the students to read the case study, discuss in group and answer the questions that follow:

Case Study 1:

Dorji was the owner of the small tea shop. He lived with his wife and two children. His wife Karma was a housemaid. One day a group of 4-5 people came to his shop. They started coming regularly and as the days passed, they became good friends of Dorji. He started closing his shop early and spent more time with them in the evening. They would sit till late at night drinking alcohol and it soon became a regular affair. As a result, he soon lost interest in work and family duties. He became an abusive husband and started beating Karma and his children. He no longer had control over his temper and actions. He started spending all his earnings on alcohol.

1. Do you know people like Dorji?
2. If yes, share what you know?
3. How did he get drawn into the habit of drinking alcohol when he was a happy and economically sound person?
4. Should one blame Dorji or his friends for Dorji's drinking habit?
5. What can be done to help Dorji look after his family?

Case Study 2:

There was a couple named Dawa and Deki. They were both blessed with good looks and belonged to very good families. Both were well mannered and talked very politely to everyone. Dawa was a defence officer and Deki a housewife though she was a highly qualified woman. They both regularly had social evenings and attended parties but never drank alcohol. Deki became a close friend with a senior officer's wife who was also well educated. Deki started confiding in her. One afternoon, Deki came running to her friend's house and began to cry and narrated the complete story of her married life, which was very different and shocking from what it seemed to everyone. She said Dawa was an alcoholic. He tortured her everyday with cigarette butts, after consuming 8-9 pegs of alcohol at a stretch. He was highly suspicious of her and would hit and threaten her. She was helpless and needed a solution.

1. Dawa and Deki's behaviour in public is so deceptive. Is this the right thing for them to do?
2. Does Dawa hate his wife, or is alcohol making him to torture his wife? Can we blame alcohol for his behaviour?
3. What should Deki do?

Case Study 3:

Kinga lives in a small town and is a good student. He is loved by all at home and is popular in school. Kinga lost his father when he was a child. His mother has recently started noticing some changes in him – he has stopped playing football, he comes home late at night and sleeps all day and misses school. He is irritable and is constantly asking for money. Sometimes, Kinga (was always a quiet person) breaks into sobs and asks his mother to forgive him. This astounds his mother who has always been close to her only son! His mother suspects that he may be stealing money from her kitty. His school results are suffering and his principal has warned Kinga and his mother. Kinga's mother is at her wits end. She is frightened of her son, and has no close friends or relatives she can confide in.

When her nephew comes to visit, Kinga's mother begs him to find out what is wrong. A few days later, Kinga's cousin has horrifying news! Kinga is taking drugs. Kinga started experimenting with drugs just for fun! Kinga's mother doesn't have the money or the courage to take her son to de-addiction clinic. She is frightened that her landlord will ask her to vacate the flat and Kinga will be sent out from school. Her life has become a living hell.

1. What do you think Kinga's mother should do?
2. What would you ask Kinga to do?
3. What are the risks Kinga is taking?
4. If you are Kinga's mother, how would you handle this situation?

Case Study 4:

Penjor, a high school boy is very good in studies and games. One Sunday, his friends found him rubbing something in his palm. They also saw him eating from his palm. After sometime, Penjor was found coughing incessantly. When he was asked what happened, he simply walked away.

1. What do you say about Penjor's behaviours?
2. What kind of substance could Penjor be fiddling with?
3. Why do you think Penjor walked away? Give your reason.

Guidelines for the Facilitator:

Ask each group to present their group work.

Ask the students if they have a mental picture of a person who uses too much alcohol and substance and some of the harmful effects from alcohol abuse.

Please refer to the fact sheet (available as a separate document) and be familiar with the section on what is alcohol/substance, what is a harmful use of alcohol/substance, alcohol or substance abuse, impact of alcohol/substance in women, different types of alcohol/substance and their equivalent strengths and harmful effects of alcohol.

For this activity, you may wish to give students the information in the fact sheet by writing on the board. It is unlikely that they already know the specific details about alcohol and substances, their use and abuse. A scientific discussion on this topic is the best way to inform students about alcohol/substance and its harmful effects.

Activity 3

Ask the students to think of a person who is an alcoholic/substance abuser and write down the common signs and symptoms of the abuse on the index cards provided (Group discussion).

Ask them to present their work to the class and discuss the signs and symptoms of alcohol/substance abuse.

Possible Responses:

Some common signs and symptoms of alcohol and substance abuse:

- Absence from school or work.
- Depression or unhappiness
- Drinking in order to cope with personal problems.
- Drinking to overcome shyness.

- Loss of interest in family and friends.
- Loss of interest in activities which were once of interest.
- Difficulty in sleeping.
- Poor judgment
- Drinking outside of a social setting
- Showing up intoxicated in inappropriate settings
- Drinking to build self confidence.
- Mood fluctuations
- Developing health problems
- Experiencing memory blackouts during or after drinking
- Usually drinking to the point of intoxication
- Feeling guilty about drinking
- Not fulfilling promises or obligations

Show the question card ***“Can a person determine if he/she, himself/herself is drinking too much alcohol?”***

Get the students to respond to this question

A person can benefit greatly from simple introspection on whether the increased alcohol consumption could be affecting his/her life. Four simple questions which comprise the **CAGE** test can help a person decide whether he/she may have an alcohol related problem. If the answer to two or more questions is “yes”, there is a strong likelihood that the person needs help for the alcohol related problem and must seek help.

The CAGE test:

Cut down	1. Have ever felt that you ought to cut down on?
Annoyed	2. Have people annoyed you by criticizing your drinking?
Guilty	3. Have you ever felt bad or guilty about you drinking?
Eye Opener	4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Two or more positive responses indicate a strong likelihood of an alcohol related problem. Another simple question which can help a person if they may have an alcohol related problem is to ask him/her, “Do you **NEED** a drink?” this question may seem too simple, but if the honest answer is “yes”, it suggests that alcohol is affecting a person’s daily life to the point that he/she cannot optimally function without it. This is a good indication to seek help for his/ her alcohol related problem.

Activity 4

What is alcohol / substance abuse?

Do you think alcohol/drug abuse is a problem for adolescents?

What does alcohol / substances do to your body?

Learning in the Community:

How will you share all that you learnt today regarding alcohol use and abuse with your friends and siblings

FACT SHEET

ALCOHOL USE AND ABUSE

Alcohol and substance abuse have become major concerns in our country. It is a serious health issue among people, adolescents in particular. Alcohol and substance abuse can lead to other risk taking behaviours. Today alcohol and substance abuse have affected the lives of both young and old.

Like smoking, attraction to alcohol and substances precedes its actual consumption and abuse. Most youngsters either get addicted to its taste or feel very 'hep' when they are holding a glass of alcohol or smoking a cigarette with drugs in it or 'sniffing'. Adolescents who live on the streets sniff glue to forget their hunger or to keep up with peers. Smoking, alcohol and substance abuse permeates all income groups and adolescents are increasingly attracted to such habits.

Alcoholism is a chronic progressive illness, which manifests itself as a disorder of behaviour. It is characterized by repeated and excessive drinking of alcoholic beverages. If not treated in time, an alcoholic can die of medical complications (mentioned below), accidents or suicide. Treatment consists of detoxification, counselling and rehabilitation.

About **5 – 10 %** of the world's population develops alcohol related diseases due to **alcohol addiction**.

Immediate Effects of Alcohol Use:

Alcohol is a central nervous system **depressant**. Many think it stimulates a person to be bold. This is not true. Unlike other foods, alcohol does not require digestion. When one drinks, alcohol is absorbed directly into the bloodstream through the walls of the stomach and the intestine. Once alcohol enters the bloodstream it circulates throughout the body. Alcohol is metabolized in the liver and is changed to carbon dioxide, water and some calories of energy which gets converted into **fat**. A small amount of alcohol goes out of the body through breath, urine and sweat.

Depending on the amount consumed, the initial effects can be seen to be predominantly on the brain and behaviour. A person under the influence of alcohol initially feels **relaxed**, very **confident** and **talks freely**. This is because it first **suppresses** our **inhibitions**. Slowly as the person becomes more intoxicated, his motor movements become **clumsy**, speech becomes slurred and there is a **loss of judgment**. Gradually, the person becomes increasingly insensitive to the surroundings and slips into an **unconscious** stage.

MYTHS AND MISCONCEPTION ON GROWING UP AND STIs/HIV/AIDS

Activity 1

Greet the students and tell them that in this session, some myths and misconceptions associated with growing up changes and sexuality will be dealt with. Explain that this is not a test! Also explain that some of us may not be comfortable with the topic, but the issues are important and could be life saving!



Ask the students to sit in pairs. Each pair is then given 1–2 card(s) in which one myth/misconception or fact is written. Five minutes discussion time is given.

Each pair –when asked at random- then reads out the statement given and says whether it is a myth/misconception or a fact and why.

Other students are encouraged to state what they feel about the statement.

Guidelines for the Facilitator:

Choose the most appropriate statements -you may not use some of the statements as per the age group or any other reason. You can also add any other statements that you think are required. See to it that you have their scientific and appropriate answers!

The idea is NOT to have the right answer alone but involve students in a healthy DISCUSSION so that their related misconceptions too are removed! Thus even when the answer given by the pair is correct turn to another pair and ask ***“What do you have to say? Why so? The answer is correct but can you give me the underlying reasons?”***

Intervene only in the case of a controversy. You can also add some more interesting information to explain the statement in detail. Try to get the entire class involved and paraphrase the statement to get to the correct reasoning. Answer the supplementary questions to the best of your knowledge or say that you will get back to the class after finding out.

Objectives

By the end of the session, the students will be able to:

- ✓ Understand and recognize the myths and misconceptions associated with growing up, sex, sexuality, gender, STI/HIV.

Life Skills being used

Critical Thinking, Creative Thinking, Decision Making and Effective Communication

Advance Preparations

Statements written on separate cards.

STATEMENTS

1. **Education of Human Sexuality in schools and colleges will lead to excessive sexual experimentation – Misconception**

Adolescents and teenagers are adventurous and like to experiment and experience new things. This may apply to sex also. The aim of human sexuality education is to provide accurate and correct knowledge about human sexuality and the hidden dangers involved in reckless experimentation, and build skills for responsible behaviour.

Sexuality education usually has a strong component on **skill building**. This will help them to take informed and correct decisions at the appropriate time. Available data on sexuality and HIV education programmes shows that sexuality education programmes do not lead to increase in sexual activity. On the contrary the data shows that the percentage of youth involved in sexual activity markedly decreases after such programmes. In addition, such programmes **increase abstinence** among adolescents and also **delay sexual debut**.

2. **It is normal to have sex fantasies and mood changes during adolescence – Fact**

During adolescence the body undergoes several hormonal changes and these may result in mood swings, changes in feelings towards opposite sex/same sex, and at times sexual fantasies/thoughts which make the adolescent feel good. These are all perfectly natural body reactions and very normal processes.

3. **You have to have sexual intercourse to catch an Reproductive Tract Infection (RTI) – Misconception**

No. RTI are different from Sexually Transmitted Infection. Sometimes girls and women can catch infections such as thrush (reproductive tract infections) without having had sex.

4. **Young people don't get AIDS – Myth**

Young people are at the centre of the HIV Epidemic – As mentioned earlier, a lack of accurate knowledge and limited access to services makes young people very vulnerable to HIV infection. World wide nearly 50% of new HIV infections occur in young people

5. **A girl cannot get pregnant if she has sexual intercourse once or occasionally – Myth**

A single intercourse, including the first one is enough for pregnancy to occur. Whether or not she will become pregnant depends largely on the timing of ovulation and sexual contact.

6. **A girl can get pregnant even if a boy does not ejaculate inside her – Fact**

Even if a boy ejaculates near the girl's genitalia, spermatozoa can still find their way inside. Besides, the spermatozoa are present in the fluid that oozes out (without actual ejaculation) from the tip of the penis. This is enough to cause a pregnancy.

7. **Larger breasts produce more milk than smaller breasts – Myth**

The amount of breast milk produced is not dependant on the size of the breasts. All breasts contain the same number of milk producing glands. The fat tissue decides the size of the breast.

8. **If the hymen is broken then the girl is not a virgin – Myth**
The hymen is a thin perforated membrane present at the entrance of vagina of girls. The hymen can break or rupture during various physical activities such as cycling, sports etc. So the presence or absence of hymen has no relation to the sexual status of the girl.
9. **If a woman is raped, it is actually her fault – Misconception**
Whenever rape occurs, regardless of what was or was not said or done to prevent it, it is NEVER the victim's fault.
- The justification of violence against women by blaming her is a common strategy. Any act of rape/sexual/emotional/physical violence is wrong and punishable by law. If you are raped or know of anyone subjected to sexual violence, get help immediately and do not feel guilty. Charge the rapist and work with the system to get the rapist convicted.
- The act of sexual intercourse should be one of mutual agreement and not force.
10. **Vasectomy decreases sexual desire of the man – Myth**
Vasectomy is a procedure in which a portion of the vas deferens is cut and ligated. The vas deferens transports the spermatozoa from the testes to the urethra. So in vasectomy the testes and accessory sexual organs, prostate and seminal vesicles which produce the fluid are normal. So the sexual performance is unaffected. The person even ejaculates but the fluid will be devoid of spermatozoa. Since the testes are functioning normally testosterone secretion and virility remains intact.
11. **Tubectomy can lead to chronic backache, pain in abdomen and weakness in women – Myth**
In tubectomy, part of the fallopian tubes are ligated and cut. All the other parts are intact. The woman menstruates normally. Only no ovum reaches the uterus. So if the woman is healthy she will not have any complaints after tubectomy.
12. **Once a boy has an erection, he must have sexual intercourse or it could be harmful to his health – Myth**
An erection with or without sexual stimulation (when standing with friends, at a meeting, in classroom, when walking, sleeping....) are perfectly natural body reactions and it is not essential to have sexual intercourse following an erection. Similar to the egg/ovum of the female, the unused sperm is disintegrated in the body as part of the natural process and there is no build-up of semen in the scrotum.
13. **Contraceptives such as I.U.D. and pill protect women from getting HIV and Sexually transmitted infections – Misconception**
Contraceptives such as I.U.D. and pill protect women from getting pregnant by either preventing the fertilized egg from embedding in the uterus or by preventing the release of an ovum. These are not barrier methods and therefore do not block entry of the semen into the vagina. They do not have any anti HIV properties that will destroy the HIV virus or prevent STIs and therefore they do not protect a woman from getting HIV or any other sexually transmitted infections.

14. **STIs can be cured easily – Myth**
Some STIs, such as gonorrhoea or syphilis can be cured easily, if the person takes the full course of treatment. However, some STIs such as HIV and hepatitis B have no cure. No STI is self curing.
15. **You cannot catch an STI again, after you have been treated for an STI and cured – Myth**
You can catch an STI again, even after you have been treated for an STI and have been cured, as treatment for STIs is not a vaccine and does not offer lifelong immunity to the infection.
16. **Symptoms of STIs sometimes go away without treatment if you wait long enough – Fact**
Yes, but it does not mean that the person is cured. The disease may still be there. The visible symptoms may have decreased, but the infection can cause internal harm if untreated. Untreated STIs may have long-term effects such as causing sterility, miscarriages, etc
17. **All STIs can be cured – Myth**
No, HIV, hepatitis B and genital herpes cannot be cured. Thus abstinence – which is 100% safe is the best option.
18. **Men are more likely to know if they have an STI than women – Fact**
Yes, men are more likely to know if they have an STI than women. Women may remain asymptomatic – and may not display any visible symptoms of infection (for e.g. with chlamydia) so it is important to go for regular checkups.
19. **A condom gives protection against STIs – Fact**
Yes, a condom, used correctly and consistently, provides protection against STIs. However, as not all young people know how to use it properly, it is still not 100% safe. Abstinence is the ONLY method that provides 100% protection against STI – and pregnancy.
20. **Women taking the pill can get an STI – Fact**
Yes, women taking the pill can get an STI – the pill is only a contraceptive and prevents pregnancy but it does not offer any protection against sexually transmitted infections.
21. **Women can have an STI without knowing it – Fact**
Yes, women can be asymptomatic (can have an STI without knowing it).
22. **Women are responsible for spreading STIs – Misconception**
No, women are not the only ones responsible for spreading STIs – STIs are spread through unsafe sexual intercourse that may be practised by both men and women.
23. **You can't get HIV from a person who looks healthy – Myth**
People can look healthy for more than 10 years, until the progression to AIDS. During this time he/she may continue to be healthy, but spread the virus to other people through unprotected sexual intercourse. You cannot recognize an HIV+ person by looking at his/her face.

24. **Having sex with a virgin/younger woman is a cure for HIV – Myth**

This is myth which puts young girls at very high risk of abuse and infection. There is no cure for HIV that has been proven to work in all cases till now. It is best to “remain safe” rather than to search for a “cure” of HIV.

25. **Sharing needles and syringes can transmit HIV- Fact**

This is one of the methods – whether for medicines or for sharing Intravenous drugs- that is the cause of spread of HIV in many countries of the world.

Guidelines for the Facilitators:

The facilitator can ask the students if they would like to suggest any more myths, which are prevalent in their area to add on to the list.

Remind the students that if they have any further doubts/ queries / myths they are free to write them and put them in the question Box

Do not forget to applaud the groups who interacted the most.

Activity 2

Recap the following at the end of the session:

- There are many myths, misconceptions and fears related to sexuality, pregnancy, STI and RTI. Proper information and skill building can remove such myths.
- Some STIs may not show symptoms and not all STIs have a treatment. Thus abstinence -which is 100% safe- is the best option.
- A girl can become pregnant even after a single or the first intercourse.
- You cannot recognize an HIV positive person by looking at his/her face.
- Sexuality education along with skill building helps students to take healthy and safe decisions.



Activity 3

Ask the students:

- 1) Can women have STI without knowing it?
- 2) Which is the best method to remain safe from STI?
- 3) Is there a well known cure for HIV?

Learning in the community:

Ask the students to share two new learnings from today's quiz with friends at home.

SEXUALITY – MYTHS AND MISCONCEPTIONS

Adolescence is a critical period during which significant physical, psychological and social changes occur. The suddenness and rapid pace with which the changes take place in the body and mind of adolescents, give rise to a number of issues. Although they experience the changes occurring in them, Young people are often unable to understand the relevance of the changes and how to cope with them. Neither parents nor teachers give accurate information about these changes so young people fall back on their peer group or popular journalism, which often provide inadequate or inaccurate information. Being misinformed, they fall prey to myths and misconceptions which results in indulgence in **high risk-behaviours**. The incidence of premarital pregnancy, sex, crime, HIV/AIDS are increasing among adolescents due to lack of correct and useful information.

In our culture parents and teachers are very **shy** to talk about sexuality issues with their children. They argue that imparting knowledge on sexuality leads to curiosity and early sexual experimentation among adolescents. They believe that sex and sexuality related issues are private matters that should not be discussed with children/ adolescents. But research indicates that access to wrong information creates anxieties and confusion and gives rise to misconceptions among adolescents about various dimensions of their growth and development. **Myths and misconceptions** are carried over to adulthood, which affects attitudes and behaviour pertaining to sexuality and gender.

Studies have shown increasing incidences of premarital sexual relations among adolescents. It is therefore necessary to impart the information on sexuality to develop healthy attitudes towards sex. It is also necessary to build skills that can assist adolescents in taking responsible decisions including delaying sexual debut.

The increasing incidence of sex crimes warrants the need for **urgent educational intervention**, so that young people are made aware of healthy sexual behaviour and the need to safeguard themselves against sexual abuse.

The incidence of premarital pregnancy, HIV/AIDS is increasing among adolescents. Research also indicates that education about reproductive and sexual health does not encourage students to experiment with their newly acquired knowledge. Rather, it encourages them to have **positive attitude** towards sex and encourages responsible behaviour.

DEALING WITH PEER PRESSURE

Activity 1

Greet the class and introduce the topic by telling the following joke:

Ask the class whether they know the meaning of the word “**peer**”.

Possible responses:

- Our class mates, don't know, our friends, etc

Guidelines for the Facilitator:

Tell them that **Peer means someone of their own age group**. These are people who may share your interests or have similar likes and dislikes. They may or may not be your friends but are a strong influence on your appearance or behaviour

Now ask them whether their **peer group is important to them or not?** Is it important for them to belong to their peer group?

Possible responses:

- Yes, our friends and classmates are very important to us. We like to spend time with them and we all like to belong to our group.
- They are important but not more than the family.

Guidelines for the Facilitator:

The age of adolescence is such that the peer group becomes most important – even more than the family! There might not be any response that does not actually agree that the peer group is very important. As the youngsters move away from family they place all their faith and belief in the peer group and in fact look for their identity in their peer group. So the acceptance into the peer group is very important.

Objectives

By the end of the session, the students will be able to:

- ✓ Understand the terms 'peer' and 'peer pressure'
- ✓ Realize the positive and negative influences of peer pressure.

Life Skills being used

Critical Thinking, Coping with Emotions, Creative Thinking, Coping with Stress.

Advance Preparations

Blackboard, chalk



Activity 2

Now ask them about **what they like to do or talk about** when they are with their group?

Listen to their responses. These could include playing games, going for movies, studying together, having a party, talking and sharing, etc.

Now ask them the following questions. Let them reply to each before going on to the next question and write the main points on the blackboard.

1. **Do they always willingly do whatever their peers want them to do?**
(No; sometimes; often, though we don't want to; etc.)
2. **Do they sometimes feel pressurized into doing something they actually don't like?**
3. **How did they react to the situation? Ask the class to name some such situations?**
4. **What is peer pressure?**

Guidelines for the Facilitator:

The facilitator might also add a few of his/her own by citing examples of students getting pressurized into bunking classes, dressing in a particular manner, being forced to smoke or drive rashly, believing that one must have a girl friend / boy friend to appear "cool", etc.

A peer group has both **positive and negative** influences on the mental, physical, social and spiritual health of an adolescent, which are called **peer pressure**.

State that utilizing "peer group" training methods pays dividends because adolescents are more likely to listen to their peers.

Do try to encourage all students to participate:

5. **Do they find it easy to say "NO" in such situations? Ask them to brainstorm on why they find it difficult to say "NO"?**
(Sometimes friends tempt us / we want to be popular / we want to have fun)
6. **Do they think that it is sometimes important to say NO? Why do they think it is important?**
(To protect ourselves / to stand firm / we want to say no, but do not as we feel we may hurt the other person – we still feel unhappy)
7. **Is it more difficult to say NO to a close friend, especially of the opposite sex? How would it have been different? How would they have reacted?**
(Much harder or difficult if the person is a best friend)

8. **Can peer pressure be a positive influence? How? Give some examples.**

(Form sports teams; fight for a cause, stand up for your rights, etc.)

9. **What other pressures influence adolescents?**

(Media pressure, parental pressure, etc.)

10. **What Life Skills are needed to cope up with these pressures?**

(Self Awareness, Coping with Emotions, Critical Thinking, Decision Making).

Sum up by stressing that we should enjoy the positive influences of peer pressure, and be able to say NO when needed. Tell them that in the next session we shall discuss various ways to say 'NO'.

Guidelines for the Facilitator:

State that peer pressure could have both negative and positive influences. Remind them that we have discussed earlier / will be discussing various ways of saying "NO" that we can utilize while dealing with such situations. State that preserving our health and character are important and we should acquire the appropriate skills to say NO at such times.

Again reiterate that "peer group training or counselling" is useful for many of the issues that we have been discussing. Let them know that their school may be initializing an initiative to involve peer trainers in the School Health Programs.

Activity 3

Recap the following at the end of the period:

- Peer pressure is the influence and pressure exerted by our peer group.
- We must take advantage of the positive influences of peer pressure.
- We must be able to say 'No' when we feel that we are being pressurized to do something against our wishes.

Activity 4

Ask the students:

1. What do you understand by 'Peers'?
2. Is there something called Peer pressure? What is it?
3. Is Peer pressure positive or negative? Give Examples

Learning in the Community:

Ask the students to reflect on the following:

Recall two instances when you did something under the pressure of your peers.

Do you think if you are confronted with a similar situation you would act differently now? Why?

FACT SHEET

PEER PRESSURE

Peer groups are friends who belong to more or less the same age. They may be classmates or playmates with whom an adolescent has a bonding of some kind. Having friends is one of the most important development aspects of being an adolescent and this has a lot of influence on the shaping of their personality. "Tell me who your friends are and I will tell you who you are" is an old saying. There are many factors responsible for forming peer groups:

Being of the same age.

- Having same interests, hobbies and values.
- Having similar outlook to life.
- Having fun together and enjoying together.
- Being comfortable in each other's company.



A peer group has both **positive and negative** influences on the mental, physical, social and spiritual health of an adolescent. Due to the influence of the friends an adolescent can:

- Go to school **regularly** and participate in school activities.
- Set **goals** in terms of good academic performance.
- Develop **hobbies** which are "fun" in groups and achievements such as taking up hockey or running, joining a school band, becoming a member of the debating club.
- Develop **opinions** which later lead to values and goals such as "should not smoke", "should not copy", "should treat poor with respect" and "should become lawyers".
- Become more **independent** in taking decisions about his/her life.
- Increase one's **self-confidence** due to group acceptance.
- Move towards independence and interdependence (being self sufficient but always in touch and in a working relationship with kith and kin, both older and younger).

OR

- **Skip school** or classes and go to movies.
- **Run away** from home with friends.

- **Disobey** parents, teachers, elders and make unreasonable demands e.g. 'buy me a mobile'
- Indulge in **high-risk behaviours** like smoking, taking drugs, and alcohol, early sexual experience, gambling, stealing, etc.
- Rag, **bully** and eve tease juniors, the opposite sex or weaker students as a gang.
- Get involved in **antisocial** activities like stealing, destroying public property, militant, gang activities, and even murder.

The behaviour of an individual is usually due to role modelling, sharing ideas and feelings and peer pressure. Often socially unacceptable behaviours like smoking, drinking, stealing, are all done under peer pressure.

I DON'T WANT TO DRINK ALCOHOL

Activity 1

Greet the students. Introduce the topic by asking the class, "What comes to your mind when you hear the word 'Alcohol'?"

Possible responses:

- Party, fun, friends,
- Accident, violence,
- Vomiting, liver problems, etc.

Guidelines for the Facilitator:

Tell them that alcohol consumption is often linked to fun and relaxation but it has many unpleasant effects on our relationships and life. This will be the topic for our discussion today. Tell the students how social reformers, psychologists and sociologists, have talked about the harmful effects of alcohol.

Divide the class into 5 groups. See that there are 6-8 students in each group. Assign one topic each to three groups. The topics are given below. Ask them to brainstorm, discuss and present the summary of their respective groups by a spokesperson. However ask groups 4 and 5 to prepare **short role plays** that will depict **"How to say No"** to alcohol. (Topic 4)

Topics :

1. The impacts of drinking alcohol on the health of an individual (physical, mental, social and emotional.)
2. The impacts of drinking alcohol on the family, on society, on the community and on the nation



Objectives

By the end of the session, the students will be able to:

- ✓ Realize the adverse consequences of consuming alcohol.
- ✓ Clarify myths connected with alcohol
- ✓ Practice ways of saying 'No' to alcohol

Life Skills being used

Critical Thinking, Creative Thinking, Decision Making, Problem Solving, Coping with stress, Coping with Emotions and Communication Skills.

Advance Preparations

White sheets, pens and pencils, space for role play.
Myth statements on separate cards,
Copies of Handout for all students

3. Why do young people consume alcohol?
4. How to avoid alcohol in your life; saying 'NO' to it? What skills are needed to put this in to practice? (Through Role Play)

Guidelines for the Facilitator:

Giving the role plays to two groups would introduce a sense of competition and drive them to do their best! Encourage it. Also point out (after the presentation) how the two groups utilized different methodologies to say '**No**'. Point out that there can be many ways to say 'No'. We need to practice **ALL** of them, since each may be used in different situations.

Remind the students they are using the Life Skills of **Self Awareness, Critical Thinking, Creative Thinking, and Coping with Stress and Emotions.**

Possible Responses:

Group 1:

Drinking causes various health problems like:

- Stomach pain / gastritis
- Ulcer in the mouth/ vomiting blood.
- Kidney failure/liver problems
- Skin problems.
- Damage to the brain
- Loss of sleep and appetite.

Group 2:

- Not taking responsibility, shirking work, absenteeism, loss of a job.
- Not taking care of children, Father and mother quarrelling and fighting , Child abuse, Divorce, Separation
- Not allowing children to continue education.
- Road accidents- leading to severe disability and burden to family members.
- Telling lies to get money to drink alcohol.
 - a. Loans and debts, going into poverty.
 - b. Selling household things, stealing
 - c. Begging in public places to collect money for drinking.
 - d. Street accidents, crime, rising medical costs, violence etc.
 - e. Abusive language

Group 3

- Young People start drinking under pressure from others, especially friends
- Out of curiosity, experimentation.
- To show their masculinity.
- To get rid of problems.
- To overcome loneliness.
- To get sleep and relief from tension.
- To gain courage.

Ask Group 4 and 5 to present their findings through short role plays and depict the following points.

- Saying NO repeatedly to alcohol. (**Broken Record Technique**)
- Telling them **firmly** that he or she does not want to drink; hence not to force.
- Telling friends that their parents **disapprove** of alcohol and he/ she has similar views.
- Pointing out other way of having fun, e.g. - dancing
- Telling friends that alcohol **affects health** and can cause cancer, liver damage, kidney failure, skin problems, etc.
- **Quitting** the place when somebody forces one to drink alcohol.
- **Avoiding** situations where the friends would be together to drink and joining them in other places.

Different situations require different methods depending on whether the other person is a stranger, friend, peer or a social gathering.

Applaud the actors and discuss the role plays and come out with the following points.

- It is necessary for students to develop very clear **“Do’s and Don’ts”** related to alcohol and to follow them.
- Students need to think and take decisions beforehand to keep away from drinking.
- Adolescents need to realize that they can “have fun” without consuming alcohol
- They need to have communication skills to convince friends that it is not necessary for anybody to drink alcohol.

Guidelines for the Facilitator:

Tell them that we need to use life skills like **Interpersonal Relationships, Effective Communication, Decision Making** and **Creative Thinking** to not fall prey to peer pressure for drinking. Instead we can **reverse the pressure** on our friends who drink and help them give up the habit. Tell them that being **self-aware** (Do I want to drink? Why?) and utilizing **Critical Thinking** (How would alcohol harm me/ Benefit me?) and **Decision Making** can make us stronger in our resolve that is "I don't want to drink Alcohol!" Point out the values that we hold and cherish, and the beliefs we adopt go a long way in avoidance of alcohol. Deciding **Not** to consume a toxic or inebriating substance is a positive value worth holding.

Ask the class – "Is it possible to have fun and party without alcohol? Write the responses on the board.

Possible responses:

- Yes, we can sing and dance, talk with friends we can play games, see a movie, etc.
- No, there is no fun without alcohol

Guidelines for the Facilitator:

Emphasize that the majority of adolescents do not drink and remain teetotalers. They too have parties, fun and get-togethers and enjoy themselves. They play games, eat well, share thoughts and jokes, laugh together, see movies, go outdoors and have a really good time. Thus it is possible to have fun without alcohol – In fact one has more fun without alcohol because nobody gets inebriated or violent or sick! You can- if appropriate - share experiences about your own adolescence or about your children's adolescence!

Activity 2

Distribute 1-2 myth cards to each group. Ask them to read it aloud, and say whether they **agree or disagree** with the statement. Generate a discussion after each, asking those who disagree for a reason. Cast a vote on how many finally agree and how many disagree with each statement. Do not comment on whether it is a myth or a fact.

After all the statements have been discussed, give them the **Hand Out** on "Myths and Misconceptions about alcohol". Tell them all the statements were myths and not facts. Clarify any doubts or subsequent questions.

Activity 3

Recap the following at the end of the period:

- Alcohol consumption has many ill effects. Adolescents should know the negative impact of drinking.

- Alcohol is addictive.
- It is best not to start drinking alcohol.
- Rehearsing how to say “NO” to an offer for alcohol before hand is a useful strategy.

Activity 4

Ask the students:

1. List some ill effects of alcohol consumption
2. List some strategies for ‘Saying No’

Learning in the Community:

Tell the students to discuss the ill effects of alcohol with any family member or friend who consumes alcohol.

ALCOHOL CONSUMPTION

Alcohol is a common drug of abuse. It is used all over the world, socially, for pleasure. The proportion of people using alcohol socially is increasing steadily. While there is a lot of awareness regarding alcohol related problems in developed countries, more people in the developing countries have started using alcohol to have pleasure and some use it to get relief from various stressors. More and more young people are using it for pleasure in the company of their peers.

Alcoholism is a chronic progressive illness, which manifests itself as a disorder of behaviour. It is characterized by repeated and excessive drinking of alcoholic beverages. If not treated in time, an alcoholic can die of medical complications (mentioned below), accidents or suicide. Treatment consists of detoxification, counselling and rehabilitation.



About **5 – 10 %** of the world's population develops alcohol related diseases due to **alcohol addiction**. Alcohol use and alcohol related problems impose a huge **cost** to the society, health care system, work place and the population at large. Youth drinking is especially problematic. The risks of **injury, crime**, negative impacts on educational achievement, involvement in crime under the influence of alcohol are far more harmful than the effects of intoxication.

It is wrong to presume that all people who use alcohol get all the consequences. Neither is it possible to predict who will develop the above problems with absolute certainty. It is also not possible to prevent physical complications with continued use.

Therefore, preventing people from drinking by saying '**NO**' to it first time and at all times is a very effective remedy to prevent alcohol related problems. Moral and **value education** focusing on right and wrong, and what is appropriate and inappropriate, are not useful because young people generally discard this. However, this has to be combined with **skill development**. Young people need to develop skills to analyze, critically evaluate and understand health consequences of substance abuse / use even before the first drink.

Immediate Effects of Alcohol Use:

Alcohol is a central nervous system **depressant**. Many think, it stimulates a person to be bold. This is not true. Unlike other foods, alcohol does not require digestion. When one drinks, alcohol is absorbed directly into the bloodstream through the walls of the stomach and the intestine. Once alcohol enters the bloodstream it circulates throughout the body. Alcohol is metabolized in the liver and is changed to carbon dioxide, water and some calories of energy which gets converted into **fat**. A small amount of alcohol goes out of the body through breath, urine and sweat.

Depending on the amount consumed, the initial effects can be seen to be predominantly on the brain and behaviour. A person under the influence of alcohol initially feels **relaxed**, very **confident** and **talks freely**. This is because it first **suppresses** our **inhibitions**. Slowly as the person becomes more intoxicated, his/her motor movements become **clumsy**, speech becomes slurred and there is a **loss of judgment**. Gradually, the person becomes increasingly insensitive to the surroundings and slips into an **unconscious** stage.

Long- term Effects of Alcohol Use:

Regular, excessive use of alcohol causes acute and chronic problems related to health, occupation, family and social relationships.

Health Problems:

Alcohol can damage every system of our body.

Gastro intestinal system: (stomach and intestines): Increased acid secretion leading to acidity, ulcers, gastritis, and cancer. Under-nutrition, vitamin deficiencies cause other disorders like pellagra.

Liver: Hepatitis, jaundice and vomiting of blood due to cirrhosis of liver, liver cancer, acute liver failure.

Pancreas: Pancreatic damage due to inflammation of pancreas and acute pancreatitis leading to sudden death.

Central nervous system: (brain and spinal cord): Permanent damage of brain resulting in memory disturbances, other nervous problems, fits and mental illnesses.

Cardio vascular system: High blood pressure, increased tendency to heart attacks, enlargement of the heart.

Social and Family Problems :

- Accidents and deaths due to high risk behaviour - speeding under the influence of alcohol.
- Violence at home, beating children and wife, sending children to work than to school.
- Criminal behaviour like stealing to get money for alcohol.
- Occupational problems like not going to work regularly and decreased efficiency in work.
- Financial problems and increased debts.
- Marital discord and divorce.

Reasons for Drinking:

Biological, psychological and social factors contribute to drinking.

- **Psychological** factors are curiosity, poor stress control, escape from reality, poor impulse control, low self – esteem and positive attitudes towards alcohol.
- **Social** factors are peer pressure, modelling, easy availability of alcohol in the market, party culture, family environment (Parent/s drinking alcohol), lack of family support and to keep up social norms.
- **Biological** factors are genetic vulnerability like family history of alcoholism in parents or near relatives.

HAND-OUT

MYTHS AND FACTS ABOUT ALCOHOL

MYTH: Alcohol stimulates a person to become livelier.

FACT: Alcohol is actually a depressant of the brain and its functions. It is a common belief that it removes inhibitions. Careful observation has not shown that “removing inhibitions” happens before alcohol levels in the blood reach a noticeable threshold. Thus the real reason for “removing inhibition” appears to be the anticipatory learned behaviour.

MYTH: People who become aggressive and violent after alcohol use cannot control their behaviour because it is caused by alcohol’s action on the brain.

FACT: Many people learn to associate certain moods and behaviours with the alcohol effect and behave in a manner in which they wish to behave. The behaviour then becomes “conditioned”. People can, and do, learn to change the conditioning.

MYTH: Alcohol promotes good sleep.

FACT: People dependent on alcohol cannot sleep well without alcohol. However, alcohol disturbs sleep in most people who are yet to become dependent (the large majority) on it.

MYTH: Alcohol helps people forget their problems.

FACT: This has become a ‘truth’ because regular and heavy alcohol users often say this is the reason why they drink alcohol. Very often, the opposite is found to be true – people bring up forgotten problems only when they are intoxicated.

MYTH: Alcohol is a good way to cope up with cold weather.

FACT: Alcohol dilates blood vessels and makes the skin feel warm. But, in a cold environment, the body tries to save heat by cutting down the blood supply to the skin. Thus alcohol is not a good way to “warm up” in the cold. If a person is exposed to the cold after consuming alcohol, there can be significant heat loss from the body that can even be a danger to their life.

MYTH: Beer is not “hard liquor”, so it can be consumed safely.

FACT: Beer is an alcoholic beverage, although it contains a lesser amount of alcohol than “hard liquor” like whisky or rum. Beer contains 4 to 8 percent alcohol. One 12 ounce bottle of beer is equal to one peg of whisky. Thus, if somebody drinks six bottles of beer in an evening, he has consumed the equivalent of six pegs of whisky.

MYTH: “If your friends are drinking, you have to drink to have a good time with them”.

FACT: Behavioural research has documented that in a group drinking alcohol even those who are not drinking can have an equally good time and behave in the same uninhibited manner. Adolescents call this “getting high on other people’s alcohol”. Thus nobody need to take alcohol to have fun.

QUESTIONING OUR BELIEFS

Activity 1

Greet the class & tell them that we have some beliefs dear to us. Today's session will examine whether those beliefs are rational or not, and how to analyse and then give up those beliefs that are not rational.

Ask the students ***"What is rational thinking?"*** Let them brainstorm & note down their responses. Then tell them the following 5 main characteristics of rational thinking.

A person who thinks rationally:

1. Derives thoughts from **objective facts** as opposed to subjective opinions.
2. Will be more likely to preserve life and limb.
3. Will help define his or her personal goals more quickly.
4. Will produce a minimum of personal conflict and turmoil.
5. Will prevent himself or herself from getting into interpersonal conflicts with significant others.

In short, rational thinking leads to increased pleasurable feelings by reducing the disruptive feelings that interfere with pleasure.



Ask the students to comment on some of the following common beliefs: whether they have any rational basis.

- Girls who wear short dresses can never have a good character.
- People from rich families are not well behaved.
- Most thieves belong to poor families.
- Never trust a person who has light eyes.
- Everyone is selfish.

Objectives

By the end of the session, the students will be able to:

- ✓ Question the rationality of the beliefs held by them.
- ✓ Analyze whether a statement is a rational or an irrational belief.
- ✓ State strategies for refuting irrational beliefs.

Life Skills being used

Critical Thinking, Self-Awareness, Decision Making, Coping with stress, Effective Communication

Advance Preparations

Copy of the Annexure "What do you believe?" for each student.

Guidelines for the Facilitator:

You can add a couple of more irrational beliefs from your side.

Through a process of discussion, make the adolescents analyse the above statements. Ask them: Do these beliefs have any logical basis? Emphasize that none of the statements have any rational basis and thus are irrational. Tell them that utilizing Life Skills of **Critical Thinking** and **Decision Making** helps us arrive at rational conclusions. Encourage a dialogue if some students have something to say. If any one becomes "emotional" or "stressed" gently ask them to utilize the "**Coping with Stress and Emotions**" skills.

Activity 2

Now distribute the worksheet (Annex 1), and tell the participants to work individually from the worksheet. Read out the beliefs one by one and ask the participants to write, either "Do not agree", "Sometimes agree" or "Agree totally" (whatever they feel) for that particular belief.

Guidelines for the Facilitator:

The ideal answers to all these statements should be "Do not agree". The more the numbers of "Agree totally" and "Sometimes", the more irrational beliefs that the person possesses. These irrational beliefs may be creating a lot of problems and the individual has to learn to Cope with Stress or with Emotions.

In exploring adolescents' beliefs, please note whether they can rationally support them. Help them identify the evidence of the truth or falseness of their beliefs.

Start an open debate among adolescents on their beliefs. Ask them the following questions so that they get a chance to redefine their beliefs.

- ***What evidence do you have to support this particular belief?***
- ***What makes this belief true?***

Guidelines for the Facilitator:

The students may come up with hearsay stories or some isolated, unconnected instances from their lives. Use this opportunity to make them reflect upon whether isolated instances can be or should be generalized into a belief. Ask them: Should one instance be converted into a belief? Tell them this would not be rational. Explain that if they use their skill of **Critical thinking** they will themselves be able to reach this conclusion.

Now ask the students to brain storm on: ***"What good things could happen if they gave up their irrational beliefs?"***

Possible responses:

- We will not judge people harshly, we will have more happiness, and we will be able to think clearly, our own relationships will improve.

Guidelines for the Facilitator:

Assess if the adolescents were able to debate, discriminate and define irrational beliefs. If so, proceed to the next step. If some adolescents are still not clear about irrational beliefs, facilitate some more discussion. Tell the students that it is important to be able to analyze our beliefs and give up the irrational ones.

Explain to the students that the following three "D's"- **Debate**, **Discriminate** and **Define** that can be utilized to give up irrational beliefs. In addition, 'Reflecting on the situation' can be valuable. These processes utilize the Life Skills like **Critical Thinking, Self-Awareness & Decision Making**.

Guidelines for the Facilitator:

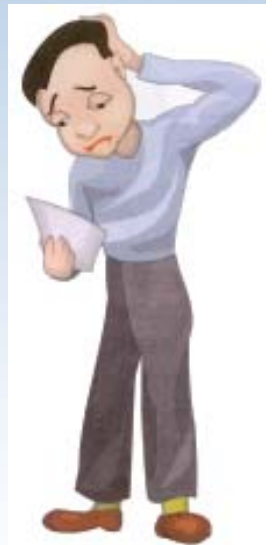
Strategies for refuting irrational beliefs

Once irrational beliefs have been identified, adolescents should be taught how to debate, discriminate and define.

Debating is asking such questions as, "What evidence is there to support the belief" or "What makes this belief so or not so?" "In which way does it have truth or falseness"?

Discriminating helps the person to clearly distinguish between wants and needs, desires and demands, rational and irrational ideas, absolute and non-absolute values and behaviour.

Defining consists of helping the individual to choose their terms more precisely.



Ask them also to **reflect** on the following logical lines:

- Just because it has happened once, it does not mean that it will always occur.
- Just because one feels a certain way at a given point of time, it does not follow that one will feel that way forever.
- Just because one has behaved in a certain way over a period of time, it does not mean that one cannot change.

This exercise on refuting irrational beliefs will enable the adolescents:

- To observe, to understand, and to persistently attack irrational, grandiose, and perfectionist "should", "ought" and "musts", and
- Acquire a more logical and scientific approach to life.

Activity 3:

Recap the following at the end of the period:

- All beliefs that people have may not have a rational basis for their existence.
- Irrational beliefs can hinder our social interaction and personal happiness.
- Debating, Discriminating, Defining & Reflecting can help us overcome the irrational beliefs.

Activity 4

Ask the students:

1. Do all beliefs have a rational basis?
2. What strategies will you adopt to refute irrational beliefs?
3. How will refuting irrational beliefs make you a better human being?

Learning in the Community:

Ask the students to:

1. Think of two beliefs that they hold but have never reflected on. Are they rational or irrational beliefs?
2. What process would they like to follow before they convert an idea/event into a personal belief?

ANNEXURE

"WHAT DO YOU BELIEVE"?

Please read the following statements carefully.

Write either "Do not agree", "Somewhat agree" or "Agree totally" for each statement given below.

1. A person must be loved or approved of by everyone in the community.
2. A person must be perfectly competent, adequate and achieving to be considered worthwhile.
3. It is a terrible catastrophe when things are not as a person wants them to be.
4. Unhappiness is caused by outside circumstances, and a person has no control over it.
5. Dangerous or fearsome events are a cause for great concern and their possibility must be continually dwelt upon.
6. Housework is a woman's job, and should not be done by men.
7. A person should be dependent on others and should know on whom to rely.
8. Past experiences and events are the determinants of present behaviour; the influences of the past cannot be eradicated.
9. A person should be naturally upset over other people's problems and disturbances.
10. There is always a right or perfect solution to every problem, and it must be found or the result will be catastrophic.

IRRATIONAL/RATIONAL BELIEFS

Rational thinking

Rational thinking presents a vivid contrast to its illogical opposite:

- It is based on reality – it emphasizes seeing things as they really are, keeping their badness in perspective, tolerating frustration and discomfort, and self-acceptance.
- It helps you achieve your goals and purposes.
- It creates emotions you can handle.
- It helps you behave in ways which promote your aims and survival.

Rational thinking is **realistic** thinking. It is concerned with facts – the real world –rather than subjective opinion or wishful thinking.

To describe a belief as **irrational**, is to say that:

- It distorts reality (it is a misinterpretation of what is happening); or it involves some illogical ways of evaluating oneself, others, and the world around one.
- It blocks one from achieving one's goals and purposes.
- It creates extreme emotions which persist, and which distress and immobilize.
- It leads to behaviours that harm oneself, and others.

Why does irrational behaviour occur?

- People's actual interests differ from what they believe to be their interests.
- Irrational decisions are actually made unconsciously on the basis of "hidden" interests that are not known to the conscious mind
- In situations outside of one's ordinary circumstances, one may experience intense levels of fear, or may regress to a fight.
- People fail to realize the irrationality of their actions and believe they are acting perfectly rationally, possibly due to flaws in their reasoning.
- An inability to comprehend the social consequences of one's own actions, possibly due to a lack of empathy.

HIV/AIDS IS PREVENTABLE

Activity 1

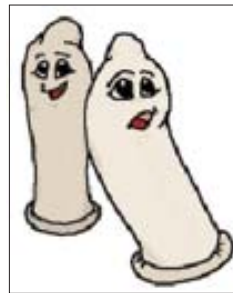
Greet the class and read aloud the introduction to the activity.

Guidelines for the Facilitator:

Do create Advocacy for this session beforehand. Also before starting state that we all must know how to keep ourselves safe from diseases including HIV. Since HIV spreads in certain ways we HAVE to understand the methods of spread and the protective factors.

Write down the following behaviours on the blackboard. Leave some space between the behaviours to note down the responses of the students.

- **Unprotected Sexual Intercourse**
- **Unsterilised needles and syringes**
- **Transfusion of infected blood or blood products**
- **Mother to Child**



Guidelines for the Facilitator:

Remind the students that the above mentioned behaviours are the modes of spread of HIV. Most of them are preventable. Tell the students again that we can protect ourselves from STIs / HIV and AIDS.

State that blood transfusion may be risky but blood DONATION is not risky! Encourage every one to donate blood frequently!

Ask the students for the **safer choices** to prevent oneself from getting infected with HIV/AIDS from each of the above behaviours. Note down the answers of the students on the blackboard.

Possible Responses: abstinence, being faithful, condom, not using used syringes, not taking drugs, not taking blood transfusion unless absolutely necessary.

Objectives

By the end of the session, the students will be able to:

- ✓ Learn ways to protect themselves against HIV/AIDS
- ✓ Make safe choices to protect themselves from getting HIV.

Life Skills being used

Decision Making, Critical Thinking, Effective Communication.

Advance Preparations

Black board and Chalk

Guidelines for the Facilitator:

Tell the students again that we can protect ourselves from STIs / HIV and AIDS. We can only do this by making safer choices in how we act. State that ABSTINENCE is one method that provides 100% safety from the sexual route of transmission of HIV –and pregnancy.

Link up the topic of infected needles and syringes with drug abuse and consequent sharing of needles and syringes and its role in the spread of HIV. State that other invasive procedures like tattooing too can transmit HIV, thus we should be careful. Also we should receive blood transfusion only when absolutely necessary – remind them about “**window period**” and the inability to state with 100% surety whether that bottle of blood is free of HIV!

State that **Life Skills** of Self Awareness, Critical thinking, Decision making and Coping with Stress and Emotions can help us remain safe from HIV. Bring up the topic of “How to say NO” and the skills required to do so here.

Protective factors like positive relationship with parents, not taking drugs and safe and supportive school environment help postpone sexual debut and protect the youth from HIV.

Activity 2

Encourage the students to ask questions related to HIV/ AIDS

Summarize the discussion by elaborating and filling in while answering the questions asked by the students. Use the guidelines attached for this in the Fact Sheet.

Link up with issues related to drug abuse and HIV, trafficking and HIV, used syringes/needles/medical equipment and HIV and other related topics.

Guidelines for the Facilitator:

This activity will allow the students to open up and ask questions that are troubling them or that they are eager to resolve. Thus let the students set the agenda! If you are not clear about some answers, state that you will try to obtain more information and respond later.

Activity 3

Recap the following at the end of the period:

- We can and should protect ourselves from HIV/AIDS.
- We have to make safer choices in how we act to reduce the risk of coming in contact with the HIV virus.
- Remember the ABC of prevention A for Abstinence (the best method in adolescence), B for being faithful (have only one partner), C for correct and consistent use of condom.
- You cannot get HIV by donating blood. Students should donate blood to reduce the gap between the demand and supply of safe blood in our country.

- You should use only sterile syringes and needles if you ever need injections. The needles and syringes should not be shared.
- Pregnant mothers should get themselves voluntary tested for HIV and if found positive should get proper medical care during delivery.

Activity 4

Ask the students:

1. How can we protect ourselves from HIV/AIDS?
2. What does ABC of prevention stand for?

Learning in the Community:

List 3 things that you will incorporate in your life to prevent yourself from getting infected with HIV/AIDS/STIs

FACT SHEET

PREVENTION AGAINST HIV/AIDS

HIV/AIDS at present scenario is not curable but it is PREVENTABLE. It is important to have the right knowledge, attitudes and skills to achieve this.

a. Prevention against getting infected through sexual intercourse:

These are called ABC OF PREVENTION.

- **ABSTINENCE:** is the best method and the only method which is 100% safe. You should abstain from sex i.e. delay sexual intercourse. You can use other ways of showing love such as giving a flower, holding hands, kissing, etc
- **BE FAITHFUL:** If and when you have sex you should be faithful to your partner. In fact both partners have to be mutually faithful to each other. Multiple partners increase the risk of HIV.
- **CONDOM** – Use a condom correctly and consistently in all sexual acts. A condom gives protection against HIV virus and also acts as a contraceptive device.



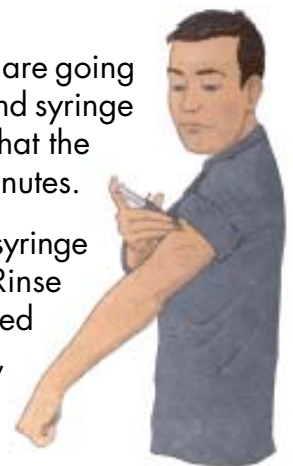
The following should also be practiced:

- Learn to be assertive and **say 'No'** when needed, inspite of being pressurized. Many adolescents get HIV by visiting commercial sex workers because they lack the skills to say NO.
- Masturbation / other means can be used for fulfilling sexual desires.

b. Prevention against use of unsterilised needles or other injecting equipment

It is rarely that you would need to inject yourself or your family members. If you are going for an injection to a medical facility, always insist on using disposable needle and syringe to the doctor, clinic or hospital. If you do not have a disposable syringe see that the reusable needle and syringe are sterilized or boiled in water for at least 20 minutes.

In case disposable needles and syringes are not available, clean the needle and syringe with bleach solution (bleach solution kills only HIV and not other organisms). Rinse the syringe with clean, cold water at least twice (not hot water). Squirt the used water down the drain. Next rinse the syringe out at least twice with fresh, household bleach, squirting the used bleach down the drain. Finally rinse the syringe twice with clean, cold water to get rid of the bleach. Glass syringes can also be boiled.



Stop use / sharing of injectable drugs, needles or syringes. Sharing needles and syringes used for anything-medicines or heroin, cocaine, amphetamines (speed) and even water can spread HIV. It is not what is put into the syringe that transmits HIV, but the blood that remains in the used needle and syringe.

Make sure new or sterilized tools are always used for tattooing, ear piercing, shaving, etc. It is recommended that even shaving blades should not be reused as is the case with barbers.

c. Avoid unsafe blood and blood products.

Avoid single unit blood transfusions. The transfusion of only one unit of blood is scientifically not justifiable. The body can make up for the loss of one unit of blood. One should be given blood transfusion only when indicated.

Only accept blood tested for HIV (by looking for HIV free label on the blood bag) from a licensed blood bank only.

Avoid irrational use of blood. In pregnant women, young girls and children under five give iron supplementation so that they don't get iron deficiency anemia and the need for blood transfusion does not arise. Episodes of malaria and worm infestations where blood loss is expected should be treated early.

There are blood products like platelet concentrates, sera, immunoglobulins etc. Ensure that they are tested for HIV before using them. The organ donors are also screened for HIV before donation.

Remember you CAN NOT get HIV by DONATING blood

d. Mother to Child Transmission

Mother to child transmission of HIV may occur:

- ☞ While the child is in the womb,
- ☞ during the process of child birth
- ☞ after the birth, through breast feeding

HIV positive pregnant women should have their delivery at designated centres, which have requisite facilities. The delivery needs to be conducted by trained personnel using all universal and aseptic precautions. A medicine called 'Nevirapine' is given as a single dose both to the mother (before delivery) and to the baby (after birth). This can substantially decrease the transmission of HIV from the mother to the baby.

Proper counselling of both parents should be done regarding feeding and the care of the baby. The baby should either be exclusively breast fed or the option of exclusive top feeds should be explored and discussed. The baby should be kept under follow up.

The parents should continue their treatment through nearby Health Centres



CAUTION:-

Even Condoms are not 100% safe. Also it may not be possible to use a condom all the time. The best way to prevent oneself from HIV/AIDS is to delay sex until marriage. Learn to show your affection or satisfy your needs by practicing safe behaviour such as holding hands, hugging. Learn to be assertive and say 'no' to sex.

Some doctors only wipe the used needle with spirit or any other antiseptic. This does not kill HIV. Needles and syringes have to be boiled in water for at least twenty minutes for proper sterilization. It is still preferable to use disposable needles and syringes.

BOYS AND GIRLS CAN BE FRIENDS

Activity 1

Greet the class and introduce the topic. Tell them that they will be discussing more about friendship with a special focus on girl-boy friendship. Tell them that a story will be read in three parts and questions asked on it later.

Read the story below aloud or ask a volunteer to read it to the class. Read the story twice so that the students can have some time to understand the various threads running through the story. Put up the chart paper with the story for display.

Pem's story:

Pem is a 14 year old girl studying in 8th standard. She stays with her parents and has two younger brothers and one elder sister. Her father runs a small petty shop and mother helps the father in running the shop. Pem does lot of household work. Pem is an intelligent girl. Recently Pem was taken by school authorities to a music competition where she had the opportunity to meet the students- boys and girls from other schools. One of them was Tashi who is studying in class X standard in another nearby school. Tashi helped Pem and encouraged her to do her best in the competition. Now they have started meeting after school hours. They talk about their friends; T.V. programs etc. and share each other's secrets. Pem has not spoken about Tashi to her parents or sister. She received a small card from Tashi on her birthday, which made her very happy.

Ask the following questions. Let the discussion take place so that diverse opinions can be brought out.

1. How can we describe the relationship between Pem and Tashi?
2. Is this kind of a situation common?

Now read the next part of the story. Read it twice and also put up the chart for display.

Objectives

By the end of the session, the students will be able to:

- ✓ Get acquainted with the various kinds of healthy boy-girl relationships.
- ✓ Learn to choose positive approaches to solving some of the challenges of boy-girl relationships

Life Skills being used

Coping with emotions, Coping with stress, Critical Thinking, Effective Communication, Decision Making, Problem solving.

Advance Preparations

Chart paper with the story written on it, cello tape

Pem's story – contd. Pem hid Tashi's card from her sister and wants to talk to Tashi many times a day. Whenever she sits to study, her thoughts drift to Tashi and she is unable to concentrate. She is also doing less work at home. She is feeling stressed. Tashi also thinks about her but is busy and talks to her once in 2 or 3 days.

Now ask:

- 1) What do you think now about the relationship between Pem and Tashi?

Possible Response: Infatuation from Pem's side, severe crush, starting of a romance.

- 2) "What is happening to Pem's life?" "What can be the adverse effects for future?"

Possible Response: She is unable to concentrate on studies, she spends time thinking about Tashi, she is doing less work at home, she is stressed, her life is suffering, she may not get good marks, then she may not get a vocation of her choice, her relationship with parents and siblings may suffer, she may have a heart break, she may be prompted to do what Tashi asks her, etc

- 3) Why are crushes and romance common among teenagers and young people?

Possible Responses: Heightened feeling or emotions, get easily influenced, unable to control emotions, wanting to imitate adult behaviour, unable to think clearly, influence of media etc.

Guidelines for the Facilitator:

Congratulate the students on their responses. Tell the students that feelings of attraction, infatuation, crush and romance are common in this age group, but since most adolescents do not know how to deal with such emotions and stresses, and may not be able to use "Thinking skills" even such an innocuous relationship can become problematic. (Just like Pem's story!)

Now ask "what Life skills are required to be used at such times in friendships involving boys and girls so that they are not adversely affected?"

Possible Responses:

Self awareness, Critical thinking, Coping with emotions, Coping with stress, Decision making and Effective communication.

Guidelines for the Facilitator:

Congratulate the students. Tell them that it is natural and all right to have the feelings of attraction but probably adolescence is not the appropriate age for fructification of these feelings. The other tasks of adolescence – like studying, acquiring vocational skills, being socially productive etc. will remain neglected when such emotions reign supreme or take control of one's life as in Pem's case. Also such situations affect our mental health – our joy, happiness and contentment- if not handled well. Thus we need to learn to deal with such situations. Being self aware that the person has more pressing and important tasks, critically thinking that this is not the right age/time to get involved.

Cope with emotions by thinking through and seeking help (including counselling), keeping busy and doing physical activities, sharing thoughts with someone reliable (including siblings) to overcome stress and communicating effectively with self and others about all of the above can help a person manage his/her feelings and emotions.

Now read the next part of the story: Read it twice and also put up the chart for display.

Pem's story – contd. 2

After a month or so, one fine day Tashi asked Pem to meet him after dark. Pem is feeling confused and anxious as she feels she does not want to go to the nightclub and knows that her parents will never allow her to visit such a place. But she likes Tashi so much that she doesn't want to decline the invitation and doesn't know how to talk about her reservations with him.

Ask the class "What is happening to Pem now?" "Why?"

"How can the utilization of Life Skills help manage the situation?"

Possible Responses:

She is under tremendous stress, she is in love and love is blind, she is confused and has divided loyalties to her values and to her new friend Tashi, She doesn't have the required skills to think clearly, she doesn't have the guts to say no, she is in her heart of hearts – wants to meet him after dark, she is devoid of support system as she has no one to consult. She should use a combination of Life Skills to manage the situation- some may give specific examples.

Guidelines for the Facilitator:

Tell the students that utilizing a combination of LS can help Pem in this situation. Tell them that it is important to be clear about one's value and personal limits (self-awareness), think calmly about the issues involved (critical thinking, coping with stress) with parents, teachers, siblings, friends etc. so that they can discuss their emotions and stressful feelings (decision making, self awareness, coping with emotions and stress) with them to find ways to deal with the problem (problem solving). Also tell them that it is important to have diverse support mechanisms available (creative thinking, interpersonal relationship, effective communication) as they can be very useful at such times.

Now ask:

"Can a girl and a boy be friends – just friends without being romantically involved?"

Possible Responses:

Yes it is possible, we know of many such examples; no it is not possible etc.

Guidelines for the Facilitator:

Tell the students that yes it is possible! In fact most such interactions are because of friendship between the girls and boys. Tell them that there are various types of relationships between a boy and a girl. All relationships are neither romantic nor likely to convert into long lasting “love” relationships. Most such relationships can be equally joyous and enchanting just as a boy-boy or girl-girl relationship, provided both the involved parties are skilled in LS utilization. Attraction towards opposite sex during adolescence is common and every such relationship cannot be thought of as ‘love’ and long lasting. Inform the boys and girls to have clarity of their relationships especially with the opposite sex.

Now ask: “What extra precautions should be taken to maintain the healthy boy-girl relationships”?

Possible Responses:

Understanding the friend, cultural sensitivities, kindness, giving respect, not forcing for anything, exhibiting interest in the other person’s life, maintaining confidentiality, keep a distance (physically), use LS like empathy, creative thinking, effective communication, interpersonal relationship, coping with stress, etc.

Guidelines for the Facilitator:

Applaud the students. Tell them that these statements reflect the students’ level of comfort with LS like self awareness, critical thinking, creative thinking, interpersonal relationship, effective communication, coping with stress etc. Tell them that in our societies girls and boys are treated differently and have different kinds of expected roles. If both the genders have empathy for each other, use self-awareness to draw their own limits, critically think about their expectations from others and about their behaviour (thoughts, language, actions) towards others, listen to the other person with respect (effective communication), do not let major problems develop (problem solving) and take the various stresses well (coping with emotions and stress) by various mechanism including self awareness and humour, they can enjoy healthy relationships.

Point out and warn that we all must take care that girls are not harmed in the parties that are organized by the students or where large number of students meet. State that we all can take precautions – both girls and boys – that no untoward instances take place at such parties. Point out that there have been reports from some areas reflecting that some boys –after consuming alcohol misbehaved with the girl students –especially seeing them moving about in the dark.

See to it that a small discussion takes place on such and other significant points.

Reiterate that girls and boys can be friends but that places responsibility on both of them to preserve and maintain friendship – by being respectful, supportive and helpful. Coercion, fear and exploitation have no place in friendship.

Activity 2

Ask the students:

1. Can boys and girls be friends? How?
2. What Life skills should they use to maintain this friendship?

Learning in the Community:

Ask the students to write in their notebooks as to “which LS would help in managing emotions?”

DECISION MAKING FOR HEALTH

Activity 1

Greet the Class. Tell them that in today's class they will discuss a method which will assist one's Decision Making ability.

Ask the class ***"What do they think are the steps required to assist in arriving at intelligent & useful decisions?"***

Note down their responses on the blackboard.

Guidelines for the Facilitator:

After listing their responses, tell the students about the various steps in Decision Making

- Define the problem – what causes the problem and why does it occur.
- Consider the alternatives – Find more than one way to solve the problem.
- Consider the consequences of each alternative – how each will affect you, your family, friends etc.
- Choose the best alternative. (Which)
- Implement the decision – put your decision into action.

State that though this is a broad outline for making appropriate decisions in any area, this will be especially helpful in making decisions that have a bearing on your health.

Activity 2: Roleplay

Ask for a few volunteers & pair them up.

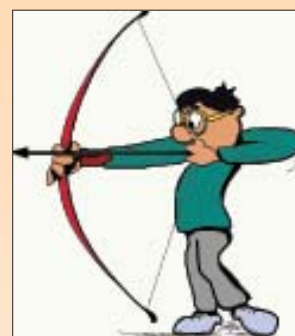
One set of pairs should role-play situation 'A', another set of pairs should role play situation 'B'.

- **Situation A:** Your friend wants you to miss classes and go for a movie together – to prove your friendship.
- **Situation B:** You are not ready to have a physical relationship – but your friend is pushing for closer physical contact to prove your love and commitment to the relationship.

Objectives

By the end of the session, the students will be able to:

- ✓ Define the P.O.W.E.R. model for decision making.
- ✓ Understand how this model can be used for taking decisions that impact their health



Life Skills being used

Critical Thinking, Self Awareness, Effective Communication, Coping with stress, Problem Solving, Decision Making.

Advance Preparations

P.O.W.E.R. model written on a Flip Chart.

Ask the pairs to stage the role plays:

Applaud the students & then open up the discussion on the following lines.

- What is the problem shown in the situation?
- What are the different solutions proposed to solve the problem?
- What are the consequences of these solutions?
- Which solution was chosen?
- Do you think this was the best solution? Why or why not?
- What happens in life if problems do not get resolved?

Guidelines for the Facilitator:

Point out how, for two different set of issues, the main points that emerged were nearly similar! Emphasize that not many situations have 'only one' right answer. Different people are likely to choose different solutions, depending upon their **Self Awareness, Critical Thinking, Creative Thinking, Problem Solving and Coping with Stress and Emotions** abilities. Tell them that all the solutions have consequences. It is up to us to choose the basket of consequences that we are comfortable with. Thus different people choose different solutions. Emphasize that utilizing a combination of Life Skills can make us better at choosing options and to go through the whole process.



Now explain the P.O.W.E.R. model as given below either on the Flip Chart or on the black board.

P.O.W.E.R. MODEL: A Quick and Easy Model to assist students in Decision-Making

- | | |
|---------------------|-------------------------------------------------------------------------------------------------------------|
| P = Problem: | State/Identify the Problem (s). |
| O = Options: | Think of the different options/solutions. |
| W = Weigh: | Weigh the good and the bad aspects of every option. |
| E = Elect: | Elect the best option – if need be talk to a person you trust and respect. |
| R = Reflect: | Reflect on what happened, did you make the right choice?
Did you learn something for your next decision? |

Guidelines for the Facilitator:

Explain to the student that this model makes decision making a rational & a simple process. It is based on **experiential learning** – i.e learning from experiences. The step by step process helps us arrive at a better & more useful decision. Tell them that a person's unique circumstances & abilities will finally determine which option is best. That's why we must attempt to enlarge our skill base. Also it is important to learn from our experiences so that our future decisions can be better.

State that "carrying out" or acting on the chosen decision is crucial! Many people decide but do not act – thus negating the whole exercise!

Activity 3: Group Work

Divide the class into 4 groups and ask them to apply the POWER model to the situations below.

- Tshering is unable to eat breakfast in the morning as he gets up very late and has little time to get ready to come to school.
- Ms. Karma has irregular and heavy periods and is worried that there is something wrong with her system.
- Vishnu who is 15 years, does not want to take alcohol but his "gang" of friends is forcing him to do so. Now he is uncomfortable to go out with his friends.
- Sonam likes Dorji very much and wants to be his friend. However she is uncomfortable the way Dorji tries to touch and kiss her.

Give the group 10 minutes and then ask each group by turn to present the points to the class.

Guidelines for the Facilitator:

Applaud the good work done. Provide an opportunity to the class to ask questions and clarifications from the presenters. Gently correct where ever needed and point out that the POWER model has been used for making decisions about issues that directly affect our health and life. Ask the presenters some supplementary questions. Encourage them to use this model for taking every day decisions.

You can add to the list of situations or replace them with new situations! Choose the ones that you think are relevant to your students.

Activity 4

Recap the following at the end of the period:

- Decision making needs to be a step by step process.
- The P.O.W.E.R. model of decision making is based on experiential learning and utilizes the Life Skills of the person.
- This model can help us take decisions that impact our health.

Activity 5

Ask the students:

1. What steps should you keep in mind while arriving at a decision?
2. Why is Decision making important for maintaining health and life?
3. Describe the POWER model of Decision Making?

Learning from the Community:

Ask the students to:

- Reflect on some of the recent decisions they have taken. What would have been their decision had they utilized the POWER model? Different ? Same?

FACT SHEET

DECISION-MAKING

Decision making is a process of first diverging to explore possibilities and then converging on solution(s). The Latin root of the word decision means "to cut off from all alternatives". We should realize that-

- Our values and past experiences determine many of the decision we make.
- There are many ways to solve a problem – Prior to making a decision – Identify the risk in the situation, think about the options/choices, the consequences that happen because of each choice.
- Decisions we take have many effects on ourselves as well as others.
- Set realistic short term and long term goals and think of solutions needed to reach these goals– our short-term action impacts on our long term goals.
- Think positively and try again – till you find the solutions you need.
- We have control over our future life path.

Decision Making Process:

- Define and clarify the issue - does it warrant action? If so, now? Is the matter urgent, important or both.
 - Gather all the facts and understand their causes.
 - Think about or brainstorm possible options and solutions
 - Consider and compare the pros and cons of each option - consult if necessary - it probably will be.
 - Select the best option - avoid vagueness or 'foot in both camps' compromise.
 - Explain your decision to those involved and affected, and follow up to ensure proper and effective implementation.
-

"HOW CAN I BE ASSERTIVE?"

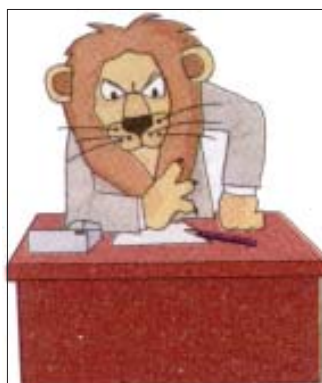
Activity 1

Greet the students. Introduce the session by asking the participants this question:

Imagine you are standing in a "Queue" to draw money from a bank. A person comes from somewhere and stands in front of you in the queue; what will you do? How will you react?

Possible Responses:

1. If he looks like a person who will shout etc, I will just keep quiet.
2. I will not let him stand like that. I will certainly fight with him and shout at him and ask him to stand in the queue like everyone else.
3. I will just ask him firmly to go back and stand.



Guidelines for the Facilitator:

Tell the students that the **first** response is a **passive** one and is not the right reaction. The **second** response is an **aggressive** one and is also not encouraged. The **third** reaction is the **best** option, and is called **assertive behaviour**.

Activity 2

Explain this to the students and tell them that now they will be learning the **differences** between passive, aggressive and assertive behaviour.

Read the statements from the following chart one by one. Ask them to identify from these statements which one is passive, aggressive and assertive behaviour.

Objectives

By the end of the session, the students will be able to

- ✓ Critically think why they need to be assertive and how can they be assertive.
- ✓ Communicate to one another about their feelings
- ✓ Distinguish between passive, aggressive and assertive behaviour
- ✓ List the steps involved in changing one's behaviour to assertiveness.

Life Skills being used

Interpersonal Communication, Effective Communication, Critical Thinking, Creative Thinking, Problem Solving, Decision-Making.

Advance Preparations

Chart showing characteristics of different types of behaviours

Different Types of Behaviour

PASSIVE	AGGRESSIVE	ASSERTIVE
Disrespect to oneself	Disrespect others;	Respect oneself as well as others;
Undervalue personal needs, desire, feelings knowledge etc	Overvalue personal needs, feelings, rights etc;	Value appropriately personal needs, desires, feelings, etc;
Always placing others' interest first at the expense of oneself;	Exercising one's personal needs, rights, etc;Demanding;	Consider one's own as well as others, interests;
Remaining inactive in situations where personal rights, needs and feelings are ignored	Be harsh, impolite and rude;	Be confident and polite;
Yielding always to pressure against one's wishes;	Blame others for negative happenings;	Talk as well as listen;
Suffer silently;Blame oneself for negative things in life;	Only talk and not listen.	Express negative as well as positive feelings;
Listening only to others;		Be considerate as well as demanding;
Hesitate in expressing negative feelings		Stand up for one's rights without dominating others

Activity 3

Ask 3 pairs of students to role - play a situation involving drugs: such as

- A dealer is following you down the street, trying to get you to try drugs.

Ask the first pair to do the role-play with a **passive** response, by the non-drug user.

The second pair should act out **aggressive** responses by the non-drug user.

The third pair should act out an **assertive** response by the non-drug user.

In case the participants are inhibited, give them clues for all possible responses

- Walk away
- Give in
- Say no
- Hit someone

- Pretend you don't hear
- Cry
- Talk it through calmly
- Yell
- Be rude



Most of these behaviours can be submissive, aggressive, or assertive depending on how it is acted out. For example, if someone were to walk out on an argument, that might be assertive, or it might be submissive.

On the black board, list the responses the students act out. Ask them which responses are passive, aggressive and assertive.

Guidelines for the Facilitator:

Applaud the good effort. Gently probe further whether the students are able to differentiate between the behaviours. Refer to the factsheet and add, that being assertive is important for increasing your self-confidence, increasing your self-respect and reducing your need for others' approval among many more beneficial effects.

Activity 4

- Ask the participants to think of the last time they were angry with someone and to write down what they did (not what they wish they had done, but what they actually did) in dealing with anger.
- Ask them if they thought that what they did was aggressive, passive, or assertive.
- Ask them how they would behave again in an assertive way (In case the earlier behaviours were passive or aggressive).
- Ask each participant to demonstrate those provocative things, without using violence.

Possible responses:

- I got angry and hit him, I just couldn't argue so let him have his way.
- Now I know I can say it firmly, keeping my face stern and straightforward.
- I will be very firm and say what I have to say, and will not hesitate.

Activity 5

Share the following two situations with the students, one by one, and ask them how they would respond assertively to each. Pretend that the person who is making things difficult for you, is in front of you right now.

Situation 1: You are walking home from school with a friend. You are trying to tell your friend a story about something that happened to you today. Every time you begin to speak, your friend interrupts you. You are very, very angry.

Situation 2: You feel that the person standing beside you has been saying bad things about you behind your back.

Guidelines for the Facilitator:

Applaud their efforts. Conclude the session by saying that “**Practice makes Perfect.**” If we keep practicing assertiveness it will become a habit.

Activity 6

Recap the following at the end of the period:

- Most behaviour can be classified into Passive, Aggressive and Assertive.
- These behaviours are inter-changeable depending on the situation.
- One must learn to assess the situation and bring about a change in behaviour accordingly.
- Assertiveness should not be confused with aggression.

Activity 7

Ask the students:

1. What is passive behaviour?
2. Give examples of how you would assert yourself?
3. What is the difference between aggressive and assertive behaviour?

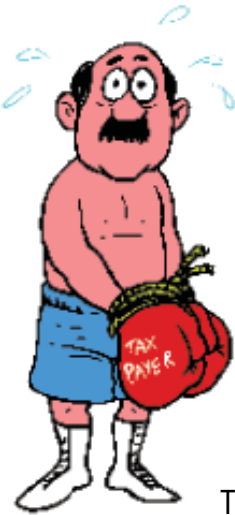
Learning in the Community:

Choose a scene from a novel, a short story or a play in which characters are behaving aggressively or passively towards one another. Ask them to rewrite the scene so that the passive behaviour or aggressive behaviour is made assertive.



ASSERTIVENESS TRAINING

Assertive behaviour is defined as the proper statement of any emotion other than anxiety towards another person. It not only includes standing up for one's rights but may also be a statement and accurate communication of affectionate behaviour. It encompasses both **positive** and **negative** feelings. Assertiveness is often confused with aggression even though they are very different in style and impact.



It is believed that assertiveness skills lie on a continuum. At one end of the continuum the person is **non assertive or passive**. This individual is self-denying has difficulty expressing positive emotions towards others, greeting strangers, asking others for information or advice, refusing unreasonable requests and so on. Further this person has difficulty knowing how to begin or end conversations, making responses that will be socially effective and expressing annoyance and resentment under appropriate circumstances. At the other end is the **aggressive** person whose sole concern is for him/herself. This person is frequently perceived as being uncaring about the rights and privileges of others and as being self-centered in his/her behaviour. Between these two extremes is the **assertive** (socially skilled) person.

This person clearly and directly expresses both positive and negative feelings, without violating the rights and privileges of others. This person stands up for his/her legitimate rights, actively seeks to construct new relationships with others and is generally effective in handling complicated and delicate social situations. The key to being assertive in behaviour and approach to life is to:

- Understand oneself – one's values, beliefs, the ways of one's personality
- Know oneself - one's wants, predispositions, ambitions and desires
- Value oneself - build one's self-confidence, know and protect one's rights
- Understand and value others - their values, beliefs and rights

Non-assertive or passive behaviour is a killer of love, joy, health, happiness, loving relationships, family harmony, success and prosperity. It is a killer of everything that the individual inherently desires, everything that is good, lovely. It is associated with many illnesses and depression

Aggressive behaviour too is associated with many illnesses. It is the hidden cause of many deaths (including suicides), many accidents, and all violence. It is the hidden cause of many problems in sex and loving relationships. It is the killer of the life within us while we are alive.

Assertiveness training builds social skills through techniques such as behaviour rehearsal wherein the individual practices interpersonal skills in structured role-playing exercises. Self monitoring involves keeping a record of discrete social events as they occur. Research has indicated that assertiveness training has been very useful in helping people to overcome their shyness, present themselves more effectively when they feel they should, helps people who are unable to express or control anger. It also boosts feelings of self-esteem and gives the person increased confidence to pursue social and material rewards leading to greater satisfaction with life. Assertiveness is an antidote to fear, shyness, passivity, and even anger.

- To **speak** up, make requests, ask for favours and generally insist that your rights be respected as a significant, equal human being.
- To **overcome the fears** and self-depreciation that keeps the individual from doing these things.
- To **express negative** emotions (complaints, resentment, criticism, disagreement, intimidation, the desire to be left alone) and to refuse requests.
- To show **positive emotions** (joy, pride, liking someone, attraction) and to give compliments. Accept compliments with "Thank you."
- To ask why and **question authority** or tradition, not to rebel but to assume responsibility for asserting one's share of control of the situation– and to make things better.
- To **initiate**, carry on, change and terminate conversations comfortably. Share one's feelings, opinions and experiences with others.
- To **deal with minor irritations** before anger builds into intense resentment and explosive aggression.

This exercise on assertiveness training will enable the individual to realize the areas he/her need to be assertive in and will help them practice and develop more assertive behaviours in their family, social and school life.

ASSERTIVENESS IS IMPORTANT

For:

Increasing your self-confidence

Increasing your self-respect

Reducing your need for others' approval

Gaining respect and admiration from others

Having courage to take a stand

Dealing with conflict openly and fairly

Getting your needs satisfied

Having healthier relationships with others

Resolving problems and conflicts positively

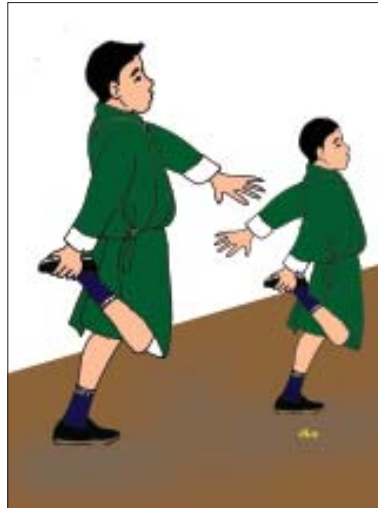
Whatever the mind can conceive and believe, it can achieve

Napoleon Hill

THE ONE-LEGGED RACE: OUR SEXUAL RIGHTS AND RESPONSIBILITIES

Activity 1

Greet the students and inform them that today's session will begin with an outdoor activity, the "One-legged Race". Move outdoors into open, soft ground to play this game. After everyone has assembled outdoors, ask them to pay attention to you. Explain that the participants will compete in a 50-meter race but run the race in a slightly different manner. Divide the group into two teams "A" and "B". See that there is equal number of girls and boys in both the teams. Team "A" is to run the usual way, i.e. using both the legs, whereas team "B" will run this race on only one leg (left leg). Tell the students to wait for your whistle for the race to begin and closely watch the happenings in the race. Blow the whistle and let the race begin.



Now let the teams change their roles. Let team "A" run now on one leg and team "B" on both the legs. Inform them again to note the happenings. It is likely that now the participants of team "A" will lose out and the participants of team "B" would reach the end point much quicker.

NOTE – See to it that the race takes place on a soft surface so that the students are not likely to get injured.

Guidelines for the Facilitator:

Let the class have fun, but do not allow any pushing, bullying or teasing.

It is most likely that the participants of the team that was running on one leg will fall down, lose their balance, run in an awkward fashion, bump into each other, be blamed by others for bumping into them and making them fall too, and reach the destination much later than the "two legged" runners of the other team.

Objectives

By the end of the session, the students will be able to

- ✓ Link sexual rights with responsibilities

Life Skills being used

Self-Awareness, Critical Thinking, Decision Making, Interpersonal Relations.

Advance Preparations

Black board- chinks, Whistle (for the race), open playground or space.

Activity 2

Reassemble the groups inside and draw their attention to the fun everybody has had. Ask them to settle down and respond to the following queries.

1. Which team/group did better - those who ran on two legs or the ones who ran on one leg?
2. What happened to the people who were running on one leg?
3. Why did it happen?

Guidelines for the Facilitator:

Restate what happened on the field. Tell the participants that people are not efficient runners if they use only one leg for the purpose. By nature and design, human beings are expected to use both the legs for locomotion, as the four legged animals are expected to use all the four legs. To be an efficient runner, both the legs need to be used. By running on one leg, we are more likely to be slowed down, lose our balance, fall, bump into each other, get hurt, etc.

Begin the discussion on the topic by telling the group that expressing our sexuality is also a race in the game of life.

Ask the group the following question:

“Can you, in some way, compare the race we had with our sexual rights and responsibilities?”

Record their responses on the black board and inform them about the relation between the game and sexual rights and responsibilities

Guidelines for the Facilitator:

Let the group link the game, the “One Legged Race” to sexual rights and responsible behaviour. Explain to the group that sexual drive and libido are present in all animals including humans. **Libido and its expression** – “right to have sex”, and “responsible behaviour” are like two legs. Making use of one leg, i.e. “**right to have sex**” is like running the race of life on one leg – it leads to being disadvantaged, and causes more falls, blames and delays. Those who run this race on **two legs**, i.e. **sexual rights along with sexual responsibility**, are likely to do better, and have fewer accidents and problems. That’s why “sexual rights” must go along with responsible sexual behaviour. The full potential of life is realized only when it is led responsibly.

Taking responsible decisions helps us remain healthy and safe. We need to keep today’s discussion in mind before taking any decision that can affect our present or future health.

Guidelines for the Facilitator:

Ask “Can you link up today’s activity with decision making in general?”

Note down their responses and let a discussion take place around how responsible and well thought out behaviour is of great help. Remind them that in our life rights are granted to us but so are responsibilities placed on our shoulders. We must constantly keep both in mind – our rights and our responsibilities

Thus the lessons learnt from today’s game are equally applicable in many spheres of life.

Activity 3

Ask the students to write in their notebooks as to **what three decisions they took in the recent past would they like to review in the light of today’s activity. How differently would they want to carry out that decision –given the chance to do it now?**

Give them a few minutes to write in their notebooks.

Activity 4

Recap the following at the end of the period:

- There is a need to express sexuality carefully, responsibility is like the other leg without which we may lose balance.
- People can lead better and more successful and balanced lives when they add the second leg of “responsible behaviour” to their first leg of “right” to have sex and in other decision making processes.

Activity 5

Ask the students:

1. What do you understand by responsible sexual behaviour?
2. How can you adopt such a behaviour?

Learning in the community:

Ask the students to:

Write in their notebook how will they spread the message in the community regarding the advantages of adopting responsible sexual behaviour?

SEXUAL AND REPRODUCTIVE RIGHTS

- Sexual and reproductive rights are rights and freedoms pertaining individuals as well as to couples
- The right to sexual and reproductive health implies that people are able to enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy, and that they are able to regulate their fertility without adverse or dangerous consequences. Sexual and reproductive rights provide the framework within which sexual and reproductive well-being can be achieved.



Sexual and Reproductive Rights

- 1 The Right to Life
- 2 The Right to Liberty and Security of the Person
- 3 The Right to Equality, and to be Free from all Forms of Discrimination
- 4 The Right to Privacy
- 5 The Right to Freedom of Thought
- 6 The Right to Information and Education
- 7 The Right to Choose Whether or Not to Marry and to Found and Plan a Family
- 8 The Right to Decide Whether or When to Have Children
- 9 The Right to Health Care and Health Protection
- 10 The Right to the Benefits of Scientific Progress
- 11 The Right to Freedom of Assembly and Political Participation
- 12 The Right to be Free from Torture and Illtreatment

Source: IPPF Charter

Sexual and Reproductive Rights :

1. The **right to life** should be invoked to protect women whose lives are currently endangered by pregnancy.
2. The **right to liberty and security** of the person should be invoked to protect women currently at risk from genital mutilation, or subject to forced pregnancy, sterilization or abortion.
3. The **right to equality and to be free from all forms of discrimination** should be invoked to protect the right of all people, regardless of race, colour, sex, sexual orientation, marital status, family position, age, language, religion, political or other opinion, national or social origin, property, birth or other status, to equal access to information, education and services related to development, and to sexual and reproductive health.
4. The **right to privacy** should be invoked to protect the right of all clients of sexual and reproductive health care information, education and services to a degree of privacy, and to confidentiality with regard to personal information given to service providers.
5. The **right to freedom of thought** should be invoked to protect the right of all persons to access to education and information related to their sexual and reproductive health free from restrictions on grounds of thought, conscience and religion.
6. The **right to information and education** should be invoked to protect the right of all persons to access to full information on the benefits, risks and effectiveness of all methods of fertility regulation, in order that any decisions they take on such matters are made with full, free and informed consent.
7. The **right to choose whether or not to marry and to found and plan a family** should be invoked to protect all persons against any marriage entered into without the full, free and informed consent of both partners.
8. The **right to decide whether or when to have children** should be invoked to protect the right of all persons to reproductive health care services which offer the widest possible range of safe, effective and acceptable methods of fertility regulation, and are accessible, affordable, acceptable and convenient to all users
9. The **right to health care and health protection** should be invoked to protect the right of all persons to the highest possible quality of health care, and the right to be free from traditional practices which are harmful to health.
10. The **right to the benefits of scientific progress** should be invoked to protect the right of all persons to access to available reproductive health care technology which independent studies have shown to have an acceptable risk/benefit profile, and where to withhold such technology would have harmful effects on health and well-being.
11. The **right to freedom of assembly and political participation** should be invoked to protect the right to form an association which aims to promote sexual and reproductive health and rights.
12. The **right to be free from torture and ill treatment** should be invoked to protect children, women and men from all forms of sexual violence, exploitation and abuse.

SEXUAL RESPONSIBILITIES

Adolescents must understand the following issues before they venture into sexual activity:

- Indulging in a sexual act is a **major decision**. Careful analysis of the associated responsibilities and the capability of entering into **commitments** are necessary before undertaking such a step.
- Adolescence may not be the right age for sex as girls are not able to bear the **burden of pregnancy** physically, mentally and emotionally. Boys are not in a position to shoulder the responsibility of **fatherhood**. If marriage takes place earlier pregnancy should be delayed till the girl is biological and psychologically mature enough (i.e., at least 18 years)
- Adolescents, at times, may be **impulsive** and do not hesitate to take **risks**. They may take decisions without realizing the consequences. They are easily attracted to each other physically and get **infatuated** readily (falling in love blindly).
- They may indulge in sexual intercourse on the spur of the moment. They need to be careful and realize the immediate and long-term consequences of their acts.
- Among adolescents there is a tendency to satisfy curiosity by **sexual experimentation**, disregarding the risks and rebelling against the social norms.
- **Substance abuse** (alcohol) and **peer pressure** are additional facilitating factors in risk taking.
- Adolescents need to be convinced that certain social norms have innate **protective** qualities. **Staying faithful** to one partner, social acceptance for **sex within marriage** are some of these.
- Knowledge of **safe sex** (safe in terms of preventing HIV/STI and unwanted pregnancy) and **contraception** is an absolute must.
- Unprotected sex, especially with a stranger or paid sex worker is highly dangerous in terms of risks of acquiring sexually transmitted diseases (**STIs**) and **HIV** infection.



I DECIDED TO WAIT

Activity 1

Greet the students. Introduce the topic. Read out the following case study to the children. Tell them to listen carefully as you will ask questions later.

Choden's Story

Choden is 18 years old and friendly with Dorji, a handsome boy of 19 years. She and Dorji are close and Dorji had asked her to have sex many times, but she has refused. Choden loves him a lot and recently agreed to have sex with him.



She said to herself, "Why not?" I am an adult", I have my rights and I can decide independently, and do as I want. This age is meant to have fun and experiment with life. Many other girls are doing it and I do not want to miss out on a good life. Moreover I am in love with Dorji and would like to marry him." She felt she was very lucky to have a friend like Dorji and did not want to lose him."

However, yesterday something happened that has left Choden feeling very angry, hurt and scared. For two days, Choden had felt pain while urinating. When she could not ignore this any longer, she visited the doctor who asked her about her sex life and told her that she seemed to have a Sexually Transmitted Infection (STI). The doctor said that she would require treatment for STI and also need further test to rule out pregnancy. Choden, since she knew that it was from Dorji that she got the STI, felt cheated and said, "My world has crumbled down. I should have refrained from being intimate with any man before I knew about the various consequences of sex. It would have been best if I had waited for sex till I got married."

Objectives

By the end of the session, the students will be able to:

- ✓ List various adverse consequences of early sex.
- ✓ Understand why chronological age alone doesn't define the readiness for sexual initiation.
- ✓ Realize that factors other than age should determine the timing of the sexual initiation.

Life Skills being used

Self-Awareness, Critical Thinking, Coping with emotions and stress, Problem solving, Decision Making.

Advance Preparations

Chart papers, black board & chinks, Photocopies of hand outs for each student.

Guidelines for the Facilitator:

You can also use a newspaper/magazine cutting that reflects on any of the adverse consequences of early sex—like adolescent pregnancy, heart break leading to suicide etc. Be creative. The story/article should help students to **empathize** with the affected person.

Ask the students the following questions one by one. Note down their responses on the blackboard or chart paper.

1. **Did Choden make a good decision? Why do you say so?**

Possible Responses: No, she needed to think about many aspects before indulging in the act like the consequences of sex. No, she could have been a friend without having sex. She didn't think it through well and did not use the Life skills like Self-awareness, Critical thinking, Creative thinking and problem solving effectively.

2. **What made Choden decide to have sex?**

Possible Responses: To behave like an adult, wanting to be independent and take decisions independently, to experiment with sex and have fun, peer pressure – thinking others are doing it and so should she, fear of missing out, the fear of losing a friend if she didn't do what he asked for.

3. **What other options were available to Choden. Could she have said, "I want to wait longer?"**

Possible Responses: She could have said, "I want to wait". She needed to think critically and be self-aware, understand the consequences of sex before asserting her independence and newly found "adult" status; she could have solved her problem by indulging in creative thinking. She could have waited till her marriage to Dorji or some other man.

4. **Could Choden have known that Dorji had STI?**

Possible Responses: One can not know by appearance if someone has STI or HIV infection. If someone has multiple sex partners and/or has unprotected sex he/she is likely to have these infections.

Guidelines for the Facilitator:

Applaud the efforts. Point out that there could be many reasons why adolescents consent to have sex. But these reasons are not necessarily the appropriate reasons. State that we may "have the right" to do a certain act, but we must examine whether "we are right in doing it"! That is where Life skills help us avoid risky behaviour. Tell the students that saying 'yes' due to various kinds of pressures can lead to a variety of problems. Also there are many other ways of expressing love and sexual feelings, some of which are given above. It is prudent to wait for the right time and the right person. Tell them that this necessitates the effective use of life skills



like **Self awareness, Critical thinking, Decision making, Interpersonal relationship, Effective communication** (Thinking and Negotiation abilities).

Choden had many options available. She could have chosen to wait for some more time till she had critically thought about her sexual life. She could have waited till her marriage to Dorji or some other man. She could also have used critical and creative thinking and effective communication to overcome her feelings of coercion and buy some more time (Negotiation ability) from Dorji, that too without losing his friendship. Point out that girls due to inherent higher risk of pregnancy, emotional and social risks are at a greater disadvantage in an unprotected sexual relationship.

In one of the surveys carried out in Bhutan, nearly 65% of the girls who had had sex said that they were coerced into having sex the first time.

Remind the class that we have discussed methods of saying “NO”. Have a small discussion so that some of those methods could be revised here. Remember skills are built by rehearsing them repeatedly! So take every opportunity to link the sessions, and rehearse the skills for better health.

Special Note- If time permits you can ask the volunteers to act out (mini role plays) the methods to “Say NO” in such circumstances!

Activity 2

Ask the group to brainstorm about the factors that should go into a decision on sexual initiation. Ask the students to give their views on the following question.

“What factors other than age should ideally determine the timing of sexual initiation?”

Ask a volunteer to record the responses on the blackboard.

Possible responses: Self-awareness, self esteem, maturity, personal values, economic independence and ability to decide, level of information on sex, detailed knowledge about the partner’s reproductive health, contraception and safe sex, understanding the consequences of sex, ability to deal with these consequences, possessing life skills and negotiating ability etc.

Guidelines for the Facilitator:

Applaud the effort of the students. Let the brainstorming continue for some time. Encourage the adolescents to state their diverse thoughts. Emphasize that initiation of sex is not dependent on chronological age alone, but on many more factors such as self-awareness, emotional and intellectual maturity, and information level regarding sexuality and level of social support and economic independence available. The possession of and the ability to use Life Skills are quite useful in managing such situations. Tell them that in most societies it is thought desirable that adolescents postpone sex. In some societies and cultures most people wait till they get married.

Refer Fact Sheets, "What's the Right Age to Have Sex?" "Sexual decision making and "Tips for Sexual decision making" to complete the discussion. You can also distribute these as handouts.

Now ask the following questions (Correct answers are at the end of each);

1. It is all right to have sex with a 15 year old girl. (True/False) FALSE
2. One episode of unprotected intercourse can lead to pregnancy /STI /HIV. (True/False) TRUE
3. Casual sex is fashionable and has no risks. (True/False) FALSE
4. You should not say 'No' to sexual invitation from your lover as it may offend him. (True/False) FALSE

Read out the annexure "What's the right age to have sex?" and carry out a discussion. Tell them that many adolescents of your age ask such questions very frequently and need to think about such matters in advance. Tell them that it is normal to feel stressed about such feelings but it does not mean that they have to have sex. Instead thinking through well and coping with stress helps to arrive at the correct decisions.

Activity 3

Recap the following at the end of the period:

1. Sexual decision-making is one of the very critical decision making activities throughout life.
2. One must use the Life Skills of Self-Awareness, Critical and Creative Thinking in making such a decision.
3. One has to remind oneself of consequences of sexual intercourse.
- 4. We have a right to say "NO" to any act that we are not comfortable with.**

Activity 4

Ask the students:

1. What factors should ideally determine the timing of sexual initiation?
2. What according to them is the right age to have sex?
3. What could be the consequences of having unprotected sexual intercourse?

Learning in the Community:

Ask the students to:

1. Collect the case studies from newspapers and magazines about the young people having early sex and find out what made them take this decision.
2. Think what they would have done had they been in that situation.

FACT SHEET

SEXUAL DECISION MAKING

A person matures sexually years before he/she can marry, establish a home, have children or give expression to his/her sexual impulses and desires in accordance with cultural and social standards. He/She is expected to conform to cultural conventions. This means that the sex drive must be controlled if it is to become a positive force in the development of a personality. The requirement for self control is not unreasonable when one remembers that expressing sexuality and sexual feelings in an irresponsible manner can lead to many negative consequences. The value of the drive depends upon how skilfully it can be managed and channelled in a positive direction. To be sexually responsible, he/she needs to know what is expected of him/her and why, and to become familiar with ways and means of exercising control over his/her sexual feelings and desires.



Most societies have age laws regarding marriage and sexuality. Making decisions regarding sex should not be dependent on chronological age or on being attracted or aroused by a person. Many more factors like self esteem, self awareness, emotional and intellectual maturity, information level regarding sexuality should be taken into account. Maturity, commitment, sensitivity, wisdom, companionship, clarity and ability to tackle or deflect the consequences of sex are necessary ingredients. Adolescents need time and skills (Life Skills) to empower themselves with these ingredients. Proper decision making in such circumstances requires that the person should use critical thinking, problem solving, managing emotions and managing stress along with decision making. Also conveying the decision effectively requires bringing into play communication skills.

TIPS FOR SEXUAL DECISION MAKING

Spend some time alone thinking about your values, and ask yourself, "Does my sexual behaviour reflect my values?" Whenever you are with peers or friends who try to influence you to make a sexual decision which goes against your values, or what you feel comfortable with, stay true to yourself and do not go against your own values - trust yourself!

Remember the potential consequences of your decisions to have sex! It is too late to think about pregnancy, STIs and HIV/AIDS after you have put yourself, and another person, at risk for these things.

Anticipate situations where you may have to make a decision regarding your sexual conduct. You already know what times and places in which you may find yourself needing to make a sexual decision. Do not wait until that time to decide! Go into a potentially sexual situation with your thoughts and values in mind.

You are not the only one making the decisions about your sexual activity. One half of the decision belongs to the person you are thinking of being sexual with! So talk with that person, and listen to the other person's thoughts and feeling. You are not a weak man if you listen to a girl / woman; you are actually much stronger, and you show your true manhood in being able to listen and love.

Do not be afraid to question others who try to change your mind about your sexual decisions. Talk to your friends and peers about what you feel. You can be a positive influence on your friends by getting them to question their own values and sexual decisions.

What is the Right Age to Have Sex?

I am a 16 year old girl and in love with a boy. I want to have sex with him. Is there a right age at which people can start having sex?

Just as there exists the well-known concept of readiness for love, many sexologists talk about readiness for sex. "Unless a person has thought about sex and found a place for it his or her personal system of values and ethics, there is the risk of conflict, guilt, jealousy, and other negative feelings that may outweigh the benefits of sex", says Dr. June Reinisch in the book "The Kinsey Institute's New Report on Sex."

Chronological age alone cannot define readiness for sex. Sensitivity, maturity, mastery over life skills, emotional readiness, responsibility and ability to deal with the various consequences - both pleasurable and not so pleasurable, of sex are a must for leading a joyful and healthy sex life. Before becoming sexually active, a person should have accurate information about reproduction and contraception, STIs including HIV and how to prevent their spread. Another trap of chronological age dependent sexual activity is that, just like the young, the elderly too may be expected to refrain from it – an unjust and contentious expectation.

I am a student of class XI. I once did the mistake of having sex with a boy in the school bathroom and am now being forced to have sex with his friends too.

Your experience reflects the classical dangers of early sex. The young are unable to use their judgment in the selection of a lover (if this word can be applied here), lack emotional intelligence and are unable to assess risks or take risk reduction measures, including contraception. Thus they become vulnerable to physical, emotional, psychological and social consequences of sex, blackmail being just one of them. You do realize the mistake (wrong man, wrong time and wrong place) of going so far with a boy you knew so little about. So don't compound it by submitting to his threats and nefarious, obnoxious demands. Submission will lead to continuing blackmail, humiliation, anguish and life long scarring. Instead, just cut yourself off totally from such a person. It is imperative to align some adults with you. I suggest you start with the school counsellor or a sympathetic but wise teacher and seek your parents' help too. This is just not the time to let the fear of exposure deter you from seeking urgent and effective help from your parents.

I am sixteen years old and was sexually involved with one boy who tricked me into having sex with his friend too. They spoiled my virginity, which I can't get back. I feel like taking revenge. Please suggest me a way.

Sex Fulfills many functions. A sense of intimacy, sharing and expression of love are some of them. Power play, machismo and experimentation are some other reasons people have sex. But in many cases, as was in yours, intimacy or love is not the reason one or both of the partners sought out sex. No wonder teenage sex is fraught with dangers. Your feelings of having been used, made a fool of and betrayed are valid, but is revenge the only answer? You made a mistake of choosing and trusting an inappropriate partner. Don't compound it by choosing inappropriate emotions and action. Yes virginity can't be brought back but surely, realization, wisdom and peace are not out of your grasp. Think inwards, repair the damage and become wiser because exploitation comes in many different guises. It takes sharp and open eyes to recognize it. That's the way you may evaluate risks in future.

I am a seventeen year old girl. A boy whom I like loves me very much and is pressurizing me to have sex with him. He says that it would prove that I love him too. I do not want to have sex with anyone till I get married. What should I do?

The first thing is to know that you have an unchallenged right to draw your own limits for all situations in life including romantic relationships. The second thing is to know that those limits **will** constantly be challenged by the world especially by people you care for. Therefore it is important to acquire skills that let you negotiate and assert your viewpoint.

Many boys use the line "Prove your love by doing it" to pressurize girls into having sex with them. One of the plausibly assertive yet polite answers is to say "If you really loved me, you wouldn't pressurize me". Avoid using arguments that are open ended or contain statements beginning with "What if" since they can be countered. Best is to maintain your position and say "I do not WANT to do it". The "broken record" technique i.e. repeatedly saying the same line over and over again does help. Don't be scared of losing him. Most boys, if they are sincere friends, develop more respect and love for girls who are clear headed and assertive. If not- it is good riddance to a bad friendship!

GOOD REASONS TO POSTPONE PREGNANCY

Activity 1

Greet the class and introduce the topic.

Tell them that they will be hearing about a sequence of events with the help of flash cards.

Show them the flash cards one by one, while reading the relevant text. Ask them to describe what they see.

TEXT: Tashi and Kuonzang are two friends studying in class X. Tashi gets married and leaves school. Kuonzang continued to study. Three years later they meet in the village when Tashi comes to stay with her mother. Kuonzang is now studying in first year of college and still unmarried. Tashi is now the mother of two and expecting her third child. Kuonzang is shocked to see that her friend is looking pale, weak, tired and much older than her age. Tashi, on the other hand, notices that her friend is looking young and beautiful.

1. Ask the students to comment on the appearances of the two friends. What do you think is the reason that both are of same age but look so different?
2. In your opinion what will be the health status of Tashi's children?

Possible answers:

- Tashi got married early
- She has borne children early
- She was not mature enough to bear children.
- She had repeated pregnancies.
- She did not eat nutritious or proper food.
- Kuenzang is smart and healthy.
- Tashi's children will be very weak, underweight, and repeatedly fall sick.
- Kuenzang is happy as she is pursuing her higher studies

Objectives

By the end of the session, the students will be able to:

- ✓ Describe the ill-effects of early pregnancy on Health.
- ✓ Explain the special needs of a woman during her pregnancy.

Life Skills being used

Self-Awareness, Decision Making, Effective Communication, Empathy.

Advance Preparations

Flash cards showing pictures.

Guidelines for the Facilitator:

1. Tell the students that early marriage and thereafter early pregnancy have adverse impacts on the health of an adolescent girl as she herself is in a growing stage.
2. Her reproductive system is not mature enough to bear the burden of child bearing.
3. Her own body stores of energy, calcium and iron get depleted and result in weakness, exhaustion and anaemia. It retards her growth and also makes her prone to osteoporosis.

Activity 2: Group work

Divide the class into four groups. Ask them to discuss the following points for a few minutes.

- The effects of adolescent pregnancy on the physical health of the adolescent girl. (Group 1)
- The effects of adolescent pregnancy on the studies and career of the adolescent girl and her young husband. (Group 2)
- The effects of adolescent pregnancy on the health of the baby (Group 3)
- The effects of adolescent pregnancy on National health and economic indicators. (Group 4)

Ask the groups one by one to present their findings to the whole class

Guidelines for the Facilitator:

Applaud the good work done. State the following to the students if they have not been brought out in detail.

Early pregnancy has a major & long-term impact on a girl's life. The consequences of sex and decisions to have a baby should therefore be looked at from the girls' perspective. It compromises her growth and also leads to higher incidence of Low birth Weight babies. Refer to the fact sheet and discuss in detail the adverse effects of adolescent pregnancy. Adolescent pregnancy and breast-feeding puts both the mother and the child at higher risks of ill health; especially, if the mother is stunted or undernourished.

Early pregnancy exposes both mother and the baby to risk owing to the potential competition for dietary energy and nutrients. Additionally, the young mother is **physiologically immature**. Because adolescent girls (below 18 years) have not reached physical maturity, and their pelvis is not fully developed, pregnancy could lead to problems in labour, which in turn leads to **complications** such as bleeding, and even death for both the mother and child if the mother does not get proper medical care. **Maternal death** in girls under 15 is much **higher** than in women above 20.

Both the young mother and father may have to discontinue / postpone their studies. Some have to opt out of the job market or switch careers. Many young couples have to shoulder "adult" responsibilities for which they may not be prepared.

Young mothers are also likely to have a higher incidence of **poor childcare** and **poor child feeding practices** and they are less likely to breast-feed their babies. Thus the **intergenerational consequences** of poor nutrition are perpetuated. This may result in higher sickness rate and death rate (Infant Mortality Rate) of the infants born to them.

The below mentioned National Health indicators are thus affected

- **Maternal Mortality Rate (MMR) - Increased**
- **Infant Mortality Rate (IMR) -Increased**
- **Under-5 Mortality Rate - Increased**

State that providing education and income for the family are the two positive factors that may tend break the cycle of early childbearing and poverty for women and children.

[REFER THE FACTSHEETS FOR MORE DETAILS](#)

Activity 3

Ask what can be done to prevent the situation Tashi faced? Let the students brainstorm for some time.

Guidelines for the Facilitator:

Ensure that the following points are discussed:

1. **Delay marriage:** In our country the law provides that the minimum age of marriage is 18 years for girls and 21 years for boys. The body and mind of a girl under 18 years of age is not fully developed (mature) for handling pregnancy. Still many marriages take place earlier.
2. **If someone gets married at younger age:** The first pregnancy should be delayed by using suitable family planning methods till at least 20 years of age.
3. The minimum gap between two pregnancies should be three years.
4. Since it is difficult to bear too many children, people should have 1 or 2 babies (boy or girl).

Activity 4

Ask the students to brainstorm on what are the **special needs of a pregnant woman**. What should be the diet during pregnancy, to ensure a healthy delivery and maintain the health of the pregnant girl/woman?

Guidelines for the Facilitator:

State the requirements of a pregnant woman by referring to the Factsheet. Tell them that the diet during pregnancy should include foods like milk, pulses, green leafy vegetables, etc. Early and repeated pregnancies and childbirth are also a major cause of infant and maternal mortality in our country.

Activity 5

Recap the following at the end of the period:

1. Human bodies continue to grow and develop at least till 18 years of age. Before this age body and mind of girls are not mature to handle pregnancy.
2. It is best to prevent too early (before 18 years age), too frequent (minimum gap between two pregnancies should be 3 three years, and too many (more than one or two) pregnancies.
3. Nutritious food should be eaten during pregnancy.

Activity 6

Ask the students:

1. How does early marriage and early pregnancy affect the health of a young girl?
2. What should be done to address this problem?
3. What should be the diet taken by a pregnant woman?

Learning in the Community:

Ask the students to write a few lines on:

1. Will this session help them in making a decision about when they will like to get married? How?



Tashi and Kuenzang as classmates



Tashi leaves school gets married



After 3 Years
Tashi and Kuenzang meet again

FACT SHEET

A CHILD WITHIN A CHILD

Early pregnancy has a major & long-term impact on a girl's life. The consequences of sex and decisions to have a baby should therefore be looked at from the girls' perspective.

Adolescence is a period of growth, when all the organs and the body are developing and growing. Adolescent pregnancy therefore increases the burden on the body, with a baby fighting for the nutrients needed by the mother. Adolescent pregnancy and breast-feeding puts both the mother and the child at higher risks of ill health; especially, if the mother is stunted or undernourished. Early pregnancy exposes mother and the baby to risk owing to the potential competition for dietary energy and nutrients. Additionally, the young mother is **physiologically immature**. Because adolescent girls (below 18 years) have not reached physical maturity, and their pelvis is not fully developed, pregnancy could lead to problems in labour, which in turn leads to **complications** such as bleeding, and even death for both the mother and child if the mother does not get proper medical care. **Maternal death** in girls under 15 is much **higher** than in women above 20.

Young adolescent girls, especially those below 15 years, are also likely to experience **premature labour, spontaneous abortion and still-births** than older adolescents and women. Pregnancy-related illnesses such as **hypertension and anaemia** are also more common among adolescents than among adult women. Pregnant adolescents with **HIV** are at particularly high nutritional risk. Their babies may also be at risk of HIV through maternal to child transmission (MTCT). The child of an adolescent girl has a higher risk of being **low birth weight** which in turns predisposes them to **higher infant death**.

It is estimated that 25% of women have their first child before the age of 20 years. Adolescent girls often enter pregnancy with a lower nutritional status and are therefore, at increased risk of **nutritional deficiencies**.

Young mothers are also likely to have a higher incidence of **poor childcare** and **poor child feeding practices** and are less likely to breast-feed their babies. Thus the **intergenerational consequences** of poor nutrition are perpetuated. Providing education and income for the family are two positive factors that may break the cycle of early childbearing and poverty for women and children.

Harmful Effects of Early Pregnancy on Health

- Pregnancy and childbirth carry more risks in adolescents than in adults because adolescent girls are not yet physically and emotionally mature for motherhood. The risks are high throughout the antenatal period, labour, childbirth and the postpartum period. A young girl's hips (pelvis) are not as wide as a mature woman's pelvis. This makes it difficult or impossible for the girl to have the baby through normal delivery. She is much likely to need an operation (caesarean). If the girl is not able to have the operation soon enough- for what ever the reasons- she may have prolonged labour with its risks or even die.
- **Anaemia** is very common in pregnant women and is more common in adolescents. Health problems are hard on girls' bodies especially if pregnant girls have not achieved their own

growth. The growing baby needs a lot of energy and nutrients, which it will take from the pregnant girl even if she herself needs them.

- **Babies** born to adolescent mothers have a higher risk of being of **low birth** weight and born prematurely. This makes them predisposed to **higher** morbidity and **mortality**.
- Pregnancy and the **responsibility** of **child rearing** could reduce the ability of the girl to continue with her **education** and with exploring **employment opportunities**. Girls and boys may, due to a variety of reasons not have the opportunity to finish school, thus putting them at a disadvantage.
- Unintended pregnancy may prompt girls to resort to illegal and **unsafe abortions**. Death from illegal abortion, which girls attempt in desperation or under pressure from peers may be carried out under septic conditions leading to infection, future infertility and even death.
- There is higher risk of the woman dying due to pregnancy related causes if pregnancy occurs in young age. The risk is 3-5 times in a woman below 15 years than in a woman of more than 20 years.
- Pregnancy in early years may also lead to infertility. This is called secondary infertility. It happens if the medical treatment is improper, and causes an infection, which in turn often leads to infertility.

Special Needs of a Pregnant Woman:

1. **Nutritious Food:** A pregnant woman needs to eat enough food for herself and for the growing baby. She should eat whatever local food is available and should eat small quantities at small intervals for good digestion.

- She should avoid too spicy food and should eat her dinner at least one hour before retiring to bed.
- A walk after dinner helps her to digest her food and avoid heartburn and uneasiness at night.
- She should not fast or abstain from food throughout pregnancy. She should not stop eating any food that she ate when not pregnant, and should not be the last one to eat in the family.
- She should be encouraged to eat when she wants and avoid what she does not want.
- Good nutrition during pregnancy helps to initiate good lactation after the birth of the baby.

Her daily diet should consist of:

- Bodybuilding food such as milk, curd, cottage cheese, pulses, green peas, lentils, red beans, peanuts, soyabeans, egg, meat and fish.
- Energy-giving food such as rice, potatoes, bread, cereals and jaggery.
- Body-protecting food such as green leafy vegetables, beans, tomatoes, carrots, cabbage and a variety of local fruits such as papaya, mangoes, guavas.
- Some fats, oil, butter or ghee.

2. **Exercise** during pregnancy helps to stimulate circulation, maintain good posture, strengthen the muscle and increase the ability to relax. Most women do a certain amount of exercise while doing housework, or, by doing some manual labour e.g., working in the fields. The kind and amount of exercise a mother needs depends on the type of work she does. Manual women workers, who do heavy work, should actually lighten their load of work as pregnancy advances. Housewives may need moderate exercise particularly in the open air. Walking or gardening is beneficial. Sedentary women who have very little work should exercise daily.

3. **Rest, relaxation and sleep:** Extra rest is necessary and relaxation needs practice. Relaxation is a way of conditioning the muscles, to loosen up and help to release tension. The expectant mother should take every opportunity to rest and learn to relax. She could do this by lying on a mat or a firm mattress, close her eyes tightly, then relax. The expectant mother should aim at eight hours of sleep at night and at least an hour of rest during the day.

4. **Emotional support:** Certain emotional changes may occur in pregnancy that needs to be understood by the expectant mother and her family. The husband should understand her moods and give her the support and assurance that this is a natural happening. When there are social and economic pressures, especially if the pregnancy was not planned, the mother may experience feelings of rejection and depression. Love and care by the family may help to overcome this stressful period. Each family member could contribute in one way or another towards the well being of the mother and the new member.

5. **Personal hygiene:** It is very important for a pregnant woman to keep her body clean. The daily bath reduces the chances of getting an infection or illness.

6. **Clothing:** A pregnant woman should wear clean clothes that are loose and comfortable and low-heeled shoes **or** slippers that support the feet.

7. **Regular attendance at the antenatal clinic:** It is important that mothers attend the antenatal clinic services on a regular basis so as to receive quality care and maintain optimum health for herself and her unborn baby. The normal pregnant mother should visit the clinic **at least three times during** the pregnancy so as to receive continuous health care and medical supervision.

8. **Go for institutional delivery:** Get the delivery done in a hospital / nursing home. If this is not possible, due to any reason, a trained birth attendant should carry out the delivery.

9. **If the delivery is being undertaken at home then** get the delivery done through a trained birth attendant. Use a disposable delivery kit during childbirth and observe the 'five cleans' during delivery – clean place, clean hands, clean blade, clean thread, clean cord.

CONCEPTION, PREGNANCY & ITS IMPACT ON ADOLESCENTS

Activity 1

Greet the students and introduce the topic.

Guidelines for the Facilitator:

Have separate sessions for boys and girls if necessary as some students may feel shy and too inhibited to respond.

State that some of the discussion points have already been covered in the textbooks. Remind them about the chapters in various classes. State that we will emphasize how early pregnancy can impact on the health of the individual.

Divide the students into 3 groups A, B, and C. Ask each team to select a leader.

Give each group a copy of the list of questions.
Ask them to discuss the questions amongst themselves

Facilitative Questions:

1. Do you think touching, holding, kissing, playing, talking and sitting with boys can cause pregnancy in girls?
2. Do you think touching parts like breasts, "private parts", stomach, chest and thighs by a man can cause pregnancy in a girl?
3. Does bathing in the same water as boys/ men – river, pond, swimming pool (where there could be seminal discharge by urination of men) lead to pregnancy?
4. Is vomiting (morning sickness) in women a definite proof of pregnancy?
5. Do you think a missing period (menses) is always a sign of pregnancy?
6. Does sleeping together (side by side) by a man and a woman lead to pregnancy?
7. Does marriage alone cause pregnancy?
8. Does marriage guarantee pregnancy?

Objectives

By the end of the session, students will be able to:

- ✓ Describe the process of conception.
- ✓ Dispel myths about conception
- ✓ List the signs of pregnancy
- ✓ List the Consequences of early pregnancy.

Life Skills being used

Problem Solving, Critical Thinking, Empathy, Communication Skills, Coping with stress, Self-Awareness

Advance Preparations

Copies of Questions for discussion, Blackboard and chalk /white board and Marker, Relevant pictures from magazines, and old newspapers

9. Is it not being married a protection from pregnancy even if a girl indulges in sexual intercourse?
10. Mention established methods of a woman becoming pregnant?
11. What is sexual intercourse?
12. What is conception?
13. Do you think sexual intercourse between men and women always results in pregnancy?

Guidelines for the Facilitator:

Most of the students will not be using the scientific terminology when they are with their peers. They will need to be able to use the correct or most descriptive vernacular for many of these parts. You should expect a lot of shyness, embarrassment, giggling and laughter. You need to remind the participants that it is important that they are able to use the correct words in their lives.

You should also remind them that the purpose is not to embarrass but gather accurate information to protect their health.

Ask the group leader of each team to present their group conclusions to the class.

Note down the points on the black board.

Guidelines for the Facilitator:

The students will need to use their skills of **Critical Thinking**, **Coping with Stress** (using words that they are embarrassed to use) and **Effective Communication** when they are able to get their thoughts and ideas across to you and each other. You will have to encourage them to come out with their replies and get their queries answered. Their **Self Awareness** is going to be improved when their doubts about conception and pregnancy are clarified.



Possible responses:

- Boy or man touching private parts of a girl or woman causes /does not cause pregnancy.
- Our mother has told us that women become pregnant due to God's Grace and gift.
- Playing with boys after menarche causes pregnancy.
- Our parents said that we should not play with boys after attaining menarche; it is dangerous and will lead to pregnancy.
- A woman becomes pregnant after marriage because she sleeps with her husband.

- We read in the books and magazines that if a girl stop menstruating or misses her monthly periods, it means that she is pregnant and a baby is growing inside her womb.
- After marriage, if a woman starts vomiting suddenly, it means that she has conceived.
- Talking with boys does not cause pregnancy.

Activity 2

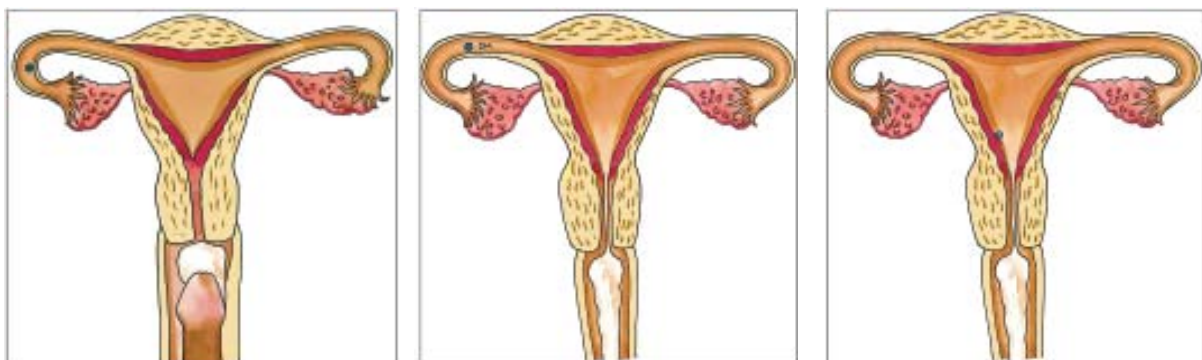
Now slowly and patiently explain the method of conception to the class and clarify any misconceptions they may have.

Guidelines for the Facilitator: (Refer to Fact Sheet)

State that conception is a miracle –millions of sperm but only one fuses with the egg. And then no other sperm can enter the egg! Utilize the bulleted points and the fact sheet to explain the process.

- Sexual intercourse is a physical act during which the penis enters a woman's vagina.
- Conception or pregnancy occurs when semen with live sperm is deposited in the vagina or cervix and fertilizes a live ovum.
- Conception is possible only by sexual intercourse or artificial insemination.
- Missing monthly periods, nausea, vomiting, enlargement of the nipples, full and tender breasts, positive pregnancy test etc. are signs of pregnancy.
- Missing a period does not confirm pregnancy. It may be delayed due to many other reasons, e.g. anaemia, stress, illness, etc.

(The facilitator may refer to the fact sheet for discussion on the subject.)



(The pictures show how semen reaches the vagina. Note how the egg – the black dot moves from the fallopian tube to the uterus.

Activity 3

Ask the group if they know of any teenagers / young people who have been pregnant. Ask the students to tell their story to the group.

Allow the students to ask the story teller(s) questions.

Ask the class **“What are the consequences of early pregnancy?”** Record the list on a blackboard.

Guidelines for the Facilitator:

Below are some possible **“consequences” of teenage pregnancy** which can be discussed if the group does not mention them.

Family problems – angry parents, girl gets thrown out of the home, sent back to live with the grandmother; parents fight blaming each other for not providing information, etc.

Education problems - girls and boy get expelled from school, girl loses the opportunity to finish education, boy misses the opportunity to finish schools as he has to support his family; unable to concentrate on studies because of **stress**.

Health problem – hard on the girl’s body, especially if the pregnant girl has not finished her own growth; the growing baby needs a lot of energy and many special vitamins which will take from the pregnant girl even if she needs them. Teenage pregnancy can also cause **anaemia**.

A teenage mother will not feel as well (during and after her pregnancy) as a grown woman who becomes pregnant would. The baby suffers too, if it does not get all of the food that it needs from the girl. It may be born very weak and small, or very early. **Small babies** are much more likely to be very sick, to die, or be weak and sick throughout their lives.

A young girl’s hips are not as wide as a mature woman’s pelvis. This makes it difficult or impossible for the girl to have the baby through her vagina. She is much more likely to need an operation and have the baby removed from her stomach, than a mature woman is. If the girl is not able to have the operation soon enough she may die or the baby may die or become crippled.

Pregnancy in early years may also lead to **infertility**. This is called secondary infertility. It happens if the medical treatment is improper, and causes an infection, which in turn often leads to infertility.

Suicide could be a consequence, as the girl does not know how to deal with the problem and fears the reaction of parents, school, etc, and takes her life due to shame, fear, confusion, etc.

Death from illegal abortion, which girls attempt in desperation or under pressure from peers involves taking various substances often rat poison, or putting objects up the vagina, or hitting the stomach in the hopes of inducing an abortion.

Activity 4 –Group work

Ask the class to again form the groups as earlier and discuss the following question in groups.

“What are the things a girl should think about before getting pregnant?”

Give them a few minutes and then ask the group leaders/representatives to present the points to the whole class.

Possible Responses:

- Can I afford it?
- Am I emotionally ready for it?
- What will my family say?
- What will society say?
- Will I be able to look after it?

Guidelines for the Facilitator:

Applaud the effort. Facilitate the discussion using the following points.

Q. What are the things I should think about before getting pregnant?

A. Having a baby is a very serious issue to consider. A young mother-to be would have to ask herself the following questions:

1 Am I emotionally ready?

A child needs attention 24 hours a day, and seven days a week. It takes a lot of patience and attention

2 Am I financially ready?

A young mother or couple would have to find a source of money to pay for the baby's daily needs-food, medicine, clothes, childcare-as well as the mother's own needs.

3 Am I willing to compromise my education?

It is very difficult to raise a baby while going to school. Many young girls find that they have to drop out of school and ultimately give up their plans for the future after having a baby.

4 Will the father of the baby support me?

It is very difficult to raise a child without a father. Single mothers often struggle to support themselves and their children financially and emotionally, and many young women are forced to depend on their parents or others for such assistance.

5 Do your parents or caregivers want you to have a child? Will they help you?

If a young mother tries to stay in school or needs to work, she will need help in taking care of the baby.

6 What do my culture and religion say about a young unmarried woman having a baby?

In many cultures, young unmarried women who have babies are disapproved of and may even be discriminated against – usually for no fault of their own.

Activity 5

Ask the class **“How is the sex of the baby determined?”**

Briefly discuss on determination of sex of the child by the chromosome from the male and not female. (Refer Fact Sheet)

Guidelines for the Facilitator:

Emphasize that the **Sperm** (and therefore the **male!**) determines the sex of the baby. It is sad that many women are abused, and blamed in some societies because they were unable to conceive a male baby!

Also it is finally **nature** or chance which decides the sex of the baby, since out of millions of sperms it is impossible to determine whether an X sperm or a Y sperm will fertilize the egg and decide the sex of the baby.

Ask the class:

“Does a man have any responsibility when his wife is pregnant? What should he do and why?”

Possible Responses:

- A man can give money for the care of his pregnant wife.
- He can take his wife to a qualified doctor.
- He should give her lot of love, care and support.
- He can ensure that she gets proper nutrition and rest.
- He must take responsibility since it is his baby also.

Activity 6

Recap the following at the end of the period:

- Sexual intercourse is a physical act during which the penis enters a woman's vagina.
- Conception or pregnancy occurs when semen with live sperm is deposited in the vagina or cervix and fertilizes a live ovum.
- Sex is not just a physical act, but is one aspect of a relationship in which trust, communication and mutual respect are important elements.
- It is important for adolescent boys to understand the serious consequences of early pregnancy for girls.
- The act of conception should occur only with the consent of both partners - it should never be imposed or have any violence associated with it.
- Early pregnancy especially has a major and long term impact on a girls' life, much more than a boy. The consequences of sex and decisions to have a baby should therefore, be looked at from girls' perspective.
- The younger the mother, the more serious are the physical consequences of pregnancy since the reproductive organs have not reached mature size and may lead to difficulties in labour and delivery. The social and emotional consequences of early marriage and pregnancy are equally traumatic for girls and boys.

Activity 7

Ask the students:

- 1. How does pregnancy take place?**
- 2. What are the consequences of early pregnancy for girls?**
- 3. Who determines the sex of the baby?**
- 4. How is the sex of the baby determined?**

Learning in the Community:

Ask the students to:

1. Discuss these facts with any relation or friend of their age who may not know them.
2. Make a presentation / collage on the adverse effects of early pregnancy

CONCEPTION

Sexual intercourse is a physical act during which a man's penis goes inside a woman's vagina. This is often called having sex or making love. For many people this can be the most important sexual thing they can do with someone. It can be very enjoyable and fulfilling. For some people it can be the way they can most show their love for each other.

Conception or pregnancy is the physical process of a sperm fusing with an egg or ovum, to give an embryo. Conception occurs as a result of sexual intercourse between a man and a woman of reproductive age during her 'unsafe period' (Ovulation time.) In the current age of technological advances, conception is possible artificially without sexual intercourse; by insemination of semen into a young woman's vagina in the lab. Usually it is done under medical supervision by a gynaecologist in a willing woman.

When the man ejaculates in the vagina his semen is deposited high up in the vagina. The semen contains millions of sperm and these sperm swim into the cervix, uterus (Womb) and into the fallopian tubes. Among the many viable sperm only one sperm fuses with the live ovum in the fallopian tube and fertilization takes place. After the fertilization, the fertilized ovum known as an embryo or a zygote and travels from the fallopian tube to the uterus which is prepared to receive the zygote and help its development into a baby over a period of 9 months or 40 weeks. This is called 'gestation' or pregnancy.

Sex is between two persons. But pregnancy is always talked about in relation to a woman. Both the man and the pregnant woman have to recognize that the father has an important role both in conception and in pregnancy. Support and care of the pregnant woman by the father is as important as care by a doctor. This would lead to a better relationship between the couple and a good base for them to be effective parents later.

Sexual intercourse does not always lead to pregnancy. The ovum and the sperm should be alive and have suitable uterine conditions for fertilization and implantation. The ovum is released from the ovary into the fallopian tube by a process called '**ovulation**'. This occurs roughly around the middle of the menstrual cycle. It then remains alive for only 24 to 48 hours. This is the '**unsafe**' period of the cycle.

Pregnancy cannot occur by acts related to sex like touching, kissing, petting etc. These are mainly done to show affection and also increase the pleasure of having sex.

Signs of pregnancy:

- Missed menstrual periods.
- Often nausea, vomiting and morning sickness for the first three months (many women do not have it).
- Full and tender breasts.
- Enlargement of the nipples and darkening of the skin around them.

- Positive pregnancy test of the woman's urine 40-50 days after last menstruation
- Ultra sound showing fetus as early as 40-50 days after last menstruation.
- Pregnancy cannot be detected by checking the pulse as shown in movies.
- Every missed menstrual period does NOT mean pregnancy. The period may be delayed due to many other factors like anaemia, illness, depression, stress, etc.

After the baby is born both parents have a role in supporting each other and taking responsibility in looking after the child. This responsibility also means planning the right time to have the first child, the number of children to have and the spacing between children. This requires being aware of the various contraceptive measures and choosing from them as per one's requirement and social and religious beliefs.

How is the sex of the Baby determined?

All human beings have 46 chromosomes (44 +XX or XY). Twenty three of these come from the egg cell (the female) and 23 from the sperm cell (the male). Together they make 23 pairs in the baby. Of the 23 pairs one pair consists of the sex chromosomes. Sex chromosomes include the X and Y chromosomes. A male has XY chromosomes while female has XX chromosomes. The mother's sex chromosomes are XX so egg contains only X chromosomes. The father's sex chromosomes are XY so any particular sperm cell can contain either X or Y Chromosomes. If the ovum (female egg), which has only X chromosome is fertilized by a sperm cell with Y chromosomes a male baby is conceived. But if the ovum is fertilized by a sperm cell having X chromosome a female baby is conceived. The determination of the sex of the baby therefore is dependent on the **male sperm** cells and not on the female ovum or egg.

Things a Woman should Do During Pregnancy:

- Consume balanced diet like green leafy, vegetables, milk, egg, fish, meat and fruits.
- Have regular medical checkups and immunizations.
- Avoiding ingestion of any medication without doctor's advice.
- Consult a doctor if there is bleeding, vaginal discharge or pain.

Danger signs for pregnant women:

- Vaginal bleeding
- Pelvic or abdominal pain
- Persistent back pain
- Gush of fluid from vagina
- Swelling on the hands/face

- Severe headache
- Blurred vision
- No foetal movement

ADOLESCENT PREGNANCY (A Child within a child)

Adolescence is a period of growth. Adolescent pregnancy therefore adds the burden of a baby fighting for the nutrients needed by the mother. Adolescent pregnancy and breast-feeding puts both mother and child at higher risks of ill health; especially if the mother is stunted or undernourished. Hard physical work may also impose additional stress. Early pregnancy exposes mother and the baby to risk owing to the potential competition for dietary energy and nutrients. Additionally, the young mother is physiologically immature. Because adolescent girls (below 17 years) have not reached physical maturity, and their pelvis is not fully developed, pregnancy could lead to problems in labour, which in turn leads to complications such as bleeding, and even death for both mother and child if the mother does not get proper medical care. Maternal death in girls under 20 is 2-5 times higher than in women above 20.

Young adolescent girls, especially those below 15 years, are also likely to experience premature labour, spontaneous abortion and still-births than older adolescents and women. Pregnancy-related illnesses such as hypertension and anaemia are also more common among adolescents than among adult women. Pregnant adolescents with HIV are at particularly high nutritional risk. Their babies may also be at risk of HIV through maternal to child transmission (MTCT). The child of an adolescent girl has a higher risk of being low birth weight which in turn predisposes them to higher infant death.

Consequences and impact of Teenage Sexual behaviour

- Adolescent pregnancy
- Unsafe abortion – complications resulting in infection or death
- Sexually transmitted infections including HIV/AIDS related problems
- Social and Economic Impacts

Many women have their first child before the age of 20 years. The nutritional requirements of adolescents who are at least two years post menarche are reported to be similar to those of pregnant women. Adolescent girls often enter pregnancy with a lower nutritional status and are therefore, at increased risk of nutritional deficiencies.

Young mothers are also likely to have a higher incidence of poor childcare and poor child feeding practices and they are less likely to breast-feed their babies. Thus the **intergenerational consequences** of poor nutrition are perpetuated. Providing education and income for the family are two positive factors that may tend to break the cycle of early childbearing and poverty for women and children.

Unsafe abortion. Adolescents often resort to abortion at a later stage of pregnancy. Unsafe abortion could result in complications such as bleeding, infection, injuries, infertility, and death. Abortion also has psychological consequences such as depression. Adolescent abortions are estimated globally at between 1 million and 4.4 million per year. Most of them are performed illegally or under hazardous circumstances.

Frequently asked Questions

Q. Why are there some women who cannot get pregnant?

A. Infertility - or not being able to get pregnant - may be caused by hormonal problems in the man, woman, or both; blocked fallopian tubes; low sperm count in the man; or older age. Sometimes doctors cannot determine the cause of permanent infertility.

Q. Can a girl get pregnant during her period?

A. Yes, because not all vaginal bleeding is the result of a menstrual period. It is very common for the girls who are ovulating to have some vaginal bleeding that can be mistaken for a period. The fact is that, one can never say the exact time of ovulation. On the other hand, sperm can fertilize an egg for several days after ejaculation, so having sex before the period is finished can result in pregnancy.

Q. Can a girl become pregnant before she has her first period?

A. Yes. Before a girl's first period, her ovaries release the first egg during ovulation. She can become pregnant if she has intercourse around the time of her first ovulation, before she has her first menstrual period.

Q. From what age can a girl get pregnant?

A. When a girl starts having menstrual periods it means that her reproductive organs have begun working and that she can become pregnant if she has sexual intercourse. It does not mean she is ready to have a baby, only that she is physically capable of getting pregnant.

Q. Can a girl become pregnant even if she does not have sexual intercourse?

A. There is no evidence to prove that if a boy's penis goes near a girl's vagina and he ejaculates that she will get pregnant. However, if there is contact between a boy's penis and a girl's outer genitalia, sometimes it is possible to get a sexually transmitted infection.

Q. What causes a woman to have twins?

A. The explanation depends on whether the twins are fraternal or identical. Fraternal twins may resemble each other, but are not "identical." They may be of either the same or different sexes. They occur when two eggs are in the fallopian tubes at the same time and are fertilized by two separate sperm cells. Identical twins, always of the same sex and same appearance, occur after fertilization when a single developing egg divides in two.

Q. What determines whether the baby is a boy or a girl?

A. When a human egg is fertilized with sperm, the sex of the baby is determined immediately. Sperm contain agents called "chromosomes." There are two types of chromosome-either an X or

a Y. If the sperm contains a Y chromosome, the child will be male; if it contains only an X chromosome, the child will be female. The man's sperm determines whether the baby is a boy or girl.

Q. What are the things I should think about before getting pregnant?

A. Having a baby is a very serious issue to consider. A young mother-to be would have to ask herself the following questions:

- **Am I emotionally ready?**

A child needs attention 24 hours a day, and seven days a week. It takes a lot of patience and attention

- **Am I financially ready?**

A young mother or couple would have to find a source of money to pay for the baby's daily needs-food, medicine, clothes, childcare - as well as the mother's own needs.

- **Am I willing to compromise my education?**

It is very difficult to raise a baby while going to school. Many young girls find that they have to drop out of school and ultimately give up their plans for the future after having a baby.

- **Will the father of the baby support me?**

It is very difficult to raise a child without a father. Single mothers often struggle to support themselves and their children financially and emotionally, and many young women are forced to depend on their parents or others for such assistance.

- **Do your parents or caregivers want you to have a child? Will they help you?**

If a young mother tries to stay in school or needs to work, she will need help in taking care of the baby.

- **What do my culture and religion say about a young unmarried woman having a baby?**

In many cultures, young unmarried women who have babies are disapproved of and may even be discriminated against.

Q. When is a Woman or Man Fertile?

A. A woman is fertile when she has the ability to become pregnant.

A woman is fertile only certain days of each menstrual cycle - these are the days when she can become pregnant. A woman is fertile for a few days each cycle from her first menstruation until menopause but time of ovulation is unpredictable.

A man is said to be fertile, after attaining the period of puberty (first ejaculation) in which he is able to ejaculate equal or more than 20 millions of sperm cells per millilitre (20 million cells/ml)

Per ejaculation man can ejaculate about 2 - 5 mls of volume.

UNDERSTANDING SEX AND SEXUALITY

Guidelines for the Facilitator:

This session should be taken **separately** for boys and girls, if necessary.

Put picture depicting/denoting love-heart with a man and woman on two sides

Acknowledge that many people find it difficult to discuss sex and sexuality and may feel embarrassed or uncomfortable. Tell them that some of us may not be comfortable with this subject, as it is an issue which is usually not discussed. It is normal to be uncomfortable but rational discussion about the subject is helpful and useful. It even reduces embarrassment.

Activity 1

Greet the students and introduce the topic.

What do they understand by 'sex'?

Now ask the students the following questions one by one and note the responses on the board. Get multiple responses for each question.



1. What do you understand by the term 'sex'?
2. What is 'sexuality'?
3. What is 'sexual intercourse'?
4. How is 'sexuality' different from 'sex'?

Add some more responses from your side if required.

Some possible responses:

- 'Sex' is whether you are male or female
- 'Sex' is having sexual intercourse
- 'Sexuality' is dressing up in sexy clothes

Objectives

By the end of the session, students will be able to:

- ✓ Differentiate between the terms 'sex', 'sexuality' and 'sexual intercourse'
- ✓ Understand ways of leading a healthy sexual life style
- ✓ Become aware about safe sex

Life Skills being used

Self-Awareness, Critical Thinking, Inter- personal Relationships, Effective Communication, Coping with stress.

Advance Preparations

White Board and Markers or Chalkboard and chalks; chart paper, old magazines to cut pictures depicting sexuality, glue sticks, colour pens.

- It is attracting the opposite sex by smile, gestures etc.
- Sexuality is having sexual intercourse

Explain the differences between sex and sexuality (Refer to the fact sheet). Paste two or three pictures from magazines, which present messages about sexuality. Ask the students to describe the sexual messages they see. Summarize their views and comments.

Activity 2: Collage Making

After the differences between sex and sexuality have been explained, divide the class into 3-4 groups. Ask the groups to make a collage on Sexuality and the issues related to promotion of healthy sexual life style.

Ask the groups to present their collages one by one.

Write the salient points that they bring out while presenting their collages on the board.



Guidelines for the Facilitator:

Inform the students about sexuality and how is it related to sex. The term **sex** can mean intimate sexual contact or sexual intercourse. Sex also refers to a person's gender i.e. to whether a person is male or female. It is primarily a physical trait, determined by genetics. Your sex or gender was established at the moment you were conceived.

Sexuality, on the other hand, is a much broader aspect of who you are. Sexuality is everything about you that relates to, reflects or expresses your maleness or femaleness. Sexuality involves how you think. How you feel about yourself and others, how you behave, how you look. People express their sexuality in nearly everything they do. You do not need a partner to express sexuality.

Sexual activity, including **sexual intercourse**, is just one of many ways to expressing sexuality. Reproduction is only one of the functions of sexuality. Many more like pair bonding, assertion of femininity and masculinity, pleasure and removal of stress are some other functions, so it is entirely normal to have a sexual dimension to the personality.

Tell the students that once we understand that having a sexual dimension to our personality is normal, we can build more options in being responsibly sexual and can manage day-to-day pressures and feelings. Let them be informed that development of sexuality begins when you are an infant. The touch of your parents, the warmth of your mother's body, the sights and sounds that you experience all contribute to your awareness of your body as an infant.

Some adolescents feel guilty about their sex drive. They regard their own sexual urges as "dirty" and they are often stressed and traumatized by their feelings. However, if the urge is properly controlled, it becomes a powerful force aiding personal and social adjustment. The **sexual health concerns** of adolescents need to be addressed in an informal, pleasant, stress free and a non

judgmental fashion. The health provider must be able to correct myths & beliefs about sex drive and sexuality, sexual anatomy, physiology, sexual orientation, desire and normal sexual functioning. All these will enable him/her to lead a **healthy sexual lifestyle**.

The students will need to be told that they have to be Self-Aware in order to be able to understand their own sexuality. Critical thinking helps them to differentiate between 'sex' and 'sexuality'.

Activity 3

Now ask the students what they understand by the term 'safe sex'.

Guidelines for the Facilitator:

Safe sex requires adjusting one's feelings and desires according to the circumstances. Safe sex is a sexual relationship in which there is minimal risk of acquiring STI's and HIV/AIDS and also pregnancy. **Abstinence, being faithful** to one trustworthy, faithful, and healthy sexual partner and regular use of **condoms** during penetrative sex are well known safe sex practices (Commonly called ABC). All adolescents need to know the details of safe sex. **Reiterate that for adolescents abstinence is the best method to stay safe!**

Also refer to the FAQs given in the fact sheet and discuss the issues.

Activity 4

Recap the following at the end of the period:

- Sexuality includes feelings, thoughts and behaviours as they are related to the person's maleness and femaleness.
- Sex and sexuality are related but not the same thing. Sexual activity including sexual intercourse is just one of many ways of expressing sexuality.
- Every adolescent should understand the concept of 'safe sex'.
- It is important to have a healthy sexual life style.

Activity 5

Ask the students:

1. State the difference between 'Sex' and 'Sexuality'.
2. Why is it important to have a healthy sexual life style?
3. What do they understand by 'safe sex'?

Learning from the Community:

Ask the students to:

- Go through some newspapers and magazines and cut news items about sex and sexuality.
- Make a list of actions, which denote sexuality, in their daily life.



SEX AND SEXUALITY

Sexuality is a total expression of us as human beings. It includes all the thoughts, feelings and behaviour of being male and female, being attractive, being in love as well as being in relationships that include intimacy and physical sexual activity. Sexuality is shaped by values, attitudes, behaviours, physical appearance, beliefs, emotions, personality, likes and dislikes. Many may think that issues of sex and sexuality pertain to sexual intercourse only, when in fact sexuality covers a broad area.

Sexuality is an integral part of human life. It carries the awesome potential to create new life. It can foster intimacy and bonding as well as share pleasure in our relationships. Yet when exercised irresponsibly it can also have negative aspects such as sexually transmitted diseases including HIV/AIDS, unintended pregnancy, and coercive or violent behaviour. To enjoy the important benefits of sexuality, while avoiding negative consequences, some of which may have long term or even life time implications, it is necessary for individuals to be sexually healthy, to behave responsibly, and to have a supportive environment– to protect their own sexual health, as well as that of others.

During adolescence, sexual exploration and expression is common and normal. Sexual relationships may begin in adolescence either within or outside marriage. While sexual activity can be pleasurable, the consequences of unwanted and unprotected sex in adolescents can have life long health and economic consequences.

Sex Drive and Adolescent Sexual Behaviour

Sex is a basic drive upon which both reproduction and personal happiness depends. **Sex drive** begins to be expressed in clearest of terms during adolescence, which is a period of heightened feelings, arousal, urges and sexual feelings directed towards the self and others. The awakened sexual drive and thoughts produce a certain restlessness of character in youths so that they are often considered by their elders as different or difficult. Spontaneous erections, nocturnal emissions (“wet dreams”) and masturbation manifest in the mid to early adolescence in majority of boys. They may be troubled, confused and feel guilty by these changes. Increased vaginal discharge, tingling and pain in the breasts, and menstrual concerns may be troublesome for young girls. Their moods may become variable and impulsive. It may be difficult to concentrate for a great length of time. Often, even their school performance or work suffers. This can lead to various kinds of problems.

Sex and sexuality are issues that confuse and sometimes stress adolescents. This often stems from unawareness of the issue, misinformation and peer pressure. While they undergo physical changes that occur during puberty, adolescents develop and become aware of their sexual drive and feelings. They also tend to explore the various aspects / dimensions of being sexual. This happens because of sex hormones that circulate in higher amounts in their bodies and the opportunities available to them in experimenting with sex and sexuality.

Impact of the Sex Drive in Adolescents

Positive impact	Negative impact
1. Independence This leads the young away from dependence on their parents and toward independence and the responsibility of loving, supporting, and caring for a family.	1. Maladjustment Too much repression of one's sex drive or too much sexual freedom can interfere with normal feelings resulting in personal and social maladjustments.
2. Maturity This serves as a powerful, constant stimulus toward mature attitudes.	2. Health problems Irresponsible sexual behavior can lead to severe health risks.

Developing a Healthy Sexual Life Style

Adolescents, to function as effective and well adjusted adults, need to have clear, accurate and precise information to understand the various aspects of human sexuality, sexual roles and responsibilities. They also need to possess skills to negotiate any sexual demands that may be put on them or that they may put on others.

Adolescents must understand the following issues before they venture into sexual activity:

- Indulging in a sexual act is a major decision. Careful analysis of the associated responsibilities and the capability of entering into commitments are necessary before undertaking such a step.
- Adolescence may not be the right age for sex as girls are not able to bear the burden of pregnancy physically, mentally and emotionally. Boys are not in a position to shoulder the responsibility of fatherhood. If marriage takes place earlier the pregnancy should be delayed till the girl is biologically and psychologically mature enough (i.e., at least 18 years).
- Adolescents at times may be impulsive and do not hesitate to take risks. They may take decisions without realizing the consequences. They are easily attracted to each other physically and get infatuated readily (falling in love blindly).
- They may indulge in sexual intercourse on the spur of the moment. They need to be careful and realize the immediate and long-term consequences of their acts.
- Among adolescents there is a tendency to satisfy curiosity by sexual experimentation, disregarding the risks and rebelling against the social norms.
- Substance abuse (alcohol) and peer pressure are additional facilitating factors in risk taking.
- Adolescents need to be convinced that certain social norms have innate protective qualities use. Staying faithful to one partner, social acceptance for sex within marriage are some of these.
- The knowledge of safe sex (safe in terms of preventing HIV/STI and unwanted pregnancy) and contraception is an absolute must.

- Unprotected sex, especially with a stranger or paid sex workers is highly dangerous in terms of risks of acquiring sexually transmitted infections (STIs) and HIV infection.

FREQUENTLY ASKED QUESTIONS:

Q. When is a good age to have sex?

A. Having sex for the first time can be an important emotional event. There are many questions that should be considered before actually doing it:

1. Am I really ready to have sex?
2. How will I feel about myself after I have sex?
3. How will I feel about my partner afterward?
4. Am I having sex for the right reasons?
5. How will my parents and friends feel about me having sex?
6. What do my religion and culture say about sex and sex before marriage?
7. How will I protect myself against unintended pregnancy or infection?
8. If I have sex, will I have to lie about it later?
9. Will I feel guilty?

Q. What is the difference between being in love and having sex?

A. There is no “right” definition of love for everybody. Being in love with someone involves **feelings** of romance, attraction, caring, etc. Having sex is an event or the physical **act**.

Q. What if a man or woman wants to have sex and the other person does not?

A. Sex should be a pleasurable and consensual act between two persons. A man or woman should never be forced to have sexual intercourse or do anything else with his or her body that he or she does not want to do. A person must offer his or her permission before letting anyone touch him or her. If a situation arises in which someone is inappropriately touching another person without permission, the person should seek help immediately.

Q. What do I do if someone touches me in a way that makes me feel uncomfortable?

A. Your body is your own, and no one should touch you in a way that makes you feel uncomfortable. You have a right to ask someone to stop touching you if it makes you feel bad. If this is happening to you, remember it is not your fault, and you should talk to a trusted adult for help and keep talking to as many people as necessary until someone takes action.

BEING GOOD PARENTS

Activity 1

Greet the class. Tell the students that one of the tasks of adulthood is to raise a family and many of them will become parents after a few years. So it is important to learn how to be **good parents**.

Guidelines for the Facilitator:

Mention that it is best to be parents after the age of 20. It is important from the start to lay emphasis on the word 'parent' -and not on "mother"! **Both** girls (mother) **and** boys (father) need to learn how to be parents and how to care for the newborn.

Divide the students into 3-4 groups. Tell them that the session is going to be about newborn care. Emphasize that a newborn baby needs a lot of care and love.

Ask the students to discuss amongst themselves the important tasks about caring for a new born baby. Give them 15 minutes and ask them to limit their discussions to broad headings.

Guidelines for the Facilitator:

You can remind the students about their younger siblings/cousins and ask them to recall the methods of new born care that they could have seen. You may refer to the fact sheet regarding care of the new born. Also do some supplementary reading about new born and baby care. Go around the groups and listen to the discussion. The students will be using skills of **Self Awareness, Critical and Creative Thinking, Decision Making and Effective Communication**.

Now ask one student from each group to present their views. Note down the important points and the ones which are common. Let the students discuss each point.

Objectives

By the end of the session, the learner will be able to

- ✓ List steps for essential care of newborn.
- ✓ Realize the importance of breast feeding in the new born.



Life Skills being used

Critical Thinking, Self-awareness, Effective Communication.

Advance Preparations

Board, Chalk, Flipcharts, Markers.

Guidelines for the Facilitator:

Applaud the work done. Emphasize that care of the new born actually starts from good care of the mother itself! She should be loved and well looked after, so that she is happy. She should have good nutrition, so that she can feed the baby well.

However, the session will mainly concentrate on care of the new born. Explain that baby care, care of the cord etc. need to be carried out immediately. Emphasize on “**exclusive breast feeding**” and tell the students clearly that the first feed for the child and every subsequent feed should be the mother’s milk and nothing else – not even water!

Explain to them that hugs, kisses, warmth and a lot of close physical contact is very good for building a bond between the mother and her baby. Massaging the baby is good for the baby and for bonding. The baby should be kept clean, should wear loose clothing, and should not be over clothed. Appropriate heating arrangements should be made for the winter.

Activity 2

Ask “**What are the advantages of breast feeding – for the baby and the mother?**” Let the class brainstorm. Note down the points and add some from your side. Remind the students that breast feeding is the best feed for an infant.

Guidelines for the Facilitator:

State that **breast-feeding** is the best nutrition for a newborn. Breast-feeding should begin **immediately after the delivery**.

Tell the students about colostrum. State that when the newborn sucks, for the first two to three days, a thick, yellow fluid will come from the mother’s breasts. It is called **colostrum**. This first milk should not be discarded, as it is very good for the baby and helps build immunity against diseases. **Refer to the Factsheet for more points.**



Activity 3

Divide the students into 4 groups. Give one of the following questions to each group to discuss.

1. What would you tell a mother who has just **delivered** a baby?
2. What are the common practices of **feeding** a newborn in your families?
3. What are the diseases against which a child should be **immunized**?
4. What are the “**danger signs**” in a new born for which the baby should be referred to a hospital?

Guidelines for the Facilitator:

The students may not be able to give details regarding these topics. Still, encourage them to write what ever they know. This will improve their performance and also raise their curiosity level about the topic!

Call one student from each group and ask him/her to discuss their group's work. Applaud each presentation. Let the students discuss each point.

Guidelines for the Facilitator:

Add the points from your side. **Refer to the fact sheet** and help them understand the issues involved. Discuss with them the immunization schedule in detail and explain the advantages of timely immunization. Also emphasize the guidelines to be given to a new mother for looking after herself so that she can take good care of the new born. Tell them about the "danger signs" that need an immediate referral.

Activity 4

- New born babies need a lot of care and support.
- Breast feeding is the complete and best nutrition for a new born baby. It should be encouraged in every possible way
- All children should be immunized against vaccine preventable diseases.

Activity 5

Ask the students:

1. What steps should be taken to take care of the baby soon after its birth?
2. What can be some of the serious complications that one should look for in a new born?
3. What are the advantages of breast feeding?

Learning in the Community:

Ask the students to list down three new things that they learnt today.

Ask them to ponder as to how they would use the new things that they learnt today in their homes.

CARE OF THE NEWBORN



There can be **many complications** to the mother and baby during the time of delivery. It is therefore important that the delivery takes place either in a **Hospital** or in Nursing Home. If the delivery is conducted at home, a **Skilled Birth Attendant** should be present, to transfer the mother or baby or both to a better facility, if required.

As soon as the baby is born, there are a few steps that must be taken right away.

1. Baby Care:

Keep the baby **warm**. The delivery room should be made comfortably warm during winters. The newborn should be received at birth in a dry, clean and warm cloth. **Wrap** the baby well and give it to the mother. **Close physical contact** with mother keeps the baby warm, **prevents hypothermia and the bond of love between mother and baby strengthens**. The baby should be made to lie on its side with the head slightly lower than the body. This will help to drain mucous and fluids from the baby's nose and mouth.

2. Care of Cord:

A few minutes after the birth of the baby, the umbilical cord stops pulsating and providing oxygen to baby. It should then be **tied** with a clean thread 2.5 inches away from the baby and **cut** with a new blade. Do not apply any dressing on the cord but leave it exposed to air. Keep it **clean** and apply Betadine lotion on it daily till it falls off. Instruct the mother that the area around the cord stump should be kept clean and dry (e.g., diaper folded so that it is below the stump). It will dry and **fall off** by itself with 7-10 days. **Do not** apply mud, cow-dung, herbs or other substances on it as they will cause severe infection like tetanus and kill the baby. In case there is redness around the cord or a bad smell or discharge from it, she should take the baby to the health-centre. A few minutes after the cord is tied and cut, it should be **checked for bleeding**, which may occur due to thinning of the cord and loosening of the tie. If bleeding continues, tie another clean thread.

3. Eye Care:

Clean each eye with a separate clean moist cloth or cotton swab, beginning from near the nose. Do not put any drops or eye-liner.

4. Checking the newborn and its weight:

The birth attendant should check that the baby is breathing well, (and is not blue in colour) and the body parts are normal. If there are any **birth defects** they should be noted down and the baby should be referred to a health centre if they are serious, e.g., a big head or an open spine.

The **weight** of the baby should be recorded soon after birth. Health workers and trained traditional birth attendants have spring-balance for use in home deliveries.

If the baby is **less than 2 kilos**, it needs special care. It should be referred to an institution that has facilities for newborn care if it does not suckle or breathe well. The mother should take it to the hospital, keeping it close to her body.

5. Putting the baby to breast:

All newborns must be kept with their mothers and put to breast soon after birth, not given even water. Babies do not need anything other than mother's milk for the first 6 months, not even water. **Exclusive breast-feeding** will save lives of many babies by preventing malnutrition and infections like diarrhoea and pneumonia.

Do not give any things like sugar water, honey or water before starting mother's milk as they may make the child seriously ill if they are unclean.

"Danger signs"

SERIOUS COMPLICATIONS IN THE NEWBORN

Some important **SIGNS** that can be used to recognize the serious complications in the newborn following which the baby should be taken to a hospital immediately:

1. Poor condition of baby at birth:

This can be recognized if the newborn has trouble in breathing, breathes faster than 60 breaths per minute, is limp and weak, does not have normal colour in one hour after birth, is cold to the touch.

2. Jaundice:

Normally babies can have physiological jaundice during the first weeks of life when their eyes and skin become yellowish but this resolves by itself without any medicines. However, if the jaundice does not resolve soon and the baby looks ill and does not feed properly, it could be a serious complication.

3. Sepsis (Infection):

If the cord-stump is infected, the baby may develop sepsis. If the baby does not feed as well as usual, sleeps most of the time, vomits or spits up a lot, has green watery stools, skin feels hot or cold, breathes too fast or too slow, one should immediately recognize these danger signals.

BREAST FEEDING

- Breast-feeding is the best nutrition for a newborn. Breast-feeding should begin **immediately after the delivery**.
- A thick, yellow fluid will come from the mother's breasts for the first two to three days as the newborn sucks. The first milk should not be discarded, as it is very good for the baby. It is called **colostrum**.
- A mother should breast-feed her newborn frequently during the first few days after its birth. It is normal for a newborn baby to feed about every 2-3 hours.



ADVANTAGES OF BREASTFEEDING

For Baby:

- Breast milk is the most **natural and nutritious** food for a baby.
- Breast milk is **easy to digest**.
- Breast milk contains substances called **antibodies** which protect the baby from many types of infections especially diarrhoea and respiratory infections.
- During breastfeeding, the baby feels **warm and secure** and a bond of love is formed with the mother.

For Mother:

- Suckling of the nipples by the baby helps the mother's **uterus to contract** to and come to its normal shape and size after delivery.
- Breastfeeding **reduces the bleeding** after delivery due to proper uterine contraction.
- Breastfeeding helps the mother to **shed off the extra fat** put on during pregnancy.
- Breastfeeding **protects** mothers from **breast cancers and ovarian cancers**.
- Breastfeeding makes the mother feel **emotionally satisfied** and her self-image is enhanced. A **bond of love** is formed with the baby.
- It is convenient to breast-feed the baby as breast milk is **immediately available** at the right temperature and is **free of cost**.
- It **protects** the mother from becoming **pregnant** soon.

Immunization

All children need to be immunized against the following vaccine preventable diseases-Tuberculosis, Poliomyelitis, Diphtheria, Pertussis, Tetanus, Measles. The immunization for these diseases is available **free of cost** at all government health facilities. **All parents must be encouraged to get their children vaccinated as per the immunization schedule.**

Child Vaccination Schedule

Vaccines	Age of the Child							
	At Birth	6 Weeks	10 weeks	14 weeks	9 months	24 months	6 years	10 years
BCG								
Oral Polio vaccines (OPV)								
DTP-Hep B								
Measles/ Rubella								
DT								

"Before a child reaches the age of one, he/she should complete a full course of immunizations. Partial/incomplete immunization will not protect a child from diseases."

IF THERE WERE NO CONDOMS....!

Activity 1

Greet the students and tell them that they are going to do a fun filled and humorous activity. This is called PMI which stands for Plus, Minus and Interesting.

Divide them into 4 groups. Give each group one chart paper and markers. Tell them that they will be given a topic. Each group has to think of 7 plus points about the topic, 7 minus points, and 7 interesting points. All these points should be written/ drawn colourfully on the chart papers given or through any other innovative method. They will get 15 minutes for this exercise.



The Topic for the day is **"If there were no Condoms..."**.

Guidelines for the Facilitator:

- Tell the students to let their imagination take over. Let them state all thoughts. They can presume anything! Each group will have different perceptions – and that itself is great learning.
- It will be easy to write one or two points in each category, but make them think and search for at least 7, and if possible more points. This makes them think "out of the box". This is how most discoveries have even been thought of.
- Plus, Minus and Interesting (PMI) has been designed by Edward de Bono, a well known psychiatrist, who has written books like "Lateral thinking", "Six Dancing Shoes", "Six Thinking Hats", "Book of Wisdom".
- This activity is likely to generate a lot of laughter; so let the students laugh!

At the end of 15 minutes, ask each group to present their points to the rest of the class. Now ask them what they liked about the activity. Tell them about PMI. (Refer the Factsheet)

Objectives

By the end of the session, the students will be able to

- ✓ Practice the Life Skills of Creative and Critical Thinking
- ✓ Learn to use life skills to promote health

Life Skills being used

Creative Thinking, Critical Thinking, Self-Awareness, Decision Making

Advance Preparations

4 Chart papers, Coloured marker pens, pencils, rubbers.

Activity 2

Read out some examples of “creative thinking” from the factsheet and have a small discussion on creativity, inventiveness and marketing! Ask the students to reflect how the things we take for granted –like the “steam engine” and the antibiotic “Penicillin” - are the products of someone’s “lateral” and creative thinking!

Ask the students to share some other examples of such thinking. Encourage them to utilize material from their course books!

State that Bhutan is on course for growth and the creative contributions from its youth are very much required for the development of Bhutanese society.

Activity 3

Ask **“What is the importance of Condoms?”** then take the discussion towards “Safe Sex” practices and “Responsible Decision Making”. Remind them of the related sessions that have already been carried out. State that creative thinking when carried out along with critical thinking and self awareness promotes our health and protects our life.

Reiterate that abstinence is the only method that provides 100% safety from HIV/STI and pregnancy. Also reiterate that **Bhutanese culture and values** promote abstinence for adolescents. Point out that the youth in countries all over the world account for nearly 50% of new HIV infections. Bhutan does not have to be one of those countries so we must promote abstinence.

Activity 4

Recap the following at the end of the period:

- It is best to make Creative Thinking a habit!
- Thinking “out of the box” can often find a solution to a seemingly difficult or unrelated problem.
- By Critical Thinking we can analyze all the pros and cons of any situation **and thus can take healthy and safe decisions.**

Activity 5

Ask the students:

1. Why do you think Creative Thinking is important?
2. What are the 5 disadvantages of having **no** condoms?

Learning in the Community:

Do a Plus, Minus and Interesting on the following at home:

- If there were no schools.....!

FACT SHEET

PMI (PLUS/MINUS/INTERESTING)



PMI stands for 'Plus/Minus/Interesting'. PMI is a good way of weighing the pros, cons and implications of a decision. When you have selected a course of action, PMI is a good technique to use to check that it is worth taking.

PMI is an important Decision Making tool.

PMI was codified by Edward de Bono in his book "[Serious Creativity](#)". Its purpose is to create lateral and creative thinking. It is useful for people to see both sides of an argument, or, in other words, consider things from other perspectives.

Process

1. Divide participants into groups, nominate a recorder, reporter.
2. Provide a pro-forma for participants to work on, or label three columns.

Plus	Minus	Interesting

3. Provide a statement as the starting point, e.g. X primary school should not have a uniform..., all cars should be yellow.
4. Encourage the recorder to record ideas quickly and record all ideas group members suggest.
5. At the end of the time, (Usually 1-5 minutes, but can be extended to suit the group), allow several minutes for the group to read through the ideas and to ensure each point is recorded in the appropriate column.
6. Encourage each group to choose, their best, most creative ideas for sharing with the larger group.

Out of the box thinking has led to many new inventions e.g. Velcro. The inventor, George de Mestral, got the idea when he returned from a walk with his dog and found himself and the dog covered with burrs, the plant seed-sacs that cling to animal fur in order to travel to fertile new planting grounds. Mestral was intrigued with the idea and inspected the burrs – and thus Velcro was invented!

Similarly back in 1908 Jacques Brandenberger, a Swiss chemist working for a French textile firm, was trying to make his fortune with a stain proof tablecloth. He got the stain proof part right by coating the cloth with a thin layer of viscose, but the fortune never came. Apparently people liked stains on their tablecloths. Fortunately Jacques had a bit of a 'Eureka' moment and realized the potential of his product to package food- after all it was airtight and waterproof. But it was another ten years

before he perfected the machine to produce his cellophane and its delights became available to the public.

The idea for a steam engine also originated when James Watt was watching a kettle boiling.

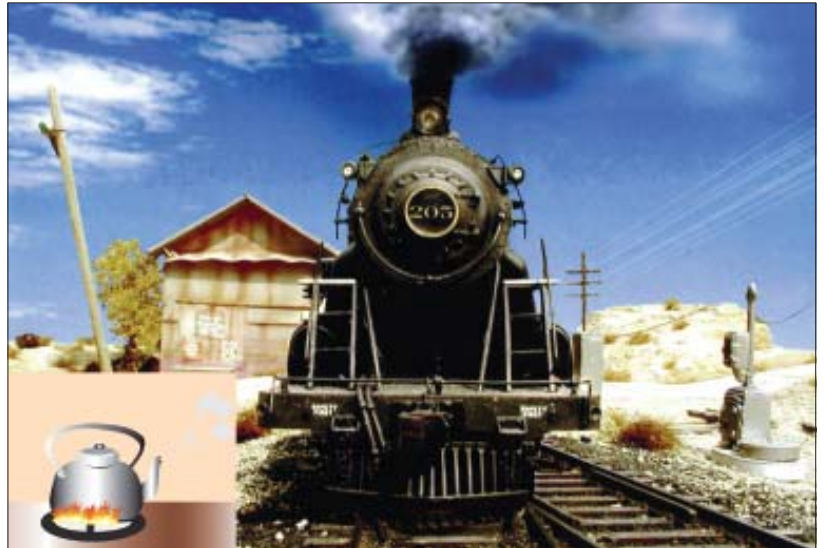
Another example of creative thinking is the invention of the Microwave ovens.

Microwave emitters (or magnetrons) powered Allied radar in WWII.

The leap from detecting Nazis to nuking nachos came in 1946, after a magnetron melted a candy bar in Raytheon engineer Percy Spencer's pocket.

Potato chips also came into existence due to the creative thinking of Chef George Crum who concocted the perfect sandwich complement in 1853 when - to spite a customer who complained that his fries were cut too thick - he sliced a potato paper-thin and fried it to a crisp. Needless to say, the diner couldn't eat just one.

- Compiled by Lucas Graves



CONTRACEPTION FOR POSTPONING PARENTHOOD

Guidelines for the Facilitator:

Do build prior advocacy – with parents, principals, authorities and other teachers before taking up the topic.

- Take separate sessions for boys and girls with same gender teacher, if you feel necessary.
- Use the discussion points at any stage.
- Do not expect that students should know all contraceptive methods.
- Students may be shy and hesitant to discuss.
- Do not get upset if your students giggle.
- Be open and friendly to discuss and share the information with adolescents. Acknowledge that it is a difficult subject to discuss in a class but it will be useful for the students in future.



Objectives

By the end of the session, students will be able to:

- ✓ State the various types of contraceptives including emergency contraception.
- ✓ Know that contraceptives can be used scientifically for purposes other than contraception.

Life Skills being used

Critical Thinking, Decision Making, Self-Awareness, Problem – Solving and communication Skills

Advance Preparations

Pencils, pens, sheets of paper, a box/ basket, pictures of various types of contraceptives devices- condom, contraceptive pills, diaphragm, intrauterine copper T, loop. vasectomy tubectomy etc, and also the **samples** of some of them- condom, loop, copper T, pill pack, blackboard & chalk, chart paper & sketch pens.

Activity 1

Divide the class into 3 groups. Ask each group to choose a spokesperson. Select 5 students at random from Group 1. Ask each one of them to tell loudly to the class, how many children their grandmother had, how many children their mother has and how many children their sister or young aunty has.



Point out that the number of children a mother has in each generation is showing a downward trend. Request all the students of the class to write their opinion **why the number of children any mother of each generation has is decreasing** and **how has it become possible**.

Now ask each student to write 2 reasons on 2 small pieces of paper and fold it. Pass a basket/ box/ carry bag around the class and ask the students to drop the folded paper pieces into it quickly. Tell the students not to write their names.

Guidelines for the Facilitator:

It is extremely important when discussing birth control in the classroom, to make it clear to students that **you are not assuming** that they (the students) are, or should be sexually active. Young people face enough pressure around sex without a birth control session adding implications in that direction. Also watch out for social, religious and cultural sensitivities -let no one feel that they are being coerced. Sensitive handlings of such topics can prevent many problems.

State that students may not need the contraceptives in the near future. But there is a need to know about them and be aware of them. Point out that there are other uses for the "contraceptive" items – pills e.g. in controlling excessive bleeding and irregular bleeding

Shuffle the pieces of papers and ask 5 different students from group 2 to read out the responses from about 20-25 pieces of paper. You should read the response first and then hand it to the student to read it aloud to the class (Ignore responses which use slang sexual words/or are otherwise inappropriate).

Possible Responses:

- It is very costly to have children
- People get married late.
- They use birth control methods.
- Parents do not want to have more children. Too many births affect mother's health adversely.
- They control the birth of children.
- God gives fewer children nowadays.

Guidelines for the Facilitator:

Applaud the answers. State that a responsible adult - a man or a woman needs to understand the advantages of a small family, decide to plan childbirth, know all types of contraception and choose the appropriate method depending upon the need. He/she needs to effectively communicate with the partner to convince him/her to use contraception between them. Good communication helps reduce anxiety and tension.

Activity 2

Introduce the word '**Contraception**' which means control of conception. Now ask all the students in the class to write on a piece of paper another name for contraception if she/he knows and also example of 2 contraceptive methods he/she knows or has seen in magazines/ T.V./Movies.

Guidelines for the Facilitator:

Advise them not to copy from others but write whatever she/he knows. Reassure that there are no right or wrong answers. The idea is to assess the "present Knowledge" so that you can build on it!

Pass the box again and ask the students to drop in the folded slips of paper.

Shuffle the pieces of paper and request 5 students from Group 3 to read 2 slips of paper each aloud to the class. Ask whether anybody else knows any other contraceptive methods.

Activity 3

Show the pictures of the contraceptive methods or the chart with the pictures drawn on it. (You may also use the OHP) Ask students to discuss in their group the following discussions questions. Read out the questions and also write them down on the blackboard.

Guidelines for the Facilitator:

State that it is preferable to postpone pregnancy until a couple feels physically, emotionally and financially capable of caring for the baby. Also that the woman's wish to have or not to have a child and its timing should be respected.

If the facilitator plans to show the rolled condoms and the loops around the class, then this needs to be discussed with the authorities before hand.

You should remember that this is a sensitive area and that your principal and the Parent Teacher Association (if possible) must have prior information of the activity. Build advocacy prior to the activity

Questions:

1. Is there a need for contraception in our country?
2. What are the problems in the family if numbers of children are too many?
3. What are the problems for a woman if she has too many children?
4. What abilities does a woman or man need to choose a contraceptive method?
5. What abilities does a man/woman need to convince the partner to use a contraceptive method?
6. What kinds of contraceptive provide "double benefit" – against pregnancy & against STI/ HIV?

Guidelines for the Facilitator:

State that all methods of contraception are the shared responsibility and decision of both partners. All contraceptive methods are user dependent. If a method is not strictly adhered to pregnancy may occur.

The aim is to emphasize that only abstinence and condoms can prevent HIV and STIs as well as pregnancy.

- Be sure to adequately discuss abstinence as a birth control option.
- Encourage students to discuss the **values** related to this topic.
- Mention "Emergency Contraception" – that works for sometime AFTER Sexual intercourse. A doctor's advise is required.

Discussion Points for the questions (The SHC must incorporate them into the discussion)

- Discuss how people at the present time decide to have fewer children. To put this decision into practice many parents use birth control. They use skills like Self-Awareness, Critical Thinking and Decision Making.
- There are different birth control methods that can be used by a man or a woman.
- Birth control methods are very safe and effective, depending on the method used. Abstinence is the only method that is 100% effective.
- Students may not need them in the near future. But there is a need to know about them and be aware of them.
- A responsible adult - a man or a woman needs to think and understand the advantages of a small family, decide to plan childbirth, know all the types of contraception and choose the appropriate one depending upon the need. He/she needs to convince the partner also to use contraception between them. Again various life skills are required to achieve this.
- Good inter personal relations & effective communication with good negotiation skills are required.
- There are other uses of contraceptives – pills e.g. in controlling excessive and irregular bleeding.
- Acknowledge that they and you may feel shy to talk about it. Also reiterate the reasons for sharing such information. Remind them that some of them may need this information soon enough. i.e. when they get married in the future.

Activity 4

Recap the following at the end of the period:

- It is preferable to postpone pregnancy until a couple feels physically, emotionally and financially capable of caring for the baby.
- All methods of contraception are the shared responsibility and decision of both partners.
- All contraceptive methods are user dependent. If a method is not strictly adhered to pregnancy may occur.
- **ABC** i.e. (1) Abstinence (2) Be Faithful to your partner, (3) Consistent condom use provides protection against transmission of HIV and other sexually transmitted infections.

Activity 5

Ask the students:

1. What do they understand by the term Contraception?
2. Why should one use birth control?
3. Name the different birth control methods
4. What is Emergency Contraception?

Learning in the Community:

Ask the students to respond to the following:

- Among the contraceptive devices shown and discussed the one I have heard about the most is _____
- After today's class my opinion about contraception (tick one of the following)
 - Unnecessary and not of use for me ever.
 - Interesting but not of use to me.
 - Necessary and of use to me in future.
- Contraception is the key to improve young people's health. Do you agree? Why?

POSTPONING PARENTHOOD

‘Contraception’ means ‘preventing the conception of a child’ or ‘preventing women from becoming pregnant despite regular sex’. This is also called ‘Birth Control’ or ‘Family Planning’. A couple uses contraception for the following reasons.

1. To delay the first pregnancy:
2. To space childbirth-to delay the second child till the first child is 3-5 years.
3. To avoid unwanted pregnancies-if the woman is medically unfit or ill.
4. To avoid fear of pregnancy every time there is sexual contact with spouse.

Planned pregnancy is important in that the couple gets adequate time to build their relationship before the arrival of their first baby. Planned pregnancy is also important after the first child. It allows the couple to plan and space the next child so that the best possible care and protection can be given to the newborn and the mother.

The contraceptive methods are different and can be used by any woman or man -married or unmarried, who engages in sex. The partners should have proper knowledge of how different methods work, discuss between themselves and take the decision to adopt a method suitable to both of them.

Contraceptive methods fall into the following 3 categories:-

1. Natural Family Planning Methods:

Abstinence

Coitus interruptus

Safe rhythm method

2. Temporary Methods:

Condoms

Diaphragm.

Intra Uterine Devices (IUD, Loops like Copper T).

3. Permanent Methods:

Vasectomy for the male.

Tubectomy for the female.

4. Emergency Contraception:

Pill 72, Morning after Pill

Common contraceptive items, effective and available even in a small town are as follows:-

1. Natural Family Planning Methods:

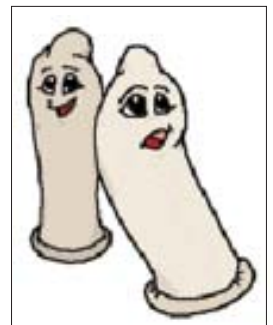
A. Safe Rhythm Method

This is also known as a '**Safe Period Method**' or 'Calendar Method'. It is based on an understanding of a woman's natural monthly cycle and involves sexual intercourse with her only during the least fertile (safe) periods of the month when the ovum (egg) is not capable of fertilization. This means that sexual contact is avoided around the time of egg release (**Ovulation**) from the female ovary. Normally in a woman with a 28-day cycle, egg is released (ovulation) on the 14th day of the menstrual cycle. So it is advisable for the couple to **avoid sex between 12th and 16th day** after the onset of menstruation. Women who have irregular menstrual cycles cannot follow this method. The success rate of this method is also **low-around 50-60%, and is now no longer recommended..**

2. Temporary Methods:-

A. Condoms

Condoms are made of a thin rubber sheath, which is rolled on to the erect penis before sexual intercourse. It prevents the semen (sperms) from being discharged into the vagina of the partner. There is a small pouch at the closed end of condom in which the semen collects when ejaculated. A condom is also used to **prevent Sexually Transmitted Diseases** (STIs) like syphilis and HIV as it prevents contact between vaginal secretions and the penile secretion. A condom is the only contraceptive that gives protection against STIs for the both the partners. It is also an effective birth control method.



Using a Condom

Remove rolled condom from the packet.

Place the condom on the erect penis and unroll it over the penis.

After the sexual activity remove it carefully without spilling.

Knot the open end of the condom.

Wrap the condom in a paper and throw it in a dustbin.

Precautions

A new condom should be used before each sexual act.

Expiry date on the back of the package needs to be checked. Outdated condoms may tear while having sex.

A condom must not be used with oil-based lubricants such as petroleum jelly (Vaseline), mineral oil, cooking oil, baby oil, skin lotions, cold cream or butter. Use water based lubricants such as glycerin and KY jelly.

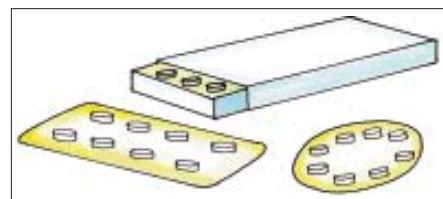
A condom should be used only once

B. Intra Uterine Devices (IUDs)

A small flexible plastic device (**Loop**) usually with a copper covering (**copper-T**), which is inserted into the womb by a doctor. It prevents the fertilized egg from getting implanted in the womb. Copper-T or IUDs are effective for 2 or 5 years. It can be removed whenever the couple wants a child and a doctor does the removal.

C. The Pill

A Pill contains estrogen and progesterone. The pill needs to be taken regularly every day by the woman. It prevents the release of egg from the ovary every month. Different brands of pills are available in the market. It should be taken only after consulting a doctor. Whenever the woman wants to have a child, she can stop taking the pills. This is the **most effective** method if the pill is taken regularly. Pills are also used for irregular periods and other conditions e.g. excessive bleeding, in women.



3. Permanent Methods:

Sterilization is a procedure by which a male or female is rendered incapable of procreation permanently. The procedure involves a very small surgical procedure. In males the operation is known as **Vasectomy**, and in females it is known as **Tubectomy**.

A. Vasectomy

Vasectomy is a minor surgical operation in which the tubes (vas deferens), which carry sperms from the testes to penis, are cut and tied (ligated). The man continues to ejaculate as before but the semen no longer contains sperms. It is **simple** and the **most reliable** method. It does not require hospitalization. This method does **not affect** the man's health, strength or **masculinity** in any way and does not interfere with sexual activity.

B. Tubectomy

Tubectomy is a surgical procedure in which the fallopian tubes, which carry the eggs from the ovaries to the uterus, are cut and tied (ligated). The eggs are prevented from reaching the uterus and getting fertilized.

All methods of contraception can fail except the **permanent** ones. For example, the condoms and pills are 90-95% successful. Spermicidal Gel and Diaphragm are less successful.

4. Emergency Contraception

This method can be used if there has been unprotected sexual activity or in case of failure of the contraceptive e.g. broken condom, missed pills. This is effective for a **maximum of 72 hours** after the activity but it is best taken as soon as possible. It is often called the '**morning after**' pill. One dose is to be taken in the morning and repeated after 12 hours. It is a combination of hormones in higher doses that may cause nausea and vomiting after consumption, so it should **not** be taken on an **empty stomach**. It should be used **ONLY** as an emergency and not as a usual practice. It is reasonably effective but one should not indulge in unprotected sex. It offers **no protection against HIV/STIs**.

LET US REMOVE SEXUAL VIOLENCE FROM BHUTAN

Activity 1

Greet the class and tell them that today they will be discussing a topic that is sensitive but needs to be addressed - the topic of **sexual violence**. Show them some newspaper cuttings and ask how many of them have heard of or seen similar instances. Note down responses.

Guidelines for the Facilitator:

Establish the fact that sexual violence does happen. It may or may not be brought out or be talked about. As a responsible and value oriented society Bhutan cannot allow to go this problem unchecked.

State that adolescents and youth in Bhutan can play a significant role in addressing and reducing this problem. We will discuss in detail.



Objectives

By the end of the session, the students will be able to:

- ✓ Become aware about the widespread problem of sexual harassment and violence amongst adolescents.
- ✓ Identify ways to address sexual harassment and violence.

Life Skills being used

Problem Solving, Decision Making and Critical Thinking, Coping with Emotion and Coping with Stress.

Advance Preparations

Copy of newspaper articles reflecting sexual violence e.g. wife beating, or sexual violence, Any recent and relevant newspaper clipping can also be used.; Copy of Annexure 2

Activity 2: Group Work

Divide the class into three groups. Ask them to select a leader and tell the respective groups to discuss the following:

- **What do you understand by sexual violence?**
Group - I
- **What according to you is sexual assault or rape?**
Group - II
- **What can be done to prevent sexual violence?**
Group - III

Ask the group to discuss the situations keeping the following guidelines in view:-

- Why do you think such instances occur?
- Why are young girls and boys more vulnerable to such instances?
- What can they do to minimize such instances/ manage them effectively?
- What help can be given by friends, other family members, institutions and society at large?

Give them 10 minutes to discuss.

Ask the group leaders to present their findings and ask the rest of the class to provide additional inputs.

Guidelines for the Facilitator:

Applaud the work done. Utilize the fact sheet to discuss sexual violence.

Sexual violence is driven by many factors operating in social, cultural and economic contexts. Sometimes “ragging” or eve-teasing may take an ugly turn towards sexual violence. The true extent of sexual violence is unknown, though available data suggest that nearly one in four women may experience sexual violence by an intimate partner in their lifetime.

Discuss about the various aspects of **sexual violence**:

- At home
- At work
- In the society

Lay special emphasis on the role of Gender; often this violence has a strong **gender bias**.

Talk to them about the various **laws and punishments** for various violent acts.

The students here will be using their skills of **Self Awareness**, (I am/we are vulnerable) **Critical Thinking**, (why are young boys and girls more vulnerable) (why do these incidents occur) **Creative Thinking, Problem Solving, Decision Making** (minimizing and managing these incidents). Encourage them to do so.

Activity 3

Now ask “**What can be the consequences of Sexual Violence?**” Let them brainstorm and note down their responses.

Guidelines for the Facilitator:

Now discuss the following details, if they haven't been aired in their responses.

Sexual violence is a serious public health problem affecting millions each year worldwide. Sexual violence can profoundly affect the physical, emotional, mental and social well-being of victims. It is associated with a number of health consequences, including:

- Depression
- Post-traumatic stress disorders
- Gynaecological complications such as vaginal bleeding, tears, chronic pelvic pain and urinary tract infections in girls
- Sexually transmitted diseases, including HIV/AIDS in girls and boys
- Unwanted pregnancy
- Suicidal thoughts and behaviour in girls and boys
- Victims of sexual abuse may also face ostracism from family, friends and their communities

Tell the class that adolescent girls and even boys are especially vulnerable to sexual harassment and violence. They need assistance. Show them the **Annexure** that shows the **Life Cycle of Violence** that starts from before birth and goes on till old age.

Now ask the students, "**How can we help reduce such instances of 'Sexual and Gender Based Violence'? What is the role and responsibility of boys/men?**"

Possible responses:

- Boys should be made aware about gender equality from childhood.
- Education is very important.
- Skills for building healthy relationships need to be built up.
- Gender sensitization should be carried out.
- Information about the laws and punishments dealing with violence should be told.

Guidelines for the Facilitator:

One of the ways in which the School Health Coordinator can help is to encourage adolescents to talk about their problems, **resolve conflicts** before they escalate into violence and **promote gender equality** by encouraging male students to understand women students' problems and concerns.

Teaching adolescents to treat peers like friends and colleagues who help one another rather than merely boy-girl partnerships is a good start.

Educational programmes in schools and other settings that address gender relations, coercion, and skills for building healthy relationships are likewise very useful both for students and their parents.

Counselling, therapy and **support group** initiatives are designed to lessen the trauma of sexual violence and hasten recovery. These types of services have been found to be helpful following an assault.

Information about **laws** regarding 'eve teasing', outraging the modesty of a woman or girl and punishments of imprisonment and fines are there.

Activity 4

Recap the following at the end of the period:

- Many adolescents – both girls and boys due to their unique vulnerabilities become the victims of sexual violence and gender based violence.
- Timely help rendered to such adolescents can help ameliorate the problem or reduce its impact.

Activity 5

Ask the students:

1. What do you understand by Sexual Violence?
2. What is rape?
3. How can sexual violence be prevented?

Learning in the Community:

Ask the students to collect the names of organizations, NGOs that provide assistance to such victims. Encourage them to collect names from various sectors – Voluntary, Legal, Social welfare.

FACT SHEET

SEXUAL VIOLENCE AND INJURY

Sexual violence: is a serious public health problem affecting millions each year worldwide. It is driven by many factors operating in a range of social, cultural and economic contexts. Sometimes “ragging” or eve teasing may take an ugly turn towards sexual violence.

Apart from physical injuries such as bruises and welts, burns and scalds, lacerations and fractures, child and adolescent maltreatment is associated with a number of other consequences .

The tragedy is that most adolescents carry scars of violence and abuse into adulthood, leading to **maladjustments**. Many of these problems, in turn, increase the likelihood of several major adult forms of illness and disease.

Coerced sex: is used for sexual gratification on the part of the perpetrator, to express power and dominance over the person assaulted. It may also be used to punish people for disregarding social or moral codes.

The extent of the problem: *the true extent of sexual violence is unknown, though available data suggest that nearly **one in four** women may experience sexual violence by an intimate partner in their lifetime.*

The consequences of sexual violence: sexual violence can profoundly affect the physical, emotional, mental and social well being of victims. It is associated with a number of health consequences, including:

- Unwanted pregnancy
- Gynaecological complications such as vaginal bleeding, fibroids, chronic pelvic pain and urinary tract infections
- Sexually transmitted diseases, including HIV/AIDS
- Alcoholism and drug abuse
- Depression
- Post-traumatic stress disorders
- Suicidal thoughts and behaviour
- Victims of sexual abuse may also face ostracism from family, friends and their communities.

Recent relevant research Study (For the perusal of SHC only)

The impact of maternal experience of violence and common mental disorders on neonatal outcomes: a survey of adolescent mothers in Sao Paulo, Brazil. Ferri CP, Mitsuhiro SS, Barros MC, et al. *BMC Public Health* 2007 Aug 16;7 (Article No.209).

The aim of this study was to investigate the independent and interactive effects of maternal exposure to violence and depression upon neonatal outcomes among pregnant adolescents in a disadvantaged population from Sao Paulo, Brazil. The authors recruited 930 consecutive pregnant teenagers admitted for delivery. Violence was assessed using the Californian Perinatal Assessment. Mental illness was measured using the Composite International Diagnostic Interview (CIDI). Apgar scores of newborns were estimated and their weight measured. About 22% of mothers reported lifetime violence (2% during pregnancy), and 24.3% had a common mental disorder in the past 12 months. The exposures were correlated and each was associated with low education. Lifetime violence was strongly associated with Common Mental Disorders. Violence during pregnancy (PR = 2.59(1.05-6.40) and threat of physical violence (PR = 1.86(1.03-3.35) and any common mental disorders (PR = 2.09 (1.21-3.63) (as well as depression, anxiety and PTSD separately) were independently associated with low birth weight. Efforts to improve neonatal outcomes in low-income countries may be neglecting two important independent but correlated risk factors: maternal experience of violence and common mental disorder.

Rape

Rape is seldom reported and most rapists go scot-free for lack of evidence. Rape is increasingly being recognized as a public health issue that needs special concern. Like most other sexual health issues, rape is seldom discussed openly nor is there common understanding of what should be done if a woman is raped. Stigma and myths are very common and still prevail in the society.



Factors increasing men's risk of committing rape

- Using alcohol or drugs
- Lacking inhibitions to suppress associations between sex and aggression
- Holding attitudes and beliefs supportive of sexual violence, including coercive sexual fantasies
- A pattern of behaviour that is impulsive, antisocial and hostile toward women
- Associating with sexually aggressive peers
- Having been sexually abused as a child
- Growing up in a family environment characterized by physical violence, little emotional support and few economic resources.

Poverty and living in a community with a general tolerance for sexual violence and weak sanctions against it are also contributory factors. According to the WHO analysis, sexual violence is more likely to occur where beliefs in male sexual entitlement are strong, where gender roles are rigid, and in countries with high rates of other types of violence.

What can be done to prevent sexual violence?

Efforts to prevent sexual violence have largely focused on:

- Support for victims
- Legal and policy changes
- Health care services and training for providers
- Educational programmes and campaigns to change attitudes and behaviours

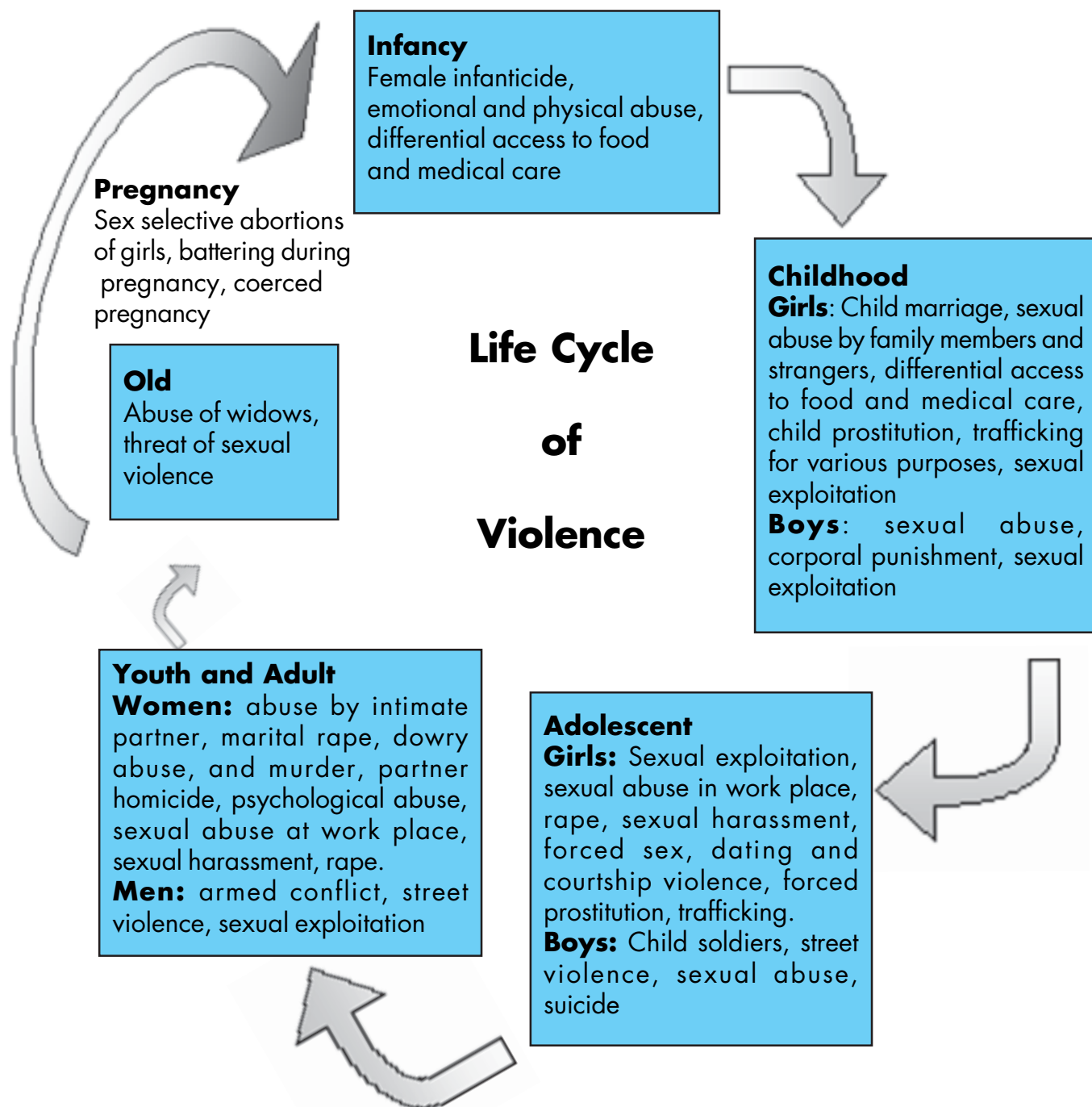
One of the ways in which teacher-counsellors can help is to encourage adolescents to **talk** about their problems, resolve conflicts before they escalate into violence and promote gender equality by encouraging male students to understand women students' problems and concerns. Teaching adolescents to treat peers like friends and colleagues who help one another rather than merely boy-girl partnerships is a good start.

Educational programmes in schools and other settings that address gender relations, sexual coercion, and skills for building healthy relationships are likewise very useful both for students and their parents.

Monitoring how students behave with one another and doing role-plays on peaceful conflict resolution may be ways of nipping sexual violence in the bud before incidences actually take place.

Counselling, therapy and **support group** initiatives are designed to lessen the trauma of sexual violence and hasten recovery. These types of services have been found to be helpful following an assault. Teacher-counsellors may find it helpful to maintain a list of such services and share them with students and parents.

Adapted from: Lena Karlson and Ravi Karkara; cited by Bhandari et al in Voices of girls and boys to end violence against children in South and Central Asia, In preparation of UN study on violence against children, Save the Children Sweden, Regional Programme for South and Central Asia



RESPONSIBLE SEXUAL BEHAVIOUR

Activity 1

Greet the students and introduce the topic.

Divide the class in to 5-6 groups with approximately 6 to 8 participants in each group.

Give each group a **Case Study** to work on. (Please refer to the fact sheet for case studies. There are more than 5 to give you a choice. You can make some from your side also).



Instruct the students to read the case study and answer the questions keeping in mind the '**POWER**' Model given below:

- **P – Problem** – Identify the problem to be analysed
- **O – Options** - available should be by brainstorming
- **W – Weigh** - Working through the pros and cons of each option
- **E – Elect** - the best option available
- **R – Reflect** - on the outcome of the situation – was it desirable? Would something else have been better? Go back to O for options and repeat the process.

Some helpful questions that can be asked of each group, with possible responses in italics

- **How did each of the people behave in the different case studies?**
(Irresponsibly / did not think through / impulsively / exercised their rights / intelligently)
- **Is getting 'physical' a necessary part of a relationship?**
(To an extent / ok to hold hands, kiss, hug / sexual intercourse is wrong / being physical is very important / it is natural / fine if it is mutual)

Objectives

By the end of the session, the students will be able to

- ✓ Identify responsible sexual behaviour that protects one from unwanted adverse consequences.
- ✓ Use the P.O.W.E.R. model to help them make a Decision.

Life Skills being used

Self-Awareness, Critical Thinking, Coping with Stress, Problem Solving, Decision Making

Advance Preparations

Case studies, worksheet and pens, copies of Hand outs for each student.

- **Is it important to decide limits in a relationship? Why?**
(Yes / to protect ourselves from consequences / for our parents / to prevent gossip / to maintain dignity / for the honour of the family) the right to choose one's limits.
- **Who should decide the limits - the girl or the boy?**
(The girl / the boy / both – it is a mutual relationship / responsibility is equal)

Allow the groups 15 minutes. Ask each group to present their discussions to the class.

Taking from the student's experiences, initiate a discussion using the fact sheet provided.

Guidelines for the Facilitator:

Emphasize the following points:-

- Differences between **responsible and irresponsible behaviour** – defining 'responsible and irresponsible'.
- Exploring **decision making techniques** used by participants in sexual situations.
- **Consequences of early sex** in the absence of accurate information and preparation.
- **Being safe**- when and how

Observe whether they use life skills like **Empathy, Self-Awareness, Creative Thinking, Critical Thinking, Problem Solving, Decision-Making and Coping with Stress and Emotions**. Encourage participants to use these skills in their daily life in order to internalize life skills.

Activity 2

Now tell the students the **tips for sexual decision making**, and give the Hand out.

Activity 3

Recap the following at the end of the period:

- Deciding to initiate sexual acts is a major decision in life and needs to be carefully thought through.
- The knowledge of safe sex and contraception is helpful in mitigating consequences of sex.
- The ABC of prevention of STI/HIV/AIDS must be followed
(**A**-Abstinence, **B**-Be faithful, **C**-Consistent condom use).
- Life Skills assist us in making Responsible decisions. Remember the P.O.W.E.R. model.

Activity 4

Ask the students:

1. What do you understand by responsible sexual behaviour?
2. What strategies would you adopt to avoid consequences resulting from irresponsible behaviour?

Learning in the Community:

Ask them to write down as to:

- How will they manage a situation similar to Case study 1 or 3?
- What factors should be taken into account for sexual decision making?

CASE STUDIES FOR THE POWER MODEL

Case Study 1: Sonam's Story

Sonam is 15 years old and is friendly with Rinzin, a good-looking boy in her own class. They have been going around with each other and are considered to be one of the popular couples in school. However, Rinzin has asked her to have sex many times and Sonam has refused. There are other couples in school who have had physical relations with each other, and though Sonam loves Rinzin a lot, she is very confused about what to do. Finally, after a lot of thought she decides that she is an adult and sex is beautiful and fun. Also, she reasons that they have already decided to marry each other so there can not be any harm. Right? Therefore, Sonam agrees to have sex with him! However, a few days later Sonam finds that Rinzin is getting close to another girl in the class. Sonam can not believe it! She feels cheated, angry and guilty about having sex, as a result of which she is unable to concentrate on her studies and is terribly depressed.

- P** – Did Sonam think through her situation? Why do you think so?
- O** – What options were available to her?
- W** – What kind of pressures were working on her?
- E** – Why did she choose her option?
- R** – What should have her decision been in this situation?

Case Study- 2: Dechen's Story

Dechen is terribly worried. Bishnu and she walk back from school together everyday, and as they are both class monitors, there is always something to do in the school after everyone else has left. Dechen often lets Bishnu carry her heavy school bag, and she ignores the casual way Bishnu brushes her hand or touches her shoulders, even though she does not like it. However she keeps silent. Next day Bishnu puts his arms around her and kisses her. Finally Dechen is very disturbed and doesn't know what to do.

- P** – Why is Dechen disturbed?
- O** – What were the options that were available to her?
- W** – What kind of pressures were working on her?
- E** – What factors made her choose to remain silent?
- R** – What should her decision have been in this situation?

Case Study 3: Nima's Story

Nima is 15 years old, and this is her third date with Dorji. During the date, Dorji gives her a small gift and wants to take Nima to his house. However, as his parents are not at home, Nima does not want to go alone to his house, but feels obliged to go because of the gift. Once at home, Dorji insists that they have sex. Though Nima hesitates a bit, she finally gives in and agrees. Two months later she gets worried as she has missed her periods. She informs her mother who takes her to the doctor, where after some tests they find out that Nima is two months pregnant. Nima is very upset, more so because her mother abuses and curses her, her friends start avoiding her and the school authorities want to expel her. Nima feels lonely, depressed and cheated.

- P** – Did Nima think through enough before getting physically involved with Dorji?
- O** – What were the options available to her?
- W** – What kind of pressures were working on her?
- E** – Why did she agree to have sex?
- R** – What should have been her decision in this situation?

Case Study 4: Kinley Dem's Story

Kinley Dem is 14 years old and both her parents are working. They often tell their neighbour's son Tshering, who is 17 years old, to help Kinley Dem with her studies. While helping her, Tshering sits very close to Kinley Dem, which makes her uncomfortable. One day, he grabs Kinley Dem by her shoulders and tries to force himself on her. Kinley Dem starts crying and feels very upset. However, she does not tell anybody.

- P**- What was Kinley Dem's problem??
- O**- What were the options available to her?
- W**- What kinds of pressures were working on her?
- E**- What factors made her remain silent?
- R**- What should have been her decision in this situation?

Case Study 5: Kinga's Story

Kinga is a 15 year old boy who does well in school and is considered a good student by his teachers. As Kinga's parents work he is alone at home throughout the day. His father's friend, who Kinga calls 'uncle' happens to stay in the same building and drops in at their house many times, especially when Kinga is alone, and insists on sitting very close to him. Once, he even tried to hug Kinga and touch his genitals, but somehow Kinga managed to escape from him. However, after this incident Kinga is upset, worried and confused. He knows that his uncle's behaviour is wrong, but he does not know what to do about it, and as he is unable to discuss this with anyone, it is affecting his performance at school.

- P** – What is Kinga going through?
- O** – What are the options available to him?
- W** – What kind of pressures are acting on him?
- E** – Who do you think he can approach in order to seek help?
- R** – What do you think he should do now?

Case Study 6: Rigden's Story

Rigden is a 16-year old boy and has a lot of girlfriends with whom he enjoys going out, buying gifts and partying with. One day he tries to force one of his girlfriends to have sex, without asking her whether she is interested or not. This girl complains to the teacher and Rigden is threatened with expulsion from his school. He feels guilty, humiliated, ostracized by his friends and family.

- P** – Why does Rigden feel humiliated? Did Rigden think through of the consequences of forcing a girl to have sex?
- O** – What were the options available to him?
- W** – What kind of pressures was working on him?
- E** – What factors should he have considered before trying to force a girl to have sex?
- R** – What should have been his decision?

Case Study 7: Sherub's Story

Sherub is a 15-year old boy and is planning to visit a sex worker with some friends, as they have been watching a lot of blue movies and feel the need to experiment with sex.

A few days after visiting a sex worker, Sherub feels pain while urinating and also observes some boils around his genitals. He gets very scared and visits a doctor, as he is unable to bear the pain. After a medical examination, the doctor tells him that he has contracted an infection by having sex with someone who is infected. The doctor also adds that some infections can be fatal, and there might be a possibility that he has contracted HIV too. Sherub breaks down- he feels very guilty, ashamed and curses his friends.

- P** – Why is Sherub ashamed and guilty?
- O** – What were the options available to him?
- W** – What kind of pressures was working on him?
- E** – Why did he have unprotected sex?
- R** – What should have been his decision?

Case Study 8: Rangdrol's Story

Rangdrol and Yangki are 17 year old teenagers who like each other immensely and have been going around for the last two years. Rangdrol's friends always tease him and ask him whether he has had sex with Yangki. Rangdrol does not like his friends questioning him and ridiculing him in such a way. But gradually, he begins to think that if his friends are having sex, perhaps he can also try it. He tries reading some pornographic books and also watches blue films to understand everything about sex and then asks Yangki whether she is ready. She says no.

One day, all his friends including Yangki are having a stay over. The boys are enjoying themselves and drinking. Rangdrol and Yangki also drink a lot that night and have sex. Later, Rangdrol feels very guilty! Meanwhile, two months pass. Yangki calls to inform him that she has missed her periods for the last two months and could be pregnant. Rangdrol is shocked and hates himself for his actions.

- P** – Did Rangdrol think through the consequences of having sex?
- O** – What were the options available to him?
- W** – What kind of pressures was working on him?
- E** – What factors could have encouraged him to behave responsibly?
- R** – What should have been his decision?

FACT SHEET

RESPONSIBLE SEXUAL BEHAVIOUR

Adolescents must understand the following issues before they venture into sexual activity:

- Indulging in a sexual act is a **major decision**. Careful analysis of the associated responsibilities and the capability of entering into **commitments** are necessary before undertaking such a step.
- Adolescence may not be the right age for sex as girls are not able to bear the **burden of pregnancy** physically, mentally and emotionally. Boys are not in a position to shoulder the responsibility of **fatherhood**. If marriage takes place earlier, pregnancy should be delayed till the girl is biologically and psychologically mature enough (i.e., at least 18 years)
- Adolescents, at times, may be **impulsive** and do not hesitate to take **risks**. They may take decisions without realizing the consequences. They are easily attracted to each other physically and get **infatuated** readily (falling in love blindly).
- They may indulge in sexual intercourse on the spur of the moment. They need to be careful and realize the immediate and long-term consequences of their acts.
- Among adolescents there is a tendency to satisfy curiosity by **sexual experimentation**, disregarding the risks and rebelling against the social norms.
- **Substance abuse** (alcohol) and **peer pressure** are additional facilitating factors in risk taking.
- Adolescents need to be convinced that certain social norms have innate **protective** qualities. **Staying faithful** to one partner, social acceptance for **sex within marriage** are some of these.
- The knowledge of **safe sex** (safe in terms of preventing HIV/STI and unwanted pregnancy) and **contraception** is an absolute must.
- Unprotected sex, especially with a stranger or paid sex worker is highly dangerous in terms of risks of acquiring sexually transmitted diseases (**STIs**) and **HIV** infection.



Sexuality and Guilt - Some adolescents feel guilty about their sex drive. They regard their own sexual urges as "dirty" and they are often stressed and traumatized by their feelings. However, if the urge is properly controlled, it becomes a powerful force aiding personal and social adjustment. Sexual health concerns should be dealt with in a non-judgmental fashion. The health provider must be able to correct myths and beliefs about sex drive and sexuality, sexual anatomy, physiology, psycho-social circle of sex and sexual orientation, desire and sexual functioning.

The change from child to adult is an especially dangerous time for adolescents in our society. From their earliest years, children watch television shows and movies that insist that "**sex appeal**" is a personal quality that people need to develop to the fullest.

Risk involved in Adolescent Pregnancy:

Once adolescents attain puberty, they become capable of producing children but reproductive maturity is reached only when adolescents are fully developed physically. Therefore, if pregnancy and motherhood occur before the reproductive maturity is attained, it exposes adolescents to **serious health risks** and other problem.

Early marriage continues to be the norm in several regions of Bhutan . The early marriage and the pressures on young married women to prove their fertility result in high rates of adolescent pregnancy.

Within or outside marriage, adolescent pregnancy leads to the following serious health risks and problems.

1. Adolescent pregnant mothers are more likely to suffer from **anaemia**.
2. There is a greater likelihood of **prolonged labour** which multiplies the hazards to the mother and child.
3. Pregnancy at an early age can result in **severe damage to the Reproductive Tract**.
4. Adolescents who begin child bearing in their early reproductive years increase their available period for child bearing.
5. They will have a **higher number** of children than those who begin child bearing late.
6. The adolescent mother is **not mentally prepared** to play role of mother.
7. Adolescent pregnancy severely **curtails educational and employment** opportunities and is likely to have long term adverse impacts on the quality of family life.

HAND OUT:

Tips for Sexual Decision Making

Spend some time alone thinking about your **values** and ask yourself, “Does my sexual behaviour reflect my values?” Whenever you are with peers or friends who try to influence you to make a sexual decision which goes against your own values, trust yourself. Remember the potential **consequences** of your decision to have sex. It is too late to think about pregnancy, STDs and HIV/AIDS after you have put yourself, and another person, at risk of these diseases.

Anticipate situations where you may have to make a decision regarding your sexual conduct. You already know what times and places you may find yourself needing to make a sexual decision keeping in mind your thoughts and values.

You are not the only one making decisions about your sexual activity. One half of the decision belongs to the person you are thinking of being sexual with. So speak to that person and listen to his/ her thoughts and feelings. You are not weak if you listen to the other person, you are actually much stronger, and you show true humanity in being able to listen and love.

Do not be afraid to **question** those who try to change your mind about your sexual decisions. Talk to your friends and peers about what you feel.

Using life skills like **Self Awareness, Empathy, Critical Thinking, Creative Thinking, Effective Communication and Decision Making** can help you **Cope with the Stress and Emotions** that such a situation would give rise to. In short, **most** life skills are needed here in **combination**.

It is alright not to indulge in sexual activity when you are young if you don't want to. There is nothing wrong in saying 'NO'. You don't have to give in to any pressure; even if someone tells you that everyone else is indulging in it. Don't believe in them. Do what you feel is right.

You have the P.O.W.E.R. to choose what you want to do and achieve in life. It is therefore absolutely OKAY NOT to indulge in sexual activity in adolescence if you don't want to. You should learn to be assertive and use negotiation skills and say 'No' when you feel pressurized. In an extreme situation, you should be able to apply the Self-Defence techniques you learn in school.

RISK FACTORS RELATED TO HIV

Activity 1

Greet the class and introduce the topic of the day.
Organize the class into a large circle.

Place three large sheets of paper, in three corners of the room, each having one of the following captions:

- High-risk behaviour.
- Low risk behaviour.
- No risk behaviour.

Write only one caption on each of the three sheets.

Distribute behaviour cards among the students.

Ask each students to read the statement on the card and to decide and stand near the appropriate caption-High risk, Low risk, No risk-on which he/she would place the behaviour card.

Now turn by turn ask each student to describe the reason for his/her response. Check with the rest of the group on whether they agree or disagree. Provide additional information and clarification if required. Use the guide attached to summarize discussion on each statement card.

Guidelines for the Facilitator:

If the group is large, divide the group into pairs. Give one card to each pair and ask them to stand near the caption where they want to place the behaviour card. Proceed further as given above.

Explain if any word or phrase is not clear to students

Feel free to add additional qualities on the list – as suggested by the students. Some points may evolve into a discussion and some will evolve through a discussion! So encourage discussion. Provide accurate and user friendly information if you have the information, otherwise tell the class that you will get back to them after consulting the right person. Also “update” the explanations periodically.

Encourage **Critical Thinking** among the students.



Objectives

By the end of the session, the students will be able to

- ✓ State the risk factors related to HIV
- ✓ State methods to assess the risk of different behaviour related to HIV
- ✓ State the causes of vulnerability of young people to HIV/AIDS.

Life Skills being used

Critical Thinking, Decision Making, Self-Awareness.

Advance Preparations

Behaviour cards with statements written on them. (For the statements refer to Fact Sheet), three large sheets of paper.

Activity 2

After the exercise is over - ask ***“What all have we learnt from this activity?”***

Expected Answers – we learnt about risk behaviours and the assessment of risk, there are so many ways HIV can be transmitted, we should use single disposable syringes and needles, commercial sex is risky, HIV cannot spread by sharing towels or books, etc

Guidelines for the Facilitator:

Applaud the answers. Reiterate that one or many behaviours can lead to HIV/ AIDS and young people are very vulnerable to high risk behaviour with respect to HIV/AIDS.

State that the main purpose of the exercise was to develop the skill of “risk assessment” among the students so that they can protect themselves. State that many statements have not been covered – as it is not possible to discuss each and every risk factor, but most have been covered. Encourage them to ask questions related to risks - now or later.

State that we must be responsible for our own health and understand that abstinence is the only option that provides us 100% safety. Discuss the “B” - being faithful to one mutually faithful partner, and “C” - condom use of “ABC” of safe sex.

Link up with decision making related to use of drugs. State that Tobacco and alcohol are considered to be “gateway” drugs for the use of other drugs. Let them know that Bhutan is the first country in the world to be tobacco free. We all must strive to keep it tobacco free.

State that – as HIV does not spread through casual contact- we need not be afraid of mingling with HIV positive persons socially and they should not be discriminated against in any way.

Now ask ***“Who is more vulnerable to HIV infection - girls or boys?”***

Expected answers- Young girls, do not know, both

Guidelines for the Facilitator:

State that of course both are vulnerable but adolescent girls are most vulnerable. As their vaginal mucosa is not fully developed and the open channels during menstruation and the larger mucosal area offered by the genital system, and the presence of RTI in some girls makes them “biologically” more vulnerable.

State that girls – due to lack of assertive nature, lack of life skills and sometimes lower socio- cultural positioning are also “socially and economically” more vulnerable. Many young girls are also the victim of trafficking and exploitation. Internal and external migration also makes them more vulnerable to HIV.

Remind them that we all have to understand the risk factors to stay healthy and safe from HIV. Similarly thinking through can help us remain free from many other diseases – including the emerging “life style” diseases - like diabetes, hypertension, stress – that were virtually known in Bhutan a few years ago.

Activity 3

Recap the following at the end of the period:

- There are 3 types of risk behaviours – high, low and no risk.
- One or many behaviours can lead to HIV/ AIDS.
- Young People are very vulnerable to high risk behaviour with respect to HIV/AIDS.
- Young girls – due to biological and social reasons are highly vulnerable to HIV
- Delaying sex till one is mature enough to take decisions is the best way to avoid HIV/AIDS/ STIs.

Activity 4

1. What do you understand by high risk and low risk behaviour?
2. State 3 high risk behaviours?
3. Sharing a towel with a person infected with HIV/AIDS comes under which risk behaviour? Why?

Learning in the community:

Ask the students:

- Do you think you are at high risk due to any of your behaviours?
- In what ways would you change behaviour if the change helps to protect against HIV/AIDS?
- Use this information to spread awareness among friends, siblings, etc.

ASSESSMENT OF RISK

Note: The statements to be written on the cards are written in black bold. The answers are in Red font and are NOT to be shared with the students in the beginning. For the facilitator's reference the explanation follows the statement.

HIGH RISK:

- **Having many sexual partners: High Risk.**

The more the numbers of partners, the higher the possibility of acquiring HIV.

- **Having unprotected sex with girls or boys from the same locality as you stay: High Risk.**

No one can be guaranteed to be HIV free even if they are your neighbours or from your school or college.

- **Having unprotected sex with a sex worker whose charges are high: High Risk.**

HIV does not differentiate according to the economic status of the sexual partners. It is the behaviour that puts you at risk.

- **Sharing needles with a group of injecting drug users: High Risk.**

Sharing needles increases the chances of HIV transmission as the needles can contain minute amounts of blood, which may have the virus.

- **Having an injection with a needle and syringe that has been cleaned with water: High Risk.**

Just cleaning the needle and syringe with water or spirit does not prevent HIV transmission. The needle and syringe— if at all to be used again— should be boiled for twenty minutes before using. Using single use disposable syringes and needles is the safest option. Sharing a needle should be avoided.



- **Having sex with someone who have STI's: High Risk.**

In fact the risk of getting HIV/AIDS increases by 8-10 times if the partner has an STI.

- **Ear piercing: High Risk.**

Is risky if the needles are shared.

LOW RISK:

- **Tattooing: Low Risk.**

This is a low risk activity if needles are sterilized. The chances of infection through tattoo needles are very low but one must not eliminate the chances of infection, especially in group tattooing.

NO RISK:

- **Blood Donation: No Risk.**

Donating blood does not cause transmission of HIV. The blood collecting bags are disposable and sterilized. In our country there is a huge gap between the demand and availability of blood. Young people should come forward and donate blood to fulfil this large gap.

- **Using a Public Latrine: No Risk.**

The HIV virus is transmitted only in the ways mentioned and not through public toilets. Public toilets at times may be unclean and smelly but HIV transmission does not take place in this manner.

- **Going to school with an HIV infected person: No Risk.**

HIV does not spread through normal social contact.

- **Abstaining or not having sexual intercourse: No Risk.**

Delaying sex till you are mature enough to take your own decisions and can stand on your own feet is the best way to avoid HIV/AIDS/STIs.



- **Being bitten by a mosquito that has bitten someone with HIV: No Risk.**

There has been no documented proof of HIV transmission by mosquitoes. Mosquitoes only suck blood and do not inject blood. Unlike the malarial parasite, HIV does not survive inside the mosquito.

- **Being close to an HIV infected person who coughs or sneezes: No Risk.**

HIV does not spread through the saliva of an infected person. Moreover, the virus cannot live outside the human body for very long.

- **Masturbation: No Risk.**

Masturbation is one of the safest activities for avoiding HIV infection. It is perfectly normal and causes no side effects.

- Sharing a towel with a person infected with HIV/AIDS: **No Risk.**
- Swimming with an HIV infected person: **No Risk.**
- Caring for an HIV infected person: **No Risk.**

Note: Facilitators may revise earlier modules and emphasize as to how HIV/AIDS can/cannot spread.

GETTING TESTED FOR HIV

Activity 1

Read out the following case study to the students.

Karma is a 16 year-old boy. He went to a party. There was free alcohol at the party. He had never had alcohol before. But on the insistence of friends, he had a few drinks, and later – he doesn't know how – ended up having unsafe sex. Afterwards, he felt very ashamed of his behaviour and was scared that he may have acquired HIV/AIDS. He wants to get tested for HIV.



Start a discussion by asking the following questions:

- Can such a situation occur in real life?
- Is Karma at risk of acquiring HIV? Should Karma go in for a test for HIV?
- Where should Karma go for a test for HIV?
- What is it like to have a test for HIV?
- What are the advantages and disadvantages of getting tested for HIV?
- When should Karma go in for a test?



The teacher should summarize the discussion by clarifying the misconceptions and elaborating on the information by using the guideline for discussion given below.

Objectives

By the end of the session, the students will be able to:

- ✓ Describe the procedure for HIV/AIDS testing.
- ✓ Realize the advantages and disadvantages of testing.

Life Skills being used

Decision Making, Self-Awareness, Coping with Emotions.

Advance Preparations

Blackboard and chalk to note down the responses of the students.

Guideline for the Facilitator:

Yes, Karma is at risk of acquiring HIV.

However, Karma should **not be forced** to go for a test. He should go for a test voluntarily.

Before going for a test make sure that counselling facilities are available. This includes **pre test counselling** where information about the test procedure and the many factors involved in testing, including emotional, social and medical consequences of a positive or negative test result are given.

Advantages and disadvantages of testing should be discussed and the client should make the decision to be tested after careful consideration of all the factors.

HIV test results should always be given along with counselling. This is called **post test counselling**. This consists of a dialogue between the individual and the counsellors aimed at disclosing and discussing the test result.

If the result is **negative**, the counsellors will discuss the importance of **prevention** of HIV/STI in detail with the person in order to reduce his/her risks of infection in the future. If the result is **positive**, the counsellors will discuss with the person all the above in order that he/she **avoid infecting his/her partner** (or children), but also in order that he/she **avoid reinfecting** himself or herself (which may hasten the progression of the disease). In addition to this, the major tasks of the counsellors will be to offer **compassion, support and practical advice**, including **referral** to appropriate medical services to the person to enable him/her to cope with stress and anxiety and to make personal decisions. Follow-up sessions to ensure meaningful, consistent and long-term support will be necessary.

If testing /counselling is not available, one should discuss one's risk factors with someone knowledgeable and still make decisions to abstain from sexual intercourse and avoid pregnancy or to use condoms.

When testing for HIV some blood is taken. (There is no other method to test for HIV at present.) The person will need to return to collect the result. **ELISA** and **Western Blot** are two common tests for HIV. Both these tests show whether there are antibodies (germ fighters) against HIV in your blood. Great care is taken to ensure that the diagnosis of the test is accurate. A test is confirmed only after conducting **three ELISA tests** or an ELISA test followed by Western Blot.

Karma should wait for at least **three months** - after the last unsafe episode -before going for the test. In technical terms this period is called the '**window period**'. For HIV the window period is from 2-12 weeks; in rare instances it may even be longer. This is the time that the body usually takes to produce measurable amounts of antibodies after infection. This means that if an HIV antibody test is taken during the 'window period' it may turn out to be negative since the blood test is looking for antibodies that have not yet developed in sufficient strength. But that person can be already HIV infected and can transmit the infection to others. People taking the test for HIV, are advised to wait for a period of three months before going for a test, by which time if the person is infected the antibodies are certain to have developed (these people should avoid unsafe sex, avoid donating blood or organs during the three months).

There are **advantages and disadvantages** of being tested for HIV. It is a decision that should not be taken lightly and the implications of a positive or negative outcome should be discussed in advance with the assistance of HIV/AIDS counsellors.

PCR or Polymerase chain reaction is another test for HIV. PCR, tests for the virus (HIV) itself and not the antibodies to the virus. However, this test is **costly** and not commonly available.

Activity 2

Divide the class into 4 -5 groups. Ask the groups to discuss the following questions “What are the advantages of getting tested?”, “Are there any disadvantages of getting tested?”

Give the group 10 minutes and then ask the group representative to present the discussion points.

Expected answers: the person can relax if she/he is negative, can seek treatment, yes if people come to know they may not talk with the person, people will pass remarks etc

Guidelines for the Facilitator:

Applaud the correct answers from the group and add more (refer to the factsheet) from your side. Remove any inaccuracies if they have crept in. State that testing is confidential and no one else is supposed to know the result. We should develop a society which is free of discrimination and provides confidentiality. Explain to them about Anti Retroviral Therapy (ART) and medicines available for dealing with “opportunistic infections” (OI).

State that if a person thinks that she/he needs to take HIV test, it is best to see the counsellor or the health worker.

Activity 3

Recap the following at the end of the period:

- One cannot identify a HIV positive person by looking at him.
- The only way to find out if a person has got the HIV infection is through the blood test.
- One should not be forced to go in for a test, voluntary testing is always better than mandatory testing.
- Counselling before and after the test is a must
- Timely testing can help the person receive early treatment and live longer.

Activity 4

Ask the students:

1. How can one find out that he/she is HIV positive?
2. What are the tests done for checking the HIV positive status?
3. What is the 'window period'?
4. What are the advantages of getting tested for HIV?

Learning in the Community:

Ask the students to suppose someone they know suspects he/she may have been infected with HIV, how will they help the person.

FACT SHEET

GETTING TESTED FOR HIV/AIDS

If a person is infected with HIV.....

She/he can receive **early treatment** and live longer.

She/he can make decisions to take **good care** of them self.

She/he can develop a good **emotional support** system in the early stages of the disease.

She/he can use **new medications** as they develop.

Knowing that babies can be born with HIV, the person can make decisions about whether to have a child/to get pregnant.

She/he can **inform their partner**.

She/he can **abstain** from sex or use a **condom** during sex.

She/he can **avoid sharing** items that come in contact with **blood**-razors, needles and syringes.

The person will decide **not to donate blood** and other organs or tissues.

If not infected he/she will be relieved to know the result and will want to **protect himself/herself in the future**.

A person with HIV has the opportunity to make others more aware of the disease and to fight for tolerance and compassion for people living with AIDS.

Disadvantages of being tested:

Learning that a person is infected with HIV can be very distressing. The degree of distress depends on how well the person is prepared for the news; how well the person is supported by family and friends, and on the person's religious and cultural attitudes towards illness and death.

A person who learns he/she is infected with HIV is likely to suffer from feelings of uncertainty, fear, loss, **grief, depression, denial and anxiety**; the person must make a variety of adjustments.

Along with the infected person, partners and family are likely to suffer from the consequences of HIV testing, whether they are infected or not.

A person who is tested for HIV may be **discriminated** against if the information is revealed. However, these disadvantages are reduced to a large extent if the person receives counselling before and after the test.

List of Working Group Members

Sl. No.	Name	Designation	Organisation
1.	Ms Deki Wangmo	Dy. Director	RIHS
2.	Mr Nidup Dorji	Associate Lecturer	RIHS
3.	Ms Deki	School Health Coordinator	Jigme Namgyel LSS
4.	Ms Tashi Yangchen	School Health Coordinator	Motithang HSS
5.	Ms Tashi Yangzom	School Councillor	Lungtenzampa MSS
6.	Ms Karma Lhamo	Teacher (Eng)	Changangkha LSS
7.	Ms Ugyen Pem	Vice Principal	Changbangdu Pry School
8.	Mr Palden Lepcha	MRO	JDWNRH
9.	Mr Sonam Dorji	QASD, MOH	MOH
10.	Ms Karma Dechen	Sr. Prg. Officer	MoE
11.	Dr. Damber K Nirola	Psychiatrist	JDWNRH
12.	Ms Sonam Peldon	APO	DoPH
13.	Dr. Patanjali Nayar	Consultant	WHO

List of students who attended the meeting on 29th Nov, 2007

Sl. No.	Name	Designation	Name of the School
1.	Kenson Daymma	Student	Lungtenzampa MSS
2.	Dechen Wangchuk	Student	Lungtenzampa MSS
3.	Tshering Peldon	Student	Jigme Namgyel LSS
4.	Jeewanath	Student	Jigme Namgyel LSS
5.	Dawa Zam	Student	Changbangdu Pry School
6.	Vivek Rai	Student	Changbangdu Pry School
7.	Tshering Yangchen	Student	Changbangdu Pry School
8.	Phuntsho Wangdi	Student	Changbangdu Pry School
9.	Dil Kumar	Student	Motithang HSS
10.	Priyasha Gurung	Student	Motithang HSS

List of Resource Persons and Participants
from 20th to 25th December 2007, Paro

Sl.No.	Name	Name of the School	Dzongkhag
1.	Dr. Sonam Ugen	Joint Director, DoPH, MoH	Thimphu
2.	Dr. Damber Kumar Nirola	JDWNRH	Thimphu
3.	Mr P L Sharma	Dechencholing Middle Secondary School	Thimphu
4.	Ms Goma Chherti	Samtse Lower Secondary School	Samtse
5.	Ms Pema Zangmo	Chendebji Community Primary School	Trongsa
6.	Ms Ganga Das	Yangchenphu Higher Secondary School	Thimphu
7.	Mr Sangay Dorji	Norbuling Middle Secondary School	Sarpang
8.	Mr Chador Wangdi	Mikuri Primary School	Pemagatshel
9.	Ms Ugyen Zam	Damphu Lower Secondary School	Tsirang
10.	Ms Tshomo	Tencholing Primary School	Wangdue
11.	Ms Dolma	Changbangdu Primary School	Thimphu
12.	Mr Dorji Wangchuk	Udaric Community Primary School	Mongar
13.	Mr Sangay Wangdi	Yadi Middle Secondary School	Mongar
14.	Mr B. B. Dahal (Sharma)	Sarpang Middle Secondary School	Sarpang
15.	Mr Kinley Dorji	Pemagatshel Middle Secondary School	Pemagatshel
16.	Ms Sonam Choden	Chumey Middle Secondary School	Bumthang
17.	Ms Khandu Wangmo	Zhemgang Lower Secondary School	Zhemgang
18.	Ms Chone Dolma	Katsho Lower Secondary School	Haa
19.	Mr Rinzin Pelga	Zhemgang Higher Secondary School	Zhemgang
20.	Mr Sonam Duba	Thimyal Lower Secondary School	Lhuntse
21.	Mr Nima Tshering	Phuyum Higher Secondary School	Lhuntse
22.	Mr Chencho Tshering	Tashitse Middle Secondary School	Trashigang
23.	Ms Sangay Zangmo	Mendrelgang Middle Secondary School	Tsirang
24.	Mr Samten Dorji	Laya Community Primary School	Gasa

25.	Ms Tshomo Ghalay	Drugyel Higher Secondary School	Paro
26.	Mr Dorji	Tendu Middle Secondary School	Samtse
27.	Mr Nidup Dorji	RIHS	Thimphu
28.	Ms Tshering Pem	Bjishong Middle Secondary School	Gasa
29.	Ms Tshering Peldon	Jakar Higher Secondary School	Bumthang
30.	Ms Kuenzang Choden	Gaselo Lower Secondary School	Wangdue
31.	Ms Mani Bumzam	Phuntsholing Middle Secondary School	Chukha
32.	Ms Pem Dechen	Trongsa Primary School	Trongsa
33.	Mr Milan Kumar Bhujel	Drugyel Lower Secondary School	Paro
34.	Mr Sonam K Gyamtsho	Chukha Higher Secondary School	Chukha
35.	Mr Jigme Tshering	Baylling Higher Secondary School	Trashiyangtse
36.	Ms Tshering Lhamo	Drujeygang Middle Secondary School	Dagana
37.	Mr Karma Chejay	Shongring	Trashiyangtse
38.	Ms Tashi Yangchen	Motithang Higher Secondary School	Thimphu
39.	Mr Tashi Namgyel	Tashiyangtse Lower Secondary School	Trashiyangtse
40.	Mr Sangay	Sangbaykha Primary School	Haa
41.	Mr Tshering Dorji	Rangtse Community Primary School	Haa
42.	Mr Chencho Gyeltshen	Mochu Community School	Haa
43.	Mr Phurba Tashi	Deothang Middle Secondary School	Samdrup Jongkhar
44.	Mr Phuntsho Tobgay	Phuntshothang Lower Secondary School	Samdrup Jongkhar
45.	Ms Karma Dechen	CSHP, DYS, MoE	Thimphu
46.	Ms Sonam Peldon	CSHP, DoPH, MoH	Thimphu
47.	Dr. Patanjali Dev Nayar	Consultant, WHO	

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