

# Life Skills Education Toolkit

for **Orphans &  
Vulnerable  
Children** in India



**Family Health International (FHI)  
India Country Office**

**In Collaboration with the  
National AIDS Control  
Organisation (NACO)**

**With Funding from the  
United States Agency for  
International Development  
(USAID)**



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FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in health, education, nutrition, environment, economic development, civil society, gender, youth, research and technology – creating a unique mix of capabilities to address today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

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## **Acknowledgments**

Dr. Sonal Zaveri, FHI consultant led the process of putting together the Life Skills Education Toolkit. Anita Khemka took the photographs during visits to USAID/FHI projects. The National OVC Task Force including the Ministry of Women and Child Development (MoWCD), National AIDS Control Organisation (NACO), UNICEF and the India HIV/AIDS Alliance, reviewed the LSE Toolkit and gave valuable comments. The staff and children of 30 USAID/FHI projects contributed their ideas and time in the initial development and then pre-testing of the LSE toolkit.

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## **PREFACE**

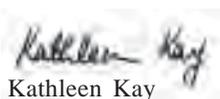
This Life Skills Education (LSE) Toolkit takes a child participatory approach and deals with the “whole child” - feelings, beliefs, development needs - and equips children with life skills required to make safe choices and lead healthy lifestyles. This toolkit is unique in aiming to develop essential life skills to manage and cope with risk situations in HIV/AIDS and to cope with difficult circumstances related to care and support including loss. The child-friendly participatory approach uses active learning methods including games, role plays, debates, brainstorming, drama, story telling, group learning, case studies and poster making.

An extensive consultation process was undertaken across India with participation of children infected, affected and vulnerable to HIV, parents and guardians, communities, NGOs, NACO, SACS, counselors, psychologists and psychiatrists, and Departments of Health and Family Welfare in the central government and six states of Andhra Pradesh, Delhi, Maharashtra, Manipur, Nagaland and Tamil Nadu, and one union territory of Pondicherry.

With funding from the United States Agency for International Development (USAID), under the IMPACT and YouthNet projects, Family Health International (FHI) has partnered with 37 local NGOs to reach out to 50,000 orphans and vulnerable children (OVC) in India with HIV/AIDS prevention and care and support activities. All the partners were involved in different stages of the toolkit development and field-tested the LSE kit before finalization. The children and NGO partners have provided important insights on inclusion of the most appropriate activities, the process of making the toolkit more user-friendly, and feedback on the positive responses seen in children undergoing LSE.

The Ministry of Health and Family Welfare (MoHFW) through the National AIDS Control Organization (NACO) and State AIDS Control Societies (SACS) has participated in various consultation workshops on the LSE toolkit. The participation has facilitated the effort to follow the national priorities in addressing the HIV/AIDS prevention and care and support needs of OVC. FHI is thankful to the Ministry and NACO for providing the valuable direction. The support of the Ministry of Women and Child Development (MoWCD) has been essential to ensure that the LSE toolkit is line with national policies and we are thankful to the Ministry for their endorsement and to all members of the National OVC Taskforce including UNICEF and the India HIV/AIDS Alliance for their review.

FHI appreciates the funding support from USAID for the LSE development process through to finalization, the support of NACO, SACS and MoWCD, and the tremendous input of energy, time and commitment from the NGO partners to the development of the LSE toolkit. Finally and especially, we wish to thank and acknowledge the thousands of children whose priorities, needs and aspirations are reflected in the LSE Toolkit.



Kathleen Kay  
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सत्यमेव जयते

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February 23, 2007

### MESSAGE

HIV/AIDS is one of the major public health problems in India. The HIV epidemic has spread to all sections of society including men, women and children. Children living with HIV/AIDS often find themselves in circumstances where they have to care for their elders and siblings. These children need support at all stages of their lives.

Life Skills Education (LSE) is an important activity which enables children to identify the problems in their lives, think of probable solutions and practice them. The LSE toolkit developed by USAID/FHI discusses the various situations related to HIV risk through child participatory activities. It also discusses the situation of children living with HIV/AIDS and affected families.

I think this would be a useful tool for the Ministry in its HIV/AIDS programme.

I commend the efforts of USAID/FHI in developing this document.

(DEEPA JAIN SINGH)





सत्यमेव जयते

**K. Sujatha Rao**

*Additional Secretary & Director General*



National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India

11<sup>th</sup> May, 2007

### MESSAGE

The various stakeholders involved in the formulation of National AIDS Control Programme (NACP) Phase III have highlighted an urgent need to strategize and develop relevant tools for addressing HIV prevention, care and support needs of children infected and affected by HIV/AIDS in the country. The Life skills Education (LSE) toolkit developed by Family Health International fills an important gap in providing various dimensions of appropriate communication skill for peer educators, teachers and counselors working with children.

This toolkit has been developed with the aim of reaching out to children and adolescents with essential life skills to enable them to off-set the risk of acquiring Sexually Transmitted Infections and HIV, as well as coping with HIV infection of self and their family members. I am told the toolkit has been used in the USAID-supported IMPACT projects in six States, Andhra Pradesh, Delhi, Maharashtra, Manipur, Nagaland and Tamil Nadu, with encouraging results. The evidence from their areas is a testimony to the need for developing such learning material for the disadvantaged children.

This toolkit will be useful for NGOs and caregivers in their field areas for undertaking child-friendly learning sessions and orienting children to core skills for leading healthy and safe lives. This innovative and practical resource material would make learning an enjoyable experience for the children coming from disadvantaged backgrounds. Teachers and care givers who work in such settings would find the toolkit a more meaningful way of creatively engaging the children and working constructively with them in dealing with their situation.

I am confident this toolkit will be used by a variety of stakeholders in the country (health and related Government agencies and local, national and international NGOs) in effectively reaching out to orphans, vulnerable, infected and affected children by HIV/AIDS.

  
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अपनी एचआईवी अवस्था जानें; निकटतम सरकारी अस्पताल में मुफ्त सलाह व जांच पाएँ  
Know your HIV status; go to the nearest Government Hospital for free Voluntary Counselling and Testing





## FOREWORD

Life Skills Education is an important component of HIV/AIDS prevention, care and treatment interventions with children and adolescents. Family Health International (FHI) has developed a Life Skills Education (LSE) toolkit under the IMPACT project and supported by the United State Agency for International Development (USAID). The toolkit aims to address the growing need for strengthening delivery of HIV prevention messages to adolescent learners and teachers.

The toolkit is informed by rich experiences from 30 pilot projects that were initiated under the IMPACT project in six states and one union territory in India. Teaching children infected or affected by HIV/AIDS requires innovative approaches for critical skills such as coping and caring skills. Through the toolkit, teachers, school administrators and parents will get the necessary skills in facilitating a learning environment that will help prepare children and adolescents strengthen their response to the various challenges in life.

FHI has taken the initiative of developing this toolkit with contributions made by various national and international agencies at different stages of development. I would like to thank the National OVC Task Force including UNICEF, Ministry of Women and Child Development, NACO and India HIV/AIDS Alliance for reviewing the toolkit.

The third phase of the National AIDS Control Program (2006-2011) envisages a scale-up of interventions addressing children and adolescents in India. I hope the toolkit would find wide acceptance as a support to the national program and to build a stronger future of the children in India.

Robert Clay  
Director  
Office of Population, Health and Nutrition  
USAID/India



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# Abbreviations

ABC	Abstinence, Be Faithful and Use Condoms
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CCDT	Committed Communities Development Trust
CEDPA	The Center for Development and Population Activities
CHES	Community Health Education Society
CRS	Catholic Relief Services
CTC	Child to Child Approach
FGD	Focus Group Discussion
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IMPACT	Implementing AIDS Prevention and Care Project
KII	Key Informant Interview
LSE	Life Skills Education
NACO	National AIDS Control Organization
NGO	Non Governmental Organization
ORS	Oral Rehydration Salt
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
PE	Peer Educator
PLHA	People Living with HIV/AIDS
SARD	Society for All Round Development
SEEDS	Social Educational and Economic Development Society
SFDRT	Society for Development Research and Training
STI	Sexually Transmitted Infection
TOT	Training of Trainers
UNAIDS	Joint United National Program on HIV/AIDS
UNICEF	The United Nation's Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WINS	Women's Initiatives
YWCA	Young Women's Christian Association



# Part One



**INTRODUCTION TO  
THE LIFE SKILLS  
EDUCATION TOOLKIT**



**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

## **Introduction to the Life Skills Education Toolkit**



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

## Contents

### Part One: Introduction to the Toolkit

- Why was the toolkit Developed?
- How was the toolkit Developed?
- What is in the toolkit?
- Who will find the toolkit useful?

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# PART ONE: Introduction to the Life Skills Education Toolkit

**T**he “Making one Billion Count” report of the United Nations Population Fund cautions that the world is now home to the largest generation of adolescents in history. Of the global population counting 6.3 billion people, 1.2 billion are between the ages of 10 and 19—with many facing the risks of disease, unwanted pregnancy and poverty.

HIV/AIDS has emerged as one of the greatest threats to adolescents; this age group now accounts for half of all new cases of the disease. Alarming, every 14 seconds a young person between the ages of 15 and 24 becomes infected. In addition, AIDS related deaths have orphaned 13 million children under the age of 15. In sub-Saharan Africa, home to youth with the greatest numbers of HIV/AIDS, nearly 8.6 million people have HIV/AIDS—two-thirds of whom are female. In South Asia, 1.1 million youths are infected—62 percent are female. The rate of new infections is also growing rapidly in many other countries including India. Discussing sexual behavior is a taboo in many countries; as a result, many young people do not know how to protect themselves.

If these trends continue, the next generation of adults will face greater poverty and difficult socioeconomic circumstances. The report estimates the economic benefit of a single averted HIV/AIDS infection is \$34,600 for a poor country, and the social benefits are even greater. More investment must be made in youth-friendly services, family planning and education programs to address the reproductive health issues of young people. Their educational and health status, readiness to take on adult roles and responsibilities, and the support they receive from their families, communities and governments will determine their own future and the future of their countries.

Source: United Nations Population Fund, State of the World’s Population Report, 2003

Young people hold the promise of our future. Working with and helping young people have always been a priority across time and cultures. The HIV/AIDS epidemic has challenged us in exceptional ways to find the means to protect and empower our young people to help them become happy, healthy adults. Life skills offer an approach to contribute to the well being of our young and help them meet life’s many challenges.

# Why was the Life Skills Education Toolkit developed?

Family Health International (FHI), through funding from the United States Agency for International Development (USAID), works with 37 projects in India reaching approximately 50,000 orphans and vulnerable children (OVC). Organizations working with OVC expressed a need to develop a toolkit to provide essential skills for children in the project areas to prevent them from acquiring STIs/HIV/AIDS and to help them cope with HIV infection. Existing Life skills education manuals were found to deal only with preventive skills; more was needed to provide critical information on the coping skills needed for youth affected by and infected with HIV/AIDS. To accomplish this goal, FHI commissioned a consultant to develop this Life Skills Education Toolkit.

In the Indian context, vulnerable children are those who are at risk of acquiring HIV and may not be HIV infected or affected. The Life Skills Education Toolkit was developed to address the risk of HIV for vulnerable children; and children infected and affected by HIV/AIDS. A variety of programs for children from diverse settings were involved in the creation of the Toolkit. These included programmes

that worked with children living in shelter homes, the streets, communities, and urban and rural red light areas. Children involved included those living with parents with HIV or orphaned by AIDS, children of sex workers, and those from marginalized communities or migrant populations. For the purpose of this document ‘vulnerable children’; and children infected and affected by HIV/AIDS are referred to as OVC.

## THE NEEDS ARE GREAT—CHILDREN ARE NOW AT THE CENTER OF THE EPIDEMIC

1. It is estimated that more than 50 percent of all new infections affect young people between the ages of 15 and 29.
2. In low prevalence areas, there is an urgent need to target young people to prevent HIV and address risk behavior.
3. In places with high rates of HIV infection, there is an urgent need to address orphans and vulnerable children. Children are especially vulnerable when parents are living with HIV or have died of AIDS.

### DEFINING THE YOUNG

- The terms “adolescents,” “youth,” and “young people” are used differently in different societies. These categories are often associated with varying roles, responsibilities and ages depending on the local context.
- Key life events—marriage, sexual debut (first sexual intercourse), employment, childbearing, acceptance in adult organizations and political participation—also occur at different times between and within societies.
- National programs and policies often make different distinctions among these categories as well. In India, for example, the country’s Youth Policy includes people up to the age of 35.
- Commonly used definitions across demographic, policy and social contexts include:
  - **Adolescents:** 10-19 years of age (early adolescence, 10-1; late adolescence, 15-19);
  - **Youth:** 15-24 years of age;
  - **Young people:** 10-24 years of age;
  - **Child:** From the ages of birth through adolescence. As per the Juvenile Justice Act 2000, “child” is defined as an individual below 18 years of age;
  - **Vulnerable Child:** A child living in a household with a chronically ill parent/caregiver in a high-risk setting due to HIV prevalence or proximity to high-risk behaviors. In the Indian context, “vulnerable children” are those who are at risk of acquiring HIV infection; and
  - **Orphan:** A child who has lost one or both parents.

*This document uses USAID definitions in its Orphan and Vulnerable Children projects and young people and children are used synonymously.*

### CHILDREN NEED BOTH HIV PREVENTION AND CARE AND SUPPORT

HIV/AIDS programs must address the diverse vulnerabilities of children, including:

- Children of sex workers and other marginalized communities, such as rag pickers and street children, who are in exploitive situations and are especially vulnerable to HIV;
- Girls who are increasingly at risk because of myths surrounding sexuality and STIs/HIV, such as the belief that if a man has sex with a virgin girl, he can be cured of STIs/HIV;
- Media messages particularly communicated through adult programs and literature like movies and magazines that glamorize alcohol, sex and rich lifestyles tempting young people to succumb to potentially risky situations;
- Substance use among young people, which makes them vulnerable to risky behavior and HIV;
- Young boys and girls who are unaware of reproductive health issues and safe sex practices may experiment with unprotected sex and expose themselves to STIs/HIV; and
- Children who are caregivers of HIV-affected parents, and thus have experienced trauma and the loss of childhood, may also be infected by HIV.

Over the years better understanding of the HIV epidemic has emphasized the need to sensitize and educate service providers to respond urgently and more effectively to the needs of orphans and children who are vulnerable, infected and affected by HIV/AIDS.

### NEED FOR LIFE SKILLS EDUCATION RESOURCES THAT ADDRESS BOTH HIV PREVENTION AND CARE AND SUPPORT ISSUES

This Life Skills Education Toolkit addresses different groups of children in different contexts for both *HIV prevention and care and support*. The Toolkit can be used by projects that aim to:

- Prevent HIV infection;
- Manage and cope with risky situations related to HIV; and
- Help cope with issues related to HIV infection and care and support.

### NEED FOR LIFE SKILLS EDUCATION RESOURCES TO PROMOTE CHILDREN'S PARTICIPATION

Life skills education manuals generally provide a bag of activities to pick and choose from. Some manuals are more instructional and didactic in their approach rather than anchored in the principles of children's participation. Available manuals do not provide a conceptual framework for **how** young people participate and learn safe behavior. For example, in many cultures family and community are important players in decision-making processes. Social relationships in these cultures influence decisions. However, in Western societies, decision-making are often linear, individualistic and rational.<sup>1</sup> Programs in non-

Western countries need to include ways in which both children and the community can contribute to the learning of life skills.

This Life Skills Education Toolkit provides a framework and methodology for children to participate in the learning of life skills and for adults to facilitate this process in the context of the societies in which they live, be it a slum community, a village, a street or an institution.

The Life Skills Education sessions encourages children to acquire psychosocial skills, enabling them to acquire the following abilities:

- Understand sexual issues and sexuality in order to reduce their vulnerability to HIV;
- Cope effectively with risky situations;
- Practice safe sex behavior to reduce HIV risks; and
- Learn how to help and support other children.

Children can acquire these skills only if they are able to learn and practice them in a supportive environment of peers and family. This toolkit builds on many decades of program experience that promote children's participation and children's rights. The Life Skills approach advocated in this toolkit helps children learn, recognize and integrate lessons learned in learning centers through real-life situations. In this way, children are able to practice new, safe and healthy behaviors and build confidence in their day-to-day lives.

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<sup>1</sup>For an excellent discussion on emerging communication frameworks for HIV/AIDS see UNAIDS/Penn State Project, "Communication Framework for HIV/AIDS," 1999 and Richard Parker and Peter Aggleton, "HIV and AIDS related stigma and discrimination: a conceptual framework and implications for action," *Social Science and Medicine* 57 (2003) 13-24, [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed).

## How was the Toolkit Developed?

The development of the toolkit, which took a year to complete, included an assessment of the needs for life skills in OVC programs in India. Organizations<sup>2</sup> that were working on HIV/AIDS in different states in India participated through questionnaires and workshops that assessed why life skills were needed, how children could be involved in the learning process and what behavioral changes in children were expected from the Life Skills Education Program. Results were used to help define the goals and objectives of the Life Skills Education Program. The contents of the toolkit were developed after an exhaustive review of literature that included children's participation, child rights, reproductive health, the psychosocial development of children and Life skills education manuals from India and other countries. Selected activities from these manuals were adapted and new ones were developed and integrated to address the goals of the Life Skills Education Program.

Field-based organizations working on OVC issues from different parts of India participated in

conceptualizing, pilot testing, reviewing and adapting the toolkit. The toolkit has undergone several revisions with feedback from the field, and will continue to be enriched and revised with experience.

A skill-building workshop in child participatory methodologies and life skills was held for all participating organizations in the development of the Toolkit. On-site support during pilot testing was provided to six organizations and an exhaustive activity-by-activity feedback and review was given to all organizations. Contents of the Life skills education toolkit working draft were shared at skill building workshops. Feedback was received through various channels: e-group shared experiences, onsite visits were made, and partner NGOs contributed by participating in the field testing. After six months of pilot testing, a national level workshop was held to synthesize the learning and incorporate feedback and experiences. This edition of the Life Skills Education Toolkit incorporates these experiences.

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<sup>2</sup>CCDT and Prerana in Mumbai; SARD, YWCA, PCI, Salaam Baalak Trust in Delhi, CHES, Positive living project (Namakkal) in Tamil Nadu, SFDRT in pondicherry; SEEDS, WINS and World Vision in Andhra Pradesh and DSSS (CRS Manipur).

## What is in the Toolkit?

The Toolkit is a comprehensive package comprised of a Facilitator's Guide, Life skills education Modules, Information Sheets and a list of Resources for further reading and reference.

The **Facilitator's Guide** provides a rationale for behavior change through child participation, how children can participate, what facilitation and support is required by significant adults and the wider community, and various tools that can be used by children themselves in planning, implementing and evaluating programs. There are two sections in the Guide.

**Section One** introduces life skills, defines life skills and explains why they are necessary to address HIV risks. The section concludes with a discussion on lessons learned from the child-to-child approach about how participatory approaches help in the learning of life skills.

**Section Two** discusses programmatic issues such as planning, implementing and evaluating programs and includes setting objectives and indicators. Particular emphasis is placed on involving children in planning, implementing and evaluating a Life Skills Education Program and ensuring that ethical guidelines and the best interests of children are followed. This section provides detailed information on selecting and training facilitators, developing peer education programs and suggestions on recommended follow-up once the Life Skills Education Program is completed.

The **Life Skills Education Modules** contains 10 separate modules for developing psychosocial skills pertaining to the relationship between growing up

and contracting HIV. These are adaptable across different age groups. The modules in sequential order are: Getting Started, Knowing Myself, Communication, Relationships, Decision-making, Coping with Emotions, Growing Up, Preventing and Living with HIV, Substance Abuse and Reaching my Goals.

The **Information Sheets** provide additional material on a variety of topics. Presently, the following six information sheets are included in the toolkit:

1. Children's rights and HIV/AIDS;
2. HIV/AIDS;
3. Sexually transmitted infections;
4. Preventing sexual transmission of HIV through the ABC approach;
5. Stages of development and HIV information needs of children; and
6. Understanding grief and coping at different ages.

A **List of Resources** provides additional materials for facilitators to read and utilize as necessary.

The toolkit was designed to be *forward looking* by recognizing that the Life Skills Education Program needs to be integrated with other development programs for a holistic and more sustainable approach to working with children. Most importantly, it recognizes that children and young people have a tremendous potential not only to learn and participate in promoting safe lifestyles, but also in making positive contributions to community life.

## Who will Find the Life Skills Education Toolkit Useful?

The Life Skills Education Toolkit is designed for health workers, facilitators, animators, social workers, teachers and many others who work with young people and daily face the challenges of helping them make healthy and safe choices. The Toolkit can be used with children in diverse settings in both HIV prevention and care programs.

The toolkit will be especially useful to development workers who have found that most programs for young people only educate and inform but do not integrate a life skills approach to change behavior. Examples include:

- A health worker has led sessions on how substance abuse can be harmful, but the children in the slums continue to sniff glue and take *gutka* (tobacco extract);
- An animator tells street children that HIV is transmitted through sexual intercourse, but the street boys continue to have unprotected sex with female sex workers in the nearby area;
- A social worker working with boys in a non-formal setting has discussed how they can get into trouble if they follow the gang leader, but the boys are not able to say “no”;
- A community worker working with girls in a reproductive program has discussed with the girls how they are more vulnerable to HIV, but

the girls are not able to communicate their feelings and talk about sexuality;

- A teacher talked to her students about the importance of studying and working hard, but her students are irregular in their attendance and do not know what they will do when they grow up;
- An outreach worker taught boys welding skills and placed them in jobs, but they are always getting into arguments with their boss and co-workers; and
- A housemother has many orphans and adolescents under her charge. Some do not talk about their loss while others are rebellious all the time. She gives them food, love and sympathy, but it does not seem to help.

Others who will find the toolkit particularly useful include young people who want to help their friends. Peer influences are very powerful. When young people participate in the program, they learn to be responsible for their actions and show concern for others. Many become role models and are able to help their peers. Managers and policy makers who want to see changes in behavior that impact programs can also benefit from the toolkit. These changes could involve delay in sexual debut until marriage, accessing services for voluntary HIV counseling and testing, reduced substance use and other behavior change indicators.

## Notes





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# Part Two



**FACILITATOR'S  
GUIDE**



**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Facilitator's Guide



## **Contents**

### **Part Two: Facilitator's Guide**

**Section One : Understanding Life Skills**

**Section Two : Developing a Life Skills Education Program**

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# PART TWO: Facilitator's Guide

**T**he Facilitator's Guide was developed for practitioners who need a concise, hands-on guide for understanding and how to work with children.

Practitioners have asked for guidelines on how to plan, implement and evaluate a Life Skills Education Program. The Facilitator's Guide helps practitioners to choose, adapt and develop their own life skills curriculum according to the needs of a particular group of children.

## SECTION ONE: Understanding Life Skills

### What are Life Skills?

- Approach to learning life skills.
- A framework for life skills.

### Why Children Need Life Skills?

- Life skills are critical for young people.
- Life skills lead to behavior change.
- Life skills are more effective than traditional information-based programs.
- How life skills are learned.
- Life skills are important in existing programs.

### How a participatory approach helps Life skills learning:

#### Lessons from Child-to-Child Programs

- Value of youth participation in programs.

## SECTION TWO: DEVELOPING A LIFE SKILLS EDUCATION PROGRAM

### Planning a Life Skills Education Program

- Understanding the needs of children.
- What information is needed?
- How to collect information.
- Using data for planning.
- Setting objectives and indicators.
- Using the toolkit.
- Making an action plan.
- Organizational support structures.
- Confidentiality.
- Ethical guidelines.
- Creating a supportive community environment.
- Linking with other programs.

### Implementation of a Life Skills Education Program

- Understanding participation.
- How to enhance participation.
- Approaches to active learning.
- Linking learning to life.
- Active methods of learning.
- Challenges in using participatory and active methods of learning.
- Selection and training of facilitators.
- Changing community perceptions.

### Evaluating a Life Skills Education Program

- Tools for evaluation.
- Who should conduct an evaluation?
- What should be evaluated?
- Child participatory tools for assessment.

### Next Steps

- Starting a club or youth group.

## SECTION ONE: Understanding Life Skills

### What are Life Skills?

Life skills refers to a large group of *psychosocial and interpersonal skills* that promotes mental well-being and that leads to a healthy and productive life. Health is defined as a “state of complete physical, mental and social well being and not merely the absence of disease or infirmity.” (World Health Organization)

Life skills develop *competencies and actual behaviors*. They result in personal actions, actions directed to others and actions to change the surrounding environment in a healthy, safe way.

There are many **definitions** of life skills. The World Health Organization (WHO, 1993) defines life skills as “the abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life.” WHO (1994) has also identified a core set of life skills for the promotion and well being of children and adolescents.

#### Core Life Skills

Problem-solving  
 Decision-making (including goal setting)  
 Critical thinking  
 Creative thinking (including value clarification)  
 Communication skills  
 Interpersonal skills (including assertiveness)  
 Self-awareness  
 Empathy  
 Coping with stress  
 Coping with emotions

Life skills are often categorized different ways. Whichever way life skills are categorized, they all address similar issues. Some of the classifications include:

- Communication, relationship and decision-making skills;
- Thinking, social and negotiation skills; and
- Decision-making, interpersonal communication, values, emotions, saying no, and our future.

These are referred to as **generic life skills**; they help people deal effectively with the demands and challenges of everyday life.

Life skills are also applied to **specific risk situations** to prevent health damaging behavior. The selection and emphasis on particular skills will depend on the specific risk behavior. For example, in a HIV prevention program, decision-making is emphasized; in a care and support program with orphans, coping with emotions and stress is important. Emphasis does not mean *choosing* one life skill over another, as all life skills are important and interrelated.

Life skills are sometimes confused with skills such as finding a job, going to a police station or learning first aid. While these skills are important, they are not what are meant by life skills.

Livelihood skills	Daily living skills	Learning skills	Health skills	Survival skills
Applying for a job	Managing personal finances	How to read and write	Brushing teeth	How to seek police help
Managing time	Preparing meals	Arithmetic	Correct and consistent use of condoms	Where to go in an emergency
Work habits	Banking	Hobbies	First aid	Contacting help lines
Setting up a business	Going to the post office	Drawing and crafts	Making oral rehydration salts (ORS)	Contacting the fire station
Vocational skills	Using transportation	Learning about human rights	Road safety	
Women's self help groups	Going to a health center		Making nutritious meals	

### APPROACH TO LEARNING LIFE SKILLS

Life skills are learned in special ways—the *process of learning* life skills is as important as learning its *content*. In other words, the **way** life skills are learned is as important as **what** is learned.

### Experiential Methodology

Each life skills lesson builds on previous lessons and influences future lessons. In this way, the

learning of life skills is constantly reinforced. Developing new skills is initially difficult and requires a great deal of perseverance and support. Many practice sessions need to be set up to master a skill. In addition, each learner must have opportunities to receive feedback and reflect on how to improve their newly acquired skills. For example, learning to say no to drugs is not easy, and a young person will need to practice and gradually acquire competency by practicing the new skill in a variety of situations.

Experiential methods	Examples
Young people learn skills in hypothetical or practice situations	A role play on assertiveness in a practice life skills session
Skills are tried and tested in easy, low risk situations	Expressing thoughts clearly and taking turns in a conversation with friends
Skills can next be tried in medium risk situations	Rejecting an offer of help when it is not needed (risk of hurting another person's feelings)
Skills are applied in a high risk situation	Saying no to drugs and resisting Peer pressure

### **A Child-centered Active Learning, Participatory Methodology**

A variety of active learning methods are used in life skills practice—games, role play, brainstorming, debates, drama, story telling, group learning, case studies, making posters and others. These methods clearly separate Life Skills Education Programs from information dissemination programs that may only focus on teaching the facts of life. In this way learning is not passive. Active methods lead to active learning.

Young people are involved right from the beginning in assessing their needs and participating in their

skill development. The life skills approach recognizes the rights of young persons and respects them as individuals. The Life Skills Education Program works with children, not *for* children. In this way, young people become responsible for their actions.

The child-to-child approach to learning is a useful method for teaching life skills. It uses a practical methodology that not only promotes children's participation but also helps to link learning to life itself. The child-to-child approach is described in detail in the next section.<sup>3</sup>

A number of active learning methods and child-to-child concepts help develop life skills.<sup>4</sup>

<b>Life skills are learned through:</b>	
<b>Life Skill</b>	<b>Expression of skill</b>
Self awareness and self esteem	Drawing and writing about oneself; taking responsibility for various activities
Assertiveness	Role play, mime and drama are very helpful. Group rules are useful for group participation as well as to argue one's point of view
Coping with stress and emotion	Drawing to express emotions, helping each other in distress, writing poems and stories of 'I feel'
Interpersonal relationships	Doing group work or in pairs such as on joint projects or pictures or stories, helping each other, participating in committees
Empathy	Role play, discussion, understanding different points of view, using 'what if...' situations
Communication	Opportunities to express, speak – verbal and non-verbal; role play, art
Critical Thinking	Review the work done, ask questions – what happened, why, who, how
Creative Thinking	Write or finish stories, think of hypothetical situations and solutions, role play
Decision making	Games in groups, discussion based on real, hypothetical or role play situations, providing opportunities to take decisions

<sup>3</sup>See section on 'How A Participatory Approach Helps Life Skills Learning: Lessons from the Child-to-Child Programs'

<sup>4</sup>Adapted from Hawes, Hugh, *Skills Based Health Education*, UNESCO, 2005

### **Build a Supportive Environment Inside (Learning Sessions) and Outside (Surrounding Community)**

Life skills have to be practiced and reinforced. Educators and facilitators must build trust and provide a non-threatening environment. Because life skills leads to behavior change in real life situations, the surrounding community also needs to be sensitized so that they can reinforce the positive behavior of children.

### **A FRAMEWORK FOR LIFE SKILLS**

This toolkit uses the life skills definition by World Health Organization (WHO) for its guiding framework. The practice of these life skills leads to behavior change.

The toolkit is also shaped by two additional factors: (1) The complexity of the HIV/AIDS epidemic and the need to address both prevention and care, and (2) The need to address the varied and diverse needs of children who are vulnerable, affected and infected by HIV/AIDS.

<b>Types of Life Skills</b>		
<b>Communication and interpersonal skills</b>	<b>Decision making and critical thinking skills</b>	<b>Coping and self-management skills</b>
<ul style="list-style-type: none"> <li>• <b>Interpersonal Communication Skills</b> <ul style="list-style-type: none"> <li>- Verbal/nonverbal communication</li> <li>- Active listening-Expressing feelings, giving feedback (without blaming) and receiving feedback</li> <li>- Negotiation</li> <li>- Negotiation and conflict management</li> <li>- Assertiveness skills</li> <li>- Refusal skills</li> </ul> </li> <li>• <b>Empathy Building</b> <ul style="list-style-type: none"> <li>- Ability to listen, understand another's needs and circumstances and express that understanding</li> </ul> </li> <li>• <b>Cooperation and Teamwork</b> <ul style="list-style-type: none"> <li>- Expressing respect for others' contributions and different styles</li> <li>- Assessing one's own abilities and contributing to the group</li> </ul> </li> <li>• <b>Advocacy Skills</b> <ul style="list-style-type: none"> <li>- Influencing skills and persuasion</li> <li>- Networking and motivation skills</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Decision-making/ Problem-solving Skills</b> <ul style="list-style-type: none"> <li>- Information-gathering skills</li> <li>- Evaluating future consequences of present actions for self and others</li> <li>- Determining alternative solutions to problems</li> <li>- Using analysis skills to determine the influence of values and attitudes about self and others</li> </ul> </li> <li>• <b>Critical Thinking Skills</b> <ul style="list-style-type: none"> <li>- Analyzing peer and media influences</li> <li>- Analyzing attitudes, values, social norms, beliefs and factors affecting them</li> <li>- Identifying relevant information and sources of information</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Skills for increasing personal confidence and ability to assume control, take responsibility, make a difference or bring about change</b> <ul style="list-style-type: none"> <li>- Building self-esteem/confidence</li> <li>- Creating self-awareness skills, including awareness of rights, influences, values, attitudes, strengths and weaknesses</li> <li>- Setting goals</li> <li>- Self-evaluation/self-assessment self-monitoring skills</li> </ul> </li> <li>• <b>Skills for Managing Feelings</b> <ul style="list-style-type: none"> <li>- Managing anger</li> <li>- Dealing with grief and anxiety</li> <li>- Coping with loss, abuse and trauma</li> </ul> </li> <li>• <b>Skills for Managing Stress</b> <ul style="list-style-type: none"> <li>- Time management</li> <li>- Positive thinking</li> <li>- Relaxation techniques</li> </ul> </li> </ul>

This framework for life skills can be adapted according to the specific needs of the program. The following example illustrates how a school-based Sexual and Reproductive Health and HIV/AIDS Prevention Program adapted the framework.<sup>5</sup> The program identified the life skills and behavior changes expected from the students.

**EXAMPLE: Sexual and Reproductive Health and HIV/AIDS Prevention School Program**

**Students observe and practice ways to develop the following skills:**

<p><b>Communication skills</b></p> <ul style="list-style-type: none"> <li>– Effectively express desire to abstain or have safe sex.</li> <li>– Influence others to abstain from sex or practice safe sex using condoms if they cannot be influenced to abstain from sex.</li> <li>– Demonstrate support for the prevention of discrimination related to HIV/AIDS</li> </ul>	<p><b>Decision-making skills</b></p> <ul style="list-style-type: none"> <li>– Seek and find reliable sources of information about human anatomy, puberty, conception and pregnancy, STIs, HIV/AIDS, and local prevalence rates and available methods of contraception</li> <li>– Analyze potential situations for sexual interaction and determine actions to take and their potential consequences</li> </ul>	<p><b>Skills for managing stress</b></p> <ul style="list-style-type: none"> <li>– Seek services for help with reproductive and sexual health issues including, contraception, condoms to prevent HIV or unplanned pregnancy, sexual abuse, exploitation, discrimination, gender-based violence or other emotional trauma</li> </ul>
<p><b>Advocacy skills</b></p> <ul style="list-style-type: none"> <li>– Present arguments for access to sexual and reproductive health information, services and counseling for young people</li> </ul>	<p><b>Critical thinking skills</b></p> <ul style="list-style-type: none"> <li>– Analyze myths and misconceptions perpetuated by the media about HIV/AIDS, contraceptives, gender roles, and body image</li> <li>– Analyze socio-cultural influences regarding sexual behaviors</li> </ul>	<p><b>Skills for increasing personal confidence</b></p> <ul style="list-style-type: none"> <li>– Abilities to assume control, take responsibility, make a difference or bring about change</li> <li>– Assert personal values when encountering peer-related and other social pressures</li> </ul>
<p><b>Negotiation/refusal skills</b></p> <ul style="list-style-type: none"> <li>– Refuse sexual intercourse or negotiate the use of condoms</li> </ul>	<p><b>Interpersonal skills</b></p> <ul style="list-style-type: none"> <li>– Show interest in and listen actively to others</li> <li>– Behave caring and compassionately when interacting with someone who is infected with HIV</li> </ul>	

<sup>5</sup> *Skills for Health, Pg 14, WHO Information Series on School Health Document 9*

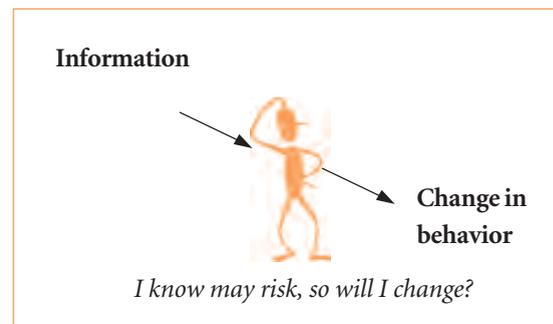
# Why children need life skills?

## LIFE SKILLS ARE CRITICAL FOR YOUNG PEOPLE

Life skills address the whole individual and therefore can lead to overall, sustained life-long behavior change.

The life skills approach asserts that if children and young people are provided with the opportunity to learn skills in a supportive environment, they can confidently manage their lives in a positive manner while serving as valuable resources to their friends, families and community.

providing knowledge is not enough to influence behavior. Although people may understand risk, they may not make rational decisions to change their behavior to reduce these risks. We also know that while any change in behavior is difficult, changing sexual behavior, risk behavior or coping behavior is especially difficult.



## LIFE SKILLS LEAD TO BEHAVIOR CHANGE

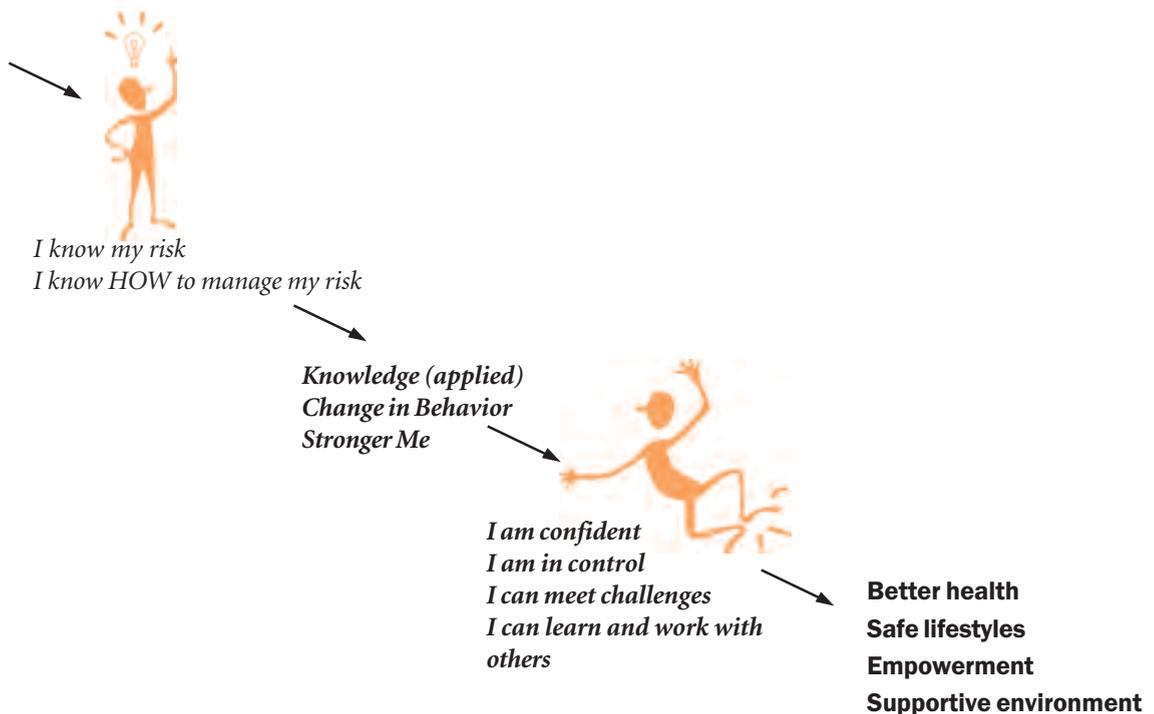
### 1. Knowledge is Not Enough

Experience indicates that building awareness and

### 2. Knowledge Must Impact Attitudes and Values to Change Behavior

Life skills are one approach that changes attitudes and values to affect behavior.

#### Information + Life Skills



Attitudes and values influence our behavior. Life skills activities provide opportunities to understand and assimilate information and to reflect on one's beliefs and attitudes. An increased sense of competence is cultivated by practicing skills. These efforts, when encouraged in a supportive environment, lead to changes in behavior. Such behavior change may be learned in specific contexts (such as street children learning how to have safe sex), but the skills can also be adapted and applied to many other contexts—

Children and young people infected and affected by HIV/AIDS have particular needs and problems. A Life Skills Education Program can be tailored to address these varied needs—such as a street child who needs to resist peer pressure, a child whose parent has died of HIV/AIDS needs to cope with various emotions accompanied with loss, or a child of a sex worker who must learn how to identify a potentially exploitative situation.

Risk/Problems	How Life Skills Help
Situation is risky/difficult to cope	I know and understand my risk/problem
Low self-esteem	I believe I can do something about it
Cannot express feelings	I can express what I feel
Poor communication	I can relate to others
Poor critical thinking	I think before I act
Poor decision making	I decide what is safe and what makes me happy
Influenced by peers	I can say no
Do not know safe/coping behavior	I act in a way that I am always safe and can cope
Am only concerned about myself	I help others
Do not know where to go for help	I know where to find and get support when needed

now and in the future. For example, a child who has learned to say no to steal can learn to be assertive in many other situations as well.

### 3. Vulnerable Children and Children in Difficult Circumstances Especially Need Help

Vulnerable children such as street children, children of sex workers and children infected and affected by HIV/AIDS are especially at risk. Life skills are essential to reduce risk and cope with threatening and difficult situations.

### 4. Gender Can Influence Risk and Risk Behavior

Girls are especially at risk and need to be empowered to enable them to make safe choices. Boys need to learn about responsible behavior and develop a sense of male identity that does not include sexual risk taking. Gender is especially important in determining sexual behavior. Life skills address gender issues to reduce risk and promote safe behavior.

### 5. Young people are especially at risk of HIV and need to know how to lead positive and responsible lifestyles.

In a modern, complex world bombarded by media and other influences, young people are especially at risk for getting infected with HIV infection. Most new STI/HIV infections are among young people. Young people need to have information to behave in ways that prevent risky behavior and reduce their vulnerability to acquiring STI/HIV. They also need to learn how to lead healthy lives so that they can become valued and responsible members of their families and communities. Young people living in slums and in marginalized communities are especially vulnerable because they lack knowledge, have poor access to services and do not know how to reduce their vulnerability. Poverty and lack of employment opportunities also can contribute to increasing the vulnerability towards HIV infection.

Life skills help young people become mature thinkers, build positive relationships, take responsibility and cope with stress. Life skills enable them to deal effectively with the demands and challenges of everyday life and lay the foundation for responsible adult social behavior.

#### LIFE SKILLS EDUCATION PROGRAMS ARE MORE EFFECTIVE THAN TRADITIONAL INFORMATION BASED PROGRAMS

- Life Skills Education Programs target changes in specific behaviors; activities go beyond changing knowledge, attitudes and values.

- Lessons and activities offer a good balance of knowledge combined with discussions on attitudes, values and life skills.
- Programs are built around the needs of young people.
- Gender sensitivity (addressing the differences between boys and girls) is an essential part of the program.
- Participatory and active teaching-learning methods are used to ensure that young people participate instead of being merely passive recipients.

#### Research Evidence for Life skills: Three Key Findings<sup>6</sup>

1. Education that concentrates on developing skills for making healthy choices in life in addition to imparting health-related knowledge, attitudes, values, services and support is more likely to produce desired outcomes;
2. Skill development is more likely to result in the desired healthy behavior when practicing the skill is tied to the content of a specific health behavior or health decision, such as reducing risky behavior related to HIV/AIDS; and
3. The most effective method of skill development is learning by doing, by involving people in active, participatory, learning experiences rather than passive ones.

<sup>6</sup>Source: *Information Series on School Health Document 9, SKILLS FOR HEALTH, Pg. 30. (WHO, UNESCO, UNICEF, THE WORLD BANK 2000).*

### HOW LIFE SKILLS ARE LEARNED

A number of theories and research in the field of education, child development and behavioral science have helped to shape understanding and approaches to learning life skills. These theories explain how behavior is shaped through a complex combination of biological, social and cognitive processes. We now know how children grow, learn, and acquire knowledge, attitudes and skills. We also understand better how parents, peers, family, school and others in the community and media influence their behavior. Experience from the field, however, cautions us to be wary of these theories because they have been developed by scientists in the Western world and need to be researched in other cultural settings.<sup>7</sup> It is increasingly recognized that the relevance of these theories need to be tested and adapted for different cultures and in program design.

Program experiences in different cultures have indicated the importance of supportive environments that build on available “social capital.”<sup>8</sup> By social capital we mean the various institutions, relationships and norms that shape the quality and quantity of our social

interactions. It is the glue that holds a society together. In many cultures and communities, the strength of the available social capital has been vital in sustaining programs. When involving the larger community in a Life Skills Education Program, children are also encouraged to contribute to their communities.

The interactive methodology and approach advocated by the child-to-child approach adapts concepts from child development theories into program design that have been refined in diverse cultures through over 25 years of vast field experience. The child-to-child approach respects and recognizes the rights of children for healthy, safe and happy living.

The life skills methodology uses the available conceptual models to develop a combination of learning experiences that develop not only knowledge and attitudes, but also skills (i.e. life skills), which are needed to make decisions and take positive actions to change behaviors. Children learn to make specific health-related choices such as choosing not to have sex, resisting peer pressure, negotiating in risky situations, learning how to communicate clearly, and building healthy relationships.

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<sup>7</sup>For an excellent discussion on these theories see WHO, *Skills for Health, Information Series on School Health, Document 9*. These include *Child and Adolescent Development Theories, Multiple Intelligences, Social Learning Theory, Problem-Solving Theory, Social Inoculation Theory, Cognitive Problem Solving, Resilience Theory, Health Belief Model and Stages of Change Theory*. Table is adapted from *Child-to-Child* sources

<sup>8</sup>See [www.worldbank.org/poverty/scapital/whatsc.htm](http://www.worldbank.org/poverty/scapital/whatsc.htm) for a discussion on social capital. There is increasing evidence that social cohesion is critical for societies to prosper economically and for development to be sustainable.

<b>Information + skills + motivation + supportive environment = safer, healthy choices</b>	
Information <b>PLUS</b>	<ul style="list-style-type: none"> <li>• The right kind of information, at the right time, provided in the right way.</li> </ul> <p>For example: Young girls and boys receive correct information in simple language using active learning methods about how older men can lure them into sex and why it is important to have safe sex.</p>
Life skills or the ability to act <b>PLUS</b>	<p>For example: Young boys and girls may know that abstaining from sex is important, but may not have the skills to resist pressure or avoid a risky situation, making it difficult for him/her to put knowledge into practice. If s/he is taught skills such as how to:</p> <ul style="list-style-type: none"> <li>• Seek help if an adult is harassing him/her for sex.</li> <li>• Negotiate with a boyfriend or girlfriend who is pressurizing for sex (without losing the friendship).</li> <li>• Persuade parents not to enter into marriage at a young age.</li> </ul> <p>...Then s/he is better able to abstain from sex or avoid being enticed into unsafe sexual situations.</p>
Motivation <b>PLUS</b>	<p>Even if young people have the information and the skills to implement information, they still need to feel <i>motivated</i> to change behavior. Motivation to lessen risk comes from different sources:</p> <ul style="list-style-type: none"> <li>• Friends or family (through praise, encouragement and fostering a sense of belonging).</li> <li>• A religious or support group.</li> <li>• Self-motivation, such as developing goals and understanding how our values affect behavior.</li> <li>• A strong moral code within family or community.</li> <li>• Support from trusted adults such as health workers, teachers.</li> <li>• Exposure to the consequences of risks, such as a friend or family member sick or dying from HIV/AIDS.</li> </ul>
A supportive environment	<p>Supportive external influences of peers, family, school, community, society as a whole, cultural and religious influences, media, government policy and law; peers who have successfully moved on to provide excellent supportive environments through understanding and experience sharing.</p>



Poster on how life skills empower children to make crucial decisions

**LIFE SKILLS ARE IMPORTANT BUILDING BLOCKS FOR EXISTING OVC PROGRAMS**

Orphans and vulnerable children; and children infected and affected by HIV/AIDS have educational, growth and developmental needs such as good nutrition, health care, social acceptance and recreation. Other needs such as legal and livelihood needs also demand urgent attention. A Life Skills Education Program contributes to and coordinates with programs

that attend to these needs. By strengthening and linking other programs with life skills, we recognize the holistic development of the child and value the child as a person in his or her own right.

Explanations for children’s behavior rest on an amalgam of factors including information, skills, motivation and the environment in which they express their behavior.

# How a participatory approach helps Life Skills learning: Lessons from child-to-child programs

The Life Skills Education Program promotes children's **rights** and values their **perspectives**. These are the foundations upon which the Life Skills Education Program is built. Life skills respect the contribution of young people and views them as partners in the change process.

The participation of young people is critical to Life Skills Education Programs. Young people are

are understood, the young people discuss what they have learned so as to link learning with their day-to-day lives from the outset. Next, children work together to make plans and take action. Working with other children in teams and as peer educators is central to the Child-to-Child approach. Children like to work together and by doing so, learn to share and care. In many cultures,

The six steps of the approach are as follows:	
1	<b>Understanding</b> the issues and life skills needed;
2	<b>Relating</b> issues to their own lives;
3	<b>Practicing</b> skills in a safe and supportive environment;
4	<b>Applying</b> life skills in real-life situations;
5	<b>Thinking</b> about experiences gained; and
6	<b>Strengthening</b> life skills for further use.

most likely to participate if active learning methods are used to promote participation. Child-to-Child<sup>9</sup> is an approach to active learning that has been used worldwide for various health issues. Its six-step approach lends itself ideally for life skills learning as the approach promotes thinking, doing and working with others. This Life skills education toolkit uses the Child-to-Child approach.<sup>10</sup>

The approach draws on the experiences of the child. In the first step, the child/young person is encouraged to recognize and understand his/her priority problems and needs. Once the problems

group rights and influences are also more acceptable than individual ones.<sup>11</sup> In Steps 5 and 6, children and young people learn to review and learn from their experiences so that they can be more effective the next time. Each of these steps links what they learn in the “learning place” to what is happening in their outside lives. The activities and sessions in the Toolkit are designed to mirror this approach. *Linking Learning to Life* is an integral part of each activity, and the *Group Check In* at the beginning of the activity helps children to think about and review how well they have been able to practice the new behavior learned in earlier sessions.

<sup>9</sup>The Child-to-Child Program was initiated in the International Year of the Child in 1977; see [www.child-to-child.org](http://www.child-to-child.org)

<sup>10</sup>Also see Section Two in the Facilitator's Guide: Approaches to Active Learning, pg. 56, for more details.

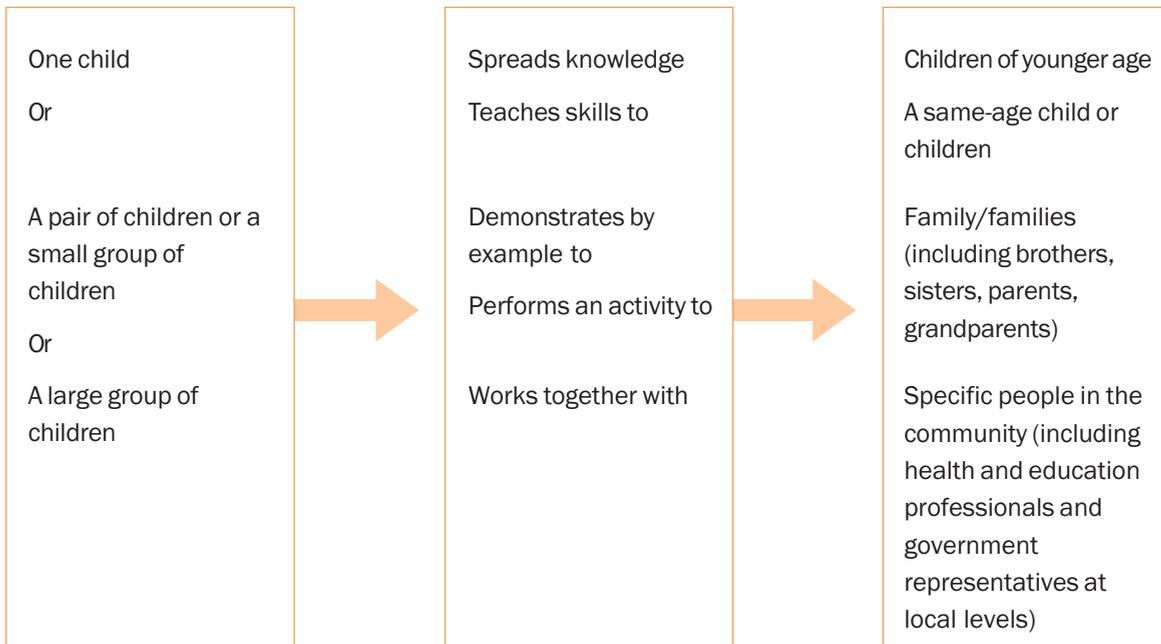
<sup>11</sup>See Boyden, J. Ling, and Myers, W. *What Works for Working Children, Sweden, Save the Children Sweden and UNICEF, 1998, Pg 30.*

**The Child-to-Child approach to learning respects children's rights. It is a unique approach to learning because it promotes the following principles:**

- Children can take action to improve their own lives and that of their families and communities;
- Children can participate in planning, implementing and evaluating activities;
- Children set priorities about the problems they want to work on, while adults facilitate and provide opportunities for children to accomplish these goals. As a result, learning is linked to actual problems;
- Participation from children and facilitation from caring and responsible adults are equally emphasized;

- All activities are expected to promote the child's best interests and do not place him or her in a vulnerable or exploitative situation;
- Many stakeholders are involved to help create an enabling and supportive environment for children; and
- The Six Step process promotes the development of life skills.

Although the Child-to-Child approach began with an older child conveying health messages to a younger child, the method has evolved to include a variety of ways in which children communicate with each other. These include:



## SECTION TWO: Developing a Life Skills Education Program

A Life Skills Education Program can be conducted in a variety of settings such as institutions, the open community, community centers, schools, children's clubs or any other place where children like to gather. The program can be adapted for diverse groups of vulnerable children such as street children, orphans, children affected and infected with HIV/AIDS, rag pickers, children of sex workers, in- and out-of-school youth and many others. A comprehensive Life Skills Education Program provides opportunities to develop psychosocial skills that help children and young people make healthy, safe decisions in daily living and in situations that carry a high risk of acquiring HIV. The program also provides a number of coping skills for those who are infected by HIV or living with or caring for People Living With HIV/AIDS (PLHA).

Systematic planning, implementing and program evaluation are vital to ensuring the development of effective and sustainable positive behaviors in young people. These program components should be integrated when the program is launched.

The section on **planning** provides simple guidelines for developing an effective program. It discusses why it is important to understand the needs of children as well as to obtain an organizational commitment to children's participation. An effective Life Skills Education Program is possible only when an organization values children's rights and the contributions they can make. The section concludes by suggesting how to create supportive environments with communities, by creating links with other programs and through the active participation of youth. To be successful, the

program must involve the community, schools, families and other services.

The section on **implementation** explains what is meant by participation and how it can be enhanced by children. Practical ways in which participation can be implemented are suggested, and the Child-to-Child approach to learning life skills is explained. This section contains tips for facilitators. It also includes how to use active learning methods and describes the challenges in working with children in vulnerable situations. Facilitators will also find the discussion on peer education and developing youth friendly services useful. This section suggests ways in which children can plan and implement activities in their communities through peer educator programs. A good Life Skills Education Program creates a demand for friendly, accessible health services as well, and the Facilitator's Guide suggests ways in which these services may be strengthened. Most programs for children describe activities implemented by adults through non-governmental organizations (NGOs) or the community. Few programs actively encourage children to play a positive, useful role in their communities. When children learn to contribute in positive ways in their community, they can have the power to change community perceptions and biases.

The **evaluation** section discusses the importance of participatory evaluation. Tools for evaluation, especially involving children, are explained in detail. There are also suggestions on what children can do once the Life Skills Education Program is completed.

The final section provides a list of useful references, assorted energizers and warm-up exercises.

# Planning a Life Skills Education Program

## UNDERSTANDING THE NEEDS OF CHILDREN

To effectively plan a program, the needs of the children involved must be clearly understood so they can be accurately addressed. The plan can be thought of as a road map. If we know which road to follow, we will reach our destination. However, if we do not have a road map, we will not know where we are going.

We can involve different people to help us understand the needs of children, like experts, program staff and community members. Gathering information to plan HIV/AIDS programs is different from other programs because of the sensitive nature of the information needed. It is very important to explore various and indirect ways of collecting data, such as observing children, being good listeners and talking to key informants. We can also accumulate our baseline information by the careful recording of children's responses during the implementation of the Life Skills Education Program. For example, the P matrix activity can be used throughout the program as a way to compare current information with that collected previously. (See page 42-43 for a description of the P Matrix).

An understanding of the children's needs is essential not only for planning and implementation but also for evaluation, which will be conducted later in the program. We cannot evaluate a program if we do not know what we have to evaluate. When we understand the needs of the children in a systematic way, we are able to identify priorities for the Life Skills Education Program and choose relevant objectives and indicators.

Many practitioners may not want to collect data regarding children's needs and want to start implementing the program immediately because of the following concerns:

- (a) **We do not have time:** A plan to understand the needs of children can be rapid and action oriented and can provide quick and practical feedback to programs;
- (b) **We are not researchers and do not have the skills for research:** When simple tools are used and chosen carefully, collecting data about children's needs can be easily conducted by field workers; and
- (c) **If I start the process now, it will delay the start of my program:** It is better to invest a little time and effort now in the study of children's needs than changing and modifying the implementation or after an evaluation is conducted, which is too late anyway.

## WHAT INFORMATION IS NEEDED?

The kind of information collected depends on the broad aim of the programs. If we are planning to start a health program, we need to assess health needs. If we plan to start a community based program, we need to assess the priority needs of the community, such as water, sanitation, housing or education.

If the overall aim is to start a Life Skills Education Program, we need to understand psychosocial needs. Because we are looking at life skills for vulnerable children, we will have to assess their needs by talking to key informants, program staff and community members.

- What are the priority **problems** and **needs**?
- What are the causes of these problems?
- What are the possible solutions for these problems?

For a better understanding we must also ask:

- What are the **strengths, positive skills and behaviors** of children, their families and communities?

Many times we focus only on problems. Yet children and young people, especially those in vulnerable conditions, have many skills that have helped them survive. Many children are **resilient** and have learned to cope with the unfavorable circumstances in which they live. When we collect data on children's needs, we can identify these strengths, and programs can be planned to build on them.

Some of the information that must be collected includes:

1. **Background and profile of the children;** This includes age, education, economic status, family, hobbies and interests.
2. **Information on risky behavior;** What is their knowledge of HIV and related sexual risky behavior? Are children involved with drugs, alcohol and smoking? When did they start? Who influenced them? How do they perceive the risk? ***Sources other than children, such as key informants, can provide this information. Children should not be asked these questions directly.***
3. **Socio-cultural milieu;** What is the environment like where they live, study and work? How supportive is it, and how does it influence risky behavior? Who influences decision-making—friends, family, media, teachers, or other adults? How do they form relationships with their own sex and the opposite sex? What are their values and societal norms? What are the threats in the

environment? How do they manage these? What are their problems?

4. **Access to services;** Are there services available such as youth organizations, STI clinics, educational facilities (formal and non-formal), recreational facilities, counseling centers, detoxification centers, health clinics/hospitals? Are these youth friendly? What other NGOs are working in the area, and what services do they provide?

#### HOW TO COLLECT INFORMATION?

Different methods can be used to assess children's needs when planning programs. It is a good idea to obtain information from various sources to provide more confidence in the plan.

Valuable data can be obtained from an array of reports and statistics. This may include related research; information on the prevalence of HIV and STIs; tobacco, drug and alcohol use and abuse; data from health and STI clinics, counseling centers, and detoxification centers; condom distribution data. Primary information may also be collected by interviewing and holding discussions with key informants, expert program staff and community members. Adults who play pivotal roles in children's lives are an invaluable source for insights. Information should be sought from children only if absolutely necessary, and ethical guidelines must be strictly followed.<sup>12</sup>

Some successful tools for program staff to use for obtaining information are explained. However, collecting information and conducting analysis can be complex, and it is recommended that experts be used to help with these tasks.

<sup>12</sup> See section on Ethical guidelines on Pg 29.

## TOOLS TO COLLECT DATA

### 1. Asking Questions:

A set of questions is easy to administer as long as questions are simple, well-formulated and can be answered in a checklist format—such as yes/no or agree, partially agree, disagree, or in a multiple-choice format. These are also known as closed ended questions. Closed ended questions are useful because they help us to count our answers easily. Survey methods are useful when we collect quantitative data such as, “How many cigarettes do you smoke in a day?”

The other kinds of questions are called open ended, because the answers are not limited by given choices, but depend on what the person says. For example, “What is your opinion about...? What do you feel about...?” When we ask these kinds of questions, we get answers that are qualitative. They are useful because they provide us with clues about why children behave in a certain way.

It is important to remember not to ask questions one does not need or will not use, even though it may be interesting to find out the answers. When more questions are asked, more analysis will be required. Questions should not be judgmental, such as, “Do you think it is right for adolescents to have sex before marriage?” The more difficult or sensitive questions should be left for the latter part of the interview or questionnaire or when adequate rapport has been established.

### 2. Focus Group Discussion (FGD)

A FGD provides valuable and rich information

on a particular problem or need. Survey methods that rely on close ended questions tell us “what” the problems are; the FGD help us to find out the “why” behind the problems.

There are many uses for a FGD. It can be used to collect data on children's needs, or can be used later to monitor progress or for evaluation. A good FGD involves:

- Eight to 12 persons who are homogenous, i.e. of the same age, same sex, or share a common concern;
- A facilitator and a note taker, preferably of the same sex as the group;
- A list of broad areas for questioning, including items from the questionnaire; and
- Good facilitation with probing (but not leading) questions, listening, ensuring that all get a chance to voice their opinion and the group keeps on track. The group does most of the talking, and the facilitator's role is to steer the discussion and to keep it focused.

The FGD allows the group to think deeply on an issue, which they may not have pondered as individuals. As members of the group voice their opinions, others may modify or contribute, allowing the facilitator to understand the range of perceptions in the group.

Good note taking is an essential part of the FGD. Notes must be transcribed as quickly as possible. Once the FGD is over, it is a good idea for the facilitator and note taker to share notes and fill in gaps.

### 3. Listening Survey

A listening survey involves spending time informally in the community, listening to what people are saying, observing who is speaking, the reason for the conversation, who is involved and the context in which the conversation is taking place. The investigators could visit places where the target group can be located, such as a market place, a school compound, shops of petty shop owner (*paan shop*), tea stalls, bus stops, railway stations, shelters, drop-in centers, youth clubs and bars.

The investigators should work in teams of two or three. One starts an informal conversation such as, “Who buys cigarettes here?” or “Have you seen that poster on AIDS? Why did they put it up here?” or “I saw a lot of young people buying liquor here yesterday.” or “I am afraid of HIV.” The idea is to get people talking in your area of interest. No notes should be taken at this time.

Immediately following the meeting, the team should write down what was said and compare notes with the other teams. If similar responses are obtained from the same category of individuals, there is greater confidence in the data obtained. If this happens, the teams can move on to the next group of people.

### 4. Mapping

Maps can provide information on the availability of services, “hot spots” for risky activities, where different people live and work, or a social map of the area. Maps

sometimes help to visualize causal connections to problems. For example, a bar may be situated near a brothel on a street where children collect money at night. Mapping, in this example, vividly illustrates how children are placed in potentially risky situations. Information about health, education, vocational, recreational and other services working with children, including local NGOs, can be useful for planning programs that complement life skills sessions with children.

### 5. Key Informant Interview

There are always people in a community who have relevant information when planning a program. These people work with or know young people well and may include a local leader, doctor, teacher, petty shop owner, canteen owner, police officer, youth and others. An interview covering the key questions will elicit rich data. Do not forget to show respect to these individuals for sharing information with you.

### 6. Real Life Examples (Case Study)

This tool is useful only if we know that the case study is illustrative of the characteristics of a specific group of children. If so, the case study can offer insights into how and why risky behavior took place, the perceptions of different people and the influencing events that took place over a period of time. A case study is possible only when the person collecting the data is experienced in this method and has an excellent rapport with the person from whom information is being collected.

### USING DATA FOR PLANNING

Once the data is collected, analysis should be conducted using simple counting, tables and graphs. Whichever method is used, analysis requires experience; it is suggested that research experts be involved in this process. If information has been collected from the community, do not forget to share your findings with them, and if possible, include children as well. This can be done in a simple manner through an oral or visual presentation.

This information is your first step in planning a Life Skills Education Program. The Bridge Model (please refer to the illustration on page 21) is a useful tool to decide which set of life skills tools should be chosen for your program. The model is a visual tool for listing problems and choosing specific for program development. A brief description of the model is presented below.

On one side of the bridge are the knowledge, beliefs and attitudes that young people currently have about HIV/AIDS. The children have to “cross” the bridge to get to the opposite side of the river, which is where a positive, healthy lifestyle resides. The river represents all of the problems that children face that prevent them from reaching the other side. The Life Skills Education Program therefore develops “planks” (blocks of wood) to be placed

side by side to make a bridge; each plank represents a life skill that can be added to help children “cross over” the “river of problems.”

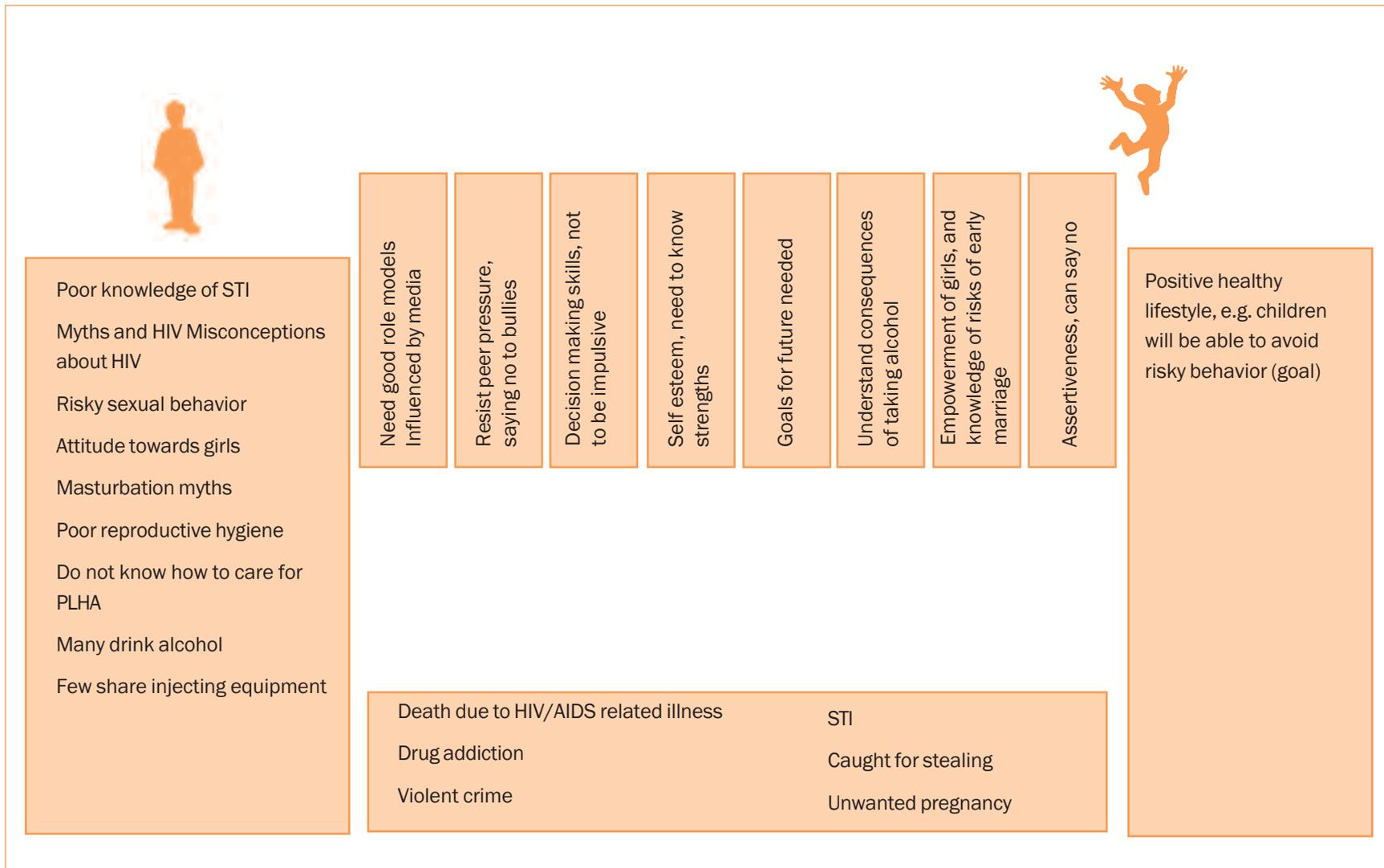
As discussed earlier, children are often resilient and acquire positive coping mechanisms along the way. These strengths, identified during the planning process when the needs of the children were assessed, are the “positive planks.” When building the bridge for the program, these “positive planks” can be identified by using a different color from skills the children still need to learn.<sup>13</sup> Program staffs need to be as specific as possible when defining the “planks.” Adaptation of the Bridge Model makes the tool versatile and easily adaptable; as children work through the Life Skills Education Program and the “positive planks” grow in number, the field worker can easily identify and work with the life skills’ “missing planks.”

The Bridge Model helps in planning goals and objectives. In the above example, the children’s *goal* is a positive lifestyle and avoiding risky situations. To reach the goal, the program *objectives* are to increase knowledge of HIV, reduce alcohol and substance use, and increase accessibility of youth services. In order to accomplish this, a number of life skills are needed. Since life skills are interrelated, it is a good idea for the children to learn all the psychosocial skills (or life skills) although emphasis on specific skills may vary.

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<sup>13</sup> This adaptation of the Bridge Model and using ‘positive planks’ is that of the author.

# THE BRIDGE MODEL



### SETTING OBJECTIVES AND INDICATORS

The planning process provides information on problems, the needs of the children and the life skills required to address these problems and needs. The next step in the planning process is to set objectives to guide program implementation. Objectives define what we want to do in the program. These keep the program on track and

Every life skills module provides suggested objectives, which can be a useful starting point for facilitators to plan and set their own objectives for a Life Skills Education Program. It is a good idea to add measurable or quantitative aspects to the objectives provided for each session. For example, instead of “Will learn assertiveness skills,” the objective could be SMART: “By the end of the Life Skills Education Program, at least 50 percent of

Objectives	SMART Objectives
Children in a Life Skills Education Program will:	At the end of the first year ...
<ul style="list-style-type: none"> <li>• Increase knowledge of HIV transmission.</li> </ul>	<ul style="list-style-type: none"> <li>• Forty percent of children in the project have completed 12 life skills sessions.</li> </ul>
<ul style="list-style-type: none"> <li>• Increase assertiveness and learn how to resist peer pressure.</li> </ul>	<ul style="list-style-type: none"> <li>• Sixty percent of children who attended the life skills sessions can report two instances where they used assertiveness skills with peers.</li> </ul>
<ul style="list-style-type: none"> <li>• Learn to make safe decisions.</li> </ul>	<ul style="list-style-type: none"> <li>• Eighty percent of children can give at least two examples where they identify low, medium and high risk situations and can make safe decisions.</li> </ul>
<ul style="list-style-type: none"> <li>• Participate in the community.</li> </ul>	<ul style="list-style-type: none"> <li>• At least two examples of children-initiated activities are taking place in the community.</li> </ul>
<ul style="list-style-type: none"> <li>• Learn life skills from trained facilitators.</li> </ul>	<ul style="list-style-type: none"> <li>• All facilitators have completed a five-day in-service training on life skills during the first three months of the Life Skills Education Program.</li> </ul>

answer the question, “What do we want to achieve by doing this program/activity?” If we know what we want, we can plan how to do it and find out whether we have completed what we set out to do.

**Objectives** that are SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) are very useful to plan, implement and evaluate a Life Skills Education Program.

the street children attending the program will learn the assertiveness skills of ‘saying no’ and will use ‘I feel’ statements.”

By setting SMART objectives, it is easier to monitor and evaluate our work. To find out whether we have achieved our objectives, we need to set **indicators**. If indicators are set during the planning phase, facilitators can “check” on them during

implementation and “check” again when the program is completed. In other words, good indicators set up during the planning phase help to both monitor and evaluate the program. For each objective, there may be several indicators, and the most appropriate and relevant will need to be selected. It is always advisable to have more than one indicator for each objective.

Broadly, indicators come in two types: Outcome Indicators and Process Indicators.

**Outcome Indicators** tell us what will happen, or change, at the end of a given project. A simple way of constructing these indicators is by saying “At the end of the program, the children will....”

*Know* .....

*Feel* .....

*Do* .....

For example, after life skills sessions on communication skills, children will:

*Know* - that communication is both verbal and non-verbal and understand what they communicate and with whom;

*Feel* - confident in practicing the new skills; and

*Do* - use communication skills with friends and family.

**Process Indicators** tell us about quality and whether the activity is actually being carried out correctly. For example, if planned life skills sessions do not take place (process indicator), there is no point in measuring whether assertiveness skills have been learned or, in other words, measuring the impact of the program (outcome and impact indicators).

Examples of process indicators could be “participatory methods were used by facilitators” or “the children surveyed the community and mapped the services available,” or “all facilitators completed a training-of-trainers (TOT) session” or “materials were developed by the children for the program.”

Remember, process and outcome indicators need to be SMART!

Objectives and indicators are useful when continually referred to by project implementers. It is a good idea to place a regular review of objectives and indicators in the action plan. A review will not only help to monitor progress, but will provide an opportunity to review the relevance of the indicators. In many action programs, indicators need to be flexible (of course, within limits!) as field realities are never constant.

When a Life Skills Education Program is implemented within an ongoing program for children, it is useful to review goals and objectives within this framework. How to link a Life Skills Education Program with other programs is discussed on page 31: “Linking with other Programs.” By setting goals within the framework on an existing youth program, it is possible to reinforce life skills and make it easier for children to practice skills in different contexts.

### USING THE LIFE SKILLS EDUCATION TOOLKIT

The toolkit has a number of modules, sessions and activities. Each module is divided into two or three program sessions. Each session has a number of activities from which to choose.

A systematic planning process is important in selecting relevant modules, sessions and activities to prepare a curriculum for the Life Skills Education Program. To summarize, various data collection tools identify and prioritize the needs of children; the Bridge Model identifies which life skills the children need to learn, and SMART objectives determine what the program will achieve. To select modules, sessions and activities, the organization needs to invest in planning of meetings. Because Life Skills Education Programs influence other programs, it is useful to include

staff from these groups as well. In addition, Life Skills Education Program planning must include:

- Time;
- Location;
- Duration;
- Children – which, how many, age, sex;
- Referral resources; and
- Our own capacities.

Since children are mobile, it may be difficult to answer these planning questions, and organizations must meet specific targets. The temptation may be to conduct as many life skills sessions as possible with more children in the shortest time. But remember, it is far more important for children to learn a few relevant skills and learn them well. Besides, it is not easy for children to learn new behavior (some learning requires ‘unlearning’ as well). Each child has his or her own pace of learning and practicing new skills, so they cannot be rushed!

The activities in the module sessions are organized in a logical sequence. The activities at the beginning of the session are introductory, and the ones towards the end expect the children to explore more complex issues. However, the activities may be organized in any order and in a framework that reflects the needs of the children and systematically develops skills. Children’s need will change over time, and planning frameworks can be flexible. The toolkit helps to form ideas and to tailor-make activities according to the children’s needs. It is a good idea to plan in a way to easily evaluate outcomes.

The facilitator must prepare for each session by reading the appropriate information sheets, introduction to the session, objectives and key points. Next, the facilitator must review each step of the activity, so that it can be easily implemented. Colleagues can help in this process. This is a good opportunity to discuss session adaptations or additional staff support. The time required for the activities is only an estimate. Different groups may require varying time; plans need to build in this flexibility.

The “Linking Learning with Life” activities provide continuity and an opportunity to practice between sessions. They are an integral and critical component in life skills activities and *must* be included in the training sessions. Each new session must begin with feedback from the children regarding what has happened since the last training session. In the toolkit these are known as “Group Check Ins.”

Sessions must always be adapted to the children’s needs. The Group Check Ins and “Linking Learning to Life” activities provide valuable information to the facilitator about how to adapt ongoing sessions if required. The age of the children, their developmental levels, the knowledge required at each age and their changing life experiences, all determine what is included in the sessions.

Learning skills and changing behavior is a time consuming process and miracles are not achieved overnight. Practitioners and implementers need to be patient!

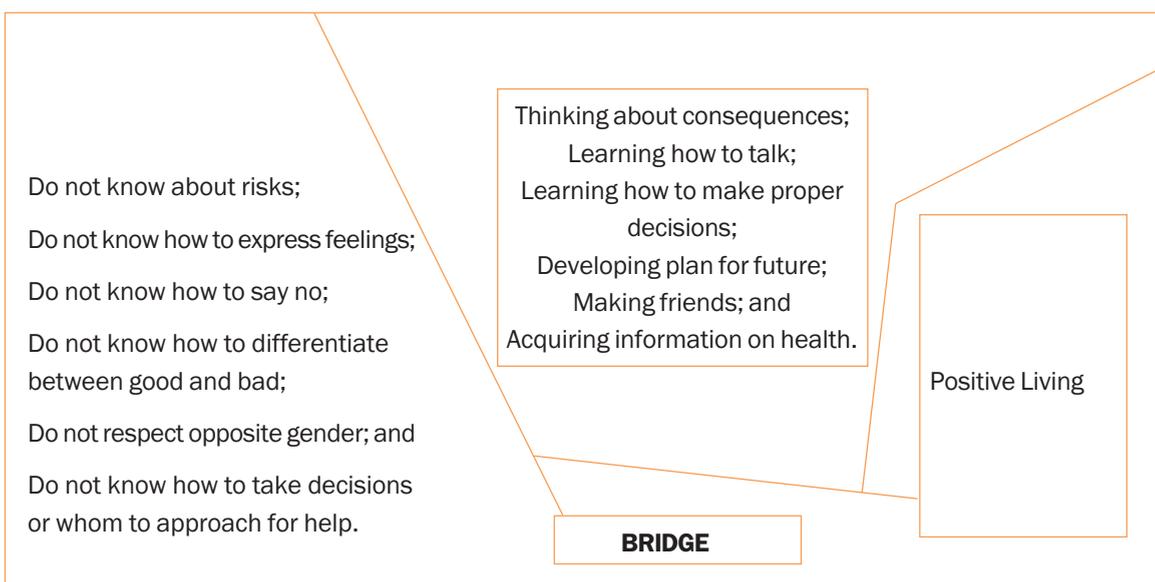
The following grid is a good tool to bring together information for planning the life skills component of your program.

<p>What is the behavior that exists today? (list behavior using information from “Understanding needs of children,” Bridge Model and 3 P Matrix)</p>	<p>What behavior or change in behavior is needed? (develop SMART objectives; also see 3 P matrix)</p>	<p>What life skills are needed? (refer to the Bridge Model and 3 P matrix)</p>	<p>What activities/ sessions will be used from each module? (review objectives in each Module/ Session to select)</p>	<p>What kind of community support is needed? (advocacy, youth friendly services, links with other NGOs)</p>
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*Note: Some behaviors will be appropriate to a stage and do not need to be changed. However, children may need help to learn the “right” way, so that they do not have to unlearn behaviors in the future.*

**The following planning example was developed at a TOT workshop in New Delhi, March 2005:**

A) A **Bridge Model** for boys and girls aged 10-14 years in a brothel area identified existing behavior and knowledge and also some areas for skill development.



B) The **3 P matrix**<sup>14</sup> identified the following:

Problem	How common	How serious	What children can do to solve problems with examples	Importance
Teacher ignores me in classroom	3	4	3 – will take <i>morcha</i> (strike) to head teacher <b><i>Later became</i></b> 5 – we will be on time, complete our homework, speak to her	10 (12)
I do not get a chance to spend time with my mother	5	5	4 – I will ask my mother to meet me once a day; once a week will go out with my mother	14
Other children make fun of me as my mother is a prostitute	4	5	3 – will talk to our friends, ask them to come home	12

C) A **planning grid** was developed:

Behavior today	What behavior or change in behavior is needed	What life skills are needed	What activities/ sessions will be used from each module?	What kind of community support is needed?
Teacher ignores me so I do not attend school from (3 P Matrix;)  How to express feelings, cope with aggressive behavior (from Bridge Model)	Understand that each person has a unique pattern of behavior; learn to think through decisions because they affect me and others; understand how to express feelings verbally, non-verbally in a way that does not hurt me or others	Problem-solving, decision making, relationships,  self awareness, communication, coping with emotions	See curriculum plan in next table	Sensitize school teachers; arrange visits for teachers to see the organization; involve children in advocacy (writing letters to prominent community members); link with other NGOs to hold a forum that will undertake advocacy activities in the community; involve important stakeholders in the child's life such as teachers, parents, friends, siblings

<sup>14</sup> See page 42-43 for more on 3P-Matrix

D) The following Life Skills Education (LSE) curriculum was developed:

### Three month curriculum plan

Month One	Session	Activity
1. Getting Started	Introduction	Mime an interest
2. Getting Started	Rules and expectations	Making Ground Rules
3. Getting started	Trust and support	Trust me
4. Relationships	Network of relationships	Relationship mapping

Month Two	Session	Activity
1. Relationships	Conflict and negotiation	Who is right? Who is wrong?
2. Communication	Effective communication	Status and power
3. Communication	Effective communication	I & U using I feel statements
4. Getting to know each other	I am special	I love myself

Month Three	Session	Activity
1. Communication	We speak with our bodies	Mixed messages
2. Coping with emotions	Feelings that hurt	Managing anger: firecracker
3. Coping with emotions	Feelings that hurt	Blow up the balloon
4. Coping with emotions	Feelings that hurt	A drop in the bucket

### MAKING AN ACTION PLAN

When creating a Life Skills Education Program, a key step is to develop an action plan. The plan describes the target audience, arranges logistics, sets a core curriculum and plans staff time and work responsibilities. Ensuring continuity of staff is strongly recommended since children need stability in their often unpredictable and constantly changing lives. The checklist presented below will help in creating a time and work plan:

1. Define the target audience according to their age, sex, literacy level, and the needs of the children (determined through previous exercises such as Focus Group Discussion, 3 P Matrix and other methods);
2. Link the Life Skills Education Program with other existing programs at the NGO. Review and establish connections with other health, education, and livelihood programs within the NGO; involve staff from these programs in life skills planning;

3. Arrange Logistics:
  - The scheduled time for the sessions depends on the availability of the children, such as afternoons or summer vacations;
  - Determine the length of the sessions; does 45 minutes or an hour seem well suited to the age and ability of the children attending the program?
  - How many children should attend the program?
  - What is the best venue—a drop-in center, under a tree, etc?
  - How often should the sessions be held?
4. Training requirements for the staff: How will capacity be transferred from one level to another?
5. What monitoring and supervision will the staff need; who will provide the supervision, and when will these sessions take place?
6. What are the resources needed for the Life Skills Education Program—staff, materials, and money?

7. Is any translation required for handouts or materials to be used?
8. How will the program link up with other trainings in the training calendar?
9. Who will document the sessions and the experiences of the children?
10. How will behavioral change communication (BCC) and material development take place using the program's active learning methods? Who will supervise? Who will assist?

Life Skills Education Program planners must also be aware of creating appropriate session plans for different groups of children. In the case of mobile populations such as street children, the challenge is in providing core life skills as quickly and as effectively as possible. On the other hand, in stable populations, the challenge is to ensure that children do not lose interest by providing a large number of varied and innovative activities.

**From Program Experience:**

In 2004 and 2005, TOT life skills workshops were conducted in Hyderabad and Delhi for partner organizations. An action plan format for Life Skills Education Programs evolved after preparing the curriculum. Participants felt there was a need for two action plans: one for preparatory activities and another for LSE sessions.

I. Preparatory Activity Action Plan

Activity	Audience	Time Line	Staff Responsibility

The preparatory activities were implemented when the newly trained facilitators returned to their NGO. All agreed that the facilitators need to gain field experience before they began capacity building activities for others in their organizations. The action plan consisted of at least 10 sessions to be conducted by the newly trained facilitator.

II. LSE Activity Action Plan

Number of session	Place/ village	Age group	No. of children Girls/boys	Date/ Time	Support Resources Required	Documentation

## ORGANIZATIONAL SUPPORT STRUCTURES

### Organizational Values

Life skills help children learn about democratic co-existence, making safe and healthy choices and having a positive lifestyle. The organization that implements a Life Skills Education Program must mirror these values, and should espouse the following principles:

- Participatory decision making;
- Sharing and listening;
- Respect for staff;
- Rights of children;
- Maintaining confidentiality;
- Building capacities of its staff;
- Transparent communication;
- Fair and just management of conflict;
- Developing positive links in the community; and
- Keeping safety of children as an overriding principle.

### Experience from the field

The life skills facilitator approaches children very differently. Facilitators from other programs have a different understanding of children and the approach conflicts with what we do in the Life Skills Education Program. Others need training too. (Facilitator, CHES Chennai)

I sensitized everyone – from top to bottom. The changes from the life skills sessions are huge and affect our whole CAA program. It is not just one part in the program. (Facilitator, PCI Delhi)

## CONFIDENTIALITY

One of the ground rules that must be established relate to confidentiality. Training sessions are set up to be supportive. Children will discuss personal matters, and their right to decide about disclosure must be respected. This information is not to be shared or talked about outside the training center.

### ETHICAL GUIDELINES<sup>15</sup>

All children's programs should promote the rights and interests of children and young people and restore or maintain their dignity. The best interests of the child should always be put first. Selection of child representation should be based on the principle of democracy and non-discrimination. Key considerations that must be recognized when planning work with children and adolescents are:

**Children's Participation:** One of the basic principles of the UN convention on the Rights of the Child promotes the "Right to Participate". Children must have the opportunity to express their views on activities that affect their welfare, and these views should be respected.

Children's rights to decide for themselves should be respected at all times, and efforts must be taken to ensure that the children understand the purpose and implications of their participation and know that they can refuse to participate. Participation should be relevant and voluntary while sufficient time and resources should be made available for quality participation. Children's rights to confidentiality and freedom from discrimination should not be compromised by their participation. Children must understand and accept that confidentiality will be maintained when they participate.

<sup>15</sup>Children Living in A world with AIDS, CAINN (Children and AIDS International NGO Network)/UNAIDS, 1998

**Basic ethical principles:** Strict observance of the ethical principles of respect, beneficence, and justice is especially important when working with children and adolescents due to the implicit power differential between the participant and the facilitator, which leaves the child or adolescent vulnerable to exploitation.

**Cultural considerations:** Facilitators must consult with local advisors to make sure that the activity is culturally acceptable.

**Gender:** Facilitators must ensure that a gender perspective informs the planning, implementation and analysis of activities, taking account of the role of gender inequality and power imbalance in boys' and girls' ability to participate and the related risks.

**Considerations for especially vulnerable children:** Children who are in especially vulnerable situations (e.g., in institutional care or separated from parents) require additional safeguards to protect their welfare.

The facilitator must be aware of what cannot be discussed in the life skills training. Life skills sessions are general and broad based and teach skills for positive living. This is not the place for children to share traumatic or deep-rooted problems. Such children require personal counseling and must be referred to these services. The organization must be in a position to support counseling services or have access to an appropriate referral resource.

## CREATING A SUPPORTIVE COMMUNITY ENVIRONMENT

Sexual health and HIV/AIDS prevention programs require a supportive environment in which children can discuss their problems, misconceptions and worries. Some common arguments against discussing these issues are:

1. *Talking about sex is against our culture!*

The threat of HIV has created a new challenge: It is a matter of life and death. As responsible adults, we must inform and help our children protect themselves from HIV.

2. *If we talk about sex with children, we will give them ideas and make them experiment with sex.*

If children have proper knowledge and are able to discuss their worries, they are more likely to delay having sex and to practice safe sex. Children are given information on abstinence and other methods of prevention such as condoms, the skills to make responsible choices and the ability to act on these choices.

3. *Why should we talk to young girls and women about HIV?*

Women are biologically, socially and culturally more vulnerable; young girls are even more so. In addition, inequality and economic need make it difficult for women to assert themselves, make choices and negotiate safe sex. They are also vulnerable to coercive sex or sexual violence.

#### 4. AIDS is a disease only for gays.

AIDS affects all of us. Men having sex with men are more vulnerable to HIV because of unprotected anal sex, but over 90 percent of all HIV infections occur through heterosexual sex, including anal sex. The issue is *unprotected sex* regardless of sexual orientation.

More than 50 percent of all new infections are among young people. Many of these young people may be involved in sexual activity with same-sex persons.

A supportive environment is necessary for children to practice their skills, and parents, teachers, community leaders and others need to be sensitized. Their cooperation must be elicited. When the Life Skills Education Program links with people who interact with children on a daily basis, a supportive environment is created for children.

#### Experience from the field

We had to go from house to house to explain the activity. We had to talk to community members and *panchayats* (local bodies). (*SFDRT, Positive Living Project, Namakkal*)

All staff, parents need to be informed; they should not give conflicting messages. (*CCDT, Mumbai*)

When parents heard that children were receiving information about sex and reproduction, they became concerned about 'putting ideas' in their children's minds. The YWCA organized a number of parent meetings for sharing life skills sessions before being implemented with children. The sessions were of tremendous help in reducing parents' anxieties. As a result, parents felt respected and, in fact, many became vocal supporters of the program. (*YWCA, Delhi*).

#### LINKING WITH OTHER PROGRAMS

Linking the Life Skills Education Program with other NGOs and services is essential for maximizing impact. These linkages will create a demand for many services, which must be sensitive to the needs of children and young people (*See next section on Youth Friendly Services*).

#### From experience

The life skills sessions are directly followed by the counseling session. All counseling issues discussed arise out of the life skills sessions in the organization. (*Dancing Feet Program of CCDT*)

All life skills sessions have recently been linked with dance sessions already taking place in the various community centers within the project. The life skills sessions help the children to greater and more clearly express feelings and perceptions using the body. (*YWCA, Delhi*)

#### LINKING LIFE SKILLS WITH OTHER PROGRAMS

The Life Skills Education Program demands a multisectoral response to be effective. A Life Skills Education Program is best implemented within ongoing education, vocational and shelter programs. Life skills can be practically demonstrated and applied to different situations.

**From experience**

The YWCA's Life Skills Education Program in New Delhi created linkages for boy's vocational training since many older boys had demanded information on alternative economic avenues.

Prerana in Mumbai works with children of sex workers in its Life Skills Education Program. The group held meetings with stakeholders, which resulted in developing networking links with other organizations and their programs. As a result, a common forum for helping children has been established by all NGO partners working in the area.

**LINKING LIFE SKILLS WITH OTHER PROGRAMS WITHIN AN ORGANIZATION**

Existing programs within an organization are useful for supporting children's needs and linking them with Life Skills Education Programs to help children better cope with their life situations. Life Skills Education Programs that function in isolation (without providing additional services) are less effective.

*Families* – Capacities of family members can be strengthened so they can better deal with problems on their own without becoming dependent on the organization. As children learn new skills, families must support their changes in behavior. For children affected and infected with HIV, succession

planning and strengthening community safety nets will help to plan for their future needs. Within families, children can be helped to support each other, with special attention paid to the vulnerability of girls and women.

*Shelter* – Vulnerable children and children affected with and infected by HIV require safe shelters, including drop-in centers, residential hostels or group housing for older boys and girls.

*Health* – Available health services need to be reviewed to ensure that they are youth friendly, and provide easy access to STI treatment, condoms and counseling. If unavailable, health services that respond to the needs of children and young people will need to be developed.

*Education* – Non-formal education and other community-based education provide alternatives to children who need to “catch up” to attend classes with their own age groups. The education curriculum needs to be flexible and supportive of Life Skills Education Programs.

*Vocational Training* – Older children need to be supported in identifying the appropriate vocational skill to fit personal abilities and market demand. One example is finding a training program that offers apprenticeships for youth. Life Skills Education Programs must pay attention to helping children develop a strong work ethic.

*Play* – Children have a need to play under any circumstances. Play is important for therapy, building social skills and for just plain enjoyment. Having safe places for play is critical.

**Experience from the field**

The Life Skills Education Program began to create demands on other services in a very short time. Children talked to other youth about the sessions on the platforms and in the streets. As a result, older boys who had dropped out returned to the sessions. Activities on self-awareness and relationship building prompted some children to seek repatriation. Other children wanted to start non-formal education so that they could write in the life skills sessions on their own. More children now spend time at the center working on linking learning with life activities rather than loitering in the streets. Because the children interact so well in these sessions, there is a demand from the family life education classes to use the same approach. In addition, the program's meditation exercises were so well liked that children called up the central office and demanded yoga classes. (Facilitator, PCI, Delhi)

Developing linkages with other NGOs becomes necessary as demands grow from the children.

**Experience from the field**

Older girls can come to the center only if they bring younger siblings that they have to look after for their parents. It is distracting, so we will need to link with Early Childhood Development services to look after these children. Older boys want to set goals so vocational training at the nearby institute will have to be strengthened. (YWCA, Delhi)

**SUPPORTING NEW PROGRAMS THAT EMERGE FROM THE LIFE SKILLS EDUCATION PROGRAM**

Because the Life Skills Education Program empowers and involves children and their communities, the need for new community or peer-based initiatives may emerge. The program must be flexible to respond to these needs.

**Experience from the field**

We have worked for eight years in this community. It is a violent community of sex workers, pimps, and bootleggers. There were a couple of murders recently. With the Life Skills Education Program and children's involvement, there is a greater demand for education and parents want their children to be included. How do we accommodate more children? (Facilitator, SFDRT Pondicherry)

The children were worried that they were not able to monitor the Linking Learning to Life activities. They started a Welcome Club and sought our help. We helped them set it up and were present in the initial meetings, but now they conduct sessions on their own. They meet once a week, generally in the community, at one of the children's homes, to review what they did in the life skills session. They keep minutes and the officers are rotated periodically. Their agenda has changed according to their needs. One of the children reports on national news, another on international and another on cricket. Other problems that children have in school are also discussed. The parents were upset initially because adolescent boys and girls attended the meetings (and that too in the evening!). So now, a parent, in rotation, is invited to attend the sessions. (Facilitator, Positive Living Project, Namakkal)

Children become so comfortable that they disclose a lot of information, thoughts and emotions, and we know that we need to refer them to individual counseling. We need to do more of that. (CCDT, Mumbai, YWCA, *New Delhi*).

The need for a shelter home for boys arose from the children and adolescents during the life skills sessions. The organizational head took this matter seriously and tried to find donors who would be interested in establishing a children's home for boys in the Kamatipura slum of Mumbai. (CCDT, *Mumbai*)

Programs related to spirituality, meditation and yoga can help strengthen the Life Skills Education Program as well. These can offer calmness and hope, especially to children who are sick. Yoga and meditation are very much a part of Indian culture, as are values of hope, caring and knowing that someone who is benevolent cares about what happens to us (regardless of religion) and looking forward to a better afterlife. Networking with faith-based organizations can help children cope with their present difficulties. NGOs offering Life Skills Education Programs must sensitize these organizations about children's needs.

# Implementation of a Life Skills Education Program

Teaching life skills works best when learning is participatory and child-centered. This approach enables children to first learn and practice new skills in a training environment, and then learn how to transfer these new skills to their lives outside the training sessions. Life skills are about “doing” and developing positive behaviors. Implementers therefore need to understand:

- What participation means;
- Ways to enhance children’s participation;
- Active learning approaches that can be used with children; and
- Qualities needed by facilitators to be effective.

This section also discusses when to start a peer education program, and how young people can be trained and supported.

## UNDERSTANDING PARTICIPATION

Participation means inclusiveness and involvement in decision-making, implementation and evaluation. When children participate, we ensure programs are implemented *by* them and not *for* them.

True participation is a process that develops over time. It needs constant review and adaptation to changing needs. Participation can be expressed in different ways, some of which are superficial, while others indicate a deeper involvement by the children. Examples of tokenism and decoration are

many: children are invited to light the lamp during a workshop, carry placards in a rally; nominated to serve on an adult committee; told to memorize lines and perform a role play written by their facilitator, or asked to read a speech written by their teacher. When there is a higher level of participation, children will plan their own workshops, make posters to create awareness, have clear roles and responsibilities on adult committees, discuss and write the role play in a group and voice their opinions in different forums.

Since the International Year of the Child in 1977, there has been considerable international debate about children’s rights. One of the basic principles of the UN Convention on the Rights of the Child promotes the “Right to Participate.”<sup>16</sup> At the same time, the convention recognized the inherent difficulties in implementing these rights. Difficulties may occur because in promoting the right of the child to participate, we may inadvertently place the child at risk. Programs that promote children’s participation may in reality be exploiting or acting in ways that do not truly serve their best interests. All organizations that work with children need to review their work to ensure that children are able to exercise their right to participation in a meaningful way.

Efforts must be made to ensure that the children understand the purpose and implication of their participation. Children’s rights to confidentiality and non-discrimination should not be compromised by their participation.

<sup>16</sup>The UN General Assembly adopted these rights on 20 November 1989 and since then most countries in the world have ratified them. For details on other rights, see [www.unicef.org/crc](http://www.unicef.org/crc). Also see Information Sheet No. 1: Children’s Rights and AIDS in this toolkit.

### HOW DO YOU ENHANCE PARTICIPATION?

Good participation leads to empowerment of children. It is a good idea for organizations to assess the nature of children's participation in their programs. A useful tool to assess the level of participation is Roger Hart's Ladder of Participation.<sup>17</sup> In the Ladder, the first three steps

are actually examples of non-participation. The higher levels on the ladder indicate increasing empowerment and partnerships, greater ownership and sustainability. The ladder is not progressive in nature. Thus, it is not necessary that each level may progress to the next. The tool must be used to identify the current level of participation in an organization, program or activity.

#### The illustration and table that follows describe the different levels of Participation

8. Child-initiated, shared decision with adults
7. Child-initiated and directed
6. Adult-initiated, shared decisions with children
5. Consulted and informed
4. Assigned but informed

#### PARTICIPATION

3. Decoration
2. Tokenism
1. Manipulation

#### NON-PARTICIPATION

#### LEVELS OF PARTICIPATION



<sup>17</sup>Roger Hart's Ladder of Participation was introduced in 1992 and has been widely used by UNICEF and other organizations working with children.

Level	Description	Explanation
One	Manipulation	Children are not consulted and do as they are told. This is based on the belief that adults alone know what is best for the program.
Two	Decoration	Children have a “decorative” function. They are invited, are physically present, but do not participate or contribute.
Three	Tokenism	Very common. Projects are designed so that children have a voice but in reality they cannot say what they want or do not know how to say it. If they do express an opinion, it is discarded.
Four	Assigned but	Adults prepare the plan and inform the children. Children willingly informed participate, but the benefit is short-lived.
Five	Consulted and informed	Adults plan or decide, but children are consulted and feedback from them is taken seriously.
Six	Adult initiated, shared decisions with children	Adults plan or decide but involve children in planning, implementation and evaluation. Decisions are made jointly.
Seven	Child initiated and directed	This is the first step on the road to ownership and sustainability. The idea or plan originates from the children. The children also implement. Such examples are difficult to find.
Eight	Child initiated, shared decisions with adults	Children feel that to involve adults in their project does not mean that they will be controlled by them. Needs trust.

Because a Life Skills Education Program demands a commitment towards the participation of children, it is recommended that the organization review:

- Their stand on level of participation
- Which level does it need to go to?
- What capacities need to be developed to increase participation, and who needs them? and

- How will the program ensure the safety and well being of the children?

It is a well-accepted fact that behavior change is possible and effective only if people affected by the change feel that they are meaningfully involved in the process.

**From experience**

At FHI's Life Skills Training of Trainers workshops, Life Skills Coordinators plot children's programs on the ladder of participation. Each one then explains why they think their program is at that level. Invariably, most coordinators initially plot at levels five and above on the ladder, and only during discussion and feedback from the group realize that they are actually at much lower levels, sometimes even at level two and three. One of the participants remarked, "We know the Ladder of Participation in theory, but in practice it is quite different. We have learned that for children to participate we have to first learn how to facilitate and it is very difficult to do so! We like to tell children what to do."

**APPROACHES TO ACTIVE LEARNING<sup>18</sup>**

A commitment to participation does not automatically translate into practice. It requires an understanding of how to help children participate.

**Facilitation and Participation**

Facilitation and participation are like two sides of the same coin. If adults are less directive and more facilitative, young people will be more participative. Better participation brings better learning and ownership.

Facilitators working with young people often do not know how to promote children's participation in programs. Many child centered approaches

result in programs *for* children rather than *by* children. They fail to empower children, and participation of children generally ends up as decorative or tokenism.

**The Six Step Approach to Active Learning and Life Skills<sup>19</sup>**

The Six Step Approach to Active Learning has been piloted and implemented by the Child-to-Child Trust in London, in many contexts and in many countries for over 25 years. Unlike conventional child centered methodologies, its six-step practical approach provides concrete directions to facilitators to encourage the participation of young people. The methodology is deceptively simple. It requires the facilitators to take a backseat and be less directive, which is often very difficult for adults. It requires a change in attitude towards young people and a belief that they are capable and responsible.

The six steps must be followed in a sequential manner in order to lead to children's increased participation. By following the process, facilitators can answer the ever-present question of how to get children to actively participate in a project or program.

**Step One: Understanding the Problem**

Children choose a problem that they see as both important and doable. (See *Understanding Needs of Children in Planning* section, page 16.) One tool that can be used with children is the 3 P Matrix (see page 42-43). The matrix helps children realistically prioritize their problems. During this step, the

<sup>18</sup>Please see References for Child-to-Child Publications

<sup>19</sup>Also see Section One, *Facilitator's Guide How a Participatory Approach Helps Life Skill Learning: Lessons from Child-to-Child Programs*, pg. 33.

facilitator may need to take a pro-active role by providing children with information and helping them understand the problem they have chosen to work on. Active methods of learning may be used by the facilitator, such as stories, role plays, posters and focus group discussions.

### **Step Two: Finding Out More**

At this stage, the children gather more information about the problem. In Step One, they began to have a clearer understanding about the problem. Now, they are ready to proceed to defining an actual, true to life situation. “Finding Out” activities include simple surveys and interviews, visits and observations. Children are involved in designing these tools and discussing where they should go to collect the information.

### **Step Three: Discuss Results and Plan Action**

After the children collect more information, they discuss the results at the training or learning center. The facilitator helps collate the data through simple

tabulations and then helps the children organize the data for further discussion. The children look at various activity options and may decide, for example, (with the support of the facilitator) to make a poster, plan a street play, or write a song, drama or story.

### **Step Four: Take Action**

The children share the activity with their families and communities though by, for example, talking to peers about HIV or having an exhibition or talk for a panel of stakeholders.

### **Step Five: Evaluate**

With a facilitator, the children discuss what worked and what did not work and explore explanations for their conclusions.

### **Step Six: Doing it Better**

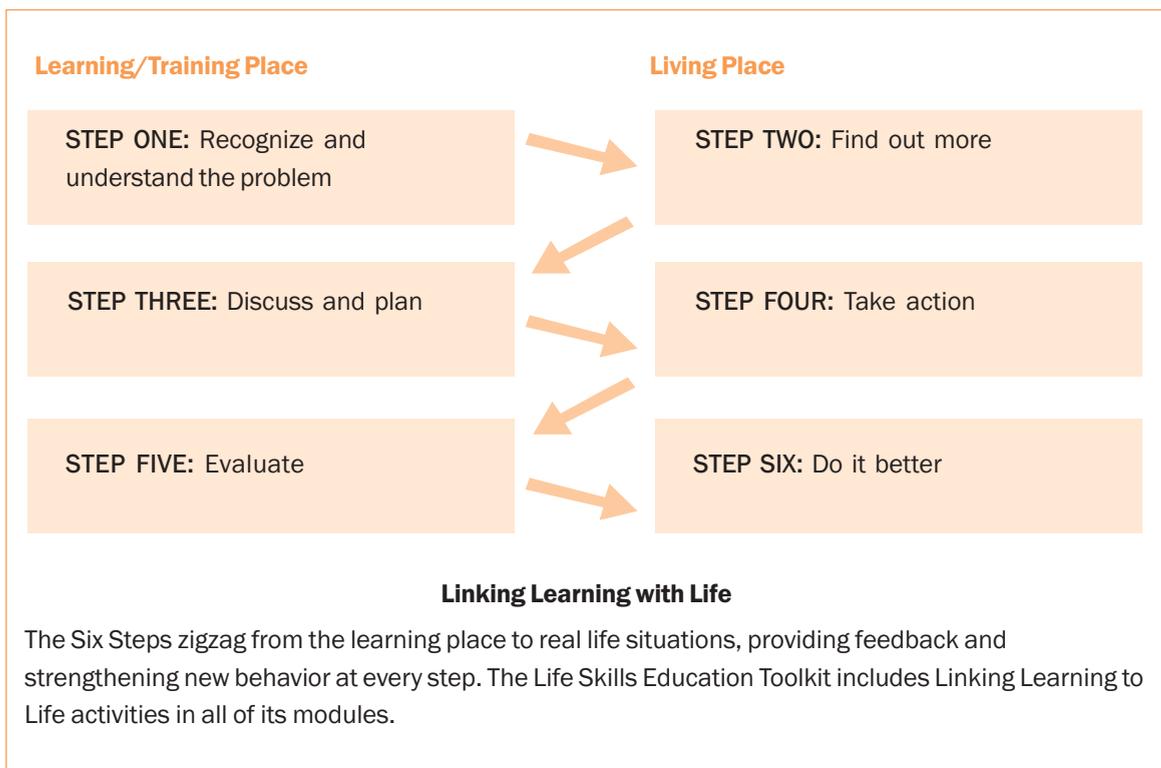
The children discuss what they should do next time and how to do the activities better from the lessons they have learned.

<b>The Child-to-Child approach can be linked to life skills:</b>		
<b>Step</b>	<b>Description</b>	<b>Life Skills</b>
One	Understand the problem	Critical thinking, decision making, communication, problem solving
Two	Find out more	Communication, critical thinking, empathy
Three	Discuss findings and plan action	Communication, decision making, creative thinking
Four	Take action	Communication, interpersonal relationships, problem solving
Five	Evaluate	Critical thinking
Six	Do it better	Problem solving, decision making, communication

**LINKING LEARNING TO LIFE**

Linking Learning to Life is a central concept of the Child-to-Child methodology. Children can learn in any “learning” place, such as a children’s forum, non-formal center, shelter, drop-in center, and classroom or under a tree! Wherever they learn, the Child-to-Child (C to C) approach ensures that learning is always taken out of the

learning place to real life situations where children can try out what they have learned. Since developing new behaviors or skills is never easy, the C to C approach provides many opportunities for children to practice new skills and learn from them. As a result, children and communities are able to work in partnership to promote safe behavior that can contribute to the well being of everyone who touches their lives.



## ACTIVE METHODS OF LEARNING

An active approach to learning requires active methods. These methods must be ones that children enjoy that help them learn more effectively. Active learning methods are used widely throughout the Life Skills Education Toolkit.

### 1. Discussions

Discussions help develop critical thinking, communication and listening skills. They require no materials and can be conducted with small or large groups. The topic for discussion should generate debate with questions about “why” and “how.” Discussions can be generated by asking questions, by narrating an incident or a story or by looking at a picture.

*Some Tips:* A group size of five to seven is recommended with children; facilitators can start the discussion by sharing a personal story; kick start the discussion by showing a picture and saying, “pretend you are this person” or “how would you feel” or “why are they doing this in the picture” or other similar statements.

### 2. Stories

Stories develop communication and listening skills, are loved by children and are a very versatile tool. Stories can be told or read, and children can create their own story as well. By stopping the story at critical points, children can help develop the story line and provide excellent opportunities for discussion and learning. Do not forget to dramatize: If you enjoy telling the story, so will the children. Remember to process the story so that the children can reflect on what they have heard and learned and relate it to their own lives.

*Some tips:* Use simple local language, vary the voice, be interactive and allow the children to give names to characters. If children cannot easily develop the story when you pause, you could give three alternatives and ask the group to choose one. When the story is over, look at it again and ask at what point, if a different choice was made, would the ending have been totally different. Discuss whether something similar has happened to you or your friend.

### 3. Pictures and Blackboard

Pictures can be used to generate discussion or explanation. Children can draw pictures. Blackboards can be used creatively to list, write questions and draw pictures.

*Some Tips:* Encourage the children to “get” into the picture; ask them what is happening in the picture; use advertisements and encourage children to look at them critically.

### 4. Demonstrations

Demonstrations help develop practical skills and logical thinking. An idea is easier to understand when you are able to demonstrate or show an action, such as by using visuals or local materials for survey results.

### 5. Visits and Visitors

Children learn skills of observation, critical thinking and communication. Visits and meetings with visitors provide ample opportunities to learn from “real” people and from existing and available resources. It is important to plan. Choose the places to visit depending on the objectives. Prepare the children, the visitors and the invitees before the visit to get maximum learning out of this activity.

## 6. Drama, Mime, Puppets and Role-Play

The use of creative media develops many skills, including empathy and communication, self-confidence, critical thinking and problem solving. In role play and drama, it is important that the children develop their own script and do not speak “ready made” lines prepared by adults. The purpose of this creative media is to allow the children to express their viewpoint in their own words. It is important to process the activity and encourage the children to express what they feel after the activity is completed.

Mime is when children express themselves without speaking; non-verbal behavior sometimes is more expressive than words. Puppets are useful especially when sensitive issues are to be discussed. This approach helps children distance themselves from their problems and, at the same time, provides a safe way of expressing problems by “transferring” the concerns to a non-threatening object like a puppet. However, one of the best reasons for using puppets is that the children love them and enjoy playing with them!

*Some Tips:* Help the children “get into” the character by giving a background sketch of the character, such as who they are, what their lives are like, etc. Give them a prop such as clothes or objects to help the children identify with the character. Make sure that the drama, role play or puppet show is not too long; a short presentation has more impact and is more manageable for children. Do not forget to process the activity by asking what they were feeling and why when they were acting.

## 7. Songs and Poems

It is easy to remember health related messages if they are in the form of a song. Poems need not

have a special rhythm and are excellent ways for children to express themselves.

*Some Tips:* Make sure the message is right!

## 8. Games Adapted for Learning: Both Indoor and Outdoor

Board games, word games and outdoor games help in learning and reinforcing knowledge. There are many traditional games that can be adapted for learning about health.

## 9. Question Box

Children can anonymously place questions in the box. The box can be opened periodically and questions answered by the facilitator. The facilitator must be careful to answer without passing judgment.

### Experience from the field

Some issues from the Question Box from YWCA, Delhi from adolescent slum girls:

- Boys are looking at us and whistling;
- My sister's husband troubles me;
- When we walk (in the community), boys call us and speak vulgar words;
- Why do girls and boys touch?
- Why does one person lie on top of another; is it “dirty?” and
- My teacher hits me and says bad words; I do not like it.

## 10. P Matrix Ranking: Problems, Plans, Priorities

A useful tool used in many Child-to-Child projects is a ranking instrument for problems, plans and priorities called P Matrix Ranking.

The children work in groups of 5-10 to identify the main problems affecting the children in their community. If the problem area is HIV, the facilitator will assist them in identifying problems linked to HIV. If the problem relates to alcohol abuse or gender violence, the problems will then relate to that broad area.

Children list the problems, and then score them on a point system where 5 is the highest and 1 is the lowest. The children score on 1) how serious the problem is, 2) how common it is and 3) what

children can do to solve the problem. When children give a score for “what children can do to solve the problem,” they must give examples. By giving examples, the involvement and participation of children is firmly established in the implementation of the program. The points are totaled and the problem with the highest points becomes the priority.

The P matrix differs from project to project and will reflect the different needs of different groups of children. Examples are given below:

Problem	How common	How serious	What children can do to solve solve problems with examples	Importance
Harassment by police	4	3	2 – run away	9
Peer pressure to smoke	5	5	4 – we can stop smoking and make our friends understand	14
Local shopkeeper makes us do a lot of work for food and shelter	5	4	4 – we can learn to say no, find other places for food	13

*Sample from street children project in Delhi*

In this case, harassment by police indicates a low priority for what children can do. This problem may need to be addressed through advocacy by the NGO.

Problem	How common	How serious	What children can do to solve solve problems with examples	Importance
Police hit us	4	5	3 – we can be clean and not look drugged	12
Money is stolen from center	5	5	5– we can collect money and keep it safe	15
Older boys hit us at the shelter	4	4	3 – we should respect older boys	11
We have addictions	5	5	1 – we need to leave this area	11
No TV in center	4	1	1 – we could go to the nearby center but we have to follow rules of leaving	6

*Sample from street children project in Delhi*

In this P matrix, children do not feel that they can learn to say “no” and stop addictions, but need to physically remove themselves from the environment. This matrix indicates the areas that the facilitator in the life skills sessions will need to work on.

Children may identify problems that fall into the domain of adults' responsibilities, such as providing shelter and preventing sexual harassment. One way of getting around this situation is to help children list out the problems and identify which require adult intervention. The children are then “free” to list out problems and priorities that they themselves can work on.

Adults who work with children, such as caretakers, teachers and others, can work on their own P matrix and compare results with the P matrix of the children. The results are often a learning experience! Children and adults often have very different views of what the problems are.

### **11. Drawings**

Children can draw and explain what they feel instead of talking about their problems. This is a useful tool with young children or with those who do not wish to talk and discuss. The facilitator or counselor must be trained to interpret drawings and counsel children.

### **12. Relationship/Communication Mapping**

This tool has been explained in the Module on Relationships. Children draw a circle or a figure in the center of the page to represent themselves. Next, they draw all the people they communicate with, either by drawing circles

and placing the names of the people in the circle or by drawing figures. Then they think of who they talk to more and draw three lines towards that circle; they draw one line for people who they talk with infrequently; and two lines for those they talk with sometimes. They use the lines to write the topics they discuss with the various people.

This tool graphically describes whom the children communicate with, what they communicate and who influences them. It is an excellent tool and provides rich information. It can be used to understand the needs of the children, as a communication exercise and for evaluation. It is versatile and can be used with children, young people and adults.

### **13. Role Play**

Children take on different roles and are given a problem situation to act out. The facilitators write down what is said, how it is said, who says it, what are the interpersonal interactions and how problems are resolved. No comments are made during the exercise.

### **Processing Activities**

No matter which active learning method is used, it is important to process the activity. Issues to explore include: what did you learn, what did you do and why did you do it, what did you feel and how do you think the others felt. Make sure the message is not lost in the fun! This reflection helps the children transfer learning from an active learning method to their own lives. After processing the activity, children are ready to carry out the linking learning to life activities and can move into real-life situations to practice new behavior.

## CHALLENGES IN USING PARTICIPATORY AND ACTIVE METHODS OF LEARNING IN SEXUAL HEALTH AND HIV/AIDS PREVENTION

Many programs for children find it difficult to use active learning methods.

### 1. Activities take too much time!

Yes, they do take time. But children enjoy activities and learn best from them. One can shorten the time of the session by simply providing information, but it will not be useful or relevant, as children learn the least by this method. The amount of time assigned to the activity depends on a number of factors such as size of the group, age of the children, the topic under discussion and experience of the facilitator. If children are interested, they will not notice the time. Some groups need more time than others. One way of handling this problem is to plan for enough time right from the start. Also, some activities may be broken up into more than one session. Remember that children have a short attention span, and it is always a good idea to split an activity into smaller manageable time slots. There must always be time for a recap at the beginning of the next session when this strategy is adopted.

### 2. Preparing and coordinating activities take too much time.

The job of the facilitator is to prepare both information and materials. Get more help if it is required. If planned well, these activities actually take less time.

### 3. These are only games; what do children learn?

Interactive learning is necessary to promote learning, but games and activities must be followed by group review and reflection. Only then will learning take place.

Activities are followed by “Linking Learning to Life” to ensure that they are anchored in real life situations. “Linking Learning to Life” comes at the end of the session and should not be ignored. At the next life skills session, the facilitators and children can use a “Group Check In” to follow up on the previous session with a discussion about how they have applied their “new learning” in real life.

### 4. Children will be noisy and undisciplined

Children should be free to talk, so some noise is normal. If it becomes too loud, refer to ground rules. When children are silent, they do not learn, or are probably bored!

### 5. Children will be bored and uninterested

This will not happen if activities are well planned, and the facilitator is trained and enthusiastic. Initial responses from the children may be lukewarm, but they will change once the children become familiar with the process and gain confidence. Sessions also move more smoothly as the facilitator develops rapport and gains competency in group processes.

### 6. Talking about and conducting activities on HIV and sexual issues in a group is embarrassing.

Children will be more comfortable if the facilitator is not embarrassed, is of the same gender and discusses these sensitive issues in a matter of fact manner. Remember, children are usually eager to learn about anything having to do with growing up and sex! The activities provide suggestions on what to do using single sex or mixed sex groups. Since the content in the activities for all sessions contain a gender component, boys and girls learn to respect each other.

### SELECTION AND TRAINING OF FACILITATORS

The success of a Life Skills Education Program is dependent to a great extent on the skills of the facilitator. Special facilitation skills are required because:

- Life Skills Education Programs deal not only with information but with child development and behavior change (sessions can be quite intense);
- The program works with vulnerable children; and
- The program is focused on HIV/AIDS.

Thus, facilitators need to be sensitive, transparent and comfortable with sex and sexuality issues.

#### Some characteristics of good facilitators:

- Create an atmosphere of respect and trust;
- Communicate clearly; speak in simple language and in an even tone;
- Comfortable with sexuality;
- Patient when children are unable to understand or express themselves clearly;
- Supportive when children are facing difficulties;
- Non-judgmental; do not criticize children's lifestyles or decisions;
- Respect children no matter their age, socio-economic status, religion, educational level, HIV status;
- Believe in children's rights;
- Know facts and information related to HIV and life skills and understands how children participate and learn;
- Adapt sessions according to needs of children;
- Can manage conflict and tension in the group in a positive manner; and
- Calm and balanced; provide security and stability.

#### Facilitators are not good if they exhibit the following:

- Interrupt children;
- Attend to other distracting matters while conducting a session;
- Uncomfortable talking about sexuality;
- Insensitive to children's needs;
- Talk quickly in a language and volume that children cannot understand;
- Unaware of non-verbal behavior that gives mixed messages;
- Lack knowledge about HIV and other related life skills information;
- Do not allow children to discuss and share;
- Judgmental;
- Do not respect confidentiality;
- Impatient when a child does not understand or does not change behavior;
- Critical;
- Carry stigma about HIV and related issues;
- Do not adapt according to children's needs in sessions; and
- Do not listen to children, and do not respect their views and opinions.

#### Tips for facilitators during the sessions:

- Give children time to answer questions. Wait if necessary. Encourage different answers to the same question;
- Ask for children's input starting with the first session (e.g., in setting ground rules). This approach sets the tone for the rest of the sessions, shows that the facilitator values children's inputs and demonstrates that children can have choices but must be responsible for their decisions;

- Encourage children to ask questions, not just answer them;
- Share personal experiences if required and act comfortably around the children;
- Have a sense of humor;
- If you do not know an answer, frankly admit it. Tell the group you will find out and inform them the next time. Follow through with your promise!
- Be aware of the general developmental characteristics for the sex and ages of the group, and treat every child as an individual;
- Speak less and encourage the children, especially girls, to speak more. Help children learn to respect different ideas and viewpoints;
- Be prepared for your session. Adequate preparation and reading must be done by the facilitator;
- If a child dominates the group, politely say that everyone must get a chance and point to the ground rules;
- Do not criticize the child, only the behavior;
- Be positive, build on the child's strengths (and he or she has many strengths!);
- Since most of the activities are group activities, sitting in a circle is useful.  
The facilitator should be at the same "level" as the participants. If the children are sitting on the ground, so should the facilitator;
- If you are using flip charts and have noted things down, keep them on the walls so that the children can see them;
- Be aware and be responsive to different literacy levels. Make sure no one is embarrassed by not being able to read or write;
- If you are using the Bridge Model, place it where it can be seen;
- Keep the group awake with energizers and warm-ups, and sometimes a snack;
- Make maximum use of visual aids and creative media to help the learning process;
- Warm ups, such as introductory remarks, examples, a topical event or short exercise can be used to introduce the session if required. These must help to focus on the main activity and should be brief; and
- Do not plan two sessions per day even if there is time. The children need to assimilate what they have learned.

#### Experience from the field

When things do not work out, I try again in a different way. My rapport with children has increased and I am willing to listen more.

Children now talk a lot, and do not fight and quarrel so much. In fact, mothers are asking me what I am teaching the children in the Life Skills Education Program! (*Facilitator, CCDT*)

We have to talk very little, then children talk more!

#### Facilitator Training

**Facilitators** need to undergo training before working with children. A pre-training questionnaire (or interview) can be administered to assess the capacity and attitudes of the facilitators. The training can then be tailored according to these needs and progress can be evaluated. The competencies and attitudes needed by facilitators are described in the pre-training questionnaire below:

**Sample Questions from a Pre-Training Questionnaire:***Knowledge-Based: Do you...*

1. Understand and know how gender issues are related to HIV vulnerability and violence?
2. Know the levels of participation of children and how to encourage children's participation in programs?
3. Know the facts and common misconceptions about HIV and STIs?
4. Know active learning methods for working with children?
5. Possess basic counseling skills to work with children who have faced trauma and are grieving?
6. Know the ethical guidelines related to confidentiality and disclosure?
7. Know life skills and how to develop them in children?
8. Know the basics of participatory planning, implementation and evaluation?
9. Know what resources are available for life skills, children's participation and action research?
10. Know the local language so you can communicate well?

*Attitude-Related (Agree or Disagree):*

1. I find it difficult to say sorry, especially to children;
2. Sex and sexuality education will make children curious, and they will experiment with sex;
3. Adolescents rarely listen to adults;
4. Adolescents are easily influenced by their friends;
5. One should be careful talking about condoms with children; after all they do not have sex;
6. Adolescents do not respect the institution of marriage and just want to have a good time;
7. Abstinence is a good option for many adolescents for safe sex;
8. Adolescents who get STI should be isolated so that they realize what mistakes they have made;
9. Masturbation is not harmful for either girls or boys; and
10. What can boys do if girls are not empowered and ready to fight for their rights?

Facilitators may have both overt and covert attitudes towards children, which could affect their work in guiding children to discover positive responses to life's challenges. One way to find out their assumptions is to ask facilitators to complete open-ended statements such as:

“Children should\_\_\_\_\_” or “Children are\_\_\_\_\_.”

Facilitators' attitudes toward their own gender and the opposite sex, and their overt and covert expectations regarding gender roles of men and women could affect their responses to children. Potentially, male and female facilitators may have different attitudes toward men compared to women, and consequently different attitudes towards the role that men and women play in the prevention and transmission of HIV.

If these attitudes are not addressed, facilitators may unknowingly communicate their prejudices to the children in the life skills groups.

A useful exercise to highlight gender expectations and attitudes is to have the male facilitators fill in the rest of this sentence:

“Women are \_\_\_\_\_.”

Men should come up with 10 descriptive words that define women.

Female facilitators should fill in the rest of this sentence:

“Men are \_\_\_\_\_” by listing 10 descriptive words that define men. Both groups should then discuss their findings, and share the attitudes and prejudices that have been revealed.

Assess this pre-training information, and plan your training accordingly. Some competencies are essential before starting work, while others may be planned as in-service or for on-the-job training later. It is a good idea to have more than one training session for facilitators, and future trainings should be built on feedback and observation from the field. Facilitators must also have opportunities for peer interaction and learning. These are important steps in the capacity building of facilitators and will affect the quality of the program.

### **Peer Education**

One method of implementing a Life Skills Education Program is through peer education. In a child-to-child approach, when a child takes action, he/she functions as a peer educator. The child-to-child approach encourages children to help one another and contains elements of peer education, and also includes a number of other strategies such as having children work in pairs or groups.

Peer education as a formal strategy is highly structured and involves special training and continuous support. The training can include the Child-to-Child Six Steps and active methods of learning. The peer education strategy should only be used if appropriate training and support is available during implementation. High turnover of peer educators can be expected. Peer education is less effective with younger children and works best with older children or young people who can work with a greater degree of independence.

As an approach, peer education is useful because young people are influenced most by their peers or friends. They are more likely to listen to peers than adults. If peers are trained well, they can act as positive influences in the lives of young people. In addition, peer education is effective as a program strategy. It offers better coverage of the target group, as peers tend to meet often in a variety of situations.

### **Who is a Peer Educator?**

A peer is one who comes from the same group as the target group. Therefore, the peer must be of a similar age, sex, social background and have faced the same problems. For example, a former drug addict would be an appropriate choice for a peer education program for children coping with substance abuse.

The terms peer education, peer counseling and peer information are often confused. *Peer information* generally means peers giving information on a single occasion such as participating in an event or distributing leaflets.

*Peer education* involves carrying out a number of activities with groups of children over a period of time.

*Peer counseling* involves one-to-one counseling and providing intense support.

	Peer information	Peer education	Peer counseling
<b>Objectives</b>	Awareness, Information	Awareness, Information, Life Skill building, Attitude change	Awareness, Information, Life Skill building, Attitude change, Problem solving and coping
<b>Coverage</b>	High	Medium	Low
<b>Intensity</b>	Low	Medium/high	High
<b>Type of Peers</b>	Limited roles for brief period of time. Generally voluntary	Selected according to criteria. Clear roles and responsibilities. Short periods of work (Six -Eight months)	Very rigorous selection, specialized counseling tasks, longer commitment of over a year.
<b>Training</b>	Brief	Short intensive initial training with refresher and follow-up	Long intensive training with refresher and follow-up
<b>Examples</b>	Distribution of leaflets, show posters, distribute condoms, street play	Peer conducts group activities	One-to-one counseling in a center or school
<b>Cost</b>	Low	Medium	High

If you decide to include peer education as a strategy, remember to do the following:

- Get appropriate approvals (parents or caretakers);
- Have a criterion for selection;
- Be prepared for turnover and dropouts;
- Clearly state the roles and responsibilities of peer educators;
- Decide on a training plan;
- Have a supervisory and support mechanism in place; and
- Decide beforehand about an incentive or payment plan.

### **Tips for a Successful Peer Educator Program<sup>20</sup>**

#### **Training**

- Develop simple, attractive materials with the help of the potential peer educators.
- Use a variety of active methods of learning.
- Use facilitation skills, not “teaching”.
- Include sessions on confidentiality and stigma.
- Check and re-check accuracy of information.
- Assess attitudes and values and plan activities to address needs accordingly.
- Provide opportunities for lots of practice.
- Plan visits to clinics and meetings with other peer programs.
- Clarify roles and expectations.
- Ensure that peer educators know when and where to seek help for difficult problems.

Remember, training should be fun (otherwise peer educators will lose interest)!

#### **Implementation**

- Encourage peer educators to work in pairs and/or groups.
- Organize short planned sessions with small groups of young people.
- Mentors should be readily available.
- Include regular meetings for feedback, planning and improving skills.
- Ensure that peer educators are not overloaded.
- Recognize and appreciate efforts of peer educators.
- Provide an “identity”—T-shirts, certificates, etc.
- Have a probation period for new peer educators.
- Give a break from peer education, and organize fun activities.

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<sup>20</sup>See <http://www.fhi.org> for “How to Create an Effective Peer Education Project,” AIDSCAP booklet.

The following is a checklist for those who want to start a Peer Education Project:<sup>21</sup>

Checklist for Starting a Peer Education Project	Yes	No
<b>Preparatory</b>		
Have you obtained support from parents, caretakers, or community?		
Have you identified a training area and times for the sessions?		
Have the necessary external agencies and resource persons been contacted?		
<b>Setting Objectives</b>		
Are the program objectives clearly defined?		
Are target groups identified?		
Have the target groups and peer educators been involved in needs analysis and setting priorities?		
Have the roles and responsibilities been defined and discussed with peer educators? Have they contributed to developing them?		
<b>Recruitment of Peer Educators</b>		
Does the peer educator come from the same social group as the target group?		
Are selection criteria available?		
Does the selection criterion reflect needs and preferences of young people?		
<b>Planning Activities</b>		
Was the peer educator involved in developing materials?		
Have you defined group formation, i.e., will the peer educator undertake single sex groups or mixed groups or age?		
Have you decided on the number of meetings between the peer educator and the children?		
Have you decided how often the peer educator will meet with the Project Coordinator?		
Have you budgeted costs of travel, food, etc?		

<sup>21</sup>Adapted from IEC Activities Kit, East Haraghe

**The following is a checklist for those who want to start a Peer Education Project**

<b>Checklist for Starting a Peer Education Project (continued)</b>	<b>Yes</b>	<b>No</b>
<b>Training</b>		
Does the peer educator have sufficient knowledge, skills/confidence to undertake the work?		
Does the peer educator know how, where and to whom to refer someone if necessary?		
Has an ongoing training plan been developed after the short intensive initial training is over?		
Do peer educators have lots of opportunity to practice?		
Is the peer educator familiar with all of the active methods of learning?		
Are more experienced peer educators supporting the less experienced peer educators?		
<b>Supporting Peer Educators</b>		
Is there an ongoing training program for skill and knowledge enhancement?		
Are there referral systems for peer educators and the target group?		
Are monitoring and review mechanisms in place?		
Is the program sensitive to the changing needs of peer educators and the target group?		
Are efforts and achievements of peer educators actively acknowledged?		
Is there any special support for new or probationary peer educators?		
Is there a mentoring system for the peer educators?		
Do more experienced peer educators take on more responsibility in the program?		
Are there recreational facilities for the peer educators?		

### **Youth Friendly Services**

As mentioned earlier, the Life Skills Education Program creates a demand for different health services like general, reproductive and HIV/AIDS. These health services need to be youth-friendly so

that young people are willing to use them. This creates a need to map available services and assess how comfortable youth are in using them. These services may need to be strengthened through advocacy if young people are to obtain maximum benefit from the program.

The reasons often cited by young people for not using available health services are:

- No information about available services;
- Lack understanding how they can benefit from services or how they can be helped;
- Services are expensive;
- Timing not suitable;
- Location not suitable;
- Long waiting time;
- Embarrassment;
- Fear of stigma;
- Lack of trust in workers and services;
- Easier access and comfort with “quacks” or non-qualified practitioners;
- Lack of privacy and confidentiality;
- No drugs or condoms available;
- Never used these services (especially true of girls and young women); and
- Lack of understanding of medical profession and adults regarding adolescents’ needs for services.

The following checklist can be used to assess or help strengthen a health service to become youth friendly:<sup>22</sup>

<b>What are Youth Friendly Health Services?</b>	
<b>Provider Characteristics</b>	<b>Health Facility Characteristics</b>
Specially trained staff	Separate space and special time
Respect for young people	Convenient hours
Honors privacy and confidentiality	Convenient location
Adequate time for young clients	Adequate privacy
Peer counselors available	Comfortable surroundings
<b>Program Characteristics</b>	
Youth involvement in program design	Condoms are easily accessed
Drop-in clients welcomed	Group discussion available
No overcrowding	Unmarried persons are welcome
Short waiting times	Educational materials available
Affordable fees	Parental involvement encouraged but not forced
Wide range of services	Both boys and girls are welcomed and served
Services are well advertised where young people gather	Linkages made with other non-health services
Adequate supply of drugs and condoms	

<sup>22</sup>Senderowitz, J. (1999), *Making Reproductive Health Services Youth Friendly*, Washington DC, Focus on Young Adults Program.

Life Skills Education Programs also generate demand for other services, such as vocational, educational services, support groups and youth clubs. Many programs have encouraged the development of HIV awareness clubs or youth clubs providing a forum for young people to meet, support each other and work towards community needs.

#### **CHANGING COMMUNITY PERCEPTIONS: CHILDREN ADOPT A POSITIVE ROLE**

A Life Skills Education Program needs to create a supportive environment with many stakeholders, some of who may not be sympathetic to children. Programs may need to challenge perceptions of vulnerable children.

In the case of street children, stakeholders could be the police or temple trustees where children spend the night. The images of street children are that they are dirty, steal, rude, get into fights or take drugs.

In the case of children living with HIV, stakeholders could be family, teachers or health workers who have stigmatized them. Children living with HIV are often discriminated against, isolated and their needs for belonging, love and affection are neglected.

As children grow competent in life skills and increase their self-esteem, it is important for them to initiate and participate in community events. Children can provide a positive image rather than the typical negative image, which leads to marginalization and discrimination. For example, children could perform shows for children of the police, assist in community health events, help in a school functions or even send out get well or birthday cards to important stakeholders.

Such activities challenge community perceptions and create an environment for positive relationship building between children, family and communities. This is particularly important if the children are marginalized or face stigma.

# Evaluating a Life Skills Education Program

A well-planned program, with clear objectives and indicators is easy to monitor and evaluate. In other words, evaluation begins with planning. When measuring progress, the question is: Has the program achieved what it set out to do? Evaluation also reviews the implementation process (process indicators) and asks the question: How well has the program been implemented?

For example, our SMART objective stated that 40 percent of the children would complete 12 life skills sessions. We can evaluate this objective by reviewing the attendance records of the children and the life skills records of sessions.

## TOOLS FOR EVALUATION

A number of **tools** can be used for evaluation purposes:

- Observation of behavior;
- Demonstration of skills;
- Using a checklist while observing role plays;
- Reports from parents, teachers, caretakers, others;
- Reports of training sessions and follow-up, monthly reports;
- Documented self-reports of behavior and attitude change;
- Case studies;
- Interviews with stakeholders;
- Focus group discussions with the community to determine what changes have taken place and explore why the changes have occurred with experts and stakeholders;
- Records of condom distribution and STI treatment completion; and

- Other measures such as records of utilization of health services, attendance, and performance in schools.

Segregation of data for girls and boys gives an idea of how gender issues have been impacted by Life Skills Education Programs.

It is best to use a number of tools and to triangulate or confirm data from multiple sources and use multiple tools to do so.

Any instrument that is used must be simple and not too long to get maximum cooperation and good results.

## WHO EVALUATES?

Some programs use outside evaluators and experts. Program staff can also evaluate—which can be an empowering process. Who evaluates is often determined by the purpose of the evaluation. Sometimes donors or NGOs would like to have an objective opinion from outsiders.

## WHAT SHOULD BE EVALUATED?

It is important to evaluate inputs, process and outputs. If the project has been well planned, as mentioned earlier, all of this will be in place.

For **inputs**, measure what has been put into the program to make it function:

- Were funds allocated on time, and were they sufficient?
- Was staff appointed, and were they trained well?
- Were materials/facilities available to facilitators and children and of the quality desired?

- Were objectives set and indicators established?
- Were the children's needs understood and plans made?
- Were target population children located and available?
- Was life skills training provided to the children at the appropriate time, according to plan and at the quality expected?
- How many sessions took place for each topic?
- Were the key ethical guidelines maintained while working with children?

If inputs are not available, there is no point in evaluating process or outcome (progress). If inputs do not come in on time or of the quality expected, it will affect process and outcome. This defeats the purpose of any evaluation that measures progress and change.

For **process**, measure what happens during the process of implementation:

- Did the training take place as and when planned?
- Did children attend regularly, and did they participate actively?
- Did the facilitators conduct the sessions according to plan?
- Were available materials/facilities used?
- Were overall plans followed?
- Were records kept, meetings held and monitoring done?
- Did staff receive on-site support and capacity building?
- Describe referral agreements. Were they made?
- Was information on materials, referrals and facilities available?

Process evaluation also refers to the questions that are provided as Review at the end of each activity in the modules. Most of these relate to what was learned, what was enjoyed in the activity and what was not.

For **outcome**, measure the progress or the change observed:

- In what ways have the children changed?
  - Know
  - Feel
  - Do
- What are the changes in knowledge, attitude and practice of other stakeholders?
- What are the changes in access to and quality of youth friendly services?

Monitoring, including short assessments or periodic reviews, can be undertaken before the final evaluation and, in fact, will help the project to reflect on successes and failures and change direction if required. Do not forget to disseminate the report to all those from whom you collected data. Children and community have as much, if not more right than organizations and donors, to know what change has taken place, what has not and why. Disseminate information in a format that is easy to read and understand, or present verbally in a meeting.

### CHILD PARTICIPATORY TOOLS FOR ASSESSMENT

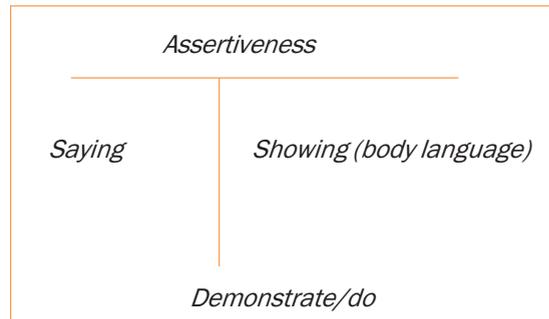
When simplified, tools such as questionnaires and maps can be used with children for evaluation. In addition, drawings or question and feedback sessions may also be used. For example, a quiz or a show of hands to indicate true/false or agree/disagree can be used even with young children. PRA tools such as ranking responses

may also be used. Here children rank items according to some criteria such as the biggest problem, the least one and so on. The relationship or communication mapping techniques (described in the section on Active Learning Methods) clearly depict changes in relationships, especially when used before and after a Life Skills Education Program.

**The T chart**

Social skills can be evaluated with a T chart. Across the horizontal line, write the skill to be evaluated. On one side of the T write what this skill will sound like (verbal behavior). On the other side of the T write what this skill will look like (non-verbal behavior). The child is then asked to demonstrate the skill or use a role play to do so. This tool evaluates what the children know about the skill, how it is expressed and how it is used (role play, demonstration, etc.).

**The T Chart**



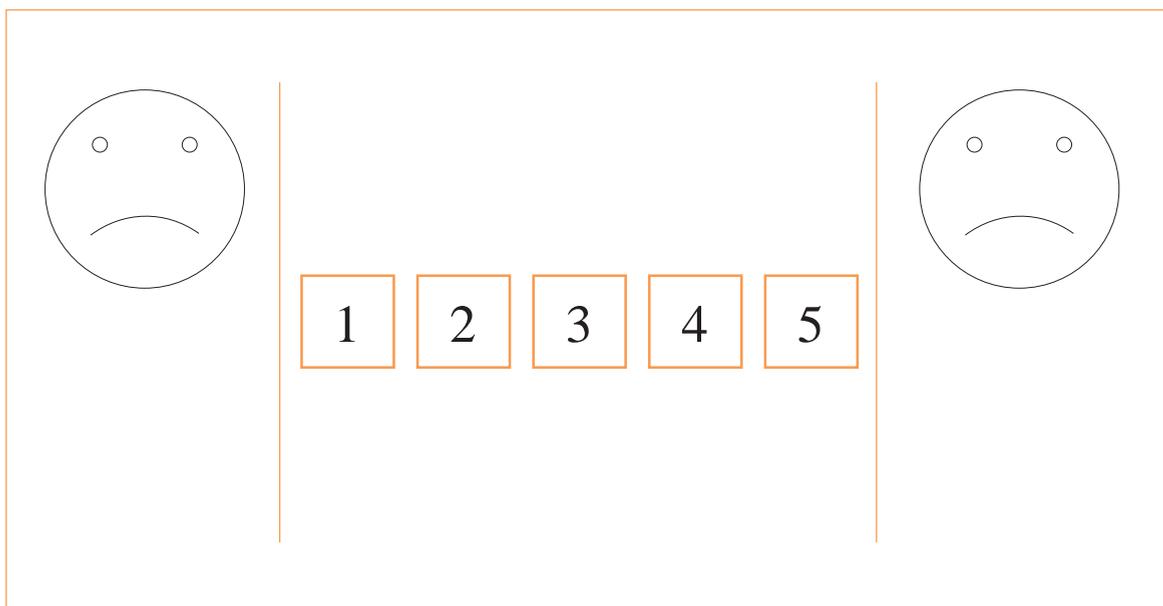
*This tool is easy to administer with non-literate groups.*

**The H Assessment**

This tool is useful with children to understand their assessment of a program or workshop or activity.

Draw an H on a chart paper and ask the children to gather around it. If the children can write, they can be divided into groups with each group given an H on a large chart paper.

**The "H" assessment**



On the right side, under the happy face, write all the things they liked and learned. On the left side, under the sad face, write what they did not like. Encourage the children to be specific in their comments.

On the horizontal line, ask children to rate overall how good the activity or workshop or program was. The score of 1 is the lowest score, and 5 is the highest score. The idea is that listing what children did or did not like can provide an overall score for the program. This works very well with children.

*Tip:* Give children small chits to write the overall score. You can say they are “voting.” They are not to show the chits to anyone. This “keep your answer private” technique was used in the field because children tend to copy the scores their friends write. Open each chit and mark as written.

On top of the horizontal line, tick marks the scores so that children can visually see how the group has assessed the program/activity.

Below the horizontal line, ask children to suggest how the program/activity or workshop could be improved.

### **Sharing of Experiences**

Informal monitoring and evaluation of programs can take place by sharing experiences across projects. Peer learning is particularly valuable since facilitation, children’s participation and the learning of life skills is a slow, arduous process that needs support. Sharing common problems, brainstorming on possible solutions and creative adaptation are all possible when children and facilitators are provided a space for expression. A powerful way to share experiences is through the Marketplace, where partner organizations share the materials they used and children develop and write in the life skills sessions. At the FHI Regional Workshop held in February 2004, partners shared and learned from each other’s experiences related to conducting life skills sessions with different groups of children with different vulnerabilities.

Exchange visits and mentoring by more experienced life skills coordinators are also powerful ways to learn and share with peers and can help to qualitatively strengthen programs.

# What's next after the Life Skills Education Program

The monitoring and evaluation of the program will help raise key issues, lessons learned, successes and failures. All of these will help point to changes that may be required or for creating a model for replication or celebrating the success achieved!

Children may want to begin an HIV Awareness Club or youth group after the life skills sessions are completed. Some ideas on how this may be started are provided.

## STARTING A CLUB

1. Find out if there are organizations involved in similar activities;
2. Call a meeting of interested peers;
3. Give a name to your group and prepare membership rules;
4. Elect an Executive or a Leadership Committee, which will have a Chairperson and Vice Chairperson, Secretary and Vice Secretary, Treasurer and Vice Treasurer, Publicity Manager and Vice Personnel Manager;
5. Have a number of sub-committees for drama, fundraising, contacting peers, materials development or distribution, games, and community programs;
6. Define roles and responsibilities; and
7. Find out if you can join a larger network.

## Activities

1. Find out where peers gather—map the areas.
2. What are they interested in; what are their problems?

3. Plan a program for peers.
4. Have internal club activities for members—to increase knowledge, skills, for recreation. Fill any gaps in knowledge, practice and attitude.
5. Plan inter-club activities.
6. Plan community activities.
7. Monitor activities and evaluate—do it better next time!

Some ideas for club activities are:

- Poster drawings;
- Story writing;
- Quizzes;
- Panel discussions;
- Inviting an expert;
- Debates;
- Volunteer activity at clinic, with families or elsewhere;
- Being a “buddy” to a younger child;
- Role plays and drama;
- Slide/video shows;
- Distributing materials and condoms;
- Sports;
- Songs;
- Exhibitions; and
- Community walks.

Life Skills Education Programs empower children, and such activities provide useful outlets for learning and contributing long after the life skills sessions are over.





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# Part Three



**LIFE SKILLS  
EDUCATION MODULES**



# PART THREE: Life Skills Education Modules

## Design of the Modules

The **Life Skills Education Toolkit** is divided into ten modules with a number of sessions and a variety of activities under each session. The facilitator may select life skills activities from the wide range of activities offered in the toolkit to form a mini-curriculum suited to the needs of the children. The users of this toolkit are encouraged to use these tools to provide a rationale and framework for selecting and adapting the sessions and activities.

**Points** and the **Objectives** of the activities. The facilitator can then select the sessions and activities most suitable to the needs of the particular group of children. Each activity has a **Review** and **Linking Learning with Life** activities to link sessions to the real life experiences of children. To ensure follow-up of what the children have learned in the session and in the Linking Learning with Life, a **Group Check In** at the beginning of the next session helps children and the facilitator reflect on experiences. Tips and

The Modules Include:			
<b>One</b>	Getting Started	<b>Six</b>	Coping With Emotions
<b>Two</b>	Knowing Myself	<b>Seven</b>	Growing Up
<b>Three</b>	Communication	<b>Eight</b>	Preventing and Living with HIV
<b>Four</b>	Relationships	<b>Nine</b>	Substance Use
<b>Five</b>	Decision-making	<b>Ten</b>	Reaching My Goals

The first module is the introductory one that helps in **Getting Started** and the last module concludes the Life Skills Education Program with **Setting Goals** for the future. The other modules are related to **Core Life Skills** as defined by the World Health Organization (WHO) such as communication, decision-making, critical thinking, self awareness and empathy in the context of HIV/AIDS. That is why the modules on **Growing Up** (which introduces sexual issues), **Preventing and Living with HIV/AIDS** and **Substance Abuse** follow the **Core Life Skills** modules.

Each module is divided into sessions, each of which is further divided into activities. The toolkit addresses children aged 10 to 18 years with variations in the activities for younger children. Each of the sessions informs facilitators of the **Key**

experiences from the field illustrate the adaptations tested in the field.

**Gender** issues have been interwoven into each module addressing different life skills because gender affects how children look at themselves, communicate, make decisions and relate to others. Since gender is a part of our identity, it cannot be separated from individual lives. Accordingly, this toolkit seeks to integrate gender throughout. The role plays, problem statements and other examples in any activity provide the facilitator with an opportunity to address gender continuously throughout the program.

Children who are affected and infected by HIV are children with many other developmental needs. HIV/AIDS and issues related to it cannot be dealt with in isolation, as children's lives are never

compartmentalized. The whole child must be considered, his/her feelings, beliefs, growing up needs as well as the life skills associated with making safe choices and living healthy lifestyles. The toolkit therefore is not prescriptive; rather, it suggests that users choose those sessions that they feel are most appropriate for the group of children with whom they are working. The facilitator must choose carefully as some sessions discuss sensitive feelings and thoughts that must be supported by earlier activities to make the child feel comfortable. The life skills sessions might bring up strong emotional and psychosocial issues that would need to be tackled by professionals, such as psychologists and counselors.

Cooperation, working in teams, friendship and relationships are important and valued. The sessions are geared towards helping children learn social skills and encouraging them to support and help each other both in and outside the training sessions.

The sessions use different Active Learning Methods such as role play, discussion, surveys, games and activities. The use of these methods demands that facilitators are comfortable using interactive methodologies and encouraging children to participate. Some practice and preparation on the part of the facilitators is always helpful. The Active Learning Methods in the toolkit do not demand writing and reading to the greatest extent possible. The methods can be used with younger children as well as for those children who may not be comfortable reading and writing. When some writing is involved, facilitators and other children who can read and write may assist and/or symbols may be used.

It is important that the Active Learning Methods, though enjoyable, are not viewed as just games. Discussion and review of thoughts, experiences and

learning with the children must follow. The broad review questions that are provided are not meant to be used verbatim. They are meant to remind the facilitator of issues that should be discussed.

Most sessions require that the children sit in a circle or semi-circle so that they can easily interact with each other. The facilitator may sit inside or just outside the circle. If the children are sitting on the floor, it is recommended that the facilitator do the same.

Needs change; so do children. The sessions must be adapted to suit these changing needs as well as different local conditions and languages. Suggestions, tips and experiences have been provided in some of the sessions to allow for variations in the activities. The sessions and activities can also be adapted to differences in the age of children, though broadly they are suitable for all children between the age of 10 and 18. The information needs and the different developmental levels of children should determine the plan for conducting sessions. Facilitators may refer to the information available in the toolkit while planning sessions. Also, a great deal of excellent literature is available on life skills; the Facilitator's Guide provides references to some of these materials.

Life skills are learned over a period of time and activities need to be repeated, perhaps with variations to reduce monotony, for real skill building to take place. A number of energizers and warm-ups have been presented in the Facilitator's Guide that are valuable in strengthening life skills as well. Many children have short attention spans and quickly lose interest in activities. Although most activities are of 30–45 minutes duration, the longer ones may be split up to make sure the children stay interested and attentive. One of the problems in any Life Skills Education Program is the mobility of

children, particularly street children, who cannot benefit from the full program. This continues to be a challenge, but it is also important to note that learning life skills and the efforts of the facilitator in even a few life skills sessions can and does make a difference in changing behaviors, no matter how small the change may be.

Life skills learned and practiced in safe surroundings must be transferred and connected to real-life situations. Many of the ***Linking Learning to Life Activities*** help inform children, create awareness about their surroundings or make them curious to find out what family, friends and community feel and think on various issues. The children discuss, plan or take action regarding any skill or change in behavior they would like to attempt before the next session and their friends or 'buddies' are encouraged to help them.

The sessions have been structured in such a way that the children are encouraged to try out their new skills in real life situations right from the beginning of the Life Skills Education Program. The children get an opportunity to test the skills they have already learned and gradually add on more new skills. This process helps them to confidently use the new behavior learned. The facilitator guides the children as they reflect and review their new skills, learn from mistakes and do things better the next time. ***Linking Learning to Life*** is presented in every session, and it is strongly

recommended that the facilitators discuss, follow up and review with the children what new behavior they were able (or found it difficult) to practice in the next sessions. The time required for these activities varies and some activities may be as long as an hour.

***Linking Learning to Life*** follows a simple six step methodology: (1) understanding the problem (2) finding out more (3) discussing results (4) planning action (5) taking action and finally (6) reviewing and improving next time. (See details regarding the approach in the Facilitator's Guide)

Many of the ***Linking Learning to Life*** activities require that facilitators dialogue with the wider community, other people and available services, so that they can support children in their attempts to understand themselves and the community better. By linking learning to life, the Life Skills Education Program is not confined to the training but also begins to affect the lives that children live.

Throughout the toolkit, there are boxes that offer tips and experience from the field. The Life skills education toolkit has been tested with organizations throughout India, and the boxes offer valuable suggestions for practice.

Life skills empower children. Its active learning methods ensure that children enjoy the activities while they learn to lead safe, healthy and happy lives.

# Module Plan Overview

Module One: Getting Started				
Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
1. Getting Started	<ul style="list-style-type: none"> <li>Learn each others' names and qualities</li> <li>Facilitate communication among children</li> <li>Help children make new friends</li> </ul>	<b>One:</b> Introductions	<ul style="list-style-type: none"> <li>Mistaken identities</li> <li>Mime an interest</li> <li>If you were an animal</li> <li>Celebrities</li> <li>Find out</li> <li>Double wheel</li> </ul>	Self awareness, interpersonal relationships and communication
	<ul style="list-style-type: none"> <li>Make rules for the group</li> <li>Identify and clarify expectations about the training</li> </ul>	<b>Two:</b> Rules and Expectations	<ul style="list-style-type: none"> <li>Making ground rules</li> <li>Our expectations</li> </ul>	Self awareness, critical thinking and communication
	<ul style="list-style-type: none"> <li>Develop a sense of trust so that personal growth takes place</li> <li>Understand how some statements can hurt others</li> <li>Learn how to speak positively and support one another</li> </ul>	<b>Three:</b> Trust and Support	<ul style="list-style-type: none"> <li>Only positive strokes allowed</li> <li>Trust me</li> <li>Catch me quick</li> <li>Circle of trust</li> <li>Secret admirer</li> <li>Lifeboat</li> </ul>	Empathy, communication and critical thinking

## Module Two: Getting to Know Each Other

Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
2. Getting to know each other	<ul style="list-style-type: none"> <li>Identify child's own strengths: What the child is good at and what positive qualities he/she have</li> <li>Get feedback from their friends in the group about their positive qualities</li> <li>Say why they are happy to be a boy or a girl</li> <li>Learn to protect themselves from any negative remarks about themselves</li> <li>Decide what quality or skill they would like to strengthen</li> </ul>	<b>One:</b> I am Special, My Abilities, My Skills	<ul style="list-style-type: none"> <li>I Love Myself</li> <li>My "Protective Shield"</li> <li>I am Happy to be a Girl/Boy</li> </ul>	Self awareness, critical thinking and communication
	<ul style="list-style-type: none"> <li>Identify and share some of their values</li> <li>Understand that many intangible things have more value than material and tangible things</li> <li>Examine the relationship between values and behavior</li> <li>Learn how much time and resources are spent in certain activities and the relationship with values held by the children</li> </ul>	<b>Two:</b> My Beliefs and Values	<ul style="list-style-type: none"> <li>My Life Auction</li> <li>Values Voting</li> </ul>	Self awareness, critical thinking, communication and decision making
	<ul style="list-style-type: none"> <li>Discuss the ups and downs in their lives</li> <li>Identify their hopes for the future</li> </ul>	<b>Three:</b> My Life	<ul style="list-style-type: none"> <li>My River of Life</li> </ul>	Self awareness, critical thinking, communication and coping

## Module Three: Communication

Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
3. Communication	<ul style="list-style-type: none"> <li>Learn to listen attentively</li> <li>Understand that children communicate both verbally and non-verbally</li> <li>Learn that verbal and non-verbal behavior need to convey the same message</li> </ul>	<b>One:</b> We Speak with Our Bodies	<ul style="list-style-type: none"> <li>Act and Meet</li> <li>Listening</li> <li>More Listening Skills</li> <li>Mixed Messages</li> <li>Choosing Whom to Talk to</li> </ul>	Self awareness, communication and critical thinking
	<ul style="list-style-type: none"> <li>Learn how behaviors that are aggressive or passive can make a child vulnerable</li> <li>Learn assertive skills that reduce vulnerability</li> <li>Learn that assertiveness is essential to communicate in a way that explains what you want to say in a clear manner without being aggressive or passive</li> </ul>	<b>Two:</b> Effective Communication	<ul style="list-style-type: none"> <li>Status and Power</li> <li>The Chaser</li> <li>Our Behavior – Passive, Aggressive or Assertive</li> <li>I and You: Using “I Feel” Statements</li> <li>Saying “No” and Meaning it (includes persuasion)</li> </ul>	Critical thinking, communication and decision-making

# Module Plan Module Four: Relationships

Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
4. Relationships	<ul style="list-style-type: none"> <li>Understand that children have ideal images of themselves and others that are difficult to live up to</li> <li>Understand that many qualities that are idealized may affect healthy relationships</li> <li>Learn that ideal images may reinforce gender stereotypes</li> <li>Learn that ideal images change with time and the person</li> </ul>	<b>One:</b> Ideal Persons and Me	<ul style="list-style-type: none"> <li>Heroes and Heroines</li> <li>Talk show</li> </ul>	Self awareness, communication and critical thinking
	<ul style="list-style-type: none"> <li>Understand that the relationships of love include parents, brothers and sisters, friends and peers as well as that special person – a boy or a girl, a husband or a wife</li> <li>Learn that love can be expressed in many ways by caring and helping</li> <li>Understand the difference between a good and a bad friend</li> <li>Learn that abuse can be emotional, social and physical</li> <li>Understand that give and take in any relationship is important</li> </ul>	<b>Two:</b> Network of Relationships	<ul style="list-style-type: none"> <li>Relationship Map</li> <li>The Many Meanings of Love</li> <li>Obstacle Race</li> <li>My Best Friend</li> <li>Wanted: Friends Forever</li> <li>Abuse: Hurting Someone</li> <li>Hotline</li> <li>My Family and Me</li> <li>I Belong to a Community</li> </ul>	Self awareness, communication, critical thinking, and solving problems
	<ul style="list-style-type: none"> <li>Understand that different perceptions of the same situation may lead to conflict</li> <li>Have better self awareness regarding individual responses to conflict situation</li> <li>Communicate and manage strong emotions that contribute to managing conflict.</li> <li>Learn positive conflict resolution methods</li> <li>Learn that creative ways of solving conflict lead to a win-win situation</li> </ul>	<b>Three:</b> Conflict and Negotiation	<ul style="list-style-type: none"> <li>Who is right? Who is wrong?</li> <li>Conflict Ladder</li> <li>Different Perspectives: This and That</li> <li>Responses to Conflict</li> </ul>	Critical thinking, coping with feelings, self awareness, empathy, problem-solving and creative thinking

## Module Five: Making Decisions

Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
5. Decision Making	<ul style="list-style-type: none"> <li>Understand that each person has a unique pattern of behavior that adapts to different situations</li> <li>Learn that determining the risk in any situation is the key to safe behavior</li> <li>Understand that children can choose and are responsible for their behavior in any situation</li> </ul>	<b>One:</b> What Influences Our Decisions?	<ul style="list-style-type: none"> <li>Testing the Waters</li> <li>Taking Risks</li> <li>Choosing Behavior</li> </ul>	Critical thinking, self awareness, creative thinking and decision-making
	<ul style="list-style-type: none"> <li>Help children think through and make decisions carefully</li> <li>Understand that the decisions they take can have many effects on themselves as well as on others</li> <li>Know why making a decision to delay sex is safe and learn strategies to do so</li> </ul>	<b>Two:</b> How Do We Make Decisions That are Safe?	<ul style="list-style-type: none"> <li>Three Cs in Decision-making</li> <li>Making Ripples: Good and Bad Decisions</li> <li>Delaying sex</li> <li>Best Response</li> </ul>	Critical thinking, creative thinking, problem-solving and decision-making
	<ul style="list-style-type: none"> <li>Identify why problems occur and what steps can be taken to solve them</li> <li>Learn to choose the most appropriate situation by analyzing possible consequences</li> </ul>	<b>Three:</b> Solving problems	<ul style="list-style-type: none"> <li>What Should I do?</li> <li>Problems and Solutions</li> </ul>	Critical thinking, creative thinking, problem-solving and decision-making.
	<ul style="list-style-type: none"> <li>Changing behavior is difficult but possible</li> <li>Understand how children unknowingly convince themselves not to change</li> <li>Understand that children are the only ones who can take control of their lives and be responsible for them</li> </ul>	<b>Four:</b> We Can Change Behavior	<ul style="list-style-type: none"> <li>Excuses, Excuses</li> <li>You are in the Driver's Seat</li> <li>Open Door, Closed Door</li> </ul>	Self awareness, critical thinking and decision-making

## Module Six: Coping with Emotions

Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
6. Coping with Emotions	<ul style="list-style-type: none"> <li>Identify and express different feelings</li> <li>Understand that feelings can be expressed both verbally and non-verbally</li> <li>Understand that it is normal for feelings to change and that they can change in intensity</li> <li>Learn that young people share many emotions during adolescence.</li> </ul>	<b>One:</b> Understanding Feelings	<ul style="list-style-type: none"> <li>Trust Game</li> <li>Pass the Feeling</li> <li>Rainbows and Clouds</li> <li>Mix and Match Feelings</li> <li>Mood Meter</li> </ul>	Self awareness and critical thinking
	<ul style="list-style-type: none"> <li>Understand how negative feelings expressed by others or by oneself affect self-esteem and behavior</li> <li>Understand some feelings hurt, but there are ways to express them safely</li> </ul>	<b>Two:</b> Feelings that hurt	<ul style="list-style-type: none"> <li>A Drop in the Bucket</li> <li>Blow up the Balloon</li> <li>Think Feel Do</li> <li>Managing Anger: Firecracker Control</li> <li>Managing Sadness</li> <li>Fear Not</li> </ul>	Self awareness, coping with emotions and stress and critical thinking
	<ul style="list-style-type: none"> <li>Explore feelings linked to HIV</li> <li>Explore feelings linked with grief and loss</li> <li>Learn coping strategies that lead to positive thinking and feeling</li> <li>Learn how to care for someone with HIV</li> </ul>	<b>Three:</b> A Stronger Me	<ul style="list-style-type: none"> <li>A Book of Me</li> <li>Happy Memories</li> <li>A Story of Hope</li> <li>Big Book</li> </ul>	Self awareness, critical thinking, coping with stress and emotions, problem solving and empathy

## Module Seven: Coping with Emotions

Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
7. Growing Up	<ul style="list-style-type: none"> <li>Describe physical changes during puberty</li> <li>Show greater awareness of their changing bodies and emotions</li> <li>Learn to talk comfortably about sex and sexuality</li> <li>Understand the relationship between sex and gender</li> <li>Understand how social and cultural norms determine perceptions about sex and gender</li> </ul>	<b>One:</b> My Body and Me	<ul style="list-style-type: none"> <li>How Different Are We?</li> <li>How is My Body Changing?</li> <li>Creating a Baby</li> </ul>	Self awareness, critical thinking and communication
	<ul style="list-style-type: none"> <li>Clarify misconceptions about sex and sexuality</li> <li>Understand how these myths and misconceptions can be harmful to children</li> </ul>	<b>Two:</b> Facts and Myths: What Do I Know of Sex and Sexuality	<ul style="list-style-type: none"> <li>Quiz Time</li> </ul>	Communication, critical thinking and self awareness
	<ul style="list-style-type: none"> <li>Recognize what is a “bad touch” or unwanted sexual touching</li> <li>Discuss where and who can give a “bad touch”</li> <li>Discuss what children can do when it happens</li> </ul>	<b>Three:</b> Body Mapping	<ul style="list-style-type: none"> <li>Bad touch</li> </ul>	Self awareness, coping with emotions and stress, critical thinking and problem-solving

## Module Eight: Preventing & Living with HIV

Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
8. Preventing and Living With HIV	<ul style="list-style-type: none"> <li>Learn how HIV affects the immune system and allows opportunistic infections to attack the body</li> <li>Learn why girls are especially vulnerable to HIV infection</li> <li>Learn why an HIV positive child must strengthen his immune system</li> <li>Learn how HIV is transmitted and how it is not</li> </ul>	<b>One:</b> HIV and My Body	<ul style="list-style-type: none"> <li>The Immune System Dance</li> <li>HIV Transmission: Doors of Entry</li> <li>Stop, Go, Think</li> <li>Am I at Risk?</li> <li>STI Quiz</li> </ul>	Self awareness, Critical thinking, problem solving, decision-making and communication
	<ul style="list-style-type: none"> <li>Understand and know that there are simple measures to prevent HIV</li> <li>Learn about the different choices in HIV prevention including ABC and how to select one according to the situation</li> <li>Learn that the correct use of condoms is important to prevent HIV transmission</li> </ul>	<b>Two:</b> How Can I Prevent HIV	<ul style="list-style-type: none"> <li>Condom Race</li> <li>Fleet of Hope</li> </ul>	Self awareness, Critical thinking, creative thinking, interpersonal relationships, empathy, decision-making, communication and problem-solving
	<ul style="list-style-type: none"> <li>Understand what universal precautions are and how children can protect themselves</li> <li>Learn to be sensitive to the problems of children infected and affected by HIV</li> <li>Find ways to empathize and care for those living with HIV/AIDS</li> </ul>	<b>Three:</b> Living with HIV	<ul style="list-style-type: none"> <li>The Glove Game</li> <li>If I am HIV positive</li> </ul>	Empathy, self awareness, communication and critical thinking

## Module Nine: Substance Use

Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
9. Substance Use	<ul style="list-style-type: none"> <li>• Know the different types of substances used by children</li> <li>• Understand why young people use these substances</li> <li>• Understand the consequences of taking these substances and the risk of HIV</li> </ul>	<b>One:</b> Understanding the Risk	<ul style="list-style-type: none"> <li>• Your Choice of Drugs</li> <li>• Even a Little is Too Much</li> <li>• Advertisements Do Not Lie</li> <li>• The Circle of Hurt</li> </ul>	Self awareness, critical thinking, and interpersonal relationships
	<ul style="list-style-type: none"> <li>• Understand harmful effects of smoking and tobacco</li> <li>• Understand how alcohol affects judgment and increases risk of acquiring HIV/AIDS</li> <li>• Learn how injection drug users (IDUs) are at high risk of acquiring HIV/AIDS</li> <li>• Learn how other legal and illegal drugs and substances can harm and increase the risk of acquiring HIV/AIDS</li> </ul>	<b>Two:</b> The Problem with Substances	<ul style="list-style-type: none"> <li>• To Smoke or Not</li> <li>• IDU and Risk: Pass the Needle</li> <li>• Alcohol Abuse</li> <li>• Pop and Inhale: Drugs and Inhalants</li> </ul>	Self awareness and critical thinking
	<ul style="list-style-type: none"> <li>• Identify protective strategies against the use of drugs</li> <li>• Be able to reduce the negative effect of drugs and substances and the risk of HIV/AIDS</li> <li>• Examine the myths and beliefs surrounding HIV risk and substance abuse</li> <li>• Use critical thinking to make wise choices, learn positive ways to handle stress and emotions</li> </ul>	<b>Three:</b> Protecting My Friends and Myself	<ul style="list-style-type: none"> <li>• Myth or Fact</li> <li>• Tempt Me, Tempt Me Not</li> <li>• Making It All Work</li> </ul>	Communication, critical thinking and decision-making

## Module Ten: Reaching My Goals

Module	Objectives	Session	Activities	Life Skills Learned/Outcomes
10. Reaching My Goals	<ul style="list-style-type: none"> <li>• Talk about the hopes and wishes of children and how they visualize the future</li> <li>• Identify a role model and define the qualities that the children would like to acquire</li> <li>• Understand how values, wants and needs influence the decisions that affect a child's future</li> </ul>	<b>One:</b> My Hopes, My Dreams	<ul style="list-style-type: none"> <li>• Who Do I Admire?</li> <li>• I Wish, I Hope</li> <li>• Wants and Needs</li> <li>• Our Values, Our Behavior</li> </ul>	Self awareness, critical thinking and creative thinking
	<ul style="list-style-type: none"> <li>• Set realistic short and long-term goals and think of problems and solutions needed to reach these goals</li> <li>• Make choices carefully as they may change the future life path</li> <li>• Think and feel positively to find solutions and try again</li> <li>• Be responsible so that children impact their own and other's lives in a positive way</li> </ul>	<b>Two:</b> My Goals	<ul style="list-style-type: none"> <li>• Goals I Can Reach</li> <li>• How Do I Set My Goals?</li> <li>• A "Mantra" for Trying</li> <li>• Being Responsible</li> </ul>	Self awareness, critical thinking and creative thinking
	<ul style="list-style-type: none"> <li>• Review one's lifeline and make changes if required</li> <li>• Revisit goals they set that will change their lifeline</li> <li>• Use the life skills learned to change their life path</li> </ul>	<b>Three:</b> Moving On	<ul style="list-style-type: none"> <li>• Revisiting My Lifeline</li> <li>• Magic Box</li> </ul>	Self awareness, critical thinking and creative thinking



**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Module 1

## Getting Started



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

## Contents

### Module One: Getting Started

- Session One : Introduction
- Session Two : Rules and Expectations
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# MODULE ONE: Getting Started

The introductory module provides a background for initiating a Life Skills Education Program. Life skills will only be learned if the training experience reinforces what is taught.

The module includes activities for introducing oneself, identifying expectations and establishing ground rules. It introduces the children to the idea of teamwork and encourages cooperative behavior among them. From the very beginning, the children are encouraged to express their opinion and participate in activities, be it in establishing ground rules or reflecting on sessions to follow with other activities outside the classroom.

Facilitators play a key role in the entire process. Their participation and involvement with the children will ensure interactive and participatory learning. The comfort level of the facilitators in discussing sexuality and sexual health issues creates the right kind of atmosphere to explore these issues with young people.

Establishing a supportive environment is crucial since many of the life skills sessions deal with sensitive issues. A supportive environment allows the children to freely express their thoughts and feelings if they so desire. Many children may be unaware that their reactions or statements may hurt others. It is therefore necessary to sensitize the group to ensure empathy and concern for each other.

Trust and confidentiality are valued in addressing sensitive issues such as HIV and sexual health. Children are also informed that their participation in

the program is voluntary, and they can choose to remain silent in any session if they so desire. The sessions ensure that children living with HIV are not discriminated against and that they get to participate actively in all activities with the other children.

This module assumes that needs have been identified and that a life skills curriculum has been developed based on an analysis of these needs. The needs assessment is based on the assumption that a road map must be drawn so the participants know where they are going and why.

Module One consists of three sessions:

## **SESSION ONE**

### **Introduction**

This session contains six activities to introduce oneself

## **SESSION TWO**

### **Rules and Expectations**

This session sets ground rules and voices expectations

## **SESSION THREE**

### **Trust and Support**

This session creates a supportive environment for training. It has four activities with an option of two additional activities.

# Session One: Introduction

## Objectives

At the end of the session:

- The children will know each others' names and qualities;
- Communication among the children will be facilitated; and
- The children will be able to make new friends.

## Key Points

A number of activities have been presented for the facilitator to choose from. Many of these introductory exercises also encourage demonstrations of interpersonal communication that can take place without words, sharing information about oneself and feeling okay about it, understanding others better, making new friends

and encouraging participation of others. The facilitator can pick and choose among activities according to the needs of the group. Some of the activities can be used as introductory exercises for other modules and sessions as well.

## Life Skills Learned

Self awareness, interpersonal relationships and communication.

## Time Required

15 to 25 minutes for each activity.

## Materials

Card paper, markers, cello tape, and music cassette for Double Wheel activity.

**Directions:****ACTIVITY ONE****Mistaken Identities**

1. This activity is most suitable when the children do not know each other. Make name tags with large letters for all children. Use first or familiar or pet names only.
2. Distribute the name tags to the group, making sure that no child gets his/her own name tag.
3. Let the children mingle and find the right person, exchange names and where they are from.
4. Cards should be easy to read and colorful so that the children can read the cards from a distance, mingle easily and meet people.
5. If some children know each other and others do not, a pet name or a second name may be used for identification

**Experience from the field**

If children cannot read or write, draw the meanings of the names of the children or a symbol they like. Even if children draw the same object, they can recognize their own drawing. After finding the child with the right name tag, each child can introduce the other to the group.

**ACTIVITY TWO****Double Wheel**

1. Ideally, this activity should be conducted when the children in the group do not know each other. Divide the children into two groups of equal size.
2. Each group forms a circle, one group inside the other.
3. The inside circle moves clockwise and the outside circle moves counter-clockwise when the music plays.
4. When the music stops, the circles stop moving and the children in both circles face each other and exchange names and where they are from. When the music resumes, the children move in the circles as before.
5. When the music stops, the children should rush to find their previous partner and both crouch down. The last few pairs to crouch down are selected to introduce their partners to the group.
6. The Double Wheel continues for a few rounds more until all participants have introduced themselves to the group.



**Activity:** Double Wheel; Partner: YWCA, Delhi

### ACTIVITY THREE

#### Mime an Interest

1. The children form a circle and think of a hobby, sport or some other activity they like which they can mime. For example, a child who likes to play drums can mime it or a child who likes cricket can mime that.
2. Encourage the children to mime different hobbies so that the miming performances are not duplicated. This will create variety and the children will enjoy guessing.
3. After each person has mimed in front of the rest of the group, the group is asked to remember each other's mimes. The facilitator may join in the game with the children.
4. The game starts with one person clapping hands and then saying the person's name and miming him or her. That person now claps, says another person's name and mimes him or her. A person, who mixes up or forgets the name of the person and the mime, is out. Any child who remembers the name and the mime begins the activity again.

#### Experience from the field

Children of age group 9-11 like to mime games or a famous personality.

### ACTIVITY FOUR

#### If You Were an Animal

1. Ask the children to choose an animal they would like to portray. They should be able to say why they want to be that animal.
2. The child imitates or poses like that animal. Allow a minute to prepare.
3. Form a circle. Each child, including the facilitator, comes to the center of the circle, imitates an animal and explains why the animal was chosen. The child should explain which qualities attracted him/her to this particular animal and how those qualities were common between the child and the animal.

#### Experience from the field

An explanation by the facilitator about the objective of this session helps all the children. Children enjoy the activity, but later could tease and label each other so it is important to set up a few ground rules. Younger children say what they like about the animal rather than a quality.

## ACTIVITY FIVE

### Celebrities

1. Make a list of famous people that the children would know. There should be as many names as there are children. Pictures of celebrities can be used if children cannot read or write.
2. If the facilitator knows the group well, s/he could match the characteristics of the famous person to that of a child. If this is done, the facilitator must point out the connection that s/he sees between the celebrity and that particular child. The facilitator could also choose a theme such as leaders, well-known personalities, singers or sports personalities.
3. The famous person's name is tacked onto the back of the child so s/he cannot see it. Encourage the children to walk around and ask questions to others who must answer in only yes or no. No other hints can be given.
4. The exercise is complete when almost all of the children have found out who they are.

### Review

This is a good exercise to introduce the method of data collection or survey to the children because these are often recommended in later modules in the **Linking Learning to Life** activities.

Some questions for review could be:

- *Which questions were more useful?*
- *How did different children ask questions? What did that tell you about the child?*
- *Were non-verbal clues useful?*

### Experience from the field

The facilitator conducted a practice session with the younger children so that they understood how to ask questions.

## ACTIVITY SIX

### Find Out

1. A volunteer is asked to leave the room. The child who has volunteered needs to think of five questions to which the group will answer yes or no to identify one person in the group.
2. The children decide who will be the one who should be identified when the volunteer is out of the room.
3. The volunteer returns and asks the five questions and then guesses who the child is. The volunteer gets three guesses. If he or she cannot guess the right answer, the identity is revealed and a new round begins.

## Session Two: Rules and Expectations

### Objectives

By the end of the session the children will:

- Make rules for the group; and
- Identify and clarify their expectations for the training.

### Key Points

Strict confidentiality needs to be observed which must be reflected on the ground. The children need to understand that everyone will be treated with respect, that no one will be made fun of and that private thoughts and feelings stated in the sessions will not be disclosed outside the training

setting nor talked about casually. If a child is infected with HIV, the status and the privacy of the child should be respected.

### Life Skills Learned

Self awareness, critical thinking and communication.

### Time Required

20 to 30 minutes for each activity.

### Materials

Chart paper, markers, cello tape and notebook paper.

**Directions:****ACTIVITY ONE****Making Ground Rules**

1. Introduce the activity by saying that we want to make our training area a happy and safe one for everyone. Just as there are rules for driving or playing a game, we can also set rules for everyone here to follow.

Encourage the children to formulate the rules.

2. The list may look something like the following sample. If, however, it does not resemble this list, then the facilitator should suggest or add some of the rules and explain why.

- Only one child speaks at a time.
- Everyone get a chance to speak.
- Come on time.
- Everyone should participate and not only some.
- Everyone should listen to the other person's views.
- Do not make fun of another.
- Do not pass on secrets outside the training session.
- Everyone should respect everyone else.
- Treat everyone else equally.
- Do not say bad words.
- Do not hit anyone.
- Never ask others about their HIV status.

One rule could be that everyone should attend the sessions but circumstances may not always allow it. Life Skills Education Programs are beneficial over a period of time and preferably followed consistently. But the mobile and migratory life pattern of most of these children often makes that impossible.

3. The facilitator tells the children that some rules are non-negotiable. These include confidentiality, the right of any person not to say anything and those names of others with HIV status or other sensitive information should not be given out. It is okay to say you know someone without mentioning her/his name while sharing that person's behavior or opinion.
4. Discuss with the children what should be done if any of the ground rules are broken. Fewer rules will be broken if the children buy into the ground rules and accept the rules as their internal values.
5. Write the rules on chart paper. If the children can write, encourage them to write in their own handwriting. Display the rules in every session and encourage children to refer to them if necessary.

### Experience from the field

After formulating the ground rules, the children signed off on it. From time to time they read the rules from the chart, which is always displayed at the center. (Positive Living Project, Namakkal)

Some children are following the same rules at home and in their boarding schools. If others do not follow the rules, the children remind them about the rules from the Life Skills Education Program. (WINS, Tirupati)

### Tips for the facilitator

- Revisit the ground rules often. Children can read them out loud.
- Ground rules should be accepted by other children and adults in the program to avoid conflicting messages
- Sometimes specific ground rules have to be set up for specific activities (such as the activity “If I were an animal” in Session One), but make sure they do not conflict with the existing rules

## ACTIVITY TWO

### Our Expectations

1. The facilitator informs the children that the group will be meeting every week to learn more about themselves and manage their lives in a happy, safe way. In a circle, ask the children to state one thing that they want to learn or what their expectations are from these sessions. If the facilitator has done the 3 P matrix and the Bridge Model (refer to the Facilitator’s Guide) with the children, they will be able to state what they would like to learn. With younger children, one may ask what they would like to learn when they meet as a group every week.
2. The facilitator must clarify any unrealistic expectations. This is very important. In simple terms, the facilitator explains life skills and how to think critically, express feelings and understand how to communicate, develop healthy relationships and cope with feelings of anger and sadness. The children could also learn about growing up and HIV.
3. Each child should write his or her personal expectations on a separate piece of paper. Alternatively, the children can discuss and write up expectations for the group as a whole. The facilitator can help younger children and children who cannot write.
4. Always remember to use simple words and symbols especially for those who cannot read. If there is room, pin the paper with the written expectation on the felt board for children to check or keep in a drawer until the end of the program. This will help children reflect on whether they have achieved what they hoped to when they started the sessions.

## Session Three: Trust and Support

### Objectives

By the end of the session children will:

- Develop a sense of trust so that personal growth takes place;
- Understand how some statements can hurt others; and
- Learn how to speak positively and support one another.

### Key Points

Any personal development first requires an unconditional acceptance of the person by her/his significant others even if some behavior needs to be changed. Trust and friendship create an enabling environment to test out new behavior learned

during training. Statements that hurt must be consciously removed from one's speech and empathy for the other's feelings should be created in its place. The first two activities are recommended, and the others may be used in different training sessions.

### Life Skills Learned

Empathy, communication and critical thinking.

### Time

20 to 30 minutes for each activity.

### Required Materials

Marker pens, chart paper, cello tape and cards.

**Directions:****ACTIVITY ONE****Only Positive Thoughts Allowed!**

1. Discuss with the children what kinds of topics they would like to talk to some people about more than with others. Then ask them to try and make sure that everyone is comfortable in talking to everyone else.
2. Ask children to brainstorm on how people whom they are comfortable with talk to them. Some examples are given below:
  - i. Listens;
  - ii. Smiles at us;
  - iii. Speaks kindly; and/or
  - iv. Makes us feel special.
3. The children then brainstorm on why they do not like to talk to people who make them uncomfortable. The list may look like this:
  - i. Do not listen;
  - ii. Speak unkind words;
  - iii. Make us feel we are worthless; and/or
  - iv. Always think we are wrong.
4. Tell the children to write a positive statement and a negative statement and then to choose which they would like for themselves. Make two columns on a flip chart. Write “words that make you happy” on top of one column and “words that make you unhappy” on top of the other. Give one or two examples and then ask the children for more.

**Words that make me happy**

That was an interesting thought!  
 You have a lovely smile  
 She likes to read  
 Try it again  
 That's better

**Words that make me unhappy**

What a stupid remark!  
 You look terrible  
 She is lazy  
 You are so slow  
 When will you learn?

5. Read out each statement aloud and ask the children if they would like this in the training. If they say 'Yes' place an X or a happy face. Place a Y or an unhappy face next to each statement on the list of what they do not want. If the children can read, encourage them to read out the statement and ask: “Do we want this in our session?” The appropriate symbol should be placed next to the statement depending on whether the children say “Yes” or “No.”
6. Ask the children how we can help everyone to say these happy words and what happens if someone forgets. The facilitator must not accept any suggestion for punishment for not saying the happy words, but encourage more supportive behavior like helping each other and giving people another chance.
7. The “atmosphere” of the sessions depends a great deal on the personal behavior and attitude of the facilitator. It is important that the facilitator acts in a caring and respectful attitude toward the children.

**Experience from the field**

Children found it difficult to write positive statements and had to be constantly encouraged. (CCDT, Prerana).

“I liked this activity because we generally say negative things about people and not positive things. It feels nice to hear positive things about oneself and to say positive things about others. We should do this in all walks of life.” (Children's voices, Prerana)

**Tips for the facilitator**

It helps to explain the objectives of the session to the children at the beginning of the session..

**Review**

Ask the children what they learned and what they felt about the exercise.

**ACTIVITY TWO****Trust Me**

1. Divide the group of children into pairs, and blindfold one person. The child without the blindfold leads the other child by talking to them or by touch. Remind the leader that it is his or her responsibility that the blindfolded child does not fall or get hurt. This should preferably be played in an open area. You could also place a few obstacles in a room. Make the children switch roles so the child who was leading the first time gets blindfolded in the next.
2. Ask:
  - How the child who was being led feel?
  - How did the child who was leading feel?

**ADDITIONAL ACTIVITY****Catch Me Quick!**

1. The group queues up. The facilitator selects two children to act as “safety nets” and stand against the wall. The first person in the queue is blindfolded and walks towards the wall. The “safety nets” catch him or her before crashing into the wall. Each child takes turns. Speed up the activity until the child walks very fast towards the wall. Switch the “safety net” volunteers during the exercise.
2. Remember to keep the distance to the wall long enough for children to walk fast.
3. As in Activity One, do a quick review.



**Activity:** Catch the quick! Partner: Snehbhavan, Manipur

**ADDITIONAL ACTIVITY****Circle of Trust**

1. Make a close circle. One child volunteers to step in the middle, close eyes and fall in any direction. The circle of children must catch the child who falls so that the child does not fall. Then the next child volunteers. Try to give everyone a chance.
2. This game must be done gently. Ask the children to sing a lullaby while the activity goes on.
3. Review as before.

***Tips for the facilitator***

The facilitator must prepare the children well and draw their attention to the exercise so that it is not just play. The circle should be small so children can be supported easily. If the child in the center opens his or her eyes, s/he is out of the game. (WINS, Tirupati)

**ACTIVITY THREE****Secret Admirer**

1. Write each child's name on small pieces of paper and put them into a box. Each child picks up one chit and reads the person's name. If someone gets his or her own name, change the chits. The child must not disclose whose name it is.
2. On one wall, place a chart and write, "Someone admires you very much!"
3. Give cards to each child, who must write the name on the chit and one nice thing they like about that person. Those who cannot write may draw. Collect the cards and paste.

**Experience from the field**

- Make actions like rowing a boat and singing a song – it livens up the activity! It can also be used as an energizer in other sessions especially when you want to promote group bonding.
- Children wrote for their friends (Street children project, PCI)
  - “He is able to control his addiction when he is made to understand.”
  - “He never says no to any work.”
  - “Even when scolded, he listens and still talks with a smile.”
  - “He protects the younger children from the older ones!”
- After the cards were pasted, children read out the qualities of their friends. Each child got a chance to read out another child's good qualities. The children felt very happy. (World Vision, Guntur)

**ACTIVITY FOUR****Life Boat**

1. The children move in circles. Say that they are all sailing in the sea (or a river if that is close by). Suddenly the ship sinks. Now they will all have to get onto the lifeboats.
2. Tell them that you will call out a number say, 2 or 3 or 4. This is the number of children that can get into the lifeboat, and they must quickly make such a group and hold hands (if appropriate).
3. The child who is left out is out of the activity. For younger children, those left out can join in again when the game continues.
4. To bring variety, sometimes say all lifeboats are gone (no grouping) or all in one life boat!
5. Review as before.





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**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Module 2

## Knowing Myself



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

## Contents

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# MODULE TWO: Knowing Myself

Knowing Myself' is the first step in learning life skills. It is based on the premise that if we do not know who we are, we will not know what we want to change and what we want to build on.

In this module, children will:

- Understand their abilities, skills and qualities and what it means to be a girl or a boy;
- Explore their own beliefs and values; and
- Understand their life and plan for a better future.

By doing these exercises the children will learn of their strengths, recognize what they would like to change and will be able to communicate their feelings to their friends and family. Many children in vulnerable and marginalized situations suffer from low self-esteem. Low self-esteem in girls is also caused by the existing social and cultural gender bias. Good self-esteem is necessary for the children if they are to feel that they are in control of their emotions and have control over what they can do. Only then can any meaningful behavior change take place. This session is the first building block in developing self-esteem and self-confidence in the children and so should be seen as preparatory to the other sessions. These sessions may also be repeated later in other modules to reinforce self-esteem.

Module Two consists of the following three sessions, which in turn include a number of activities:

## SESSION ONE

### **I Am Special – My Abilities And Skills**

In this session the children identify positive qualities, receive positive thoughts from their team members, make a 'shield' to protect their feelings and celebrate being a boy or a girl. This session includes three activities.

## SESSION TWO

### **My Beliefs and Values**

In this session the children understand that their values shape their behavior and that values for material things may not bring what they desire. This session includes three activities.

## SESSION THREE

### **My Life**

In this session the children help each other to plot their lifeline, good and bad events, and look into their future. This session includes one activity.

# Session One: My Abilities, My Skills

## Objectives

By the end of the session the children will be able to:

- Identify their strengths – what they are good at and what positive qualities they possess;
- Get feedback from their friends in the group about their positive qualities;
- Say why they are happy to be a boy or a girl;
- Learn to protect themselves from any negative remarks about themselves; and
- Decide what quality or skill they would like to strengthen.

## Key Points

Many children with difficult and sometimes traumatic life experiences have low confidence and low self-esteem. It is very important that children are aware of their strengths and receive positive feedback from others. Self-esteem and confidence in oneself are critical to try out new behavior or

practice new skills. This session emphasizes that each of them is unique, that there is no bad person. This shield protects them from adverse criticism.

## Life Skills Learned

Self awareness, critical thinking and communication.

## Time Required

Each activity lasts for 30 to 40 minutes.

## Materials

Activity 1: Paper plates, markers, sticking tape.

Activity 2: Paper shields (should be of stiff paper), markers.

Activity 3: Paper body outlines of a girl and a boy, one pair for the girls' group and one for the boys' group, cards of three colors, sticking tape or glue.

**Directions:****ACTIVITY ONE****I Love Myself**

1. Ask the children to say, "I love myself." While saying this the children must use simple gestures such as smiling, hugging oneself, and standing up tall and proud and any other way that expresses the meaning of what they are saying.
2. Give each child a paper plate and ask them to write on top, "I love myself because ..." (If a child cannot write, the facilitator or another child can help or a child can draw). Encourage each child to draw any symbol they like for themselves.

If the children are unfamiliar with symbols, introduce some common symbols as a preparatory activity. These may include road signs (one way, no parking), airplane (to show airport), a handshake (to show friendship), an eye with a teardrop (to show sadness) or the three monkeys that Gandhiji was fond of (one monkey with his eyes closed to symbolically say "see no evil," the other with his hands over his mouth symbolizing "speak no evil," and the third with his hands over the ears symbolizing "hear no evil"). Other symbols may be used by the facilitator if required.

Ask each child to write two things they like about themselves or are good at. It could be anything, starting with a physical characteristic, or a quality they have, or a behavior or a skill. Some children might need help to think of some qualities or skills they are good at. In that case their friends can help them.

3. Ask the children to share what they have written with their partner on the right.
4. Next, ask the children to tape the paper plate on their backs and move about the room. Ask each child to write something positive on the plate. Remind each child to be specific. For example, instead of "nice" or "helpful," ask them to write, "helps with homework," "talks to me when I am lonely," "says good jokes" or "always keeps my secrets."
5. In a circle, ask each child to read out *"I love myself and others love me. I am...."* The child should read out everything that s/he and the others have written. This may sound like: *"I love myself and others love me. I have a happy smile, good handwriting, look after my little sister, am a good batsman, do not fight with my friends and have good muscles."*

**Experience from the field**

We used cut out figures to make a paper chain (like a bunting), and children wrote on it why they loved themselves. (CCDT, Mumbai)

Children had difficulty writing positive qualities. The facilitator helped and encouraged children to do so. Some children could think of good skills but not qualities. (CCDT, PCI, Prerana, SFDRT)

"I like to think good things about myself and more when others add positive qualities to my plate."  
(A 12-year old street child from Salaam Baalak Trust, Delhi)

### Review

*For Younger Children:*

- *What did you like about this activity?*
- *What did you learn about yourself?*
- *What did you learn about your friends?*

*For Older Children:*

Ask the children to discuss the activity along the following lines:

- *Was it easy to find something they liked about themselves? Why or why not?*
- *Was it easy to find something good about others? Which was easier? Why?*
- *How did they feel about all the good things that others had written about them?*
- *Why do some people say unkind things to them? How does it feel?*

## ACTIVITY TWO

### My Protective Shield

#### Group Check in

1. This activity can follow immediately after the first one. If you have taken a break, spend some time reminding the children what they have done. Make sure everyone has his/her plate when you are speaking. Give some time for each child to look at the plate and read what has been written.
2. Distribute the cut out shields to each child. Discuss with the children what shields are used for (to protect, to look after the person holding it). Ask the children to write their names in the center of the shield and make a symbol of their very own.  
  
On one half of the shield, ask the children to look at their paper plates and write the best things they like about themselves on the shield. On the other half, ask them to write qualities or skills or behavior they would like to have. The children can write, make symbols or use pictures from old magazines.
3. Ask the children what this shield means to them and how it would help them. The children may answer, “to protect myself when others are mean to me” or “to show the world what a wonderful person I am” or “no one can hurt me now.”
4. Each child shares his/her shield with the group.
5. The shields and the paper plates can be put up on the wall so that children can look at them whenever they come to the group. You could even have an exhibition of these shields.

If there is a shortage of space, an alternative is to keep the shields safely until the next session. A display of these plates during the life skills sessions is a powerful reminder for the children of their strengths. A simple poster can be made by sticking small pieces of velvet paper on the back of the materials. The materials will cling to any cotton cloth.

### Experience from the field

We used one big shield for the 9-11 age group, and all the children wrote on it. They liked it very much. (Positive Living Project, Namakkal).

### Review

In a circle, ask:

- *Did you enjoy this activity? What did you like most? Least? Why?*
- *What did you learn about yourself? About your friends?*
- *Would you want to do this activity differently? How?*

### Linking Learning With Life

Ask the children to identify one or two qualities/skills they already have and one or two qualities/skills they would like to have. Then ask them to try practicing those qualities or skills in their daily life until the next session. They can make a small mark on their shield. It is important that children choose what they can easily do, especially if it is a new behavior or quality that they would like to try out. The facilitator may need to help children choose simple skills.

Each child then turns to the right and discusses with his/her friend how they will help each other, be their 'friend' or 'buddy' to practice these good qualities/skills until the next session. Remind the children to also discuss among themselves what they would do when one of their friends is not feeling good about himself/herself or finds it difficult to practice the behavior.

### ACTIVITY THREE

#### I am Happy to be a Girl/I am Happy to be a Boy

#### Group Check In

1. Divide the group into boys and girls. If you have only single sex groups, you could divide them into two groups. Since this exercise involves perception of the opposite sex, it would be useful if you use body outlines (made by boys, if there is only a girl's group or vice versa) that have been developed in other sessions. This will make the discussion more realistic for the children.
2. Give out two cards (one color for boys and another color for girls). Ask each child to complete the following sentences:

*"I am a girl/boy. I like being a girl/boy because ...." Or "I am good at"*

Encourage them to write three qualities or skills they possess. Those for whom writing is a problem can make symbols or cut pictures or take someone's help.

3. When the children are finished with the writing or drawing, ask them to discuss their work with their partner.
4. Give each group an outline of a human form. The outline must be of same gender as the group. The children discuss and pin/stick the qualities onto the outline. You may remove some qualities if they get duplicated.
5. Give the children some cards (as before, one color for boys and another for girls). Ask each child to complete the following sentences:

*“If I were a boy/girl, I would be.....”*

Encourage them to think and write as many qualities or skills as possible. As before, they may make symbols or cut out pictures or ask for someone’s help.

6. Give the children the body outline of the opposite sex. The children discuss and pin/stick the qualities on the outline. Qualities that get duplicated may be removed.

Ask the children to give this person one of their best qualities (from their own body outline) by writing or drawing on a piece of paper and sticking it on the body outline. Each child says the following while doing this:

*I am giving you my smile.*

*I am giving you my friendship.*

This way the girls ‘gift’ one of their best qualities to the boy outline and the boys do the same. If this is written on a different color paper, the effect is very dramatic and provokes discussion.

7. You should by now have four body outlines, two prepared by the boys and two by the girls. Each group shares its outlines with the other group.

*Do the girls have different ideas about being a boy, and do boys have different ideas of being a girl?*

### Experience from the field

This worked well with single sex groups (CCDT, Prerana, SFDRT) and where both boys and girls were involved (PCI). This activity works out well when the facilitator prepares the “warm-up” or introduction very well.

*Children’s voices CHES, Chennai (Boys 11-14 years)*

“The first part was very easy but the second exercise, assuming that we are the opposite sex was difficult.”

“Being a boy, how can I think like a girl?”

“Today, I became aware of so many things that were in my heart.”

*Children’s voices YWCA Delhi (Girls 11-14 years)*

If I was a boy.....

I can learn to cycle...

I would not ever tease girls...

I would take my wife out and buy her new clothes....

I would decide my own marriage....

I would earn money and see that my brothers and sisters are married...

**Tips for the facilitator**

- Be sure not to promote gender stereotypes in these exercises. Remember that girls and boys have equal capabilities, but often do not share equal opportunities in society. Both sexes should be treated equally and discouraged from thinking that girls and boys are “different” in specific ways.
- We used cut out figures to make a paper chain (like a bunting), and children wrote on it why they loved themselves. (CCDT, Mumbai)
- Children had difficulty writing positive qualities. The facilitator helped and encouraged children to do so. Some children could think of good skills but not qualities. (CCDT, PCI, Prerana, SFDRT)
- “I like to think good things about myself and more when others add positive qualities to my plate.” (A 12-year old street child from Salaam Baalak Trust, Delhi)

**Review***For Older Children:*

Sit in a circle and discuss the following:

- *Did you find it difficult to find out why you are happy to be a girl/boy?*
- *Many think it is boasting if you talk about your gifts. What do you think?*
- *Do the girl and boy outlines have similar or different ‘gifts?’ Why or why not?*
- *Were you surprised at what the other outline was like? Why did you feel so? Who influenced you regarding what boys and girls are like or can do? What do you feel about what they said?*
- *Would you like to add a quality or skill to the outline that you do not have now but you would like to have? What are they?*

*For Younger Children:*

Some general review questions on the activity:

- *What did they like or did not like about the activity?*
- *Did they have any suggestions for making it better?*

**Variation***For Younger Children*

Conduct the same activity with the help of a facilitator and assistants. Divide the children into same gender groups. Give a body outline of the same gender first and ask children to discuss what they like about being a girl/boy. Next provide the body outline of the opposite gender and ask what they like about being a boy/girl. After the qualities have been written down and pasted on the body outline, ask the group to circle those qualities they think are very important and like a lot. Each group presents its body outline to the other group.

### Linking Learning With Life

*For Older Children:*

Form pairs or groups of three children to conduct a survey in their school, family or community. The children can interview adults, older children and their friends. They should ask the question: why are girls special? The children should then ask why boys are special. The number of interviews can be limited if time is very short.

This may require some preparation. The facilitator might have to help children practice how they should approach and talk to adults. If possible, the facilitator should also have a prior discussion with some community members about this interview. Alternatively, an adult may accompany the children so they are not rebuffed, and should remain in the background. The children can divide the interview among themselves so that one child can ask the questions and the others record the answers. The children may switch roles for each interview. The children can also be taught how to tick mark the responses.

For example,

Girls are special...

	Parents	Older boys	Older girls	Community members
<b>Caring</b>	X	X	X	XX
<b>Work hard</b>	XX	X	XXX	
<b>Gentle</b>	XX		X	X
<b>Intelligent</b>	X	XXX	XXXX	X

Although this follow-on activity will require planning, it will help the children to learn to apply what they have learned from the first session. Children normally enjoy finding out information.

Once the children finish collecting the information, it needs to be processed and analyzed. Tallying the information is simple and does not take much time. The data received can provide some valuable background information to the facilitator on what examples to use and how to structure future sessions.

### Review

Some of the review questions could be:

- *Did people find it difficult to identify special qualities for either boys or girls?*
- *How did people respond for the questions on boys and girls?*
- *What were the differences if any?*

### Variation

*For Younger Children:*

If the survey cannot be organized, ask children to observe how girls and boys are treated at home, school and community and discuss this in the next session. Talk about what they should observe, the work they do, how adults talk to or behave with them.

## Session Two: My Beliefs and My Values

### Objectives

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

- Identify and share some of their values;
- Understand that many intangible things have more value than material and tangible things;
- Examine the relationship between values and behavior; and
- Learn how much time and resources are spent doing certain activities and their relationship to the value held by the children.

### Key Points

Behavior depends on what we value and what we believe. Our families, community, society and others that we look up to and accept as role models shape these values and beliefs. Many things we think we value do not give us the happiness we want. Many of our values make us behave in ways that harm us as well as others whom we love and care about. That is why it is important to understand what we value and change them if necessary. If we value caring for friends and family, honesty, education, truthfulness and hard work, we often have to give

up our immediate needs and wants so that we may enjoy more long-term happiness.

### Life Skills Learned

Self awareness, critical thinking, communication and decision-making.

### Time Required

Each activity lasts 30-45 minutes.

### Materials

Many auction cards of same object. Play money, statement cards, card paper and sticking tape.

### Note for the Facilitator

It helps to tell stories and/or make a big book. This book can be made easily by putting together large brown pieces of paper and then sticking pictures on them to illustrate a story. Write the story in simple language using thick marker pens and big bold letters. The advantage of the big book is that children can gather around a book and read it together.

**Directions:****ACTIVITY ONE****I Want, I Need****Group check in from other modules and sessions**

1. Introduce the activity by saying that we need and want many things in life. Each one of us has our own needs and wants that we try to fulfill. Give 10 cards to each child and ask them to write or draw their unique wants and needs. Only one want or need should be written or drawn on one card. Give the children a few minutes to think and write.
2. Make groups of three and ask the children to put the cards into two groups—one depicting want and the other depicting need. Make two more cards with the labels “Want” and “Need” written on them. Ask the children to sort the cards out under these two headings.
3. Discuss with the children what they understand by “Want” and “Need.” It is very likely that the children will be confused about the difference between the two. The facilitator should then explain to them that a “Need” is for something you require to survive. Thus food, shelter, clothing and medicine meet our *physical needs*. Similarly, to be accepted and to belong to a group serves our *social needs*. Our *psychological needs* are to be loved and love, to feel safe, to feel self-worth and to be confident. “Wants,” on the other hand, are what we require to feel comfortable or to make our life easy or do what we like. We will have difficulty surviving physically, socially or psychologically if our *needs* are not met, but we do not face a survival problem if our *wants* are not met.
4. *For Older Children:*  
Make one more card and write Special Needs of Adolescents on it. Brainstorm with the children for the items that should go under it, and write the names of the items that come out of it under this heading. Some of the most obvious items could be to: have friends, belong to a peer group, learn how to talk to a person of the opposite sex, have someone to seek advice from and to talk with, earn money (if it is a street child) and be cared for (particularly for a child living with HIV).

**Review***For Older Children:*

Discuss with the children how they would like to set the priority between “needs” and “wants.” While it is necessary to satisfy “needs,” is it always necessary to satisfy “wants?” When does a “need” become a “want?” For example, at its simplest level, food is needed for survival but having elaborate meals every day is a want.

Ask the children to try to come up with more examples.

The next step would be to make the children aware of the differences in their answers. The questions that need to be discussed are:

- *Were there any differences in what children thought?*
- *What are the reasons for these differences? Are these differences because of what we think is important or of value to us?*
- *Why do people have differences in what they consider of value or importance?*

Having discussed these questions with the children, the facilitator can now broach the subject of how our “wants” are determined by our value system. Our value system in turn is shaped by our family, society and life experiences.

It is important for the children to understand that our values make us act in a certain way to meet our “wants,” i.e., our values influence our behavior. If we critically examine and review our values, then we have the power to change some behavior that may be harmful for us.

### **Adaptation**

*With Younger Children:*

On one card write, “Want” and place it in one column on a flannel board or flipchart that every child can see. On another card write, “Need” and place it in the next column. Use different color cards for “Wants” and “Needs.” Ask the children to brainstorm what they think are “Wants” and “Needs.” Accept all answers. On a card write only one item. Remember to use different color cards for “Wants” and “Needs.” With the example of that one item, discuss the difference between “Wants” and “Needs” with the children, and go over the list again. Shuffle the cards into a new list. Discuss any changes. Were some “Needs” actually “Wants?” Do different children look at wants and needs differently? Should you have more wants or needs? Why? Can this change?

## **ACTIVITY TWO**

### **My Life Auction**

#### **Group check in from other modules and sessions**

1. Count the number of participants. Make twice as many cards. Ask the children what people generally value in life. Encourage them to mention material or tangible things as well as abstract things such as a good car, house, having sons, having a good friend, honesty, a healthy life, to be famous, to be loved and so on. Write these on the cards, and stick them on the wall. Select a few from each set. Tell the children that there will now be an auction of these selected items, and each of them can buy whatever they want. Make sure you select both tangible and intangible items.
2. Distribute play money of Rs. 1,000 to each child in denominations of Rs. 100 and Rs. 50. The play money should preferably look like real money. Tell the children that this money will help them to “buy happiness.”
3. Inform children of the rules of the auction. Once the goods are sold, they cannot be returned. The children are free to buy or save their money. At each auction, two items will go up for sale. A child can buy only one and does not have to buy both items. Of course, s/he may decide not to buy anything.
4. Select 10 pairs of items, putting a different value on each. As a rough guide, the sum of the value of all the items should be worth double (or Rs. 2,000) of what each child has. This forces the child to choose. Put higher prices on the necessary or valued items, which can be abstract. If possible, draw a picture of the item so that all the children immediately understand what is going up for auction. Make sure you have several copies of the items going up for sale, so that you can give them to the children who decide to buy the items.
5. One example of an auction is presented below. Be sure to use the items that children have listed earlier and adapt to the local conditions. Draw what is written so children understand better. Some strategies of conducting the auction are in italics. Make sure you use them in the appropriate place no matter what items you choose to auction.

<i>Here are the first two items up for sale. Put the cards up:</i>	
<b>Option A</b>	<b>Option B</b>
A nice house (Rs. 100)	A vacation for you and your friend anywhere you like for one month (Rs. 100)
<b>Option A</b>	<b>Option B</b>
A beautiful girlfriend/wife or a handsome boyfriend/husband (Rs. 200)	A steady job (Rs. 200)
<b>Option A</b>	<b>Option B</b>
To be the most popular person in your circle of friends for one year (Rs. 200)	One true friend (Rs. 200)
<b>Option A</b>	<b>Option B</b>
A chance to go to college and study more (Rs. 200)	To buy a scooter and a dozen new clothes of your choice (Rs. 200)
<b>Option A</b>	<b>Option B</b>
A healthy family (Rs. 300)	World fame (Rs. 300)
<i>After the children have decided to buy or not, announce that those who bought a healthy family get Rs. 200 back as a bonus.</i>	
<b>Option A</b>	<b>Option B</b>
To change any one thing about their physical appearance (Rs. 100)	Looking after a very sick friend (Rs. 200)
<b>Option A</b>	<b>Option B</b>
Five years of any physical pleasure they want (Rs. 200)	Respect and love of those you care about (Rs. 200)
<i>After the children have bought or not, say that some things cost more than was originally expected. Ask the ones who selected five years of pleasure to pay Rs. 100 more.</i>	
<b>Option A</b>	<b>Option B</b>
A chance to appear on your favorite TV show (Rs. 100)	A chance to learn a skill you really want (Rs.200)
<b>Option A</b>	<b>Option B</b>
The love of a family (Rs. 200)	Five years or more to live (Rs. 200)
<b>Option A</b>	<b>Option B</b>
Help a friend or a family member in their work (Rs. 100)	Go to a movie (Rs. 100)
<i>Say you cannot buy anything more. Any money you have now is worthless. You have bought all the 'happiness' you can.</i>	

6. Make groups of three children and ask them to discuss:

- *What was your favorite purchase item? Why?*
- *Do you regret buying anything? Why?*
- *Would you have done something differently, if given another chance? Why?*

### **Review**

In a circle, discuss:

- *What were the most popular purchase items? Why? Was anything not bought?*
- *Did you take time to choose what you want? Why or why not?*
- *Did we choose what we did because we thought it would buy 'happiness'?*
- *What did you value more? What did you value less?*
- *Can our values change?*
- *Can you really buy values?*

### **Adaptation**

Discuss with the children the fact that everyone has their own special likings and things they value above everything else. This could be a special book or a toy or some other object. Other things that are not so tangible are often very real and equally important. These are intangible things like friendship, telling the truth, working hard or going on a vacation. Tell the children that they are going to a far-away new country to meet other children and that they can bring only five things they value, or regard as very special, with them. The children should draw if they cannot write the names of these five things. The facilitator can help the children in writing or drawing. Each child then talks about what s/he thinks is important. The facilitator must help the children, through gentle questioning, to understand that the selection of the objects will reflect on what they value and consider important. Discuss how different people can value different things and how these values can change over time.

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

- This activity is for all age groups. With older children, more details and discussion can take place.
- Read a story or prepare a large book with the story of a freedom fighter or a social reformer. Ask the children what these people value.
- Also choose a newspaper article or story on a criminal figure and ask the children what that person's values are?
- Link the values to their behavior.

**ACTIVITY THREE****Values Voting****Group check in**

1. In three corners of the room paste three signs: “Agree,” “Disagree” and “Not Sure.” Tell the children that you will be reading out some statements that expresses some values. The group will vote on each of the statements. After each statement, the children must go to the sign which best describes what they feel about the value. The child can change his or her position at any time.
2. Be sure to explain that there is no right or wrong answers. Everyone has thier own opinions, and it is all right to express it.
3. After each statement has been read out and the children have chosen their answers, ask them to discuss the answers among themselves. Then ask one of them to say what they felt about the statement. The child must express what the group has said and not only what s/he believes.
4. Count the votes for each statement to discuss later.

Some suggested value statements are listed below. Choose and adapt according to your needs and for the time you have. Add others that may be more relevant. Value statements, which bring a variety of answers, indicate what the children are not sure of, and are therefore useful for the facilitator to review and discuss with the group.

- a. Getting money is important. It does not matter how one earns it.
- b. You must wait until you are married to have sex.
- c. A man cannot cry or be kind.
- d. Elders are troublesome and do not deserve our respect.
- e. Whatever happens will happen, so why plan?
- f. Girls need not study after Standard 10.
- g. You can get a good job without finishing secondary school.
- h. Drinking can help to manage stress and problems in daily life.
- i. To earn money you cannot be honest.
- j. Girls, not boys, must help their mothers.
- k. Men can be good nurses.
- l. Gutka (tobacco extract) is not harmful because all my friends eat it.
- m. If you can smoke a cigarette, you are a man.
- n. Boys are smarter than girls.
- o. Birth control is a woman’s responsibility.
- p. Women should not get jobs that men have always had.

**Adaptation**

*For Younger Children (Use Simpler Statements:)*

- a. Advertisement on TV always tells the truth.
- b. It is all right to cheat if your teacher does not catch you.
- c. If someone hits me, I have a right to hit back.
- d. Only girls should go to school.
- e. Boys can never learn to fetch water.
- f. Boys must learn to sweep the floor.
- g. Boys must help their mothers in housework.
- h. It is okay not to go to school during the harvest time.
- i. Girls should not study more than Standard Seven.
- j. A girl can be a pilot (or a taxi driver).

*(Other statements may be added)*



**Activity:** Values Voting; Partner: CHES-WORD, Tamilnadu

**Experience from the field**

Value statements used in a project and some responses from 10 children (SARD, Delhi)

	Agree	Do not agree	Do not know
It is important to earn money, no matter how		10	
Elders place restrictions and do not understand us	8	1	1
It is not important for girls to study after Std.	10	10	
You cannot earn money ethically		10	
Before marriage it is okay to have a boyfriend		4	6

**Review**

In a circle, discuss:

- *Was it easy to decide? Why?*
- *Did you change your mind about where to go?*
- *Who influenced you? Why?*
- *Were you surprised at any of the votes?*

### Linking Learning with Life

Ask the children to think about some values they have and how these values influence their behavior. (Refer to Activity One in this session where value listing was done).

Ask them to complete the following sentences from their experience. You may need to give an example. Add more values such as respecting elders, caring for the needy, being a good friend, being honest, working in the community (shramdaan), helping parents, respecting each other, studying hard and others.

*I believe in sharing so..... (For example, I give money to my friend when he is in need)*

*I value my health so..... (For example, I do not eat gutka)*

*I believe girls are equal to me so..... (for example, I will not allow my sister to get married before 18 years, or I will eat my dinner with her and not before her)*

*I respect girls so..... (For example, I will not slap or scream at her when I want her to do something)*

Ask the children to talk to their “friend” or “buddy” (see session one) about one value they have and how it would influence their behavior. Ask the friend to suggest how else you may be able to demonstrate your value through behavior. In the next session the friend reports back to the group about the experience.

*For Younger Children:*

*Use simpler statements for younger children.*

Some examples are as follows:

- *I like being a good friend so I...*
- *I like to speak the truth so ...*
- *I like to help my mother so ...*

### Experience from the field

Make your own statements age appropriate and based on children’s needs such as: During school time, if a friend asks you to go to a movie, what would you do? (CCDT, Mumbai)

“At first I made mistakes, but later I understood and really had to think about what I should do.”  
(Children’s voice, CHES, Chennai)

## Session Three: My Life

### Objectives

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

- Discuss the ups and downs in their life; and
- Identify their hopes for the future.

### Key Points

All of us have been through good times and bad times. The child understands that good and bad events influence our behavior today. If there is a mixed group of girls and boys, lifelines will also reveal how they have different life experiences. This can lead to a discussion on the reasons why girls and boys have different choices, status and

experiences in life. Children are also encouraged to look forward toward future goals.

### Life Skills Learned

Self awareness, critical thinking, communication and coping.

### Time Required

60 minutes.

### Materials

Flip chart paper and markers.

**Directions:****ACTIVITY ONE****The River of Life****Group check in, if earlier sessions have been conducted.**

1. Ask the children to form pairs. Ask them to discuss the memories of the happy times and the difficult times in their lives.
2. Ask the children to draw a “River of Life” for their partner. The River of Life begins when the child is born. When there is a happy event the river flows upwards, when something sad happens it flows downwards. When an event is neither happy nor sad, the river flows in a straight horizontal line. Encourage the children to remember as far back as they can and write or draw the events. The events could be marriages, deaths, entering school, meeting your best friend, learning how to cycle, going on a trip for the first time, or anything else that the child feels is important.
3. The child then asks the partner what happy event he would like to see in the river of his life five years from now and 10 years from now. This is drawn using a different marker.
4. The child shares the partner’s River of Life with the rest of the group. If the child has had many traumatic events in life and does not wish to share with a partner or rest of the group, his/her wishes must be respected.

**Experience from the field**

“Before starting the activity, I explained to the children (12-14 years) to remember all that had happened to them immediately after running away from home, the ups and downs on the street. I reminded them to draw the river up for good things and down for sad things. Some of the children went back to their homes and drew pictures of home, hills (many have come from Nepal), trees and a river. They used colors to fill their life lines. Most remarkable were their memories of each good and bad thing that had happened on the street, which they then shared with the group. Some of the children said they had made a ‘mistake’ in running away from home when they relived the bitterness of street life. Some even drew an upward line showing they were going back home. Understanding their need for repatriation, I referred them to the counselor.” (PCI Street children’s project)

One child sat with his mother, a sex worker, and helped her draw her ‘river of life.’ (Prerana)

The mothers (who are sex workers) of the children wanted to draw their river of life so the facilitator made a special session for them. (CCDT).

### Adaptation

The River of Life can be used for all ages. Instead of asking young children to think of five years and 10 years from now to visualize the future, ask them to think of what they would like to see happening to them in the future when they grow up.

Another activity for young children can also be used. Give each child a chart paper and instruct them to fold it in half. In the top half the child should write, "This is ——(name of the child) now." Give children magazines to cut pictures or symbols from to illustrate anything that describes them now. It could be their physical characteristics, or a special talent they have, or what they like. In the bottom half the child should write "This is ——(name of the child) when I grow up." Ask children to cut pictures from magazines and paste it with all the things they would like to be themselves and what they think would be important in future. Pair children and ask them to share their pictures with one another.

### Experience from the field

Children were between 9-11 years and had not seen a river. So I made them stand up and said this is when you are happy like going up in a seesaw. When you sit down or go down on a seesaw, it is sad or not happy. After that, the children had no difficulty in drawing their lifelines. We need a counselor to be present because some of the children remembered sad times when a parent had died." (Positive Living Project, Namakkal)

### Review

In a circle, discuss:

- *What did you feel when you analyzed your life with another child? Was it helpful? Why or why not?*
- *Did your friends have lifelines different from yours?*
- *Were the lifelines of girls/boys different? In what ways were they different and why?*
- *Do you think the events you have mentioned are likely to happen in the future?*
- *What do you need to do now if you want them to happen in the future?*

### Linking Learning with Life

*For Older Children:*

Help a friend or family member prepare their own lifeline and gift it to them.

*For Younger Children:*

Share lifelines or charts with one another.

## Notes





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**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Module 3

## Communication



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

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**Session One : We Speak with Our Bodies**

**Session Two : Effective Communication**

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# MODULE THREE: Communication

Communication is the basis of all relationships. The quality of a relationship is determined largely by the quality of the communication within it. That is why good communication is a skill that needs to be learned. We communicate for various reasons: to inform, to express our feelings, to discuss, to argue, to show we care and to express our hopes. Our manner of communication depends on whom we are communicating with, their age, their relationship to us and their social position or status. Communicating with friends is different from communicating with parents, teachers or other adults. For children at risk, these relationships may either be supportive or potentially threatening or risky. Communication is one of the skills children at risk need to learn so they can strengthen supportive relations and neutralize potentially threatening ones. The children can then lead a relatively safe and healthy life.

Culturally, children are expected to be courteous and respectful in their communications with older people. Girls are expected to be passive rather than assertive. Taken together, these two factors can place children at risk if they do not know how to discriminate between older persons who are exploitative and those who will take care of them. In either situation, communicating with older persons becomes important in order to say no and not be persuaded in the former and to be clear about the help they require in the latter. For children who live on the street or in other risky situations, understanding the risks they face and knowing what to say and when, are important skills that will protect them from potentially exploitative situations.

Children need to learn that verbal and non-verbal language can be interpreted in many ways. Messages therefore need to be clearly communicated. Peer pressure can be so strong that unless children are able to communicate clearly what they think and what they want to do, they

could be drawn into situations that can be risky and dangerous to their physical and emotional health.

Good communication leads to trust and respect in relationships. What we communicate depends on what we feel and think. Hence, any discussion on communication must also discuss our emotions. The module on relationships and coping with emotions explores some of these areas. It is recommended that the sessions from these modules also be considered when working with children on communication.

Communication that is clear and effective is especially important in protecting children from risk and risk-behavior, both of which are important in the context of HIV. It is recommended that the facilitator relate the skills learned in the sessions to the life situations of the children by adapting the Linking Learning to Life activities. The sessions may be used with older and younger children with the facilitator selecting appropriate examples and situations from those suggested in the activities.

Module Three consists of two sessions which includes several activities:

## SESSION ONE

### **We Speak with Our Bodies**

This session introduces the three components of good communication: listening, verbal and non-verbal communication. There are five activities in this session.

## SESSION TWO

### **Effective Communication**

Learning to be assertive, understanding the power-relations in communication and being able to say “no” in spite of persuasion are the skills taught in this session. There are five activities in this session.

# Session One: We Speak with Our Bodies

## Objectives

At the end of the session the children will learn:

- To listen attentively;
- To understand that we communicate both verbally and non-verbally; and
- That our verbal and non-verbal behavior need to convey the same message.

## Key Points

Poor listening often means that messages are distorted, not heard or heard only partially and misinterpreted. In these situations, we cannot understand what the person is trying to say. Since non-verbal communication is as important as verbal, communication can break down or lead to problem situations if there is a mismatch between

the two. Many children give “mixed” messages; they say one thing and their non-verbal behavior conveys a different message. This confusion can lead to misinterpretation and a license on the part of the listener to exploit the situation to his or her advantage.

## Life Skills Learned

Self awareness, communication and critical thinking.

## Time Required

30 – 40 minutes for each activity.

## Materials

Cards, marker pens and chart paper.

**Directions:****ACTIVITY ONE****Act to Meet**

1. Prepare three to five word-cards and distribute it to the group for acting. They could include words such as shy, flying, crying, angry, swimming. The children should not read the words until they are told to do so.
2. When the children hear “start,” they must read the card and not show it to anyone. Then each person acts out the word they have read.
3. While acting, they have to find a person who is acting the same word or in a similar way and go and join them.
4. When all have found their group, they are to share their cards and discuss the accuracy of their acting.
5. If anyone is left out, help him or her find the group.

**Experience from the field**

Children did different actions for the same word. Initially it was confusing as they observed that some cried out loudly and some held their head down. Some laughed and raised their voice, while others had smiling faces. Some people covered the face to show shyness. This worked well with all age groups. It was effective in teaching non-verbal communication. (CCDT, Mumbai)

If children have done the activity “Mime an interest” in Session one, then this activity is easily understood by the children. (WINS, Tirupati)

**Review**

Discuss with the children how people express their emotions non-verbally. Some examples of discussion questions are:

- *Were you surprised to find out that there are different ways in which the same word can be acted out?*
- *Were some people’s expressions difficult to understand? Why?*
- *What risk do children face when their body language creates confusion in understanding?*

## ACTIVITY TWO

### Listening

#### Group check in

1. Initiate a discussion about how that during communication, one person talks and another person listens. If the person does not listen to you, then what we say and talk about has no meaning. Sometimes we do not listen to our friends and other people; sometimes they do not listen to us. In either situation, there will be a problem in communication and understanding.
2. Ask the children how they would know if someone is not listening to them. List the points:
  - a. Looks away;
  - b. Interrupts;
  - c. Looks at the watch;
  - d. Gets up to do something and returns;
  - e. Gives advice;
  - f. Talks to someone else;
  - g. Answers the phone;
  - h. Begins to do some work;
  - i. Does not stop doing work;
  - j. Says that s/he will be back in a minute and does not return; and
  - k. Looks bored.
3. Divide the children into two groups. They must stand facing each other. Pair off the two who face each other. One child in the pair must talk about whatever the two of them care about or enjoy between themselves, such as their family, a favorite movie they saw or a picnic they shared. Give them a minute to think.
4. The facilitator asks for a volunteer to show by example what is meant by not being able to communicate.

The volunteer child begins to speak about a visit to the market. The facilitator constantly interrupts by:

- Saying something else (talk about the hot weather).

OR

- Saying that the same thing happened to him or her (“when I go to the market this happens to me too”).

OR

- Gives instant advice (very common) without waiting to listen to the child.

This can be great fun if you use any local event, language or any other common non-listening behavior in your community.

5. Some more examples are given below:

*Play 1: Interrupting by Saying Something Unrelated*

Child: Yesterday, we went to a big mela where there were many different games. We went on the giant wheel and then ate a lot of nice things.....

Facilitator: I brought my food with me; I do not want to eat outside.

Child: .....we had pink colored ice cream.....

Facilitator: it is so hot today but I did not bring my sunglasses.

OR

*Play 2: Interrupting to Talk about Oneself*

Child: I was very sick yesterday; my head was aching...

Facilitator: You say you were sick! My stomach was aching so much I wanted to lie down. And yet I came!

Child: I did not know whether I had slept at night.....

Facilitator: I cannot sleep when I am sick. Last night I had such a problem....

OR

*Play 3: Advice and More Advice*

Child: I am worried about my friends. They were out last night. I hope nothing went wrong.

Facilitator: How many times have I told you not to go with them? They must have done something bad last night.

Child: They reached the shelter late, and it was closed.

Facilitator: I told the people at the shelter to keep the doors open late but who listens to me?

6. The pairs take turn one by one. When his/her turn comes, the child in the pair will speak for less than a minute. The other child in the pair will pretend to be a bad listener, showing only one bad listening style. The child who is speaking must not stop. When the time is up, the next pair comes and one of the children speaks. Complete all the pairs. Do this quickly.
7. Do a role reversal. The children who acted as speakers last time are listeners now and vice versa. Once again a child speaks and the other listens, but the difference is that this time the other child shows he is listening. Continue the activity until everyone has had a chance.

### Experience from the field

PCI Delhi used a warm-up at the beginning of the session: the facilitator did a small role play. When the children came to talk to her, she did not listen, talked on the phone and ignored them. After this, she asked them how they felt about it. This exercise really helped them to understand the importance of listening. (PCI Delhi)

### Tips for the facilitator

- Use practical examples during the role play. For example, when a child tries to speak, the facilitator interrupts or talks on the phone.
- If children are not able to speak for a minute, prepare short stories that the children can read.
- An additional activity can be introduced by asking a child to imitate an expression or gesture of listening or non-listening and have the rest of the group guess its meaning.

### Review

After the role plays, ask the volunteers how they felt in each of the situations.

- *Why did it happen?*
- *What did the listener do?*

Ask the rest of the group to comment on what they saw.

- *Does that happen in real life?*
- *If a child does not listen well to another person, can s/he get into a risky situation?*
- *On an issue of importance, if a trusted adult is not listening because of some reason, can the child be adequately protected?*

The point to be made is that what we say and what we do (non-verbal signs) both communicate to the speaker whether we are listening or not

### Linking Learning with Life

Ask the children to observe themselves, their friends and other adults they know to see whether they show 'listening or non-listening behavior.' What steps can they take to help them communicate better?

### Experience from the field

Girls reported that they had observed their mothers and neighbors. They observed that in their community (the red light area), people listened to those who had power. (From CCDT, Mumbai)

### ACTIVITY THREE

#### More Listening Skills

##### Group check in

1. Ask the children to sit in a circle and whisper a simple statement into the ear of the person on their right. This message is passed on until it reaches back to the person who started it. The first and last person speaks out the sentence. It is usually distorted beyond recognition. This is a fun exercise and a good introduction to this activity. Try to figure out where the message got really distorted. For a few minutes the group should discuss the word that got distorted and the point at which the message got muddled.
2. Inform the group that we are going to learn more about how we listen. Ask for three volunteers to go out of the room. The group decides on a picture to be drawn: for example, a house with a tree or a temple. Make a sample picture. The picture has to be drawn with geometrical shapes.
3. Invite the three volunteers back and give each a flipchart and a marker pen. They should be placed in such a way that they cannot see what the other is drawing.
4. The facilitator does not mention what the drawing means, but gives verbal instructions to the three volunteers. For example, they are told that first a square has to be drawn, etc.
5. Compare the volunteers' drawings with each other and with the original drawing.

#### Experience from the field

With the 9-11 age children, the same sentence came back to the person who started it! It had to be done again. Messages should be in the local language, clear and long enough for the children to say and pass on. (Positive Living Project, Namakkal)

All age groups enjoyed this activity! (PCI, Delhi)

#### Review

Discuss why it was difficult for everyone to get the same message. In the first exercise of passing the message, different people were involved in passing it, which caused the distortion. But in the second exercise, all three got the same message/instructions and yet there was a difference in understanding. Ask children what they learned and review the activity.

- *Why did it happen? What made the volunteers respond in different ways?*

#### Linking Learning With Life

Ask the children to think of any event in their lives where the message has become distorted as it passes from one person to another. Also ask if they have had experiences regarding different people understanding the same message differently. Ask them how they handled such situations. Did it create a conflict? Why is it important to know this if you are in a risky situation? Where does the message get distorted as it passes from person to person, and how can such situations put a child at risk? What happens when the same message is given (as in the case of the volunteers); does it also get altered? Ask the children to come up with more examples if they can. Or the facilitator can help the children with some more examples.

## ACTIVITY FOUR

### Mixed Messages

#### Group check in

1. Start off the discussion by telling the children that sometimes our verbal and non-verbal messages get mixed up and can give mixed messages. Sometimes these mixed messages can be harmful because the person receiving the message can take advantage of what you say or do. Children can be forced to do things they never really wanted.
2. Begin with a quick game. Ask the children to stand in a semi-circle. The facilitator says: "Listen to what I say and do what I say. Those who do not do this must leave the activity."

Start simple: Raise your head, raise your left leg, and shake your right hand. Demonstrate actions with the command.

Next give the instruction, but do a different action. For example, instruct the children to touch their head, but perform the action of touching your nose. All of those who do not follow your verbal instructions are out. Remind them of what you said at the beginning of the game.

Ask the group to comment on what happened. Why was there confusion?

3. Place the children in a circle. They must do an activity such as dressing up. The person next to the child asks what s/he is doing. The child doing the action must say something entirely different such as, "I am driving a car!" That child now performs what was said (driving the car) and the person next in the circle asks what s/he is doing. What the child says becomes the action for the next person.

This is great fun, and the more you exaggerate the actions, the greater the children enjoy the exercise.

#### Review

Ask the children to comment on the activity. Discuss with them the fact that we often say something but do something entirely different. What kind of problems can that create in real life?

Mention that one of the biggest reasons why children get into risky situations is due to mixed messages given by them. Ask them to recall any incident similar that they have witnessed. If possible, act out what happened.

#### Linking Learning With Life

Ask the children if this happens in their own life, and discuss the matter with them. Ask them to give examples and observe themselves and others until the next time they meet. What confusion did the mixed message create? Have they ever given confused messages? An example of sending a mixed message in real life can be when someone says weakly "I do not want to smoke" and later joins friends for a smoke.

If possible, ask the children to act out what they said and how. This step is important because it will help in relating what is learned into their real lives.

### Experience from the field

Puppets were used after completing this activity to link learning with life. The girls (rag pickers) used the puppet-show to demonstrate the mixed messages they gave to the boys in the community. They showed they were not interested in the boys but in reality wanted to and did meet the boys. (Girls aged 12-18, YWCA Delhi)

## ACTIVITY FIVE

### Choosing Whom to Talk to

#### Group check in

1. Discuss with the children what could contribute to good communication. Ask children to think of a situation when the communication was really good. Make a list of what made the communication good or use the list from the earlier activity on listening. Add on if necessary. The list may look like this:
  - i. Listens with full attention;
  - ii. Encouraging words or sounds;
  - iii. Answers questions;
  - iv. Body language is supportive; and
  - v. Gives feedback in a nice way.
2. Divide the group into groups of three to four and ask each group to think of a problem they may have and whom they would approach for help and advice. They do not have to share this with anyone. If the group cannot think of any ideas, give them some problems that you know are common with the children.

Place a list of people who they go to, such as parents, a friend, a teacher, an NGO worker, or any others.

The groups then discuss whom they go to and why. Ask them to focus on how they listen and talk to them. Ask them to evaluate if they have good listening skills. How do they feel after talking to them?

If the group can write, make a list of the persons on one side and whether they are good and interested listeners on the other. Before rating, there should be an internal discussion within the groups about their opinion on each of these figures with reference to the "Good Listening List." Place a symbol if children cannot write to indicate very good, good, or bad listeners. With younger children stars can be used to indicate who the good listeners are and who are not so good. A gold star may refer to a very good listener, a silver one to an okay one and a bronze or black one to a bad one.

Some comments for a person who listens well could be:

- Does not judge me;
- Listens carefully;
- Respects me; and/or
- I can reveal my most secret thought.

Some comments that may come for a person who does not listen well could be:

- I go to them with a problem but they do not listen;
- Does not look at me;
- Keeps me waiting;
- Does something else when I am there; and/or
- Interrupts me.

The facilitator must be ready if children want to consult him/her later after this exercise.

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

Explain to the children that waiting is not always an indication that the person does not want to listen or is trying to ignore them.

### **Review**

- *What makes it easier to talk to some people, and why is it risky to talk to others? Give examples.*
- *Do you think the people whom you consult always give the right advice?*

### **Linking Learning With Life**

Think of all the people you know. Observe how they communicate and what they say. Who do you go to for advice? Are they good communicators? Could you go to someone else who can give you better advice? Would you be able to approach the person?

## Session Two: Effective Communication

### Objectives

At the end of the session the children will learn that:

- People have different positions of power, and this can affect how we communicate;
- Behaviors that are aggressive or passive can make a child vulnerable;
- Assertive skills reduce vulnerability; and
- Assertiveness is essential for communicating in a manner that explains what you want in a clear manner without being aggressive or passive.

### Key Points

Status is important in teaching assertiveness because it makes the children understand power and about being dominant or submissive. Showing or acting status is different from social status. Someone of a low social status can show high status in a certain situation. An example would be a sex worker telling a client that he has an STI. Whether we realize it or not, we all play status games in our lives.

Assertiveness is different from aggressive and passive behavior. It is a more balanced response. Both in speaking and in our body language, we can show we are assertive. If we place our bodies in an assertive position, it makes it easier to speak assertively.

### Life Skills Learned

Critical thinking, communication and decision-making.

### Time Required

Activity one: 45 minutes.

Activity two: 30 minutes.

### Materials

Activity One: Chairs.

Other activities: Marker pens, chart paper and cello tape.

**Directions:****ACTIVITY ONE****Status and Power**

1. Divide the group into pairs. Child A in the pair has to be of low status and Child B of high status. Each pair will show different positions of power in a short sketch (only 1 minute).

Some examples of sketches are:

- Servant and master;
- Man and woman;
- Teacher and student;
- Pimp and sex worker or madam and sex worker (for children above 15); and/or
- Police and street child.

2. The pairs reverse their roles the next time.
3. This activity can be varied for older children by having Child A play the person with low status who has qualities of the higher status and Child B the other character. For example, if Child A has been the servant in the first role play, s/he now becomes the clever servant.

Some examples are:

- Clever servant and stupid master;
- Weak husband and strong wife;
- Stupid teacher and knowledgeable student;
- Foolish pimp and smart sex worker (for children 15 years and above); and/or
- Simple policeman and shrewd street child.

4. Ask the persons participating in the sketches how they felt as the person in power and later as the person who did not have power.

How did they show their status? What body language did they use?

Ask the larger group if any pairs tried to raise or lower the other's status? (By flattery, corruption, putting down someone, trust)

5. Which of the two positions were familiar to the group? What did they feel about it?
6. Ask for two volunteers—a girl and a boy. Give them the following story, and ask them to enact a role play. The story given here is only an example. You can make up your own.

*The Story (for children 15 years and above)*

Seema learned about HIV and condoms in her Kishori Group. She is very confident with her knowledge and has practiced how to say “no” to sex without condoms. She tells her new husband that they should wear a condom because he has just come back from work in the big city after three months and she is not sure he has not had sex with someone else. She has raised her status, but her husband puts her down and calls her names. They are back now to the conventional man in high status and woman in a low status position. She realizes that confrontation is dangerous with a man like this. So she asks him why he gets so upset and raises her status to being equal to him because she is asking questions. Now she tells him that she married him because he had a job and was confident like her. She does not lower her status to make him feel better. But she helps him be confident and accept her as well.



**Activity:** Status and Power; Partner: Salaam Baalak Trust, Delhi

**Experience from the field**

A lot of issues of gender were brought out which revealed that boys had stereotypes for girls, such as staying at home after marriage and not working. The girls hotly disputed this strategy.

A story was adapted: *The mother (who is a sex worker) told her daughter to leave school and come with her to the village because her “aadmi” (boyfriend) was troubling her. The girl refused to go, and the mother threatened to commit suicide if the girl did not accompany her. When the girl explained that she was doing well in school, the mother told her the truth—the boyfriend had his eyes on the girl and she was afraid for her. They both agreed to go to the village for a short period.*

The girls at the night shelter enacted different roles quite vividly: the policeman swinging the stick, the mothers taking blessings before going for soliciting, the older children bullying the younger ones. The whole community came alive through their enactments. They said the people who have power in the community were “those who have money and those who lead the community like gundas (rogues), mandal (association representatives), gharwali (brothel keeper) and sect leaders.” (CCDT, Mumbai)

**Review**

- *How can you change your status so that both are on the same status?*
- *Does our body language as well as how and what we say, play a role in such changes?*

**Linking Learning with Life**

In pairs, discuss a problem in your life. Then do a role play, and show how conventional status and power can change to benefit both. The facilitator can select a few situations from those suggested by the children to present if there is not enough time to enact all of them.

## ACTIVITY TWO

### The Chaser

#### Group check in

This is a serious game in which the rules of the game keep changing. What is more, an outsider changes the rules rather than someone from inside the group. Although the outsider calls out the changes, it is up to the children in the lines to obey or not obey that call. They can easily decide to help either the chaser or the chased. The linking of learning to life happens in that the children should realize, through this game, that many people feel powerless because they do not make the right decisions. But actually in many situations they do have the power to change provided they all work together. This activity brings issues of status, choice and decision-making together.

1. At least 12 children are needed for this activity. One person becomes the chaser, one the chased and the third one the caller. Make three parallel lines with three children standing in each line. The children hold outstretched hands at shoulder length.
2. The chased starts running or walking around these three lines and the chaser runs after him or her. The chased or the chaser cannot go through the outstretched arms but has to go around each line. When the caller says change, the three lines move 90 degrees to the right. This continues for some time. Let as many people get a chance to be a chaser, chased or caller.

#### Experience from the field

A clock was drawn on the floor with markings of 3, 6, 9 and 12 on it. The children stood facing the same side (say 9 o'clock) in three parallel lines. When the caller says "twelve," the children move so that all face 12 o'clock. The children who are standing first or in the center have to stand in place while the others move. This is easier for younger children to understand. (Positive Living Project, Namakkal)

#### Review

- *How did the chaser feel when the instructions were changed so abruptly?*
- *What about the chased and the caller?*
- *How did the people in the lines feel?*
- *Did the children always obey the instructions given by the caller?*
- *Could they have behaved in another way?*
- *Would it help if only one of them wanted to help the chased or would all have to join to do so? (See point one in this exercise.)*

Relate to their current situations and ask them to reflect on what happens when outsiders influence them. This is very common with street children, those living in the red light area or in families with a lot of conflict. Ask them to think about what they can do and how others can help them. For this activity, a careful review and linking to life discussion are very important.

### ACTIVITY THREE

#### Our Behavior – Passive, Aggressive or Assertive

*(This a fairly long activity and may need to be broken up)*

1. Ask participants to pay attention as you role play each behavior. They have to help you come up with a list of similar behavior. If there are girls in the group, you may get a lot of passive examples. Help them to define aggressive behavior. Many children do not know about assertive behavior. The facilitator can ask them to observe the role play and then make a list of the assertive behavior.
2. The facilitator says, “Can I go to the movie?” and “Why did you not allow me to go out?” in a very passive manner, looking down, shuffling the feet, and in a low tone. Ask the children to list what they saw and add to the list. Brainstorm with them what they do when they do not want to do something they are supposed to do without confronting the person involved.

The list may look like this:

- Low tone;
- Giggling;
- Hesitant voice;
- Hiding the face in the hands;
- Fidget;
- Pout or sulk, do not talk to anyone;
- Pretend you did not hear;
- Forget you had to do something; and/or
- Fall ill.

Tell the children that this is passive behavior. Explain that when you act like this, you do not make your own decisions, you wait for someone to make it for you

3. The facilitator repeats the same questions: “Can I go to the movie (or any other statement or question)?” and “Why did you not allow me to go out?” in an aggressive way. Ask the children to list what they saw in the way it was said and the action. List what they say. Next ask them to think of a time when they or their friend had to do something they did not like and their reaction was not passive.

The second list may look like this:

- Shouting;
- Frowning;
- Speaking ill of someone or insulting;
- Talking behind their back;
- Shaking their fingers and pointing;
- Complaining about the other person—does not understand, never lets me do it;
- Saying ‘I will show you what I do next time’; and/or
- Physically showing force or pushing.

Inform the children what they saw was aggressive behavior. Explain that in such behavior, you do not think or care what the other person feels. This is because you do not think it is important.

4. Inform the children that those who showed aggressive behavior should stand in one corner, and those who showed passive behavior should stand in the opposite corner. Those who have a mix of both passive and aggressive should stand in the middle.
5. In each of the groups, ask some children to explain why they behaved in the way they did or if they had some personal reason for their behavior.

Ask them how they would express, in action, the sentence that the facilitator used or any other sentence of their own. Remind them to express the behavior in both body action and verbal expression.

6. Point out that people will perceive the meaning of what they say based on what they do or by their body language.
7. While the children are in the groups, the facilitator expresses the sentence in an assertive way. Suggest that the children now try to say 'What is the time?' by looking straight up, with shoulders back, confident voice and face. The effect will be quite dramatically different. Ask the group what they felt about the change in tone and body language. Remind the children that it is important to have the right tone. Ask the children to help you to complete a list of what assertive behavior may look like. It is quite possible that the children do not know this because they have not thought of assertive behavior as an alternative.

- Stand firm.
- Have a clear voice.
- Speak confidently but not rudely.
- Look up.
- Body language must be controlled not challenging.
- Listen to the other person.
- Reply respectfully but firmly.
- Begin with "I" statements.

Point out to the group that in this example the child showed neither passive nor aggressive behavior, but assertive behavior. Experiment with sentences like "Where are you going?"

### **Review**

- *How did it feel to change the behavior?*
- *If someone starts behaving in a passive or aggressive way, will the children be able to tell the difference?*
- *Can they spot and change to assertive behavior themselves?*

**Experience from the field**

Real life examples helped children to differentiate between passive, assertive and aggressive behavior. One example was when a boy wanted to go meet his friend and not attend the vocational class; the facilitator assertively told the child that this was not allowed. The facilitator reminded the children of this incident. (Street children project, PCI Delhi)

**Tips for the facilitator**

Pictures of the three expressions (passive, aggressive, assertive) are very useful

**Linking & Learning with Life**

*(This activity can be done in a different session. It will also help to reinforce what is learned.)*

If this section is split into multiple sessions, encourage the children to observe the different types of behavior in their community between meetings.

Divide the group into threes, calling them number 1, 2 and 3. Number 1 plays an assertive character, Number 2 a passive character and Number 3 an aggressive character. Have them act out two different role plays.

- a. Give information to the other two (facts of HIV transmission, reproductive health facts).
- b. To persuade them to do something (use a condom, go to the clinic or give up smoking).
- c. To ask permission for something (taking things from a friend, or to go out).
- d. To apologize (for a mistake, for lying or for stealing).

The group can interchange the numbers 1, 2, or 3 for each of the role plays. You may invite the children to enact one role play showing assertive, aggressive and passive behavior.

Ask the group how they would like to help their friends or other young people learn about being assertive. A plan can be made and implemented with the help of the facilitator.

**ACTIVITY FOUR****I and You: Using “I Feel” Statements****Group check in**

1. Remind the group of the exercise on assertive behavior. Mention that we learned about body language and the tone in which statements should be made. This session will talk about what to say.
2. Explain that assertive statements have three parts
  - I feel...(not “you are”)
  - When or because...
  - What I would like is ...(not “why don’t you” or “you must do”)

For example

*“I feel upset when you call me names and what I would like is for you to call me by my own name.”*

This must be said in the assertive manner discussed earlier.

3. Give roles to groups of threes to play. Ask them to think through and present the role play.

One child plays the role of

- A child who has just broken a friend’s toy or
- A young person who has lost a friend’s wrist watch he had borrowed or
- A husband comes home drunk.

The second child plays the friend who reacts to what has happened using the “You” word. For example, “You fool, couldn’t you be careful!” or “You have ruined my day, I do not want to talk to you” or “You do not care about me, and you do not give me money.”

The third child now substitutes with “I feel ...when/because...what I would like is ....”

4. Tell the children that a new behavior always takes time to learn and may feel strange. Suggest that they could try their newly learned assertive behavior in simple, positive situations before trying them out in situations where you have to express unhappy or upset feelings.

For example, “I was happy when ...you remembered me on my birthday.”

With more confidence, you could try “I feel upset when you ...take my books without asking. I would like you to ask me next time you want one of my books.”

Later, with even more confidence, you could try, “I feel scared and angry when you come home drunk. I would like you to talk to me about it when you are sober so we can together try to stop this alcoholism.”

5. If you have time, repeat the Status and Power skits, and then modify them by assertive behavior. You may choose situations featuring a husband and wife or a policeman and a street child or a bully and a child. The result is very dramatic for the children. The facilitator helps the children to relate the skills learned to the risky situations they face at this stage in their lives.

### **Review**

Ask the children how they feel about learning this new skill

- *Do they know anyone, such as a friend, other adults, or someone they admire, who use these skills?*

### **Linking Learning With Life**

Ask children to use the “I Feel” statement in an assertive manner at least once before they come for the next session.

### **Experience from the field**

In their communities, the children looked for someone who spoke in an assertive manner and found no one. They observed in school too and failed to find anyone there as well. The only place they could find the behavior being practiced was in the shelter. The children wanted to be assertive but found it very difficult to do so. But it must be said that even then they tried. (CCDT, Mumbai)

### ACTIVITY FIVE

#### Saying “No” and Meaning It (Including Saying “No” to Persuasion)

##### Group check in

1. Discuss with the children why it is important to just say “no” if you are in a risky situation. Discuss what these risky situations could be. Ask the children to give you a list of the situations or acts where it is important to say no.

The list may look like this:

- Stealing;
  - Saying no to sex;
  - Cheating on an exam;
  - Taking drugs;
  - Going out with a stranger or an adult you know but do not feel comfortable with; and/or
  - Keeping stolen goods.
2. Ask the children what they or their friends do in such situations. Do they say “no?” If so, ask them how they say it.
  3. Explain that in these situations it is best to say “no” firmly and if necessary leave the place.
  4. Make a circle and tell the group to practice saying no. Each person must use the appropriate voice, body language and expression and say “no” assertively. The group should repeat the exercise several times. Children have a great time doing this and as they practice a few times, they become more confident of themselves and of being able to say “no”. Remind them how they started and how they are saying “no” now.
  5. Call upon individual children randomly. Ask them to get up and say “no” using the appropriate voice, tone and body language.

##### Experience from the field

Younger children listed simpler “problem” situations such as stealing, saying bad things about someone, using abusive words, being adamant or teasing others by calling them names. The children learnt to say “no” and then enacted role plays of the difficult situations that they had listed. (Positive Living Project, Namakkal)

##### Review

Ask the children how they felt saying “no:”

- *Was it difficult? Why?*
- *Are they or anyone they know used to saying “no?”*
- *What was the reaction to their saying “no?”*
- *Did it help them? Why and why not?*

Remind the group that “no” is used only in risky situations and not in every situation.

6. Ask the children if there are times when they do not want to do something but are forced to do so. This forcing of behavior may come from their friends, an older boy or girl who may bully or an adult who may try to persuade them. Discuss the situations for a few minutes. How do the children generally react to such situations?

7. Remind the group that they have learned how to make assertive responses and how to say “no.” From the suggestions in Review, suggest (if the answers are not forthcoming) or reinforce the following:

- Saying “No” or “I do not want to do that,” plus walking away if necessary
- Assertive behavior

**PLUS**

- Delaying (Let me think about it, I will tell you later what I want to do, I do not have time today).
- Negotiate or make alternative suggestions such as “Let us go here instead” or “We can do this as well.” The attempt here is to make a win/win situation from a negative one.
- You may also seek the help of a trusted older person.

8. Make groups of three to five and give each a role playing scenario. The groups learn to practice the behavior they have learned. Some suggested role plays are:

- The husband comes home drunk. He has not given any money to his wife, and the two children are hungry. When he returns home, he begins to abuse his wife and insists on having sex (for children 15 years and above).
- During final exams, a child asks a friend to pass some answers. The friend has never cheated, but the friendship is a very good one. Besides, the child is pestering again and again to pass the answers.
- A group of boys have collected for fun-time at a small restaurant. They force a friend to have a drink assuring him that it is safe and anyway everyone is drinking. The friend does not want to drink.
- The gang of street children has not eaten the whole day, and the gang leader asks the younger ones to go steal some food while they distract the shop-owner. One of the younger ones does not want to get into trouble, but the gang leader coaxes him a lot.

9. As each role play finishes, ask the audience if it is realistic or if any further changes are necessary.

**Experience from the field**

Boys and girls aged 11-14 years from the community listed these risk-situations:

If anyone wants us to do something wrong;

If anyone wants us to lie/steal; and

If abusive language is used (CHES, Chennai and Positive Living Project, Namakkal).

**Linking Learning With Life**

Ask the child to pick a buddy or if this is difficult, state that the person on the right is your buddy. Before the next session, each will help the other to be assertive and use behavior that will lessen the risk. When the group meets again ask how it felt to assist another and vice versa.

**Experience from the field**

This activity was done separately with boys and girls. Some boys (street and working children) shared that when there was sexual abuse, they were not assertive and instead ran away. (PCI, Delhi).

Girls (12-18 years who were rag pickers) said that where someone made advances for sex, they could not say no and preferred to make excuses and avoid the situation altogether. (YWCA, Delhi).





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**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Module 4

## Relationships



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

## Contents

### Module Four: Relationships

Session One : Ideal Persons and Me

Session Two : Network of Relationships

Session Three : Managing Differences and Conflict

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# MODULE FOUR: Relationships

To belong and relate to one another are a fundamental and universal needs. Building and sustaining healthy relationships are skills for which everyone aspires. Relationships are built in families, with friends, with those of the opposite sex, at work and in many community activities. These relations are dependent on communication, trust and expectations from each other. If one person has too high or too idealistic expectations of him/herself, that person will have a tendency to judge others by those unrealistic standards. Relationships in these cases are very likely to be full of tension and unhappiness.

Healthy relationships in families are founded upon good communication, fostering self- esteem and supporting one another. As children grow, friends become an important part of life. They not only satisfy needs of being together and “belonging,” they influence the way a person thinks and feels about situations. Children and young people want to be like the rest of their friends and peers. The need to be accepted as part of a group is so strong among young people that they are influenced easily by their peers. That is why knowing how to choose a friend is so critical. Sometimes friends and peers can have a positive influence on children’s lives, and sometimes they can lead to disruptive and dangerous behavior.

A relationship is a two-way process involving give and take. Fostering healthy and happy relationships depends on what we bring to a relationship. We may have a caring and trusting friend, but if we ourselves do not care for and trust him/her, the relationship is bound to break down. As the saying goes, it takes two hands to clap. So before blaming and criticizing others, it is necessary to reflect on oneself and analyze one’s own contribution to a problem situation.

All relationships have their ups and downs. Managing differences, resolving conflicts in a positive manner and finding win-win solutions become critical in sustaining relationships. Good communication always minimizes conflicts and creates a climate of

openness and trust. However, sometimes the best efforts to resolve differences can fail. It is best, under such circumstances, to terminate relationships amicably. Like communication, managing our emotions in conflict situations is critical to smoothly reach a resolution to the conflict.

The modules on feelings and communication support many of the activities in this module and the facilitator should review and select sessions as required. A number of suggestions have been provided about activities that are applicable to both younger and older children. The facilitator is advised to select exercises according to the needs of the children.

## SESSION ONE

### **Ideal Persons and Me**

This session will explore how idealized views affect young people’s behavior and may actually harm the development of healthy relationships. There are two activities in this session.

## SESSION TWO

### **Network of Relationships**

Friends, family and community are part of our relationships. While some relationships are positive and meaningful, others are negative and hurtful. This session explores such relationships and suggests making choices that lead to happy and safe relationships. There are nine activities in this session.

## SESSION THREE

### **Managing differences and conflicts**

Differences and conflicts are natural to any relationship, and this session provides ways of resolving them in a positive manner. There are four activities in this session.

# Session One: Ideal Persons and Me

## Objectives

At the end of the session the children will:

- Understand that children have ideal images of themselves and others that are difficult to live up to;
- Understand that many qualities that are idealized may get in the way of healthy relationships;
- Learn that ideal images may reinforce gender stereotypes; and
- Learn that ideal images change with time and the person.

## Key Points

This session may also refer to the activities in the modules on self-esteem and growing up. Young people are easily influenced by media images of what they should be. The difference between reality and the perfect image marketed by the media becomes diffuse. With unrealistic expectations for themselves and others, young people find it

difficult to cope with day-to-day problems and realities. An ideal self-image of invulnerability, a belief that problems can miraculously disappear and that acquiring possessions can lead to happiness can create distorted images of the world the young people live in and, ironically, increases their vulnerability.

## Life Skills Learned

Self awareness, critical thinking, decision-making and communication.

## Time Required

Activity one: 45 minutes.

Activity two: 30 minutes.

## Materials

Chart paper, cards, markers, boy and girl outlines.

**Directions:****ACTIVITY ONE****Heroes and Heroines**

1. Play a game of dumb charades where there are two teams, and one has to guess what the other is doing. The team decides on who the famous person will be, and a representative of the team mimics the famous person. The opposite team gets to ask 10 questions to which the answer is non-verbal—a nod for yes and a shake of the head for no. The team that gets the maximum correct answers wins.

This exercise teaches the children to step back and think about the qualities of different people.

2. If it is a mixed group, divide the girls and the boys. Ask the group to imagine themselves as heroes and heroines. When they have done that, ask them what qualities they would like the hero or the heroine to have.

*(It is not important to decide who is the best hero or heroine but that the girls and boys think of the qualities they like of a hero or heroine.)*

3. Children draw an image of a man and write My Hero on top of it, and an image of a woman with My Heroine written on top. Each group draws My Hero and My Heroine. Both groups discuss the qualities, and write them on the image or draw symbols.
4. Place two + two body images on the wall (you will have two from the girls group and two from the boys group). Each group presents the charts to the other group. Were there differences between boys and girls? Discuss why this was so. Explore the influence of media, societal expectations and culture.

*(For younger children, the activity can stop here. The review questions would be:*

- *Can you behave in the way the hero or heroine does? Speak like they do? Dress like they do? Why is this so?*
- *What is expected of a girl and of a boy in your family and society? Can you change these expectations? Do you know anyone who has been able to do so?*

*For linking to life activities, the children can interview their mother, father or some older person working in the center. Children should be supervised when collecting data.*

*Alternatively, the facilitator can invite people to the training center and the children can ask questions.)*

5. Referring to the body images, discuss some of the qualities that might create problems. For example, the boys need to have a muscular body and so must do body building (can lead to physical injury and serious damage if excessive force is used) or the girls' need to obey and be quiet (can be exploited). Also discuss the difference between what is expected and what exists in reality. Circle these. Brainstorm with the group to come up with alternative qualities and write them on the sheet. The children now have an image of a hero or heroine with positive and more realistic qualities.

6. Ask each group to act out two scenes (remember they are heroes and heroines!). From among the alternative qualities the group chooses two: one from the Heroine and one from the Hero image. Then they do some role playing or create frozen pictures. The role play has to be short; it should not exceed a minute. One scene will portray the original quality and the second will be the altered one. For example, the girl first acts docile and then becomes assertive; the boy first shows that he can use his muscular strength and then goes on show in the next role play that he can reason too.

Hold a discussion after each role play, especially after the second one. The purpose of the discussion is to explore if such changes are possible.

Do not forget to mention that behaving differently from the norm may be difficult. Encourage the children to think about what friends are likely to say. You may also get a lot of audience reaction during the role play as a starting point for discussion.

The list of what people are likely to say may look like this:

- Made fun of;
  - Like a 'girl,' not manly;
  - Sissy;
  - Is something wrong with you?
  - You will get it from the elders (especially for a girl); and/or
  - Your husband will hit you if you speak your mind.
7. Ask the group if there is a local person, of either gender, they know of who demonstrates these alternative qualities and yet whom society looks up to. Maybe doctors, lawyers or famous persons who show respect for the opposite sex (relevant for boys) or assertiveness (relevant for girls). Young people need to know that they can choose what they want to be and also that it is okay to do so.
8. Ask the group to choose what qualities they aspire to have. They could tick them off on the body images they have created. If some of the qualities continue to be selected which show a gender bias or border on the unrealistic, work on them in later sessions or modules.

### **Review**

*Ask each member what was new about what they learned today. What do they feel?*

### Linking Learning With Life

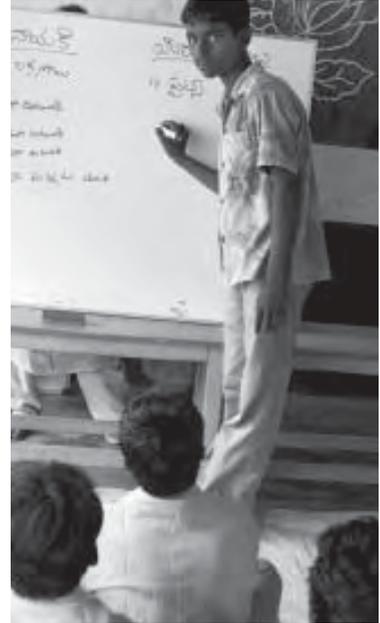
Identify some people in the community or in the family whom the children can approach in groups of three to ask the following questions:

- What were their responsibilities when they were young?
- What was expected of them? How did they feel? Looking back, would they like to change anything?
- What were the responsibilities of and expectations from the opposite sex? Looking back would they change anything?
- Do they feel that expectations have changed for young people today? Why or why not? What do they feel about it?

The children should preferably work in groups of three. Each group can interview three people. One child should ask the questions, the other record and the third observe. Each should take turns in doing each task so everyone gets a chance to do each of the tasks involved in interviewing. The facilitator can be in the background in case help is needed.

The facilitator should approach the people first so that the children get a proper response. A wide spectrum of people should be included, such as a teacher, a priest in the temple, a police officer, a nurse, a doctor, a petty shop owner, an older boy or girl, a father or a mother.

This exercise is connected to the next one. Stereotypes are difficult to change; so a series of exercises are more likely to have impact than just one.



**Activity:** Heroes and Heroines;  
Partner: CRS-St. Paul's Trust,  
Andhra Pradesh

### Experience from the field

Facilitator had to clarify that heroes and heroines were like ideal persons who are not necessarily film personalities. Until then the children were associating only with film personalities.

There was a lot of discussion so we stopped at point 4 and continued the rest in the next session. (Positive Living Project, Namakkal)

### Experience from the field

With the street and working children, linking with life was a little difficult. They refused to go out into the community as they felt stigmatized. (PCI, Delhi). However, CCDT Mumbai had an opposite experience. The children went into the community, in their school and also spoke to the Dancing Feet instructor. Children from SFDRT Pondicherry interviewed a sex worker and a brothel-keeper in their community, which is in a red light area.

This exercise was linked to the activity “How Different are We?” from Module Seven, Growing Up. The facilitator discussed the scenes from a popular Hindi movie “Dil Waale Dulhania Le Jayenge,” in which the hero, Shah Rukh Khan, sheds tears illustrating that even a hero can cry. (PCI, Delhi)

### Tips for the facilitator

Ask the children to reflect on characters played by heroes and heroines. Help them in identifying characteristics that make people real life heroes and heroines. Introduce the idea that there are heroes and heroines in real life who do not make it to the movies but are part of our lives. We only have to find them.

## ACTIVITY TWO

### Talk Show

1. This exercise is best conducted after the previous one. The teams will share what they have learned from their survey with the rest of the group. You should have a variety of responses.
2. Inform the group that you are going to organize a TV talk show where different people are going to express their point of view. Ask each team to appoint a representative for the talk show. They will portray one of the characters they have met and interviewed. Give some props (a dupatta or sari for a teacher, a white coat or shirt for a doctor, a stick for a policeman). Ask for a volunteer to be the host for the talk show.
3. After a round of introductions, the talk show host asks the questions they have asked in the earlier exercise to the people they interviewed. The child representing this character answers. After the questions have been asked, you could add a new question and ask the participants to imagine and answer how each character might answer. For example, “What do you think of condoms?” or “What do you think of smoking?” or “What do you think of abusing a wife?” or “What do you think of girls marrying after 18 years?” or any other issue that can generate different points of view.

### Review

*What did the children learn and feel about this session? How useful was it?*

## Session Two: Network of Relationships

### Objectives

At the end of the session the children will:

- Understand that relationships of love include parents, brothers and sisters, friends and peers as well as that special person – a boy or a girl, a husband or a wife;
- Learn that love can be expressed in many ways by caring and helping;
- Understand the difference between a good and a bad friend;
- Learn that abuse can be emotional, social and physical; and
- Understand that give and take is important in any relationship.

### Key Points

Young people may think of love only in terms of sexual relationships. They generally do not stop to think about the element of love in all their relationships with family, friends and community. It is therefore important to understand and define love in a broader sense so it can include all kinds of love. We define love as including caring, trust and commitment. Young people should know how to choose their friends. They should also realize that friendships with the opposite sex need not necessarily be a love relation; they can be just a friendship without any romantic love component to it, or a casual acquaintance or a more serious one that can lead to love. Young people should know that love can be between people of the same sex. Many relationships also bring hurt; hard decisions have to be made about whether to continue these relationships. Young people also

need to know that it is easier to blame others for the breakdown of a relationship than taking responsibility for making a relationship work through a process of give and take.

### Life Skills Learned

Empathy, communication, self awareness and critical thinking.

### Time Required

Activity two 15 minutes; all others 30–45 minutes.

### Materials

Activity One: chart paper, markers

Activity Two: chalk

Activity Three: blindfolds

Activity Four, Five, Six, Eight, and Nine: chart paper, markers and cards

Activity Seven: toy telephones

### Note for the facilitator

Use this opportunity to ensure that young people understand relationships that are physical or emotional can be between people of the same or opposite sex. Explain that this is a question of personal preference, and that it may be harder for some relationships to be accepted by society—but that does not make them wrong. Create an environment where all individual choices are respected, and that does not focus only on one type of relationship.

**Directions:****ACTIVITY ONE****Relationship Maps**

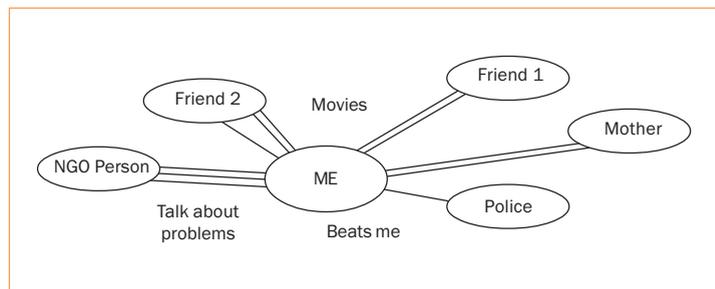
1. Discuss with the group that they are going to talk about all the relationships they have at the moment. Some of these relationships are very close while others are not.
2. Give a chart paper to each child and ask her/him to draw or write their name in the middle of the chart. They will now draw circles around their name or picture depicting all the people they have a relationship with and have regular communication. These could be friends, family or a community member.

Once all the circles have been drawn, ask the children to draw one line if their relationship is not very close, two lines for a close relationship and three lines for the closest relationship with who they would like to be with the most.

On the lines ask the children to write what they talk about with this person. These are known as Relationship Maps.

This is an excellent exercise that not only introduces the activity to the children, but also gives excellent insight to the facilitator for later sessions or counseling. The facilitator may understand which relationships mean a lot to the child and which ones need to be strengthened.

The drawings will look something like this:



3. Each child discusses his or her relationship map with their 'buddy' (the special friend they identified in Module Two) or the person on the right.
4. Initiate a discussion on special relationships, and tell the children that in the next session they will be exploring relationships with their families, peers and special boyfriend or girlfriend. Be sure to explain that special relationships can be between two people of the same or opposite sex. For the moment, do not discuss the relationships that have only one or two lines. Tell the group that these will be discussed later (See session on conflict.)

### Experience from the field

This activity worked well with all groups. We were able to identify that relationships with friends were better than with their family members (CCDT, Mumbai).

Street children need help to write. Clearly, children had three lines for friends on the street and at the shelter. With the younger ones, the activity was adapted. From one corner of the room, semi-circles were drawn to the middle of the room. Children hopped into each of the circles and mentioned who they were close to and who they were far away from relationships. The names of all the persons mentioned by the children were noted down. (PCI, Delhi).

When INP+ Namakkal did the relationship maps, most children drew a local shopkeeper. The facilitator explored further and met the shopkeeper. He was a friendly person and children bought sweets from him. He also had a telephone. Eventually, he became an important contact point in the LSE program and messages were sent to the children of the village or children rang up the INP+ office from his shop.

INP+ Namakkal works with children whose parents are infected by HIV and has found that children draw their relationship maps in unique ways. For example, some children insist on drawing more than three lines if they are very close to a person or not at all, if they dislike the person very much. In one instance, a child drew three lines to a parent who was not alive and no line to the grandmother who looked after him. The facilitator at INP+ felt it was very important to be a sensitive listener while doing the relationship map exercise with the children. (INP+ Namakkal).

### Tips for the facilitator

It is important to have a counselor present during this activity. Assistance from other staff is also useful, as children may not be able to write. Children often like to discuss what they are writing as well. There have been many adaptations regarding sharing. Sometimes, children like to share only with the LSE facilitator or counselor, at other times with their 'buddy' and sometimes not at all. The facilitator should be sensitive to the needs of the children while planning this activity.

### Review

- *What did the children learn about their relationships?*
- *What did they learn about the relationships of other children?*
- *Did they find the activity useful? Why?*



**Activity:** Relationship Maps; Partner: CRS-St. Paul's Trust, Andhra Pradesh

**ACTIVITY TWO****The Many Meanings of LOVE**

**Group check in as this is a continuation of Activity One.**

1. Tell the children that they will be taking a deeper look at their relationships. Distribute the Relationship Maps drawn in the previous session among them. Draw a line on the floor with chalk; at one end draw three lines at right angles to the previous one, and at the other end draw a line at right angles. Draw two lines in the middle. Ask the children who drew three lines for a family member to stand at one end, those who drew two should stand in the middle and the ones who drew only one line for a family member should stand at the other end. Repeat this for friends and any other category mentioned.
2. If possible, make a group of the children who drew three lines for family and similarly for the ones who drew two lines and one line, respectively. Ask the three groups to discuss among themselves and then list or draw three qualities they want from their family and three qualities they would like to give to their families.

You should have groups for family (these could be split into parents and brothers and sisters, depending on how the children draw their communication maps), peers or friends, special boyfriend or girlfriend. In case none of the children have any of these categories, the facilitator should choose some children who are likely to discuss these qualities. If no one has a special boy or girlfriend, one could replace the category with my future husband or my future wife. This opportunity should also be used to discuss same sex relations.

3. Discuss what the children have written about the different types of love they have for their family, peers, for special friends or whom they may marry. Remind the children that while they expect a great deal from people in relationships, they must also give in a relationship. All relationships are two-way streets that involve give and take.

*(For younger children the activity can stop here. Discuss some of the qualities we find in people we love such as caring, talking to them, looking after their needs, helping them, playing with them, and so on)*

List the qualities on a chart-like table. For the qualities we want from others, place a cross (X) mark. For qualities we bring to the relationship, place a Y. See if there are any common themes such as caring, trust, telling the truth to each other, looking after when you are ill, helping. Mention these are examples of what LOVE means and that these are different ways of expressing it.

	Family	Peers	Boy/girlfriend or spouse
True to each other			XY
Care	XY	X	XY
Share Secrets		XY	XY
Like to Talk		X	X
<p><b>Review</b></p> <ul style="list-style-type: none"> <li>• <i>Did they find the exercise difficult?</i></li> <li>• <i>How did they feel about contributing to a relationship?</i></li> <li>• <i>Had they thought of this before?</i></li> <li>• <i>Did the definition of LOVE surprise them?</i></li> </ul> <p><b>Linking Learning With Life</b></p> <p>Ask each child to discuss with his or her ‘buddy’ how to demonstrate their love to the person they adore. Suggest to them that they make a plan, which could be as simple as helping your mother or thanking a friend who helped with homework or an expression of appreciation for a friend whom you like to play with or reading a story to younger sister. If time permits, share these plans with the rest of the group. At the next session, spend a few minutes reporting to the group the reactions of your loved ones to your acts of giving.</p>			

### Experience from the field

Experience: The children were finding it difficult to express their emotions (street children) and did not want to relive their bitter experiences in relation to the family. It was possible that they had run away from their family because of these experiences. They were also afraid that after the session they might be asked to repatriate. For example, one boy (13 years) said, “ I think after this activity you will tell me to go back home which I am not ready to do.”

Most children had drawn three lines depicting only people closest to them. That is why we discussed further how relationships vary even among the three lines. In cases where there were different numbers of lines, we know that these children are capable of understanding how some relationships are casual and some are not (PCI, Delhi).

### ACTIVITY THREE

#### Obstacle Race

##### Group check in

1. Ask for two volunteers to leave the room. Divide the rest of the children into two groups, where one group will give correct instructions and the other wrong ones. Each group has to give the instructions so as to convince the blindfolded person. Place the chairs and tables in such a way that the volunteers will have to carefully negotiate their way through.
2. Blindfold the volunteers and tell them that there are many obstacles. Some of their friends will tell them the right way out and the others the wrong way. Since they are blindfolded, they will not know who is right or who is wrong. They will have to make and use their best judgment.
3. After the exercise, ask the blindfolded volunteers how they felt about the friends who gave wrong directions and the ones who gave right directions.

Ask the groups how they felt when the volunteer followed what they told him to do. Did the group giving wrong directions feel differently than the one giving the right directions?

#### Review

*Did the children have friends who helped them and friends who troubled them?*

#### Experience from the field

Apart from following the right and wrong instructions, the decision of the child was also affected by the volume of the voice and familiarity of the child with the voice. (CCDT)

#### *Tips for the facilitator*

- This activity needs to be done in an open place and works well with a smaller group.
- Be careful while choosing objects, as the children might get hurt.
- Be specific in your instructions.
- Additional learning point should be: In life, some close friends may give wrong directions and hence some amount of critical thinking is required in any relationship.
- Everyone wants to participate. So, be careful planning the time for the activity as discussion is very important!

## ACTIVITY FOUR

### My Best Friend

1. Discuss with the children the fact that all of us have friends and some friends are closer than others. Ask the group if they have friends and what they are like. Try to help the group understand that friends have different qualities of which some are good and some are not so good.
2. Ask the children to close their eyes and think of friends who have helped them and they like to be with. What are these friends like? List the qualities of these “good friends.” Repeat the process with friends who are not so good. Make two charts, one should have a happy face and a + sign and the other for a not so good friend should have a troubled face and a - sign.

#### Good Friend +

Shares food with me  
 Waits for me  
 Helps with homework  
 Plays with me  
 Like to talk to me  
 Enjoys my jokes  
 Tells me a secret  
 Smiles  
 Lends me a pencil  
 Shares a chocolate

#### Not So Good Friend–

Scolds me  
 Will not be my friend if I do not smoke/drink/lie/other  
 Makes me do things I do not always like to do  
 Scares me, beats me or threatens  
 Lies to me  
 Blames me for his/her mistakes  
 Ignores me if another friend is there  
 Asks me for money  
 Talks about me when I am not there  
 Laughs at me

3. Divide the group into two teams. Give cards to each member of the group. Each child should get at least one card on which one quality will be written. They must not show their card to anyone. Both teams get the same statements but on different colored cards. Tell the children they are going to vote for a good friend and a not-so-good friend. Have a voting booth with two boxes. One of the boxes will have a + sign and the other a – sign on it. Each child goes to the voting booth alone, makes the choice and puts it in the box. To make this game exciting, have two sets of boxes and let each group race to finish the voting. If the child cannot read, the facilitator who is standing in the booth can read it out to that child in the privacy of the booth.
4. Open the boxes, and ask a representative from each team to place the cards on the chart with a + and a – sign.
5. Score the teams and announce the winning team or teams.
6. Discuss with the group that we know now who are good and not-so-good friends; ask them what should be done if someone has a bad friend. Discuss how they can get out of a relationship (by seeing them less and less and finding new friends). Also mention that sometimes a good friend may suggest something that may get them in trouble. Discuss with the group what should be done in such circumstances (say no, delay, etc). Also mention that you will talk about negotiating and managing disagreements in another session.

### Experience from the field

*List from PCI street children's project*

#### Positive Quality

Goes out with me

Eats food with me

Stops me from fighting with others

Never abuses me

Never hits me

Does not let me do a wrong act

#### Negative Quality

Abuses me

Lies a lot

Snatches money

Smokes and drinks

Goes for 'mastic' (sex)

Laughs at me

Scares me and hits me

*Feedback from Positive Living Project, Namakkal*

The children gave specific examples, and the whole session was highly interactive. The voting booth was very interesting and made them feel the adults. It was also secretive, and the children enjoyed that!

### Review

*What did they like about the session? Will it change any of their friendships?*

### Linking Learning With Life

The facilitator should ask the group to think of a friend who needs help, such as a sick child, someone who has lost a family member, someone who has been hurt or someone who has fallen behind in school. The children should discuss how they can help, and then make a plan. They could send a get-well card, keep a sick child happy by meeting and talking or playing some simple games or help a friend with homework. *(This activity is similar to the one in Activity Two, but here the children make plans for someone who needs help.)*

### Experience from the field

Children decided to help their friends especially who were new, sick and sad and find out their problems. They said that they did not like to associate with those who showed more power, but said that there was peer pressure and it was difficult to say 'no.' (Street children project, PCI, Delhi).

**ACTIVITY FIVE****Wanted: Friends Forever**

*This activity follows naturally from the previous ones.*

**Group check in**

1. Mention that boys and girls have different types of relationships. Some could be with friends of the same sex, such as boy and boy or girl and girl that was discussed earlier. Some could be with the opposite sex, as in boy and girl. Ask the children to list what sort of relationships they can think of. Discuss so that the list includes:
  - a. Just friends or brother-sister like relationship: call it bhai-behan;
  - b. Girlfriend-boyfriend casual relationships: call it time-pass; and
  - c. Marriage or serious relationship: call it true love.
2. Ask the children how they would know which relationships among these three include a boy and girl. How would each behave? What qualities would they choose or look for in a boy or girl in each of these relationships. List what the children say in three columns.

Point out the similarities and differences in the three columns to the children. Discuss with them the question that if you want a serious relationship you need to look for different qualities than in a casual “time pass” relationship. Children should see the difference between a casual relationship and the need for commitment in a longer one. If the children are older, you can introduce the need to respect your relationships and delay sex until marriage. Children should understand that a serious relationship is based on mutual trust and faithfulness. It is important that these messages be given in a positive manner and not as if one is giving advice or being moralistic.

3. You should be able to get a final list of respect, caring and faithfulness for a serious relationship like marriage.
4. Divide the children into four groups, and ask them to make up an advertisement. Two groups will make an advertisement for a “brother” and a separate advertisement for a “sister;” the other two groups will make two advertisements for “true love,” one for a future husband and one for a future wife.

If the children are still talking about stereotypes or idealistic behavior in their advertisements, you can discuss the matter with them and structure future sessions around this. Remember, it is not easy to change our attitudes towards many of our relationships.

*Younger children may not be able to mention many characteristics but even just a few would be adequate.*

**Experience from the field**

A list from SARD, Delhi

**True love**

Trust  
Faithful  
Be together in good & bad times  
Prevents from going  
A good friendship  
Shares everything (talk)  
Understands the problems of other  
Helps each other in work  
Keeps relationship for a long time  
Nagging

**Time pass**

Goes out here and there  
To increase status  
Not faithful  
Short-term relationship  
Not serious  
Gives gifts  
Cheats  
Nagging

**“Bhai behan”**

Trust  
Faithful  
Love  
Nagging the wrong way  
Friendship  
Belongs to you  
Looks after, keeps safe (rakhee)  
Helps in good and bad

**Review**

*In a circle, discuss with the children what they learned, what was new and what they liked.*

**Experience from the field**

SARD, Delhi works with vulnerable girls who not only discussed the activity thoroughly, but also made out an advertisement like in the matrimonial columns

**Wanted: A good life partner**

Faithful and loyal  
Have a job  
Have good habits  
Do not look at other women  
Help me in my work  
No bad friends  
Do not listen to others blindly  
and destroy our family  
Be with me in happiness and sadness  
Do not nag me and speak lovingly

**Wanted: A good brother**

Be educated  
Good qualities  
Be helpful to family  
Not have bad friends  
Be smart  
Should be tall 5ft 6”  
Be together in happiness  
and sadness  
Do not be lazy  
Should not have moustache

**His name:** “Siddha Saddha” (simple and straightforward).

**Tips for the facilitator**

For children under 12 years, one may adapt the activity to how they can be good sisters or brothers and friends.

### Linking Learning With Life

Either in this session or in the next one, invite a young couple that the children can interview about what qualities they saw in each other. The facilitator may have to first sensitize the couple about what the children may ask.

If this is not possible, try to link what the children have learned with examples of brother-sister relationships in history (e.g. Allaudin Khilji) and for real, such as from one's experience. Could they be better brothers and sisters or friends? How?

Also discuss why certain marriages they know of are happy and why some relationships broke up. Ask the children to analyze the reasons, and see if there was anything they learned in the session could help explain the reasons.

## ACTIVITY SIX

### Abuse: Hurting Someone

The presence of a counselor with a pre-planned strategy to support the children for individual counseling is very important.

1. Discuss with the children if anyone has hurt them. Explain that hurt can be physical, social and emotional. Ask them to give examples of physical behavior that hurts. Some of this behavior hurts so much that it is called violence. Similarly, make a list for emotional abuse. Introduce the idea of social abuse as well.
2. The list may look like this:

Physical	Emotional	Social
Slapping	Insulting	Not allowing a person to enter a place
Hitting violently with sticks or some other object	Calling names	Not allowing a person to participate
Pinching	Using bad language	Socially isolating a person
Twisting arm	Putting someone down	Looking down on someone because of their caste, social position or annual orientation
Harming with sharp or other objects	Saying "bad words" in the mind	Not allowing a girl to go out
Damaging possessions		Eve teasing
Locking someone up		Child marriage

3. Discuss what a child could do if abused physically, emotionally or socially. Some of the points to be covered are:

- Leave the scene immediately;
- Say no assertively;
- Seek a trusted person's help;
- Refuse to be friends with such a person;
- Avoid being alone with that person at any time;
- Call Child Line (Help line);
- Do not hit;
- Get elder person's help; and
- Get neighbor's help (information from various projects).

4. If the children are older, you can explicitly talk about sexual abuse. Sexual abuse of younger children is discussed in the Bad Touch session. You can discuss this with a newspaper clipping of a child who has been sexually abused. Remember to read out a story of boys being abused as well.

After reading out the story, remember to end by discussing what could be done. It is important that children understand that they need not be helpless, that they are not to blame and that someone can help.

5. Discuss the question "Who abuses?" meaning the social characteristics of the abuser. The children should be able to see that violence and abuse are usually done by the more powerful to the less powerful. Boys should understand that girls are especially vulnerable.

Write down examples such as: older bully and younger child, in-laws abusing a daughter-in-law, husband abusing a wife, an adult abusing a child.

If the group is older, you may want to talk about sexual abuse such as between a pimp and a sex worker, or cases of touching someone sexually without the person's consent or threatening someone into sex.

6. Divide the group into groups of three to four and give them some situation cards. The children produce a frozen picture. One child narrates what happens. The whole groups discuss what the abuser and the abused feel and think about what the abused person can do.

Some situation cards are:

- A bully has snatched your money;
- A shopkeeper talks ill of street children;
- A brother hits his sister;
- A teacher puts down a student;
- A mother beats her child;
- Boys get into a fight at school;
- Nobody speaks to a child at a function/event;
- An older man tries to force you to come with him;
- A relative warns you not to say anything about what he has done to you;
- A man is beating his wife; and/or
- A father is beating the mother.

**Review**

*After each presentation, discuss why some abuse takes place. Tell them that some abuse is socially accepted but is still abuse, such as an older person beating a young child, a husband beating his wife. Introduce the idea that your body is your own, and no one else has a right to abuse it.*

**Linking Learning With Life**

Depending on the type of abuse, children can plan to bring awareness among other children or in the community. They can hold a rally or have an exhibition or conduct a street play. The children who talk about sexual abuse should be referred to a project mental health specialist or a counselor for in-depth counseling.

**Experience from the field**

Boys and girls mentioned sexual abuse for the first time in this session, and the facilitator who had worked with the children for so long had not known about it! (CCDT, Mumbai)

**Tips for the facilitator**

- This activity may need to be conducted with a homogenous group and with children who have had common experiences with abuse. This activity can be divided into two different sessions with sexual abuse being a separate session. Some organizations had no problem handling it with mixed groups or in the same session.
- Children must be of more or less the same age and preferably all of them older.

## ACTIVITY SEVEN

### Hotline

1. This exercise brings all the activities together. Tell the children that there is a special hotline for children in distress. Group A is a panel of children who take turns to answer calls of help. Group B children call in for different kinds of problems. A prop of toy telephones helps to make the situation more realistic.
2. Ask the Group B children to discuss the kind of problems they would like to call in for. If the children do not have any idea, you can help them with suggestions like the list below:
  - My best friend has stolen my homework notebook;
  - My friend has said that if I do not smoke, then he does not want to be friends;
  - The police officer always beats me up when I am sleeping on the railway station;
  - My friend and I are constantly arguing;
  - My friend wants me to help while s/he steals something from the shopkeeper;
  - The teacher is angry with me and always shouts at me;
  - My father gets angry and beats me if I do not do housework and only play;
  - I feel lonely; and/or
  - A panel of two or three children consults and answers. The roles can be swapped so that all children get a chance to participate.

### Review

*Ask what the children learned, what they found difficult and what was easy when they had to answer the calls.*

### Linking Learning With Life

Children find out from friends where they can go for help when they have problems. After analyzing the results with the facilitator, the children decide what could be done to help them. Can a service be set up with certain times such as a drop-in center? Can peer educators receive more training for counseling? Can an existing resource be identified and sensitized? Can the child himself help? Make an action plan based on the discussions.

### Experience from the field

This activity helps the child to know that help is available and where to seek help in a community.

Younger children gave their own examples and could also participate in this activity. The older children (12-14 years) were initially confused giving answers but later, responses to the common problems they face such as conflict at home, use of abusive words by friends were very innovative. (Positive Living Project, Namakkal)

**ACTIVITY EIGHT****My Family and Me****Group check in**

1. The introductory activity of making a communication map can be used to introduce this activity.
2. Children draw all members of their family, even those who may not be alive (in case of children affected by HIV/AIDS). Those who are not alive can have a special symbol attached to them.
3. Pair the children and ask them to talk about their family members: who they are, what they do and what they like or not like.

Ask the children to close their eyes, and when they are still, ask them to go back and think of a time when they were happy doing something with their family. The children write or draw some happy times they had with their family.

Ask the children to draw any sad times they had. Each should discuss it with their partner.

*(This part of the activity should be done only if the facilitator can manage the emotions and has support from a counselor; otherwise skip mentioning the sad events. For younger children, do not mention the sad events.)*

4. Merge two groups so that there are now four children in one group.
5. Present the poster (see facilitator's guide for how to make one) to the children and give them cutouts of family members. These cutouts could be drawn and cut out or cut out from magazines. Present a situation to the children. They can use as many members of the family as they like for the story. They have to make up two stories for every situation, one in which the family has a disagreement and the other where a happy solution is found.

The children can decide on a situation. If they are unable to, some examples should be provided, but must be adapted according to their needs. The problems can range from simple to complex, and less risky to more risky.

- She wants to go to school after VII, but her father says she is grown up and must stay at home.
- He is out all day without telling anyone where he is.
- He asks for money for new clothes because his friend has new ones.
- She wants to go on a class picnic but her parents say no.
- She wants to play but her mother says she has to help with the cooking.
- He is seen at a movie with a girl.
- He was caught stealing from the shop/smoking/drinking.
- She was shouting and insulting an older person/shopkeeper/relative.
- He was eve teasing the girl next door.
- He got into a fight with some boys.

6. Discuss with the children how they think they can convince their parents. Also discuss with them what a child can do for the family. Some of the suggestions would have already come from the role plays. The list may look like this:

**How do you convince parents/elders?**

Choose a good time to talk to them.

Explain “why” quietly and in a respectful tone.

Listen to what they say and offer a solution or ask them to do so.

Talk to an older sibling, relative or adult who can help you.

**What can you do?**

Help your mother, sister, father, or brother.

Do not shout or be stubborn; be quiet but speak softly and assertively.

Look at the positive side and be appreciative.

**Experience from the field**

There were some street children who were not willing to talk about their families, especially with others. Possibly this could be adapted by not being put in pairs. A drawing of the family can be used to avoid discussion in pairs. (PCI)

Some children were willing to discuss in the group. Some were really missing their family and expressed it. “I miss my grandmother, she understood me better” and “Our mother has left us and my younger sister does not stay with us. Who will love her? I am worried about my mother.” These children had not disclosed this information in their counseling session but did so here. Whenever the children have time, they ask for the family drawing and sit and look at it. (CCDT, Sex workers children project)

Sometimes children (ages 12-14) may require an energizer, as this is a fairly long activity. A role play was helpful too. (Positive Living Project, Namakkal)

**Linking Learning With Life**

Talk to parents or older people in the community.

- What did you play as a child?
- What food did you like the most?
- Can you remember a happy moment?
- Who were you closest to in your family?
- When you were angry, what did you do as a child?
- Did your parents say no to you for something you wanted? What did you do? Would you have behaved differently?

## ACTIVITY NINE

### I Belong to a Community

#### Group check in

1. Introduce the activity by saying that we all live in a community. Ask the children who they know in their community. They will probably talk of the shopkeepers, neighbors, police, doctor and similar others.
2. Ask the children to draw themselves in the center, and make three circles around it. The nearest circle stands for the people of the community they are in close contact with and like being with. The outer circle represents people they are not very close to and may even sometimes create trouble for them.
3. If the group is small, they can share with everyone. But if the group is large, ask the children in pairs to discuss what they have drawn with the group.

#### Review

Discuss with the children:

- *Why are they close to some people?*
- *What qualities do they have?*
- *How does the child contribute to the relationship?*

With those they are not close to, why is it so? Is there anything about how the children behave that may be affecting the relationship?

#### Linking Learning With Life

Ask the children to think about any one way they can make the relationship better and one way they can change the relationship they are not close to. The facilitator may have to help and intervene to make sure the plans are realistic.

If many children have difficulties with some community members, the children as a group can work out a plan. The idea is to take positive steps. For example, the street children can put on a show for the children of police or invite them to an event they are organizing or write get-well cards if someone is ill. Street plays can be organized as well.

#### Experience from the field

With street and working children, the sense of belonging was absent as there is no community that they can identify with. That is why community can be used in a broader context – the drop in center, the place where they go to eat, and the temple where they sleep. (PCI, Delhi)

#### Tips for the facilitator

In a shelter, the people who come – the teachers, the cook, the helpers, the postman, the garden next door, the school they go to, their neighbors – these are all part of the community.

# Session Three: Managing Differences and Conflict

## Objectives

At the end of the session, children will:

- Understand that different perceptions of the same situation may lead to conflict;
- Have better self awareness regarding individual responses to conflict situations;
- Communicate and manage strong emotions that contribute to managing conflict;
- Learn positive conflict resolution methods; and
- Learn that creative ways of solving conflict lead to a win-win situation.

## Key Points

Disagreements and conflict among people arise because each cannot understand the other's viewpoint. Disagreements and conflicts are common and natural in any relationship and can be resolved positively. Many children do not know how to do so, leading to situations that quickly get out of hand and may become violent. Gender imbalances also

contribute to conflict. Learning new ways to manage conflict requires practice and support.

## Life Skills Learned

Critical thinking, coping with feelings, self awareness, empathy, problem solving and creative thinking

## Materials

### General

Chart paper, markers, cello tape and cards

### Specific

Activity One: chairs

Activity Two: small ladder or some steps

Activity Three: photocopy of two ladies

Activity Four: photocopies of nine dots

## Time Required

*Activities one and three:* 15-20 minutes; all others 40-50 minutes.

**Directions:****ACTIVITY ONE****Who is Right? Who is Wrong?**

1. Before the session, prepare three sets of instructions on as many chits as there are children. If you have nine children, you will have nine chits divided into groups of three chits with the following instructions:  
 Instruction # 1: put all the chairs in a circle;  
 Instruction # 2: put all the chairs near the door; and  
 Instruction # 3: put all the chairs near the window.
2. Give one chit to each child and tell the child that s/he is not to disclose it to anyone under any circumstances.
3. Start the exercise and tell everyone that they have only five minutes to follow the instructions given.

**Review**

- *Did the children follow the instructions?*
- *When someone did something different from what you were doing, what did you do? Cooperate, argue, join in, persuade?*
- *Did anyone have an argument, what was it like and what did you feel?*

**ACTIVITY TWO****Conflict Ladder**

1. Discuss with the children that disagreements are a part of everyday life. Sometimes the disagreements become conflict situations and people can get very angry. Ask the children to share a conflict situation from their experience. If no one volunteers, suggest one.

You have told a secret to a friend and found out that it has been told to others. After finding out, you go to the friend to talk about it but the situation gets out of control.

2. Brainstorm with the children how one would react in such a situation. You should be able to identify four levels:

***Level One***

Angry but do not say anything, but body language says it.

**Level Two**

Disagree, are able to talk but in an upset tone, explain what you feel.

**Level Three**

Quite angry, arguing and tone is loud. May use sarcastic language.

**Level Four**

Very angry, shouting, absolutely no control and can get violent.

3. Pair the children and give them a minute or two to do a role play. They must show all four levels. Select one or two that are clear in their speech, tone and body language about the different levels. These children role play for the whole group. Encourage children to walk up the ladder. Every time they do so, the conflict escalates.

**Review**

Discuss all the levels:

- *How did the body language and the speech change?*
- *If Level One is conflict, then how does not talking, pouting also create problems?*
- *At what point do you think you had a chance for a positive resolution?*
- *When did things get out of control? How did you feel?*

Ask the children to reflect on their own experiences. *Which levels have they seen more? Do they know how to resolve a conflict?*

**Linking Learning With Life**

Children decide to observe their reactions to disagreements and conflict. Which level would they climb? If they see a conflict among their friends or family, they should observe what happened. If they can write, they can keep a note of what happened.

Refer to the Relationship Map and decide one way by which a conflict may be resolved with those marked by a single or double line.

### ACTIVITY THREE

#### Different Perspectives

##### This and That

##### Group check in

1. Introduce the activity by saying that conflict often arises because we see a situation in different ways. Each one believes that his or her perspective is right. Disagreement arises because we cannot agree on a solution that takes into account each other's opinion.
2. Ask the children to place their hands palms up. Ask one of them to say what they see (lines on the hand, fingers, thumb, color is white or light brown). Now ask the children to turn their hands over and place them palm down, and once again ask them to say what they see (fingernails, no lines, and darker color). Discuss which one was the hand, palms up or down or both.
3. Summarize that we need to see many perspectives to resolve a disagreement.
4. Pass the picture of the two ladies. Each child is given a minute to see the picture but no one must comment. Do not offer any suggestions. After the picture has been passed around, ask the children what they saw. Some will say a young lady, others an older one and some may have seen both. Pass the picture to the one who has seen both and ask him or her to explain. If the other children have not seen either the young or the old lady, ask if they can see them now.

#### Review

Note the differences in what was seen.

- *How many saw both images?*
- *Was it difficult to see the other picture even after being shown?*
- *Was it difficult to explain to others what you easily saw?*



**Activity:** Different Perspectives; Partner: YWCA, Delhi

**Experience from the field**

Boys (15 – 18 years), street and working children, went straight away to Level Three. They too were surprised at how they resolved differences. It made them realize that there are other ways of resolving a conflict like Level One and Two and they will try it. They said that good, well- mannered people would go to Level One and Two, but given their circumstances they have to sometimes show anger; otherwise they would be bullied. (PCI, Delhi).

***Tips for the facilitator***

Picture of old/young woman can be used for this exercise. By looking at it in different ways, the viewer sees either a young girl or an old woman. In the PCI project, magazine pictures of a young, smartly dressed girl and an older, unkempt woman were shown. This worked equally well because children saw different aspects in the pictures.

**Linking Learning With Life**

Ask the children to reflect on their own lives. Has anyone experienced this problem when they tried to explain what had happened, but no one was willing to listen? If the children do not answer, the facilitator can intervene. This activity can be connected with conflict management and how one has differences of opinion in any relationship.

## ACTIVITY FOUR

### Responses to Conflict

1. Tell the children that there are many ways to resolve disagreements. Most people use one way more than others. Sometimes it may work and sometimes it may not.
2. Ask the children to list some of the ways a conflict can be resolved. If the children have difficulties in listing, use one of the situation cards presented later in the session. The list may look like this:

#### ***Withdraw temporarily***

*For example, B is so angry that A withdraws.*

#### ***Compromise***

*For example, A wants the same dress that B wants. A decides to let go of it this time and buys something else.*

#### ***One person forces another to agree***

*For example, B insists that her/his solution is correct. A agrees.*

#### ***Discuss and find alternatives***

*For example, A and B search for what to do. A wants the same dress that B wants.*

*They try to look at other shops with same design, come again next week, ordered one more.*

#### ***Negotiate win-win***

*For example, creative problem solving. A wants the same dress B wants. Both decide to buy something else.*

#### ***Say nothing***

*For example, B is upset but A refuses to respond.*

#### ***Do whatever you want***

*For example, B does what he or she wants.*

#### ***Discuss whether some solutions are better than others and why.***

*For younger children the activity can stop here. Do not forget to discuss what they have felt and learned. Help them to link it to their daily lives. Continue from Step 7.*

3. Inform the children that when conflict is not resolved by involving both persons in a positive manner, you may solve the problem but not feel happy about it. Talk about how you can have
  - Lose-Lose: so much disagreement or violence, no one wins, because no one can even sit and discuss.
  - Win-Lose: one forces the decision or one accepts it without bothering about the other, or one does not talk of the problem. Problem is resolved but one person is not happy. These are generally conventional ways of resolving conflict.
  - Win-win: a creative, new solution is found in which both feel happy.
4. Do a quick creative exercise. Tell the children that since we will have to look at creative solutions, we will try to unlock these energies we have within us.
5. Show the children the square with the nine dots and tell them to join all of them together without raising their hands or breaking the line.



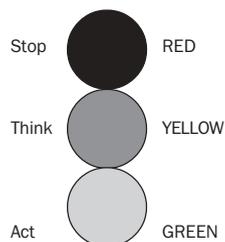
6. Discuss that some steps can be followed to make sure we reach a solution that is acceptable to both. Remind the group that good communication and the skills they have already learned help in solving problems and conflicts. Review listening, non-verbal and verbal behavior.
7. A simple three step approach is:

**Stop** – *Check out the situation. Are emotions high? Have you stated your position clearly using 'I' words? Do you know all the facts? Do you understand the other's point of view?*

**Think** – *What solution would be best? Look for win-win solutions.*

**Act** – *Try it out, and then try again if it does not work the first time.*

Use a traffic signal to explain:



Encourage the children to use these colors and symbols when they work with problem statements.

8. Put some problem statements in a box. Divide the children into groups of four. One pair will do the conflict role play. The second pair will 'shadow' them. For the 'shadow' pair, each will stand behind one of the role play pair and call out "**stop – think – act**" as the conflict situation evolves. In this way, the children will get a chance to see how a conflict transforms itself into a positive resolution. The children must use the **stop – think – act** steps to resolve the problem.

For example,

A has called B a thief after his/her watch was found to be missing.

- A and B enact the conflict situation.
- A's shadow C will say: "**Stop!** Have you checked the facts? Where was B when this happened?"
- B's shadow D will say: "**Stop!** Tell him how you feel using an "I" statement.

Practice and give prompts, so the children can see how it works. Encourage them to try different solutions.

9. Some problem statements are:

A father beats his 15-year-old child for some wrong behavior;

A friend goes to see a movie and lies to his or her parents. You tell the truth. The parents find out and want to know what has happened;

Your best friend has found a new friend to be with. You are ignored and feel hurt;

Your friend insists that you stole his pen;

Your parents ask you to help at home when your brother who was supposed to do the helping is playing;

You lend some money/book to a friend, but the friend does not return it;

Your friend invites you to go out, cancels and then asks someone else without telling you;

A young person teases someone who has a squint or is from a certain caste;

A friend teases a girl whom you know, and you do not like it; and

A husband beats his wife whenever she does not obey him.

### *Tips for the facilitator*

- The activity can be broken into two sessions and practiced among friends.
- Arm wrestling game was used to explain win-lose and win-win situation.

The children may also refer to their Relationship Maps for problem situations.

**Review**

- *What was difficult to resolve?*
- *Which solution would you try?*
- *After each role play, invite comments from the rest of the group.*

**Linking Learning With Life**

Discuss with the children how learning new behavior is difficult and that a 'buddy' can be very helpful. Try out the new behavior until the next session. Seek help from your buddy if necessary.

Take a look at the Relationship Map once again. Are there any changes? What would you like to do? How would you bring about the changes?





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**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Module 5

## Decision-Making



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

## Contents

### Module Five: Decision-Making

- Session One : What Influences Our Decisions
- Session Two : How do We Make Decisions that are Safe?
- Session Three : Solving Problems
- Session Four : We Can Change Behavior

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# MODULE FIVE: Decision-Making

Making decisions is a complex process. Our values determine many of the decisions we make. Many of our values also change over time. Good decision-making depends on understanding the situation well, being aware of our choices and, most importantly, seeing the consequences of our choices.

We make decisions every day on what to eat, what to wear or how to reach a place, but HIV/AIDS prevention demands that we make difficult decisions to reduce our risk behavior. These decisions can affect the outcome of our lives. This means that we not only need to understand what risk is, but also how to make the right choices so that we can be safe. Each person is different regarding the risks they are willing to take: some may dive headfirst into a situation, others are more cautious, and others change decisions frequently. It is therefore important to understand which type of risk taker the person is. Changing one's behavior is hard and requires practice as well as encouragement from others.

Learning to make decisions that keep us safe requires both critical and creative thinking. The Life Skills Education Program not only discusses the steps in good decision-making but also prepares young people to face the many dilemmas and

problematic situations that arise in the course of life and teaches them to make responsible and sound decisions to ensure a happy and safe life.

Many young people make decisions without understanding the full consequences of the decision. Once a decision is taken, we have to own up to it and take responsibility for it. If some decisions turn out to be bad, we need to review them so that we are more careful the next time around.

In many situations, girls are neither expected to make decisions, nor are they consulted before a decision is made. They are expected to abide by the decisions made by others. Girls do not get the opportunity to make decisions that affect their bodies and their lives. This increases their vulnerability and exposes them to risk situations that are avoidable if they had the ability to make decisions. With HIV infecting more and more young women—many of whom have been faithful to their partners—the ability to make safe and sound decisions becomes increasingly important.

All activities in the sessions are applicable to both younger and older children. Each activity comes with suggestions that include simple as well as complex tasks. The facilitator may choose the most appropriate tasks according to the needs of the children.

This module contains the following sessions:

### **SESSION ONE**

#### **What Influences Our Decision?**

Young people understand that taking risks is an individual choice. It is also important to understand the intensity of risk involved, particularly related to HIV, when choosing one's behavior. There are three activities in this session.

### **SESSION TWO**

#### **How to Make Decisions that Keep Us Safe**

Steps involved in making good decisions, understanding the long-term consequences of decisions and making safe decisions such as delaying sex are discussed in this session. There are four activities in this session.

### **SESSION THREE**

#### **Solving Problems**

In this session the young people learn how to look at all sides of an issue in solving problems. There are two activities in this session.

### **SESSION FOUR**

#### **We Can Change Our Behavior**

In this session the children explore how making excuses hinders changing behavior and why it is necessary for them to take control of their lives. There are three activities in this session.

# Session One: What Influences Our Decisions

## Objectives

At the end of the session the children will:

- Understand that each person has a unique pattern of behavior which adapts to different situations;
- Learn that determining the risk in any situation is the key to safe behavior; and
- Understand that children can choose and are responsible for their behavior in any situation.

## Key Points

If we understand ourselves and our responses to situations, we are better able to control our responses. Some children may be more prone to taking risks than others. When those decisions do not work out well at times, we begin to blame others. If by chance they work out well, we feel that taking risks is okay with us (risks can have serious consequences). Children need to understand that they can decide how to respond to confusing situations that do not have simple answers. They

may have to learn to respond to such situations in a different manner.

Good decision-making helps children to think through the possible consequences of their decisions. Girls often do not have a supportive environment to make independent decisions.

Even if adults set the rules, children have a choice to follow or not. They need to assess if their behavior is best for themselves and make the right choices.

## Life Skills Learned

Critical thinking, self awareness, creative thinking and decision-making

## Time Required

30 to 45 minutes for each activity

## Materials

Chart paper, cards and markers

**Directions:**

**ACTIVITY ONE**

**Testing The Waters**

1. Introduce the activity by saying that our behavior is influenced by what happens outside us as well as what happens inside us. This activity will look at what happens inside.
2. Tell the group that we are all going to the lake or the sea. It is very hot and you would like to get into the cool water.

The following is a list of the things you could do:

- Just run into the lake and dive in (“plunger”)
- Walk in slowly, wetting your body bit by bit and getting used to the temperature (“wader”)
- Just dip your toe into the water and then decide if you will go in (“tester”)
- Stand on the side and look around and try to figure out what to do next (“delayer”)

**Variation:** You could vary the situation. For example, with young children you could say that you just got a piece of cake or some sweets or a chocolate that you particularly like and have been waiting for.

Act out these actions; it is great fun! But do not mention “plunger,” “wader,” etc. to the group at this stage.

*(In the example of a cake for young children, some will eat it fast and gulp it, some will eat bit by bit, yet another will take a small bite to check the taste and then decide to eat it, while another will keep it for some time and decide later when to eat it)*

3. Ask people to move into different corners of the room according to the behavior that is most common for them. Now put the cards up in different parts of the room with the labels “plunger,” “wader,” and “tester,” “delayer.” Use appropriate translations.
4. Ask the group what is good and bad about the behavior they have selected.
5. In the group, ask them to share when they did not respond in this manner and what the circumstances were. Are there certain situations that trigger different behavior? What is the result of the behavior; does it have a good outcome or does it create more problems?

**Review**

- *How does behavior change in different situations?*
- *What could be the problems if a “tester” and a “plunger,” or if two “plungers” are together?*
- *What are the positive and negative aspects of each person’s behavior? Can it cause conflict?*

### Linking Learning With Life

Are your friends any of the four types discussed today? Could they be helpful to you? Say, you are a plunger but a friend is a delayer and helps you to think through a problem.

You, on the other hand, see danger quickly, and make sure your friend gets out of the situation quickly. When can their behavior or ‘type’ create trouble for you? An example could be if both are “plungers.” In this case, you may get into a risk situation such as stealing very quickly or going along with friends to a sex worker.

### Experience from the field

Adolescents were able to make out the difference between plunger, wader and tester. (CCDT, Mumbai).

The children pretended that there was an imaginary lake and they were standing in front of it. One by one, they said what they would do. Their responses fitted easily into the four types. The children then imitated all the four actions and enjoyed doing so. (Positive Living Project, Namakkal).

The example related to food did not work very well with street children, as hunger is an important concern. The next time around I tried something different. I asked the children if a stranger offered them food when they were very hungry, what would they do? I got a lot of different responses:

“If it is good and edible, we would eat it.”

“If it is bad say like gutka (*a type of addictive tobacco*), we will refuse to take it.”

“We would try it and continue eating it if it is good, otherwise we will throw it away.”

“I will taste it. If it is bad, I will not allow my friend to eat it because I love him.”

After this, it was very easy for children to do the linking learning with life activity and they could relate it to the time when they had run away, fallen into bad company and started smoking and drinking. (PCI, Delhi).

## ACTIVITY TWO

### Taking Risks

#### Group Check in

1. Tell the group that we will be looking at some of the risky situations that we face. We encounter some risks in daily living such as when we cross a road or play a difficult game or run to catch a bus. But some risks can harm us and we can choose to reduce them.
2. Ask the group to define what they understand by risk. Make the point that some risks are more dangerous than others. Ask the children to give examples of activities that are less risky and those that are more risky. With older children discuss risky behavior related to sex and HIV. Draw them into a discussion about why they or their friends may be participating in very risky activities. Ask them to list their feelings while they participate in such activities. The list could run as follows:

Feel excited;

Feels powerful, can do anything;

Enjoys while it lasts;

Likes to be in the group; and/or

Is scared.

3. List the more risky activities that they or their friends may be involved with. The list could include those used below, and make sure to add some if they have been missed. Some of the risky activities are applicable to older children and some to the younger ones.

Carrying a knife

Getting into a fight with a bully

Having unprotected sex (for children 15 years and above)

Taking help from someone you do not know

Walking alone at night

Stealing

Sniffing typewriting fluid

Going to a sex worker (for children 15 years and above)

Using alcohol

Hitting a policeman/pimp or some powerful person

Taking money from a stranger

Cheating in exam

4. Divide the children into groups of three or four. Ask the group to choose one activity from the list and perform a role play in the form of tableaux or frozen snapshots. The role play will be only for a few minutes. In one tableau the group must show the risky behavior and how the person felt. The second tableau must show the consequences and what the person now feels. Other tableaux can be added, but two tableaux must depict what happens before and after.

If you are short of time, select the tableaux that indicate the issue and the feelings well and present two of them to the others for further discussion.

5. Discuss the tableaux and what they depict with the group.
6. As each group completes its tableau, ask the other groups to change something in one or both or all tableau scenes to alter the risk situation. The tableaux change.
7. Discuss this change with the children. Ask them to think if this was possible in real life?

#### **Review**

- *Why do you think the children took risks?*
- *Had the children looked at the consequences?*
- *Could they have done it differently?*

*(This exercise will also help the facilitator get a sense of how well the children have understood life skills and what life skills need to be introduced in future meetings.)*

#### **Linking Learning With Life**

Observe what risks your friends take. Was there something common among the risks taken by children? Why do you think they take these risks? What were the consequences of their actions? Could they have acted differently? At the next session, share with your group what you observed.

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

- More time might be needed to complete this activity, as children tend to share their personal experiences.
- The facilitator must be comfortable in dealing with risk issues.

### ACTIVITY THREE

#### Choosing Behavior

#### Group Check in

1. Discuss with the children what robots are and how they behave. Robots only follow orders and cannot think for themselves. If children are not familiar with robots, remind them of the many wind-up or battery operated toys available for children that repeat an action over and over again in exactly the same way. Tell the children that robots are just like those toys-mechanical adult-like figures. Do a practice activity or demonstrate to make sure the children understand. Ask for five volunteers to pretend to be robots.

2. This activity is fun for the children. The facilitator will give commands and the robots have to do as they are told. The other persons will observe if the robots are behaving as they have been told to. Some suggestions are:

Stand up;

Walk slowly;

Clap hands; and

Smile.

3. Discuss what the observers noted, and ask for five more volunteers to do the following. Give instruction that they should not copy anyone.

Act like a well-behaved child at home

Act friendly and polite to a guest

Lose your temper

Your teacher/mother scolds you and you are upset

#### Review

- *Could the robots have chosen their behavior? Why?*
- *Do people have a choice about their behavior, or do they have to act as someone tells them?*
- *Did all the robots act in exactly the same way? Discuss with the children that in every activity they do, even the most routine ones, there is room to choose how to behave, even when adults or older children direct them to behave in certain ways. Children, in reality, have more choices than they think.*

**Linking Learning With Life**

Think of an incident when someone told you to behave in a certain way but you did not. Did that mean that you had a choice about what to do?

If you have a choice, what behavior would you choose as good for you, and which ones would you reject as not-so-good?



**Activity:** Choosing Behaviour, Partner: YWCA, Delhi

**Experience from the field**

Children (of sex workers) talked of how they are forced to buy cigarettes for the customers or their mother's partners. They do not like to go. (Prerana, Mumbai).

"Sometimes we have to behave like robots because our parents and teachers expect it." (Quote from children aged 10-14 years, World Vision Vijayawada).

## Session Two: How do We Make Decisions that are Safe?

### Objectives

At the end of the session the children will be able to:

- Help children to think through and make decisions carefully;
- Understand that the decisions they make can have many effects on themselves as well as on others; and
- Know why making a decision to delay sex is safe and learn strategies to do so.

### Key Points

Children in risky situations need to know how to make safe decisions. Girls also must learn how to make safe decisions because they have not received any opportunity to do so.

Children cannot see how their decisions have long-term effects; that is why rash decisions are often made.

Delaying sex is important if the children have not yet experimented. They must know why they are saying “no” even though they have developed skills to be assertive, to say “no” and to resist peer and other adult pressures.

### Life Skills Learned

Critical thinking, creative thinking, problem solving and decision-making.

### Materials

Flip chart, cards, markers and cello tape.

### Time Required

30 – 40 minutes for each activity.

**Directions:****ACTIVITY ONE****Three Cs (Challenges, Choices and Consequences) in Decision-making**

1. Instead of the 3 Cs, something similar may need to be used to translate the idea into the local language.
2. Begin with a story that challenges the children to think differently. Another example of such stories is the Birbal stories, which will also be culturally more familiar for the children. You can think of other stories that make a similar point.

Mr. Mehta and his son were traveling by scooter. Suddenly, the car in front of them braked, and they were thrown off the scooter. Mr. Mehta died on the spot, but his son was rushed to the nearest hospital. The doctor began the operation and looked at the boy and said, "I cannot operate on my son." How was this possible? (Answer: the doctor was the mother.)

3. Explain that when we have to solve a problem, we sometimes have to think in very different ways.

Ask the group how they normally make a decision. Some examples of possible answers are:

- Someone else takes it for them.
- Decide suddenly.
- Wait until someone else decides.
- Do what an older person says.
- Do not make any decision at all.
- Think through the choices and then choose.

Explain to the group that we will be looking at how we can make safe choices.

4. Show the 3Cs on a flipchart
  - Challenge (or decision we have to take)
  - Choices
    - Choice #1
    - Choice #2
    - Choice #3
    - Choice #4
  - Consequences

Challenge/Decision	Choices	Consequences
	Choice # 1	
	Choice # 2	
	Choice # 3	
<p>5. Give an example of a decision to be made. For example, a suitable boy has been found for a 16 year old girl who is still studying in the 12th Std. Should she be married? Or take any of the cards from the previous session on risk taking. This is the 1st C.</p> <p>6. Analyze the different choices that are available (at least three). List them. This is the 2nd C.</p> <p>7. After each choice add BUT and ask the children what could be the positive and negative consequences (the 3rd C).</p> <p>8. Ask the children to vote on the best choice.</p> <p>9. Ask the children to suggest a challenge they face, and go through the same steps.</p> <p>10. Explain that in life each one has to face one's own challenges and make decisions. It may help to consult with someone whom you trust in making decisions. With younger children, make a point of the need to consult a trusted adult.</p> <p><b>Review</b></p> <ul style="list-style-type: none"> <li>• <i>What did you learn?</i></li> <li>• <i>Do you think you can apply this activity in your daily life?</i></li> <li>• <i>What kind of help would you need?</i></li> </ul>		

### Experience from the field

Boys and girls came up with four choices and about 10 points on each regarding consequences if a girl had an early marriage. Altogether there were 40 points for discussion. The gender issues came out strongly. (CHES, Chennai).

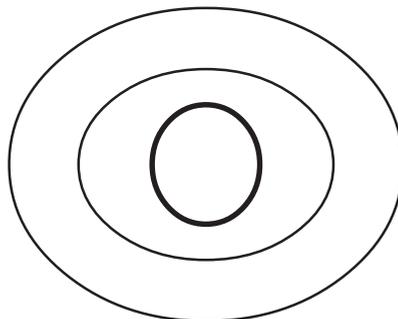
The three Cs were loosely translated into Hindi as Chunauti (Challenge), Chunav (Choices), Natija (Consequences). We then discussed the main ideas: thinking about the issues, the choices available and deciding which are the best ones. This became very easy to understand for the street children, many of whom were not literate. (PCI, Delhi).

### Tips for the facilitator

The story was a useful way to start the activity.

**ACTIVITY TWO****Making Ripples: Decision-Making****Group Check in**

1. Display pictures of ripples in water in a lake or in a well. Talk about how if you throw a stone, the ripples spread far and wide; discuss how this has far-reaching consequences.
2. Link the example to human behavior; how what one does has far-reaching effects on oneself, on others, and on future events.
3. Draw concentric circles on a flipchart to represent ripples of water. Label the circles: The innermost circle should represent the behavior, the next circle stands for the behavior's effect on the nearest person, and the next circle the effect on someone a bit further away and so on. Draw as far out as you would like to go to demonstrate how far-reaching the effects can be.



*Example 1:* Since girls often do not have the opportunity to make decisions, use examples of behavior representing this. For example, the parents may decide to get her married without her consent or the husband may insist on having sex without a condom (for children above 14 years).

*Examples for younger children:* Parents of a girl decide she will not go to school, or mid-term during the school the mother decides to take the child to the village so she misses school.

*Example 2:* You get angry and shout at your mother. What is the effect on your mother? (Fill up the next circle) What is the effect on others?

Adapt examples as per your needs.

**Review**

- *Can we control or change the ripples we send?*
- *Can we change the ripples that others send?*
- *Have you been able to do so for anyone or for yourself?*

**Linking Learning With Life**

What ripples would you like to change in your family? With your friends? At school? How can you do this? Who can help you?

Take an incident that happened at home, or at school or with your friends. Draw your ripple diagram and share it with your friend.

Could you have changed a ripple? What would have happened if you could do it again?

**Tips for the facilitator**

- Use examples relevant to their own lives in order for children to understand where they can seek help. Instead of a ripple diagram, a role play can also be used
- This activity can also be adapted and used while working on relationships.
- Demonstration of ripples can be done using a bucket of water and small pebbles.

**ACTIVITY THREE****Delaying Sex****Group Check in**

1. This activity is for older children 15 years and above: Introduce the idea of delaying sex or abstinence until marriage, when one is older and more responsible.
2. Enact a role play or read a story. Some suggestions are provided below, but feel free to adapt as necessary. Use only one of the role plays given below. Ask the group to think about why this couple should delay having sex.

*Example #1:* Mohan is 17 years old. He works in a car garage. It is expected that he will have sex once he gets married. He still has to wait until his older brother gets married. His friends say that he should try it out because sex is a great experience.

Smita is 15 and lives next door to Mohan. She likes to see movies and dreams of having a good life. She knows Mohan likes her and they meet. He gives her nice presents. Her parents know nothing of this. Her Kishori Group (Adolescent Girls Group) has talked of STIs and HIV, but if she says no to Mohan, he may leave her.

*Example # 2:* Ajay is a boy of 16. He likes to play cricket and spend time with friends. He recently found a girlfriend. All his friends have girlfriends. He feels that he should also have sex with this girl.

Meena likes the attention she is getting. She knows Ajay has no job but is not worried about that fact. She believes that they are young and something good will happen in the future. She knows that Ajay wants to have sex but this reminds her of her friend who got pregnant and had to run away. Tomorrow Ajay has asked her to go with him to the park in the afternoon when it is empty. What should she do?

*Example # 3:* Samir is going to be married to Renuka in six months. Both parents know about this, and they have agreed. Samir keeps telling Renuka that they can have sex because they are getting married. Sometimes Renuka also feels like having sex.

*Example # 4:* Rahul and Samir have been friends for a long time and have developed feelings for each other. They are scared to tell people because of their reaction. They are also considering having sex, but do not know if it is right.

3. Ask questions to the group to think about what could happen. On a flipchart write two lists, 'reasons for having sex' and 'reasons for not having sex.'

Some of the reasons for **not having sex** could be:

- Not the custom to have sex before marriage (religious/cultural belief);
- My family does not approve;
- Scared of getting pregnant;
- Scared of HIV/STI;
- Not ready;
- Not sure s/he is the right person;
- We can hug and kiss, so there is no need to have sex; and/or
- We are good friends, so we can wait.

Some reasons to **have sex** could be:

- Everyone is having it;
- I love her/him;
- Curious what it is;
- One partner convinces the other that there is no problem;
- The partner will lose interest; and/or
- To have a child (assuming this is after marriage).

4. Go through each list. If it is a mixed group, then ask a boy volunteer to say, "I want to have sex with you..." The girl volunteer then says, "No, I do not want to get pregnant." From the list, the boy or girl reads out the reasons not to have sex. Do this quickly so as not to exceed five minutes.
5. Explain that delaying sex can be difficult. Ask the children what they would suggest if they wanted to help some friends. (It is easier to discuss this issue if you say it is for friends than for yourself. Make sure everyone understands it is their body, and it is their right what to do with it.)

The list could look something like this:

- Be clear about how far to go. Do not give mixed messages;
- Do not accept rides from people you do not know;
- Do not be alone with anyone;
- Do not be impressed by romantic words;
- Do not accept presents (then you might feel obliged to have sex);
- Be honest, just say no; and/or
- Do not drink; then you cannot control yourself.

### *Tips for the facilitator*

- The activity is very useful for older children.
- The time may have to be extended because a warm-up and some introduction are needed.
- A baseline or quick assessment of the existing knowledge and comfort level of the children in relation to this topic would be extremely helpful, as would visual aids and models.
- The facilitator must be careful not to make value judgments and must be comfortable with sex and sexuality issues.
- One may have to do this activity with single sex groups.

## ACTIVITY FOUR

### Best Response Game

#### Group Check in

1. Tell the group that we will be practicing some of the skills we have learned about not having sex when we do not want to. Discuss how young people get pressured into having sex. Tell them that the life skills we have learned will help us get out of these situations.
2. Ask for a few volunteers to serve as judges. Divide the rest of the group into two groups. Ask the groups to imagine a name for themselves. Make a scorecard, and write the team names on a chart.
3. Discuss how peer pressure is one of the most difficult problems for young people (refer to the module on relationships.) Discuss how it is very difficult to say no when there is pressure between partners.
4. Tell the group that you have a few pressure lines that can be used by a boy or girl to force the other person to have sex. The rules of the game are:
  - A pressure line will be read;
  - The groups have one minute to discuss (or two minutes if the group is small) to come up with the best answer to refuse physical relations;
  - Remind the group that a time limit is being given because we have to come up with quick answers in some of these situations in real life;
  - They must discuss in the group and ask a spokesperson to speak out or write the answer;
  - When the time is up, the chits will be collected or the lines will be spoken. Both teams speak their lines;
  - The judges have one minute to choose the winner. The winning team gets 2 points; the other team gets 0;
  - Complete as many pressure lines as you want; and
  - Add up the scores and select the winner. Give the winner a round of applause or some such appreciation.
5. Some pressure lines (these can be adapted or different ones used):
  1. I know you want to—you are just afraid.
  2. Do you not trust me? Do you think I have AIDS?
  3. If you do not have physical relations/intercourse with me, I will not see you;
  4. But I love you! Do you not love me?
  5. Nothing will happen. You will not get pregnant;
  6. But we are going to get married anyway. Why not only once before marriage?

7. Are you not curious;
8. We had physical intercourse once so now what is the problem?
9. Everybody is doing it; and
10. We will have it only once.

### **Review**

*Ask the group if they found this activity useful. Ask them to elaborate upon their answers to explain the ways in which they found the activity useful. Did learning many responses to these situations prepare them better for such situations? Ask the judges what they felt.*

### **Linking Learning With Life**

Have the groups face a similar situation. See if there are any differences in their responses. Ask them if anyone wants to share a real life incident (no names) of a friend or themselves and tell the others what happened. Could they have said something different now after having learned the new skills?

Ask the group to talk to at least two of their friends about what they have learned and discuss with them what they feel about delaying sex. If there are some who want to learn how to say 'no' to sex, set up a similar exercise with friends to help them.

### **Experience from the field**

'Consensual' sex is common among street children. So 'no sex' is not accepted and it is normal for children to say 'yes' when the other person who wants to have sex applies pressure tactics. The children could answer yes and no quickly, but needed help with the open responses. (PCI, Delhi)

### **Tips for the facilitator**

If activity three is done, ensure this activity is also done as quickly as possible. Do not skip this. Activities three and four should go together.

## Session Three: Solving Problems

### Objectives

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

- Identify why problems occur and what steps can be taken to solve them; and
- Learn to choose the most appropriate situation by analyzing what could be the consequences.

### Key Points

Creative and critical thinking is required to solve problems. Sometimes children do not identify the various options available to them. Even when they can identify options, they do not weigh them carefully in terms of their long-term consequences. Some solutions are adopted without any thought by following someone else blindly. This often leads to new problems.

### Life Skills Learned

Critical thinking, creative thinking, problem solving and decision-making.

### Materials

Activity One: A cloth bag with 5 or 6 objects such as a condom (for children above 15), a thermometer, a pen, a photograph, a greeting card, a match box and/or others.

### Time Required

30 to 40 minutes for each activity

**Directions****ACTIVITY ONE****What Should I Do?**

1. Ask the children to observe what you are doing:

Action	Ask	What children may say
Pick up a book	What is it?	Book
Sit and pretend to type	What am I doing?	Typing
Sit and pretend to play the harmonium	What am I doing?	Playing the harmonium
Make a fierce face, showing teeth and make hands tightly clenched.	What am I?	Different answers such as a devil, a bear, a witch, angry

2. Discuss why there was an agreement among the children in their answer to the first example. It was because they could see what the object was.

Why was there an agreement on the first two? Because they had seen the same thing and could remember.

Ask why, although the actions were similar (working on some instrument) in number two and three, the children could tell the difference? Because the body posture and hand movements were different.

Why was there a difference in the last action? Because children used their own imagination and different memories.

3. Discuss how experiences in our past influence how we make decisions.

Inform the children that we will be doing another activity. Ask children to sit in a circle. Give each a cloth bag filled with some objects. The facilitator goes to each person and asks her/him to feel (not look) inside the bag. Give each child a very short time, say 15 seconds, to feel the bag.

4. After everyone has finished, ask the children what was in the bag. The facilitator then shows the contents.

**Review**

*Though all the children handled the same objects, were there differences in their answers about what the bag contained? Why was it so? Do our past experiences influence our decisions or the way we look at problems? Discuss the need to look at problems in many different ways.*

**Experience from the field**

Girls (9 – 11 years) knew details about a condom and its use. I was surprised to know that. (Sex worker's project CCDT)

**Tips for the facilitator**

- A counselor might be needed during this session.
- *Adaptation:* A cloth bag (not a transparent one) can be used with articles placed inside. The child feels the bag from the outside and guesses what is inside. If the child is allowed to feel the object from inside the bag, s/he may guess correctly most of the times.
- The facilitator may change the contents of the bag depending on the age of the children. For example, a condom would be fine for older children above 15, but not for younger children

**Linking Learning With Life**

Ask the children to reflect on past experiences in which there may have been different reactions by their friends, family or themselves to some event. Ask one or two to talk about it. If the children cannot remember, suggest examples like someone being ill, or involved in an accident or being in some trouble. How and why did people react to it differently?

**ACTIVITY TWO****Problems and Solutions**

1. Discuss the story of the elephant and the six blind men with one difference. Instead of saying blind, say that they had closed their eyes. In the story, each person touches one part of the elephant and decides what the elephant is like. For example, one person touched the legs and thought they were pillars, another touched the trunk and thought it was a snake, another one touched the tail and thought it was a rope, and so on.
2. Ask the children what message they have derived from the story. (The correct answer: that we must study the whole picture and not just a part of it.) Discuss with the children how they usually solve problems. Do they weigh it from all angles?
3. Explain how problems can be solved using the simple "why" question five times. For example,  
I cheated during the exams

***But why?***

I was not prepared for it

***But why?***

I did not study last night

***But why?***

My friends called to go out

***But why?***

There was a party at a friend's place and alcohol was being served

***But why?***

They were anti-social men who had money to spend on alcohol and drugs

4. What is interesting about this series of asking "But why" as one goes deeper into the circumstances, is that what appears as a simple problem at first gradually gets complicated and reveals how social relations and values figure in our decisions. After the first "why," one would think that the child could try and be prepared better. But by the time we are at the third "why," we understand that friends are creating problems for him. So, the appropriate response for the child at this stage would be either to say "no" or persuade the friends not to do so. Towards the end of the series, the children understand that they are all being manipulated by the anti-social drug pushers. So, the final understanding is that the friends have as much to gain by saying "no."

Once children have understood how to solve problems, ask them to think about the solutions. They may go to whichever level of 'why' they want.

5. Divide the group into fours so that each group has a problem card that needs to be solved. The children can do a role play, tell a story, do frozen pictures or charts to explain what they are doing and why. They then share with rest of the group. The group comments on whether the solution was appropriate or suggests another way.

**Variation**

The same card can be given to two groups, and the difference in problem solving noted and discussed. This activity can be used at any time in the other modules as well.

6. Some sample cards are given below. Other problem cards may be added according to needs. *There are problem statements below that are suitable for younger children as well.*
1. Your best friend decides to miss school and asks you to do so also.
  2. Your friend asks you to distract the shopkeeper so that he can steal something from his shop.
  3. A stranger meets you and speaks in a friendly manner. He asks you to come with him.
  4. You are walking on a very hot day and a stranger offers to give you a lift in his vehicle.
  5. Your friends are all going to have a drink/smoke/have some glue and they invite you to come.

6. You are writing an exam and a friend who has not studied asks you to help.
7. Your neighbor or someone you know asks you to take a lot of money/stolen goods and keep them for him until he needs them.
8. Someone offers to sell you a wristwatch for Rs.20.
9. Your friend asks you to borrow his/her cycle (or some other object) from another friend without telling the person.

**Review**

*Was it easy to solve some problems? Which ones? Which were difficult and why? Did different people have different ways they solved problems? Were some solutions better than others? Why?*

***Tips for the facilitator***

Adolescents might get tired easily with the repeated questioning. It is therefore advisable to use energizers.

## Session Four: We Can Change Behavior

### Objectives

At the end of the session the children will learn that:

- Changing behavior is difficult but not impossible;
- Understand how children unknowingly convince themselves not to change; and
- Understand that children can take control of their lives and be responsible for their actions.

### Key Points

Excuse making prevents us from improving our behavior. Making excuses is common, but one needs to be aware of it happening, especially when the excuses can lead to a continuation of risky behavior. Most young people feel that others are to blame for their predicament or that

nothing can be done to change it. With such an attitude, motivation to change and retaining the belief that it can make a difference in their lives becomes difficult. It is important for children to know that problems can be solved and behavior can change. Often, our close friends and family help us in doing so.

### Life Skills Learned

Self awareness, critical thinking and decision-making.

### Time Required

30 minutes for each activity.

### Materials

Cards with problem statements.

**Directions:****ACTIVITY ONE****Excuses Excuses**

1. Begin by pointing out that we may know what change is required in our behavior but still do not put into practice. It is important for us to be open to change. Inform the group that we will look at some of the excuses we make from time to time.
2. Distribute the excuses list or give one sentence to each child to read and ask the others to listen. Ask the group to reflect on whether they often have used these excuses. Provided the children are comfortable, you can make this more interactive by asking the children to put their hands up if they have used the excuse often.
3. Then have a discussion on the reasons for not acting on what we have learned or what others may have recommended. For example:
  - We do not want to change;
  - Change is too new;
  - We are too lazy; and/or
  - We still do not understand how important it is.

**Excuses list:**

- I've tried that before;
- It is a good idea but impractical;
- They will laugh at me;
- I am not ready to do it;
- I will do it next time;
- I have seen others try it already;
- I do not have the time;
- I have never done that before;
- That is not my problem;
- You may be right but ...
- It is too much trouble to change;
- I will think about it;
- I have not had problems so far with what I did; and/or
- My situation is different.

**Review**

- *Did some of the excuses sound familiar?*
- *Do some of your friends respond like this?*
- *How did you feel and act when they said this?*
- *Have you also done the same in the past?*

**Linking Learning With Life**

Do a listening survey with two of your friends in the group if possible. Observe what excuses people make at home, school or in the street when they do not want to do something. How does this compare with your own behavior?

## ACTIVITY TWO

### You Are in The Driver's Seat

#### Group Check in

1. Discuss with the group the fact that when we do not change, we become passive and lose control. Give the example of a bus (which stands for your life) where you are in the driver's seat. If you decide to sit there, you can take the bus wherever you want. If you keep the driver's seat empty in your bus and sit in the back, your bus will either go nowhere or to places over which you have no control. It is important for the children to understand that they are responsible for their actions. Taking responsibility means not saying, "I am unlucky or it is not my fault when I get into trouble" or "I do it because my friends do it." If you are in the driver's seat, you decide your route and who gets into your bus.

*(You could introduce this activity using cutout pictures of a bus, etc. Or you could pretend you are in a bus with seats and passengers.)*

*This would be useful with younger children or those who have shorter attention spans.)*

2. Divide the group into groups of six to seven, and in each group give chits to all. No one must show her/his chit to anyone. Only two persons get a chit with an X on it. These children must be passive, i.e. do nothing. They do not harm the group process but do not help either.
3. Assign any group activity to the children. You can develop activities of your own depending on the time and resources available. Some suggestions are given below:

A group art project or collage.

The theme could be a group symbol or something the children like greatly. Or it could involve building a tower with building blocks or cards where the tower has to be made as high as possible without collapsing.

#### Tips for the facilitator

- Always do the activity with a small group of 10 - 12 children. This activity tends to get out of control and takes a lot of time if not held tightly together.
- A group skit can be developed with a song and dance.

#### Review

*If you were active, how did you feel?*

*If you were with an X and playing a passive role, how did you feel?*

*How can taking control of what you do make a difference in your life, school, or where you live?*

#### Linking Learning With Life

Children decide on one thing they will take control of and turn to their buddy to assist them. The facilitator must check with the children that what has been decided is realistic

**ACTIVITY THREE****Open Door Closed Door****Group Check in**

1. Discuss with the group that even when we think that there is no solution and we can do nothing, there may be many possibilities we may not have explored. Sometimes our friends can help us find solutions.
2. The facilitator stands near the door of the room and tells the children:

When bad things happen and people face big problems, they feel angry and sad and do not know what to do. They feel that all the wonderful things that the world can give (point to the open door) are not for them. They feel that the world has shut the door on them (slam the door shut).

The facilitator now puts on a scarf or a dupatta and says, "I am Seema in Standard VIII. I have just been told that my father is HIV+. Now I have many problems. Each problem feels like a door closing in my life. Help me find ways to open the door."

Seema says my father is HIV POSITIVE, so ...She selects a statement from the list below and as she says it, she slams the door shut.

In pairs, the group discusses what to do, suggests it to the larger group, and if they agree, they tell her the solution and open the door. An example is given below.

<b>Closed Door</b>	<b>Open Door</b>
He may lose his job	He can try to keep this job or find another one
He will fall sick now	He can make his body strong now
He will feel sad and upset	He can learn to share problems and the family can help
He will die soon	No one knows when one will die; I can live well during the life I have
We the children will suffer	We can get as prepared as possible and try to have as much good times as we can
My friends will desert me	Your real friends will stay by you and you can make new ones

Prepare other examples according to the needs and age of the children.

**Review**

- *Was it difficult to open up the door?*
- *Do you think that the open door helped Seema?*
- *Can creative thinking help people cope with problems?*
- *Can children help others with their problems?*
- *Can children help children living with HIV?*

**Linking Learning With Life**

Ask the children if they would like to share any of their problems and if they would like their friends to find options for possible solutions. Ask the children to meet one friend who is living with an HIV person, or is sick with some other ailment or someone who is sad and find out what is bothering them. The information is brought back to the group, and if some of the problems are common, an action plan can be devised. If problems are unique to the person, another strategy may be planned. It is important that the children discuss the strategy and options with an adult, preferably a project counselor, before discussing with other children and community members.

**Experience from the field**

Children worked on real life issues. A child narrated the real life incident of his HIV+ mother and the problems they had to face.

Another child narrated the experience of discrimination when after the death of her HIV+ mother nobody came to their house for functions or to eat in their place. (SEEDS, Guntur).





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**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Module 6

## Coping with Emotions



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

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# MODULE SIX: Coping with Emotions

Each one of us has experienced a variety of emotions and feelings: happy, sad, angry, nervous, confusion, worry, fear, love, shame, surprise, disgust and many more. We all express them in our own unique way. During adolescence, these emotions and feelings may be accompanied by sudden and intense mood swings. Although they feel strong emotions, adolescents may not always see how these emotions affect their behavior. Their impulsive and rash behavior, guided by their intense emotions, may even put them at risk. For these reasons, it is important that young people, children and adolescents, learn to express their feelings and emotions in a safe and healthy way that does not harm themselves or others.

Understanding our feelings is the first step in learning how to have more control over them. All children need to know that it is normal to have strong feelings and that no feeling is “bad.”

Cultural norms, family upbringing and gender are some of the factors that affect the expression of feelings. Feelings, if viewed as “bad” or “wrong,” can be bottled up and suppressed. The result is that adolescents are unable to channel these emotions appropriately. Life skills help children learn healthy, positive and safe ways to express these feelings.

Children infected with and affected by HIV/AIDS experience the same strong emotions of adolescence and, just like other children, need to understand and cope with these feelings. In addition, they have to cope with trauma, sickness and death. These emotions of stress, sadness and grief need to be expressed if a life path towards positive living is to be reached. The information sheet on how children cope with grief discusses some of these issues and will be of value to caretakers and social workers who care for these children. Research on psychological resilience in children that has studied factors enabling children

to cope with very difficult situations will be of interest to facilitators.

Children who have experienced grief and sorrow also need to be supported by a loving, safe and constant environment. The Life Skills Education Program requires support from other program areas if children are to learn to cope with emotions and feelings. Sports, art and music have proven to be therapeutic in working through feelings of sorrow, distress and anger. Children in distress have found comfort in simple routine activities such as studying, playing, regular mealtimes and daily chores as they bring a sense of order and constancy. Some children may require individual counseling and therapy and other services to address these needs. Some children find comfort in praying and rituals. Caretakers must have special training in addressing the emotional and psychosocial needs of these children.

This module does not attempt to explore in depth how to provide psychological support to children and their families before and after death. The activities in this module are restricted to helping children understand their feelings and suggest safe ways of expressing them. Facilitators are advised to be sensitive to children’s needs and feelings and seek counseling assistance for children if required. They should also respect a child’s decision not to participate in the sessions. Expressions of anger, distress, anxiety and withdrawal during the sessions require referral and guidance from counselors for managing them. It is recommended that backup counseling support be available to facilitators during the session activities as children may experience intense emotions or disclose sensitive information. Conducting the sessions in the module can even be stressful for the facilitators. It is suggested therefore that facilitators seek mentoring support so that they can work through

their own emotions. Case management sessions where facilitators, counselors and other mental health professionals participate have been found to be helpful for all those who interact with the children.

Warm-up activities may be required in the sessions. Some children need simple physical exercises to be ready for the LSE activities. Others may need “settling down” activities. Both can be accompanied by deep breathing exercises. For others, there are a number of meditative and relaxing exercises to help them work constructively with their feelings. The time for meditation, deep breathing and relaxation is not to be rushed, as children need to come to terms with their feelings and bodies. Understanding and coping with emotions is linked to a child’s self-esteem, communication skills, supportive relationships and managing conflict situations, areas which have been covered in other modules. Activities in this module, therefore, may be combined with relevant exercises from other modules. The activities in each session are arranged from simple to complex. The sessions move from the simple exploration of feelings to managing and coping with more complex emotions. It is recommended that facilitators take care in choosing the activities and follow this natural progression and always be sensitive to the children’s comfort level. The group size for these activities should preferably be small; about ten children would be the optimum size.

Briefly, the aim of this session is to:

- Help children be aware of feelings;
- Understand degrees or intensities of feelings;

- Learn how to express these emotions; and
- Suggest options for coping with emotions.

The facilitator should take care to avoid deeper exploration of these feelings or be equipped to refer children to a trained counselor.

### SESSION ONE

#### Understanding Feelings

The activities in this session help children identify and understand the different feelings they experience, be aware of how feelings are expressed both verbally and non-verbally and recognize that each person has a unique way of expressing his/her emotions. This session consists of four activities.

### SESSION TWO

#### Feelings that hurt

Some feelings like sadness, anger and fear hurt us. If we learn to understand them, we can learn to approach them in a productive way. This session explores how what we feel and think affects how we behave and suggests safe ways of expressing our emotions. This session consists of six activities.

### SESSION THREE

#### A Stronger Me

This session has activities for children to work constructively with emotions, strengthen self-esteem and learn to be sensitive to and support others in need. This session has two activities.

# Session One: Understanding Feelings

## Objectives

By the end of the session the children will:

- Identify and express different feelings;
- Understand that feelings can be expressed both verbally and non-verbally;
- Understand that it is normal for feelings to change and that they can change in intensity; and
- Learn that young people share many emotions during adolescence.

## Key Points

Children (and adults) experience different feelings, and many times these feelings take place together. Identifying and expressing feelings is the first step in understanding that other children also have similar feelings, that the expression may vary from

person to person and that it is okay to express what one feels.

## Life Skills Learned

Self awareness and critical thinking.

## Time Required

40-50 minutes for each activity.

## Materials

Flip charts, markers and cello tape.

Activity One: music, small box or bag and cards.

Activity Four: Individual mood meters (separate ones for older and younger children) and a large number of three different sizes of circles for the mood meters of younger children.

**Directions:**

**ACTIVITY ONE**

**Pass the Feeling**

**Mistaken Identities**

1. The facilitator prepares cards with names of feelings such as joy, shyness, loneliness, sad, scared, funny, confused, excited, angry, happy, and curious adding any other feeling and puts them in a bag.
2. The children sit in a circle and “pass the parcel of feelings” while the music plays. When the music stops, the child who has the parcel picks up a card from the bag and acts out the emotion described. No words are to be used. The rest of the children have to guess the feeling expressed.
3. List out the feelings in the “feelings parcel” and add if the children suggest anything more. Keep the list on the wall and refer to it in different sessions when feelings need to be expressed. In some cases the feelings move into natural groups such as happy, angry and scared. Move the cards so that they fall into these groups.

**Adaptation**

For younger children, pictures can be used instead of writing the names of feelings (see Step 1). These can be cut out from magazines or faces can be drawn.

**Review**

(Questions are only to be used as guidelines – language must be adapted to the local context)

- *Was it difficult to express certain emotions? Why?*
- *How did they feel when they did not use words?*
- *Did the children guessing have any difficulty identifying the emotion?*
- *Do different people express the same emotion in different ways?*
- *Do girls and boys express them differently? Why?*

Additional questions for older children:

- *When did you last feel joy/sadness/any other emotion?*

The child may, if he or she wishes, describe the situations that gave rise to the feelings that occurred.

Ask the children to recall how they were helped and with whom they shared their feelings.

Remember to end the session on a happy note; children can recall when they laughed most recently or expressed joy.

### Linking Learning With Life

The children plan to observe one person's emotions in a TV series or movie. It could be a boy or girl, a man or a woman, an older person or a young person. Children should be encouraged to observe how the people they admire act and express themselves. The children plan where, when and whom to observe to avoid duplication. Each will describe the person (no names) they have observed and act out the emotion during group check-in when they meet for the next activity.



**Activity:** Pass the Feeling; Partner: CRS-Sneha Bhavan, Manipur

### Experience from the field

Children find it difficult to show the difference in similar emotions (e.g. joyful, excited and happy); so some discussion on these emotions is helpful. Otherwise the same emotions of happiness and sadness are repeated. We also split the children into two groups and have each observe the other. (CCDT Mumbai)

### *Tips for the facilitator*

Draw faces showing the eight major emotions of anger, fear, joy, love, shame, sadness, disgust or hatred and surprise for children who cannot read/write.

**ACTIVITY TWO****Rainbow and Clouds****Group Check In**

1. Discuss with the children how we experience a variety of feelings, such as anger, happiness, confusion and many others. Explore with them the various emotions and feelings they have experienced. Tell them that each one of us experiences a unique set of emotions and that some emotions are more intense than others.

Provide children with chart paper and colors. Make sure that children have the full set of colors for this activity. This is an individual activity. Ask them to think quietly for a few moments about what emotions they feel and which are stronger than others. Ask the children to express all their feelings with color on the chart paper. They can use monsoon clouds for emotions that hurt or different colors of the rainbow for happy feelings. Remind them that these are only suggestions. They can give any shape to their feelings. There are no rules in this exercise. The children should draw their feelings as they feel them. If the feeling is very strong, they can make a big drawing or a small one if the feeling comes only sometimes or is not very strong. Ask the children to identify and write the emotions along with the drawing. Remind the children that it is okay to color and express any feeling they have, that there is no such thing as a “good” feeling or a “bad” feeling.

2. This is a personal activity, and the facilitator should ensure that there are no distractions. Do not comment on any of the drawings. Allow the children to express their feelings, especially the sad or difficult feelings, if they so wish.

3. When children are finished with their drawings, ask them to do the following:

Ask the children to close their eyes and breathe in and out. Breathe in deeply. Relax;

Ask the children to picture their feelings in their minds. Stop at each feeling that they have drawn and feel it with its shape, color and size. Take sufficient time. Slowly move to the next. Continue to do this until they have visited all their feelings. Ask the children to hold each feeling close to each other and feel good about it. Tell the children when they open their eyes, they will feel calm and good; and

Give a minute or so for children to relax.

***Tips for the facilitator***

Music can relax children as they draw!

**Adaptation**

*For Younger Children:*

Make groups of three or four children. Give each group a colored slip of the rainbow: violet, indigo, red, orange, yellow, green, blue. You should have seven groups, one group for each color. Give each group an arch of the rainbow of this color. Each group writes all the emotions and feelings they think of when they see this color. The facilitator must move among the groups and help them in case they do not have the appropriate language skills to express the feeling in the proper words. Once all the arches are ready, place them as in a rainbow and discuss what the children have written.

**Review**

- *Ask for a few volunteers to share their feelings. Remind the children that no feelings are good or bad and that it is okay to express them. The facilitator or the children should not make any comments on the drawings; only words to support should be spoken, and the children should be encouraged to speak.*
- *You can put up the charts on the walls so that the children can visit each chart and talk to the different groups if they so wish.*

(For the facilitator: Before learning to express feelings in safe and healthy ways, children must first learn to identify and express their feelings)

**Experience from the field**

“We found that all children have different thoughts and feelings.”

“We felt really good after drawing and colouring our feelings.”

Some children were too interested in coloring the clouds rather than drawing their rainbows. One child (who had been affected by AIDS) expressed that he had only two emotions, anger and depression, which he painted as red and blue. Most of the children went for dark colors and could only depict two colors in the rainbow. (Positive Living Project, Namakkal).

**Tips for the facilitator**

Lead the children gently into meditation. Facilitator must take care that the children are not jerked suddenly out of their reverie. Keep the counselor ready for this session. For children who cannot read/write, they can draw symbols or use cut-outs from magazines, or get an assistant to help them write.

**ACTIVITY THREE****Mix and Match Feelings**

1. Introduce the activity by reminding the children that feelings are also expressed non-verbally, through ‘body language.’ Understanding how our body reacts to feelings helps us think about the feeling and express it the way we choose.
2. The facilitator says a simple sentence in three different ways and each time asks the children to guess what emotion is being expressed:

Sentence A: *“I was asked to go to the Principal’s office.”*

Say it with excitement as if it is an honor and you expect to get some good news. Ask the children what sort of feeling or emotion you are expressing.

Sentence B: *“I was asked to go to the Principal’s office.”*

Say it as if you were fed up of going there, so you are bored. Ask the children what sort of feeling or emotion you are expressing.

Sentence C: *“I was asked to go to the Principal’s office.”*

Say it as if you were irritated and angry, as if it was an unfair event taking place. Ask the children what sort of feeling or emotion you are expressing.

3. Divide the children into groups of three or four. You should have at least four or five groups.
4. Give each group five “feeling statements” and ask them to place them in front of the group on the floor or on a table, depending on where the children are sitting.
5. The following feeling statements may be used:
  - When I am angry;
  - When I am very sad;
  - When I am happy;
  - When I feel scared; and/or
  - When I feel nervous.
6. Next give each group one set of body statements that describe these feelings. The groups have to match the body statement with the feeling. Once they have completed one set, they move onto the next set and then the next. Give out one set at a time. When the groups finish, each will have a grid like this:

**Statements**

<b>Feeling Statement</b>	<b>Set One</b>	<b>Set Two</b>	<b>Set Three</b>
When I am angry	I feel tension in my neck and shoulders	My breathing becomes shallow and quick	My head is about to burst

7. Set One: (placed here in order of the feeling statement mentioned above. For the children, shuffle the body statement cards)

I feel a lot of tension in my neck and shoulders.

I feel empty inside.

I feel light, like I am flying in the air.

My knees feel weak.

My stomach is upset.

Set Two:

My breathing becomes shallow and quick.

My heart feels heavy.

I want to smile.

My heart beats fast.

I cannot sit still.

Set Three:

My head is about to burst.

I feel very tired.

I have butterflies in my stomach.

My stomach feels sick.

I have a headache.

8. If there are differences in how the children match the body statements with the feeling statements, let the children discuss why they did so. It is possible that children react to emotions differently. The facilitator can adapt and change any of these statements as required.

**Adaptation**

*For Younger Children:*

Provide feeling statements to each group (as given above) and ask them to think of three ways in which their body would express it. The groups must not share their statement with the others. Each group acts out and states what is happening in one sentence, e.g., "My stomach feels sick." After the three body expressions have been acted out, the rest of the group will guess what feeling was being expressed. Continue with the next group and next feeling statement.

*For Older Children:*

Continue from No. 7 in the following manner: Brainstorm with the children the different non-verbal ways the body responds such as posture, tone of voice, speech rate, breathing, facial expression, gestures. In each list some examples:

*Posture:*

Chest thrown out, head and shoulders bowed, leaning on one side;

*Breathing:*

Long sigh, fast breathing;

*Facial expression:*

Smile, knit brows, raised eyebrows, lips pinched together, looking with half closed eyes, flared nostrils;

*Gestures:*

Fist raised, finger tapping on table, arms on waist;

*Tone of voice:*

High pitched, shaking, harsh, rough;

*Speech rate:*

Fast and jerky, slow and careful, hesitant;

Add others to the list

Ask a volunteer to pick any two bodily expressions and ask the children to guess the feeling. You should get different answers. Lead a discussion on how the same body movement is interpreted differently. Take two more volunteers to illustrate the point.

Discuss how we may express one emotion verbally but our body language expresses something different, which may confuse the observer. Young people get themselves into risky situations when this 'mismatch' between verbal and non-verbal behavior occurs, and 'mixed' messages are sent.

**Review**

Ask the children how they express their feelings such as happiness, fear, nervousness, anger and sadness. Discuss the differences in their answers.

What other emotions do they feel in their bodies that have not been expressed by these statements?

- *Do they feel overwhelmed by emotions sometimes?*
- *What do they do when they feel so?*
- *Would others know what they are feeling in their body?*

**Linking Learning With Life**

Suggest that the children could, until the next session, observe their own emotions, how they express them and what they feel in their bodies. Inform them that they will be able to share their observations in the next session. Ask them also to observe whether they are giving “mixed” messages. Alternatively, children can role play with a friend and observe one another. The counselor should be present to handle any ventilation of emotions and feeling of the children.

**Experience from the field**

Children were having a little difficulty in connecting their emotional state with the physical changes of the emotions, so a warm-up exercise was introduced at the beginning.

Children were asked how they feel when they physically fight with each other. Some answers were:

- Fast breathing, terrible headache, eyes start burning.

They were then asked how they felt when they were very afraid.

- Palms become cold, knees feel weak, fast breathing

Children were asked how they felt when they were happy

- Tears come out of their eyes, feel like jumping, hugging my best friend, shouting (PCI, Delhi)

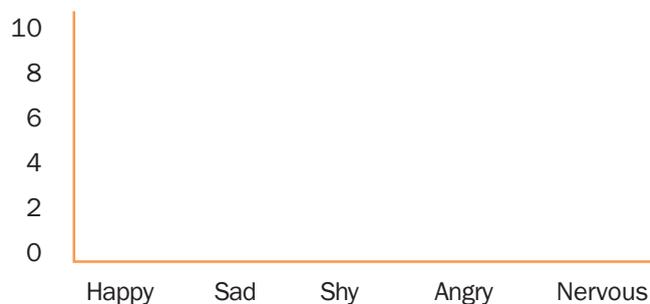
***Tips for the facilitator***

- The facilitator can read out the cards if the children cannot read or write. Also discuss emotions and feelings.
- All the cards can be displayed together and children can pick and match with the feelings.
- Children are not used to thinking about feelings and the activity may have to be repeated later.

**ACTIVITY FOUR****Mood Meter****Group Check In**

1. Play a movement game. Ask the children to hold hands and stand in a line. The child at one end of the line is the head of the snake and the one at the other end is the tail. The 'head' has to try to catch the 'tail.' The children must not let go of each other's hands. Repeat once or twice and then change the 'head' and the 'tail.'
2. Children would have discussed the preceding Linking Learning with Life activity in the Group Check in. Introduce the activity by telling children that we all have different feelings inside us. Some feelings we feel very often and some infrequently. Explain that a mood meter will allow us to plot them. Remind them that all answers are right and that each person should write what s/he really feels.
3. The mood meter has a scale from 0 to 10, with 0 meaning that a child does not have this feeling and 10 meaning that this feeling comes very often. Make a bar diagram on the x-axis with four or five major feelings such as happy, sad, and angry. Add one or two others according to the situation such as worried, nervous, shy and so on. (Refer to the feelings list if required.)

The Y-axis shows bars on a scale of 0 to 10. The child notes the feelings s/he has on the bar and signs at the level that represents his or her feelings. For example, a child who gets angry a lot may sign in at 10 and does not feel sad most of the time may sign in at 3. Each child gets a mood meter chart.



4. The facilitator can ask for volunteers to explain their mood meter. No comments should be made, and all feelings should be accepted. The mood meters can be consolidated to discuss what the common emotions are in the group. By talking about the group emotions, children find it easy to express why someone may feel very sad or angry.

### **Adaptation**

*For Younger Children:*

Make three circles of different sizes, the largest circle representing a feeling the child experiences often and the smallest circle representing a feeling experienced the least often. Give each child a mood meter chart with circles of different sizes. There should not be any numbers on the x-axis for this mood meter. Each child will place a big, medium or small circle above the feeling depending on how he or she feels. The mood meters of all the children can be consolidated.

### **Review**

*Reflect on the most common emotions and level with the children. Why did this happen? What are the new emotions added? Point out that one can have positive and negative emotions at the same time. If there are very low scores on the bars, the facilitator or a project counselor may decide to talk to the child later on an individual level.*



**Activity:** Mood Meter. Partner: CHES-WORD, Tamil Nadu.

### **Experience from the field**

“It was a strange game as we had never analyzed our emotions.”

Children could understand their emotions and how strongly they felt some of them, especially when they compared their charts with others. (Children affected by AIDS, WINS, Tirupati)

### **Tips for the facilitator**

A game like “Dumb Charades” is useful when children need to calm down. Here, one child imitates an emotion and the others have to guess. The game is also useful to have a discussion on feelings before the exercise.

## Session Two: Feelings that Hurt

### Objectives

By the end of the session the children will:

- Understand how negative feelings expressed by others or by oneself affect self esteem and behavior; and
- Understand some feelings hurt, but there are ways to express them safely.

### Key Points

Feelings that hurt are part of our feeling “bad.” Such feelings are normal, but one needs to learn to express them in ways that do not harm but instead lead to positive behavior. Denying such feelings does not help. Keeping them bottled up also will affect a person in ways that appear seemingly unconnected and may create emotional and physical problems. Some feelings like anger can motivate us to constructive action. If identifying feelings was the first step in session one, this session discusses safe ways of expression. Many cultures feel that it is

important to “bottle up” emotions because their expression is not socially acceptable, such as indicating likes and dislikes or saying a blunt “no.” The facilitator will have to be attentive to these cultural nuances.

### Life Skills Learned

Self awareness, critical thinking, coping with emotions and stress.

### Time Required

40-50 minutes for each activity.

### Materials

Flip charts, markers, cello tape and drawing paper.

Activity One: two small buckets of different colors and small stones.

Activity Two: balloons.

**Directions:****ACTIVITY ONE****A Drop in The Bucket****Meditation Exercise**

Ask the children to sit relaxed and close their eyes. Use any yoga exercises for deep breathing and relaxing. The instructions would be as follows:

Take a deep breath; Feel the breath moving in and out of your body; Experience it; Relax your shoulders, arms and legs; Each one is resting and the tiredness is going out; You feel good inside; Feel the goodness and hold it; Now you are slowly waking up; You feel your arms and legs, your neck and face; Slowly open your eyes; You are ready to get up.

Give a minute or two for the children to get up. Do not hurry. This exercise before the story helps the children to manage the negative feelings that may arise as the story develops.

1. Discuss with the children how one feels if we say a good thing about ourselves and how one feels if we criticize ourselves. How does the statement “I am a good person” feel and how does “I am not good at anything” feel? Ask the children how they feel when they are appreciated and someone says nice things to them. Ask them how they feel when someone is rude and criticizes them.
2. Inform the children that you will be reading a story. Ask for two volunteers and give each a small bucket. The buckets should be of different colors. On one bucket make a big positive + mark and on the other make a negative – mark. The + bucket will hold all the positive statements and the – bucket will hold all the negative statements. Keep a big pile of stones in the middle. Instruct the children that as the story develops, for every positive remark they must tell the child standing in front of the + bucket to drop a stone into it. The child must throw the stone from a height so everyone can hear the sound PLONK!!

The facilitator must create his or her own story that children can identify with. It is a good idea to have more positive than negative statements. The following story is only an illustration.

3. *The Story*

Asha was a young girl of 14 who lived with her mother, father, one brother and two sisters in a small hut in a very crowded slum in the city. Her brother was the oldest, and she was the second child in the family. Her father ran a small teashop.

Every morning she had to be up early to fetch the water from the common tap. One morning she got up a little late. Her mother shouted at her, “You lazy girl! By the time you go, the water supply will stop. Cannot you be more responsible?” Asha got up and quickly washed her face. Her father said, “Have some tea and go, or you will feel tired and won’t be able to carry the water.” She had some tea and rushed off carrying the water container.

A few older women were waiting in the line. Asha did not like them because they were often rude. One of them said, “Look at her, she is so dark, who will marry her?” Another said, “She thinks she is very clever because she goes to school. She is too proud.” But the lady in front of her said, “Do not listen to them. You are an intelligent girl.”

Asha rushed back home with the water. She had to finish her household chores before going to school. Seeing her rushing, her older brother said, “Do not worry, I will help you wake up the younger two and get them dressed for school.”

Somehow she managed to reach the school. She had forgotten to bring the homework book. Her teacher yelled at her, “You are punished. Go and stand outside the class. You are careless.” Her friend said as she got up, “Do not worry. In the recess, we will have our tiffin together. I will wait for you.” As they sat down to eat, two girls sat next to them and started pointing and laughing at Asha. Asha felt very sad. What were they saying about her? Was she ugly? Her clothes were not as clean as theirs. She felt useless. She went home quite sad.

At home she found that her favorite aunt had come to visit. She worked in the nearby office and had studied up to Standard XII. She was happy to see Asha and said, “I have great plans for you. You are an intelligent, hard-working girl. You must finish your school.” Asha felt very happy and thought, “Yes! I will pass in all my subjects and I can then be what I want.”

Her little sister came up to her and said, “Play with me, I like to play with you.” The neighbor came and said, “Please take my child also to play with you. You are so kind to these little ones.” Her mother was happy hearing this and forgot her anger and said, “Yes, you are my special girl.”

### Adaptation

*For Younger Children:*

Make a simpler story based on the children’s context.

*For Older Children:*

Divide the children into three groups and ask each group to make their own bucket story to present.

### Review

- *At the end of the story, see which bucket is fuller. If the positive bucket is heavier, how does the child feel? What would a child with a heavy negative bucket feel? Did Asha also fill her buckets with her thoughts? What sort of a bucket do you carry?*
- *If the older children have made their own bucket story, ask the other groups to ask questions and discuss how positive and negative remarks influence our self-esteem.*
- *It is a good idea to end on a positive note. Ask the children to recall all the positive qualities in the bucket, or ask them to state one by one which positive quality they liked for themselves.*



**Activity:** Drop in the Bucket–Meditation Exercise; Partner: Salaam Baalak Trust, Delhi.

**Experience from the field**

We had to use very little explanation; the children understood the message so quickly. (YWCA, Delhi)

***Tips for the facilitator***

Adapt as much of the story as needed for different age groups.

**ACTIVITY TWO****Blow up the Balloon**

1. Discuss with the children that we tend to keep many feelings that hurt locked away inside us. When the accumulated load of hurts become too much to manage, they burst out like a pressure cooker. By then we have no control over them. But if we are more aware of our feelings, we can express them in ways that are safe and do not harm others or us. We do not allow them to build up.
2. Take a balloon and blow it up, asking the children to imagine the balloons as some of the feelings they have. They have not been expressed and they are getting bigger and bigger inside the children's hearts. Some of the feelings are those of sadness, anger or fear. Ask the children what would happen if you continued to blow up the balloon (it would burst). Say, you were upset but now you are angry (blow up the balloon more), now you are really mad (blow more), you feel like hitting someone or something and shouting (blow up more, the balloon may burst).

Now, blow up another balloon. Tell the children to imagine a situation where one of them was upset with her/his friend because s/he did not come yesterday as promised and made you wait for hours. The next day you talked to your friend about how upset you were and felt better. The facilitator should symbolize this by not blowing the balloon any further, but letting it stay the size it was. As you talk more and more with your friend, you realize that s/he had to rush to the hospital because his/her younger sister had hurt herself badly. The anger goes away. So the facilitator lets the air out of the balloon slowly.

The facilitator can use an example for sadness or fear as well.

3. Ask the children to close their eyes and imagine the balloon. This is their balloon. It is filled with feelings of sadness, intense anger and fear. These feelings are getting bigger and bigger. But then you find someone to talk to, or you tell yourself you are good. Take a deep breath. Relax. The balloon starts getting smaller because air is slowly going out of it. You relax and talk, you feel good. All the feelings that hurt are becoming smaller. Eventually they become so small that the balloon becomes limp and is blown away by the wind. Feel the balloon blowing away. Feel light as if a weight has been lifted. Relax and open your eyes. You are feeling so much better.

**Review**

- *What sorts of balloons do you have, full ones ready to burst or soft ones?*
- *Can negative feelings go away if you want them to?*
- *How do you help yourself, how can others help you?*

**Linking Learning With Life**

Tell the children to practice the meditation exercise they have learned and keep a note on how they feel. Ask them to report back next time if it has helped them to manage their feelings better.

*For Older Children:*

Ask them to keep a diary for recording how they worked with their feelings: How many times did the feeling “balloon” burst? What helped them to ‘deflate’ it? How did others help? What did the children do for themselves? Were they able to help their friends?

**Experience from the field**

Street and working boys shared that in order to protect themselves against law-enforcing agencies and other bullies, they would show mock anger (the balloon would be half full). This would help them to be in control of the situation. (PCI)

“We like blowing up the balloon because we realized that whatever we have inside we are putting in the balloon.”

“When we share our feelings with others, we relax and our balloon gets smaller.”

“I realized that the thoughts that I have kept in my heart were disturbing me. I have a way to relieve my anger.”

“Now I will carry a balloon inside me.” (From children of sex workers, CCDT Mumbai)

**Tips for the facilitator**

Each child can be given a balloon when the story is being told. The facilitator however must make sure that the children take them seriously and not just play with the balloons.

### ACTIVITY THREE

#### Think Feel Do

#### Group Check In

1. Introduce the activity by saying that many events take place in life that each of us respond to differently. Also, the same person responds to a similar situation differently at different times. Remind the children of earlier sessions on self-esteem, that if you feel you can do it, you will be able to do so. Remind the children also of making wise decisions, and that when they are very sad or upset or angry they cannot think clearly and might behave in a way that is unsafe.
2. Talk to the children about how we *“think”* with our head and *“feel”* with our heart. Ask them to imagine a situation where someone insults them. How would they react in the first instance: with the heart (feeling) or with the head (thinking)? Generally, our first reactions are our feeling reactions. If we know what we are feeling (and the earlier sessions explored this), then we can think more clearly about what to do.

Explain to the children that we may have many feelings but we do not act on all of them. That is, all feelings do not lead to some kind of action or behavior. The most important feelings are the ones we should pay attention to, think about what to do with them and decide which thoughts can lead to action or behavior.

3. Divide the children into three or four groups and give each a problem card. On this card the children will have to describe what would happen if the feeling was negative:
  - What would be the thoughts?
  - What would be the behavior?

Children would also discuss what would happen in the same situation if the feeling were positive:

- What would be the thoughts?
- What would be the behavior?

The groups then share their stories.

4. Some examples of problem statements are:

I have failed in my exams;

Negative Feelings: feel like crying, I am no good, I am not clever;

Thoughts: What is the point of trying if I cannot succeed, anyway the teacher does not like me;

Behavior: I will drop out;

Positive Feelings: I feel upset but I know I am okay;

Thoughts: I did not work as hard as I should have; I need to get some help so this does not happen the next time;

Behavior: I will try again;

- Analyze the others in the same way and add your own statements:
- Some girls are making fun of me and calling me names;
- Our cricket team has lost the match. We cannot play in the finals; and
- My mother is sick, and the health worker says she needs a lot of care.

Negative Feelings: I feel very angry. I know only bad things happen to me, and they happen only to me. Why me?

Thoughts: There is nothing that can be done. I do not know how to cook, so what will we eat? I cannot go to school;

Behavior: Refusing to talk to the health worker; sitting in one corner and sulking; not watching over the mother;

Positive Feelings: I feel scared but I love her;

Thoughts: What can I do in the house for her to make her feel comfortable? I can ask the health worker for advice;

Behavior: A visit to the Health Center; working in the house; giving food to the mother;

### **Adaptation**

*For Younger Children:*

Describe a problem situation appropriate to their age level such as

“A toy you liked has been lost.” State that this happened to two children. Use a picture or a face that depicts a sad emotion. Place it in the middle of the circle of children. Ask the children to think of what the child is thinking and feeling. What do the children think? What will be the resultant behavior? Next show a happy or a matter of fact face and repeat the same question. Help the children see the relation between a feeling, a thought and an action. Use symbols and drawings and illustrate on a flipchart.

Work through at least three problem situations.

### **Review**

*Ask the children to discuss what they have learned from this. What was more difficult? Why?*

### **Linking Learning With Life**

Observe your friends and family. Who is able to feel positive and react in a manner where they have more control? Who seem to have negative feelings, and what do they do? How do you feel when you have good feelings about yourself, and how do you feel when you have bad feelings? Do you behave differently? Which do you prefer?

*For Older Children:*

Do you know anyone with HIV who is leading a happy and full life? What do you think they feel? What can you do to help a friend who has HIV? Why do some people in the society stigmatize PLHA? What can you do about it?

### Experience from the field

“My friends make fun of me all the time.” Even though it is a negative statement, children have come up with constructive feelings and behavior, like thinking “I will find out why my friends make fun of me,” “I will try to do something good/ worthwhile that will make them change their opinion of me.” (SARD, Delhi) Responses from the girls were more on being “good” rather than thinking appropriately in any situation and required the facilitator to do more discussion. (YWCA, Delhi)

### Tips for the facilitator

Some found this activity more useful at the end of the session, so the order of activities was changed.

## ACTIVITY FOUR

### Managing Anger

#### Firecracker Control

1. Discuss firecrackers and their different varieties with the children. Some will talk about the “flower pot” (*“anar”*) which when lit, takes some time to light, then glows in a quick bright light and then fades. Others may mention the “wheel” (*“charki”*), which goes round and round on the floor, not stopping for a long time, and then finally slowing down. Many will favor the “string of crackers” (*“tadafadi”*), which burns quickly, has a shotgun like sound, and is very loud. There are many other variations that the children can bring up for discussion.
2. Associate anger with the different types of firecrackers, and ask the children to select one that represents their anger best. Each child should say which firecracker he or she identifies with and explain why it was chosen.
3. Explain that all anger is not bad. For example, anger can be helpful when some injustice is being done and we want to counter it, or when it pushes us to do better because we failed the first time, or when it energizes us in an emergency situation to get things done.  
Anger is bad when it gets out of control.
4. The facilitator can refer to the mood meter to talk about how some children feel very angry and some do not. Ask this second group of children to share the techniques they use to manage their anger. The facilitator may ask the children to present a real or imaginary anger-provoking situation or can provide one her/himself. This will then provide the ground to make up a list of ways to manage anger in a productive manner.
5. The list to manage anger may look like this:
  - *Avoid the situation;*  
(Especially if it is a trigger point, such as a bully or policeman threatening you. Some children are faced with situations where they have little control, so it is best to avoid the situation).
  - *Count from 1 to 10 before responding, to calm down;*

- *Talk to a friend before it becomes too late to handle the anger;*
- *Say to your self again and again, "I will not get mad, yes I can do it, I can control myself;"*
- *Be assertive; and/or*
- *Go for a walk, listen to music, run or do a vigorous exercise.*

Do not forget to congratulate yourself if you succeed.

6. End the session through a guided meditation.

Close your eyes – Relax – Feel the body loosen; your shoulders, legs, arms and neck – Take a deep breath and do it again – Now feel your anger – it is a wave. Sometimes it is a big wave and sometimes it is a small wave – Feel the hurt and say to yourself you no longer want to feel the hurt – Make your anger very small and let it go away in the distance – Now feel inside you – You feel very calm – You can handle anything. You can control your anger – Slowly now open your eyes. When you open tell yourself that you can do it and you will do it.

### **Adaptation**

*For younger children:*

Ask the children to identify their anger response with a firecracker of their choice, and demonstrate why they chose that firecracker. Make a group of the children who have identified the same firecrackers, and ask them to role play how their anger response sounds. Give them a few minutes to think of sentences to speak in this manner. Also ask children to illustrate how others respond to their anger outburst.

Discuss with the children the ways in which they can control their anger and express it in safe ways. Ask them to repeat the role play using the new techniques learned.

### **Review**

*Ask the children how they felt and what they have learned. How do they normally behave? What can they do to control their normal anger response? What do their friends do? Who can help? Discuss the most appropriate reaction.*

*For Older Children:*

Are they always like the 'firecracker' they identified with or do the circumstances also affect their response? What circumstances change their response? Who influences them? Do they have positive role models? What positive steps would they like to take for themselves? Establish a contract with yourself to change the way you behave. How has the new behavior changed your life?

### **Linking Learning With Life**

Ask the children to set a personal goal to manage their anger until next week and to report back to the group what technique they used.

**Experience from the field**

Boys like loud bursting crackers, while girls liked those that were less noisy and had more color/light. But these stereotypes need to be discussed as well. (World Vision, Guntur).

Girls were able to connect their anger with firecrackers very well. (YWCA, Delhi).

Adaptation: This activity was adapted using this story:

Once upon a time there was a snake that lived in a hole and came out in the morning to look for food. But a group of boys would try to hit him with sticks as soon as he tried to come out of his hole. This continued for a long time. The snake became very upset and met with a sadhu (Brahmin). The snake asked the Brahmin why he was being hit even though he was not harming anyone. The Brahmin advised the snake to show a little anger by raising his head above the ground the next time the boys tried to hit him. The snake did as he was advised. The next time he was chased by the boys he raised his hood. At this the boys got scared and ran away. This story tells us that one can show a little anger in self-protection, but not a great deal of anger. Extreme anger is destructive and is never helpful. (PCI, Delhi)

Some anger management technique listed by the children (SARD)

- (a) Do not talk to anybody.
- (b) Play games.
- (c) Write in one's diary and then tear up the paper.
- (d) Eat something.
- (e) Listen to music.
- (f) Go for a walk.
- (g) Sleep for some time.
- (h) Watch TV.

***Tips for the facilitator***

- The activity works well. Children associate firecrackers with Diwali (an Indian festival) and enjoyment, so the facilitator needs to let children talk about this and then introduce the activity.
- Facilitator should take care not to make judgmental remarks like “good anger and bad anger.”
- Trust games can be used as a warm-up to this activity.

**ACTIVITY FIVE****Managing Sadness****Group check in**

*The facilitator should not ask for personal experiences, as those experiences may be traumatic. Remind the children that if they wish to remain silent, their feelings will be respected. An assistant who is preferably a trained counselor should be present. If a child is still grieving, it is advisable to have individual sessions with a counselor.*

1. Refer to the mood meter to discuss the different levels of sadness. Ask the children what causes a little sadness and what causes serious sadness. Ask if feelings of sadness change over time. Children may bring up the subject of death and dying. Ask them what they think happens when a person dies. Where do they go? Accept all answers. Say that everyone feels happy and sad in his or her life. Happiness and sadness live side by side. Remind the children that they can express their feelings in many ways.
2. Discuss how sadness can be expressed inside ourselves (without anyone else knowing what you are experiencing) and outwardly in our behavior. Explain that if a river is flowing and we block it, it may find another course. In the same way, if we feel very sad but do not express it and block it, it may come out in different ways. After the children have stated what may happen, list the ways sadness may be expressed:
  - Depressed;
  - No appetite;
  - Bedwetting;
  - Stop looking after one's physical needs;
  - Disturbed sleep;
  - Headache or stomachache;
  - Bullying and getting angry;
  - Feel intense fear;
  - Poor performance at school;
  - Stealing; and/or
  - Hitting someone.
3. Ask the children how they would help a friend who is feeling sad. The list could look like this:
  - Hold the person's hand while s/he cries;
  - Talk about it;
  - Bring some food that the friend likes and coax her/him to eat;
  - Just sit silently beside the friend;

Go for a walk with the friend; and/or

Do some chores together.

If the friend had lost a loved one, you could also

Look at the happy thoughts album together;

Think of the happy times you had together with the loved one; and/or

Think of all the things that the loved one would want you to do.

*(If children mention watching TV as a means of giving company to a sad friend, tell them that it is fine as long as it is a distraction. Watching some TV for enjoyment is also good. But one must be careful about watching too much TV. Discuss the difference between watching to distract for enjoyment and watching too much)*

4. Ask the children to relax and close their eyes. Do not rush.

Breathe in and out – Breathe deeply – Feel inside and think of your feeling as a wave, which comes and goes – You are standing on the shore, watching the waves come and go – But you only watch, you do not enter the water – The feelings come and go – You watch peacefully – You watch the big waves and you watch the little waves – Let go of your feelings bit by bit – Just watch them – As you watch, you feel strong, you feel you will be fine.

A small ray of light comes in – It gets brighter and brighter – Think of all the happy times you had – Feel the happiness – Hold on to it – Feel what a special person you are – Tell yourself you will be the best person and you are good – You feel strong – You are at peace – You feel you can help others – Feel the strength – When you wake up, you will feel at peace and you will feel strong.

Say nothing for a few minutes. Thank the children for coming.

*The facilitator must be prepared for any help that children will need including help of a professional counselor.*

### **Adaptation**

*For Younger Children:*

Discuss with the children that many things make us sad in our lives. Some things make us sadder than others. Ask the children to give you examples of times when they or their friends felt sad.

How was the sadness expressed? Make a column and list out the things we do when we are sad. List answers or use symbols. If the children do not talk of non-verbal or physical ways of expressing sadness such as loss of appetite, mention it to them. Make another column with the heading: What We Can Do to Make Us Less Sad. Brainstorm answers. Discuss with the children what they think they and other children could do without any help from adults or friends and what they could not do without help. Mark appropriately. From the responses obtained, additional inputs for adult support can be initiated.

### Experience from the field

While talking about sadness, some children became emotional and narrated many of their life stories and incidents. Some had experienced death of their parents, brother and others relatives. Some did not know what death was. The children also narrated what they felt like when sad. Some experienced loss of appetite, headache and light feelings in the chest. They also talked about how they console other children who are sad. They wanted to have a “jaddoo” (magical character from a movie) who could make the impossible possible. The facilitator explained that we can manage our sorrow even without ‘jaddoo.’ (PCI Delhi)

Chitoor District (where Tirupati is located) has one of the highest HIV prevalence rates in India, and children had experienced what havoc HIV can cause in their families. The children were silent when I said that we would discuss how to manage sadness. To change the environment, I took the children to the local zoo, and then under a tree we talked about sadness. The children really opened up and the session was wonderful. I realized that changing the environment helped all of us. The children came up with many suggestions on how to help each other, such as holding hands, embracing, patting on the back. This is what some said, “I could think of other’s sadness instead of my own,” “It is easier to advise when the sorrow is not mine,” “I could think of death and what happens after that.” (WINS Tirupati)

### *Tips for the facilitator*

It is very important that the session ends on a happy note! An end of the session activity that ends in play and laughter is helpful.

## ACTIVITY SIX

### Fear Not

1. Introduce by saying that all of us have fears. Fears also change with time and age. For example, a young child may be afraid of thunder but lose that fear as s/he grows up. Ask children to share what they fear. They can talk about it or they can draw something they are afraid of now or were afraid of once.
2. Children share their drawings and realize that there may be common fears. If there are any imaginary fears, the facilitator must make a distinction between real fears like an accident or a fall and a fear like a ghost.
3. Ask some of the children to describe what they felt when they were really scared. Some of these may be:
  - Heart pounding;
  - Palms sweating;
  - Legs feel stiff or tingle or weak;
  - Breath is short and quick; and/or
  - Feel like there is a heaviness in the stomach.

4. Discuss how they can help themselves and their friends when they are scared.
  - Go to a person you can trust and will comfort you.
  - Hold on to something that comforts you like a toy or blanket.
  - Take deep breaths.
  - Talk to a friend.
  - Hold a friend's hand.
5. Assure the children that there is nothing wrong with feeling fear; even a soldier in the battlefield feels fear. The advantage of recognizing our fear is that we learn to control it. In that case fear helps us instead of harming us. For example, it is fear that makes us run from danger and can save our lives.

### **Adaptation**

#### *For Younger Children:*

Show a picture of a girl or boy who is very sad. Ask the children to brainstorm what that person may be feeling. Write out the children's responses on cards. Next ask the children how s/he may be feeling. Write this down as well. Children can also act out the expressions and body language and discuss how they felt.

Discuss why the child in the picture is sad. Accept all answers. If some of the fears are imaginary, discuss these fears with the children. Next talk about what they can do when they are scared. Reinforce behavior that helps and suggest behavior that may help them. (See list above in point four for suggestions).

### **Review**

Discuss how the children can help themselves be less scared. Who can help them?

#### *For Older Children:*

*How can fear affect our risky behavior? What decisions can we make for ourselves to reduce our fear? How can we help our friends?*

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

This activity works well with the "Mix and Match Feelings" activity.

## Session Three: A Stronger Me

### Objectives

By the end of the session the children will:

- Explore feelings linked to HIV;
- Explore feelings linked with grief and loss;
- Learn coping strategies that lead to positive thinking and feeling; and
- Learn how to care for someone with HIV.

### Key Points

Learning to manage grief and loss is an undeniable part of coping with HIV. The disclosure of HIV brings denial and anger, which, if helped to work through, leads to acceptance and releases energies for problem solving. It is important for children to realize that in situations of sadness, there is hope and that hope comes when we feel we can do something and help others. The stories and the Big Book help the children express these emotions. A Book of Me helps children who are affected or infected acquire a positive way of looking at themselves and their lives. Many of the stories and activities deal with feelings of sadness, and it is recommended that children leave the session on a happy note. An activity that helps children to play

and enjoy their time together is recommended at the end of each activity. Any of the energizers or warm-ups or other games may be incorporated.

The facilitator must be aware of the counseling needs of the children. The sessions must be handled gently, and it is advisable to have a counselor assisting the facilitator.

### Life Skills Learned

Self awareness, critical thinking, coping with stress and emotions, problem solving, and empathy.

### Time Required

40-50 minutes for each activity.

### Materials

Flip charts, markers, and cello tape.

Activity One: unlined books, colors, pictures, photographs; and mirrors.

Activity Two: empty boxes, decorative material, and personal possessions.

Activity Three: ribbons to hold together (through punched holes).

**Directions:****ACTIVITY ONE****A Book of Me**

1. Begin the activity through some deep breathing and relaxation exercises.
2. Recapitulate with the children all that they have learned about themselves, their feelings and how well they have learned to live with and accept their feelings. Suggest that each one will be making a book about themselves that will describe their special qualities.
3. Hand out the books with blank (not lined) paper inside. Discuss with the children what they could write on the paper if they wanted to introduce themselves to someone. Brainstorm some ideas.
  - Photograph
  - Their special feature (eyes, hair, voice, height, etc)
  - Special skills and qualities
  - What they like to eat
  - What hobbies they have
  - Their family
  - What movies they like
  - What clothes they like to wear
  - Their special friend's name
  - Their hopes
  - Their dreams
  - Role model
  - What makes them happy
  - A favorite song
4. Give decorative material to the children to decorate the front cover of the book.
5. If the children are ill, this is an activity they will look forward to. Do not make the exercise very complex. Even a few pages are all right. Make sure the children enjoy doing the activity. Most of all, children like to share what they have written and drawn. Ensure that there is a lot of time for them to share with friends and the facilitator.

**Adaptation***For Younger Children:*

Provide a mirror to each child. Ask the children to look at themselves in the mirror and think of all the lovely things they see. Provide material to decorate the mirrors. The mirrors are stuck on a piece of cardboard. On the right side of the mirror, children should write or draw all the good things

about themselves. On the right hand side ask a friend or friends (as the time permits) to write what they like about their friend. The mirrors can then be placed on the wall so that the children can see them. Encourage the children to show their mirrors to each other.

Alternative Activity:

Take photographs of each child and paste them on chart paper. Ask the children to decorate around the photograph. As before, the children write or draw on one side what they like about themselves and on the other, their friends write or draw what they like.

Alternative Activity:

The above activity can then be combined with a group photograph that can be decorated; and each child writes something positive about a friend. All the statements are written on cards and then pasted around the photograph. This activity will help to strengthen peer support.

### Experience from the field

The book helped the child and the facilitator to understand his family and social situation and make future plans. For example, after drawings and discussion, a child expressed eagerness to meet his parents.

When children are free at the Drop-in Center, they like to take out their books and work on them. This is their “own” book. It has stopped them from disrupting others. (PCI, Delhi)

## ACTIVITY TWO

### Happy Memories

1. Introduce the activity through relaxation exercises. Soft music in the background will help to create a soothing atmosphere. Discuss that we all have many pleasant and happy memories. The facilitator can talk about his or her own memories and visualize the scene: I was in the field. It was a hot day and I could smell the ripe mangoes. I was playing with my brothers and sisters. Make groups of three and ask the children to share these memories. No comments should be made. Ask for volunteers to share.
2. Provide a chart paper to each child and ask the children to draw whatever they enjoy doing: eating an ice-cream, playing cricket and singing, looking at the sky and watching their favorite hero. Ask the children to choose which drawing they like the most at that moment. Give them a few moments to decide. Ask them to close their eyes and visualize as if they are experiencing the activity. Ask them to hold onto the feeling. After a few minutes, ask the children to open their eyes.
3. Call upon volunteers to share how they feel. Ask them if their day-to-day problems feel any different after this exercise.

**Adaptation***For Younger Children:*

Give magazines, color and chart paper to each child. For very young children, cut out a variety of “happy pictures” beforehand. Ask the children to paste pictures on their chart paper that make them happy. They can also draw any picture they like. Ask children to paste or draw at least five “happy pictures.” Encourage the children to show their “happy pictures” to the group and say why they selected those pictures and what they like and feel about them.

**Review**

- *What emotions and thoughts did they experience while going through the exercise?*
- *Why did these thoughts or feelings come?*

*For Older Children:*

- *Do they feel that having these memories or thinking about pleasant things would be useful to them*

**Experience from the field**

Works well with all ages!

**ACTIVITY THREE****A Story of Hope**

1. Have an introductory exercise of relaxation and deep breathing.
2. Tell the children that you will be telling them a story. It is a special story because it is about children, about hope and a better life. Though the story is ostensibly about a child by the name of Ashok and his family, it is the story of many other boys and girls who have faced sadness but became strong as they cared for and helped one another.
3. Ask the children to think of the feelings the people in the story had and how they faced up to challenges. Tell them to think of ways they could help Ashok and his family.

**4. The Story***Part One*

Ashok was a 15-year old young boy. He was tall for his age and loved to play cricket. Every day after school, he would run off to play cricket with his friends in the small open ground near the school. He was very happy because he was the best batsman among his friends and everyone wanted him to be on their team.

His father was away in Mumbai working in a small factory. It was hard work but he could send money home for his family. Ashok had a sister, Meena, who was ten. His mother worked as a cleaning maid in the nearby houses. It was a lot of hard work for her, but she was very keen to make enough money so that her children would receive a good education.

Ashok's father had last come home six months ago. That time he had a little fever and diarrhea that cleared up with some medicine. When other people came from Mumbai, they would bring messages to Ashok and his family that the father was well except for a bit of cough that was not going away. No one worried, thinking that unlike the small town where Ashok lived, there were many doctors in the city who would take care of his father's ailment.

One day his father came home unannounced. He said he was very sick and finding it difficult to work. His employer had told him to go home and come back when he was better. Ashok's mother was worried and scared. That whole night she was up talking to his father.

The next morning for the first time Ashok saw his mother and father fighting. A great deal of tears flowed and many words were spoken. One word he heard was AIDS. He tried to ask his mother what was wrong with his father but she kept saying it was nothing, that everything would be fine. He had heard about it in school. He was frightened and that day he did not enjoy his cricket at all.

### Review

- *How is HIV transmitted?*
- *Is there a cure?*
- *What were the reactions of Ashok's mother?*
- *What did Ashok feel?*
- *What feelings do people have when they know they have HIV? When someone they know has HIV?*

*(Point out to the children that the first reaction of a life threatening illness like HIV is usually denial.)*

- *What should Ashok do?*

*(Ask the children what will happen next. Take some of their suggestions and move on.)*

### *Part two*

Ashok's father lay on a cot and lost weight day-by-day. He was very irritable. He would not eat. The mother kept saying that nothing was wrong. The neighbors would whisper and quickly go past the house and the friends he liked began to avoid playing with him. Those were sad times. His mother was always tired of looking after his father and working all day. She was also always going to the government hospital. She was getting sick too. Ashok would run away from his house; he was doing badly at school and getting into a lot of fights. His best friend Vinod did not know what to do. His sister would come to him because she was worried about what was happening. One day his father died. No one came to mourn. Only his mother ran from pillar to post to get the body cremated. He helped her get everything ready. It was a sad day for the family.

**Review**

- *How are the different members of the family reacting?*
- *How did the community respond?*

*(Draw the children's attention to the fact that the next step after denial is usually anger. Anger can be shown in irritableness, in fighting. When we are upset, we do not study well either.)*

- *How do you look after a person living with HIV/AIDS? What precautions should you take?*

*(Discuss how HIV is transmitted and not transmitted. A person living with HIV needs rest, food and love like anyone else. HIV is not transmitted by casual contact and touch.)*

- *What should Ashok's mother do?*
- *What should Ashok do?*
- *Can his friend help?*

***Part Three***

One day the health worker came to visit and had a long chat with Ashok's mother. She would sit and think, quiet most of the time. One day she called Ashok and told him that he would have to learn to be brave because she depended a lot on him and he was a good boy. She told him that his father had died of AIDS and had passed on the infection to her. That is why she was so sick. She said that the health worker had said that if she rested and ate good food she could still work and live. She did not want Ashok to give up his studies.

He began helping his uncle at the garage for a few hours every day and started earning some money. It was a bit difficult because he had to give up cricket and had to study late. But they managed. He told his friend Vinod and he too would come to help. Sometimes Ashok and his sister would sit by his mother and just talk.

One day his mother called him and told him that she wanted to start putting things together so that he would know where everything was in case she was not there. He was so angry that he left the house. He came back very late at night; he had been crying under the tree behind the temple.

The health worker came to visit and asked Ashok to join in the discussions with his mother. A lot of things had to be done and the worker showed Ashok how the medicines had to be given to the mother, which she now had to be fed. The worker especially told him that he must come to the center to meet a person from an organization who was helping children like him.

**Review**

- *How did Ashok feel when his mother told him about HIV?*
- *What were the reactions of his mother and Ashok?*
- *What is Ashok doing to help his mother and the family?*
- *How do you think he is feeling? How is his friend helping? Can he do something else?*

*(At this stage the children should be told that after denial and anger, one learns to accept, and with acceptance comes preparation for making decisions that will help and provide comfort.)*

*Incorporate the suggestions of the children and move on.*

*Part Four*

Ashok, his sister and his mother together made the Memory Box. These were happy times because they felt so close to each other. Ashok began to take part in the activities of the youth group at the center. He learned that there were many children like him, and he wanted to learn how to help them. His friend Vinod would come to help his sister with her homework and he too joined the youth group. They talked to the neighbors and the other children and soon people would drop by to ask how his mother was or send some food. The priest from the temple came and would read from the Gita. The day his mother died, she was at peace and happy that she had done the best for her children. Ashok often felt sad remembering his parents but he also remembered the good times and knew he had a lot to do for himself and his sister. He felt strong and with the love of his family, friends and community knew he could make it.

**Review**

- *What were the feelings of the family members?*
- *How did Ashok feel after the death of his mother?*
- *How did the friends and community help?*
- *Why do you think this change took place?*
- *What message would you like to send to Ashok and his sister?*

**Linking Learning With Life**

How can the children help people like Ashok and his family? If they know someone, they can make a plan with the facilitator. They could read with the child, help with homework, play, sing songs together or just sit by a sick child. Encourage the children to come up with their own plans, which should be simple. Help the children follow them.

**Adaptation**

*For Younger Children:*

The concept of a story to discuss death and dying and change is used but the story is symbolic, by weaving a story around nature, about trees and animals. If possible, the facilitator can make pictures or use a poster to illustrate the story.

**The Story**

Once upon a time Chintu Chimni, the little sparrow, lived in a big banyan tree. Her mother and father had laid a nest there and when she had opened her eyes for the first time in her life the tree was the first thing she had seen. She loved to go up and down the branches and perch on the leaves. Many of her friends came to visit her in the tree, the butterflies, the bees and other little birds like her. As she grew up she went to spend some time with her grandparents who lived in the neem tree across the field. Her mother and father were out for a whole day looking for food for the family and they wanted Chintu Chimni to be safe. But every morning, she would fly to the banyan tree to say hello. One day she found the banyan tree drooping and the leaves were looking brown. She went and flew from branch to branch asking the tree what was wrong. The banyan tree said that it was feeling very weak and tired.

Chintu Chimni ran to her grandfather. He knew lots of things and would surely help the banyan tree. He took some herbs but they did not help. Finally he went to consult his friends, they had a meeting but nothing seemed to help.

Chintu Chimni went to the deepest corner of the banyan tree and curled up. She did not want know what to do now. She stayed there quiet and not moving.

Chintu Chimni went to her grandmother. She was feeling very sad. Her grandmother told her to be kind to the banyan tree and to call her friends to cheer it up. She called the butterflies, bees and the little birds and everyday they would go and play on the banyan tree to make him happy. Sometimes Chintu did not feel like playing but would go to the tree and hold on to one branch and sleep. The banyan tree was feeling very sad and Chintu would talk to him and remind him of all the lovely times they had: when Chintu was born, the day she fell out of the nest and his branches protected her from falling to the ground, how she had hid behind the roots and leaves while playing hide and seek. Chintu Chimni had grown into a confident little bird; she was no longer the little helpless newborn in the nest.

One day the banyan tree did not respond. It was too tired and sick and one day the tree shed its leaves and drooped to the ground forever. Chintu Chimni and her friends felt very sad. The forest keeper came one day and chopped off the tree but he left a stump. The rains came and all around the stump beautiful flowers and green grass began to grow, the butterflies came and sat on them and Chintu felt that although the banyan tree had gone away it was still there for her.

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

*(A counselor must be available to assist the facilitator during the review. The comfort level of the children could limit the discussion.)*

The story can be discussed with the children broken up into several parts. A few guideline questions have been provided below:

- What did Chintu Chimni do when she was happy? Sad? Helpless? Ask a volunteer to demonstrate it through their voice and body.
- Did they think Chintu would have an appetite? Sleep? Would her body feel tense? Tired? Ache? Headache? Body ache?
- If children are willing, the facilitator can ask if they have ever felt like Chintu. When? What did they feel?
- What did Chintu do to feel better (sing, play, talk)? Who did she go to for help?
- The facilitator should ask volunteers to share what they do when they feel like that. Who can help?
- How did Chintu feel later? Why?
- How do the children suggest that their friends be comforted? What can children do? What about adults?

### **Experience from the field**

Ashok's Story should be adapted. The children, especially the younger ones, liked the Chintu Chimni story. One must be aware of children's feelings in this activity and a counselor must be present.

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

This activity can be done with pictures, like a picture storybook to make the story more interactive.

### ADDITIONAL ACTIVITY

#### The Big Book: Our Story of Hope

1. This activity is recommended if the facilitator has time and has an assistant to help. It involves the development of a story by the children and will take several sessions.
2. The story is then transferred into a big book made up of big chart paper that is strung together. The children in threes and fours can sit around the big book and read 'their' story together. Make sure there are a lot of pictures and drawings. The story should have short simple sentences in the local language and in the children's words. Once the book is ready, the children can read it to other children as well.
3. Some questions are given to help develop a story. The story should be simple and not have too many characters, especially if the children are young. Some guidelines for development can be taken from the earlier story, but it must not be just repetitive. Encourage the children to be creative.
  - *Who are the main persons/animals/birds in the story? How old are they? What are they doing? What do they like? Where do they live? How is their life?*
  - *Who gets infected or sick? How do they find out? What do they feel? What do they do? What are the different reactions in the family, friends and community?*
  - *How do they help each other? How do they feel? How did they handle their sadness? How did they find good times?*
  - *What happens to the characters in the story? What will happen in the future? What message would they like to give to all children?*
4. Plan the production of the book: who will write in the book, which will bring pictures, who will stick them, what drawings should be used and who will decorate. This activity thus becomes a team activity. It should be an activity where everyone feels good about contributing.
5. As this activity will require a number of meetings, you may end the meetings through a guided meditation and congratulate the children for the wonderful work done.

#### Linking Learning With Life

Once the book is ready, discuss and plan with the children how other children can be involved in the Big Book, such as through reading sessions, through helping others make their own Big Books. Discuss how a Big Book helped us in our lives.

#### Tips for the facilitator

- Story needs to be adapted according to the children's age and context.
- The "Big Book" activity should be conducted preferably after the story in the earlier activity.
- Pictures can be drawn or cut out from magazines for those who cannot write.
- Previous activities were conducted and instructions for this activity were followed carefully. The children enjoyed the activity. (Positive Living Project, Namakkal).





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**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Module 7

## Growing Up



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

## Contents

### Module Seven: Growing Up

Session One : My Body and Me

Session Two : Facts & Myths: What Do I Know of Sex and Sexuality?

Session Three : Body Mapping

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# MODULE SEVEN: Growing Up

Adolescence is a period of great changes, physical, emotional and social. These changes put young people at particular risk of HIV. Therefore, understanding these changes strengthens the ability of young people to protect themselves from HIV and risky behavior.

This module helps young people understand the physical and emotional changes that take place in adolescence, how one's gender influences the way one is socialized and why we must understand sexual and reproductive health issues to prevent HIV.

When young people understand their own bodies and their own behavior related to their sex and gender, they are better able to understand how risk behavior, particularly related to unprotected sexual behavior can affect them. Abstaining from sex or being faithful to one partner, and practicing safe sex become desirable choices that ensure prevention of HIV and STIs. Young people often are not aware or fully informed of their vulnerability or the consequences of their behavior, making them susceptible to pressures from peers, alcohol and substance abuse, and other risk taking activities.

As in the other modules, gender issues and linking learning with life are interwoven into the sessions. Each session, while informing the children of the physical and biological changes and differences, also discusses related gender issues. The sessions ensure that boys and girls understand the changes that opposite sex members are going through so that they learn how to empathize with each other. Understanding gender means respect for each other and appreciation of each other's individuality. Understanding gender also means recognizing reasons for differences in status between boys and girls. The linking learning to life activities help to internalize and practice what has been learned. If only one or two sessions or activities are used from

this module, the facilitator must remember to link gender and learning with life while implementing the program.

Additional activities have been provided and are useful if more discussion is needed on issues of sex and sexuality. A lot of material is available on puberty and reproduction, and facilitators are advised to use these materials if the participants need more information on sexual and reproductive health. A discussion on sexuality and reproduction can be made easier by using videos, charts and posters during the activities.

This module contains three sessions:

## SESSION ONE

### **My Body and Me**

This session explores the biological and social differences between boys and girls and how these affect the life experiences of both. There are three activities in this session.

## SESSION TWO

### **Facts & Myths: What do I know of sex and sexuality?**

This session discusses reproduction and the myths surrounding sex and sexuality.

## SESSION THREE

### **Body Mapping**

This session helps young people understand that some touches are risky and that they need to protect themselves.

# Session One: My Body and Me

## Objectives

By the end of the session the children will be able to:

- Describe physical changes that occur during puberty;
- Develop greater awareness of their changing bodies and emotions;
- Learn to talk comfortably about sex and sexuality;
- Understand the relationship between sex and gender; and
- Understand how social and cultural norms determine perceptions of sex and gender.

## Key Points

Young people often do not have accurate information about puberty, sex and sexuality. It is important that young people understand what growing up means and how and why this period of adolescence places them at risk of acquiring STI/HIV due to risk taking behaviors.

Gender affects both men and women. It determines how society perceives a person of either gender, how each person perceives him/herself and how one relates to another of the same sex and that of the

opposite sex. During the growing up years it is important for young people to understand that biological differences are very different from social (gender) differences and to question cultural and society norms that place either girls or boys at risk. Girls are killed even before birth but the birth of a son is celebrated; a girl is told to be faithful but a boy can “fool around;” boys are sent to school but girls may not be; girls have to stay in the house and work but boys can play and do any work out of the house; girls are expected to be docile and can be exploited but it is okay for a boy to be aggressive.

## Life Skills Learned

Self awareness, critical thinking and communication.

## Time Required

Each activity lasts for 30 to 45 minutes.

## Materials

Flipchart, markers, body pictures, pictures of female and male reproductive systems, poster on how pregnancy begins and a question box.

**Directions:****ACTIVITY ONE****How Different Are We?**

1. Make three columns on a flipchart. On top of the first column write “Girl/Woman” and leave the other two blank. Ask the children to list what girls are like, what are their special characteristics and how they are different from boys. These may include commonly accepted qualities or stereotypes. Try to get as big a list as possible.
2. Label the third column “Boy/Man.” Repeat the same for what boys are like.
3. Make sure both columns have some negative and positive traits and abilities. Also add any biological differences (such as menstruation, breasts, wet dreams, cracking of the voice, beard and penis).
4. Now reverse the heading of the first and third columns by writing “Boy/Man” over the first column and “Girl/Woman” over the third column. Go through the list and ask the children whether boys can have the behavior or quality that is supposed to be for girls and whether girls can have those that are said to belong to boys. Those that cannot be interchanged between boys and girls are placed in the middle column labeled “Sex.”

**Experience from the field**

When drinking and smoking were described as “Can be done by both men and women,” the facilitator pointed out that it would create problems for both. (WINS, Tirupati).

***Tips for the facilitator***

Facilitator must provide proper response to any negative statements related to gender and must ensure that one’s own bias does not lead to any value judgments.

**Adaptation*****For Younger Children:***

Make two columns. On one write ‘Girl’ and on the other write ‘Boy.’ Ask the children to name the special characteristics of boys and make a list. Do the same for the column on girls. As in Step One for older children (see above), try to get as many answers as possible. Do not comment on the answers. Some possible answers are:

Girls are:

- Short;
- Shy;
- Long hair;
- Wear earrings;
- Like to dress up;
- Cry easily;
- Do not play cricket;
- Are not as strong as boys;
- Do housework;
- Have breasts; and
- Have periods (menstruate).

Boys are:

- Playful;
- Strong;
- Cannot sit in one place quietly;
- Have muscles;
- Like to eat a lot;
- Do not cry;
- Have moustache;
- Voices break when they grow up;
- Love to play cricket;
- Tall; and
- Do not cook .

Ask the children to place a “\*” or a symbol next to all the characteristics that boys are born with or are natural. Do the same for the girl’s list. The remaining characteristics are the result of how society expects boys and girls to behave. Make two columns and rewrite the characteristics accordingly.

Born With/Natural

What We Learn as We Grow Up

**Review****Discuss**

- *Why did we give different qualities to boys and girls?*
- *Who influences us in giving these qualities? What do parents say? Teachers? Others?*
- *How realistic are the qualities?*
- *Can these qualities harm the way we look at boys/girls?*
- *What is one new thing you have learned of the opposite sex?*

**Experience from the field**

These are qualities of girls and boys from a street children project in Delhi, (PCI).

A mixed group of children—boys and girls—12-14 and 15-18 wrote these qualities as listed below. Those marked with an X indicate what the children later said both could do:

**Boys**

Go to school X

Have muscles

Do not cry X

Do not do household work X

Have an affair X

Can smoke and use drugs X

**Girls**

Do household work X

Very weak and short

Vulnerable and cry

Are not supposed to go out alone or stay out late at night X

Cannot have an affair with other boys or men X

Are not supposed to smoke or use drugs X

**Question Box**

Tell the children that there is a question box where they can write any questions that requires answers without disclosing their names. Inform them that it will be opened at the end of every activity or session and answers will be provided at that time. When providing answers, encourage answers from the group first to understand what the group knows and then provide the accurate answers. Place the question box in a place that is easily accessible and make sure everyone knows where it is.

### Linking Learning With Life

#### *For Younger Children:*

Invite an adult man and a woman to the group and ask them to share with the children what choices they have made in their lives and what were their responsibilities when they were growing up. Children can form questions related to:

- Education;
- Age of marriage;
- How many children? Why?
- Work responsibilities at home;
- Work outside the home;
- Dress;
- Who made decisions for you? and
- What would you do differently if you had to start again?

Children read a story of a modern woman or man who broke gender barriers, such as Kiran Bedi the police officer and Kalpana Chawla the astronaut. Examples of men who break gender barriers may also be provided.

#### *For Older Children:*

With a friend, talk about a girl or boy you know who does not have the “typical” qualities of a boy or girl. Next, talk about yourself; how different you are from the qualities listed for a “typical” boy or girl. Did parents, teachers or other adults tell you that this is not how a girl/boy behaves? What did you feel?

Children in pairs interview older persons in different professions on the same issues. The children discuss their findings at the next session.

### Additional activity

This activity can be done with both older and younger children. Discuss with children three scenarios:

1. At birth;
2. When a child is 12 years old; and
3. At the time of marriage.

Divide the children into two groups for all three situations. The first group presents what happens if a son is born, how he is treated at the age of 12 by the family or community (if he is a street child) and what his responsibilities and behavior are at the time of marriage.

The second group presents what happens when a daughter is born, how she is treated at home, in the community or in a risk situation when she is 12 and what responsibilities and behavior are expected of her when she gets married.

After the presentation of both groups the, facilitator illustrates how society and family influence the behavior of boys and girls. Ask each group how they felt and if they believed it were possible to change their behavior. If the answer is in the positive, ask them which behavior they are thinking of and how they plan to change.

### **Experience from the field**

The question box worked very well. Children asked questions like “Why does a man lie over a woman?” or “Why do people do ‘dirty’ work?” (YWCA)

It helps if this exercise is conducted after some activities from the other modules. (CCDT, Mumbai)

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

An energizer (related to the topic) helps to make the group comfortable and relaxed for sharing. This also helps the facilitator to understand what the children already know.

Adaptation for question box: For children, who cannot read and write, the facilitator can leave the room and allow the children to share questions; a representative can write down the questions and ask the facilitator later. This process will also allow maintainence of confidentiality.

**ACTIVITY TWO:****How is My Body Changing****Group Check in**

1. It is suggested that you could have separate sessions for boys and girls depending on how comfortable they are, especially the girls, about discussing this topic in a mixed group. If you feel that the participants need to use the correct language while discussing sexual issues, you can use an additional activity “The Language of Sex” before starting this activity.
2. Introduce the topic by saying that we are going to look at puberty, the stage in life when a boy develops into a man and a girl into a woman. Inform them that the changes begin at 9-12 years and continue until they are 16 – 17 years old. Girls generally start earlier than boys by a year or so. Tell them that some body changes can be seen easily and some changes take place inside the body.
3. If it is a boy’s group, first show the picture “Physical Changes in Boys at Puberty.” Ask the boys to describe the changes that occur. The points that need to come out are described below for the facilitator’s reference. This activity can be made more interesting by taping clothes on three figures and asking the group to guess what age each is, what changes they could see and what body changes had taken place. As each figure is discussed, remove the taped clothes. There may be some embarrassment during the session; it is up to the facilitator to talk about it in a natural and matter-of-fact tone.

Make speech bubbles on the body pictures and write what emotions or feelings are experienced during this period. For example, ‘moody’, ‘attracted to girls’ and ‘like to look in the mirror’.

4. Now introduce the picture “Physical Changes in Girls at Puberty.” Go through the same exercise. Ask the boys to describe some of the physical changes that occur in girls during puberty. If they do not know any, inform them that this will be explained in the next session.

Make speech bubbles on the body pictures and write what emotions or feelings are experienced. For example, ‘moody’, ‘experience physical attraction’ and ‘like to look in the mirror’.

5. Reverse the order of the pictures if it is a girl’s group. If both groups are present, the facilitator can start by showing one of the pictures, say that of a girl, to the whole group and ask the group, either boys or girls, to respond. Make sure any doubts or misconceptions are cleared up immediately.
6. This can be quite a difficult activity for some boys and girls. Be sure to adapt to your situation. At the end of the session, ask the girl’s group and the boy’s group to discuss among themselves:
  1. How did you feel when you first got your periods/erection/wet dreams. (or saw the other changes in your body)?
  2. Did you feel like masturbating?
  3. Who did you go for help or advice?
  4. What did they say?
  5. What were you told about girls (if the group is that of boys) or what were you told about boys (if the group is that of girls)?

Present group discussion in the session.

### Experience from the field

Activity is easy for age group 12 and above. For children of 11 and below, it is easier to focus on external bodily changes than on emotional changes. (Positive Living Project, Namakkal).

### Tips for the facilitator

Facilitator must prepare well as sensitive issues will be tackled. It is a good idea to have a counselor present for the session.

### Adaptation

#### *For Younger Children:*

Divide the children so that there are three to five children in a group. Each group gets a set of three prepared body outlines.

Present the three body outlines. They represent the body at birth, as they are now and when they grow up. If it is a girl's group, the three body outlines should be that of a female. If it is a boy's group, the body outlines should be that of a male. One body outline should be drawn on one chart paper. Tell them not to put clothes on the outlines. They are first to draw in eyes, nose, etc. Next ask them to draw changes in the body that will take place beginning with the baby. Children should feel comfortable drawing the sexual organs of the baby and then progress to what they are now and when they grow up.

Discuss any misconceptions that children may exhibit in the drawings. What are the feelings at their age and when they grow up?

Next ask the children in the group to prepare three body outlines, at birth, at their age and when grown up, of the opposite sex. Repeat the process. Discuss any misconceptions that are revealed. What are the feelings of the opposite sex at their age and when they grow up?

Depending on the age of the children, menstruation, masturbation and wet dreams may be discussed. See the activity for older children above for guidelines on how to conduct the activity.

### Review

Discuss the following in the larger group:

- *What were the sources of information for girls, and boys?*
- *What different messages were given to girls and boys as they grew up?*
- *What do you think about them?*

Have a general review of the session.

- *What did you learn? About yourself? About the boys/girls?*
- *Did you find this session useful? In what way?*

### **Question Box**

Open the question box, read the questions and encourage the group to answer before providing clarifications. This will also help the facilitator understand how much children know.

### **Linking Learning With Life**

Ask the boys and girls if they would like to share their knowledge with a friend and if they need any help to do so. Inform them that they could use the pictures whenever they wished. If the session is to be held with another group of children, encourage the first batch of children to help facilitate the sessions. Make an action plan to share this information.

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

- Visual aids help in the activities of this session (such as age-appropriate changes in physical anatomy).
- Issues of reproductive health can also be included (such as menstruation, ovulation and conception) if required.

### ACTIVITY THREE

#### Creating a Baby

#### Group Check In

*For older children:*

1. Remind the group about the session on puberty. If possible, ask the participants to explain the physical changes of boys and girls with the help of the pictures.
2. Inform the group that in puberty the changes in boys and girls make them physically capable of having children. Ask them what they know about how babies are made.
3. If it is a girl's group, begin by showing the posters on the female reproductive system. You can cover the names of the body parts with slips of paper and ask the group to name the part and its function. Talk about the external reproductive organs first and clarify as necessary. Then talk about the internal organs. Encourage questions.
4. Show the poster of the boy's reproductive system and repeat the process.
5. If it is a boy's group, reverse the order in which the posters are presented. Ask the boys what they know about menstruation and how they feel about the fact that all girls go through it. Do they know that some of the girls undergo discomfort and that many of the girls suffer from anemia because of excessive bleeding?
6. Show the poster on pregnancy and talk about sexual intercourse and fertilization of the egg. Explain especially that the male sperm determines whether the fertilized egg will develop into a baby boy or girl. Make sure they know that a baby is created by sex between a man and woman:
  - In a woman's body, an egg goes from her ovary to her uterus at a certain time every month;
  - A man's penis becomes erect when he is ready for sexual intercourse;
  - A man puts his penis into the woman's vagina and ejaculates his sperm; and
  - If one of these sperms meets an egg, the woman becomes pregnant.
7. Discuss that although girls are ready at puberty to have children, their bodies are very immature and that having children early can damage their health. Remind the young people that having babies is a big responsibility for both the father and the mother. Discuss the social or cultural expectations from a boy and a girl and from a father and a mother.

#### Review

General review questions:

- *Did they like the session? Was it useful? What did they learn?*
- *Ask the boys what they have learned about girls and how babies are made. Has that changed how they perceive girls? In what ways?*
- *Ask the girls what was new in what they learned. Do you feel it will bring about any change in your life?*

Remind the group to use the question box.

### **Linking Learning With Life**

Same as above session. If they have a friend who has married early, meet and ask about what their life is like and what problems they face. Use this “real life” case study to present to the group in the next session. Ask the group how his/her life could have been different. Alternatively, ask the person to come to the group session, and prepare for questions.

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

A single sex group may be necessary and if possible a facilitator of same sex as the group. This depends on the comfort level of the facilitator in handling issues of sex and sexuality.

### **Additional Activity**

The Language of Sex

*For older children:*

1. Write the following words on separate sheets: vagina, penis, menstruation, intercourse, backside, breasts, masturbation, testicles, condoms, semen, anal sex and oral intercourse. Add or remove words according to your group. Do not use more than eight to ten words.
2. Ask the group to write down any slang words they use. Remind them that this is to ensure that they can learn to talk about different parts of their body and sexual acts so that they can protect themselves. If the group is shy, tell them to write on small pieces of paper and place them below the relevant sheet.
3. Open each paper carefully and slowly read out the word and write it on the sheet.
4. Make groups of four or five and ask them to discuss the following questions:
  1. Which words in the list are most acceptable for “public” use?
  2. Which words are most unacceptable?
  3. Which words are violent?
  4. Which words have negative meanings for girls? For boys?
  5. Why do people use words that do not respect girls or boys?
  6. Is it fair to label a woman as loose but call a man a “real man” if he has many sexual partners?

Ask the group to present their findings.

**Review**

*How did they feel discussing these words? What was new about what they learned?*

Use the question box if necessary.

**Linking Learning With Life**

What words do you think you will use now when you talk about girls/boys? With friends? With adults? How do you feel now when your friends use words that do not respect others? This is for self-reflection and need not be discussed.

***Tips for the facilitator***

A single sex group may be necessary and if possible a facilitator of same sex as the group. This depends on the comfort level of the facilitator in handling issues of sex and sexuality. A comfortable, non-threatening atmosphere is needed to conduct the session. Visual aids and charts are very helpful to conduct the session. The aids should include models of the physical anatomy of male and female. If possible a quick pre-test like a quiz helps to know what children know. For example, questions can be based on the models or aids used. During the review, the quiz can be repeated as well. The quiz should not appear like a test and is only meant for the facilitator to find out what children know.

## Session Two: Facts & Myths: What Do I Know of Sex and Sexuality?

### Objectives

By the end of the session the young people will be able to:

- Clarify their misconceptions about sex and sexuality; and
- Understand how these myths and misconceptions can be harmful to them.

### Key Points

This session is useful to review what the children know about sex and sexuality. It also challenges common misconceptions in society and asks children to think critically about them. Many of these beliefs influence risky behavior. The list provided is not exhaustive. Adapt according to your needs. If the children are small or restless, discuss only a few myths. This exercise can be used at any time, as an introductory exercise, as a warm-up activity or to clarify doubts. Children can

be encouraged to contribute to the list of common myths and misconceptions. Facilitators may have to provide additional information and use charts and videos on sex and reproductive health to support the learning through the activities. Visual aids increase the “comfort level” of the information provided or discussions that take place.

### Life Skills Learned

Communication, critical thinking and self awareness.

### Materials

Flipchart, markers and sticking tape.

### Time Required

30–45 minutes for each activity.

**Directions:****Quiz Time**

1. This activity is like a quiz. Depending on the group, you can have two teams of either boys or girls or a mixed group depending on the level of comfort of the group. You could divide the group into more than two teams. If the groups are divided into only boys and girls, make sure there is no competition. With single sex groups, you could introduce competition. Make sure the teams understand that they must discuss first and then give the answer. If the children need to be active, paste cards with True and False written on them in different corners of the room, so that the children can move while answering.

A question is asked and each team gets to answer. The team gets points only if both the answer and the explanation are right. If one team fails, pass the question to the next team. For every right answer with explanation, the team gets two points. If the team wants a hint, the facilitator can give a hint, in which case the team gets only one point for getting the right answer.

**Quiz Questions**

1. If a girl does not bleed during the first intercourse, then she is not a virgin.  
*False. The presence of a hymen is not linked to virginity. The hymen can break in certain kinds of physical activity as well. In some cases it may not be there at all.*
2. Nocturnal emissions or “night fall” or “swapna dosh” makes boys weak.  
*False. Loss of semen through a ‘wet dream,’ masturbation or sexual intercourse is perfectly natural and, harmless. It is a normal part of human physiology. It should not be called a ‘dosh’ or weakness.*
3. A girl can get pregnant even if a boy does not ejaculate or “come” inside her.  
*Right. Pre-seminal fluid contains sperm that can make the girl pregnant, so even if a boy does not ejaculate inside a girl’s vagina she can still become pregnant.*
4. The female determines the sex of the baby.  
*False. The male semen contains the X and Y chromosome. The egg contains only the X chromosome. An XY combination is a boy and an XX combination is a girl. No medicine or religious ritual can select the sex of a baby.*
5. A girl cannot get pregnant if she has sex only once or twice.  
*False. A girl can get pregnant even from a single act of intercourse including the first one.*
6. Masturbation makes a boy impotent.  
*False. Both boys and girls can practice masturbation or self-stimulation of genitals. It causes no harm.*
7. A drop of semen is equal to 60 drops of blood. Hence, the loss of semen weakens the body and should be avoided.  
*False. Semen has no relation to blood. Semen is meant to be thrown out of the body.*
8. Too much masturbation affects sex life in later years.  
*False. Another misconception.*

9. If you clean your vagina after intercourse you cannot get pregnant.  
*False. Sperm reaches the uterus very quickly and cannot be removed by cleansing.*
10. Girls who wear “western” clothes or short, tight clothes are inviting boys for sex.  
*False. Girl’s dress is not a reason to make assumptions about sexual activity or consent for having sex.*
11. Before a girl reaches eighteen, her sexual organs are not fully developed and can easily tear.  
*True. The inner lining of the vagina can get torn and she can more easily acquire an STI or HIV.*
12. Most boys exaggerate their sexual experiences when talking about them.  
*True. Studies have shown that boys like to boast.*
13. Boys should have sex before marriage to prove their “manhood” but girls should remain virgins.  
*False. A stereotype. Both boys and girls should avoid sex before marriage.*
14. A boy cannot be raped, but a girl can be.  
*False. Boys and men can be forced to have sex against their will by another male or female.*
15. A girl cannot get pregnant before her first period.  
*False. The first period marks the end of the first menstrual cycle. Girls can get pregnant during the first cycle.*
16. If a girl accept gifts or food from a boy, that means she has agreed to have sex with him.  
*False. Food or gifts have nothing to do with consent to having sex.*
17. When a girl says “no”, she actually means “yes” and she wants to have sex.  
*False. This is a stereotype. Both boys and girls have the right to say no and make choices about sex.*
18. You will not get pregnant if the boy/man you are having intercourse with assures you that you will not get pregnant.  
*False. If a man releases sperms into the vagina, he cannot control whether it will cause you to become pregnant or not.*

### **Adaptation**

*For Younger Children:*

Make simple quiz questions:

1. Can a girl play with boys after her period start?
2. Is the menses blood impure? Are you impure for those days when you are menstruating?
3. Is menses a means of punishment for being a girl?
4. Does menstruation mean that you are hurt inside?
5. Is there something wrong with you if you get an erection?
6. When is semen discharged?
7. Does one become weak due to ejaculation?

**Review**

*General questions: what they learned about themselves and the opposite sex.*

**Linking Learning With Life**

Children can contribute some myths and misconceptions to the general list. They can think of ways to share what they have learned with other children. Depending on the suggestions provided by the children, a similar quiz can be arranged for children or a role play can be conducted or an exhibition held.

***Tips for the facilitator***

- When translating the questions in regional languages, care must be taken for choosing the words used.
- The facilitator must adapt the questions according to the age and knowledge level of the children. Here too, the comfort level of the facilitator is very important in talking about sex and sexuality.

## Session Three: Body Mapping

### Objectives

By the end of the session the children will:

- Recognize what is a “bad touch” or unwanted sexual touching;
- Discuss where and who can give a “bad touch,” and
- Discuss what children can do to protect themselves.

### Key Points

Bad touch means any sexual touch or advance that the child does not want. Some of the children may have experienced sexual abuse, so this session must include facilitators and counselors who can handle emotional trauma. Some children may reveal what has happened to them so confidentiality must be maintained. At the same time, protecting the child from further abuse must be addressed. If at any time a child wishes to withdraw from the activity or be silent, s/he must be allowed to do so and helped with any emotions they are finding difficult to handle. At no time must the facilitator force or coax the child to disclose what may have happened, especially when he or she is not ready to do so.

The facilitator must have available assistance of a professional counselor to support children if the

need arises. This exercise can be difficult if a child has been traumatized or abused, and immediate support is required.

### Life Skills

Self awareness, coping with emotions and stress, critical thinking and problem-solving.

### Time Required

45 minutes.

### Materials

- Puppets—an adult, a child and an advocate puppet. If there are no puppets, masks can be used.
- Body maps on large sheets of paper
- Colored pens and crayons
- Picture cards showing familiar places such as a home, a shop, a lonely road or any other place where abuse can occur. These may be cut out of magazines or drawn.
- Pictures of older men, women, boys, policeman, shopkeeper to show who can do “bad touch” may also be drawn or cut out of magazines.

**Directions:****ACTIVITY ONE****Bad touch!**

1. Both younger and older children can do this activity:

Introduce the puppets: Who they are, their names, what they do, and where they are from. Build up a scene or a situation that children can understand and visualize. Using the puppets, present a situation where an adult gives some food to the child and becomes a friend. The adult tells the child that s/he can come to him whenever s/he needs to and allows him/her to stay with him. Use the puppets or explain that the adult sexually abuses the child.

2. Ask the children if they have heard or seen such events occurring. Do not probe.
3. Make groups of four or five children and give the children body maps (a child-size outline of a body, front and back) and a colored pen. Ask the children to mark with an X or an O. If there are some places on the body that children particularly hate to be touched, they can make a big X or many X's in that place.
  - Parts of the body where they do not like to be touched.
  - Parts of the body where they have been touched, which have made them uncomfortable.

Explain that these are both “bad touches.” Do not probe as it may embarrass some children. The facilitator should note the behavior of the children during the session that may require individual counseling later.

4. Children can share their body maps with the other groups.
5. Use the picture cards to discuss:
  - Where “bad touch” can happen. The places that may be risky include the market, brothel, railway platform or other public places; and
  - Who can do it?
6. If children are comfortable, ask them to enact a role play where “bad touch” takes place. Make sure that boys also take part and role plays can show how they too are at risk.

Encourage the children to express what they feel.

Use the advocate puppet to say that any form of sexual abuse is unacceptable in society and anywhere in the world. State any laws or examples of how children have been helped in such situations.

7. Brainstorm with the children about what they could do if they are caught in such a situation. Suggest some simple ideas if the children have not already mentioned them, such as talking to a trusted adult or running away. Further sessions can be planned based on the children's answers.

### Review

*Ask the children if they found the session useful, what they liked or did not and why.*

### Linking Learning With Life

Ask the children to make a safety code that they can share with their friends. It could be something like this.

How to be Safe:

- Do not talk to strangers;
- At night always go in a group or with one or two friends; and
- Shout if someone tries to touch you or take you away.

Make a plan to share it with others and add new suggestions as they arise.



**Activity:** Bad Touch; Partner: CRS-St. Paul's Trust, Andhra Pradesh.

### Experience from the field

Puppets were very useful and helped to open up the discussion. (PCI, CCDT and YWCA).

While sharing experiences, girls realized that even the boys are exploited and that they too feel bad when they are touched. They discussed who could exploit them even in their own home – uncle, mother's partner, those who stayed with them. (CCDT).

While doing the session with the boys (12 – 14 years, 15 – 18 years), they did not want to do the markings in front of their facilitator and preferred to work in groups and share later. (PCI, Delhi).





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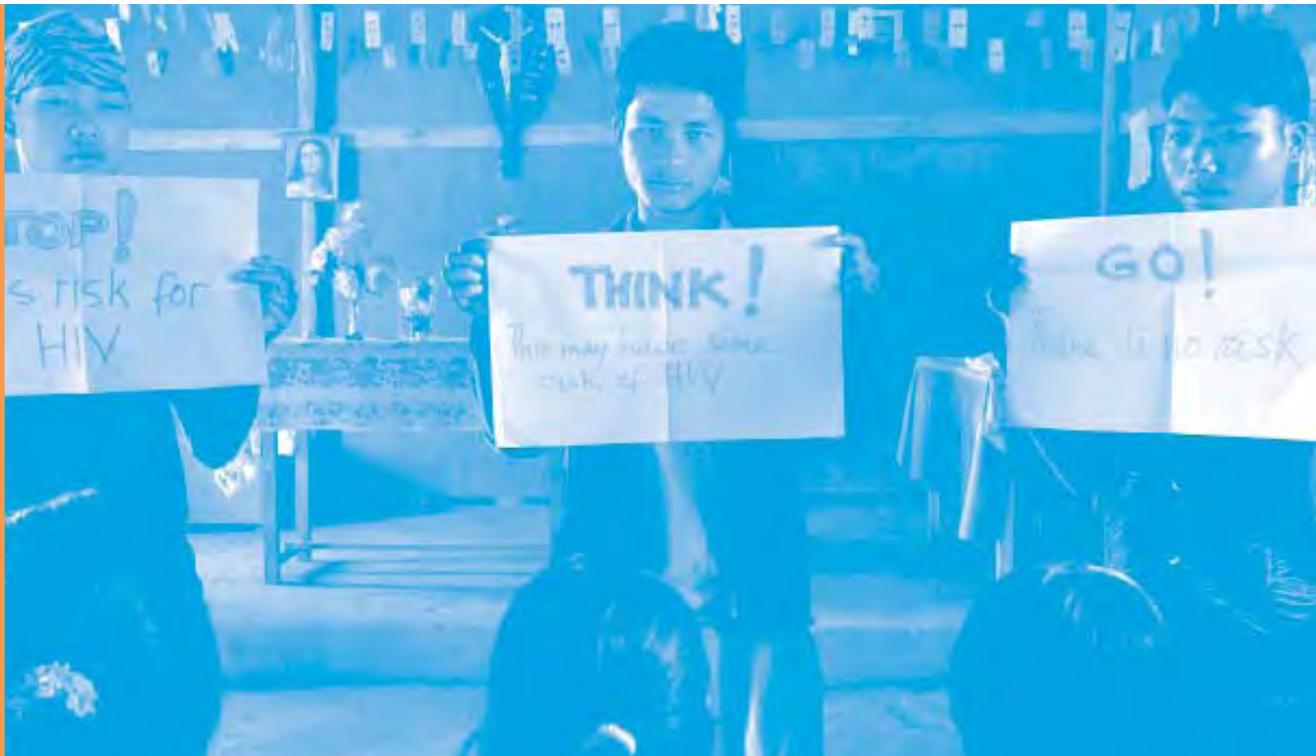
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LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA

# Module 8

## Preventing and Living with HIV



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### Module Eight: Preventing and Living with HIV

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# MODULE EIGHT: Preventing and Living with HIV

This module addresses both HIV prevention and care and follows the continuum of care mentioned in Section One. It addresses the needs of young people who are vulnerable, uninfected as well as those who are infected or affected by HIV. For example, the session on the immune system talks of both how HIV attacks the immune system and how, if we are living with HIV, even our weak immune system can help us. More than the others, this module may require the facilitator to add sessions from other modules.

Many young people falsely believe that they are “immune” to HIV and that HIV happens to other people and not themselves. Even when they learn about HIV, the information does not translate into “their” experience and behavior. The sessions use different methods to personalize what is learned as well as develop skills so that children are motivated to take action. Helping peers understand that they are at risk is also an empowering process and brings greater commitment from young people to continue to practice safe sex. Protection has to become a way of life to be safe from HIV.

Prevention of HIV is very important and young people must be aware, not only of how to protect themselves and practice safe sex, but also of what preventive behavior they can choose to avoid risk. They can choose to abstain from sex or delay sex, or choose to be faithful. If they or their partner are having sex with more than one person, they can choose to use a condom.

HIV/AIDS can affect anyone. That is why it is all the more important that different people in the community understand their risk, which depends on their values, their circumstances and their

behavior, and therefore learn to prevent HIV. The sessions address some important messages related to STIs and special vulnerabilities of women. Alcohol and drug abuse can increase the vulnerability of children to risky behavior. It is recommended therefore that previous sessions on these topics from other modules be addressed as well.

Gender is important not just from the biological point of view that girls are more vulnerable to HIV, but also because in many traditional societies, religious, cultural and social norms enforce strict standards of virginity and faithfulness in marriage for women. Double standards in society allow men to have multi-partner sex or be unfaithful to their partner. Women do not have the environment or opportunity to question risky behavior of their husbands. These norms may also place them at risk. They have poor knowledge of HIV and lesser ability to protect themselves.

Any discussion on HIV must necessarily talk of sex, so it is recommended that sessions from the module on growing up be conducted first to ensure that all children clearly understand how sex plays a role in HIV transmission. If the children are aware of reproductive and sexual health, then a quick quiz can help the facilitator to check if their knowledge is accurate before proceeding with this module. Other sessions that may be useful are those on relationships and the nature and meaning of love.

Accurate knowledge of HIV is extremely important because it means the difference between life and death. The background notes and information sheets contain a lot of information that the

facilitator would find useful and should be read before the HIV sessions begin. Again, the facilitator must at all times adapt to the local situation and needs of the children. A few activities have been chosen from a large number of activities available to develop life skills. A list of resources that the facilitator might like to use is provided in the toolkit.

Many young people are affected by or infected with HIV. Their friends need to understand how they can live and play with them and still be safe if they follow some simple universal precautions. Understanding what it is like to be living with HIV helps young people empathize and help one another. For these reasons both prevention and care are included in this module. For peers who are infected with and affected by HIV and are undergoing great emotional stress, the module on coping with feelings and grief may be helpful.

There are three sessions in this module. All activities in this module are for both older and younger children if they have understood sexuality issues.

## **SESSION ONE**

### **HIV and My Body**

Children learn of the immune system, how HIV attacks it, how we can strengthen the immune system, how HIV is transmitted and how it is not. There are five activities in this session with many variations.

## **SESSION TWO**

### **How Can I Prevent HIV?**

Discusses the different methods of prevention including abstinence, being faithful and condoms; how risk to HIV increases with STIs; gender and changing circumstances and the need to protect oneself. There are two activities in this session.

## **SESSION THREE**

### **Living with HIV**

Children learn about universal precautions and empathy for those with HIV. There are two activities in this session.

# Session One: HIV and My Body

## Objectives

At the end of the session the children will:

- Learn how HIV affects the immune system and allows opportunistic infections to attack the body;
- Learn why girls are especially vulnerable to HIV infection;
- Learn why a child living with HIV must strengthen his immune system;
- Learn how HIV is transmitted and how it is not; and
- Learn which behaviors are safe due to low risk of STI/HIV transmission.

## Key Points

The children need to understand that HIV infection is different from others because it attacks the immune system so that any infection can more easily enter the body.

It is common among many young people to feel that they are “invincible.” That is all the more reason they need to know that the HIV virus can infect anyone if they do not take care to prevent its transmission. At the same time, those who are affected by HIV (because their friend or family is infected but they themselves are not infected) need to know they can prevent the HIV virus from entering their bodies. Those who are infected need to know that if they strengthen their immune system, no matter how damaged, they can lead healthier and happier lives and prevent the

infection from spreading to others. Prevention is for everyone—both the vulnerable and those who are affected by and infected with HIV.

Always remind the group, especially girls, that their body belongs to them and they have a right to protect it. DO NOT introduce fear messages. HIV is not driven away by demons; it is the children who have to decide to be safe. Variations and additional activities are provided for different needs of the group. Remember to adapt. The dance is a lot of fun but do not forget to process the information.

There are a lot of misconceptions about how HIV is transmitted. Because of this, children who are infected with or affected by HIV face stigma and discrimination. If you can clear up these misconceptions, children will know how HIV is not transmitted. This is important for the later session on living and caring for children living with HIV and families.

## Life Skills Learned

Self awareness, communication, critical thinking and problem solving.

## Time Required

40 minutes.

## Materials

Flipcharts, markers, props for the HIV dance and music.

**Directions:****ACTIVITY ONE****The Immune System Dance**

1. Introduce the session by finding out what the children know about HIV. This can be a short discussion with the use of pictures. Based on the discussion, the facilitator can provide relevant information on:
  - What HIV means (Human Immunodeficiency Virus);
  - HIV is a virus, like the one that produces the common cold, but is different because it attacks our immune system. Explain briefly what the immune system is, that it protects us from many illnesses and diseases. Make sure that the children understand that if we are healthy, our immune system is strong, but if we are sick, do not eat the right food or rest, our immune system can weaken;
  - Ensure that the children are aware that girls are at greater risk. Hence, they must protect themselves and be supported by others;
  - Explain that you cannot know who has HIV by external appearance. Children should know the difference between HIV and AIDS; and
  - A good example is that HIV is like termites eating up the house. For many years one may not know they are in the house and what they are doing (just like HIV), but one day a sudden wind blows strongly and the whole house collapses. Ask the group what made the house collapse, the termites or the wind? Allow a few minutes of discussion and move on to the immune dance.
2. Use labels or draw pictures and give them to each of the 'actors.' Make hats to make the dance lively and fun. One or two children stand in the middle of a circle with the label "Immune System" on them. They are dancing to music. Around them in a ring holding hands are the T cells. They dance around the two children in the center, protecting them. Outside this T cell ring are some Communicable Diseases such as a cold, tuberculosis and scabies, and they try to enter the ring by tapping the T cells. The T cells say no, you cannot enter. The Communicable Diseases go away. Now have a child with the label HIV try to enter the T cell. HIV is strong and enters the T cells. Slowly T cells get weak and lie down. The children in the middle also feel weak and lie down.
3. Stop here and have a discussion on what has happened.
4. The person becomes weak and the T cells are weak (slow the dance for some of them) or are destroyed (they fall out of the circle).
5. The communicable diseases come back to attack; this time they face no resistance and attack the person in the middle. The person in the middle falls down.

**Experience from the field**

'We found that stopping the skit and then providing information using charts and posters was very helpful. After the discussion, the dance was restarted. Messages about condoms (for children above 14) and safe sex were provided through the posters. By making the dance simple and not overloaded with information, children were able to understand better.' (Vanchit Vikas, Pune)

**Variation**

When the person in the middle drops down after the diseases attack, three persons with paper stuck on them with drawings of food, rest, feeling happy, or ARV could come and greet the surviving T cells. The T cells look a little less depressed and dance a bit more although not with the same vigor they had when they were not infected. The person in the middle looks a bit better. Have the diseases come back, they are strong but the few T cells left manage to drive them away although they do not go too far. Remember, the HIV becomes weaker as the ARV and others get stronger but HIV never leaves the body.

**Variation**

This dance can be made more interactive by freezing the scenes such as when the diseases come to attack and asking the audience what happens next.

**Variation for a skit**

This can be performed as a street play or as an awareness activity in schools and institutions. Begin by drawing a circle on the ground and calling it OUR BODY. The children stand in the circle, place their hands one on one and push or hold hands depending on whether the virus is being pushed out or stays in the body. If the HIV virus is in the body, it might be suppressed because of the ARV, in which case the child who is the HIV Virus may remain in the body circle but sits down. Provide the following scenarios:

In pairs, children describe what could happen in the body with:

- a) Common cold virus and white blood cell (the white blood cell 'pushes' out the common cold virus);
- b) HIV virus and white blood cell (the white blood cell cannot 'push' the HIV virus out; the children hold hands).

In group of threes, children describe what could happen in the body with:

- c) HIV virus, white blood cell and a TB infection (the white blood cell tries to push out the TB infection but fails and all three children 'join' hands);
- d) HIV virus, white blood cell and ARV (the ARV tries to 'push' the HIV virus with the help of the white blood cell and the HIV virus 'sits' down in the body circle, and is less powerful).

Discuss how good health, nutrition and taking medicine regularly are important in each of the above scenarios.

### Review

In a circle, ask the children:

- *What did they see and what did they learn about HIV infection?*
- *Why are girls at greater risk of infection?*
- *What happened to the communicable diseases and why?*
- *Can you make out if a person is living with HIV by looking at him or her?*
- *What happens to the immune system if a person is living with HIV?*
- *What kills a person with HIV/AIDS?*

### Tips for the facilitator

Make sure that children do not harm each other while pushing or pulling and that the message is not lost in the activity. The activity should be adapted according to the age of the children.

### Linking Learning With Life

Ask the children to find out from their friends or people in the community what they know about HIV. Do not forget to ask questions on why girls are more vulnerable. This could be done as a listening survey. (See facilitators guide for details.) Based on the survey plan, decide what variations to introduce in the Immune Dance and where the dance could be performed. This could be for other LSE workshop participants, on the street, at their own home or other shelters and institutions. Performing or talking to others helps children learn and remember better.



**Activity:** The Immune System Dance; Partner: YWCA. Delhi

### Experience from the field

Facilitator used the example of termites eating wood away from inside or ants eating groundnuts from inside to explain how the virus works in the human body. (SEEDS, Guntur).

A warm-up can be used such as a Wild Fire game where the palm of a person is scratched during a handshake.

**Adaptation (for children above 14 years) (PCI):** The activity started with a warm-up. The children stood in a circle holding hands. Four children had been privately instructed to pinch or “give an injection” to another child while holding hands. Then the facilitator called for the children who had been pinched to come into the center of the circle. This can be repeated if the number of children in the group is large and more children are needed for the rest of the activity.

The immune system dance was adapted because the place was small, restricting movement of children. There was no music system (for children above 14). The facilitator prepared chart paper cut outs of a condom hat, arrows to identify white blood cells, disease hats (malaria, HIV, fever, cough, TB, etc), figures of girls and boys. Each “pinched” child is given one of these roles. “Disease” children stand in one corner, “white blood cell” children stand in another corner. Three couples are selected. The first couple comes in the center and does a dance of having sex. During the dance, the boy puts his condom hat on to show that the condom is being used during the intercourse.

The second couple comes in, in which the girl demands that the condom hat be put on during the sexual dance but the boy pretends not to have it or searches for excuses, showing that a condom was not used during intercourse. They dance and move away.

The third couple comes in; the boy propositions the girl to dance the sexual dance. The girl thinks about it and refuses.

Next, the “white blood cell” children form a circle and the “disease” children form a circle around them. The aim of the disease children is to go through the white blood cell children.

Again, the first couple comes into the circle. One of the diseases tries to enter the circle and touch the couple. The girl or the boy get touched but continue and enjoy dancing because the disease did not affect them as they had used a condom. The second couple comes into the circle, but this time all the diseases are able to break through the “white blood cells” and touch the couple. The girl and the boy show sickness through their movements. Then the third couple comes in, one or two of the diseases get through and touch the couple, but the couples that are faithful are immediately cured because of the white blood cells. Other diseases are not allowed to come through.

### Tips for the facilitators

- The dance makes an excellent street play. Children can play this game with their friends.
- The above can be further adapted to include effects of abstinence and being faithful.

### Children's Voices

- “I felt important because so many friends were protecting me.”
- “I desperately wanted to protect my friend and did not allow anyone to break the circle and come in.” (WINS, Tirupati).
- “I can help infected people with HIV and not hate them.” (Salaam Baalak Trust, Delhi).

## ACTIVITY TWO

### HIV Transmission: Doors of Entry

#### Group Check In

1. Inform the group that in order for the HIV virus to enter the body, it needs a door (entry) and a vehicle (medium). Use drawings to illustrate. This vehicle is the body fluids.
2. On a flip chart, on one half write “Body fluids that can transmit HIV.” On another piece of paper write “Body fluids that can not transmit HIV.” Make sure the four main body fluids that transmit HIV are written: vaginal secretions, semen, blood and breast milk. Other fluids could be tears, sweat, urine, saliva.
3. Next to “Body fluids that can transmit HIV” write “Door” and draw an open door. Mention that body fluids from one body cannot enter another body unless there is a door open.
4. Brainstorm and write cut, sore and wound. Then write through the soft tissue or “mucous membrane.” Mucous membranes are found in the vagina, tip of the penis, anus, mouth, eyes and nose.
5. Now help the group see how the following are ways to get infected with HIV:
  - Vaginal and anal intercourse;
  - Maybe kissing, if there is a sore in the mouth;
  - Sharing needles, tattoos or sharp unsterilized equipment;
  - Blood transfusion with untested blood; and
  - Mother to child during childbirth or breast feeding.

Examine each against fluids and door.

#### Experience from the field

It worked very well and the children shared the activity with children who were not involved in LSE. Drawings for explaining concepts like mucous membrane were very effective. (PCI, Delhi)

#### Tips for the facilitator

- If the facilitator does not want to draw the door, pictures can be used and pasted. Visual aids would increase effectiveness – the children will understand better and also remember.
- The facilitator must adapt according to the age and understanding of the children. Again, the facilitator must be comfortable with handling issues of sex and sexuality.

**ACTIVITY THREE****Stop, Go, Think****Group Check In**

1. On a red piece of paper write, "Stop! This is high risk for HIV;" on a yellow piece of paper write, "Think! This may have some risk of HIV;" and on a green piece of paper write, "Go! This activity has no HIV risk." Paste them in different parts of the room.
2. Read the behavior and ask the children to stand under the sign they think is the best answer. Then ask them why they think the behavior is more risky or less risky. Make sure they use the "body fluid" and "door" to think whether this is possible or not. Go to the next question.

**Examples to use:**

Donating Blood	Green
Having oral sex without condom	Red
Eating food made by someone who is living with HIV	Green
Hugging someone	Green
No sex, abstinence (Emphasize- that this is the only 100% method of eliminating sexual transmission of HIV)	Green
Using a public toilet	Green
Kissing	Yellow only if there is a sore, otherwise Green
Having sex without a condom (for children above 14)	Red
Having anal sex without condom (for children above 15)	Red. The blood vessels inside the anal canal can easily tear allowing entry of HIV virus
Shaking hands with a person who has HIV	Green
Getting pregnant when you have HIV	Yellow. 30% chance that the baby will be infected. Also ART drugs during pregnancy are effective two-thirds of the time.
Being bitten by a mosquito	Green
Sharing needles	Red
Drinking alcohol	Yellow

Using a condom correctly and consistently with all sexual acts (only for children above 15).	Green. Condom can prevent sexual transmission of HIV significantly to an extent of 80-90% if used correctly and consistently with all sexual acts.
Sitting next to someone with AIDS	Green
If a person living with HIV coughs or sneezes at you	Green
If a person living with HIV cries and the tears come in contact with you	Green
Having sex with many people with or without using condom (only for children above 15)	Red
Having sex without condom with only one sex worker (only for children above 15)	Red
A man and woman have sex only between themselves	Green. If you are faithful to your only sex partner you are absolutely safe. But you must make sure that your partner is faithful too

### Review

- *Did you have to think or did the answer come very quickly?*
- *How did the rest of the group answer?*
- *How can young people prevent getting HIV? Have a discussion on the "Green" cards, especially those related to sex. Discuss abstinence, faithfulness and condom use.*
- *What should you do if you know something is not safe?*
- *Even if you know it is risky, why do we indulge in that behavior?*

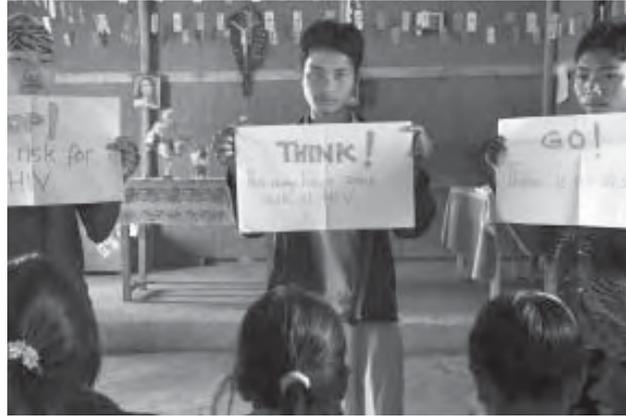
### Linking Learning With Life

Ask five of your friends (from outside the workshop) a set of questions and determine what they know and do not know about preventing infection of HIV.

Discuss with your workshop group, share findings.

How will you help your friends? Decide on an action plan with your friends. This could be a street-play to educate, or a quiz in a competition or an exhibition or some other action.

Review once the activity is over: Would you change what you did?



**Activity:** Stop, Think Go; **Partner:** CRS-Sneha Bhavan, Manipur

### Experience from the field

Body mapping and other related exercises should be done first. We could not discuss oral sex and vaginal intercourse because the children were young (12-14 years). We adapted and used a bit of the Immune Dance to make the children more comfortable. The children were then able to discuss and clarify issues even among themselves. In fact, two children shared the HIV POSITIVE status of their parents and we decided to take up the activity “If I am HIV POSITIVE” next week. After the activity, the children did a small role play on HIV awareness. (Positive Living Project, Namakkal).

### *Tips for the facilitator*

Questions must be prepared according to the age and the context of the children. Street children are involved in substance use, so questions could be related to the use of needles.

**ACTIVITY FOUR****Am I at Risk?****Group Check In**

1. Gather the children in a circle and tell them that we are going to shake hands. If, while shaking hands, they feel someone tickling their palm, they must pass this on to the next person and so on. If no one tickles the palm while shaking the hands, the person should continue shaking hands in the conventional way. The facilitator or one of the group members who has been told earlier tickles one palm while shaking hands. Stop the exercise after one minute.
2. Check how many got tickled. Ask them to stand on one side. Inform them that all those who were tickled have the virus. Say that only one person started the tickle and let the children count how many got infected in a minute.
3. Ask them how they feel, and ask those who did not get tickled how they feel as well. Tell the group that this was only a game and that shaking hands cannot spread HIV. It merely shows that HIV spreads very quickly.
4. Collect the group in a circle and tell them this story:

The Story of Jaya and Ashok (for children above 14 years)

Jaya was 16 years old when her parents decided to get her married. She lived in a small village and her husband was working in a garage in the nearby city of Mumbai. Her husband Ashok was the first man she had sex with.

Will Jaya get HIV?

5. Ask the group what they need to know to answer this question. (The answer should be Ashok's sexual history or if he has been sharing needles while using drugs) Why? (To find out whether he has been exposed to the virus).

6. The Story of Ashok

Ashok had one girlfriend Sarita before he got married. Once he had fun with his friends drinking and had unprotected sex with a sex worker. Place a card named Ashok on the wall. Below it in a different colored card write girlfriend and sex worker and paste it below Ashok's name.

What are Ashok's chances of infection?

7. Ask the group what they need to know to answer this question. (Answer should be the sexual history of his two partners.)

8. The Story of Ashok continues:

Sarita had one boyfriend before she became friendly with Ashok. The sex worker has three clients each day.

Place cards of different colors – one for the boyfriend of Sarita and three other cards for clients of the sex worker.

### 9. The Story of Ashok continues:

This boyfriend had one girlfriend and one boyfriend. Each client of the sex worker has been with one girlfriend and another sex worker.

Place cards again. Continue this story so that the last level of cards has boys. The cards will look like this:

<b>Ashok</b>				
<u>Sarita</u>				<u>Sex worker</u>
Boyfriend		Man 1	Man 2	Man 3
Girlfriend 1	Boyfriend 2	Girlfriend	Sex worker	Girlfriend
Boyfriend 1	Girlfriend 1	Boyfriend 1	Man 2	Boyfriend 1
Boyfriend 2	Boyfriend 2	Boyfriend 2	Man 2	Boyfriend 2

10. Have one person in the last level have HIV and ask the group to trace whether Jaya will get HIV. You can have various variations on this to show how transmission takes place.

Make sure the group understands how HIV transmission can multiply. Remind the person that when you have unprotected sex with someone, it is like unprotected having sex with all of their sexual partners.

### **Variation**

Make a sponge cutout of a man and a woman. Have several additional cutouts of men and women. Begin by putting ink on one of the cutouts, say a man. Place it next to a woman cutout and see the ink transfer on to the sponge. Repeat it in different combinations. Now, take the original inked cutout of a man and place a condom over it, press the cutout over new cutouts of women (or men). No ink is transferred.

### **Review**

- *What did the group learn from this exercise?*
- *What should Ashok do to make sure Jaya his wife doesn't get HIV?*
- *What can Jaya do?*
- *Is Jaya at risk because she is only 16? (Answer - The mucous membrane in the vagina is very delicate at this age and can tear easily. If she is not sufficiently excited, the vagina will be dry and tear easily, making it easier for the HIV virus to infect her.)*

### **Linking Learning With Life**

How many of your friends have multiple partners? Do they know what risk they are at if they are having unprotected sex? How can you convince them to do the right thing? Can you plan an activity that will help a group of young people know what risk they are exposed to? Can you, if you are a boy, talk to a group of young boys about what you have learned today? What have you decided to change in your behavior because of the activity?

### **Experience from the field**

This activity works well with all age groups including adults. We can use pictures or puppets instead of different name cards while explaining the story. Some children stated that HIV risk is higher in the general population because we trust our partners. Some boys who had friends in the community who had “partners” shared this information with them. (CCDT, Mumbai).

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

Bring in a discussion on effectiveness of condoms and abstinence and be faithful. (Refer Information Sheet on ABC).

**ACTIVITY FIVE****STI Quiz****Group Check In**

1. Introduce the subject and tell the children that STI stands for Sexually Transmitted Infection. Explain that STIs spread when an infected person has sex with another and passes it on. HIV is an STI that is not curable, but most other STIs are treatable. If you have STIs, your chance for HIV infection rises by about 10 times. That is why treating STIs is very important.
2. On a flip chart, ask the children about some of the symptoms of STIs. If they do not know, list the symptoms.

Note: Also inform the children that not all STIs have symptoms or cause symptoms in everyone.

Almost 50% of people do not experience symptoms from STIs (especially women).

For Women

Unusual discharge and smell from the vagina (a milky white or light yellow discharge that does not smell is a normal discharge during a menstrual cycle).

Pain in the pelvic area (between the stomach and the vagina).

Burning or itching in the vagina.

Bleeding from the vagina in between regular periods.

Pain deep inside the vagina when having sex.

Fever.

For Men

Discharge from penis.

For Both

Burning and pain when you urinate.

Sores, blisters near sex organs, mouth or rectum.

Need to urinate often.

Swelling in groin near the sex organs.

Itching around sex organ.

**Additional Step in the Activity**

If STIs are a major problem in the group, you could have an exercise where the major STIs and their symptoms are explained to the group. A simple match-the-symptom-with-the-STI on cards can be used. (See Information sheet on STIs.)

3. On a flipchart write True and False. Write each statement on a card and give it to a group of three or four children. Each group reads out, discusses the statement and pastes it under True or False depending on their understanding.

Some examples (add others as you need according to the needs of the group):

- a. People do not always realize they have an STI;  
*(True. Some STIs are difficult to see or feel, especially in women. Sores may come and go. Because you do not see them doesn't mean they are not there)*
- b. If the symptoms of STI go away, the STI has also gone away;  
*(False. See above)*
- c. Once you get an STI, you do not get it again;  
*(False. You do not develop immunity against STIs.)*
- d. You can tell if someone has an STI by looking at the vagina or penis;  
*(False. More than 50% of STIs do not have symptoms).*
- e. Most STIs are curable;  
*(True. Most STIs – except HIV, herpes and genital warts – are curable if treatment is completed and done in time).*
- f. If you do not treat STIs, men and women (may have problems in being able to produce a baby) can become sterile;  
*(True. STIs can cause infertility).*
- g. Having an STI makes it easier to become infected with HIV;  
*(True. STIs create sores or small breaks in the skin of the penis or in the wall of the vagina that allows HIV to enter. Thus, HIV can easily pass to a sexual partner).*
- h. If I use birth control pills, I am protected from STIs (for children above 14);  
*(False. Abstinence from sex, being faithful to one sexual partner or condoms can protect you from STI).*
- i. If a doctor is treating me for an STI, my partners also must be treated;  
*(True. Both must be treated at the same time to stop re-infection).*
- j. Men who have an STI are cured if they have sex with a virgin;  
*(False. Totally a myth).*
- k. My friend had the same problem as me, so I will use the same medicine s/he took. There is no need to go to a doctor; and  
*(False. Self-medication or advice from a friend can result in a wrong or inadequate dosage. Visit to a qualified doctor is essential.)*
- l. If I wash with antiseptics frequently, the infection will go away.  
*(False. It is good to have good hygiene but medicine is necessary.)*

4. Do a short role play:

- a. Jaya sees her husband scratching his genitals and knows he is having a discharge. She has learned in the Kishori Group about STIs. How will she tell her husband to get treatment?
- b. Satish goes to the doctor for treatment of an STI. His doctor tells him to bring his wife. His wife is pregnant. How will he tell her?

What was the difference between the two? Who is more likely to go for treatment, why?

**Review**

- *Who could you go to for immediate help?*
- *Is going to the doctor difficult? Why?*
- *Why do women have problems taking STI treatment? What about Children?*
- *What sort of problems do your friends face? What do they do?*

**Linking Learning With Life**

Map the places one may go if one had an STI. The map should include places where only boys can go and where only girls can go. Identify both unqualified medical providers as well as public and private clinics. Discuss with the children the place one should go to for treatment and why. If possible visit a qualified doctor. (The facilitator may have to visit beforehand to prepare the medical staff for the children's visit.)

**Experience from the field**

The facilitator must read up on STIs and prepare well. A good rapport between the facilitator and the children is essential. This activity can be broken up into smaller ones because it has a lot of information. Visual aids help to simplify information. In this way, it can be used for children who cannot read or write.

Energizers as well as role plays helped to brainstorm and increase participation. Hesitation went away and children could discuss. (Salaam Baalak Trust, Delhi).

## Session Two: How can I Prevent HIV?

### Objectives

By the end of the session, children will:

- Understand and know that there are simple measures to prevent HIV;
- Learn that the correct use of condoms is important to prevent HIV transmission; and
- Learn about the different choices in HIV prevention and select one according to the situation.

### Key Points

HIV is transmitted through body fluids. Most HIV transmission in India is through the sexual route. It can also be transmitted through blood or from a pregnant woman to her unborn child or through breast milk. Prevention methods such as abstinence (delay having sex until marriage) as well as being faithful to your sexual partner are effective in HIV prevention. Abstinence is a 100% effective method as it eliminates the risk of sexual HIV transmission. Condoms are widely accepted as an effective means of HIV prevention, provided they are used correctly and consistently (only for children above 14).

The Fleet of Hope exercise brings the various aspects of HIV prevention together such as safe practices, risky behavior and vulnerability of different people and consequences of not protecting oneself. It also provides a context for the application of different life skills. The condom race (only for children above 14) is a fun way of learning how to use condoms correctly.

### Life Skills Learned

Self awareness, critical thinking, creative thinking, interpersonal relationships, decision-making, communication and problem-solving

### Time Required

30 minutes for Condom Race (only for children above 14)

45 minutes for Fleet of Hope (for all children).

### Materials

Activity One: Condoms

Activity Two: Flannelogram with a blue piece of cloth as background, three colorful paper boats, paper or cloth pockets for those who are in the water, cutout of a crocodile, 25 cutouts of persons of different ages, sex, job and status. These pictures may be drawn or cut out from magazines. The following must be included:

A well-dressed young man;

A pregnant woman;

A businessman;

A migrant worker;

A woman carrying a baby;

An island;

One blank card for each child;

Pens; and

Cello tape or velvet paper stuck behind cutouts.

**Directions:****ACTIVITY ONE****Condom Race (only for children above 14 years)****Group Check In**

1. This should preferably be done in single sex groups with older children above 14 years. Mixed groups are possible only if both sexes in the group are comfortable handling condoms. Introduce the activity that to prevent HIV, condoms are very important, but that one must know how to use them correctly. Inform the children that in this activity they will acquire skills on how to use condoms.
2. To give protection from HIV, the condom has to be used properly. Ask the group to demonstrate how a condom is used and list what they say. Divide the children into groups of three to four, and give a set of nine cards to each group. Give clear directions that the group must discuss, and place the cards in order beginning with the first action and ending with the last one. Do not number the points given below.
  - Check expiry date. If expired do not use it.
  - Check to see if the package is unopened.
  - Open the package with your fingers; do not use teeth or other sharp object.
  - Hold the condom at the tip and find the right side.
  - Penis should be erect when you slip it on.
  - Keep the tip squeezed and roll it on the penis. (This allows the semen to collect later)
  - After intercourse, hold the rim and pull it off while penis is erect.
  - Do not spill the semen; be careful.
  - Tie a knot, wrap it in paper and dispose it in the dustbin.

The cards may have pictures as well to make it easier for children who cannot read. Check whether each group has been able to place the cards in order. Clarify as required. If one group has placed their cards in the correct order, ask them to help others out.

3. Give each child a condom, let them feel, smell and play with them. Ask the children to go into their former groups and fill a liter of water in any one condom and check how strong it is. You could do a demonstration yourself if there is not enough time.
4. Discuss with the group how they felt handling the condom. Encourage them to talk about what they like and do not like about condoms.  
*(Do talk of the dual protection of condoms – STIs/HIV and as a contraceptive.)*
5. Ask the group to report and clarify as required.
6. Have a game where the groups now put the condom on a banana, bottle, and penis model. Time the groups but the condom must be put on correctly. This game is useful because sometimes the condom is put on in haste.

### 7. Role play

A boy of sixteen wants to buy a condom. He is scared to go to the shop to ask. What should he do?

A girl wants her husband/boyfriend to use a condom but he does not do so. Can she get a condom to give to him? What will he think? What should she do?

*Remember if you are not abstaining and having sex with unknown partners, multiple partners or sex workers, you should use a condom.*

### Variation

The condom can be introduced and its correct use demonstrated or understood before this session is started. This could be done through the use of penis models.

A condom album with different types of condoms in packets and out-of-packets can be passed around.

Instruction for facilitators – Conduct this activity with children above 14 only. Stress that delaying sex till marriage and being mutually faithful to one partner are the most effective methods for STI/HIV prevention. Consistent and correct use of condoms is 80-90% effective in preventing STIs/HIV. It can also prevent unwanted pregnancy.

### Review

- *How did you feel while handling a condom?*
- *How was the role play different for the girls and the boys?*
- *What are the problems in getting a condom?*
- *What are the solutions you can think of to solve this problem?*

### Linking Learning With Life

Map the places where you get condoms. Do a simple survey to find out how to access condoms. This can be done in pairs or in groups of three. Some sample questions are:

How many places display condoms? Are there any places where you can get them free? Where do girls go to get condoms? Boys?

Analyze results and discuss with the children what to do next. Who will find the information useful? How should it be disseminated? What is the outcome of providing this information?

## ACTIVITY TWO

### Fleet of Hope

#### Group Check In

1. Gather the children in a circle and tell them that the story is about a terrible flood that came to a village and what the people in the village did. Tell the children that they are expected to help develop the story. The facilitator can name the village and the characters in the story to set the context for the exercise. There is a natural progression to the story and facilitators are advised to follow the steps. If local translations of terms are used, ensure that the words do not confuse the understanding of the issue. Proper materials and props must be used for this exercise and facilitators are urged to practice the story to make the flow and the pace of the story appropriate for the audience.
2. The village gets flooded every year and each year the flood waters are higher. It began to flood so much that houses were flooded in villages and towns nearby. But the flood would not stop. **(lay the sheet on the ground)** This is the flood and in the flood there were many dangers **(put a crocodile on the sheet)** This is a dangerous flood. It is the flood of HIV. At first, people did not know what was happening. They thought it would go away. They thought that it would not come to their village. But the flood waters kept rising year after year. To escape the flood the people moved to higher ground, climbed trees and roofs of houses. But the flood would not stop. What should you do to escape the flood? **(A boat should be the answer)**

There are three different boats available for the people to escape the HIV/AIDS flood.

They are called:

- i. Abstinence;
  - ii. Mutual Faithfulness; and
  - iii. Condom (only for children above 14).
3. Discuss what each of the terms means. Label each of the three boats (two boats for children under 14) with these words or local words that children use.

#### The Story Continues

Each person in the village can choose which boat they want to get on, depending on their culture, religion, character or way of life. Different people climb onto each of the three boats. The boats stay close together so that it is possible to change safely to another boat.

If you look into the water, there are some people who are swimming in the water. They have missed the boats because some could not change their way of life and some did not see the flood coming. Some are trying to climb back.

4. Ask the children to choose which boat they feel they would like to get into. Remember to tell them that they can change the boat any time they like. They must remember to stay on the boat and not to get into the water. An example could be as follows: Let's suppose that because of our religious beliefs or cultural beliefs we are in the abstinence and faithfulness boats all the time. But circumstances may change so that it may be difficult to stay on those boats. Then we must have a condom boat; otherwise we will fall into the water, which is dangerous.
5. If the earlier sessions have been completed, the children would know how HIV/AIDS is transmitted through several routes. You could still have a trial run so that the children understand the exercise.

Place one cardboard figure each of a man and a woman in the abstinence boat. They have just met. They had been in the water but now they are in the boat. Ask the children if these two people will stay on the boat if any of the following things happen:

*Share a cup of tea (totally safe);*

*Hold hands (totally safe);*

*Falling in love, decide to marry (totally safe);*

*Kiss (very safe unless they have sores in the mouth);*

*Have sex using a condom (change to condom boat. Very safe if the condom is used properly); and*

*Have sex without condom (very unsafe. They go into the water, head first with feet sticking up – bring humor, it adds impact).*

6. Take the cardboard character of a pregnant woman or a woman carrying a baby. Where would she go? *(The baby has a two out of three chance to be without HIV).*
7. Introduce the characters in the community and give each of the children one character (except the young man). Give each child a different character from who they are, e.g., a girl gets a boy character and a boy gets a girl cutout.
8. Ask the children to give their cutouts a name, introduce who they are, a little bit of their lives and why they are in a particular boat. Ask each child: Why is the person on that boat? How does s/he feel? Does s/he have problems? Would s/he have to shift to another boat? Why and when? How can we help this person deal with the issues and problems they may be facing?
9. Explain why people sometimes change boats.

#### 10. The Story Continues

Show the cutout of a young man. Say this man has been faithful to his wife but now he has to go to a big city for work. He is on the abstinence boat. He is away many months. He misses his wife and one day goes out with his friends for a drink. He meets someone or (goes to a sex worker). If he decides to have sex with her, he must get on the condom boat; otherwise he will take a dive in the water.

*If you cannot stay on the boat you are in, change boats but make sure you are out of the water.*

**Variation**

Use two narrow sticks about 2 metres long. One should be colored half white and half blue and is known as the Abstinence (white)/Faithfulness (blue) bridge. The other stick should be yellow and is known as the Condom Bridge. Explain to the children that there is only one Bridge – the Abstinence/Faithfulness Bridge to cross a river. Place this stick on the ground with a blue sheet around it to show water and some cardboard cutouts of crocodiles. Place a green piece of paper at the end of the stick to show an island. Invite children to walk one by one on this narrow stick, keeping their toes from the back foot to the heel of the front foot. This makes it an exercise requiring balance. Ask some children to cross this dangerous water using the bridge. Clap if they reach the other side. If they fall into the water, ask them to stand on one side until another bridge is built. Place the yellow stick Condom Bridge parallel to the previous stick but one foot away. Ask the children to once again cross the Abstinence/Faithfulness Bridge but this time, if they lose their balance, they can use the Condom Bridge to steady themselves. The children will be able to walk easily. Discuss with them – Are two bridges better than one? Why? Can some use just one bridge? What can make it harder to use the bridge (for example, if you have had too much to drink or a risky relationship)? Encourage discussion.<sup>23</sup>

**Review**

*Depending on what the children said, discuss and clarify issues about HIV. Discuss how we can behave in a safer way.*

**Linking Learning With Life**

The children can present this story to other children. Ask the children to develop other characters depending on the situation they are in. A later session can incorporate real life stories (with different names) where children could say how they had helped a friend stay on the boat.

***Tips for the facilitator***

The exercise should conclude with:

- Abstinence is a 100% safe method of eliminating sexual risk of HIV.
- Reduction of sexual partners and being faithful to one sexual partner reduces risk of HIV infections; and
- Using condoms correctly and consistently with all sexual acts significantly reduces the risk of HIV.

<sup>23</sup>This exercise is adapted from Bridges of Hope and is known as walking the Bridges. See <http://www.bridgesofhope.info>

## Session Three: Living with HIV

### Objectives

At the end of the session the children will learn to:

- Understand what universal precautions are and how they can protect themselves;
- Learn to be sensitive to the problems of children infected with and affected by HIV; and
- Find ways to empathize and care for children living with HIV/ AIDS.

### Key Points

Caring for someone with HIV is safe if universal precautions are followed. Children and families

living with HIV have the right to be treated with dignity. If we care and love someone who is living with HIV, we can help them and ourselves in many ways. If we show compassion, others in the community are likely to follow. The activities in the module on “Coping with feelings” may be useful here.

### Life Skills Learned

Empathy, communication and critical thinking

### Materials

Cards, markers, some gloves or plastic bags

**Directions:****ACTIVITY ONE****The Glove Game****Group Check In**

1. Discuss why it is important to use universal precautions. This means that one must know how to protect oneself in situations where there is a risk of blood borne infections like HIV. It is difficult to know whether a person is infected because many people are in the “window” (symptom-free) period or may not have any symptoms.
2. Universal precautions create barriers between the doors of entry (mentioned earlier) and the fluids carrying blood borne infections like the HIV virus. In daily living, one of the ways that HIV can be transmitted is through blood. Gloves are a very good way to protect oneself because they create a barrier. If you do not have gloves, plastic bags can be used to cover the hand. It is also important to wash hands thoroughly after exposure. All these precautions also protect from Hepatitis B, which is more infectious than HIV. This exercise should not scare persons living and working with HIV persons, but should help in caring for them.

Some of the situations where protection is needed:

- If a person is bleeding, hand them a piece of cloth and ask them to stop the bleeding themselves until you can wear gloves to help them; and
  - With a glove, wipe blood spills immediately and then wash with a bleach solution. Put soiled clothes in a plastic bag and dispose.
3. Give each child a glove or a plastic bag to place on one hand. Enumerate different situations that may or may not require the use of a barrier such as a glove. If a glove is needed, they raise their hand. Otherwise they do not. This exercise also helps the facilitator to check if the children know how HIV is not transmitted.

Some sample statements are:

- A young person bleeds and the wound needs to be covered or dressed (glove);
- Someone you know has HIV or is sick with AIDS and you shake hands (no glove);
- Cleaning bloody mucous from a person with TB (glove);
- A child falls and bleeds (glove);
- A child’s tooth falls off and is bleeding (glove);
- A friend who has HIV asks you to have dinner (no gloves);
- A friend with HIV needs help in disposing sanitary pads during menstruation (gloves);
- At a clinic, the nurse has to dispose an used syringe and needle (gloves); and
- A person with AIDS asks you to sit on the bed and provide comfort (no gloves).

### **Review**

- *Do the children find this information useful?*
- *Would it be difficult to remember?*

### **Linking Learning With Life**

Children plan to spread this message to those who may be affected by HIV. Facilitator helps plan dissemination through different methods.

### **Experience from the field**

The activity worked well and was very informative. Information on “window period” was provided because the children wanted to know more. (CCDT, Mumbai).

This activity is very useful for Yuva Sabha group, youth group and peer education program.

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

Instead of gloves, one can use clean plastic bags.

## ACTIVITY TWO

### If I am a Person Living with HIV/AIDS

#### Group Check In

1. Discuss how society discriminates for different reasons such as caste, community, being a girl and by profession (such as sex worker, those who work in slaughter houses, who clean toilets). Ask if anyone has experienced discrimination and how s/he felt. Did they think it was different from the stigma of having HIV/AIDS?

A short role play can be conducted here if someone's experience is clearly discriminatory.

2. Ask for a volunteer to be a person living with HIV, give them a sign that says, "I have HIV" and make the person sit in the middle of the room.
3. Make four reaction cards and distribute them to four people.

*Reaction Card 1:* You start shaking the hand of the PLHA, read the sign, "I have HIV," and quickly pull your hand away. Run to a sink and wash your hands again.

*Reaction Card 2:* You go to the person with HIV, read the sign, and say, "You must be joking! You have HIV! Then why have you come here to work/school/live?" Leave the room quickly.

*Reaction Card 3:* You go to the person, read the sign and say, "You must be a former injecting drug user. You should be locked up somewhere where you cannot harm us." Leave the room.

*Reaction Card 4:* You go to the person, read the sign and shake the PLHA's hand and say, "It is nice to meet you. My name is ....." Sit down next to him/her.

4. Remind the persons with the cards to act out the scene in slow motion. To make it dramatic, they can freeze the acting like a picture while you ask the audience what is happening and then continue with the scene.
5. Introduce the scene most relevant to the group: this is a village, these are the people who live here or this is a street or this is a school. You can add or change the reaction cards, but remember to have one reaction card that is positive.

#### Review

- *How did the person with the sign PLHA feel?*
- *What did the audience think of the different reactions? What would they have done?*
- *Do such situations occur and have they seen them? Ask them to share.*
- *If you were a person living with HIV, how would you like to be treated?*

### **Experience from the field**

The role play made the children think about not discriminating against children living with HIV. (Salaam Baalak Trust, Delhi).

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

We can use songs during the role play.

### **Linking Learning With Life**

Invite someone with HIV to come and discuss with the group how it feels to be HIV+ and how, in that person's experience has society reacted to it. It is helpful to have a positive experience presented so that the children can think of ways of empathizing and caring for others.

Children can plan on how to work with children who may be infected or affected with HIV.





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**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Module 9

## Substance Use



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

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# MODULE NINE: Substance Use

Substances of different types are available to give a 'kick' or a 'high.' These substances range from socially acceptable substances (such as cigarettes, tobacco products and alcohol) to medicinal drugs (prescription and over the counter drugs, such as cough syrups, sedatives, tranquilizers) to inhalants (typewriter eraser fluid, glue, solvents) to illegal drugs (such as ganja, cocaine, crack, opium). Sometimes introduction to one type of substance can lead to experimentation with others.

More and more young people are experimenting with different substances and at a comparatively early age. Peer pressure, one's own need to release stress and the lure of advertisements are some of the common reasons why people take drugs. It is advisable to help young people take protective and preventive measures because most substances are habit forming and quickly become addictive. Young people are often preoccupied with themselves and do not realize that their behavior affects and hurts their families and those who love them.

One of the problems in helping young people make healthy choices is the threat of HIV. Use of substances, except in the case of injection drug use (IDU), does not directly pose a risk of being infected with HIV. But substance use impairs critical thinking and good decision-making. That is why the chances of risky behavior and HIV infection increase dramatically with substance use.

One of the difficulties of working with young people lies in getting them to deal with "responsible" use of

widely used substances such as alcohol. Although this is a realistic option for those already into experimentation, saying "no" is still an option worth exploring. Determining "how much is enough" is difficult; hence, it is important to emphasize the importance of saying "no" to those children who have yet to try any of the substances mentioned. In the case of drugs, young people begin with the less harmful and addictive chemicals and graduate to more harmful and addictive chemicals fairly quickly causing problems in physical, emotional and social functioning. Most of the harmful chemicals are also more expensive, thus leading to risky behavior to satisfy urges to take the drug.

Because powerful persuaders such as advertisements, peers, myths and beliefs exist, it is important not to moralize or preach. Useful strategies include informing young people of the ill effects of substance use, suggesting alternative means of de-stressing and relaxing, Life skills training to enable them to make good choices and providing a supportive and empowering environment to say "no." Clearly, providing only information is not enough. Young people have to be helped in developing skills to cope with their problems and resist pressures to use these substances.

It is recommended that relevant sessions and activities from Modules on Relationships, Communication and Decision-making be included according to the needs of the participants.

### SESSION ONE

#### **Understanding the Risk**

What are the different types of drugs, why some young people use them and some do not, the lure of advertisements and how our loved ones are affected by what we do are explored in this introductory session. There are three activities in this session.

### SESSION TWO

#### **The Problem with Substances**

Children use different substances and the session explores each of these substances and their effects. There are four activities in this session.

### SESSION THREE

#### **Protecting Myself and My Friends**

Myths and facts about substance use and the strategies to protect oneself, support positive peer influences and make good decisions are explored in this session. Techniques learned in other modules are also reviewed here. There are three activities in this session.

# Session One: Understanding the Risk

## Objectives

By the end of the session the children will be able to:

- Know the different types of substances used by children;
- Understand the reasons why young people use these substances; and
- Understand the consequences of taking these substances and the risk of HIV.

## Key Points

Young people experiment and use different substances at an early age. The decision to take these substances is often made without any prior thought and without an understanding of the long-term consequences. Many young people also feel that they will either not “have such a problem” or if they do they will be able to “manage it well.” Neither has proved to be true. Young people also

need to understand the role of the media and how it influences behavior.

## Life Skills Learned

Self awareness and critical thinking.

## Time Required

50-60 minutes for each activity. Activities may need to be broken up into two sessions.

## Materials

Flip charts, markers and cello tape.

Activity Two: Old magazines and scissors.

Activity Three: Pictures of liquor bottle, syringe, illegal and legal drugs, family (mother, father, siblings, others) friends as required, situation cards of house, street, shop and school as required.

**Directions:****ACTIVITY ONE****Your Choice of Drugs**

1. Ask the children what drugs they have heard of or know that their friends are using. This might include charas, ganja, medicines (over the counter), and typewriter eraser fluid. If alcohol, cigarettes, “bidis” (rolled cigarettes) or gutka (chewing tobacco) are not mentioned, add them.
2. Divide the children into two or three groups. Ask each group which drugs they feel are “good” and which are “bad.” After each group makes its presentation, help the children look at and understand the differences. Explain how differences reflect values, what friends think, culture, religion and influences of the media.
3. Classify the substances:

<b>Socially Accepted Substances</b>	<b>Over the Counter drugs</b>	<b>Prescription Drugs</b>
Alcohol	Paracetamol	Barbiturates
Tobacco	Aspirin	Tranquilizers
Gutka	Cough syrup	Analgesics
Country liquor	Codeine, Loperamide	Spasmoproxyvon
<b>Illegal drugs</b>		
Ganja	<b>Inhalants</b>	
Crack	Benzene	
Cocaine	Petrol	
Charas	Glue	
LSD	Kerosene	
Heroin		

Explain the different types of substances. Over the counter or prescription drugs are used in excess, not for a cure of an illness but to attain a “high.” Some substances are illegal such as cocaine, charas, etc. The socially acceptable substances are not illegal and can be bought and sold. However, sellers are not supposed to sell cigarettes or alcohol to children below eighteen years. Gutka which is a tobacco extract has been promoted as a mouth freshener but has addictive substances and unwittingly, many young people have suffered from serious mouth and throat disorders, including cancers. Other tobacco-related substances include bidis, hookahs, and betel leaf with different stuffings such as misri, pan-masala, mawa and others.

4. Explain that some substances carry a high risk for HIV, such as drugs that are injected and sharing of used needles. Also discuss that alcohol and addictive drugs impair judgment and indirectly place a person at risk.

5. Read the following story:

R went with some friends to see a movie. Then they all decided to go to T's house. Nobody was there and they could drink as much as they liked. R just had a fight with his girlfriend/at home/ with his employer and got quite drunk and then T started smoking a cigarette he had rolled. R did not want to smoke but T told him to have just one puff. He did but had no clue what happened next. All he knew was that when he awoke, there was a raid in the brothel and he was caught there. He is worried about his health and what he may have done.

6. Discuss why R took those drugs. Then brainstorm why people take any drugs. The list could look like this:

- To forget;
- To keep up with friends;
- Because they feel lonely;
- Because they feel hopeless;
- To feel happy;
- Considered glamorous (advertisements promote, movie stars use them);
- To try it just once – to experiment;
- They like the feeling;
- They are addicted to it;
- To relax; and/or
- To have fun.

7. Discuss how these drugs put R at risk of HIV.

8. Discuss the consequences of taking drugs. Ask children to make a list. The list may include:

- Unable to coordinate movements;
- Arguments and conflicts;
- Interferes with decision-making;
- Dulls senses;
- Violent behavior;
- Intensifies or depresses feelings or moods;
- Unable to communicate clearly;
- Stealing;

- Failure in school/work;
- Trouble with the police;
- Getting STIs or HIV;
- Having sex;
- Taking risks; and/or
- Problems with family, friends and at work.

9. Ask the children why some people do not take any of the above substances

- Bad for health
- Illegal (in some cases)
- To avoid risk of HIV
- Can solve problems in other ways (meet a friend if lonely, play a game)
- Have better ways to relax
- Values prevent me from taking drugs
- Want to be in control of myself
- Friends cannot push me

10. What could R have done to avoid the HIV risk situation? Ask the children to suggest a different ending to the story incorporating this idea. Do a role play with different endings.

### **Review**

- *What did the children feel about this session?*
- *Is it important to discuss issues of substance use with young people?*

### **Linking Learning With Life**

A variety of activities can take place. Children can decide if they need to know more about the effects of substance use. They can visit a de-addiction center and interview a patient and the family. They can also meet someone who was formerly a drug addict and is willing to share experiences.

Children can map the places (if it is safe to do so) where legal and illegal drugs can be obtained. They can also map the bars where alcohol is available in the community.

Children may offer other suggestions such as interviewing friends, gathering information and doing a street play or informing other young people.

### Experience from the field

Children already knew the places and shop where the drugs were available and how to ask for them. (PCI and Salaam Baalak Trust, Delhi).

Brainstorming helped children to recall and share their own examples. Some children shared that they wanted to quit drugs. Children said that the connection between drug abuse and HIV became very clear. (Salaam Baalak Trust, Delhi).

### Tips for the facilitator

- Explain with examples which drugs lead to addictions and which do not. Role-play of the story in the toolkit is helpful.
- This is a long exercise and the activity can stop after point four and continue with the story in the next session.

## ACTIVITY TWO

### Advertisements Do Not Lie

#### Group Check In

1. Introduce the activity by doing a quick exercise of some catchy jingles or advertisement slogans and ask the children to identify the product. Brainstorm why one remembers these slogans so effortlessly (the way they are presented, who is in the advertisement, a song, a scene, dialogue and so on).
2. Discuss with the children some of the very popular advertisements for alcohol, cigarettes, gutka. Present a popular print ad and explore the message, layout, why it appears attractive, what information it does not give.
3. Ask the children why they found the advertisement attractive.
  - A glamorous person was using it
  - Showed a rich lifestyle (so if you use the product, you belong to that style of living).
  - Happy people (if you buy this, you will feel happy).
  - You are unique if you use the product.

Show the children how a magazine or a TV serial has a lot of advertisements. This is how the TV or magazine makes money. The advertisements tempt us to buy and that is how the companies make money from us.

4. Discuss what the advertisement does not show. For example, if you take alcohol, your breath smells. If you have too much alcohol, you may vomit. Or you may fall because you lack coordination. If you smoke, your teeth are stained and you cough. Also discuss how the cost of the product is never mentioned so that you are tempted first and then made to pay later.
5. Divide the children into two or three groups and ask them to select an ad from a magazine or recall a popular one from TV. As a group, they discuss how the advertisement tempts you to buy. Now ask the children to make a new advertisement that speaks the truth and present it. They can draw a picture or role-play. Ask the rest of the group for comments.

**Review**

- *Would the children buy the product with the “new” advertisement that tells the truth?*
- *Why is it important to be critical about the advertisements especially for alcohol?*
- *What risky behavior can advertisements lead to?*

**Linking Learning With Life**

Ask the children to observe a favorite TV show or movie and analyze the advertisements that are displayed for alcohol or tobacco or some of the risky behavior shown on the TV or a movie. What were their feelings? Has their critical thinking changed?

If there are “unregistered health providers” in the community, ask the children to observe how they advertise. How true are the messages they write?

**Experience from the field**

Advertisements for cigarettes are banned and advertisements for liquor are disguised as soda water. INP+ Namakkal made a collage of advertisements that ‘suggested’ alcohol and a racy lifestyle. They then asked children to comment. In this way, the activity was introduced. It also led to a lively discussion regarding what is shown on TV serials and in print media. (INP+ Namakkal)

**ACTIVITY THREE****The Circle of Hurt**

1. Divide the children into two groups or three depending on the size. Tell them that we are going to make up a story.
2. Children are given the pictures of a family (or persons on the street depending on the children’s situation). On a flannelogram, ask them to use the pictures they want in their story. Any of the situation cards may be used as well. Give them the pictures of drugs, liquor bottle and syringe and ask them to stick them on to the picture of the person using them. By building a story, children do not talk of painful personal experiences but are able to describe how one person’s addiction can hurt many people.

Suggest that children can build their stories around the following:

What substance is being used? Where was it obtained? Who is using it? What happens to that person and to others? How do they feel?

3. The groups share their stories and comments.

**Review**

*Ask the children what they have learned from this activity.*

## Session Two: The Problem With Substances

### Objectives

By the end of the session, the children will:

- Understand the harmful effects of smoking and tobacco;
- Understand how alcohol affects judgment and increases the risk of acquiring HIV;
- How Injection Drug Users (IDUs) are at high risk of acquiring HIV; and
- How other legal and illegal drugs and substances can harm and increase the risk of HIV.

### Key Points

Substance users are predisposed to HIV risk by unsafe sexual behavior. Drugs injected into the body provide direct entry for HIV to enter the body. The use of any substance can raise the

chances of experimenting with others. The need to belong, to be “cool,” to withstand stress are common reasons for beginning smoking. Similar reasons are cited by young people for trying out other more addictive substances that enhance the risks of HIV and unsafe sex.

### Life Skills Learned

Self awareness and critical thinking.

### Time Required

30-40 minutes.

### Materials

Flipchart, markers and cello tape.

**Directions:****ACTIVITY ONE****To Smoke or Not**

1. Ask the children to share the time when they first experimented with smoking or other forms of tobacco use, how old they were, what their feelings were at that moment, who introduced them to it, and why they did so (to be part of a group, cultural practice, to pass time and to be adult-like).

Mention the different forms of tobacco-use.

*Smoking* – cigarettes, bidis, cigars.

*Chewing* – gutka, masala (type of mixture), paan (betel leaf).

*Inhaling* – snuff.

Do not forget to mention the widespread use of tobacco by girls and women.

2. Ask the children if they know what the ill effects of tobacco are. The facilitator can make her/his point with a small experiment. S/he can also use the videos on smoking available from the local health department, hospitals, and media units of NGOs. The facilitator should first review the videocassette and use parts of it as required. A visit to an oral cancer department, if feasible, makes the problem very real.
3. Give each child a wide straw and ask her/him to place it in their mouth. Instruct them to hold their noses tight shut and breath in and out only through the straw. Increase and decrease the speed of inhaling and exhaling by calling out faster, slower, etc. Do this for a minute. Remind the children to stop the activity if they feel discomfort. At the end of the activity, ask the children how they felt.
4. Now give each child a narrow straw and repeat the activity. The children should feel difficulty in breathing. As before, give instructions to stop if there is difficulty in breathing. Ask the children how they felt.
5. Ask the children to take deep breaths without any straw. How did they feel? Explain to the children that what they have experienced is what smokers who have been smoking for a long time feel. The children had to breathe air through the straws big and small. In each case they had to breathe more often to get the same amount of air in. As a result, their heart rates went up. Inform the children that passive smoking is equally dangerous since we inhale the same smoke.
6. Explain that chewing tobacco makes the mouth very sensitive and makes chewing or swallowing difficult. Ask the children if they know anyone who has such problems. What do these people complain about?
7. Discuss with the children the different types of cancers that people get in their lung or mouth because of tobacco use. An unborn child may be born mentally disabled if the pregnant mother was a smoker or even a passive smoker.

### Experience from the field

*Adaptation:* A burning agarbatti (incense stick) can be held against a wall. The wall will turn a little black. If you hold the agarbatti near the wall for a longer period of time or repeat the action, the wall will get a darker and deeper mark. The facilitator explains that this is similar to the impact on lungs while smoking.

### Review

- *What was the difference in breathing with and without straws?*
- *Would a reduced ability to breathe affect their life, such as in playing, working, living?*

### Linking Learning With Life

Ask the children to observe people who smoke and their physical problems. Do they cough? Do they have trouble breathing? How do they think young people can be helped to not smoke? Observe their fingers and teeth. If possible, ask the children to form groups of three to interview a smoker and a non-smoker. Or invite a young person who gave up smoking to talk to the children in the next session.

## ACTIVITY TWO

### IDU and Risk: Pass the Needle

*Activity three from session three, which comes later, may also be used as an additional activity.*

1. Explain that drugs can be injected into a vein. HIV transmission is linked to IDU and if there are more IDUs, the chances of acquiring HIV are higher since getting infected from sharing needles is also likely to increase. Remind the children that if a person is infected from injection drug use, s/he can pass on HIV through sexual intercourse or blood donation (if the donated blood is not tested) because the user carries the virus in his/her body.
2. Pour water into two cups. In one cup add a drop of red color and stir. The cup should now have red colored water. Place a dropper inside this cup. Tell the children that the cup represents a person living with HIV and the dropper is the syringe used for injecting drugs. Squeeze the dropper so that some red liquid rises in it. Squirt it back into the same cup making sure that a drop or so of the red liquid remains in the dropper. Inform the group that the person living with HIV has just injected a drug into the vein.

Now the person living with HIV is going to share the syringe with someone who does not carry the virus. Place the dropper in the other cup of clear water and release the drop of red color. The water should become pink. Inform the children that the infected blood has now made the HIV- person into a Person Living with HIV/AIDS.

3. Ask the children if they know how the HIV virus spreads from injecting drugs. Explain that it is a misconception that injecting drugs straight into the muscle, or directly into a vein or in the skin makes it safer. Mention that only a very small amount of blood is needed to infect because it enters straight into the body. A small drop of blood can contain a lot of HIV.

4. Discuss with the children that even though many IDUs are aware of the risks, they ignore the knowledge because of cravings. This impairs their ability to practice safe behavior such as using new or sterilized needles, taking oral drugs or stopping drugs altogether. But if they tried hard, s/he can quit substance use.

Also discuss:

- a. You cannot tell by a person's appearance whether s/he is infected with HIV; and
- b. Once you are infected by HIV, you are infected for life.

### **Review**

- *What happens if a person is reinfected (the second cup)?*
- *If you are infected with HIV, will it show up immediately in a blood test?*

Discuss how quickly one gets infected with HIV through IDU.

### **Linking Learning With Life**

The facilitator could arrange a visit to the de-addiction center and an interview with a person who has given up injecting drugs. Encourage children to ask questions. Those young people already into injecting will require professional help. The other life skills activities may also be carried out according to need.

### ACTIVITY THREE

#### Alcohol Abuse

1. Ask a volunteer to play the role of a drunken person. On the basis of this role play, discuss with the children what happens when a person gets drunk: cannot walk straight, speaks in a slurred manner and loses all control over oneself. How did the person feel after the alcohol levels in the blood stream had subsided? Usually the person feels worse, gets a headache and may throw up. Conclude the discussion by pointing out to the children that even though alcohol initially makes a person feel good, the good feeling ultimately subsides and results in painful feelings.
2. Tell the children that all of us are going to experience what it feels to be on a “high.” This could be through alcohol or drugs.
3. Take two sticks and place them at one end of the room. If you are playing the game outside, stick them into the ground. At the other end, divide the group into two and place each group in front of one stick. The first person must go once around the stick and return to the next person in the line. The second must go twice, and so on. The group that finishes first wins.

#### Review

- *How dizzy did everyone feel? Did someone feel dizzier than others?*
- *Why was that? Did the number of times a person went around the stick affected the degree of dizziness? Could this be related to the amount of alcohol or drugs used?*
- *Was it difficult to run back to the next person in the line? Explain that this is what happens when one takes alcohol or other drugs and that the more one takes, the less control one has.*
- *Point out to the children how critical thinking could be impaired by the consumption of alcohol or drugs. The children could not even return in a straight line to the next person in the line. Can the child who is on a “high” be able to use a condom (only for children above 14) or protect him/herself from unsafe sex or other risky behavior?*

#### Linking Learning With Life

Divide the children into two or three groups. Ask them to play the role of a drunken person on the street, at home and at work. How did each behave, and what happened when s/he interacted with others? What risky behavior could take place due to the person’s drunken state? How did the person become drunk so quickly? What happened afterwards?

**ACTIVITY FOUR****Pop and Inhale: Drugs and Inhalants**

1. Give each child a piece of paper to fold into four sections, like a square with four boxes. In each box, the child should write four things that are very important to them, such as some persons, what they possess, something they really like to do, something they treasure and is special. Children can draw or write.
2. Children will identify four different types of drugs such as inhalants (thinner, glue, paint solvent), amphetamines or cough syrups, heroin, and marijuana. The children share the information they have about the drugs.
3. As each drug is named, the child will tear one box and place it on the floor next to him or her. When all four drugs have been called out, all four boxes will be on the floor and the child will have nothing in his hand. Ask the children to read what they lost.
4. The facilitator lists all that the children have written and adds the following if not mentioned:
  - Family breaks up;
  - Jobs are lost;
  - Crimes like stealing start to pay for the drugs; and
  - Conflicts with friends.
5. Ask a child what problems one could have that could make a person want to try drugs. Take two or three examples, and ask the children whether there were any other ways to handle those problems other than to take drugs. Do some brainstorming and inform the children that this will be explored in greater depth in the next session.

**Review**

- *Why did you select these four important things among many others?*
- *Who uses these drugs?*
- *Are they available?*
- *How did you feel when all that you possessed that you loved disappeared? How would the people you “lost” feel about you?*
- *What do you do if you have a problem? Where do you go?*

**Experience from the field**

Children liked writing their important things and wanted to write more than four. Tearing the chit really made them understand how the important things in their life were being taken away. (Saalam Baalak Trust, Delhi).

**Tips for the facilitator**

The objectives of the session must be shared with the children.

**Linking Learning With Life**

Map the places where you get the illegal drugs and other solvents. This should only be attempted if it is safe. Who uses them? Can any plans be made to raise awareness among young people?

# Session Three: Protecting Myself and My Friends

## Objectives

At the end of the session the children will:

- Identify protective strategies against the use of drugs;
- Be able to reduce the negative effect of drugs and substances and the risk of HIV/AIDS;
- Examine the myths and beliefs surrounding HIV/AIDS risk and substance use; and
- Use critical thinking to make wise choices and learn positive ways to handle stress and emotions.

## Key Points

Many of the life skills, such as critical thinking, decision-making, assertiveness and peer pressure (to name a few) learned in earlier sessions are required in order to be able to say “no” to drugs.

Taking drugs is mostly a social activity and therefore helping friends to overcome their problems related to drugs helps one’s own self as well. Recognizing situations that tempt one to experiment goes a long way toward prevention. Staying away from drugs and other substances is still a preferred option over “responsible” use.

## Life Skills Learned

Critical thinking, communication and decision-making.

## Time Required

30–40 minutes for each activity.

## Materials

Flip chart, markers, cello tape and toffees for Activity Two.

**Directions:****ACTIVITY ONE****Myth or Fact:**

Divide the group into two teams. Each team gets to choose a statement card and answer 'true' or 'false' to that statement. If the answer is correct, the team gets one point and if the explanation is right, an extra point is given. If an explanation is incorrect or incomplete, the facilitator must immediately clear up the misconceptions before going on to the next statement. The team with the most points wins.

- a. One or two cigarettes a day cannot harm me.  
*False. Smoking is harmful. Cigarettes contain a very large number of toxic chemicals (about 4000) that harm us. Besides, young people can get addicted by smoking just one cigarette a day.*
- b. Inhaling glue or paint thinner or petrol or nail polish remover or whitener is safer than other substances. Eating iodex on bread or fevicol (a brand of glue) is safer than other substances.  
*False. Death can occur at the first attempt to sniff. This can damage the brain, and cause personality changes.*
- c. Drug use in pregnancy is dangerous.  
*True. There is a possibility of miscarriage, low birth weight and developmental delays.*
- d. Sharing a needle cleaned with water is safe.  
*False. The needle and syringe must be cleaned with water and bleach or should be boiled for 20 minutes before reusing. Sharing needles should be avoided. Disposable syringes can be used but should not be reused.*
- e. If you use 'lower level' legal drugs like cough syrups and prescription drugs, you will be safe from addictive drugs like heroin, crack and marijuana.  
*False. Most addicts say they started off this way and quickly moved to more dangerous drugs. Besides, legal drugs (tip for facilitator - use local names so children can understand) are equally addictive.*
- f. Drugs help a person manage his or her problems.  
*False. Drugs may temporarily make a person forget or feel better. But the problem does not go away. In fact, by substance use, one more problem is being created.*
- g. More young people are beginning to use drugs and alcohol.  
*True. Advertisements, stress, peer pressure are pushing young people to experiment at earlier ages.*
- h. Alcohol is a sexual stimulant.  
*False. In fact it weakens sexual performance. It also impairs judgment and condom use becomes difficult. What it does is loosen one's inhibitions, making a person take sexual risks that would not be taken if sober.*

- i. Using more than one drug at a time is dangerous.  
*True. The effect of more than one drug is unpredictable.*
- j. Those who take drugs should be punished. That is the quickest way to solve the problem.  
*False. Punishing does not solve the problem. It is important to prevent young people from taking drugs. Many young people take drugs because they have insufficient information or are pressured by peers or do not know how to deal with emotional problems.*
- k. If I smoke or drink at a party, I will be liked.  
*False. People who matter will like you regardless. The others are not worth the friendship.*

If children have any doubts or misconceptions, clarify these as well. Add other statements according to the prevalent myths and beliefs.

## ACTIVITY TWO

### Tempt Me, Tempt Me Not

1. Divide the children into three groups. Give each person in the first and second group a toffee. Request the group to follow the directions carefully. The children in the third group should observe the behavior of the other two groups.
2. The facilitator takes the first group out of the room and explains that they must eat the toffee in front of the second group and encourage them to do the same. They must try their best to convince them.
3. Take the second group out of the room and ask one half of them to unwrap the toffee and the other half to take a small bite in front of the first group and then keep the toffee in their hand, just near their mouth.
4. After a few minutes, stop the activity and ask group three to check if anyone in group two has eaten both types of toffee. One was unwrapped and one that was bit off. If yes, ask what techniques were used to convince. Who was it easier to convince in group two? Who found it more difficult to resist in group two?

### Review

- *Did Group III influence Group I or II? Why?*
- *What were some of the successful techniques observed by group three? Did Group III get tempted?*
- *Did Group II feel curious about trying the toffee?*
- *Did Group I feel it was easy to tempt? How did you feel about those who got convinced and those who did not?*

***Tips for the facilitator:***

- The objective of the activity is to understand “temptation” and different responses to temptation. Ways of dealing with temptation will be dealt with in the next activity.
- Activities Two and Three have to be done one after the other.

**Linking Learning With Life**

Ask the children to think of risky situations where they were tempted. Was it similar to this one or different? Why and in what way? Try to relate this exercise to any risky behavior such as gambling, drinking, drug abuse or sexual behavior.

**ACTIVITY THREE****Making it All Work**

1. Discuss with the children if the information is now enough to avoid taking drugs or reducing use and if there is anything else that they may need to do to straighten out their lives. The children should point out that thinking, decision-making and communication are some of the life skills needed for the above goal.
2. Ask someone to recall the three Cs, which were learned in decision-making (challenges, choices and consequences). The facilitator should help the children walk through the three steps.
3. Ask the children what happens when the pressure to take drugs increases. The list may look like:
  - You feel your own pressure. Other people do not say anything, but you see others and feel pressured to join in;
  - A friend offers the drug. The friend offers it, and you take it without much hesitation;
  - Verbal pressure ranging from insults (do not be a baby) to reasoning (one will not hurt you); and/or
  - Physical pressure. Where one is physically threatened to join. Ask the children to incorporate increasing pressure in their role play.
4. Divide the children into two or three groups. Provide them with problem cards and ask them to find solutions. They should discuss the problems within the group and present them as a role play or through some other creative medium. After presentation, ask the rest of the children to comment on the solutions suggested. Some of the problems faced by the children are as follows:

- My good friend has started taking drugs and often asks me to try. I like my friend and do not want to lose the friendship. How can I help him or her and myself?
- Friends are sitting together after several drinks and someone suggests having a last round before they leave. After a large number of drinks, reaching home could be a problem. Yet everyone is saying that one more will not be harmful;
- Your exam is tomorrow and you have got a lot of studying to do. A friend gives you a pill, which he promises will keep you awake;
- B lost his wallet and his entire month's salary. He is feeling really bad about it. His friends invite him for a drink and say he will feel better; and/or
- After the movie, everyone was hanging around. Then someone started smoking a cigarette and passed it around. It has come to you. Your friend say, all of us are smoking it, why do not you?

5. List all the techniques you can use to protect yourself. Add to this list if some more are required.

Discuss effects of drugs with friends and agree to some rules. The rules could be:

- One person must remain sober to protect others from making a wrong decision;
- Limit consumption by decreasing quantities of alcohol and drinking fewer times a week;
- Support friends who, like you, are trying to abstain or be responsible;
- Practice saying "no," be assertive;
- Say to yourself, "enough is enough" and move out of a situation to think clearly;
- Leave if you cannot handle the situation;
- Carry a condom; and
- Take help from a trusted person.

### Review

- *Do you think the methods were appropriate?*
- *Would they work in a real life situation?*
- *What do you do if it is difficult to refuse a friend?*

## Notes





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**LIFE SKILLS EDUCATION TOOLKIT  
FOR ORPHANS AND VULNERABLE CHILDREN IN INDIA**

# Module 10

## Reaching My Goals



**FAMILY HEALTH INTERNATIONAL (FHI), INDIA COUNTRY OFFICE**

## Contents

### Module Ten: Reaching My Goals

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# MODULE TEN: Reaching My Goals: Energizers, Warm-ups and Relaxation

The present is too real for young people to think of the future. For children in vulnerable circumstances, the struggles of daily living make it even more difficult to think of a life beyond the immediate present. But it is the risks, and especially that of acquiring HIV/AIDS and STIs, that are the greatest dangers for young people. Decisions made rashly can change the entire course of a child's life and perhaps lead to death.

This module addresses how children can look towards their future, set healthy goals and learn to work towards them. The children are able to live happier and more productive lives upon learning life skills including setting personal goals. Setting goals is a complex task. They need to be realistic while benefiting the child and others who care and support him or her, build on available and potential skills and match those with the resources that are available to achieve these goals.

We choose goals according to our values, which are shaped by our culture, family expectations, the values of our friends, what we hope to be and the harsh economic realities of life as well.

Goals are not smooth roads to success. Learning to deal with problems and overcoming them is essential. Because vulnerable children have lived in and experienced situations which are overwhelmingly beyond their control, the idea that they can and are responsible for the goals that they set is difficult to understand.

The purpose of the Life Skills Education Program is to empower children to make healthy choices,

develop their self-esteem and self-confidence to set goals for a healthy, happy and safe life.

Sessions One and Two lead the children towards goal setting. The last session Moving On assists in bringing closure to the program and helps children in their transition to other activities. The Facilitator's Guide suggests how Peer Groups can be formed, and this may be considered after completing the activities of Session III.

## SESSION ONE

### **My Hopes, My Dreams**

The children learn to visualize their future and anchor it in their values, wants and needs. There are two activities with options for additional activities in this session. There are four activities in this session.

## SESSION TWO

### **My Goals**

This session discusses steps in setting goals, choices and consequences of these decisions, problems in achieving the goals and being responsible for one's actions. There are two activities in this session.

## SESSION THREE

### **Moving On**

In this session, through facilitation, children bring closure to the program.

# Session One: My Hopes, My Dreams

## Objectives

By the end of the session the children will be able to:

- Talk about the hopes and wishes of children and how they visualize the future;
- Identify a role model and define the qualities they would like to acquire; and
- Understand how values, wants and needs influence the decisions that affect a child's future.

## Key Points

A role model helps to anchor a child's dreams of becoming a better person and leading a better life. Choosing and understanding the qualities of a role model can motivate the young person towards acquiring those same qualities. In this way, young people can set personal goals for themselves. Visualizing a brighter future is a motivating force to look beyond the needs of the immediate present.

An additional activity on wants and needs may be conducted before Activity Two if children need to differentiate between realistic goals and goals that may be difficult to obtain.

An additional activity looks at how our values influence our behavior.

## Life Skills Learned

Self awareness, creative thinking and critical thinking.

## Time Required

30-40 minutes for each activity.

## Materials

Flip charts, markers and cello tape.

**Directions:****ACTIVITY ONE****Whom Do I Admire**

1. Discuss with the children the fact that we all have some people whom we admire. Some of them are admired more than others. Ask them to think of one person they admire the most and would aspire to be. The children must focus on the qualities of the person chosen. Help them decide by offering a number of choices including a sportsperson, a famous person in history, a public figure, someone whom they know or even someone in their family. The person could be alive or dead or even someone from another country. If there are girls in the group, ask them to think of a woman they admire and want to be like in the future.
2. Explain that such a person is called a role model. Discuss how a role model can help young people to lead more positive lives.
3. Give the children a minute or so to think quietly. Then ask them to share the identity of the person selected with their buddy or anyone else in the group. Remind them that they should discuss the qualities that they admire and why they selected those qualities. The qualities could be personality traits of this person, or how he or she relates with family and friends. It is important that boys discuss qualities related to gender, how to be a person who cares for their sister, mother, girlfriend and wife. With the girls, the qualities should include assertiveness and taking charge of one's own life. Each may have different persons that they admire. The children select one role model and share it with the next pair. The other pair also shares the role model they have selected.
4. At the end of these rounds, you should have at least three role models for discussion in the wider group. Let each group present one role model and tell the rest why the role model was selected and what discussions took place in the group. Make sure that points related to good work ethic, caring husband and father (for boys), respect and caring, helping others, a good education, a healthy lifestyle (may include not smoking, drinking excessively, fit body) are pointed out and discussed irrespective of the role model. For girls, qualities of assertiveness and achievement in role models provide examples of working through social and cultural stereotypes.
5. After discussion, the important qualities can be placed on the flipchart. Give a minute or two for the children to reflect. Give each one a card and ask them to write their role model and three to five important qualities they like about the person. This card will later go into their "Magic Box" (see last activity). Ask them to mark the card a few of the qualities with a dot or a tick mark. They will start working on these and share with them with the group over the next two weeks. (This task will help them to set goals in the next session).

**Variation**

When discussing with HIV infected children, a story of a child who, in spite of a being HIV positive, has gone on to achieve something in life could be discussed. One such example is Nkosi Johnson from South Africa, who spoke to people across the world and brought attention to the needs of HIV infected and affected children. Children can also contribute stories of courage of people living with HIV/AIDS or other persons who have overcome problems and difficulties such as someone without a limb or a sensory organ, or someone who has fought cancer.

**Review**

*Ask the children what they have learned from this session. What was useful? What did they learn from the different role models selected?*

**ACTIVITY TWO****I Wish, I Hope**

1. Introduce the activity by saying that we all have dreams and hopes; and tell the children that we will be looking at them. We will look at wishes for the near future and also at hopes a bit further down the road.
2. Discuss that “I wish” is short-term because it says, “I wish I could do well in my exam next week” but “I hope” is long-term because we say, “I hope I finish XII Standard.” Give the children a minute to think of some wishes and hopes. They do not have to share them with the rest of the group.
3. Inform the children that each one will be going on a journey into their life. If you can, play some soft music in the background. Ask the children to close their eyes and relax their hands, arms and feet. Your neck and shoulders are relaxed. There is no strain anywhere. Your eyes are closed and you are seeing yourself on the road of your life. On the road there are many people you know, your friends and your family. You come to a junction and realize that you are in the next year. Think. What do you look like? What are your clothes like? What are you doing? Who are your friends at that time? Who are you with? Are you in school? Are you working? Are you healthy? Have you changed any of your behavior? Are you happy?”
4. Say to the children, “You are now walking again on the road and now you are five years older.” Keep on repeating such questions extending the time period for each question. You may add, “Are you married? What is your spouse like? Where do you live? What are you doing? How is your health? Has HIV or other kinds of risky behaviors affected you? Have you changed in any way?”
5. Say, “You are walking again and now you are 10 years older and you have two children. What are they like? Where do you live? What are you doing? Are you and your family healthy and happy? How do you feel?”

6. Quietly soften your voice. After a minute or so ask the children to open their eyes and relax. Do not say anything for a minute or two. Ask if anyone would like to share her or his wishes and dreams. Do not force anyone. Do not comment on any of the life histories.

### Review

Ask the children if they felt it was easy to visualize their future.

- *Was it easier to look at their life for the next year or for 10 years later? Were there any problems they saw?*
- *What would they have to do now to realize their dreams?*

### Linking Learning With Life

Children are asked to reflect on their dreams, remember and hold on to them until the next session. Ask them to take time out, relax and try to visualize and experience them before the next session as many times as they like or when they are feeling really low and sad.

If children have written the Book of Me (in the Module on Coping with Emotions), they can continue writing or drawing their dreams in the book.

### ADDITIONAL ACTIVITY

#### My Needs Ladder

1. Introduce the activity by saying that we want many things in life, but we need only some.
2. Ask the children to brainstorm and list their needs and their wants.
3. Explain that needs are something that are required for survival. These could be physical things like food and shelter but there are many others that are mental or emotional, such as love, respect and belonging.
4. Make two columns on a sheet of paper. Write “Wants” on top of one column and “Needs” on the other. Make two groups of children and give each half the list (with listed items from the brainstorming). They have to discuss and decide which is a “Want” and which is a “Need.” Both groups present their findings. Discuss any items that are in the wrong column.
5. Make a ladder with five steps and write “Survival Needs” at the bottom. Ask the children to give examples of survival needs (food, clothing, shelter, rest, water, air). Explain that if you want to climb the ladder, you have to climb the first step.

Write “Safety Needs” on the next rung of the ladder. Say that you may fulfill all the survival needs but you still need to be protected and safe. “Safety” includes both physical and mental safety. One needs to be physically safe to prevent HIV infection. Many vulnerable children need to feel mentally and emotionally safe when their parents are sick or dead.

On the third rung write “The Need to Belong.” This relates to all the relationships we want to build up, relationships that are strong and healthy and ones that will not harm us. Explain that often it is our need to belong to a group that makes us indulge in risky behavior.

The next rung in the ladder stands for “The Need to be Respected and Recognized.” We want to be accepted as we are, and have our opinions respected and heard. Without this rung on the ladder, it is not possible to climb up.

The final rung stands for the “Need for Self Actualization” (or the need to be the best we can), which requires development of one’s own skills and behavior in order to tap one’s hidden potentials.

### Review

Ask the children why we mix up our wants and needs.

- *Are some wants difficult to resist?*
- *How does it influence our behavior?*

Ask them to think what would happen if our needs for survival were not satisfied, but we jumped over these needs and tried to belong to a group (who may try to steal). We cannot gain respect if we do not know how to belong and develop strong relationships. Our highest level of need is to do the best we can, which requires that our first four needs be satisfied.

### Experience from the field

Children will get confused about the difference between “wants” and “needs” at first but it becomes easier after some discussion. Pictures of different objects are useful for discussion.

“I now realize why these needs are important in my life. Safety is as important as survival.” (Sex worker’s child, CCDT, Mumbai).

### ADDITIONAL ACTIVITY

#### Our Values, Our Behavior

1. Ask the group to list some values on a flipchart. These could include sharing, working hard, being loyal, saying the truth or not violating the law. Try to emphasize positive values. (The facilitator can also refer to the Value Auction in Module Two).
2. Ask the group to discuss each value (go from simple to more complex risk taking activities).

I value sharing:

So I would share my food with my best friend.

NOT

When I got a special treat, I did not let anyone know about it and I ate it myself.

I believe girls should study just as much as boys and not get married earlier:

So, my sister went to high school just as I did.

NOT

I accepted that my sister could get married at 16, although the legal age for marriage is 18, because we found a suitable boy.

I believe that drinking liquor is not good:

So, I never buy liquor.

NOT

My friend forced me to have just a few glasses at a function because we had not seen each other for a long time.

### Review

- *If you behaved according to what you value, what behavior would you expect? How does it feel?*
- *Sometimes you do not behave according to your values (because friends pressured you or because you decided not to in a difficult situation); how do you feel? (Guilty, angry, depressed, confused).*
- *If I do not value some things, can they harm me? (Do not value honesty or education, value making money at any cost). How am I likely to behave?*
- *Will these values change over time?*
- *Are there any values you think are important but are not able to practice because of your circumstances? What can you do about it?*

### Linking Learning With Life

Find out what your friends (one or two) value, or observe their behavior. Can you judge what they value from their behavior?

## Session Two: My Goals

### Objectives

At the end of the session, the children will learn to:

- Set realistic short and long-term goals and think of problems and solutions needed to reach these goals;
- Make choices carefully as they may change their future life path;
- Think and feel positively to find solutions and try again; and
- Be responsible so that children can impact their own and other's lives in a positive way.

### Key Points

Setting goals is a skill but it is more important to be able to stick to them despite the obstacles or to change them if they prove to be unhealthy. The ability to find positive solutions and make good

choices is important. Young people need to understand how far-reaching the consequences may be. They also need to understand that we are all interconnected; if we do not fulfill our responsibilities, we will create problems for ourselves as well as others.

### Life Skills Learned

Critical thinking, creative thinking, problem solving and interpersonal relationships.

### Time Required

Each activity lasts 45 to 60 minutes. This is a long session and can be split into two.

### Materials

Flip charts, markers, cards and chalk.

**Directions:****ACTIVITY ONE****Goals I Can Reach**

**Group check in** (*ask the children if they found it difficult or easy to hold on to their dream, how did they feel*)

1. Introduce the activity by saying that to make our dreams a reality, we have to learn to set goals.

Give a few examples like the following:

- a. If I want to pass the exam next week, I have to collect all the notes, study them and revise my lessons this week. This will mean I cannot see a movie this week. I must be able to say “no” to my friends; and/or
- b. If there is a one-day cricket match next week, the captain of the team has the goal of winning. So, as a longer-term goal, all the cricketers practice the whole week, eat healthy food, study the strengths of the other team and plan what to do. On the day of the match, the captain’s goal is a short-term one. It is to chase the runs of the opponent team. He does several things to achieve the goal; he plans the batting order, he studies the fielding and advises the batsmen what to do.

Inform the children that there are some steps that help us establish realistic goals,

2. On a flipchart write, “Reaching our Goals.” Ask the children what the first step would be:

- i. Choose the goal;  
(*Check: Is it realistic? Will it benefit me?*)
- ii. Find out what problems may occur in achieving the goal and the possible solutions to those problems; and
- iii. What are my resources  
(*Check: Who will help me? Do I have the money? What skills do I have?*)

3. Tell the children that we will try out an example. Prepare the room so that the children stand at one end. Make a line and place four STOPS along the way. Place an obstacle after each STOP that the child has to overcome. It could be an upside down chair or a table. At the end, on the other side of the room, write, “I have reached my goal.”

Place one child at the starting point and place a child at each STOP. You can have two or three such goals to make sure all the children participate. Tell the children that there is no going back on a decision that is made.

Select three children (girls and boys) to be the judges. They will judge the choices made and whether the consequences of each choice have been thought through.

**Goal No 1:** Ravi goes to the local school. His father does some odd jobs, and his mother looks after his two younger brothers and sisters. He wants to complete his Standard XII and join the army.

***Stop One:***

The first boy travels down the road until he meets the first STOP. He asks the child standing there to choose between two pieces of paper (chits). One says:

STOP: You have failed your Standard X exams. What will you do? Wait until somebody gets stopped from the next line. Before you move, you will have to explain your choice, why you made it and the consequences of that choice. Take help from your team members. The judges will rate you.

GO: You did not do very well but have just passed. Move to the next stop.

***Stop Two:***

The child stops at the second stop and hands over two chits. The child chooses.

STOP: Your father had an accident, and you have to support your family. What will you do? The group thinks of what to do and the consequences. When their turn comes, they will have to respond. If it sounds reasonable, they will be allowed to go to the next stop. Otherwise, they will have to wait again. Repeat with the judges.

GO: Your mother has started doing some odd jobs, and she says you can continue with your studies but she will need help at home. You agree. Move to the next stop.

***Stop Three:***

The child stops at the third stop and hands over two chits. The child chooses.

STOP: Some friends came to visit you. They have new clothes and money. They are working and say there is a vacancy there. They also tell you that it is about time you started earning. You are tempted. Repeat with the choice, consequences and ask the judges to rate.

GO: Friends come to visit you but you are very busy with your exams and promise to meet them next time they come. Move to the next stop.

***Stop Four:***

The child stops at the fourth stop and hands over two chits. The child there chooses.

STOP: You have failed your entrance exams for the army. Your father tells you that you wasted your time and so do your friends. What will you do? Repeat with the judges.

GO: You pass the exams and are on your way to join the army. You have reached your goal.

**GOAL 2:** Seema has an older brother and two younger sisters. She is expected to help her mother a lot. Even though she is only a year younger than her brother, she always feels that her parents favor her brother. She once saw an interview of Kiran Bedi, the woman police officer on television. Since then she wants to be a policewoman. But no girl in her family has studied beyond school, nor do the girls in the family work. Right now she is right now in Standard X.

**Stop One:**

STOP: Her brother has failed in Standard X and has to take the exam again the next year. This requires tuition fees for another year. There is no way that the family can afford Seema's schooling fees for this year too. Her mother suggests that she drop out for this year and enroll again next year.

GO: Seema knows her brother has failed and so she wants to make sure this does not happen to her. She will have to study much harder.

**Stop Two:**

STOP: Seema's mother has suddenly taken ill and the final examinations will be held next week. Her younger brother is sick. Her father thinks that she should be looking after the family first and not herself. He asks her to leave school.

GO: Seema's mother recovered quickly so she could sit for the exams.

**Stop Three:**

STOP: A marriage proposal has come. The family of the bridegroom does not want a big wedding so they can save a lot of money. Seema knows that the boy has had many girlfriends, but he has a job and been referred by one of their very close relatives. Seema has to marry soon. What will she do? Decide and give choices and consequences.

GO: Seema was out of town and could not meet the boy's family. They will come later because it is not auspicious to see a girl for a prospective marriage for the next few months.

**Stop Four:**

STOP: The exam for the police force is very competitive. Seema has done a lot of housework lately so did not have enough time to look after herself. She did not pass the fitness test.

GO: The interview went well and they were impressed by Seema's desire to do something with her life. You have reached your goal.

*The facilitator can adapt more stories that are relevant.*

**Review**

- *Ask the groups to share what they felt after reaching the goal. Were some choices difficult to make?*
- *Ask the judges to give the ratings and explain why that score was given. Discuss the consequences and the difference that resulted in the life path. Make sure that the children perceive the connection with what they decide now and what happens later.*
- *What did the children feel about choosing the paper chits? Remind them that life is like that; we do not know what is in store for us.*

**Linking Learning With Life**

Ask the children to think about their goals, for themselves, their education, job and family. Tell them that these goals will be discussed in the next session.

## ACTIVITY TWO

### How Do I Set My Goals?

**Group check in** (*How many children thought about their goals? What were they?!*)

1. Remind the children of the earlier session, of the steps in setting goals and the examples. Give the children two differently colored cards: one color for the short-term and another color for the long-term. Give them markers and ask them to think of a short-term goal (short-term means next day or week) and long-term goals (over a month or a year). Write the goal on the front of the card with one goal on each card. They should also think of problems (and solutions). On the back of the card, write today's date and set a deadline to achieve the goals. For a long-term goal, write the sub-goals on the back of the card that have to be achieved in order to achieve the main goal.

*(It would be a good idea to have some assistants in this session, especially if the children cannot write. They could also help walk children through the goal setting steps.)*

2. Encourage the children to set up different types of goals – at least two.

Some broad headings are:

- Health goals;
- Emotional goals;
- Relationship goals; and
- Education goals.

Examples of short-term goals could be–

Health—I will give up smoking or gutka for a day/two days/a week.

Relationship—I will meet my friend who gets me in trouble only once this week instead of every day because I want to slowly end the relationship.

Emotional—I will control my anger when my brother troubles me, or I will practice my assertive skills once.

Education—I will finish my homework tonight instead of trying to complete in the morning.

3. Ask the children to share one short-term and one long-term goal with a “buddy” along with the problems and solutions on the way to reaching the goal. The buddy can recommend changes if necessary. If time permits, ask the buddy to present the goals. Otherwise, ask for volunteers and discuss two or three goals. If you are going for a sample, choose a variety of goals to discuss. For example if you already have an educational goal, ask for volunteers for a relationship goal.

### Review

*Ask the children what they have learned from the exercise. Discuss why it is important to have goals. (Otherwise you lead a purposeless life, moving everywhere without direction like the wind or you can get into trouble and lead a destructive life.)*

### Linking Learning With Life

Each child should look at their cards and sit with the facilitator if any clarifications are required. Ask children to keep their future in a safe place or keep it in at the training center. These will later move into their magic boxes.

### ACTIVITY THREE

#### A “Mantra” for Trying

1. Discuss with the children that in spite of your best efforts, you will still face many setbacks in life. How would they handle their feelings? Remind the children of the Feelings activities in Module Eight and that it is important to have positive thoughts, so that they can feel good and act positively.

Positive thoughts—to positive feeling—to positive action.

Take any of the examples from below or create a new one.

I want to go off drugs, but I slipped up last night.

*I know I can do it (positive thought)—I feel confident—I will try again tomorrow or I will go to a counselor for help (positive action).*

OR

I knew right from the start I cannot do it (negative thought) – I am useless (negative feeling) – I give up (negative action).

Work through some more examples. Encourage the children to contribute.

2. The children can think of a “mantra” or a chant that they can say. A chant works because you believe in it. Encourage the children to compose a mantra when the times are difficult. The mantra can be used by buddies to help one another. You can divide the group into two or three so that they can brainstorm. Bring them back together, and write down the mantras the children have particularly liked. Ask them to choose one for themselves.

#### Alternative Activity

The facilitator can read a story of a famous person who never gave up. One example is Gandhiji, who failed as a barrister in India and also in South Africa, but liberated India from British rule. Another well-known story is of Helen Keller. If children are living with affected by HIV, a real life story of a person living with HIV is very inspiring.

#### Review

Ask children what they have learned today.

- *Have they stopped trying in the past?*
- *Do they know of friends who did not give up?*
- *Why do some people try and some do not?*
- *How can we help those who fail?*

**ACTIVITY FOUR****Being Responsible**

1. Discuss that we are all responsible for what we do. Ask the children to think of the following people's responsibilities or make their own list. List one or two responsibilities.

- Traffic policeman
- Teacher
- Doctor
- Father
- Student
- Brother

2. Ask the children to play a "What if..." game. They must think of the responsibility they have written. And say "What if..."

- The traffic policeman did not...
- The teacher did not...

**Review**

*Ask the children what they learned and liked about the session.*

**Experience from the field**

The children enjoyed the examples from their own surroundings like traffic police and wanted to state more than two responsibilities. To make the session more interactive, pictures of the policeman could be used. Role-plays are useful too, but they take time. (Salaam Baalak Trust, Delhi).

**Linking Learning With Life**

Ask the children to think of one or two of their responsibilities and how they could fulfill them better. Ask a few to share with the group. Invite one of the people, such as a policeman or a teacher, for a discussion with the group. Prepare them for the "out of the box" questions the children may ask.

## Session Three: Moving On

### Objectives

At the end of the session the children will learn to:

- Review one's lifeline and make changes if required;
- Set goals that will change their lifeline; and
- Use the life skills learned to change ones life path.

### Key Points

Our lifelines reflect not only our past but also our future. We cannot change what has happened, but we can determine what we want to do in the future. The goals we set will change our river of life and it is up to us to decide what we want to do or not do. This activity is a closing exercise and encourages children to revisit the lifeline and make modifications as a result of what they have learned in the Life Skills Education Program.

### Life Skills Learned

Critical thinkng, creative thinking and selfawareness.

### Time Required

40 minutes for each activity.

### Materials

Activity One: The earlier river of life (if this activity was not done, repeat it here).

Activity Two: A "magic box." It can be any box that is strong, fairly large, and can hold the cards, paper plates and other materials children may have collected through the program.

Some decorative materials like sequins, tassels, colored paper and glue.

**Directions:****ACTIVITY ONE****Revisiting My Lifeline**

1. Pair the children preferably with the same buddy as in the earlier lifeline activity. Encourage them to discuss each other's lifeline right from the beginning (when they were born). They should then discuss the events that they want to take place at different points in the future.
2. The children should discuss if they want to make changes and if so, 'why.'
3. Encourage the children to share only the changes and the "why" with the wider group. (The changes would hopefully be because of the life skills they have learned.)

**Review**

*Congratulate the children for the wonderful work they have done. Ask them to think of all that they have learned during the program and share one of the lessons learned with the rest of the group in the next session.*

**ACTIVITY TWO****Magic Box**

1. Remind the group of all the sessions and activities undertaken. If possible, list them. Ask the children to talk about what they have learned or liked about each session or activity. Encourage everyone to talk and allow one person to make only one statement. Move quickly through this activity.
2. Inform the group that they can come at any time and seek help from the facilitator. Remind the buddies that their responsibilities continue even after the sessions are over.
3. Give each one their "magic box" and encourage them to decorate it as they like.
4. Distribute all the materials, such as the paper plates (where everyone had written positive qualities), the shields, the cards with their goals and the lifeline.
5. From the notice board, give each child cards written by their secret admirer. Have the children guess who it might be and let the real person reveal her/his identity.
6. Remind the children that when they feel low or sad or happy, they can open their magic box and look at all the wonderful qualities they have.
7. Thank them for being in the program.
8. Tell the children to contact you at a specific time if they would like to continue meeting or want to develop a group such as a street children's club or a peer club. *(If the group is interested in developing such a group, see ideas for a peer education program in the Facilitator's Guide.)*
9. Conduct an evaluation exercise such as the 'H' evaluation. *(See Facilitator's Guide for an explanation of this exercise.)*

Close the program by lighting a candle and passing it on from person to person and singing a song that has words of inspiration. Any exercise may be chosen, but it is important to close on a positive note. The facilitator must participate in this ceremony.





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# Part Four



**BACKGROUND  
READING**



# Information Sheet 1: Children's Rights and HIV/AIDS

Two major instruments describe the rights of children with respect to HIV/AIDS. The first instrument is known as the *Convention on the Rights of the Child*, which was formulated for all children, regardless of whether they are infected and affected by HIV. It has been used as a foundation on which other instruments have been created to respond to children's rights regarding HIV. The second important instrument, *Principles to Guide Programming for Orphans and other Children Affected by HIV/AIDS*, was developed by a group of organizations coordinated by UNAIDS.

## 1. Convention on the Rights of the Child

The United Nations Conventions on the Rights of the Child<sup>23</sup> is a set of universal principles set up for the survival, protection and development of children. Its core principle is respect for the dignity of children with intent to affirm the rights of children. The four key principles are a child's right to

- i. Participation
- ii. Survival and Development
- iii. Protection
- iv. Non-discrimination

### **The Right to Participate**

The core principle of the Convention on the Rights of the Child is child participation; however, it also recognizes the difficulties inherent in implementing these rights. The Convention notes that there are risks to be dealt with, such as the deliberate or misguided exploitation of children for purposes that do not serve their best interests. Children and young people should have the right to be involved in all decisions concerning them (Article 12), to freedom of expression (Article 13), freedom of thought, conscience and religion (Article 14) and to freedom of association (Article 15). It is essential that children have the right to privacy (Article 16) and the right of access to information (Article 17) which is important for meaningful participation.

### **The Right to Survival and Development**

These rights cover all those aspects which children require in order to reach their full potential, from education and play to freedom of thought, conscience and religion. Children have a right to information and opportunities to develop life skills, and children should have access to HIV prevention education, the means to protect themselves from the impact of HIV, and the skills to negotiate safer sex practices and therefore be protected from infection.

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<sup>23</sup>See *Children on the Brink 2002*, UNAIDS, UNICEF, USAID; also known as *UNICEF Principles to Guide Programming with OVC*.

Our responsibility in this regard extends to respecting the rights of children to information, safe birth, prevention of infection from HIV positive mother, provision of nutrition and immunization services; and education and other related services. If the Convention is understood and implemented, it can provide the backbone for reducing children's vulnerability to HIV infection and thereby prevent the relentless spread of the epidemic.

#### **The Right to Protection**

Article 2 states that children have a right to be protected from all forms of discrimination and exploitation. Children should not experience discrimination because of their HIV status in any education, leisure, or cultural activity.

Children have a right to access health and social services on an equitable basis irrespective of their HIV status or that of members of their families. All infected children should be provided with adequate HIV treatment and care. Attention must

be paid to ensure that orphans receive adequate support services.

Children living with HIV in their family continue to experience discrimination, exploitation and abuse in the most extreme form in most countries. This kind of violation of children's rights, on account of either real or perceived HIV status of the child or his/her family members, increases the tremendous burden these children already carry. Often, it is the attitude of society more than the illness itself that disempowers them. Our responsibility is to pay attention to the circumstances that make them especially vulnerable to exploitation and abuse.

#### **The Right to non-discrimination**

Children of HIV positive parents are especially vulnerable to various forms of abuse and exploitation. The Right to non-discrimination protects them from various violations like being withdrawn from school, forced to work, sexual or other forms of exploitative abuse.

## 2. Principles to Guide Programming for Orphans and other Children Affected by HIV/AIDS<sup>24</sup>

The Principles to Guide Programming for Orphans and other Vulnerable Children promote actions that are child-centered, family and community-focused, and human rights-based.

Human rights-based programming, guided by the United Nations Convention on the Rights of the Child and other relevant human rights instruments, is an approach that recognizes that development is the realization of a set of universally applicable, inalienable rights. It recognizes children as bearers of rights. They are not seen as mere recipients of services or beneficiaries of protective measures.

The Guiding Principles are to:

1. Strengthen the protection and care of orphans and other vulnerable children within their extended families and communities.
2. Strengthen the economic coping capacities of families and communities.
3. Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children and their caregivers.
4. Link HIV/AIDS prevention activities, care and support for people living with HIV/AIDS and efforts to support orphans and other vulnerable children.

5. Focus on the most vulnerable children and communities, not only those orphaned by HIV/AIDS.
6. Give particular attention to the roles of boys and girls, and men and women and address gender discrimination.
7. Ensure the full involvement of young people as a part of the solution.
8. Strengthen schools and ensure access to education.
9. Reduce stigma and discrimination.
10. Accelerate the process of learning and information exchange.
11. Strengthen partners and partnerships at all levels, and build coalitions among key stakeholders.
12. Ensure that external support strengthens and does not undermine community initiative and motivation.

Children living in a world with HIV/AIDS are vulnerable. They may experience discrimination if they live in a family where an adult is infected or if they are infected themselves, through the denial or limitations of their rights to education, health and social services. Children who are not infected or do not live with someone who is infected, must learn how to mitigate the risk of HIV/AIDS in the future. In this way, HIV/AIDS affects all children, which is why it is imperative to safeguard their rights.

<sup>24</sup>See *children on the Brink 2002*, UNAIDS, UNICEF, USAID; also known as *UNICEF Principles to Guide Programming with OVC*



# Information Sheet No. 2

## HIV/AIDS

### What is HIV/AIDS?

The Human Immuno Deficiency Virus (HIV) is a virus that attacks the body's immune system.

HIV leads to Acquired Immuno Deficiency Syndrome (AIDS). AIDS refers to a state where the immune system is extremely weak and prone to severe opportunistic infections.

### How is HIV transmitted?

HIV is transmitted primarily through blood, semen and vaginal fluid. The main modes of transmission are:

1. Unprotected sexual contact where body fluids are exchanged (vaginal, anal or oral intercourse);
2. Infected blood transmission;
3. Sharing infected needles/syringes; and
4. Infected mother to child during pregnancy or childbirth.

HIV is not spread through casual contact such as hugging, sneezing, mosquito bites, or sharing utensils with a person who is infected.

### What are the symptoms of HIV/AIDS?

People infected with HIV often have no symptoms for many years. Once HIV enters a person's body, s/he may experience flu-like symptoms within 2 to 6 weeks. After infection, there is a window period of between 6 to 12 weeks during which a routine blood test will not show a positive result. HIV can be transmitted during this time, even before symptoms appear.

Persons living with HIV may experience chronic fever, diarrhea and weight loss.

As the disease progresses, the body is prone to opportunistic infections such as thrush, pneumonia and tuberculosis.

### How is HIV prevented?

There is no cure for HIV, although antiretroviral (ARV) drugs help boost the body's immune system to fight opportunistic infections and increase the life span.

### HIV can be prevented through:

1. Safer sex: Abstinence, being faithful in a monogamous relationship, or using condoms correctly and consistently for every sexual act can prevent sexual transmission;
2. Using sterilized needles and syringes and avoiding sharing needles;
3. Screening blood and blood products and avoiding transfusion of untested blood; and
4. Preventing mother to child transmission through counseling on the options and risks involved, provision of available drugs during pregnancy and appropriate breastfeeding practices.

### Women and HIV

Women are biologically, culturally and socially more vulnerable to HIV. Women are more likely (four to ten times) to contract HIV through vaginal intercourse, as there are more entry points for the virus in the female genitalia compared to men. Gender dynamics render women more vulnerable through discriminatory practices, lack of decision-making power and unequal status in social or cultural affairs. Women are thus often placed in circumstances in which it is difficult to negotiate the terms or safety of sex.



# Information Sheet No. 3

## Sexually Transmitted Infections

### What are STIs?

Sexually transmitted infections (STIs) are any infections transmitted through sexual contact. Caused by bacteria, virus, protozoa, fungus or parasitic agents, STIs are transmitted during unprotected vaginal, oral or anal intercourse. Some STIs can also be transmitted from an infected mother to her child, sharing needles or by receiving infected blood.

### Managing STIs

More than 50% of STIs are asymptomatic, particularly in women. STIs can be prevented through abstaining from sexual activity, being faithful in a monogamous relationship and using condoms during every sexual act. Persons practicing unsafe sex should have regular checkups for STIs, even in the absence of symptoms. STIs are associated with increased risk of HIV. Ulcerative STIs can facilitate transmission of HIV, and risk factors for STIs also indicate HIV risk.

### Some Common STIs

*HIV is discussed in Information Sheet No. 2*

#### ***Syphilis***

Syphilis is a treatable infection that causes sores around the penis, vagina, mouth, anus or on the hands. Untreated syphilis can lead to more serious conditions involving the heart and central nervous system.

#### ***Chancroid***

Chancroid is a genital ulcer disease that causes sores on the genitals, and in women sometimes painful urination or defecation, painful intercourse, rectal bleeding or vaginal discharge. It is treatable with antibiotics.

### Other STIs

*Hepatitis B/c genital scabies yeast Infection Pubic lice*

#### ***Genital Herpes***

Genital Herpes is caused by Herpes simplex virus-2 (HSV-2) and is an incurable viral infection that can cause painful blisters or sores in the genital area. Sores usually disappear after sometime, but the virus remains in the body for life. Recurrent lesions can be treated with antiviral drugs that suppress symptoms, but cannot eliminate the virus. Pregnant women can also transmit Genital Herpes to their child.

#### ***Gonorrhea***

Gonorrhea can cause discharge from the vagina or penis and difficulty in urination. If untreated, it can cause pelvic inflammatory disease, ectopic pregnancy and infertility in women. It is treatable with antibiotics.

#### ***Chlamydia***

A common bacterial STI, chlamydia causes abnormal genital discharge and burning with urination. Often asymptomatic, it can lead to pelvic inflammatory disease, ectopic pregnancy and infertility in women. Chlamydia is treated with antibiotics.

#### ***Trichomoniasis***

Trichomoniasis is a parasitic infection that, if symptomatic, can cause abnormal discharge, discomfort during intercourse, vaginal odor and painful urination in women. Men commonly have no symptoms. It is treatable.

#### ***Genital Warts***

Genital warts are caused by the human papilloma virus (HPV) and appear around the vagina, penis or anus. Certain high-risk types of HPV are linked to cervical cancer in women. Although the virus cannot be eliminated from the body, warts can be treated with a topical drug or freezing.



# Information Sheet No. 4

## Preventing Sexual Transmission of HIV Through ABC Approach

**Excerpts from “Guidance to US Government In-country staff and Implementing Partners Applying the ABC Approach to preventing Sexually-Transmitted HIV infections within The President’s Emergency Plan for AIDS Relief” (From the Office of the US Global AIDS Coordinator)**

### **Defining the ABC Approach**

The ABC approach employs population-specific interventions that emphasize abstinence for youth and other unmarried persons, including delay of sexual debut; mutual faithfulness and partner reduction for sexually active adults; and correct and consistent use of condoms by those whose behavior places them at risk for transmitting or becoming infected with HIV.

**Abstinence** programs promote the following:

- Abstaining from sexual activity as the most effective and only certain way to avoid HIV infection;
- The development of skills for practicing abstinence;
- The importance of abstinence in eliminating the risk of HIV transmission among unmarried individuals;
- The decisions of unmarried individuals to delay sexual debut until marriage; and
- The adoption of social and community norms that support delaying sex until marriage and that denounce cross-generational sex; transactional sex; and rape, incest, and other forced sexual activity.

**Be faithful** programs promote the following:

- The elimination of casual sexual partnerships;
- The development of skills for sustaining marital fidelity;
- The importance of mutual faithfulness with an uninfected partner in reducing the transmission of HIV among individuals in long-term sexual partnerships;
- HIV counseling and testing with their partner for those couples that do not know their HIV status;
- The endorsement of social and community norms supportive of refraining from sex outside of marriage, partner reduction, and marital fidelity, by using strategies that respect and respond to local cultural customs and norms; and
- The adoption of social and community norms that denounce cross-generational sex; transactional sex; and rape, incest, and other forced sexual activity.

**Condom use** programs promote the following:

- The understanding that abstaining from sexual activity is the most effective and only certain way to avoid HIV infection;
- The understanding of how different behaviors increase risk of HIV infections;
- The importance of risk reduction and a consistent risk-reduction strategy when risk elimination is not practiced;
- The importance of correctly and consistently using condoms during every sexual encounter with partners known to be HIV-positive (discordant couples), or partners whose status is unknown;

- The critical role of HIV counseling and testing as a risk-reduction strategy;
- The developments of skills for obtaining and correctly and consistently using condoms, including skills for vulnerable persons; and
- The knowledge that condoms do not protect against all STIs.

#### **Two overarching considerations in implementing the ABC Approach**

- Individual programs must be appropriately designed to meet the needs of the target audience.
- Information on the correct and consistent use of condoms must be coupled with:
  - Information on abstinence as the only 100% effective method of eliminating **the risk** of HIV infection; and
  - Importance of HIV counseling and testing, partner reduction and mutual faithfulness as methods of risk reduction.

#### **Age appropriate ABC information for youth**

Young people are the most important asset to any community or nation. Protecting them from contracting HIV is unquestionably one of the most important missions of the Emergency Plan. Young people who have had their sexual debut must be encouraged to practice abstinence until they have established a lifetime monogamous relationship. For those youth who have initiated sexual activity, returning to abstinence (secondary abstinence) must be a primary message of prevention

programs. Implementing partners must take great care not to give conflicting message with regard to abstinence by confusing abstinence messages with condom marketing campaigns that appear to encourage sexual activity or appear to present abstinence and condom use as equally viable, alternative choices.

- **For 10-to-14-year-olds, promotion of only AB including:**
  - Dignity and self-worth;
  - The importance of abstinence in reducing the transmission of HIV;
  - The importance of delaying sexual debut until marriage; and
  - The development of skills for practicing abstinence.
- **For older youth above age 14, promotion of ABC including:**
  - Dignity and self worth;
  - The importance of abstinence in reducing the transmission of HIV;
  - The importance of delaying sexual activity until marriage;
  - The development of skills for practicing abstinence, and where appropriate, secondary abstinence;
  - The elimination of casual sexual partnerships;
  - The importance of marriage and mutual faithfulness in reducing the transmission of HIV among individuals in long-term relationships;
  - The importance of HIV counseling and testing; and

- Provision of full and accurate information about correct and consistent condom use as a way to significantly reduce-but not eliminate-the risk of HIV infection for those who engage in risky sexual behaviors.

### **Integrated ABC program for youth**

It must be recognized that certain young people will, either by choice or coercion, engage in sexual activity. In these cases an integrated “ABC” approach is necessary.

Such programs should have the following characteristics:

- Located in communities where youth engaging in high-risk behaviors congregate;
- Coordinated with school-based abstinence programs so that high-risk in-school youth can be easily referred; and
- Targeted to specific high-risk individuals or groups (e.g. not involve the marketing of condoms to broad audiences of young people).



# Information Sheet No. 5

## HIV Information Needs of Children

Children and young people go through stages of development before they reach adulthood.<sup>25</sup> This period may be divided into broad age groups to enable the Life Skills Education Program to respond to the needs of different age groups. These age-wise characteristics are only indicative, and are especially true, for children in vulnerable conditions.

Life Skills Education Programs must be *adapted* to the developmental needs of children in different age groups. In addition, there are broad guidelines regarding the knowledge, attitudes and beliefs as well as practice skills that children of different age groups must know with regards to HIV/AIDS.

### While Planning Programs Remember That

#### Young children 6-9 years:

- Like active approaches such as games, songs and dances;
- Are very imaginative, love stories and puppet plays;
- Like following rules and being helpful; and
- Do not understand abstract ideas like “health” or “empowerment.” These concepts must be introduced at this level through activities.

#### Pre-adolescents 10-13 years:

- Still like “fun” activities and are physically very active;
- Are very helpful and like being given a particular responsibility;
- Can work well with others provided they are given tasks they understand;
- Are community minded and like taking action at home and in the neighborhood;
- Like remembering facts and being quizzed on them;
- Like watching and taking part in practical demonstrations (they still find abstract ideas difficult to understand); and
- Need help and support in planning and doing new things on their own.

#### Adolescents 14-18 years:

- Like to know “why” they are being asked to do things;
- Are interested in solving problems;
- Are very interested in their own development (as puberty has begun);
- Like to be given responsibility and being trusted to carry things through (although they do not always do so);
- Can understand abstract ideas and like discussing them; and
- Resent being “talked down to” by adults.

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<sup>25</sup>Information compiled from several sources. Health promotion in our schools, Hawes, H Child-to-Child Trust/UNICEF Pg. 25-26; The Center for continuing education in Adolescent Health, Division of Children’s Medicine, Children’s Hospital Medical Center, 1994; PHN Center FOCUS on Young Adults project, 2001 as reported in Youth Friendly Services, A Toolkit For Service Providers, Engender Health Pg. 59; WHO Information Series on School Health, Document Six 1999 Pg. 19-21. Adolescence is categorized into pre, middle and late adolescence by some authors, while others do not distinguish between middle and late adolescence. In either case, the age groups mentioned are indicative.

Developmental	Pre-adolescence (10-13 yrs)	Middle Adolescence (14-16 yrs)	Middle Adolescence (17-19 yrs)
<b>Stage</b>	<ul style="list-style-type: none"> <li>• Transition to adolescence</li> <li>• Characterized by puberty</li> </ul>	<ul style="list-style-type: none"> <li>• Essence of adolescence</li> <li>• Strong peer-group influence</li> </ul>	<ul style="list-style-type: none"> <li>• Transition to adulthood</li> <li>• Assumption of adult roles</li> </ul>
<b>Independence</b>	<ul style="list-style-type: none"> <li>• Challenges authority of parents and other family members</li> <li>• Rejects things of childhood</li> <li>• Desires more privacy</li> </ul>	<ul style="list-style-type: none"> <li>• Moves away from parents and toward peers</li> <li>• Begins to develop own value system</li> </ul>	<ul style="list-style-type: none"> <li>• Is emancipated; begins to work or pursue higher education</li> <li>• Enters adult life</li> <li>• Reintegrates into family as emerging adult</li> </ul>
<b>Cognitive development</b>	<ul style="list-style-type: none"> <li>• Finds abstract thought difficult</li> <li>• Seeks to make more decisions</li> <li>• Has wide mood swings</li> </ul>	<ul style="list-style-type: none"> <li>• Starts to develop abstract thought</li> <li>• Begins to respond based on analysis of potential consequences</li> <li>• Has feelings that contribute to behavior but do not control it</li> </ul>	<ul style="list-style-type: none"> <li>• Firmly establishes abstract thoughts</li> <li>• Demonstrates improved problem solving</li> <li>• Is better able to resolve conflict</li> </ul>
<b>Peer group</b>	<ul style="list-style-type: none"> <li>• Has intense friendships with members of same sex</li> <li>• Possibly has contact with members of the opposite sex in groups</li> </ul>	<ul style="list-style-type: none"> <li>• Forms strong peer allegiances</li> <li>• Begins to explore ability to attract partners</li> </ul>	<ul style="list-style-type: none"> <li>• Is less influenced by peers regarding decisions and values than before</li> <li>• Relates to individuals more than to peer group</li> </ul>
<b>Body image</b>	<ul style="list-style-type: none"> <li>• Is preoccupied with physical changes</li> <li>• Is critical of appearance</li> <li>• Is anxious about menstruation, wet dreams, masturbation, breast or penis size</li> </ul>	<ul style="list-style-type: none"> <li>• Is less concerned about body image than before</li> <li>• Is more interested in looking attractive</li> </ul>	<ul style="list-style-type: none"> <li>• Is usually comfortable with body image</li> <li>• Accepts personal appearance</li> </ul>
<b>Sexuality</b>	<ul style="list-style-type: none"> <li>• Begins to feel attracted to others</li> <li>• May begin to masturbate</li> <li>• May experiment with sex play</li> <li>• Compares own physical development with peers</li> </ul>	<ul style="list-style-type: none"> <li>• Shows an increase in sexual interest</li> <li>• May struggle with sexual identity</li> <li>• May initiate sex inside or outside of marriage</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to develop serious intimate relationships as primary relationships</li> </ul>

WHO has identified what information children at different developmental levels need know about HIV.

**YOUNG CHILDREN:** Knowledge, attitudes, beliefs, values and skills related to HIV transmission that young children need:

### KNOWLEDGE

#### Children will learn:

- HIV is a virus that some people have acquired;
- HIV is difficult to contract and cannot be transmitted by casual contact, such as shaking hands, hugging or even eating with the same utensils;
- People can be HIV infected for years without showing symptoms of the infection; and
- Many people are working diligently to find a cure for AIDS and to stop people from contracting HIV infection.

### ATTITUDES/BELIEFS/VALUES

#### Children will demonstrate:

- Acceptance, not fear, of people with HIV /AIDS;
- Respect for themselves;
- Respect between adolescent males and females; tolerance of differences in attitudes, values and beliefs;
- Understanding of gender roles and sexual differences;
- Belief in a positive future;
- Empathy with others;
- Understanding of duty with regards to self and others;
- Willingness to explore attitudes, values and beliefs;
- Recognition of behavior that is deemed appropriate within the context of social and cultural norms; and
- Support for equity, human rights and honesty.

### SKILLS

#### Children will be able to:

- Acquire practical and positive methods for dealing with emotions and stress and develop fundamental skills for healthy interpersonal communication.

**PRE-ADOLESCENTS:** Knowledge, attitudes, beliefs, values and skills related to HIV transmission that pre-adolescents need:

#### **KNOWLEDGE**

##### **Pre-adolescents will learn:**

- Bodily changes that occur during puberty are natural and healthy events in the lives of young persons, and they should not be considered embarrassing or shameful;
- The relevance of social, cultural, and familial values, attitudes and beliefs to health, development and the prevention of HIV infection;
- What is a virus?
- How viruses are transmitted?
- The difference between HIV and AIDS; and
- How HIV is and is not transmitted?

#### **ATTITUDES/BELIEFS/VALUES**

##### **Pre-adolescents will demonstrate:**

- Commitment to setting ethical, moral and behavioral standards for oneself;
- Positive self image by defining positive personal qualities and accepting positively the bodily changes that occur during puberty;
- Confidence to change unhealthy habits;
- Willingness to take responsibility for behavior;
- A desire to learn and practice the skills for everyday living;
- An understanding of their own values and standards;
- An understanding of how their family values support behaviors or beliefs that can prevent HIV infection;
- Concern for social issues and their relevance to social, cultural, familial and personal ideals;
- A sense of care and social support for those in their community who need assistance, including persons infected with and affected by HIV/AIDS; and
- Honor for the knowledge attitudes, beliefs and values of their society, culture, family and peers.

#### **SKILLS**

##### **Pre-adolescents will be able to:**

- Communicate messages about HIV prevention to families, peers and members of the community;
- Actively seek out information and services related to sexuality, health services or substance use that are relevant to their health and well-being;
- Build a personal value system independent of their peers;
- Communicate about sexuality with peers and adults;
- Use critical thinking skills to analyze complex situations that require decisions from a variety of alternatives;
- Use problem-solving skills to identify a range of decisions and their consequences in relation to health issues that are experienced by young persons;
- Discuss sexual behavior and other personal issues with confidence and positive self esteem; and
- Communicate clearly and effectively a desire to delay initiation of intercourse (e.g. negotiation, assertiveness).

**ADOLESCENTS:** Knowledge, attitudes, beliefs, values, and skills related to HIV transmission that adolescents need:

### KNOWLEDGE

**Adolescents will learn:**

- How the risk of contracting HIV can be virtually eliminated?
- Which behaviors place individual at increased risk for contracting HIV infection?
- What preventive measures can reduce risk of HIV, STI and unintended pregnancies?
- How to access a voluntary counseling and testing centre to determine HIV status?
- How to use a condom appropriately?

### ATTITUDES/BELIEFS/VALUES

**Adolescents will demonstrate:**

- Understanding of discrepancies in moral code;
- A realistic risk perception;
- Positive attitude towards delay in sexual initiation until marriage;
- Conviction that condoms are beneficial in protecting against HIV/STIs to a great extent but do not eliminate the risk;
- Responsibility for personal, family and community health;
- Support for school and community resources that will convey information about HIV prevention interventions;
- Encouragement of peers, siblings and family members to take part in HIV prevention activities;
- Encouragement of others to change unhealthy habits;
- A leadership role to support the HIV prevention program; and
- Willingness to help start similar interventions in the community.

### SKILLS

**Adolescents will be able to:**

- Refuse to have sexual intercourse;
- Assess risk and negotiate for less risky alternatives;
- Seek out and identify sources from which condoms can be obtained (only for children above 14); and
- Appropriately use health products (condoms) (only for children above 14);



# Information Sheet No. 6

## Helping Children to Cope with Grief

Children affected by and infected with HIV undergo trauma and loss of loved ones.<sup>26</sup> To understand how to help children cope with trauma and grief, it is necessary to understand the concept of attachment in children, the different stages of grief and how children at different ages react to it.

### Attachment

Attachment behavior characterizes human behavior from the cradle to the grave. It includes crying, calling for care, following and clinging, and also strong protest should a child be left alone or with strangers. Although the frequency and intensity of the behavior decreases with age, it persists in a less intense form in human behavior. In adults, it will emerge when a person is distressed, ill or afraid.

Attachment takes place through a repeated interaction and response initially between child and caregiver/parent and later between child and other important people in the larger social setting. Through the process of attachment, the child comes to see him or herself as a worthwhile human being who is lovable and can function in responsible ways in relationships with others as well.

When the process of attachment gets disrupted, a number of problems emerge. If children cannot count on dependable, positive and continuing interactions, children will suffer from low self-esteem, anxiety and ambivalence (seek attention or outwardly reject offers of help). Children may seem angry, distant or estranged.

### STAGES OF GRIEF

Stages	Possible Feelings	Possible Behavior
Early response: avoidance	Sense of denial, disbelief, shock and panic	Listlessness, hyperactivity and prone to illness
Acute grief	Extreme sadness, anger, guilt, shame, yearning, despair, anxiety/worry and fear	Pining, searching, restless, crying, lack of concentration and prone to illness
Adjustment and establishment, reorganization of life in a new reality	Less preoccupied, shows interest in other things, remembers the lost person without acute pain and higher self esteem	Shows interest in life, forms other attachments (can relate well in the new family) and better concentration

At different ages, children react differently to grief, and by understanding their needs, they can be helped to cope with the loss.

<sup>26</sup>Summarized from Humuliza Project, Part I Training Modules for Teachers, TDH, Switzerland. Table of stages of grief from Compilation of Psychosocial Training Materials for the Emotional Well being Evaluation of OVC, SCORE/FHI, Pg.54.

Age	Possible reactions	Suggestions for coping
2-6	<ul style="list-style-type: none"> <li>• Does not have a clear concept of death and believe parent/loved one is separated and will return</li> <li>• May think disappearance is because of their bad behavior</li> <li>• React with anxious attachment and fear of separation</li> <li>• Afraid of sleeping</li> <li>• Regress to earlier behavior (e.g. thumb-sucking, bedwetting)</li> <li>• Nightmares</li> </ul>	<ul style="list-style-type: none"> <li>• Constantly reassure that you will not leave him or her</li> <li>• Spend a few minutes until they fall sleep or allow to sleep next to you for a while or comfort during a nightmare</li> <li>• Give the child an object to sleep with</li> <li>• Give more attention and talk to them</li> <li>• Minimize other stress and other changes such as leaving the family or community</li> <li>• Depending on whether a father or mother has died, try to find a trusted gender role model (teacher or health worker)</li> <li>• Play can be therapeutic</li> </ul>
6-12	<ul style="list-style-type: none"> <li>• Understands death and that is final and wants to know details of who the deceased person was with and where the body is, participate in funerals</li> <li>• Depression, withdrawal, feel tired</li> <li>• Denial of feelings, 'frozen' inside</li> <li>• Feelings of guilt; something to do with their own behavior</li> <li>• Restless and cannot concentrate</li> <li>• Extreme behavioral changes, e.g. boys can become very aggressive, by shouting.</li> <li>• Anxiety behavior, e.g., nail biting, rocking</li> <li>• Psychosomatic symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling and help with expressing feelings through play or talk</li> <li>• Allow feelings of sadness; it is normal</li> <li>• Deal tactfully with problems at school</li> <li>• Try to find special abilities and build on them</li> <li>• Encourage to participate in community or other activities</li> <li>• If too aggressive, do not punish but use techniques of 'time out,' e.g. child is told to sit himself or herself but MUST not be left alone.</li> </ul>
12-16	<ul style="list-style-type: none"> <li>• Understand fully the concept of death and may have to take on adult roles</li> <li>• Feelings of revenge, strong aggression, hate especially in boys</li> <li>• Girls express by 'searching for ideals' to try to do good; this also makes them vulnerable to anyone who shows a little comfort</li> <li>• Self destructive behavior such as rebellion, high risks, suicide</li> <li>• Psychosomatic complaints</li> <li>• Learning difficulties</li> <li>• Deep pessimism for future</li> </ul>	<ul style="list-style-type: none"> <li>• Allow them to grieve, be sad, especially if they are expected to take on adult roles</li> <li>• Show interest in them no matter what their behavior</li> <li>• Establish some structure in their lives and some rules of conduct</li> <li>• Need to know that someone is in control of their lives and cares</li> <li>• Work with teachers to assist and not punish</li> <li>• Use the capacities and strengths of the adolescent</li> <li>• Try to help support groups with peers</li> </ul>

# Information Sheet No. 7

## Additional Warm-ups and Energizers

### Warm-ups, Energizers and Relaxation

Warm-ups and energizers keep the program lively and enjoyable. Children and young people like to do fun activities, and it is recommended that the exercises be used whenever energy levels may be flagging. This may happen in afternoon sessions or after a meal or after a particularly intense session. Sometimes children need to 'settle down' if they have had vigorous activities like sports or dance and may require relaxation exercises before the life skills session starts. The following exercises are just a few from the many available. A few have been mentioned in the sessions but they may be used elsewhere as well. The facilitator may add exercises that have been found useful and encourage children and peer educators to contribute as well!

#### 1. Life Boat (team building)

Children move in a circle. Say that they are sailing in a ship in the Sea/River X (whichever name is familiar or local). There is a big storm and they all must get into lifeboats before the ship sinks. Say the facilitator will call out a number (like '5'), and the children must make a group according to the number and imagine that they are in a lifeboat. The children should hold hands or huddle together. If the group is formed with less than the called out number, the whole group drowns. The children, who do not get into a group, are 'out.' Continue until you have one or two left and declare them the winners or 'survivors.'

#### 2. Web (team work)

Children form a circle, close their eyes and stretch out their hands. They must grasp someone else's hands. Next, ask the children to open their eyes and see whose hand they are

holding. The whole group will be tangled; the children must now untangle themselves so that they are standing in a circle.

They must not let go of their hands while doing this. Discuss how they felt? What was helpful? What was not?

#### 3. Cross the circle (trust, and risk)

The children form a big circle. Each child will identify and say the name of the person standing opposite them. Everyone must close their eyes, and when the facilitator says 'go,' they must go to the person identified and stand in their place. No peeking allowed! There is a lot of confusion, but children will find their way. Process the exercise. How does it relate to real life situations?

#### 4. Longest line (teamwork, cooperation, and creativity)

Divide the children into two or three groups and instruct them that they are to use whatever they personally possess to make the longest line, such as bags, handkerchiefs, shoes, scarves ('dupattas'). The team with the longest line wins. Give a time limit so children work quickly. Some children will be creative and lie down themselves! Discuss the exercise. How do they work as a team? What helped them? Take one or two pieces from the line so that the 'link' is broken. Ask the team what will happen.

#### 5. One legged hop

Set a boundary. Tell the children that they are all peer educators (or some group identity). Ask for a volunteer and say that s/he is the hopping peer educator and that s/he must find others to build a team, as the work requires many like-

minded people. The rest of the children run within the boundary. S/he catches another child while hopping. The person who is caught must hold hands and also hop to find the next team member. Continue until all are caught.

### **6. Rhythm clap (cooperation)**

Ask the children to sit in a circle, and ask for a volunteer to start a rhythm for clapping in any way they like. This could be a clap with a snapping of fingers. Once the rhythm has been established, the leader shouts the name of the person who must quickly change the rhythm otherwise they are out. Continue a few more times. You could use a variation where the leader only looks at a person and the person changes; everyone has to be alert for the 'look.' Or while clapping, each person can introduce her/himself or talk about one thing they s/he likes to eat.

### **7. Follow the leader (leadership or peer pressure)**

Children stand in a circle. The leader stands inside the circle, starts to run on the inside of the circle, and calls out, "follow, follow, follow," to which the group replies "follow, follow, follow" as they run on the outside of the circle. The leader repeats, "follow, follow, follow" and the children repeat, "follow, follow, follow." The leader says, "follow the leader." The group says, "follow the leader." The leader now jumps or dances or sings or sits and says, "I dance, I dance, I dance" or whatever is being done. The group repeats whatever the leader says. The leader continues with "follow, follow, follow," and then repeats the sequence. This continues until everyone is exhausted!

### **8. I am going on a trip (just for fun)**

The children sit in a circle. One of them starts by saying, "I am going on a trip and I am taking a hug." Hug the person on the right. This person now says, "I am going on a trip and am taking a hug and a pat on the back." The person gives the next one in the circle a pat on the back. This continues in the circle until someone forgets. The others can give hints to help. If touching is not acceptable – say, I took an orange, etc.

### **9. Fire on the mountain (just plain fun)**

Two circles are made—one small and one large, the larger one being on the outside. Every person in the inner circle has someone behind him or her. Everyone must have a partner. A volunteer stands in the center of the outer circle and starts running around the outside of the inner circle while the volunteer calls out, "Fire in the mountain, run, run, run." The children repeat until the volunteer says, "Put it out," and each person finds a partner and stands in front of the member of the inner circle. One person will be left out, and the process starts again.

### **10. Hand in hand (closing exercise)**

Everyone stands in a close circle. One person starts by putting the right hand in the middle of the circle and says what he or she has found difficult about the session "I did not like it when...." And then adds what he or she liked: "I liked it when...." The next person to the left places his or her hand on top of the earlier person's hand and says what was liked and what was not. This continues until everyone has had his or her say. Then say that this tower of hands represents the strength of the group.

**11. Fruit salad (divide into a group and teamwork)**

Children sit in chairs around a circle. The names of five fruits are called out one by one by the children. Then the next five repeat the names. Ask the children to remember their names. A volunteer stands in the center. When the name of a fruit is called out, those children must change chairs with others having the same fruit name. The volunteer in the center will try to get a chair. One person will be left out, and the name of another fruit is called out. This continues. When one calls out 'Fruit Salad,' everyone has to change seats. The fruit name groups can then become a group for an activity.

**12. Touch something (energize)**

Ask everyone to stand up. Explain that you will call out to everyone to find something blue around him or her and that they should touch it. This could be someone's blue shirt or scarf or a picture. Then call out, touch something green and everyone touches a green object. Other call outs are 'touch your toes' or touch the tree over there.'

**13. Fishbowl (problem-solving)**

Children make an inner and an outer circle with partners facing each other. Children in the inner circle think of a problem and ask their partner in the outer circle for a solution. The partner gives advice. Then everyone moves one place to the

left. The children with problems again ask the question to the next person and get a suggestion. The game continues. The inner and outer circles then change places.

**14. Who is the leader? (observation)**

One person volunteers to go out of the room. The children sit in a circle and select a leader who will start a rhythmic activity such as clapping hands, stamping the feet, snapping the fingers. The volunteer is called back into the room and watches the group trying to find out the leader. The leader will change the rhythm exercise and the rest must follow or else he or she will be 'found out' by the volunteer. If the volunteer finds the leader, the leader goes out of the room and the volunteer takes his or her place. The group selects a new leader.

**15. Relaxation**

Children can sit in a relaxed way or lie down. They must close their eyes. First ask them to tense their whole body and then relax. Then say each body part and make each tense and then relax.

Tense your shoulders, now relax and so on with legs, thighs, feet, hands, arms, neck, face, back, stomach and so on. Then say relax your whole body until you feel it is weightless. Leave the children for a few minutes and then ask them to gently open their eyes.



# References for Exercises/Activities

<b>I am happy to be a boy, I am happy to be a girl</b>	Adapted from Voluntary Service Organization, “Life Skills: An Active Learning Handbook for working with Street Children;” Thai Red Cross, “Friends Tell Friends on the Street;” and UNICEF, “Games and Exercises.” (See Useful Resources for full details)
<b>“My life auction”</b>	Adapted from “Spending your Life” game, Life at the Crossroads
<b>Value voting</b>	Adapted from CEDPA, Choosing a Future
<b>Testing the waters</b>	Adapted from Stepping Stones
<b>Choosing behavior</b>	Thai Red Cross
<b>3 Cs in Decision-making</b>	Clare Hanbury Life Skills
<b>Making ripples: Decision-making</b>	Thai Red Cross, “Friends Tell Friends on the Street”
<b>Delaying sex</b>	Peace Corps Life Skills
<b>Best response game</b>	Peace Corps Life Skills
<b>Excuses excuses</b>	Thai Red Cross, “Friends Tell Friends on the Street”
<b>You are in the driver’s seat</b>	Lions-Quest
<b>Open door closed door</b>	Clare Hanbury, Child-to-Child Trust, Sexual Health and HIV/AIDS, in print
<b>How different are we?</b>	Adapted from Ipas, “Gender or Sex: Who Cares?”
<b>How is my body changing?</b>	Adapted from The Center for Development and Population Activities (CEDPA), “Choose a Future” and Alice Welbourne “Stepping Stones”
<b>Bad touch</b>	Clare Hanbury, Life Skills
<b>The immune system dance</b>	Adapted from the Immune System Dance by Peace Corps and What happens in the body of someone living with HIV? See <a href="http://www.bridgesofhope.info">http://www.bridgesofhope.info</a>
<b>HIV transmission: Doors of entry Stop, Go, Think</b>	Adapted from Peace Corps and Friends Tell Friends on the Street, Thai Red Cross.
<b>Condom race</b>	IEC Kit from East Haraghe (see useful resources for details).

<b>Fleet of hope</b>	Father Bernard Joinet, University of Dar es Salaam, Tanzania; and Wilhelm G. Nkini, Tanzania AIDS Project
<b>If I am HIV POSITIVE</b>	Adapted from Thai Red Cross, “Friends Tell Friends on the Street”
<b>The glove game</b>	Adapted from Peace Corps, Life Skills
<b>Variation on ‘Am I at risk’</b>	Nrityanjali, an NGO funded by USAID/FHI from Hyderabad India
<b>How much is too much?</b>	Adapted from Levels of consumption, B-14 “Friends Tell Friends on the Street,” Thai Red Cross. ( <i>See Useful Resources</i> for details.)
<b>IDU and risk: Pass the needle</b>	Adapted from “Friends Tell Friends on the Street,” Thai Red Cross. ( <i>See Useful Resources</i> for details.)
<b>Pop and inhale: drugs and inhalants</b>	Adapted from “Friends tell Friends on the Street,” Thai Red Cross. ( <i>See Useful Resources</i> for details.)
<b>Tempt me, tempt me not</b>	Adapted from “Friends Tell Friends on the Street,” Thai Red Cross. ( <i>See Useful Resources</i> for details.)
<b>Mix and match feelings</b>	Adapted from “I am a person who matters,” by Karen Landmann. ( <i>See Useful Resources</i> for details.)

# Useful Resources/References

*Activities to Explore: Using Drama in AIDS and Family Planning Work*, International Planned Parenthood Federation (IPPF), 1991.

*Anti AIDS Clubs Sexual Health Promotion/HIV Prevention: IEC Activities Kit for East Haraghe* (mimeograph)

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