

HEALTHY AND CONFIDENT

A Facilitator's Manual on Adolescent
Health and Life Skills for NCC Cadets



POPULATION FOUNDATION OF INDIA

B-28, Qutab Institutional Area, New Delhi- 110016

Tel.: +91-11-43894100, Fax: +91-11-43894199

Website : www.populationfoundation.in



POPULATION FOUNDATION OF INDIA

HEALTHY AND CONFIDENT

A Facilitator's Manual on Adolescent
Health and Life Skills for NCC Cadets



Population Foundation of India

Contributors

- Nikita Sinha, Former State Project Coordinator, Jharkhand, PFI
- Ajay Srivastava, Child In Need Institute (CINI), Jharkhand
- Aprajita Mishra, Former State Project Associate, Jharkhand, PFI
- Anup Hore, CINI, Jharkhand
- Saoirse De Bont, VSO, UNESCO
- Satya Ranjan Mishra, Former Project Manager, PFI
- Sudipta Mukhopadhyay, Senior Advisor – Youth, CEDPA

A team from PFI has put together and reviewed the manual.

Copyright © Population Foundation of India
December 2011

Pledge

“We, the cadets of the National Cadet Corps,
do solemnly pledge
that we shall always uphold the unity of India.
We resolve to be disciplined and responsible citizens of our nation.
We shall undertake positive community service
in the spirit of selflessness
and concern for our fellow beings.”

Foreword by PFI

I am delighted to introduce the *Manual on Adolescent Health and Life Skills for NCC Cadets*. It is well known that parental guidance in the context of reproductive and sexual health is not available to most Indian adolescents, including those from highly educated families. The parents or elders simply do not feel comfortable discussing these issues with their children. Studies across diverse regions and settings also indicate that teens and young adults are experimenting in sexual activities at an increasingly younger age and in larger proportions.

The National Cadet Corps is one of the largest youth organizations. It exposes our young people to martial training and in the process, teaches them the values of dedication, hard work and compassion and develops their leadership, negotiation, organization and other skills. These are some of the values and skills which the ARSH workshop intends to feed into. ARSH education fits naturally within the NCC training.

Population Foundation of India (PFI) approached the Department of Art, Culture, Sports and Youth Affairs, Government of Jharkhand, to develop programmes for extending knowledge on Life Skills and ARSH to NCC cadets. It was also envisaged that the NCC cadets would act as peer leaders in their own institutions to reach out to a large number of students, who are not enrolled with the NCC. Many meetings with NCC officials, government officers, principals and headmasters of the institutions, NGOs and UN institutions (in particular UNESCO, Delhi) were organized. It was decided that it would be appropriate to conduct workshops for imparting ARSH and Life Skills exposure as an adjunct activity in NCC camps on account of cost efficiency, availability of time and a large peer group.

This manual would not have been possible without the outstanding contributions of some key colleagues and experts. The list of such persons is long and each of them deserves our sincere praise. We, in particular, thank Mr. R. S. Verma, former Secretary, Department of Art, Culture, Sports and Youth Affairs, Government of Jharkhand; Col. Anand Bhushan, Group Commander, NCC, Jharkhand; Dr. Shankar Choudhary, National Officer – Education, UNESCO; Dr. Suranjeen Prasad, Jharkhand Unit Co-ordinator, CINI and their team for their active support and cooperation. We thank all the contributors for their valuable inputs in developing this document. We gratefully acknowledge the support from the David & Lucile Packard Foundation in bringing out this document.

I hope this document will be a useful tool for disseminating Life Skills and ARSH messages to a large majority of NCC cadets and associated youth groups. PFI would be delighted to receive feedback from the users for further improvement and enrichment of this document.

Poonam Muttreja
Executive Director

Foreword by NCC

I am happy to know about the *Manual on Adolescent Health and Life Skills for NCC Cadets*. Society is changing at a very fast pace. It is difficult, and sometimes confusing, for young people to understand whether these changes are for their good or bad. It is therefore, necessary for them to have the right kind of knowledge to cope with the pressure and lead the change.

NCC is one of the largest and the most disciplined organizations in India. The NCC Headquarters of Jharkhand in Ranchi is served by 11 battalions. This HQ serves in all the 24 districts of Jharkhand through 59 colleges and 145 schools and has a total strength of 23,000 cadets.

Apart from military training, the motto of NCC is to create disciplined, responsible and well-grounded citizens. Such persons would not only be physically strong and mentally agile, but also well informed about their bodies and selves, their surroundings, the larger society, the problems and issues confronting them at various levels, their goals, their roles, etc., making them emotionally stable and providing skills to navigate through life successfully. NCC adopts a slew of training tools to achieve these objectives, including drills, martial training, camps, etc., all of which combined develop tremendous self-confidence in the cadets. To this we have now added training on adolescent health and life skills.

The manual provides information on different ARSH topics. It also lists different life skills and illustrates these with concrete examples. The training is designed to be interactive by including games and exercises so that the impatient young minds could be effectively engaged and thereby increase retention of knowledge. The training has also been designed so that it can be easily included in ongoing NCC camps. I would urge our Associate NCC Officers (ANOs), the users of this manual, to read it carefully and devise their own ways to impart these lessons in our camps. The innate creativity of the instructors and trainers would widen the repertoire of teaching aids even further.

I would like to thank PFI, CINI and UNESCO teams for taking this initiative so that the cadets emerge as the leaders of their generation with the right kind of knowledge and behaviour.

Colonel Anand Bhushan

Group Commander

NCC Group Headquarters Ranchi, Jharkhand

	Preliminary	
	Introduction	11
	Different Training Methods	15
	Content Matrix	16
	The Workshop	
	<i>Session 1 Let's Start</i>	21
	1.1 Pre-Workshop Questionnaire	
	1.2 The Ball Name Game	
	1.3 Expectations and Objectives of the Training	
	1.4 Setting the Ground Rules	
	1.5 Summing up and the Question Box	
	<i>Session 2 Life Skills</i>	25
	2.1 What are Life Skills?	
	2.2 Using Life Skills	
	2.3 Summing up – Reflecting on the Life Skills Used	
	<i>Session 3 Adolescence to Adulthood</i>	28
	3.1 What is Adolescence?	
	3.2 Understanding the Changes during Adolescence	
	3.3 Put Yourself in My Shoes	
	<i>Session 4 Nutrition and Health Practices</i>	30
	4.1 Food Chart – What is Missing in Your Diet?	
	4.2 Anaemia	
	4.3 Summing up	
	<i>Session 5 Personal Hygiene</i>	32
	5.1 The Basics of Personal Hygiene	
	5.2 Lilawati's Story	
	<i>Session 6 Gender</i>	34
	6.1 Sex or Gender	
	6.2 The Influence of Gender	

6.3	Reflecting on Gender	
6.4	Summing up – Reflecting on the Life Skills Used	
Session 7	<i>Sexual Health</i>	37
7.1	Understanding Sex and Sexuality	
7.2	Human Reproductive Process	
7.3	Responsible Sexual Behaviour	
7.4	Misconceptions about Sexual Health	
Session 8	<i>Early Marriage and Early Pregnancy</i>	40
8.1	Early Marriage – A Story of Two Sisters	
8.2	Consequences of Early Pregnancy	
Session 9	<i>RTI/STI and HIV/AIDS</i>	42
9.1	RTIs and STIs	
9.2	The Basics of HIV and AIDS	
9.3	The Wildfire Game	
9.4	Know the Risk	
9.5	The Importance of Testing for HIV	
9.6	Removing Stigma and Discrimination	
Session 10	<i>Abuse and Violence</i>	48
10.1	Understanding Different Types of Abuse	
10.2	Sexual Abuse	
Session 11	<i>Risky Behaviour and Peer Pressure</i>	50
11.1	Introducing Substance Abuse	
11.2	Saying No – Dealing with Peer Pressure	
11.3	Consequences of Substance Abuse	
Session 12	<i>Goal Setting and Future Activities</i>	53
12.1	Setting Goals – Case Stories	
12.2	Set Goals for Yourself	
12.3	Post-Workshop Questionnaire	

Training Materials

RESOURCE MATERIAL

56

- R1.1 Training Sessions
- R1.4 Setting the Ground Rules
- R2.1.1 Life Skills
- R2.1.2 How Akul Succeeded
- R3.1 Adolescence – A Critical Phase of the Human Lifecycle
- R3.2 Changes in Adolescence
- R4.1.1 Nutrition
- R4.1.2 How to Reduce Nutritional Wastage
- R4.2 Anaemia
- R5.1.1 Diseases Caused by Poor Hygiene
- R5.1.2 List of Personal and Environmental Hygiene Activities
- R5.2 Lilawati Needs to Learn Some Things
- R6.1.1 Gender and Gender Discrimination
- R6.1.2 Sex and Gender
- R6.3 Meena Ki Kahani
- R7.1 Sex Vs. Sexuality
- R7.2.1 Female Reproductive Organs and their Functions
- R7.2.2 Menstruation
- R7.2.3 Male Reproductive Organs and their Functions
- R7.2.4 Conception
- R7.3.1 Responsible Sexual Behaviour
- R7.3.2 Case Studies of Sexual Behaviour
- R7.4 Quiz on Sexuality
- R8.1 Causes and Consequences of Early Marriage
- R8.2.1 Causes and Consequences of Early Pregnancy
- R 8.2.2 Contraceptive Methods in Brief
- R8.2.3 Oral Contraceptive Pills
- R8.2.4 The Male Condom
- R8.2.5 Brief Information on Contraceptive Methods
- R9.1.1 Reproductive Tract Infections and Sexually Transmitted Infections
- R9.1.2 Lakhan's Hesitation
- R9.2 HIV/AIDS
- R9.4 Whether a Behaviour is HIV Risky
- R9.5 Testing for HIV

- R9.6 Stigma and Discrimination
- R10.1 Abuse and Violence
- R10.2 Sexual Abuse
- R11.1 Substance Abuse and Addiction
- R11.2 Negotiation Skills – Saying No
- R12.1 Goal Setting

HANDOUTS AND QUESTIONNAIRES

140

- H1.1 Pre-Workshop Questionnaire
- H1.3 Training Sessions
- H2.1.1 Life Skills
- H2.1.2 Akul’s Story
- H4.1.1 Recommended Dietary Allowances for Indians
- H4.1.2 Proximate Principles: Common Foods
- H5.1 List of Personal and Environmental Hygiene Activities
- H5.2 Lilawati Needs to Learn Some Things
- H8.2.5 Brief Information on Contraceptive Methods
- H11.2 Negotiation Skills – Saying ‘No’
- H12.1 Format for Goal Setting
- H12.3 Post-Workshop Questionnaire

TEMPLATES

169

- T2.2 Some Life Skills Listed
- T4.1 Format for Preparing a Food Chart
- T6.1.1 Template
- T6.1.2 Sex and Gender Statements
- T6.2.1 Role Play
- T6.2.2 Gender Role Statements
- T6.3 Gender Discrimination Table
- T7.2.1 Female Reproductive Organs
- T7.2.2 Male Reproductive Organs
- T7.2.3 Human Reproductive Organs
- T7.3 Case Studies of Sexual Behaviour
- T7.4 Quiz on Sexuality
- T8.1 Case Study – Choices of Two Sisters
- T9.1 Lakhan’s Hesitation
- T9.2 Template
- T9.3 Template
- T9.4.1 Template
- T9.4.2 Whether a Behaviour is HIV Risky

- T10.1 Quiz on Abuse and Violence
- T10.2 Case Stories of Sexual Abuse
- T11.2 Scenarios of Peer Pressure
- T11.3 Kartik's Blunder
- T12.1 Case Stories of Goal Setting

Introduction

- Are you a person who works daily with young people who face difficult situations and are struggling to find a positive direction in life, or dealing with challenges such as their nutrition, health situation like potential unwanted pregnancy, or alcohol and drug use, gender abuse and violence, HIV, and so on?
- Are you a parent or community member fearful of, and concerned about, the situation of young people?
- Are you a young person ready to do something to help lead your friends into a brighter future?

If you answered Yes to any of these questions, this manual may be of benefit to you.

What is a Life Skills Education Approach?

Changing behaviour is always difficult; changing sexual behaviour is even more so. Although it is important to provide information in the early phases of a behaviour change intervention and to reinforce such knowledge periodically, information is rarely enough to motivate people to change behaviour. Just think about behaviour that you have been trying to change over the years with your students or cadets. May be it is reading more, exercising, eating a balanced diet, or getting them to quit smoking. Have you been able to make the changes successfully? Have they relapsed into inappropriate behaviour?

The Life Skills Education Approach is a comprehensive behaviour change approach that concentrates on the development of skills that enrich one's life such as communication, decision-making, thinking, managing emotions, assertiveness, self-esteem building, resisting peer pressure and relationship skills. Additionally, it addresses the important related issue of promoting respect for others and positive values among youth and adolescents. The approach moves beyond simply providing information. It addresses the development of the whole individual so that s/he will have the skills to make use of all types of information to enrich his or her life. These aspects may be related to career development, marriage, parenthood, safe motherhood, reproductive health, HIV/AIDS, other health issues, or further communication and decision-making situations. The Life Skills Approach used in this workshop is participatory and interactive, using methods such as role plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions.

National Cadet Corps

The National Cadet Corps (NCC) was established under the National Cadet Corps Act, 1948. The NCC strives to provide opportunities to the youth of our country for all-round development, instilling a sense of commitment, dedication, self-discipline and moral values, so that they become good leaders and useful citizens and can take their appropriate place in all walks of life in the service of the nation.

The aims of NCC are:

1. To develop the qualities of character, courage, comradeship, discipline, leadership, secular outlook, spirit of adventure and the ideals of selfless service amongst the youth of the country.
2. To create a human resource of organized, trained and motivated youth for providing leadership in all walks of life and be always available for the service of the nation.
3. To provide a suitable environment to motivate the youth to take up a career in the armed forces.

The total sanctioned strength of NCC cadets is 13 lakh. The NCC is present in 607 districts of the country covering 8,514 schools and 5,255 colleges. In Jharkhand, the NCC is present in all 24 districts covering 145 schools and 59 colleges. The NCC membership in the state is around 23,000 students.

Why Life Skill Education for NCC Cadets?

NCC cadets are divided into Junior Wing (class VI to X) and Senior Wing (XI to Bachelor's degree). These cadets, especially the Junior Wing, are at a phase of life that is the most intriguing and at the same time bewildering. During this phase of rapidly growing sexual maturity, many physiological changes are taking place in their bodies. The associated social changes also bring many psychological/emotional changes. A change is also noticeable in their social attitude. These physical changes demand a great deal of adjustments both socially and emotionally. Many young people find it difficult to face these changes due to ignorance. They are beset with problems related to questions such as – Who am I? Who can listen to my concerns and answer my questions? To what extent should I listen to my friends? Are the changes in my body normal? Do others also go through this? Stress and anxiety increase when one is unable to address these concerns. Often, young people are unable to talk with others about their problems. They may also be unable to find words to describe their situations. The crossroads of right and wrong are their constant companions at this stage of their lives.

The cadets are disciplined, young and vibrant. To help them enrich their life and channel their creativity and energy towards being responsible citizens and to also discuss these concerns with their peers, they need to be provided with proper guidance, counselling, consolation and scientifically validated information. With this objective, Population Foundation of India (PFI) along with Child In Need Institute (CINI), with technical support from UNESCO, and in collaboration with NCC, have developed this manual for the Associate NCC Officers (ANOs). It is hoped that this volume will enhance the ANOs' capacity to impart life skill training to the cadets, such as sensitizing them about the dangers of HIV, helping them to acquire the skills to protect themselves and to live healthier lives, and become ambassadors of healthy living, including HIV prevention, in the country.

About the Manual

- This manual has been developed for NCC ANOs for imparting ARSH and Life Skills Education among the cadets at camp sites.
- The training covers 12 topics, comprising 40 sessions, to be completed in a span of 7 days. The content matrix gives a comprehensive preview of the sessions.
- The manual is written for youth who are part of NCC. However, the workshop is easy to adapt for youth in general.

How to use the manual

The manual has been put together in such a way that it is easy to use. After the Introduction, the different training methods that will be employed during the workshop are listed. This is followed by a Content Matrix that gives the name of the session, lists the sub sessions, the topics that will be covered and training material that will be needed. The training methods to be used, the main life skills that will be needed as well as the time the session is expected to take have also been given. Each of the sessions is then detailed with the steps to guide the facilitator in the conduct of the session.

The resource material for the facilitator has been arranged session wise in section titled - Training Material. The readings are marked as 'R' followed by the session number. For example, a reading marked as R3.1 is the resource material for session 3 and its first sub session. The handouts and questionnaires that will be given out during the sessions follow and have been given the alphabet 'H' followed by the session number. Similarly, the templates that will be used have been arranged with the letter 'T'.

Tips for Facilitators

- As most life skills sessions involve games or role plays, it may be most effective to have the cadets sit in a circle, with a lot of open space. This will allow for unhindered movement within the group for the exercises.
- Own the training space. Be sure to move around a great deal within the circle, approaching various participants, acting things out, and using different tones of voice. The facilitators' confident bearing makes it easier for the participants to feel comfortable as they perform role plays or play games.
- Having an equal number of men and women facilitating the programme is a powerful way to demonstrate gender equality rather than merely talking about it. It also helps to introduce a variety of perspectives on the topics.
- Be respectful towards the co-facilitators. Avoid correcting or interrupting them while they are facilitating. Be conscious of your body language and facial expressions during their sessions.
- Only the facilitator guiding the group should stand; the other facilitators should be seated, to minimize distraction.

- For sensitive topics, it may be best to separate into single-sex groups to encourage better participation. It is however, important for the youngsters to come together as one group to present their ideas to each other. This sharing of information between the sex groups and attempting to work together is essential for the success of the programme.
- Do not be judgemental with the response of the participants.
- Keep your participants involved by eliciting answers from them rather than lecturing them.
- Summarize the points on a flip chart or blackboard, if possible.
- Pay attention to the scheduling of the sessions. Afternoon sessions should be particularly lively to keep the participants awake. One session should move logically into the next session.
- Monitor how your group is feeling. Use an alternative way to teach the same subject. It should be prompt, give hints and change styles as needed.
- Prepare well beforehand. This includes reading the resource materials (code-marked R), photocopying the handouts (code-marked H) for all the participants and preparing the templates (code-marked T) as instructed, on the day's subject. To reiterate: material code-marked R is only for the facilitator's briefing.
- Engage at least one participant as a volunteer to assist with implementing the training activity.
- Improvise to suit the needs of the occasion.

Preparation before the Workshop

If the training is being held in a room, have the chairs placed in a circle. Put any desks against the wall or away from the room, creating as much space as is possible.

Training Methods

Several methods are available for imparting training. The choice depends upon suitability in a particular context.

<i>Method</i>	<i>What it is</i>	<i>When to use it</i>	<i>Comments</i>
Lecture/Presentation	Facilitator speaks from prepared notes	To convey information and concepts	An efficient way to deliver information. However, can be monotonous if used too often. The facilitator must encourage participation.
Discussion	Participants exchange ideas for reaching specified objectives	To increase knowledge, improve communication skills and to test progress towards learning objectives	Pre-defined objectives shared with participants prevent the discussion from becoming free-flowing stories. This method is useful with a panel of outside experts and also with participants working in small groups.
Question-Answer Session	Participants prepare questions pertaining to a topic; then ask questions of facilitators or other trainees	To increase participants' responsibility for collecting information through research and analysis	An efficient way of encouraging self-learning and participation.
Reading	Participants gather information from printed material	To convey information or concepts	An efficient way to deliver large quantities of material. Provides a permanent record of what the information-giver wants to convey and thus becomes a reference. This method is most effective when it includes immediate application to problems, projects, discussion or testing.
Brainstorming	Participants generate ideas, initially in a non-judgemental way for solving problems	While starting a new topic, it may act as an ice-breaker	It provides an opportunity to the participants to be imaginative. Varied ideas are exchanged in a short period of time.
Role Play	Participants enact life situations without a script	To understand the dynamics in communication skills; to try out new behaviours	May be spontaneous or more structured with description of the character's goals given to participants.
Skit	Participants read dialogues from short scripts	To model communication skills, such as counselling or giving direction; or to illustrate contrasting ways of looking at an issue	Skits are short, scripted dramas. A good alternative to lecturing and a good way to transfer responsibility of modelling to participants.
Case Study	Participants study a situation that briefly describes a problem, then develop a solution	To encourage participants to apply their knowledge and skills to problems encountered in day-to-day life	The situation should be experienced by the participants. The details presented should be enough to enable them to recommend solutions; too many details could be distracting. Generally, case studies are more extensive than a hypothetical situation and can help raise more issues.
Games	Participants use data to solve problems in a competitive spirit	Among many uses, to illustrate a point about learning, to develop skills in teamwork, to involve participants in training	Effective in breaking the ice, in changing pace or reaching objectives dealing with increasing knowledge and skills.
Story Telling	Participants analyse the story given or read out to them and discussion proceeds in a group. Live case study and real-time situation could be provided.	To analyse the situation by applying knowledge and skills and find answers	This technique is good for understanding the thinking processes of an individual.

Content Matrix

Day	Session	Topic	Sub-session	Topic	Training Materials	Method	Main Life Skills	Minutes Allotted
1	1	Let's Start	1.1	Pre-Workshop Questionnaire	Pre-test form and pen/pencil for each participant	Questionnaire	Active listening	15
			1.2	The Ball Name Game	Ball or other soft objects which can be thrown	Game		20
	2	Life Skills	1.3	Expectations and Objectives of the Training	<ul style="list-style-type: none"> ▪ Training schedule for each participant ▪ Flip chart and markers/board and chalk/white board and marker 	Brainstorming		10
			1.4	Setting the Ground Rules	Flip chart and markers/board and chalk/white board and markers	Brainstorming		10
			1.5	Summing up and the Question Box	Loose papers, markers, carton	Lecture/presentation		5
2	1	Life Skills	2.1	What are Life Skills?	<ul style="list-style-type: none"> ▪ Life skills handouts ▪ <i>Akul's story handout</i>, one copy between two participants 	Story and Discussion, Reading, Question-and-answer	Active listening, Effective communication, Critical thinking	50
			2.2	Using Life Skills	Cards with life skills written on them	Story Generation	Critical thinking, Creative thinking, Self-awareness, Empathy, Time management, Cooperation and Team work	30
	2	Adolescence to Adulthood	2.3	Summing up – Reflecting on the Life Skills Used		Discussion	Active listening, Effective verbal communication, Creative thinking, Critical thinking	20
			3.1	What is Adolescence?	White board/chart paper and markers	Open Discussion	Information gathering, Creative thinking	10
			3.2	Understanding the Changes During Adolescence	White board /chart paper, markers and sketch pens	Group Discussion	Information gathering, Self-awareness	30

Day	Session	Topic	Sub-session	Topic	Training Materials	Method	Main Life Skills	Minutes Allotted
			3.3	Put Yourself in My Shoes		Group Discussion	Problem solving, Critical thinking	10
2	4	Nutrition and Health Practices	4.1	Food Chart – What is Missing in Your Diet?	Daily allowance of food handout Nutritive value of a food handout Format for preparing a food chart	Discussion	Critical thinking, Problem solving	40
			4.2	Anaemia	Nutritive value of food handout	Discussion	Critical thinking, Self-awareness	20
			4.3	Summing up	None	Discussion	Active listening	10
3	5	Personal Hygiene	5.1	The Basics of Personal Hygiene	Two glasses with water, Bowl; Handout on personal hygiene	Brainstorming, Activity, Discussion	Creative thinking, Communication skills	10
			5.2	Lilawati's Story	Lilawati's story handout	Story, Discussion	Critical thinking, Communication skills	20
3	6	Gender	6.1	Sex or Gender	Two large sheets titled SEX and GENDER	Game	Critical thinking	20
			6.2	The Influence of Gender	Slips of paper/cards with various roles written out; List of statements	Game (role play)	Critical thinking	25
			6.3	Reflecting on Gender	Video (<i>Meena Ki Kahani</i>); Gender discrimination table; sketch pens, chart paper or board, markers	Group work, Discussion	Active listening, Effective verbal communication, Creative thinking, Critical thinking, Team work, Decision-making	40
			6.4	Summing up – Reflecting on the Life Skills Used		Discussion	Active listening, Effective verbal communication, Creative thinking, Critical thinking, Team work, Decision-making	5
4	7	Sexual Health	7.1	Understanding Sex and Sexuality	White board/chart paper, markers	Discussion	Critical thinking	10

Day	Session	Topic	Sub-session	Topic	Training Materials	Method	Main Life Skills	Minutes Allotted
			7.2	Human Reproductive Process	Cut-outs of the reproductive organs; name tags for individual reproductive parts; handkerchief to blindfold; white board and markers/chart paper, sketch pens	Group exercise	Critical thinking, Self-awareness	60
			7.3	Responsible Sexual Behaviour	Case studies	Group work, Discussion	Critical thinking, Decision-making	25
			7.4	Misconceptions about Sexual Health	Slips of paper on which statements are written	Game, Quiz	Critical thinking, Decision-making, Self-awareness	25
5	8	Early Marriage and Early Pregnancy	8.1	Early Marriage – A Story of Two Sisters	Writing paper, sketch pens; 4 copies of case study	Group work, Interactive discussion, Role play/skit	Critical thinking, Team work, Cooperation, Communication skills, Creative thinking	45
			8.2	Consequences of Early Pregnancy	Copies of handout on contraceptive techniques	Open discussion	Critical thinking, Communication skills	30
5	9	RTI/STI and HIV/AIDS	9.1	RTIs and STIs	White board/chart paper, markers, copies of <i>Lakhan's hesitation</i>	Case study analysis, Role play, Interactive discussion	Self-awareness, Critical thinking, Decision-making, Problem solving	20
			9.2	The Basics of HIV and AIDS	White board/chart paper, markers Slips of paper on which questions are written	Question-and answer, Interactive discussion	Self-awareness, Critical thinking	25
6			9.3	The Wildfire Game	Slips of paper on which conditions are written	Game and Discussion	Self-awareness, Critical thinking	20
			9.4	Know the Risk	List of behaviour statements	Risk assessment game and Discussion	Self-awareness, Critical thinking, Decision-making	20
			9.5	The Importance of Testing for HIV		Case study analysis and Discussion	Self-awareness, Critical thinking	15

Day	Session	Topic	Sub-session	Topic	Training Materials	Method	Main Life Skills	Minutes Allotted
			9.6	Removing Stigma and Discrimination	White board/chart paper, markers	Interactive discussion/Brainstorming	Empathy, Self-awareness, Coping with emotions	15
6	10	Abuse and Violence	10.1	Understanding Different Types of Abuse	White board/chart paper, markers, chart on different types of abuse	Discussion using chart	Critical thinking, Problem solving, Decision-making	25
			10.2	Sexual Abuse	White board/chart paper, markers, case studies of sexual abuse	Open discussion using chart	Decision-making, Problem solving, Empathy, Critical thinking	25
7	11	Risky Behaviour and Peer Pressure	11.1	Introducing Substance Abuse	White board/chart paper, markers	Brainstorming	Team work, Information gathering	15
			11.2	Saying No – Dealing with Peer Pressure	2-3 copies of peer pressure scenarios	Role play, Brainstorming	Team work, Negotiation skill, Critical thinking	15
			11.3	Consequences of Substance Abuse	Copies of <i>Kartik's story</i>	Story reading and analysing	Empathy, Decision-making	15
7	12	Goal Setting and Future Activities	12.1	Setting Goals – Case Stories	Writing paper, sketch pens, copy of case studies, format for goal setting	Writing, Brainstorming	Critical thinking, Self-awareness	30
			12.2	Set Goals for Yourself	White board/chart paper, markers, writing paper, sketch pens	Writing	Critical thinking, Self-awareness	20
			12.3	Post-Workshop Questionnaire	Sketch pens	Writing, Question-and-Answer	Critical thinking, Self-awareness	15

The Workshop

Session 1: Let's Start

Duration: 50 minutes

Expected Outcomes

- Promote a sense of informality and belongingness within the group
- Assess participants' expectations
- Facilitate a participant-centred, comfortable and rule-based learning environment

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
1.1	Pre-test to assess knowledge, skills and attitudes	Pre-workshop questionnaire (H1.1) and pen/pencil for each participant	Photocopy H1.1	10
1.2	<i>The Ball Name Game</i> <ul style="list-style-type: none"> ▪ To get acquainted with the facilitator and the participants in the workshop ▪ To promote a positive atmosphere during the training 	Ball or other soft objects which can be thrown	Get one or two balls/soft objects	20
1.3	<i>Expectations and Objectives of the Training</i> <ul style="list-style-type: none"> ▪ To understand the purpose and objectives of the training from the participants' and the facilitator's perspectives 	<ul style="list-style-type: none"> ▪ Training schedule (H1.3) for each participant ▪ Flip chart and markers/board and chalk/white board and markers 	<ul style="list-style-type: none"> ▪ Photocopy H1.3 ▪ Read R1.1 	10
1.4	<i>Setting the Ground rules</i> <ul style="list-style-type: none"> ▪ To create training rules, which are decided jointly by the participants and the facilitator ▪ To promote a positive atmosphere during the training 	Flip chart and markers/board and chalk/white board and markers	Keep R1.4, Setting the Ground Rules, ready for reference	5
1.5	<i>Summing up and the Question Box</i> <ul style="list-style-type: none"> ▪ To sum up the session and give them space and opportunities to raise questions 	Loose papers and a carton	Prepare the carton to serve as a question box (closed, with a slit on top)	5

Sub-Session 1.1: Pre-Workshop Questionnaire

Time	10 minutes
Materials	A copy of H1.1 and pen/pencil for each participant
Method	Questionnaire

Steps

1. Tell the participants that this sub-session is to assess their knowledge and attitudes about the subjects which you will be discussing in the workshop, so that in the end you can assess whether it has enhanced their knowledge.
2. Make them sit in a circle.
3. Pass around copies of questionnaire (H1.1) and a pencil/pen each.
4. Ask them to fill in the questionnaire individually, in silence.
5. Ask one of the participants to collect the papers after ten minutes.

Sub-Session 1.2: The Ball Name Game

Time	20 minutes
Materials	One or two balls/soft objects that can be thrown
Method	Game

Steps

1. Tell the participants that this sub-session is intended to make them feel comfortable so that their ability to learn from this workshop increases. (Explain that when a learner is comfortable, s/he learns much better, because s/he is more receptive to learning.)
2. Make the participants stand in a circle. Make two circles if the group is large and take help from a co-facilitator.
3. Ask them to think of one interesting fact about themselves.
4. Begin by stating your name and one interesting fact about yourself. For example, my name is Nikita and my favourite colour is blue/I am scared of spiders/I like mangoes.
5. Then throw the ball to one of the participants. The participant repeats the information given by the previous participant and adds a similar statement about himself/herself. For example, "Her name is Nikita and her favourite colour is blue. My name is Prakash and I have a pet lizard."
6. The next participant to receive the ball reports what the previous person said and then speaks about himself/herself. For example, "His name is Prakash and he has a pet lizard. My name is Shweta and I am allergic to peanuts."
7. The game continues until everybody has had their turn with the ball.
8. The game ends once the ball is returned to the facilitator.

Sub-Session 1.3: Expectations and Objectives of the Training

Time	10 minutes
Materials	Copy of Training Schedule, H1.3, for each participant; flip chart and markers/ board and chalk/chart paper and markers
Method	Brainstorming

Steps

1. Tell the participants that this sub-session is to help them learn how they expect to benefit from this workshop.
2. Pass around a copy of H1.3. Allow them two or three minutes to go through it.
3. Ask what they hope to gain from the training.
4. Ask if they have any suggestions to offer. Write the suggestions on the flip chart/board.
5. If the suggestions offered are few, take the extra time to briefly outline what each session contains and discuss how the training will be organized, i.e. objectives given for each session, participatory methods, number of days, following the ground rules, etc.

Notes

- Get them to tell you what they expect from the training. Remember these expectations as you go through the programme.
- Do not dismiss or ridicule any suggestions. Listen carefully and write down all of them.
- Explain why the training may not fulfil some of the expectations. Help them understand what the training is about.

Sub-Session 1.4: Setting the Ground Rules

Time	5 minutes
Materials	Flip chart and markers
Method	Brainstorming

Steps

1. Tell the participants that this sub-session is to lay down some ground rules for the ensuing sessions so that the entire workshop becomes useful for them.
2. Explain that they should be comfortable in the training space.
3. Explain that the first rule of the workshop is that everybody should actively participate. Write this rule down on a sheet of paper.
4. Ask them to give suggestions. Write these suggestions on the sheet.
5. At the end, check the rules in the checklist (R1.4) are on the sheet. If not, suggest these rules. Ask for their approval and then write them down on the sheet.
6. Put up the sheet on the wall for the duration of the workshop.

Sub-Session 1.5: Summing up and the Question Box

Time	5 minutes
Materials	Carton, loose papers, markers
Method	Lecture/presentation

Steps

1. Tell the participants that this sub-session is to facilitate the ensuing sessions and to enrich their knowledge, as they will see from the sub-session activities.
2. Show the question box carton. Tell them this is the question box. Explain that if they have questions that they do not want to ask publicly, they can drop them in the question box, without writing their names.
3. Explain that you will try to answer as many questions as you can. These answers will be written on sheets of paper and put up on the question wall. Identify the question wall in the room.
4. Explain that you may not be able to answer all the questions but will try your best.

Session 2: Life Skills

Duration: 85 minutes

Expected Outcomes

- Understand what are life skills
- Be able to identify life skills
- Know their importance and uses in daily life
- Know their relation to needs and concerns of adolescents

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
2.1	<i>What are life skills?</i> How to identify life skills	<ul style="list-style-type: none"> ▪ One copy of life skills handout (H2.1.1) for each participant ▪ Copies of <i>Akul's Story</i> (H2.1.2), one between two participants 	<ul style="list-style-type: none"> ▪ Read resource material R2.1.1, Life Skills; R2.1.2, Akul's Story ▪ Photocopy H2.1.1 and H2.1.2 	50
2.2	<i>Using life skills</i> To promote understanding of life skills and how they are used	Cards with individual life skills written on them (T2.2)	From T2.2, prepare a card for each participant with a life skill written on it. (The life skills can be repeated.)	20
2.3	<i>Summing up – Reflecting on life skills used</i> Ask the participants to reflect on what life skills they have used in the session		R2.1.1	15

Sub-Session 2.1: What are Life Skills?

Time	50 minutes
Materials	Life Skills (H2.1.1), <i>Akul's Story</i> (H2.1.2)
Method	Story and discussion, reading, question-and-answer

Steps

1. Tell the participants that in this session they will be considering life skills.
2. Briefly describe what life skills are.
3. Explain that these are skills or abilities that help people to cope positively with the challenges of life. Supplement the talk with information from R2.1.1.

4. Pass around a copy of H2.1.1 to each participant and a copy of H2.1.2 between two participants. Explain that they are going to read the story of Akul as a group, and then identify what life skills Akul uses. Make it a point to remind them that this is a true story.
5. Ask a participant to begin reading. Stop her/him at the break.
6. Facilitate the discussion by asking questions linked to each life skill. For example:
 - a. What problems did he face?
 - b. How did he solve his problem?
7. You can also link the story to each life skill. For example:
 - a. What did Akul wear to school? Why?
 - b. Why did he think of selling berries?
8. Ask a second participant to continue reading.
9. Facilitate the discussion by asking questions as in points 6 and 7.
10. Ask them to explain how and why he used those skills and how positive thinking is important.
11. Conclude the session by explaining why life skills are important in everyday life.

Sub-Session 2.2: Using Life Skills

Time	20 minutes
Materials	One card/slip of paper for each participant with a life skill written on it (T2.2)
Method	Story Generation

Steps

1. Divide the participants into groups of not more than 20 in each group. Ask the groups to sit in circles.
2. Tell them that they are going to make up a story, which probably will not have a plot. Each participant will add two or three sentences to the story.
3. Give each participant a card with a life skill written on it. Explain that in their contribution to the story they have to include this life skill and mention this life skill at the end of their contribution.
4. Give an example, such as “Abhishek’s parents told him he could not meet his friends. He felt like shouting and hitting something. But he decided this would not be of any benefit and instead he took a couple of deep breaths. Anger management.”
5. Now start the story with the life skill positive thinking. For example: “Sunita woke up in the morning and felt like she really did not want to get out of bed. No, she said to herself, I will get up and it is going to be a good day.” Or start with life skill empathy: “Once there was a sage who got a lot of knowledge living in an ashram. He realized that his knowledge had no value if it was not passed on to the common people (Critical Thinking). One day a king came to him and requested him to teach his sons. The sage was wondering whether he should teach the common people or the king’s sons. The king could pay him handsomely,

the common people could not (Active Listening). The sage could understand the language of birds. The birds were discussing this matter. The sage listened to the birds' discussion”
...

6. The circle of participants then continues with the story.
7. If the story finishes with an issue that could be discussed in the group, and if there is time, ask the group how the character should proceed.
8. Ask them if they have any questions.
9. Conclude by explaining that the story shows how life skills are used in everyday life.
10. Finally, thank them for their time.

Sub-Session 2.3: Summing up – Reflecting on the Life Skills Used

Time	15 minutes
Materials	None
Method	Discussion

Steps

1. Ask the participants that what life skills were discussed in the day's sessions. (For example: active listening, verbal communication, creative thinking, empathy, cooperation, team work, assertiveness ...)
2. What skills do they want their parents to have?
3. What skills would their parents like them to have?
4. The participants can consult the handouts given to them.
5. Ask them if they have any questions.
6. Finally, thank them for their time.

Session 3: Adolescence to Adulthood

Duration: 50 minutes

Expected Outcomes

- Defining the terms – adolescence, youth, young people and young adult
- Understanding the changes that occur during adolescence
- Understanding that these changes are normal

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
3.1	<i>What is Adolescence?</i> <ul style="list-style-type: none"> ▪ General definition of adolescence 	White board/chart paper and markers	Read resource material R3.1	10
3.2	<i>Understanding the changes during adolescence</i> <ul style="list-style-type: none"> ▪ Changes that take place in their body ▪ These are perfectly normal 	White board and markers/chart paper, sketch pens	Read resource material R3.2	30
3.3	<i>Put yourself in my shoes</i> <ul style="list-style-type: none"> ▪ Everybody recognizes and accepts these changes subconsciously 	None	R3.2	10

Sub-Session 3.1: What is Adolescence?

Time	10 minutes
Materials	White board/chart paper and markers
Method	Open Discussion

Steps

1. Start with the life skills the participants used yesterday (Give one or two examples).
2. Write the word ADOLESCENT or ADOLESCENCE on the white board.
3. Ask whether they have heard this word. What does it mean to them?
4. Note the responses on the board and substantiate the answers referring to the resource material.
5. Ask if they think that there are changes during adolescence. Tell them that they will have group discussions to list those changes.

Sub-Session 3.2: Understanding the Changes during Adolescence

Time	30 minutes
Materials	White board, marker, chart papers, sketch pens
Method	Group Discussion

Steps

1. Divide the participants into four groups.
2. Provide each group with chart paper and sketch pens.
3. Allot each group the following topics. Ask them to discuss them and write their findings on the chart paper.
 - a. What are the physical changes during adolescence?
 - b. What are the social changes during adolescence?
 - c. What are the emotional changes during adolescence?
 - d. What are the sexual changes during adolescence?
4. Let each group make its own presentation.
5. Facilitate the discussion and verify the facts from the resource material.

Sub-Session 3.3: Put Yourself in My Shoes

Time	10 minutes
Materials	None
Method	Group Discussion

Steps

You can opt to cite examples to elicit more suggestions to make the participants put themselves in the shoes of their parents/siblings/teachers to reflect upon what changes (physical, behavioural) they have noticed in the participants. For example:

- They smile when I talk (voice change).
- They say I look at the mirror more often (social change).
- They say now I do not listen to them and prefer talking and playing with my friends more (social change).
- They say I am taking part in community activities more (social change).

Notes

1. The examples are only illustrative. They may not happen with every adolescent at the same time, so they have to come up with their own examples.
2. Facilitate the discussion and verify the facts from the resource material.

Session 4: Nutrition and Health Practices

Duration: 70 minutes

Expected Outcomes

- Understand the importance of nutrition requirement for different age groups
- Understand the need for a balanced diet and its importance
- Understand the problems and consequences of anaemia and its prevention

Session at a Glance

Sub-Session	Activity	Training Materials	Preparation Work	Minutes Allotted
4.1	<p><i>Food chart – What is missing in your diet?</i></p> <ul style="list-style-type: none"> ▪ To learn about the nutritional requirement of the body ▪ To learn about the different kinds of foods available and their nutritive value ▪ To learn how to reduce the loss of nutrition 	<ul style="list-style-type: none"> ▪ Daily allowance of food handout, H4.1.1 ▪ Nutritive value of food handout, H4.1.2 ▪ Format for preparing a food chart, T4.1 	<ul style="list-style-type: none"> ▪ Read resource material R4.1.1, R4.1.2 ▪ Photocopy H4.1.1, H4.1.2 for each participant ▪ Make copies of T4.1 as required 	40
4.2	<p><i>Anaemia</i></p> <ul style="list-style-type: none"> ▪ To learn about causes, symptoms and consequences of anaemia ▪ To learn about how to retain iron 	H4.1.2	Read resource material R4.2	20
4.3	Summing up	None	R4.1.1, R4.1.2	10

Sub-Session 4.1: Food Chart – What is Missing in Your Diet?

Time	40 minutes
Materials	Copies of H4.1.1, H4.1.2, T4.1 Chart paper and markers
Method	Discussion

Steps

1. Recap the earlier session on physical changes and explain that due to these physical changes, good nutrition is very important during (and after) adolescence.
2. Tell them that this session is about food and nutrition. Ask: why do we eat food?
3. List the answers.
4. Explain about nutrition and the importance of a balanced diet. Explain the concept of ‘three-colour food’.
5. Pass around copies of H4.1.1 and H4.1.2 to each participant.
6. Show them how to read and use the nutritional chart.
7. Arrange them in groups of four or five. Pass a copy of T4.1 to each group.

8. Ask the different groups to make dietary charts for different age groups: (i) adolescents, (ii) pregnant women and (iii) old people.
9. Give them an example of the dietary chart so that they can copy the format.
10. Tell them to include locally available food.
11. Ask any two groups to volunteer to present their work, while the other groups comment.
12. Ensure that all three-coloured foods are included in the charts.
13. Ask the participants whether all the nutrition in the food reaches their body.
14. What difference can they find in the diets of adolescents, pregnant women and old persons?
15. Explain how nutrition in food gets lost in storage, preparation and cooking.

Sub-Session 4.2: Anaemia

Time	20 minutes
Materi	None
Method	Discussion

Steps

1. Ask the participants whether they have felt breathless while climbing steps, running or any other physical work.
2. Explain anaemia, causes, symptoms and consequences.
3. Explain what steps can be taken to prevent it.
4. Ask them to list some of the iron-rich food from the nutritional chart.
5. Explain that the only way to diagnose anaemia is through a blood test.

Sub-Session 4.3: Summing up

Time	10 minutes
Materi	None
Method	Discussion

Steps

Sum up the session by telling the participants about the nutritional needs of growing individuals. It is not necessary to eat costly food for their nutritional requirements-locally available food has sufficient amount of nutrition and should be taken in the right amount to remain healthy. Anaemia is a common nutritional problem prevalent in many regions, more so among women. This can be prevented by taking an iron-rich diet and supplements provided free of cost at health centres.

Finally, thank them for their time.

Session 5: Personal Hygiene

Duration: 30 minutes

Expected Outcomes

- Understand the importance of good hygiene
- Understand the diseases due to unhygienic practices
- Understand how these diseases can be prevented

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
5.1	<i>The Basics of Personal Hygiene</i> <ul style="list-style-type: none"> ▪ To understand the importance of personal hygiene 	<ul style="list-style-type: none"> ▪ Two glasses with water, one bowl ▪ Handout on personal hygiene, H5.1 	<ul style="list-style-type: none"> ▪ Photocopy personal hygiene handout, H5.1 ▪ Read resource material R5.1.1, R5.1.2 ▪ Arrange two glasses and a bowl 	10
5.2	<i>Lilawati's Story</i> <ul style="list-style-type: none"> ▪ To identify unhygienic conditions 	<i>Lilawati's Story</i> , H5.2	<ul style="list-style-type: none"> ▪ Photocopy <i>Lilawati's Story</i>, H5.2 ▪ Read resource material R5.2 	20

Sub-Session 5.1: The Basics of Personal Hygiene

Time	10 minutes
Materials	Two glasses of water, one bowl, H5.1
Method	Brainstorming, Activity, Discussion

Steps

1. Start with the life skills the participants trained in the previous day (Give one or two examples).
2. Explain that Day 2's discussion will be on hygiene.
3. Ask for a volunteer who feels that his/her hands are clean.
4. Take two glasses of water. Tell the volunteer to wash one hand using water from one of glass.
5. Then pour the water back to the same glass.
6. Compare the water in the two glasses.
7. Explain that hands may look clean when they actually are not.
8. Ask how often they should wash hands (Explain the importance of washing hands before touching food, before eating, and after urinating/defecating).

9. Also provide them various reasons for poor hygiene like apathy, ignorance, poor childhood training, thoughtlessness, poor time management, etc.

Further Discussion

1. Ask the participants why good personal (and environmental) hygiene is important. (Examples include body odour, skin infections, contracting diseases).
2. Ask them to list a few diseases that spread with poor personal, household and community hygiene (R5.1.1).
3. Ask them whether any member of their family has suffered from these diseases recently.

Sub-Session 5.2: Lilawati's Story

Time	20 minutes
Materials	<i>Lilawati's Story</i> , H5.2
Method	Story, discussion

Steps

1. Explain that they are going to read a story about Lilawati and then discuss in what ways her practices are unhygienic.
2. Hand out H5.2 and ask two or three volunteers to take turns reading it.
3. Ask the participants which practices are unhygienic and could cause Lilawati and her family to become sick.
4. Write the comments on the board and complement with further information.

Session 6: Gender

Duration: 90 minutes

Expected Outcomes

- Know the differences between sex and gender
- Understand the influence of gender in the society
- Begin thinking critically about gender issues

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
6.1	<p><i>Sex or Gender</i></p> <ul style="list-style-type: none"> ▪ To understand the differences between sex and gender 	<ul style="list-style-type: none"> ▪ Two large sheets (T6.1.1), markers ▪ List of statements, T6.1.2 	<ul style="list-style-type: none"> ▪ Take two large sheets. Title one of them SEX and the other one GENDER. Hang them on opposite sides of the room before starting the session. These (T6.1.1) will stay on the walls for the duration of Session 6. ▪ Prepare list of statements, T6.1.2 ▪ Read resource material R6.1.1, R6.1.2 	20
6.2	<p><i>The Influence of Gender</i></p> <ul style="list-style-type: none"> ▪ To understand ways by which gender can restrict one's life 	<ul style="list-style-type: none"> ▪ Slips of paper/cards with various roles written out, T6.2.1 ▪ List of statements, T6.2.2 	<ul style="list-style-type: none"> ▪ Prepare the cards, T6.2.1 ▪ Keep T6.2.2 ready 	25
6.3	<p><i>Reflecting on Gender</i></p>	<ul style="list-style-type: none"> ▪ Video <i>Meena Ki Kahani</i>, R6.3 ▪ Gender discrimination table, T6.3, sketch pens ▪ Flip chart and sketch pens/white board and markers 	<ul style="list-style-type: none"> ▪ Prepare for projection of video R6.3 (subject to availability of facilities) ▪ Prepare the required number of T6.3 charts ▪ R6.1.1 	40
6.4	<p><i>Summing up – Reflecting on the Life Skills Used</i></p>		R6.1.1	5

Sub-Session 6.1: Sex or Gender

Time	20 minutes
Materials	T6.1.1, T6.1.2
Method	Game

Steps

1. Tell the participants that in this session you will be discussing gender roles.
2. Ask them if they know the difference between sex and gender. Take down their comments and fill in any gaps in their knowledge using resource material R6.1.1. Explain that SEX refers to the biological or physiological characteristics that define men and women, and that GENDER refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women.
3. Explain that you will read out a series of statements, and depending on whether they think the statement is related to SEX or GENDER they should go and stand in front of the relevant sheet.
4. Give two examples: “Women can breastfeed their babies” (SEX) versus “Women are better at cooking” (GENDER). Follow it up with reading aloud the statements from T6.1.2 for the game.
5. Afterwards, ask them whether they have understood the differences between sex and gender. Ask if they have any questions on the topic, discuss and clarify them.

Sub-Session 6.2: The Influence of Gender

Time	25 minutes
Materials	T6.2.1 roles written on slips of paper/cards; T6.2.2 list of statements
Method	Game (role play)

Steps

1. Ask the participants to line up across the room, facing you. Give each one a role to play (T6.2.1).
2. Explain that you will be reading out a list of statements. If they think a particular statement is true to their role they should step forward; if it is not, to take one step backward. If they are not sure they should stay where they are.
3. By the end of the list of statements the participants would be spread out across the room in several rows.
4. After this, ask the participants at the back individually who they were. Then ask those who are in the front.
5. The game should reveal how gender, as conceived by society, limits people. But it should also show how wealth and class interlink with gender. Explain this.
6. If you included the two identical roles about the 12-year-old girl and boy ask the role players to reveal themselves. If they are in different places, ask why.

- Finally, ask all the participants who played the role of women to raise their hands.

Sub-Session 6.3: Reflecting on Gender

Time	40 minutes
Materials	Video (<i>Meena Ki Kahani</i>), T6.3, sketch pens, chart paper or board, markers
Method	Group Work, Discussion

Steps

- Show the film *Meena Ki Kahani* (if the facilities exist).
- Divide the participants into two or four groups, depending on the number of participants.
- Ask one (or two) group/s to discuss the advantages and disadvantages of being a female and the other group/s to discuss the advantages and disadvantages of being a male, from childhood to adolescence to adulthood.
- Give copy of T6.3 and a sketch pen to each group and tell them to write down their findings on it. Give examples: Got sweets to eat (gender, boy); Could not move outside home (gender, girl).
- Give 15 minutes for the group work.
- Ask a volunteer from each group to come and share their group work.
- After a group makes its presentation, the other group or groups give feedback.
- Promote a discussion about gender. Ask the participants whether the advantages and disadvantages listed are a result of sex or gender. Ask what can be done to address gender discrimination.
- List the points on a chart paper or board.

Sub-Session 6.4: Summing up – Reflecting on the Life Skills Used

Time	5 minutes
Materials	None
Method	Discussion

Steps

- Ask the participants to list the life skills they used the previous day in the sessions. (Examples include active listening, verbal communication, creative thinking, cooperation and teamwork, perhaps assertiveness skills in group work ...)
- Ask if they have any questions/queries on the topic, discuss and clarify them.
- Finally, thank them for their time.

Session 7: Sexual Health

Duration: 120 minutes

Expected Outcomes

- Be rightly informed about male and female reproductive organs and their functions
- Take informed decisions related to sexual health
- Have responsible sexual behaviour
- Be a responsible member of society; be a responsible husband/wife

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
7.1	<i>Understanding Sex and Sexuality</i> To know about different terms	White board, markers/ chart paper	Read resource material R7.1, Sex vs Sexuality	10
7.2	<i>Human Reproductive Process</i>	<ul style="list-style-type: none"> ▪ Enlarged cut-outs of the reproductive organs, T7.2.1, T7.2.2 ▪ Name tags for individual reproductive parts with pins attached, T7.2.3 ▪ Handkerchief to blindfold ▪ White board and markers/chart paper, sketch pens 	<ul style="list-style-type: none"> ▪ Read resource material R7.2.1, Female reproductive organs and their functions; R7.2.2, Menstruation; R7.2.3, Male reproductive organs and their functions; and R7.2.4, Conception ▪ Prepare T7.2.1, T7.2.2, T7.2.3 ▪ Fold name tags (T7.2.3) and place them in an open box ▪ Keep a handkerchief ready 	60
7.3	<i>Responsible Sexual Behaviour</i> To help them take informed decision and act responsibly	Case studies of sexual behaviour, T7.3	<ul style="list-style-type: none"> ▪ Read resource material R7.3.1, Responsible Sexual Behaviour; R7.3.2, Case Studies of Sexual Behaviour ▪ Make sufficient copies of T7.3 	25
7.4	<i>Misconceptions about Sexual Health</i> To be rightly informed about prevalent misconceptions	T7.4 with statements written on individual slips	<ul style="list-style-type: none"> ▪ Read resource material R7.4, Quiz on Sexuality ▪ Prepare T7.4. Keep the statement slips folded individually in an open box. 	25

Sub-Session 7.1: Understanding Sex and Sexuality

Time	10 minutes
Materials	White board, markers/chart paper
Method	Discussion

Steps

1. Start with the life skills the participants used the previous day (Give one or two examples).
2. Write the words SEX and SEXUALITY on the white board.
3. Ask the participants whether they have heard these words and what is their understanding of them.
4. Note the responses on the board and substantiate the answers with resource material.

Sub-Session 7.2: Human Reproductive Process

Time	60 minutes
Materials	Cut-outs of the reproductive organs, T7.2.1 and T7.2.2; name tags for individual reproductive parts (T7.2.3); handkerchief to blindfold; white board and markers/chart paper, sketch pens
Method	Group Exercise

Steps

1. Tell six volunteers to pick up the name tags (T7.2.3) from the box.
2. Blindfold one of the volunteers and ask him/her to label by putting the name tag on the right organ. Ask the other participants to guide the volunteer from their seat.
3. Repeat the process with other volunteers as well until all the parts are labelled.
4. Discuss the functions of each labelled part.
5. Ask the participants to describe what menstruation is. Ask them how they feel about the fact that all girls go through it. Be sure to correct any false information they may have and clarify missing information.
6. Ask them to describe how conception occurs. Talk about sexual intercourse and fertilization of the egg. Explain that it is the male's sperm that determines whether the fertilized egg will develop into a male or female baby.

Note: *Encourage the participants to ask questions. The questions that they do not feel comfortable asking aloud can be put in the Question Box, as explained in Sub-session 1.5.*

Sub-Session 7.3: Responsible Sexual Behaviour

Time	25 minutes
Materials	T7.3 case studies
Method	Group Work, Discussion

Steps

1. Divide the participants into groups of 6 to 8. Give each group a case study to work on. One case study may be given to more than one group. Give them ten minutes to complete the task.
2. Ask each group to read aloud its case study and share its answers. Ask the other groups for comments.
3. Taking from participants' experiences, initiate a discussion for inculcating the values given in R7.3.1.

Sub-Session 7.4: Misconceptions about Sexual Health

Time	25 minutes
Materials	T7.4
Method	Game, Quiz

Steps

1. Tell the participants that this session will conduct a quiz on sexuality.
2. Divide the group into Team A and Team B. Ask a participant from Team A to pick a T7.4 statement slip. The statements have to be answered in two parts: (1) True or False and (2) Reasons for their answer. Give two points if they answer both parts correctly; one point if they answer only one part correctly. If the team is unable to answer correctly the statement will be passed to Team B. Team B also earns points similarly. Next, Team B will pick up a statement slip. The process ends when all the statements are answered.
3. If necessary, further explain the statements with the help of resource materials.

Session 8: Early Marriage and Early Pregnancy

Duration: 75 minutes

Expected Outcomes

- Define the right age at marriage
- Understand the causes and consequences of early marriage
- Understand the causes and consequences of early pregnancy
- Be aware of safe and effective family planning methods to prevent early pregnancy
- Understand the importance of negotiation and decision-making in early marriage and early pregnancy

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
8.1	<p><i>Early Marriage – A Story of Two Sisters</i></p> <ul style="list-style-type: none"> ▪ To know about the right age at marriage ▪ To understand the causes and consequences of early marriage 	<ul style="list-style-type: none"> ▪ Writing paper, sketch pens ▪ Case study – <i>The Choices of Two Sisters</i>, T8.1 	<ul style="list-style-type: none"> ▪ Read resource material R8.1, Causes and Consequences of Early Marriage ▪ T8.1, make 4 copies 	45
8.2	<p><i>Consequences of Early Pregnancy</i></p> <ul style="list-style-type: none"> ▪ To learn about the consequences of early pregnancy ▪ To learn about safe and effective family planning methods to prevent early pregnancy 	<p>Contraceptive methods, H8.2.2 to H8.2.5 copies for all participants</p>	<ul style="list-style-type: none"> ▪ Read resource material R8.2.1–R8.2.5 ▪ Photocopy H8.2 	30

Sub-Session 8.1: Early Marriage – A Story of Two Sisters

Time	45 minutes
Materials	White board/chart paper, markers, writing paper, sketch pens, T8.1
Method	Group Work, Interactive Discussion

Steps

1. Start with the life skills the participants used yesterday (Give one or two examples).
2. Explain that today's topic is early marriage.
3. Make four groups. Give each group a copy of T8.1, writing paper and sketch pen.
4. Ask two groups to list the factors that contributed to Amina's current situation and the other groups to list the factors that contributed to Ayesha's current situation. Allot them 10 minutes to work on their case study. Ask them to list their findings.

5. Ask the male participants at what age they would want their sister to get married. Ask them why.
6. Ask the female participants when they would want to get married. Again ask them why.
7. Ask the participants what the negative impacts of early marriage are.
8. Conclude by discussing the legal age at marriage and the reasons (social, biological, psychological) for this.

Sub-Session 8.2: Consequences of Early Pregnancy

Time	30 minutes
Materials	H8.2
Method	Discussion

Steps

1. Explain that now they are going to discuss early pregnancy.
2. Ask a volunteer to read the *Two Sisters case study* aloud.
3. Facilitate the discussion by asking the following:
 - What was Amina's age when she had her first child? What was Ayesha's age when she gave birth to her first child?
 - Who was in a better situation and why?
 - What were the effects of early and multiple pregnancies on Amina?
 - What were the effects of early and multiple pregnancies on Amina's children?
 - How could Amina and her husband have delayed their first pregnancy and maintained space between two pregnancies?
4. Conclude the discussion by explaining the advantages of contraception and the three common forms of contraception. Distribute handout H8.2.
5. Finally, thank them for their time.

Session 9: RTI/STI and HIV/AIDS

Duration:

Day 5 – 45 minutes (Sub-sessions 9.1 and 9.2)

Day 6 – 70 minutes (Sub-sessions 9.3–9.6)

Expected Outcomes

- Understand the causes, signs and symptoms of RTI/STI and aspects of treatment-seeking behaviour
- Understand the basics of HIV/AIDS and how young people are at risk
- Understand the routes of transmission and mode of prevention
- Assess risky behaviour
- Understand how to remove stigma and discrimination

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
9.1	<i>RTIs and STIs</i> Aspects of treatment-seeking behaviour	<ul style="list-style-type: none"> ▪ White board/chart paper, markers ▪ <i>Lakhan's Hesitation</i>, T9.1, three copies 	<ul style="list-style-type: none"> ▪ Read resource material R9.1.1, R9.1.2 ▪ Copy T9.1 ▪ Keep R9.1.2 ready for reference 	20
9.2	<i>The Basics of HIV and AIDS</i>	<ul style="list-style-type: none"> ▪ White board/chart paper, markers ▪ Template Statements, T9.2 	<ul style="list-style-type: none"> ▪ Prepare T9.2 questions and answers as instructed ▪ Read resource material R9.2 	25
9.3	<i>The Wildfire Game</i> To realize the speed of HIV transmission and means of prevention	T9.3	<ul style="list-style-type: none"> ▪ R9.2 ▪ Prepare T9.3 as instructed 	20
9.4	<i>Know the Risk</i> To understand the different behaviours related to HIV transmission	T9.4.1	<ul style="list-style-type: none"> ▪ Read resource material R9.4, Whether a behaviour is HIV risky ▪ Prepare T9.4.1 as instructed ▪ Prepare T9.4.2 as instructed 	20
9.5	<i>The Importance of Testing for HIV</i>		Read resource material R9.5	15
9.6	<i>Removing Stigma and Discrimination</i>	White board/chart paper, markers	Read resource material R9.6	15

Sub-Session 9.1: RTIs and STIs

Time	20 minutes
Materials	White board/chart paper, markers, copies of T9.1
Method	Case Study Analysis, Role Play, Interactive Discussion

Steps

Start with the life skills the participants used yesterday (Give one or two examples).

2. Explain that today's discussion will be on HIV/AIDS.
3. Write the words RTI and STI on the board in two columns. Ask whether they have heard about these words and what they think these words mean.
4. Note the responses on the board.
5. Ask them to recall the reproductive parts of the human body. Then contextualize what are RTIs and STIs by giving definitions with the help of resource material.
6. Tell them that they will try to understand the aspects of RTI/STI treatment-seeking behaviour with role play.
7. Ask for three volunteers to enact the skit on the story of Lakhan, with one being the narrator, the others being Lakhan and Ramu.
8. Facilitate the discussion with the following questions:
 - a. What do they think could be wrong with Lakhan?
 - b. What could he have done to be feeling this way?
 - c. What should he have done differently?
 - d. What should he do now?
 - e. Should he have told his wife about his problem?

Sub-Session 9.2: The Basics of HIV and AIDS

Time	25 minutes
Materials	White board/chart paper, markers, and Template statements T9.2
Method	Question-and-Answer and Interactive Discussion

Steps

1. Ask eight volunteers to come forward and pick a sheet each of T9.2 kept in an open box.
2. Ask the participant with sheet number 1 to read the question aloud and give his own answer.
3. Then ask the participants whether the answer is right.
4. Supplement their responses with the correct answer.
5. Follow through for the other seven slips.

Note: *Alternatively, this game could be played in teams. The participants might feel less embarrassment in providing the answers and may make it more fun.*

6. Explain that young people are more susceptible to HIV. Ask them why they think this might be. Note their responses on the white board.

Guide the discussion with the following points:

- Young people often feel that they will not get into problems.
 - Young girls are biologically more susceptible as their reproductive tracts are still developing.
 - Young people do not have sufficient knowledge or experience to reduce their risks.
 - Young people are less likely to recognize potentially risky situations or negotiate safe sex behaviours.
 - Peer pressure, drug and alcohol use and other factors may increase their likelihood of engaging in high-risk behaviours.
 - Young people lack access to information and services or are not able to afford them due to socio-economic circumstances.
7. Sum up the session by reinforcing that young people are particularly vulnerable and that to protect themselves, it is important to have correct information about transmission and prevention of HIV infection. They also need access to proper counselling and medical services.
 8. Tell the participants that you will continue the session on HIV tomorrow.

Sub-Session 9.3: The Wildfire Game

Time	20 minutes
Materials	T9.3 slips as instructed
Method	Game and discussion

Steps

1. Explain that they are going to play a game which will highlight how HIV infection spreads. Tell them to remember that shaking hands does not spread HIV.
2. Randomly distribute the T9.3 slips. Tell them to keep whatever is written on the slips confidential.
3. Ask them to name three participants they would like to shake hands with. They should remember the names of the people they shook hands with.
4. Emphasize that this is just a game. Ask the participant with 'HIV' on his/her paper slip to stand up. Ask the three to shake hands with him/her. (Boys cannot select only boys; the same with girls.)
5. Ask if any of the three participants with whom the 'HIV' student wanted to shake hands has a 'Condom' slip or a 'Refuse to shake hand' slip. If yes, ask them to sit down.

6. Now ask the participants who are still standing to identify the three participants with whom each of them shook hands.
7. Ask again, if any of these participants are carrying the 'Condom' slip or a 'Refuse to shake hand' slip. Ask them to sit down.
8. Carry on the game till only the two students with the 'Condom' slip and the two participants with the 'Refuse to shake hand' slip are sitting and the rest are standing.
9. Now tell the group that this game shows how easily the virus can spread among sexually active people. It also shows that people should always use a condom when they are not certain if their sexual partner has the virus or not. Anyone can get HIV. No one is safe. Shaking hand is not actual infection of a person but a representation of how HIV spreads.
10. Now share with the participants that to enter in a human body the HIV virus needs to use specific doors and a vehicle (medium). Body fluids are the medium that carry the virus. The main body fluids that transmit HIV are:
 - Blood
 - Semen
 - Vaginal secretions
 - Breast milk
 - Other body fluids containing blood
11. Sum up by telling the participants that HIV infection can be prevented by practising the ABC of prevention.
 - A* – Abstinence
 - B* – Being faithful to your spouse
 - C* – Condom

Sub-Session 9.4: Know the Risk

Time	20 minutes
Materials	T9.4.1, T9.4.2
Method	Risk Assessment Game and Discussion

Steps

1. Have T9.4.1 prepared and placed in the room as instructed.
2. Call 18 volunteers and distribute the T9.4.2 slips among them. Tell them to read the behaviour statements given to them, decide the level of risk and stand near the captions – High risk, Low risk or No risk.
3. Ask one or two volunteers to explain why they are standing under their chosen zone.
4. Use the resource material to explain each behaviour statement.

Sub-Session 9.5: The Importance of Testing for HIV

Time	15 minutes
Materials	Case study
Method	Case Study Analysis and Discussion

Steps

1. Read out the following case study:

Case Study

Jagan works in a factory in Ranchi. After his day's work he often drinks with his friends, visits sex workers and has unprotected sexual intercourse with them. Now he is scared of acquiring HIV/AIDS. He wants to get tested for HIV.

2. Facilitate discussion by asking the following questions:
 - i. Can such a situation occur in real life?
 - ii. Is Jagan at risk of acquiring HIV? Why?
 - iii. Should he go for a test for HIV?
 - iv. Where should he go?
 - v. What is it like to have a test for HIV?
 - vi. What are the advantages and disadvantages of getting tested?
 - vii. When and where should Jagan go for a test?
 - viii. If he tests positive, whom should he tell?
3. Clarify any misconceptions and supplement the participants' answers using the resource material.

Sub-Session 9.6: Removing Stigma and Discrimination

Time	15 minutes
Materials	White board, markers
Method	Interactive Discussion/Brainstorming

Steps

1. Ask the participants to imagine that a 16-year-old boy in Grade XI has been diagnosed with HIV.
2. Ask them in what ways they think the boy would be discriminated against.
 - a. At home? In school? In the community? In employment?
 - b. Why do they think the boy would be discriminated against?

- c. Why is it important not to discriminate against him?
3. Note down all responses on the board.
4. Conduct a brainstorming session on how participants can fight discrimination against those infected with HIV/AIDS.
5. Ask them to list some ways through which they can change the negative attitude of their family and community members against those infected with HIV/AIDS.
6. Note down all the responses on the board.
7. Next go through each method (response) one by one and ask them which methods are practical, i.e. which methods can be carried out by the participants themselves and how they can carry them out.
8. Ask them:
 - a. Should we be scared of a fellow participant/instructor who is HIV-positive?
 - b. Do you think a participant/instructor living with HIV should come to a camp?
 - c. What should we do if we come to know that our family member/friend is HIV-positive?

Identify incorrect information and facilitate the group to correct it. Fill in the additional information.

9. Finally, thank them for their time.

Session 10: Abuse and Violence

Duration: 50 minutes

Expected Outcomes

- Identify different types of abuse.
- Understand the feelings of an abused person
- Coping with abuse and stopping abuse

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
10.1	<i>Understanding different types of abuse</i> <ul style="list-style-type: none"> ▪ To recognize the effects of violence and abuse on self and family ▪ How to stop abuse 	<ul style="list-style-type: none"> ▪ White board/chart paper, markers ▪ Chart reproducing T10.1, Quiz on Abuse and Violence 	<ul style="list-style-type: none"> ▪ Read resource material R10.1 on Abuse and Violence ▪ Prepare a copy of chart T10.1 	25
10.2	<i>Sexual Abuse</i> <ul style="list-style-type: none"> ▪ To understand sexual abuse ▪ To know how to cope with it 	<ul style="list-style-type: none"> ▪ White board/chart paper, markers ▪ Case Stories, T10.2 	<ul style="list-style-type: none"> ▪ Read resource material R10.2 ▪ Prepare a copy of T10.2 	25

Sub-Session 10.1: Understanding Different Types of Abuse

Time	25 minutes
Materials	Chart paper/white board, markers; Chart T10.1
Method	Discussion using Chart

Steps

1. Start with the life skills the participants used the previous day (Give one or two examples).
2. Tell them that today's discussions will be on abuse and violence.
3. Ask them to give some examples of abuse and violence. Write the answers on the board.
4. Explain the various types of abuse and violence.
5. Put up Chart T10.1. Explain that in the incidents that you refer, there can be physical, emotional, verbal abuse or a mixture of them. Explain that different types of abuse can occur simultaneously, so multiple boxes can be checked.
6. Read out each incident and ask which type of abuse, they think, is involved. Check the boxes according to their answer.
7. Ask who they think is at fault in each of these situations.
8. Ask them to give examples of some solutions to each kind of abuse or violence. The solutions can be at an individual or societal level.

Sub-Session 10.2: Sexual Abuse

Time	25 minutes
Materials	White board/chart paper, markers T10.2
Method	Open Discussion using Chart

Steps

1. Hand over the copy of T10.2 to a participant, and ask her/him to read the first story. Each story is read by a different participant.
2. Ask the participants what they think of the stories and how they feel about them.
 - a. Can the given cases constitute sexual abuse? Why?
 - b. Whose fault was it that these things happened?
 - c. Why do young people not speak out or tell somebody what happened?
 - d. What should be done by:
 - (i) The child?
 - (ii) The family?
 - (iii) Society?
3. Explain what sexual abuse is, that it happens in all communities, and how difficult the situation could be for the survivors even though it is never their fault.
4. Ask them what life skills could be used to protect oneself against abuse. Write the answers on the board. (Examples include assertiveness skills, refusal skills, communication skills, expressing feelings, self-awareness skills, and self-esteem/confidence-building skills.)
5. Ask them to practise these skills in everyday life. For example, to act assertive at least once every day, or to do one activity every day that boosts their self-esteem or confidence.
6. Finally, thank them for their time.

Session 11: Risky Behaviour and Peer Pressure

Duration: 70 minutes

Expected Outcomes

- Increased awareness about the forms and consequences of substance abuse
- Developed participants' skills in coping with peer pressure

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
11.1	<i>Introducing Substance Abuse</i> <ul style="list-style-type: none"> ▪ To assess the participants' perception about substance abuse ▪ To impart knowledge on different types of substance abuse 	White board/chart paper, markers	Read resource material R11.1	15
11.2	<i>Saying No</i> <ul style="list-style-type: none"> ▪ To develop participants skills to handle peer pressure 	<ul style="list-style-type: none"> ▪ H11.2, Negotiation Skills for all participants ▪ T11.2, Scenarios of Peer Pressure 	<ul style="list-style-type: none"> ▪ Read resource material R11.2 ▪ Photocopy H11.2 	40
11.3	<i>Consequences of Substance Abuse</i> <ul style="list-style-type: none"> ▪ To make the participants aware of the consequences of substance abuse ▪ To know about the closest rehabilitation and drug de-addiction centre 	T11.3, Kartik's Blunder	<ul style="list-style-type: none"> ▪ Prepare 3 or 4 copies of T11.2 ▪ Prepare 3 or 4 copies of T11.3 ▪ R11.1 ▪ R11.2 	15

Sub-Session 11.1: Introducing Substance Abuse

Time	15 minutes
Materials	White board/chart paper, markers
Method	Brainstorming

Steps

1. Tell the participants that today's topic is on substance abuse.
2. Ask them to list the names of any drugs or substances that they have heard of. Record their responses on the board. Supplement their suggestions with information from the resource material. Include both illegal and legal substances.
3. Ask them how they would define substance abuse. Supplement the discussions with information from the resource material.

Sub-Session 11.2: Saying No – Dealing with Peer Pressure

Time	40 minutes
Materials	H11.2, T11.2
Method	Role Play, Brainstorming

Steps

1. Tell the participants that this sub-session will tell them how to deal with peer pressure that is against our long-term interest.
2. Pass around copies of H11.2.
3. Organize the participants into three or four groups.
4. Assign each group a particular scenario.
5. Ask the groups to role play the given scenario, including ways of saying ‘no’. Give them five minutes to prepare.
6. Ask the other participants to provide feedback on the chosen way of saying ‘no’ and to propose alternative strategies for the same situation.
7. Depending on the time available, ask one or two other groups to perform their scenarios and carry out discussion on those role plays.
8. Discuss why people take substances, the influence of peers in this context, and the ways to resist peer pressure.

Sub-Session 11.3: Consequences of Substance Abuse

Time	15 minutes
Materials	Copies of <i>Kartik’s Blunder</i> , T11.3
Method	Story Reading and Analysis

Steps

1. Organize the participants into three or four groups.
2. Distribute T11.3 to each group.
3. Ask one of the participants to read out the story.
4. Ask them to answer the following questions.
 - a. How could Kartik have avoided what happened?
 - b. Does alcohol effect your ability to drive?
 - c. How do you think Kartik feels now?
 - d. What are the effects of substance abuse:
 - (i) On the individual?
 - (ii) On families?

- e. Sum up the session by explaining that even occasional users of narcotics/addictive substances can end up being addicted to the substance. Therefore, it is best to remain away from such substances. Tell them that learning to say ‘no’ in some situations is good. By using life skills like critical thinking, creative thinking, interpersonal relationship skills, and effective communication we can prevent ourselves from being a prey to situations that put us, our family or our friends, in difficult and sometimes life-threatening positions.
6. Finally, thank the participants for their time.

Session 12: Goal Setting and Future Activities

Duration: 60 minutes

Expected Outcomes

- Understand the specificities of a goal
- Understand the need of smaller goals for achieving bigger goals
- Understand that life keeps on throwing challenges at every step

Session at a Glance

<i>Sub-Session</i>	<i>Activity</i>	<i>Training Materials</i>	<i>Preparation Work</i>	<i>Minutes Allotted</i>
12.1	<i>Set a goal for yourself</i> <ul style="list-style-type: none"> ▪ To understand the specificities of a goal ▪ To set smaller goals in the process of achieving the bigger goal 	<ul style="list-style-type: none"> ▪ Writing paper, sketch pens ▪ H12.1, Format for Goal Setting, for each participant ▪ T12.1, Case Stories 	<ul style="list-style-type: none"> ▪ Read resource material R12.1 ▪ Photocopy H12.1 ▪ Make two copies of T12.1 	30
12.2	<i>Setting Short-term Goals</i>	White board/chart paper, markers, writing paper, sketch pens	R12.1	20
12.3	<i>Post-Workshop Questionnaire</i>	Questionnaire H12.3 for each participant	Photocopy H12.3	10

Sub-Session 12.1: Setting Goals – Case Stories

Time	30 minutes
Materials	H12.1, T12.1, writing paper, sketch pens, white board/chart paper, markers
Method	Writing, Brainstorming

Steps

1. Provide handout H12.1 to all the participants.
2. Ask them to fill up only the first item and write only one long-term goal. (They retain this for the ensuing sub-session.)
3. Now divide the participants into two groups. Hand over a copy of T12.1 to each group and assign them one of the two stories. Tell them to understand the case story with respect to the importance of goal setting.
4. Ask them to read the story and collate their views on goal setting.

Sub-Session 12.2: Set Goals for Yourself

Time	20 minutes
Materials	White board/chart paper, markers, writing paper, sketch pens
Method	Writing, Question-and-Answer

Steps

1. Explain that an important purpose of this workshop is to inculcate the value of goal setting in them both long-term and short-term. Tell them about the importance of setting goals in one's life.
2. Ask them to write in T12.1 how they will meet their short-term challenges.
3. Ask some of them to read and collate their views on goal setting.
4. Thank them and remind them that now it is their responsibility to propagate the knowledge given to them among their friends.
5. Remind them that in the ensuing sub-session they will be asked to answer a questionnaire like the one they answered at the beginning of the workshop. This is to assess how much they have learnt in the workshop.

Sub-Session 12.3: Post-Workshop Questionnaire

Time	10 minutes
Materials	Copies of H12.3, pens
Method	Writing

Steps

1. Explain that in this sub-session, the participants will be asked what they learnt during the last seven days. Its purpose is to think about how they have grown during the programme.
2. Pass around a copy each of H12.3 to all the participants.
3. Ask them to fill it individually, without talking.
4. Ask a participant to collect the answers after 10 minutes.
5. Answer all their queries.
6. Thank them for their time and tell them that you have learnt a lot in the process of this workshop.

Training Material

Resource Material

R1.1 Training Sessions

<i>Sl. No.</i>	<i>Day</i>	<i>Session</i>	<i>Topic</i>	<i>Sub-session</i>	<i>Topic</i>	<i>Main Life Skills</i>
1	1	1	Let's Start	1.1	Pre-Workshop Questionnaire	Active Listening
2				1.2	The Ball Name Game	
3				1.3	Expectations and Objectives of the Training	
4				1.4	Setting the Ground Rules	
5				1.5	Summing up: The Question Box	
6				1	2	Life Skills
7				2.2	Using Life Skills	Critical thinking, Creative thinking, Self-awareness, Empathy, Time management, Cooperation and Team work
8				2.3	Summing up – Reflecting on the Life Skills Used	Active listening, Effective verbal communication, Creative thinking, Critical thinking
9	2	3	Adolescence to Adulthood	3.1	What is Adolescence?	Information gathering, Creative thinking
10				3.2	Understanding the Changes during Adolescence	Information gathering, Self-awareness
11				3.3	Put Yourself in My Shoes	Problem solving, Critical thinking
12	2	4	Nutrition and Health Practices	4.1	Food Chart – What is Missing in Your Diet?	Critical thinking, Problem solving
13				4.2	Anaemia	Critical thinking, Self-awareness
14				4.3	Summing up	Active listening
15	3	5	Personal Hygiene	5.1	The Basics of Personal Hygiene	Creative thinking, Communication skills
16				5.2	Lilawati's Story	Critical thinking, Communication skills
17	3	6	Gender	6.1	Sex or Gender	Critical thinking
18				6.2	The Influence of Gender	Critical thinking
19				6.3	Reflecting on Gender	Active listening, Effective verbal communication, Creative thinking, Critical thinking, Team work, Decision-making

<i>Sl. No.</i>	<i>Day</i>	<i>Session</i>	<i>Topic</i>	<i>Sub-session</i>	<i>Topic</i>	<i>Main Life Skills</i>
20				6.4	Summing up – Reflecting on the Life Skills Used	Active listening, Effective verbal communication, Creative thinking, Critical thinking, Team work, Decision-making
21	4	7	Sexual Health	7.1	Understanding Sex and Sexuality	Critical thinking
22				7.2	Human Reproductive Process	Critical thinking, Self-awareness
23				7.3	Responsible Sexual Behaviour	Critical thinking, Decision-making
24				7.4	Misconceptions about Sexual Health	Critical thinking, Decision-making, Self-awareness
25	5	8	Early Marriage and Early Pregnancy	8.1	Early Marriage – A Story of Two Sisters	Critical thinking, Team work, Cooperation, Communication skills, Creative thinking
26				8.2	Consequences of Early Pregnancy	Critical thinking, Communication skills
27	5	9	RTI/STI and HIV/AIDS	9.1	RTIs and STIs	Self-awareness, Critical thinking, Decision-making, Problem solving
28				9.2	The Basics of HIV and AIDS	Self-awareness, Critical thinking
29	6			9.3	The Wildfire Game	Self-awareness, Critical thinking
30				9.4	Know the Risk	Self-awareness, Critical thinking, Decision-making
31				9.5	The Importance of Testing for HIV	Self-awareness, Critical thinking
32				9.6	Removing Stigma and Discrimination	Empathy, Self-awareness, Coping with emotions
33	6	10	Abuse and Violence	10.1	Understanding Different Types of Abuse	Critical thinking, Problem solving, Decision-making
34				10.2	Sexual Abuse	Decision-making, Problem solving, Empathy, Critical thinking
35	7	11	Risky Behaviour and Peer Pressure	11.1	Introducing Substance Abuse	Team work, Information gathering
36				11.2	Saying No – Dealing with Peer Pressure	Team work, Negotiation skill, Critical thinking
37				11.3	Consequences of Substance Abuse	Empathy, Decision-making
38	7	12	Goal Setting and Future Activities	12.1	Setting Goals – Case Stories	Critical thinking, Self-awareness

<i>Sl. No.</i>	<i>Day</i>	<i>Session</i>	<i>Topic</i>	<i>Sub-session</i>	<i>Topic</i>	<i>Main Life Skills</i>
39				12.2	Set Goals for Yourself	Critical thinking, Self-awareness
40				12.3	Post-Workshop Questionnaire	Critical thinking, Self-awareness

R1.4 Setting the Ground Rules

- What is discussed in the training sessions should remain confidential; it should not be discussed with outsiders.
- Punctuality – both the participants and the facilitator should be punctual.
- Participants should feel free to disagree with one another. However, any criticism should be directed towards the idea, not the person. Also, criticism should be constructive and not negative.
- Participants should not interrupt one another.

R2.1.1 Life Skills

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

Life skills identified by WHO for the promotion of health and well-being of children and adolescents are:

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

According to UNICEF, Core Life Skills can be divided into three major areas:

Decision-making and critical thinking skills	Information gathering, critical thinking, decision making, problem solving, creative thinking
Communication and interpersonal skills	Interpersonal communication skills, negotiation skills, empathy, cooperation and team work
Coping and self-management skills	Self-awareness skills, goal-setting skills, self-esteem skills, anger management, time management, positive thinking

Following are the expected outcomes of the life-skills intervention:

- Increased self-esteem, self-confidence
- Assertiveness, social sensitivity
- Listening and communication skills, ability to establish relationships
- Ability to plan and set goals
- Acquisition of knowledge related to specific content

Explanation of identified life skills

1. *Self-awareness* includes recognition of self: our character, strengths and weaknesses, desires and dislikes.
2. *Empathy* is the ability to be sensitive to another person's situation, as in the case of those living with HIV, or people with mental illnesses, who may be stigmatized and ostracized by the very people they depend on for support.
3. *Effective communication* is the ability to express, both verbally and non-verbally, in ways that are culturally acceptable. Listening is an important component of communication. Sometimes, non-verbal communication is more powerful than verbal communication.
4. *Critical thinking* is the ability to analyse information and experiences in an objective manner. It can help us recognize and assess the factors that influence attitudes and behaviour, such as the media and peer pressure influences. For example: Why was it said? What option do I have? Is it my final option? Is it what I want?
5. *Creative thinking* enables us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience, and to respond adaptively and with flexibility to situations in our daily lives, even if no problem is identified, or no decision is to be made.
6. *Problem-solving* enables us to deal constructively with problems that arise in our lives. Significant problems that are left unattended can cause mental stress and physical strain. It is the power not only to control our problems but to turn them into opportunities. It also leads to decision-making and managing emotions and stress.
7. *Decision-making* helps us to deal constructively with decisions about our lives, for example, ready to take a decision after exploring all possible areas and ready to face the consequences.

P.O.W.E.R. Model of Decision-Making

P = PROBLEM	Step 1 : Stop and state (or identify) the problem
O = OPTIONS	Step 2 : Think of the different things that you can do. The more options you have, the better.
W = WEIGH the options	Step 3 : Look at the advantages and weigh them against the disadvantages of every option you thought of to solve your problem. (The things you value should guide you in your decision-making.)
E = ELECT	Step 4 : Choose the best option. If possible, talk to a person you respect and then take the best option. Elect the option that obtains what is important to you (values).
R = REFLECT	Step 5 : Think or reflect about what happened because of your decision. <i>Source: Training Manual on Adolescent Health, CINI</i>

8. *Interpersonal relationship skills* help us relate with people in a positive way. It means being able to make and maintain friendly relationships, for example, father-son, mother-

daughter, brother-sister, husband-wife, friend-friend, which can be of great importance to our mental and social well-being. Relationships change with time and require constant nurturing.

9. *Negotiation skills* is a result of rational thinking based on informed choices and effective communication to get one's ideas/plans accepted by the other person. Thus, to negotiate rationally and effectively, one needs to enhance thinking and social skills. It is a process of self-realization and development, but is facilitated by others who are mature and thinking individuals. Young people need to negotiate with others for a healthy and happy life style and to overcome the strong influence of peer pressure for experimenting with drugs, alcohol and sex.
10. *Coping with stress* means recognizing the sources of stress in our lives and how they affects us. Acting in ways that help us control our levels of stress by changing our environment or lifestyle and learning how to relax.
11. *Coping with emotions* involves recognizing emotions within us and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions like anger or sadness can have negative effects on our health if we do not respond appropriately.

R2.1.2 How Akul Succeeded

Note: The life skills illustrated in this story are given in italics.

Akul Chandra Karua grew up in a community knowing how difficult it was to live and grow up. As a young child he had no stitched clothes to wear. He went to school wearing a gamcha (a piece of cotton cloth used for drying the body after bath). He was not allowed to take water from the village hand pump and had to go to the nearby river for drinking water. He had no blanket during winters. He lived with his parents in a small mud house in the Bahragora Block of Jharkhand. He started contributing to his family income by selling berries from his garden at the age of 10 years (*Problem-solving, critical thinking, creative thinking*). With this money he purchased one shirt and a pair of pants which he washed and wore for a long time. He could not complete his 10th standard examination as he had no money for fees. He could not ask anybody for the fees (*Self-awareness, coping with stress/emotions*).

BREAK

Akul thought that there was no prospect in the village so he went to the nearest town in Bengal and worked in a medicine factory, sticking labels on cartons. He came back to his village after four years and came to know about a job in a social service organization. He did not know whether the organization was fake or genuine, whether the government was running this programme or not. He went and met the District Chief Medical Officer; he also met the Block Development Officer (BDO) to enquire about it (*active listening, information-gathering, critical thinking, effective communication*). He found the organization to be genuine and decided to join it (*decision-making*). He made many friends in and outside the organization. He worked for his village and the panchayat. He helped the village women start Self-Help Groups (SHG). The women started earning for themselves (*goal-setting, problem solving, team work*). They praised Akul. He motivated and helped the inhabitants of many villages to set up hand pumps, get electricity connection, roads, a post office and Anganwadi centre in Bahragora (*decision-making, critical thinking, creative thinking*). He also facilitated old age pensions, birth certificates, etc. for the villagers. The villagers are happy with Akul's work. Akul says that it is the childhood pain in his heart that motivates him to do this work so that other children do not suffer like him (*empathy*).

R3.1

Adolescence – A Critical Phase of the Human Lifecycle

- The World Health Organization (WHO) defines adolescence in terms of age between 10 and 19 years. **The United Nations defines young people as persons between the ages of 15 and 24 years.**
- The National Youth Policy (2003) defines youth in the age group of 13 to 35. The age group 13–19 is defined as adolescents.
- Adolescence is a transition stage between childhood and adulthood. Key events during this time are:
 - ◆ Rapid physical growth
 - ◆ Physiological and psychosocial changes, most importantly involving the reproductive system.

In this phase adolescents feel attracted to the opposite sex. They are more influenced by their peers than their parents. A need for independence and a strong desire to establish an identity beyond the family may lead them to experiment with smoking, substance abuse and even sexual relationships. This in turn makes them very vulnerable to sexual and other forms of abuse, exploitation and violence. These risks can have far-reaching consequences on their health and development.

Adolescents need to learn how to make choices and commitments and follow through with them. They need to be guided to make the right choices. An informed choice is one of the best ways to make the right choice. Hence adolescents need to be provided with accurate information.

Status of Adolescents in India

- Out of every 100 persons in India at least 38 are young people. (Census 2001)
- 61.2 per cent women aged 20–24 years were married by age 18 and 47.1 per cent men aged 25–29 were married by 21 years. [National Family Health Survey (NFHS-3)]
- 71.4 per cent ever married women are anaemic; 68.4 per cent pregnant women are anaemic; 37.4 per cent men are anaemic (all data ages 15–49, NFHS-3).
- 28.9 per cent women have heard of AIDS ; 52.8 per cent men have heard of AIDS. (All data ages 15–49, NFHS-3)
- 37 per cent women have experienced spousal violence. (Data ages 15–49, NFHS-3)
- 19 per cent of males were involved in a physical fight. (Population Council 2006)
- 27 per cent of rural married males and 15 per cent of urban married males were involved in premarital sex. (Population Council 2006)
- Unemployment among unmarried women, unmarried men and married women is 33 per cent, 27 per cent and 42 per cent, respectively. (Population Council 2006)

R3.2 Changes in Adolescence

Adolescence marks the transition between childhood and adulthood. During this stage hormone-induced physical differences between a boy and a girl child become particularly evident.

Physical Changes

<i>Boys</i>	<i>Girls</i>
<ul style="list-style-type: none"> ◆ The voice cracks and Adam's apple becomes prominent ◆ Height and weight increase ◆ Pimples appear on the face ◆ The muscles develop ◆ Nightfall occurs ◆ Hair appears on the face, chest, underarms and genital area ◆ Sperm production begins ◆ Ejaculation occurs ◆ The genital organs increase in size 	<ul style="list-style-type: none"> ◆ The breasts develop ◆ Height and weight increase ◆ Pimples appear on the face ◆ The back becomes heavier (waistline narrow and hips widen) ◆ Ovulation starts ◆ Menstruation starts ◆ Hair appears on the genital area and underarms ◆ The genital organs increase in size

Emotional Changes

- ◆ Increased curiosity
- ◆ Develop attraction for members of the other sex
- ◆ Increased excitability
- ◆ Increased awareness about one's looks and one's body
- ◆ Consider themselves to be always correct
- ◆ Friends rather than parents seem to be closer
- ◆ Want to imitate or copy peers
- ◆ Dissipated attention span
- ◆ Increased imaginativeness and impulsive behaviour
- ◆ Increased mood swings.

Social Changes

As a result of certain expectations and responsibilities placed on adolescents by society, some social changes also occur:

- ◆ Boys start working and contributing to the family income.
- ◆ Girls used to take on additional responsibilities of sibling care traditionally; but with time girls are also looking at ways to contribute to the family income.
- ◆ Restrictions are placed on the girls' movements outside the home; strict rules are enforced on mixing with members of the opposite sex.

- ◆ Boys are given more freedom than girls and spend more time with peers.
- ◆ Both boys and girls have serious concerns about their life ahead, especially in relation to marriage, income and their role beyond that defined within the family.
- ◆ Adolescents develop a sense of responsibility towards their community and often participate actively in community events. This gives them recognition beyond their family. This is very important for them.

Menstruation

Menstruation is the periodic shedding of the uterine lining.

Ovulation

Ovulation refers to the physical act of expulsion of a mature ovum or egg from the ovary into the fallopian tube.

From the first stage of its development, until after menopause, the ovary undergoes constant change. The number of ova at the onset of puberty has been estimated at 2,00,000 to 4,00,000. Since only one ovum is ordinarily cast off during each menstrual cycle, it is evident that only a few hundred ova (400-450) suffice for the purpose of reproduction and the rest of them die naturally. Each ovum or egg is lodged in a small follicle or capsule in the ovary. One follicle alone matures each month to let out one mature ovum.

Ovulation takes place 14 days prior to the next menstrual cycle.

Role of Hormones

Name of female sex hormones — Oestrogen and Progesterone

Site of production — Ovaries

Cyclical fluctuations in the hormone levels establish the menstrual cycle. The oestrogen is produced before ovulation and stimulates the uterine lining to grow. After the release of the ovum (usually during mid-cycle) progesterone is secreted which thickens and softens the uterine lining and prepares the bed for the fertilized ovum.

If the ovum is not fertilized, the level of oestrogen and progesterone decline. The uterine lining cannot be maintained without these hormones and is shed. This leads to menstruation.

Following menopause, the ovaries stop developing ovum and stop secreting oestrogen. Oestrogen is also beneficial for other reasons:

- It maintains good cardiovascular function
- It prevents heart attacks
- It prevents weakening of bones and guards against fractures

Ejaculation

From adolescence onwards a white thick liquid comes out of the penis during ejaculation. This liquid is called semen. This fluid is secreted by two glands – the seminal vesicles and the prostate. It contains sperms. Sperms are the male sex cells. They are too small to be seen

without a microscope. They are shaped like tadpoles, and move by lashing their tails. Sperm production usually begins between ages 12-14. Total number per ejaculation is 200 million to 500 million, but only a few are capable of fertilizing properly. Only one among them can fertilize an egg.

Ejaculation can occur even when one is fantasizing. It is not necessary, that every time the penis become erect, one needs to ejaculate. After some time, the penis will again assume its normal shape. This does not harm the body in any way.

Fertilization

During sexual intercourse, millions of sperms are deposited into the vagina. The sperms swim up through the cervix into the uterus, and reach the fallopian tubes, seeking a mature ovum. If a mature ovum is present, one sperm meets with it. Although millions of sperms may be present, only one sperm cell can penetrate the ovum. This is called fertilization and takes place in the fallopian tube.

R4.1.1 Nutrition

Food is the essential foundation of human development. Food is important for:

- ❖ Physical growth
- ❖ Mental development
- ❖ Performance and productivity
- ❖ Health and well-being

Nutritional Requirements in Adolescence

During adolescence the body is rapidly developing. This happens over a longer period in boys and more rapidly in girls. Most adolescents achieve their full height during this period. As a result of these changes and to sustain this growth spurt, the nutritional requirement increases in both boys and girls. Energy requirement increases by about 25 per cent in girls and by nearly 100 per cent in boys over their earlier requirements. The requirements of protein and other essential minerals such as iron and calcium also increase.

Failure to meet these increased nutritional requirements leads to various health problems, which manifest slowly and affect normal and healthy development. Most often, energy requirements are met by consumption of large quantities of cereals (e.g. rice and wheat), which provide carbohydrates but not adequately to meet the energy needs. Also for proper growth and development are proteins, vital building blocks of all body tissues; fats, which contribute to stored energy; and minerals and vitamins (micro-nutrients).

Balanced Diet

To meet all nutritional requirements appropriately, adolescents must consume a balanced diet. A balanced diet provides an optimum quantity of all types of foods. In addition, an adequate quantity of water (3–4 litres) must be consumed daily. Keeping in mind the above, a balanced diet can be planned as regular food habits of families and it does not require any expensive food.

A simple and practical way to plan a balanced diet is using the Indian Tricolour (saffron, white, green) as a guide. The diet should contain foods of all three colours. This will ensure that foods with all necessary nutrients are present in the diet.

The Tricolour Guide

Diet should contain sufficient amounts of green leafy vegetables, other vegetables, pulses and legumes, plant/animal source proteins and carbohydrates. A little fat/oil is essential for the absorption of vitamins and minerals. Iron is an essential mineral for adolescents. The daily diet should contain at least a raw vegetable or a seasonal fruit, washed and freshly cut just before eating.

Colour	Food item
Red, yellow, orange	Mango, ripe papaya, carrot, egg yolk, pumpkin, jackfruit, tomato, orange, gram, etc.
White	Rice, rice flakes, puffed rice, potato, milk, fish, banana, roti, radish, coconut, salt, etc.
Green	Spinach, cauliflower, cabbage, peas, coriander, capsicum, ladyfinger, beans, chilly, lemon, pear, green leafy vegetables

R4.1.2 How to Reduce Nutritional Wastage

Cooking has several beneficial effects on food. It improves the appearance and taste of food and adds new flavours. It destroys harmful micro-organisms. It increases the digestibility of food, particularly starch. Cooking also increases the digestibility of eggs and legumes. At the same time, cooking can reduce the mineral and vitamin content in the food. For example:

- ❖ If the vegetables are boiled in water and the water is discarded.
- ❖ Rice and pulses are repeatedly washed (It removes water-soluble vitamins).

The following care should be taken to preserve nutrition and to maintain hygiene in food:

Dos	Don'ts
<ul style="list-style-type: none"> ● Wash vegetables thoroughly before cutting ● Cut vegetables in large pieces ● Cook food covered and over a slow flame ● Cook cereals and pulses in the water that they are soaked in ● Cook in a minimum amount of water or use the cooking water in soup or gravies. ● Use a pressure cooker ● Cook vegetables in the minimum amount of water covering with a lid (to prevent the loss of Vitamin C) ● Keep the food covered after cooking ● Always wash your hands before serving food ● Take out water using a long-handed ladle 	<ul style="list-style-type: none"> ● Discard the starch of rice ● Deep-fry fresh vegetables ● Chop vegetables too fine ● Overcook food ● Repeatedly heat fat and oil (this releases toxic substances) ● Let flies sit on the food ● Serve food with dirty hands ● Put your hand in drinking water ● Drink or eat from a dirty glass or plate

Note : Steaming prevents loss of nutrients.

R4.2 Anaemia

Iron as an element in the diet essential to maintain health. The human red blood cells have a substance called haemoglobin, which contains iron. The main function of haemoglobin is to carry oxygen to all body tissues. Haemoglobin cannot form well in the absence of sufficient protein, iron and folic acid. Low levels of haemoglobin in the blood is called *anaemia*. Adolescents, growing rapidly, need more iron elements in their food. Adolescent girls, when they start menstruating, lose blood every month. If the loss of iron through menstrual blood is not replaced by eating iron rich foods, anaemia can occur. Improper hygiene leads to worm infestation, which also contributes to anaemia.

According to the National Family Health Survey (1998-99), more than half of the children in India below three years are undernourished and about half of adult women suffer from anaemia.

Causes

- *Major Causes*
 1. Iron deficiency
 2. Hookworm
 3. Vitamin A deficiency
 4. Malaria infection
- *Other Important Causes*
 1. Chronic infections: TB, HIV
 2. Diet low in vitamin B12 or folic acid
 3. Poor absorption of nutrients
 4. Blood loss due to excessive bleeding particularly during periods
 5. Internal bleeding, for example in the presence of an ulcer or a tumour
 6. Blood diseases such as leukaemia
 7. Deficiency of other vitamins
 8. Genetic defects

Types

Iron deficiency anaemia: The main reason for shortage of iron is that the body is losing blood faster than the body can remake it. This can be caused by gastritis, piles, stomach cancer, ulcers or bowel cancer. In women the most common reason is periods. Another possible reason is shortage of iron in diet. Good sources of iron include fruit, dark green vegetables, wholemeal bread, fortified breakfast cereals, jaggery, beans and meat.

Vitamin B12 deficiency anaemia: Vitamin B12 deficiency anaemia (also called Pernicious Anaemia) occurs when there is inadequate absorption of vitamin B12 from the diet. This can be due to ulcers, stomach cancer, diseases of the small intestine or from the after-effects of surgery. Vitamin B12 is also essential for the nervous system. Persons lacking vitamin B12 can also develop inflammation of the nerves or dementia.

Vitamin B12 is found only in foods of animal origin, such as liver, meat and dairy products.

Folic acid deficiency: The main reason for lack of folic acid is due to poor diet and drinking too much alcohol, which can reduce the uptake of folic acid. Folic acid is found in fresh fruit, raw green vegetables, beans and whole grain cereals.

Folic acid deficiency and vitamin B12 deficiency anaemia are also known as *Megaloblastic anaemia*.

Symptoms

1. General fatigue
2. Headaches
3. Lethargy due to tiredness and decreased capacity for physical work
4. Exhaustion after doing a little work
5. Reduced concentration
6. Paleness of the inside of lower eyelids, nails, tongue, palm and skin
7. Decreased appetite
8. Dizziness
9. Palpitations and fast breathing
10. Angina – Experience of chest pain or tightness due to narrowness of coronary arteries and reduced supply of oxygen to the heart
11. A red, sore tongue and a reduced sense of taste. This is usually only a symptom with folic acid and vitamin B12 deficiency anaemia.

Consequences

- Decrease in work capacity
- Premature delivery and low birth weight (in pregnant women)
- Maternal mortality
- Child mortality
- Impaired neuro-cognitive function in children

Prevention

1. Consumption of iron-rich foods

Plant sources rich in iron are: leafy vegetables, sprouted bengal gram (*chola*), green gram (*moong*), groundnuts; fruits; and jaggery. Animal sources are also rich in iron.

Important points to follow and remember:

- ❖ Stick to a healthy balanced diet.
- ❖ Vitamin C, as found in *amla* (gooseberry) or lemon added to food helps with the absorption of iron.
- ❖ Girls should take more iron than boys.
- ❖ Tea hampers the absorption of iron and therefore tea should be avoided one hour before or after eating.
- ❖ Cut down alcohol consumption.

2. Prevention of worm infestation

Worm infestation is a common cause of anaemia.

Common symptoms of worm infestation are pain in the lower abdomen, loss of appetite and itching in the anal region. Treatment is simple under the advice of a doctor.

The best way to prevent worm infestation is maintenance of personal hygiene and following basic clean practices during the preparation of food.

Points to remember:

- ❖ Take de-worming tablets every six months
- ❖ Wash hands with soap before every meal
- ❖ Cut finger nails regularly and keep them clean
- ❖ Avoid walking barefoot
- ❖ Avoid defecation in open areas; use of a sanitary latrine is best
- ❖ Clean hands properly with soap after defecation
- ❖ Keep all foods covered
- ❖ Wash fruits and vegetables before eating

3. Consumption of iron tablets

Anaemia due to iron deficiency can be treated with the consumption of iron tablets. One tablet a week, which can be obtained from the Primary Health Centre or the Anganwadi Centre, is enough. The consumption of iron tablets may initially cause some discomfort or unpleasant symptoms, such as (i) bad taste in the mouth (ii) constipation (iii) nausea and (iv) passing of black stools. These are not a cause for worry.

R5.1.1 Diseases Caused by Poor Hygiene

Diarrhoea: Commonly results from inflammation caused by viral infections, parasites or bacterial toxins. For ill or malnourished individuals, untreated diarrhoea can lead to severe dehydration and possibly death.

Dysentery is typically a result of unsanitary water containing micro-organisms. Symptoms include frequent passage of stools, which damages the intestinal lining.

Malaria: The mosquito breeds on stagnant water. When a mosquito bites an infected person, it ingests blood containing the malaria parasite. When it bites another person, this parasite is injected into that person.

Hepatitis A: is an acute infectious disease of the liver caused by the Hepatitis A virus, which is most commonly transmitted by the faecal-oral route via contaminated food or drinking water.

Worms: The stomach is infested with worms due to ingestion of contaminated food or water. These worms suck blood from the stomach and make people anaemic.

Typhoid is a fever caused by the *Salmonella typhi* bacteria. It is transmitted through the ingestion of food or water contaminated by the faeces or urine of infected people or by eating food items that have been handled by an infected person.

Cholera is caused by eating food or drinking water contaminated by the cholera germ. Commonly, the disease progresses from the first liquid stool to shock in 4 to 12 hours, with death following in 18 hours to several days.

Polio is an acute viral infectious disease spread from person to person, primarily via the faecal-oral route by ingesting contaminated food or water.

Dengue is a mosquito-borne infection that causes a severe flu-like illness, and sometimes a potentially lethal complication called Dengue Haemorrhagic Fever (DHF). There are four distinct but closely related viruses that cause dengue. Recovery from infection by one of the viruses provides lifelong immunity against that particular virus but confers only partial and transient protection against subsequent infection by the other three viruses. There is good evidence that sequential infection increases the risk of developing DHF.

R5.1.2

List of Personal and Environmental Hygiene Activities

Personal Hygiene

- ❖ Brush teeth twice daily, in the morning and at night
- ❖ Bathe daily
- ❖ Defecate in a toilet
- ❖ Wash hands with soap or ash after defecation
- ❖ Keep nails trimmed and clean
- ❖ Comb hair daily
- ❖ Wear footwear
- ❖ Wear clean and washed clothes
- ❖ Observe menstrual hygiene

Household and Food-related Sanitation

- ❖ Clean the house daily with a broom
- ❖ Clean the kitchen after every meal
- ❖ Wash vegetables and fruits before eating or cooking
- ❖ Wash hands with soap or ash and water before cooking and serving food
- ❖ Eat freshly cooked warm food
- ❖ Keep food covered
- ❖ Avoid eating uncovered food from outside
- ❖ Wash hands with soap before eating and after defecation

Use and Upkeep of Drinking Water

- ❖ Use water from a hand pump or tap for drinking
- ❖ Water from a source other than a hand pump should be boiled for 15–20 minutes
- ❖ Keep water in clean utensils
- ❖ Keep the water covered while bringing it from the source and storing
- ❖ Use a long-handed ladle when taking out water
- ❖ Keep the stored water at a high place

Community Hygiene

- ❖ Keep roads and lanes clean
- ❖ Keep public places clean
- ❖ Put garbage and litter in the rubbish bin

Disposal of Animal and Household Waste

- ❖ Make a pit for disposal of animal and household waste
- ❖ Use animal waste as manure

R5.2

Lilawati Needs to Learn Some Things

The italicized phrases highlight unhygienic practices.

Lilawati lives in a remote village in Jharkhand. She thinks that she is a good housewife. Her mother-in-law praises her efforts in keeping the family united. She almost single-handedly handles all the work of her house apart from taking care of her aged in-laws. But when we visited her house we found that almost all the persons there were ill. We went through Lilawati's daily routine and found out exactly where the problem was. Can you also figure out where the problem is?

- ❑ Lilawati wakes up at 5:30 a.m. and *goes to the jungle for defecation* (Defecating in open places leads to many diseases). *She washes her hand with mud and water* from the nearby pond (mud/soil itself contains many harmful germs). She brushes her teeth with datun and *uses the water from the same pond*.
- ❑ She starts cleaning her house at 6:30 a.m. Her two-year-old child wakes up at 7:00 a.m. and *defecates in the courtyard*. She washes the child's bottom with water. *She removes her child's faeces with her hands and throws them a little away from the courtyard. Then she washes her hand with plain water and wipes her hand on her sari* (plain water does not clean hands of harmful germs). Lilawati thinks that the faeces of a child is not harmful to good health (faeces of children also contain harmful germs).
- ❑ After cooking *she leaves the pot half open. Flies sit on the food* (open food gets contaminated by insects, flies and germs).
- ❑ *She goes for a bath in the pond where everybody cleans after defecation*. In the afternoon she gives food to her in-laws and the child eat from her plate. *She does not bother to clean the hands or the nails of her child* (the pores and the nail deposits contain harmful germs).
- ❑ Her husband returns after work at 6:00 p.m. *He washes his hands with water* and sits to have his dinner at 6:30 p.m. (plain water does not clean the hands of germs).
- ❑ Occasionally she goes to the village *haat* with her husband and *eats tikki-chat and golgappa, which are stored in open vessels* (unhygienically kept food can contain disease-causing elements).

R6.1.1 Gender and Gender Discrimination

Difference between Sex and Gender

People are born male and female. That is their sex. But they learn to be boys and girls who grow up into men and women. That becomes their *gender*.

Sex is biological; it cannot be changed. Gender refers to the differences between men and women created by society; this *can be changed*.

Gender refers to the socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men and women (WHO).

Gender Roles and Stereotypes

Men and women have been slotted into certain roles traditionally. For example:

- ❖ The woman stays at home, looks after the children, cooks and cleans.
- ❖ The man goes out and earns to support the family.
- ❖ Women are emotional.

Gender Discrimination

Though in some religions goddesses are worshipped and regarded as powerful and givers of great blessings and happiness, in real life women are often treated badly, as they are regarded as weak and incapable of doing many things that are done by men. This needs to be changed.

The girl child faces discrimination in the Indian society in general. For example, the boy in the family receives preferential treatment and is given more opportunities for education. The girl often stays at home to help with the housework. If the family faces financial constraints, the girl is often taken out of school while the boy continues with his studies. In healthcare and medical treatment, the girl suffers neglect more often than the boy. During family discussions, the girl's opinion is mostly neglected.

A son's birth is mostly a reason for celebration; that of a daughter often is not. In many societies, the boy is considered to be an asset to the family; the girl is looked upon as a liability. In some communities, when pregnancy tests on a pregnant woman reveal that the foetus is a female, the pregnancy is terminated. Such acts are wrong and are punishable by law. Very often, a girl remains malnourished and deprived of love, care and attention.

This negative attitude needs to be changed. Girls have as much potential as boys to become contributing citizens of their country and lead independent lives. They are as capable as boys of becoming a support to their families, if given the same opportunities. Women can do almost all things that men can do; some tasks they can do even better. Under law, women have the same rights as men.

Girl children need adequate nourishment to grow into healthy adults. An undernourished girl child is likely to be anaemic. A weak mother will give birth to weak children and add to the problems of the family, the community and the country.

Some Statistics Regarding Gender Discrimination

- ❖ Average wage received per day by female casual labourers in 2004-05 was Rs. 36.15, which was Rs. 20.38 less than the average wage earning for male casual labourers. (Ministry of Women and Child Development)
- ❖ In the 2001 Census, the literacy rate for males was 75.3 per cent while for females it was 53.7 per cent in the 7-plus age group.
- ❖ While one in every five adolescent boys is malnourished, one in every two girls in India is undernourished. (CRY)
- ❖ As of January, 2007, women members constitute only 9.07 per cent of the national Parliament. (Ministry of Women and Child Development)
- ❖ As of January, 2007, the proportion of seats held by women in the Lok Sabha was 8.6 per cent and the proportion of seats held in the Rajya Sabha was 10 per cent. (Ministry of Women and Child Development).
- ❖ The deaths of young girls in India exceed those of young boys by over 300,000 each year and every sixth infant death is specifically due to gender discrimination. (Azad India Foundation)
- ❖ Nearly 117,000 Indian women, accounting for almost 22 per cent of estimated global maternal deaths, die every year due to causes related to pregnancy and childbirth (UNFPA). The Ministry of Women and Child Development reports that in 2005-6, 51.7 per cent of deliveries were not conducted safely.

Gender-based Vulnerability and Restrictions on women

Due to gender differences in the society, women are more vulnerable to sexual abuse, violence and exploitation. This vulnerability often poses restrictions on a young girl's movements and activities. Adolescent girls may often feel very restricted and deprived of freedom in comparison to boys. It is important that girls equip themselves with information on self-protection.

Some Instances of Gender Discrimination from Womb to Tomb

Foetus

(1) Sex selection (2) preference for a male child (3) abortion of female foetus.

Infant

(1) Killing the girl infant (2) not breastfed (3) neglect during illness (4) malnourishment.

Girls: Middle and late childhood

(1) Not sent to school or education discontinued (2) multiple domestic responsibilities (3) sibling care (4) hazardous work (5) lack of access to healthcare (6) malnutrition.

Adolescent Girls

(1) Neglect of education (2) lack of life skills (3) victims of sexual abuse and violence (4) sold off to work as domestic/sexual labour (5) early marriage, early pregnancy (6) dowry deaths (7) iron deficiency (8) increased chances of disease and death due to pregnancy (9) restricted mobility translating into decreased access.

Adult Women

(1) Lack of life skills (2) lack of decision-making opportunities (3) lowered self-esteem (4) economic insecurity.

Ageing Women

Desertion and neglect - emotional, financial and social

A Girl has the Right to:

- Be born
- Remain alive after birth and not be killed within the first few hours or killed slowly through sheer neglect or gross indifference
- A name and identity
- A family and a home
- Childcare including love and affection
- Childhood – this means the right to be free from working at a tender age
- Education
- Be healthy – this includes right to nutrition, clean water and health services
- Life skills education, including information about law, healthcare and opportunities
- Protection from criminal assault, including rape, prostitution, violence, forced beggary within or outside the family
- Marry only after the age of 18 years

R6.1.2 Sex and Gender

<i>S. No.</i>	<i>Statement</i>	<i>Category</i>
1	Boys are better than girls at mathematics	Gender
2	Women give birth to babies, men do not	Sex
3	Men do not cry	Gender
4	Women are weaker; therefore they should not take up labour-intensive occupations	Gender
5	Little girls are gentle, little boys are tough	Gender
6	Men's voices break at puberty, while women's do not	Sex
7	Men make better mechanics than women	Gender
8	Men need more nutrition due to the active lives they lead	Gender
9	Women are more emotional than men	Gender
10	In some societies, a girl's birth is met with sorrow while a boy's birth is celebrated and acclaimed	Gender
11	Women are paid less than men for the same work	Gender
12	Men have a greater sexual desire than women	Gender
13	Women are less ambitious than men	Gender
14	The male chromosomes XX and XY decide the sex of the child at conception	Sex
15	Women are unclean when they menstruate	Gender
16	It is negligence if women pay attention to their careers while they have little children	Gender
17	Girls should not travel alone	Gender
18	Boys do not cry	Gender
19	Women should take jobs which are less labour-intensive like teacher, lecturer	Gender
20	Women are not responsible for the sex of a child	Sex

R6.3

Meena Ki Kahani

Type of production : Animation
Subject : Gender
Duration : 13 minutes
Producer : UNICEF; Can be downloaded from <http://www.unicef.org/videoaudio/video_7683.html>.

Summary: *Meena: Dividing the Mango* – Meena works hard every day but it is Raju, her brother, who is always given the larger portion of food. When Meena and Raju decide to swap jobs for the day, Raju realises that Meena works hard and deserves the same share of the food. Raju decides to help Meena and from then onwards to share their food equally.

R7.1 Sex vs Sexuality

Sexuality is a total expression of us as human beings. It includes all the thoughts, feelings and behaviour of being male and female, being attractive, being in love as well as being in relationships that include intimacy, emotions, personality, likes and dislikes. It is a mistake to think that issues of sex and sexuality pertain to sexual intercourse only; sexuality covers a much broader area.

Sexuality is an integral part of human life. It carries the awesome potential to create new life. It can foster intimacy and bonding as well as the sharing of pleasure in our relationships. Yet when exercised irresponsibly it can also have negative aspects such as sexually transmitted diseases including HIV/AIDS, unintended pregnancy, and coercive or violent behaviour. To enjoy the important benefits of sexuality, while avoiding negative consequences, some of which may have long-term or even lifetime implications, it is necessary for individuals to be sexually healthy, to behave responsibly, and to have a supportive environment in order to protect their own sexual health as well as that of others.

During adolescence, sexual exploration and expression is common and normal. Sexual relationships may begin in adolescence either within or outside marriage. While sexual activity can be pleasurable, the consequences of unwanted and unprotected sex in adolescents can have life-long health and economic consequences.

Sexual Identity

Every adolescent has his or her own personal sexual identity. Sexual identity has two components: (i) biological identity, i.e. being male or female, and (ii) gender identity, which is how one feels about being male or female. Gender roles are society's expectation of us based on our sex. For example, girls are supposed to be meek and submissive, boys are not supposed to cry, and so on. Another part of sexual identity is the sex that adolescents are attracted to romantically. This is called sexual orientation. This can be heterosexual (attracted to the opposite sex), bisexual (attracted to both sexes) or homosexual (attracted to the same sex).

Sex Drive and Adolescent Sexual Behaviour

Sex is a basic drive upon which both reproduction and personal happiness depends. Sex drive begins to be expressed in the clearest of terms during adolescence, which is a period of heightened feelings, arousal, urges and sexual feelings directed towards self and the others. The awakened sexual drive and thoughts produce a certain restlessness of character in the youth so that they are often considered by their elders as different or difficult. Spontaneous erections, nocturnal emissions (wet dreams) and masturbation manifest in the middle or early adolescence in majority of boys. They may be troubled, confused and feel guilty by these changes. Increased vaginal discharge, tingling and pain in the breasts and masturbation, along with menstrual concerns may be troublesome for young girls.

The moods may become variable and impulsive. It may be difficult to concentrate for a great length of time. Often, even their school performance or work suffers. This can lead to various kinds of problems.

Sex and sexuality are issues that confuse and sometimes stress adolescents. This often stems from unawareness of the issue, misinformation and peer pressure. While they undergo

physical changes that occur during puberty, adolescents develop and become aware of their sexual drive and feelings. They also tend to explore the various aspects/dimensions of being sexual. This happens because of sex hormones that circulate in higher amounts in their bodies, and the opportunities available to them for experimenting with sex and sexuality.

Developing a Healthy Sexual Lifestyle

Adolescents, to function as effective and well-adjusted adults, need to have clear, accurate and precise information to understand the various aspects of human sexuality, sexual roles and responsibilities. They also need to possess skills to negotiate sexual demands that may be put on them, or that they may put on others.

Adolescents must understand the following issues before they venture into sexual activity:

- ❖ Indulging in a sexual act is a major decision. Careful analysis of the associated responsibilities and capability of entering into commitments are necessary before undertaking such a step.
- ❖ Adolescence may not be the right age for sex as girls are not able to bear the burden of pregnancy physically, mentally and emotionally. Boys are not in a position to shoulder the responsibility of fatherhood. If marriage takes place earlier the pregnancy should be delayed till the girl is biologically and psychologically mature enough (i.e. at least 19 years).
- ❖ Adolescents at times may be impulsive and do not hesitate to take risks. They may take decisions without realizing the consequences. They are easily attracted to the opposite sex physically and get infatuated readily (falling in love blindly).
- ❖ They may indulge in sexual intercourse at the spur of the moment. They need to be careful and realise the immediate and long-term consequences of their acts.

How Sexuality is Expressed in our Day-to-day Life

Acknowledge that many people find it difficult to discuss sex and sexuality and may feel embarrassed or uncomfortable. Tell them that some of us may not be comfortable with this subject, which is usually not discussed. It is normal to be uncomfortable but rational discussion about the subject is helpful and useful. It even reduces the embarrassment. Inform the participants what is sexuality and how it is related to sex. The term sex can mean intimate sexual contact or sexual intercourse. Sex also refers to a person's gender, that is to whether a person is male or female. It is primarily a physical trait, determined by genetics. Your sex or gender was established at the moment you were conceived.

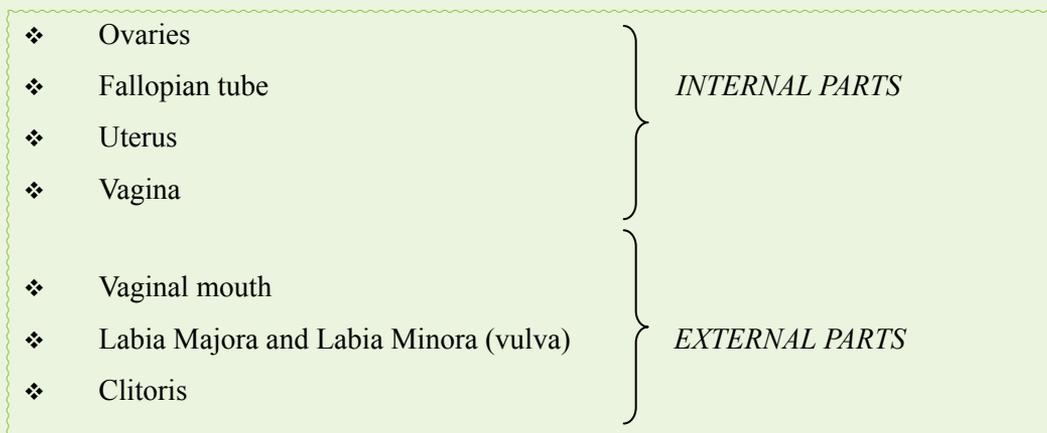
Sexuality, on the other hand, is a much broader aspect of who you are. Sexuality is everything about you that relates to, reflects or expresses your maleness and femaleness. Sexuality involves how you think, how you feel about yourself and others, how you behave and how you look. People express their sexuality in nearly everything they do. You do not need a partner to express sexuality. Sexual activity, including sexual intercourse, is just one of the many ways of expressing sexuality. Reproduction is only one of the main functions of sexuality. Many more like pair bonding, assertion of femininity and masculinity, pleasure and removal of stress are some other functions, so it is entirely normal to have a sexual dimension to the personality.

R7.2.1

Female Reproductive Organs and their Functions

The female reproductive system enables a woman to produce eggs (ova), have sexual intercourse, protect and nourish the fertilized egg until it is fully developed and give birth. Unlike the male, the female sexual organs are mostly hidden.

The female reproductive system comprises the following:



Ovaries: Ovum is Latin for egg. Ovaries are the parts that produce eggs in the female. A human female has two ovaries. The ovaries are situated in the pelvic region, one on either side of the uterus. An ovary is about the size and shape of an almond. It produces female hormones (oestrogen and progesterone) and eggs (ova). Ovaries are also responsible for the development of secondary sex characters in girls. The ovary contains ovarian follicles, in which eggs develop. There are three to five lakh egg cells at birth. Eggs begin to be released at puberty. Once a follicle is mature, the developing egg is ejected from the ovary into the fallopian tubes. This is called ovulation. A human egg is about the size of a pinhead. Usually, one egg is released monthly, from either the right or left ovary at random. Occasionally, more than one egg is released.

Fallopian tubes: Two thin tubular structures arising from the upper part of the uterus and having funnel-shaped free ends. This is the passage for the egg from the ovary to the uterus and the place where fertilization occurs. Fertilization occurs when the sperm meets the egg.

Uterus: It is a hollow muscular, pear-shaped pouch located in the pelvic cavity (lower part of the abdomen) and measures the size of one's fist. Here the baby grows until birth. During pregnancy the uterus enlarges to accommodate the foetus (baby). In the non-pregnant state, the non-fertilized egg passes out of the body through the vagina during the monthly menstrual cycle.

Vagina: Passage extending from the uterus to the outside of the body. Canal through which

- ❖ Menstrual blood flows out
- ❖ Intercourse occurs
- ❖ Delivery of a baby takes place.

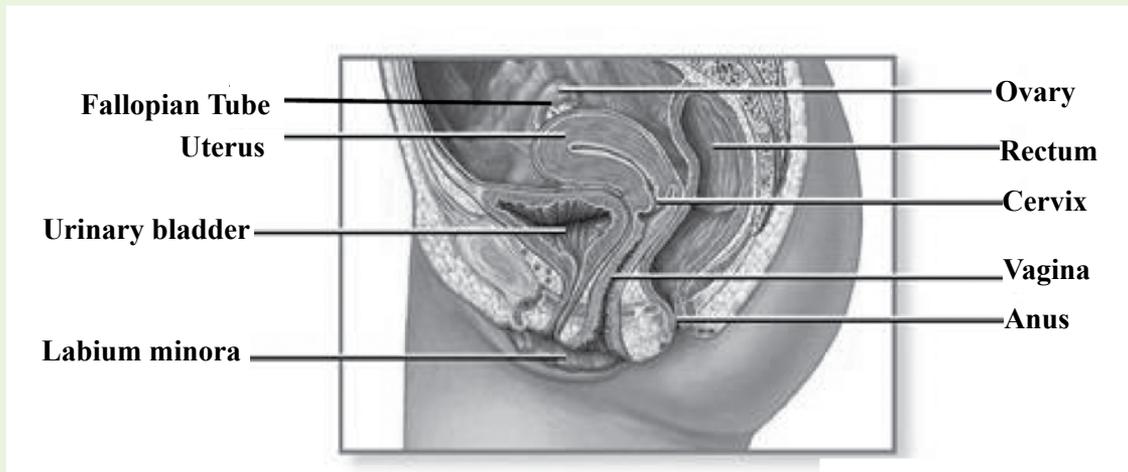
Vaginal Opening: Located between the urethral opening and the anus, usually covered by a thin membrane (hymen). It is the opening for menstrual flow and penetration of the penis during intercourse.

Labia Majora and Labia Minora: Two pairs of lip-like structures on either side of the vaginal opening. They provide protection to the other female sexual parts.

Clitoris: A small triangular and fleshy structure. It is located above the urethral opening at the point where the labia meet. It is the focal point of sexual stimulation for the female.

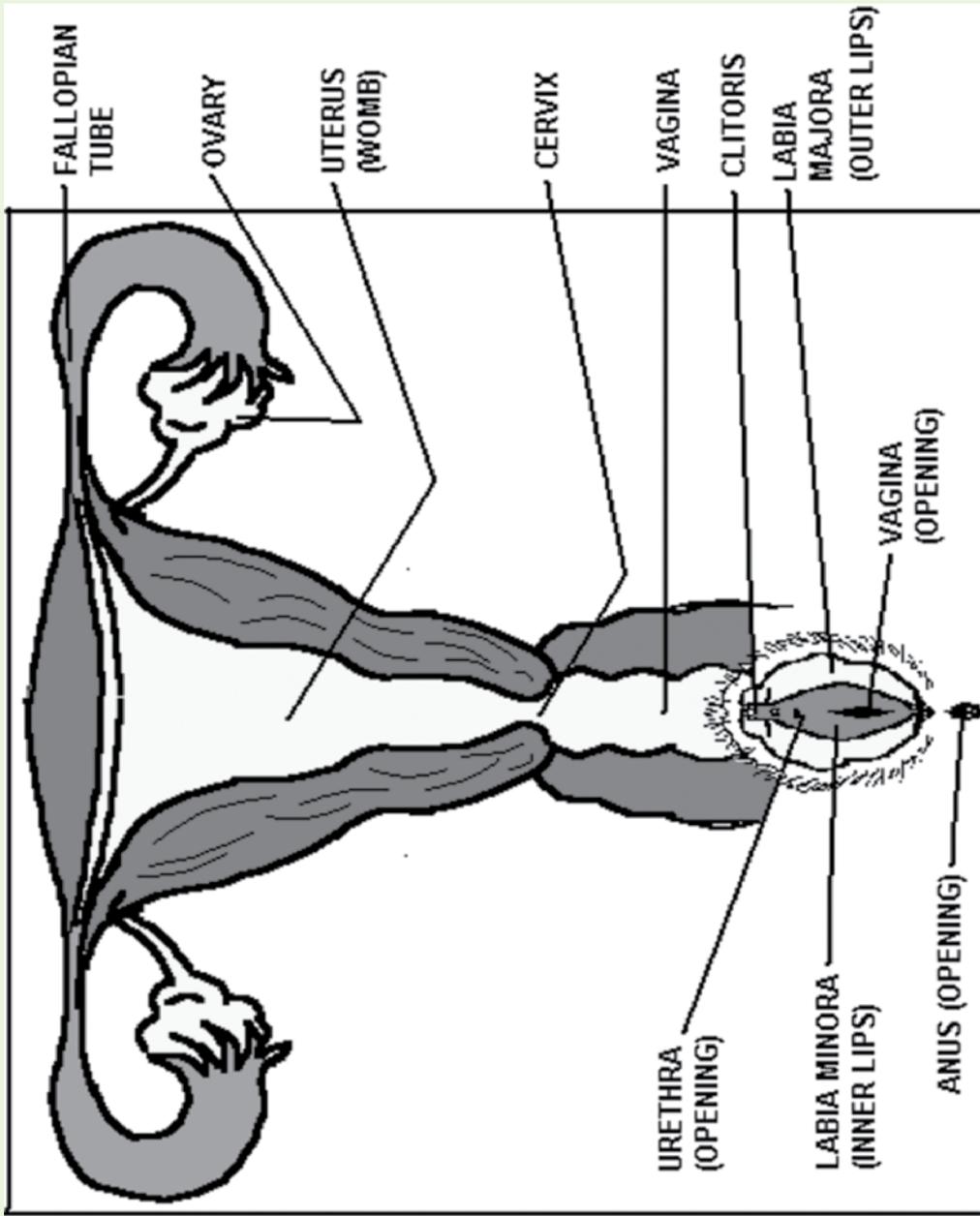
The urethral opening is a small opening in front of the vaginal opening for passage of urine.

Anus is the outlet for expulsion of faeces. They are not parts of female reproductive system.



Source: www.dhmc.org

FEMALE REPRODUCTIVE ORGANS



R7.2.2 Menstruation

Menstruation, also called menses, menstrual period or period, is partly blood and partly tissues from the inner lining of the uterus which is periodically shed through the vagina. The menstrual period usually lasts from three to five days.

Menstruation signifies the onset of puberty (age 9–14) and continues till menopause (age 45–50). The menstrual cycle averages 28 days. It marks the onset of sexual maturity in girls.

Every month, when one egg ripens in the ovary, the inner lining of the uterus starts thickening, like a thick spongy layer of blood, preparing for the fertilized egg. If the egg does not get fertilized within three days (72 hours) it dies and the lining formed breaks down. It usually occurs 14 days after ovulation. It stops during pregnancy and starts again after the baby is born.

Menstrual Hygiene

- ❖ Clean, soft and dry cotton cloth pieces should be used during periods to absorb the menstrual blood. Sanitary pads are expensive but a useful alternative. Based on affordability, they could be reserved for situations where changing will not be possible for a long time and then discarded.
- ❖ If cloth is used, it should be washed daily with soap and cold water and dried in the sunlight. If the cloth is not dried well, it can get contaminated by germs.
- ❖ The cloth should be stored in clean plastic packets for using the following month. A cloth can be used only for two months if its condition looks fine.
- ❖ Every time after urinating and before changing the cloth, the genitals should be washed with water.

Fertile period

Women's bodies work in cycles, and they are only able to conceive in one particular part of their cycle, and this part is called their fertile period. The exact length of a fertile period varies between women, and even for one woman at different times in her life. Knowing when her fertile period is can be of great use to a woman; it can be used to avoid pregnancy or increase the chances of becoming pregnant. Thus, many women like to know when they are likely to be fertile each month.

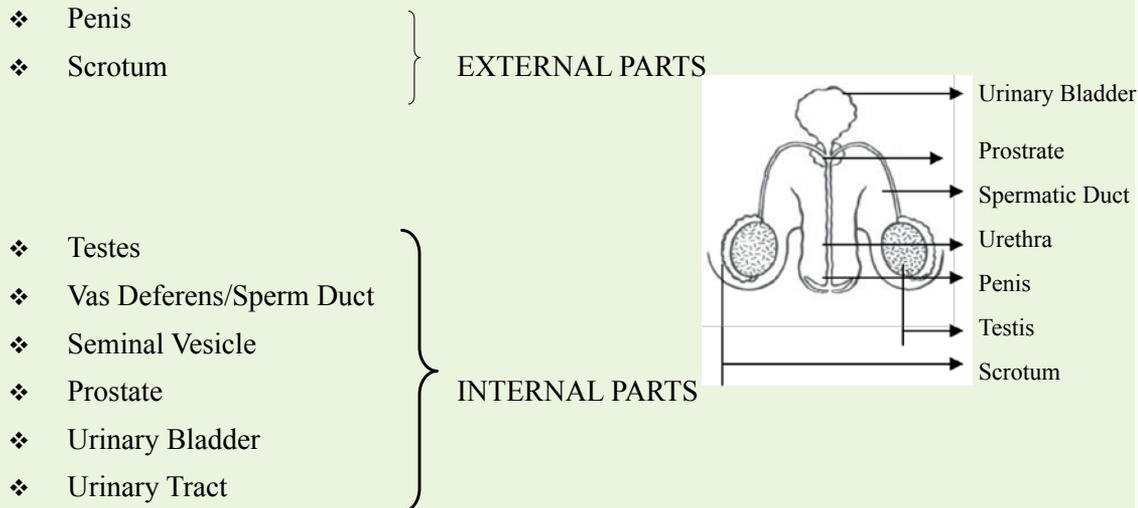
In general terms, a woman menstruates (or has a period) every 28 days. The first day of bleeding is counted as day one of her cycle, with day 28 being the last day before her next cycle. In this 'typical' woman, ovulation, or release of an egg from the ovary, then occurs on day 14 of the cycle. The peak fertile period is three days on either side of ovulation, although pregnancy can occur within 7 days of anticipated ovulation.

For pregnancy to occur, sperm must reach the egg within 12 - 24 hours of release. Allowing for sperm's potential life span of 72 hours, there is a small amount of time for conception to occur and this is why knowing when ovulation happens is of such importance. However, as very few women have a cycle of exactly 28 days, it can be hard to predict exactly when she will ovulate. Menstruation always occurs 13-15 days after ovulation, so women with regular cycles may be able to determine the likely time of ovulation from this. Some women experience a small amount of spotting or abdominal pain at ovulation, which certainly simplifies the issue.

R7.2.3

Male Reproductive Organs and their Functions

The male reproductive system enables a man to have sexual intercourse. The male organs produce and transfer sperm to the female organs for fertilization. The sexual organs of the male are partly visible and partly hidden within the body.



Penis: A rod-like structure, the passage for urination and for sexual intercourse. When a man is sexually excited the penis becomes hard, erect, large and thick. Ejaculation of semen occurs at the height of excitement called orgasm. The penis places the sperms in the woman's vagina during intercourse.

The size of the penis varies from person to person but its size does not affect normal functions. The tip of an erect penis may be pointed upward, straight, downward or sideways. This is natural. It gives no problem during sexual intercourse. Though the passage for semen (containing sperms) and urine is the same, urine and semen cannot pass at the same time.

Erection of the Penis: In response to sexual thoughts, fantasies, temperature, touch or sexual stimulation, the penis fills with blood and becomes hard and erect for sexual intercourse. Sometimes, even when the bladder is full the penis becomes erect.

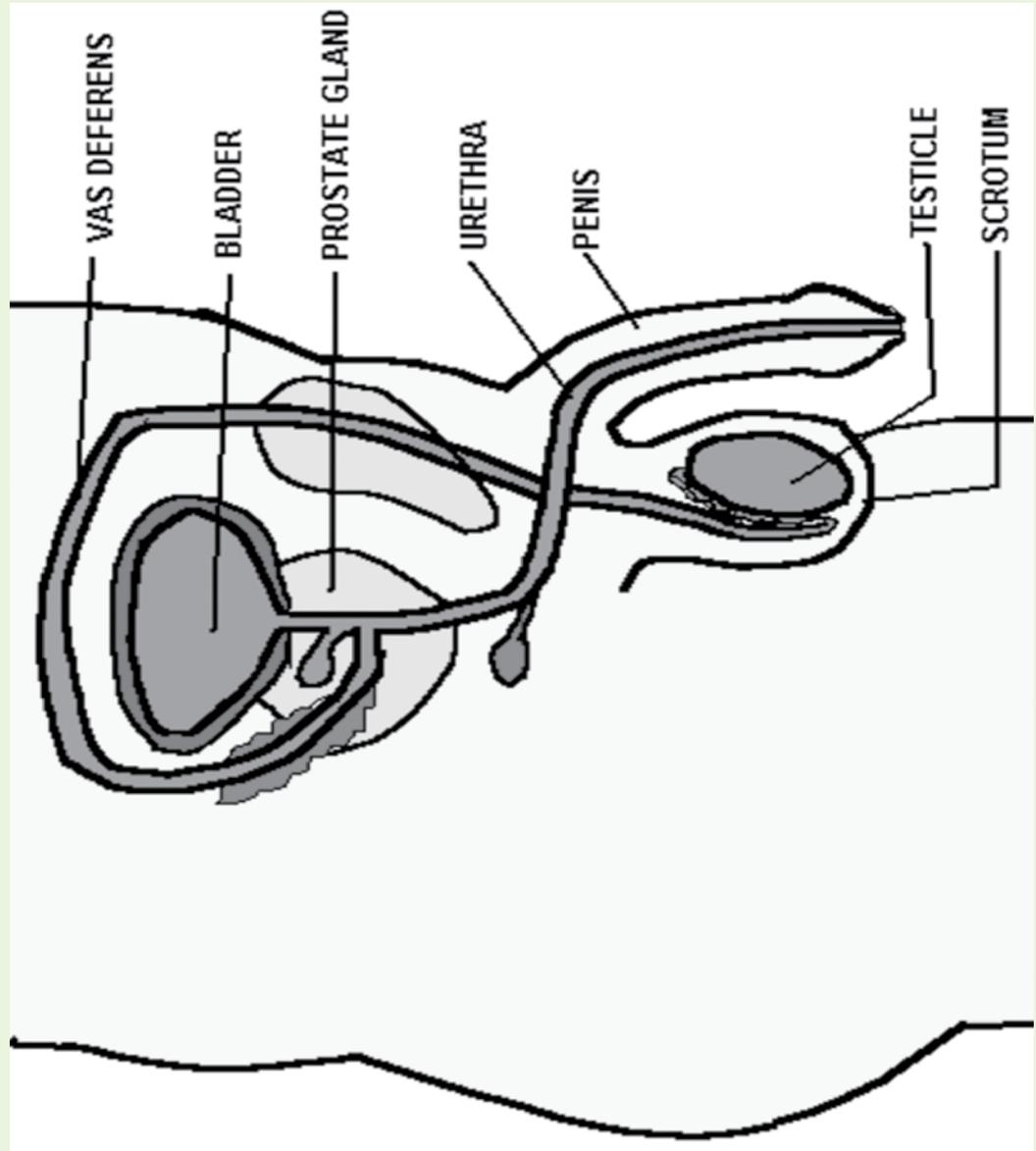
Scrotum: This pouch, which contains the testes, is located behind the penis. The scrotum protects the testes and controls the temperature necessary for sperm production and survival. Normal body temperature hampers sperm production. The scrotal sac, placed outside the body, keeps the testes at a temperature lower than the usual body temperature.

Testes: Two spherical structures within the scrotum, which produce and store sperms from the age of puberty. The male sex hormone testosterone, which is responsible for the secondary sexual characteristics in males, is also produced by the testes.

Seminal Vesicles: They store sperms after production in the testes. They are thin sac-like structures behind the testes in the scrotum.

Vas Deferens: From each seminal vesicle there is a thin and long tube which is called vas deferens. Sperms are carried from each seminal vesicle to the urethra through the vas deferens for ejaculation.

MALE REPRODUCTIVE ORGANS



Prostate: This small sac-like structure lies just below the urinary bladder. It secretes a thick milk-like fluid that forms part of the semen.

Kidney & Ureters: Urine comes from the kidneys to the bladder through pipe like structures, called ureters, and then passes through the lower urinary tract called urethra, which is situated within the penis, to pass out of the body.

Urinary Bladder: This is a sac-like structure inside the body. The urine, which is created by the kidneys, gets stored in the urinary bladder before passing through the urethra from out of the body.

Penile Hygiene

The foreskin at the tip of the penis should be pulled back for cleaning. The penis should be cleaned twice every day, during bath and at night before going to bed. The genitals should be kept dry and clean.

R7.2.4 Conception

After the male ejaculates in the vagina during sexual intercourse, sperm cells travel through the vagina and reach the fallopian tubes seeking an egg. The egg is fertilized when a sperm enters it. Only one sperm can fertilize one egg. The fertilized egg moves through the fallopian tube into the uterus. Here it gets implanted into the uterine lining, which has become thick and spongy expecting a fertilized egg. After fertilization, the lining of the uterus remains in place and menstruation stops for the entire duration of pregnancy. The fertilized egg grows into a foetus and birth occurs approximately after nine months and seven days, measured from the first day of the last menstrual period.

Infertility is failure to conceive. It can be due to problems in the male or the female partner and sometimes in both. Infertility is treatable, but treatment may be expensive.

Points to Note

- ❖ Unprotected sexual intercourse even once can lead to pregnancy.
- ❖ Pregnancy can occur if the man ejaculates close to the vaginal opening too, even if they do not actually have sexual intercourse. The sperms can still swim their way through to the uterus.

If a girl has had unprotected sexual intercourse and has any one or combination of the following symptoms, she should immediately consult a doctor to rule out pregnancy.

- ❖ Missed menstrual period
- ❖ Nausea/vomiting particularly on waking up in the morning or in the evening
- ❖ Feeling tired and sleepy more than usual
- ❖ Frequent urination
- ❖ Enlargement of the breasts with darkening of the nipples
- ❖ Tenderness of the breasts

Test for Pregnancy

Pregnancy can be confirmed even a few days after a missed period by a simple urine test. Self-test kits are available at chemist shops with accompanying instructions. Most laboratories and government hospitals also have facilities to carry out the test.

Sex of the Child

Every human being has 23 pairs of chromosomes. These chromosomes are responsible for different characteristics of a person. A woman has a pair of X chromosomes; man has one X and one Y chromosome. If a sperm containing man's X chromosome impregnates the woman, the result is a girl child; if a sperm contains man's Y chromosome impregnates the woman, the result is a boy child. It is thus seen that the man's chromosomes are responsible for the sex of a child.

Multiple Pregnancies

Twins are born in one of two ways:

1. When more than one egg is released by the ovary and these are fertilized by individual sperms, it results in the formation of more than one independently fertilized egg (fraternal twins).
2. It is also possible for one egg fertilized by one sperm to divide into two. The division may be

complete or incomplete. If complete, two babies are born (identical twins). If incomplete, twins who are joined at the hip/head/chest are born and need to be separated after birth.

	<i>Sperm</i>	<i>Ovum</i>	<i>Special features</i>
Identical Twins	Single	Single	<ul style="list-style-type: none"> • Always of the same sex • Usually there is a family history
Non-identical twins	Two	Two	Of different sexes or same sex
Triplets, quadruplets, etc.	Multiple	Multiple	Of different sexes or same sex

Ante-natal Care

Ante-natal care is the care given to a pregnant woman during her pregnancy. The objective of the ante-natal care is to assure that every wanted pregnancy culminates in the delivery of a healthy baby without impairing the health of the mother. This is done by

- Promoting, protecting and maintaining the health of the mother and foetus during pregnancy
- Foreseeing complications and preventing them
- Removing the dread and anxiety associated with delivery
- Taking steps to minimize maternal and infant mortality and morbidity
- Teaching the mother elements of child care, nutrition, personal hygiene and environmental sanitation
- Sensitizing the mother to the need of family planning

Ideally, a pregnant woman should attend the ante-natal clinic once a month during the first seven months, twice a month during the next two months, and thereafter, once a week, till delivery. A large number of women, however, cannot attend the clinic so frequently. In these cases, a minimum of three visits is advised.

- First visit at or before 20 weeks or as soon as pregnancy is confirmed
- Second visit at 32 weeks
- Third visit at 36 weeks

At each visit, a check-up of blood, urine, blood pressure and weight should be done. Two injections of Tetanus Toxoid should be given, starting at five months, at an interval of one month. However, the second injection should be given at least one month before the Expected Date of Delivery. Since, during pregnancy, dietetic iron is not enough to meet the increased requirements, one tablet of iron and folic acid should be taken daily, as a supplement, during the latter half of the second trimester and early third trimester, for at least 100 days. No drugs should be taken during the first trimester of pregnancy, unless prescribed by a qualified physician.

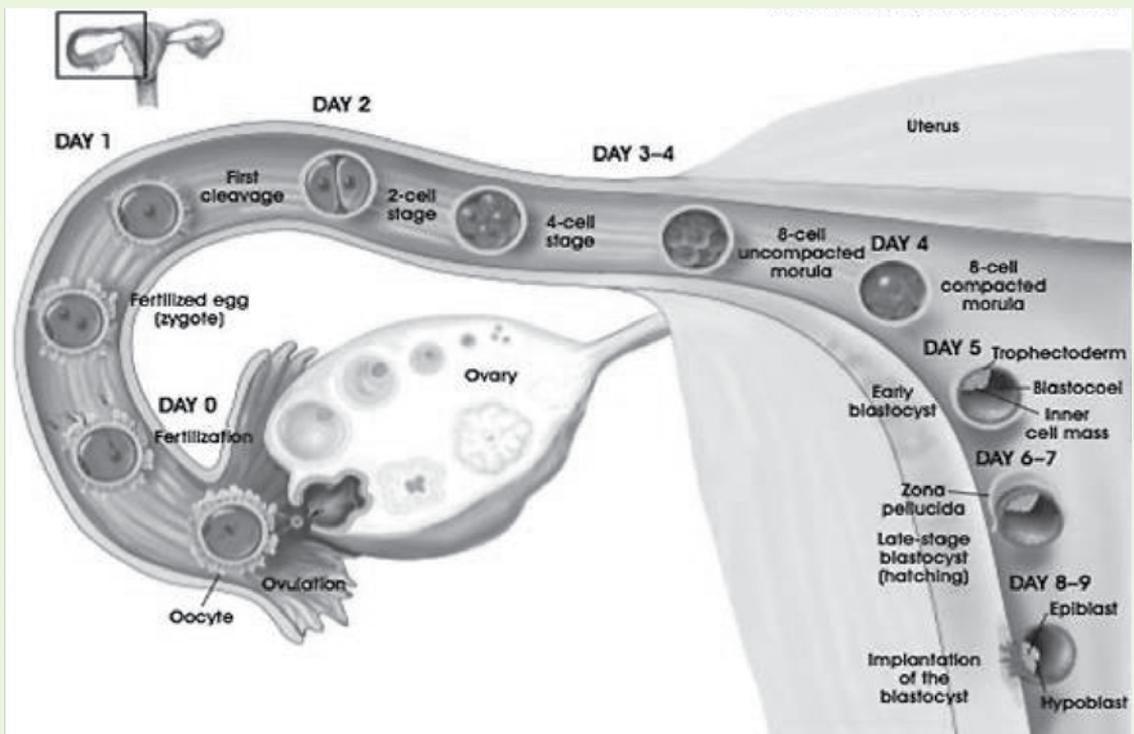
Safe Delivery

Safe delivery is promoted primarily through the encouragement of all families to seek the care of skilled birth attendants for all births, because all pregnant women are at risk of life-threatening complications, many of which are unpreventable and unpredictable. Frontline providers are trained and supervised to provide personal support, good surveillance (including use of the partogram) to identify potential complications, a clean environment, avoidance of unnecessary and potentially dangerous practices, and active management of the third stage of labor. Immediate care of the newborn includes assistance with initiation of breathing, warming, resuscitation and care in the event of birth asphyxia, hygienic cord care, eye care, immediate breastfeeding, and a referral to higher-level care if necessary.

Basic Immunization

To prevent six life threatening diseases like Tetanus, Poliomyelitis, Diphtheria, Whooping Cough (Pertussis), Tuberculosis and Measles, vaccines are given to the child. All the vaccines are given free of charge, at health centres, by the Government.

Conception – Parts and Process



Source: embryology.med.unsw.edu.au

R7.3.1 Responsible Sexual Behaviour

Sexual behaviours are actions that allow the expression of one's sexual feelings. These behaviours include holding hands and kissing as well as masturbation and penetrative intercourse. Responsible sexual behaviours are consensual, non-exploitive and honest and include actions that protect against unintended pregnancies and sexually transmitted diseases. Measures of responsible sexual behaviours include condom use among people with multiple sexual partners and rates of sexually transmitted disease and unintended pregnancy.

Responsible sexual behaviours include effective use of contraceptives, when appropriate, as well as reducing the number of sexual partners and choosing ones' sexual partners carefully. Sexually responsible people practice other preventive health actions such as breast or testicular self-exams, getting screened for cervical cancer, and, if appropriate, being tested for Human Immunodeficiency Virus (HIV).

Some objectives/indicators to measure progress in responsible sexual behavior among adolescents are:

1. Increase the proportion of adolescents who abstain from sexual intercourse
2. Increase the proportion of adolescents who abstain from multiple sexual partners
3. Increase the proportion of adolescents who use condoms, if currently sexually active
4. Reduce the rate of unplanned pregnancies in adolescent females
5. Increase the age at marriage and delay the first pregnancy

R7.3.2 Case Studies of Sexual Behaviour

Case Study 1

Ravi is 15 years old. He visits a sex worker with some friends. A few days later, he feels pain while urinating and also observes some boils around his genitals. He gets very scared and visits a doctor. After a medical examination, the doctor tells him that he has contracted a sexual infection. He also adds that some infections can be fatal. Ravi feels very guilty, ashamed and curses his friends.

- Did Ravi think about the consequences of having sex with a commercial sex worker? Why do you think so?
- What were the options available to him?
- What kind of pressures were working on him?
- What factors should he have considered before his action?
- What should have been his decision?

Case Study 2

Mohan is 17 years. He enjoys going out everyday with his girlfriends, buying them gifts and partying. One day he tries to force a girlfriend to have sex. She complains to the teacher and Mohan is threatened with expulsion from his school. He feels guilty, humiliated and shameful.

- Did Mohan think about the consequences of forcing a girl to have sex? If your answer is No, why do you think so?
- What were the options available to him?
- What kind of pressures were working on him?
- What factors should he have considered before trying to force a girl to have sex?
- What should have been his decision?

Case Study 3

Vijay is 17 years old. Anita is a girl in his village. For some days when Anita's parents were not at home, Vijay lived with her in her house secretly. Soon Anita realized that she was pregnant. She told Vijay about this but he was not ready to take on the responsibility. He ran away from the village. Anita went to the police and registered a complaint against Vijay. Vijay was put in the police lock-up when he was found.

- Do you think that Anita and Vijay behaved responsibly?
- What should Anita have done?
- What should have been Vijay's responsible behaviour?
- How should they have avoided this kind of situation?
- Now what do they need to do? Remember: fighting, scolding, quarrelling, beating are not solutions.

R7.4
Quiz on Sexuality

Sl. No.	S/A	Statement	Answer
Menstruation			
1	S	Once a girl starts menstruating she can become pregnant.	True
	A	When a girl starts having menses it means that her reproductive organs have begun working and that she can become pregnant if she has sexual intercourse. It does not mean, however, that her physical organs and body and mental condition are necessarily prepared for the birth of a child.	
2	S	A girl should not engage in any physical activity/sports during menses.	False
	A	Menstruation is not a reason for curtailing activities, unless she has cramps or any such discomfort. However, she must maintain hygiene.	
3	S	Girls usually start menstruating between the age of 9 to 14 years.	True
	A	Usually, menstruation begins between the age of 9 to 14 years. However, some girls may start menstruating at the age of 15 or 16 years.	
4	S	If a girl has not started menstruating till 18 years, it is a cause for concern.	True
	A	Yes, the usual age of menstruation is between 9 and 14 years. One should consult a doctor to find the cause of the delay.	
5	S	Menstruation is unclean.	False
	A	Menstruation is a natural phenomenon. It happens if the egg is not fertilized.	
6	S	Boys can tell when a girl is having her period.	False
	A	No one can tell just by looking at a girl.	
7	S	It is normal for menstrual flow to be heavy during the first few days and then become lighter.	True
	A	The duration and the amount of menstrual flow varies between women, but for every woman the duration and amount of flow is fairly constant over a period of time. It is normal for menstrual flow to be heavy in the first few days and then become lighter. If one has a sudden change in the menstrual pattern one should consult a doctor.	
8	S	Bathing/eating sour food causes menstrual cramps.	False
	A	Not true. On the other hand it is extremely important to have a regular bath and maintain proper hygiene and eat nutritious food during the period. Beliefs such as bathing and washing one's hair or eating lemon or pickles is harmful while menstruating have no foundation.	

Sl. No.	S/A	Statement	Answer
Menstruation			
9	S	It is normal to have irregular periods when the menstruation cycle starts (the first few periods).	True
	A	The first few periods are often irregular. It is common to skip several periods or to have periods very close together. A regular menstrual pattern will gradually be established.	
10	S	It is normal to have pain and discomfort during menstruation.	True
	A	During periods, many girls/women have discomfort or pain. This is because of the contraction (spasms) of muscles of the uterus. If it becomes intolerable and keeps one away from normal work, one should consult a doctor.	
Masturbation			
11	S	Masturbation makes a boy weak and impotent.	False
	A	Masturbation is practised by both boys and girls. It has been proven scientifically that it causes no harm.	
12	S	Only boys masturbate, girls do not.	False
	A	Masturbation is practised by both boys and girls. It is more common in males than females.	
13	S	If one masturbates too much, his/her adult sex life will be affected.	False
	A	It has been proven scientifically that masturbation causes no harm.	
14	S	Young people who masturbate too much may have mental problems when they get older.	False
	A	Masturbation does not lead to mental health problems. However, due to misconceptions they may feel guilty about it.	
15	S	Most people stop masturbating after they get married.	False
	A	Masturbation is done by both married and unmarried people.	
16	S	People who masturbate too much are tired and irritable most of the time.	False
	A	Masturbation is a normal sexual activity. If one is feeling tired or irritable there may be other reasons for this.	
17	S	Masturbation can cause pimples, acne and other skin problems in adolescents.	False
	A	During puberty increased hormonal activity leads to increased activity in the skin glands. Oils produced by the glands block the skin pores and mix with bacteria to cause pimples or spots. To help keep the skin clear, adolescents should wash the face and hands frequently. Skin problems have nothing to do with masturbation.	
18	S	Masturbation is considered more acceptable today than it used to be. Still, it is common for people who masturbate to feel guilty about it.	True
	A	It is because people do not have correct information about masturbation.	

Sl. No.	S/A	Statement	Answer
19	S	If the penis is touched a lot, it will become permanently longer.	False
	A	There is no scientific proof.	
Sex and Sexuality			
20	S	Both men and women have the right to say No to sex any time.	True
	A	The decision needs to be made each time a person is thinking of having sex with someone. A person has the right to say No if he or she does not want to be sexual with a person even if they have already been sexual with that person.	
21	S	Boys/Men need to have sex to keep good health.	False
	A	It is normal and healthy for both males and females to have sexual feelings and desire to express them, but neither males nor females need to have sex to be healthy.	
22	S	Alcohol and other addictive drugs make it easier to get sexually aroused.	False
	A	They have exactly the opposite effect. They may increase desire and reduce inhibitions (make you feel free) but they decrease the flow of blood to the genital area and make it more difficult for males to have an erection and more difficult for males and females to experience orgasm. More importantly, they can make people feel like it is all right to do things they would not ordinarily do sexually, such as have intercourse or not protect themselves against pregnancy, sexually transmitted infections and HIV infection.	
23	S	Sexual intercourse is the best way to express your love for someone.	False
	A	There are several ways to show that you care about or love someone without physical intimacy. In addition, sexual activity includes a range of physical intimacy, including holding hands, hugging, kissing, touching, caressing to orgasm, etc. Sexual intercourse is only one type of sexual activity and only one way to express love.	
24	S	It is normal for some boys and girls to mature earlier than others.	True
	A	Some boys start puberty as early as 10 years old, others not until they are 14 or 15. Some girls start puberty as early as age 8, others not until they are 13 or 14. However, if a girl does not start menstruating by 16, she should consult a doctor.	
25	S	Some parts of the body mature more quickly than others.	True
	A	During puberty, there is an order in which certain physical changes usually occur: for girls, the breasts begin to grow; for boys, growth of the testicles is usually the earliest sign. However, bodily changes can occur in a different order and would still be considered normal.	

Sl. No.	S/A	Statement	Answer
Sex and Sexuality			
26	S	Adolescent girls and boys are more likely to have skin problems.	True
	A	During puberty increased hormonal activity leads to increased activity in the skin glands. Oil produced by the glands blocks skin pores and mixes with bacteria to cause pimples or spots. To help keep the skin clear, adolescents should wash their face and hands frequently.	
27	S	A girl can get pregnant even if a boy does not ejaculate or 'come' inside her.	True
	A	Even if a boy does not ejaculate inside the vagina, it is still possible that pre-seminal fluids will contain sperms; therefore a girl can get pregnant.	
28	S	The female determines the sex of the baby.	False
	A	The sex of the baby depends upon the sex chromosomes in the sperm that fertilizes the ovum. There are two types of sex chromosomes, X and Y. The girl (ovum) contains X and X and the boy (sperm) contains X or Y chromosome. If the sperm containing Y chromosome fertilizes the ovum, a boy will be born. If a sperm containing X chromosome fertilizes the ovum, a girl will be born. No medicine or religious ritual can be of help in the selection of the sex of the baby.	
29	S	A girl will not get pregnant if she has sex only once or a few times.	False
	A	A girl can get pregnant even with a single intercourse, including her first one.	
30	S	If a girl does not bleed during the first intercourse, she is not a virgin.	False
	A	Bleeding may occur because of tearing of the hymen (the skin tissue covering the mouth of the vagina) in some girls. In many communities, much importance is attached to the presence of a hymen. The hymen is believed to be linked to a girl's virginity. This is not true. The hymen can break not only by sexual intercourse, but also by participation in certain kinds of physical activities and even by accident. In certain cases it may not be there at all.	
31	S	A girl should be concerned if the size of her breasts is smaller than other girls of her age.	False
		It takes a different amount of time for each girl. If a girl starts later than other girls, it does not mean that her breasts will always be smaller. There is no link between what size breasts will be and when they start to develop.	

Sl. No.	S/A	Statement	Answer
Sex and Sexuality			
32	S	Having small breasts is normal.	True
	A	The size and shape of the breasts depends upon the genetic background and varies according to age. There is a lot of variation in the normal size of the breast.	
33	S	It is compulsory for all girls/women to wear a bra.	False
	A	No, but some find it is more comfortable.	
34	S	It is possible for a girl to know when her period is about to start.	False
	A	No one can be sure exactly when this will happen. Most girls begin menstruating between the ages of 12 and 16 years. The average age is 12 or 13 years. The best way a girl can know is to look for signs. Underarm hair and a whitish discharge from the vagina are signs that the period probably is not too far away.	
35	S	A girl can get pregnant if she shares underwear with a boy.	False
	A	A girl can get pregnant only when a boy's penis enters her vagina and ejaculates. Sharing of underwear will not lead to pregnancy. However, sharing of undergarments between boys and girls and even between girls should be avoided for hygiene reasons.	
36	S	It is normal for boys to experience breast tenderness during puberty.	True
	A	Occasionally, one or both of a boy's breasts can become slightly enlarged or sore. This is related to the rising levels of hormones in the body.	
37	S	If a boy has swelling in the breasts it is nothing to worry about.	True
	A	Some boys develop a marble sized swelling in their breasts at puberty. The swelling may be painful. Boys may get worried whether they would develop breasts like girls. This is a harmless condition caused by hormonal changes and disappears in a few months.	
38	S	The size of the penis is equal to masculinity or virility.	False
	A	The size of the penis either when it is flaccid (not erect) or when erect is no indication of a man's masculinity or sexual ability.	
39	S	Nocturnal emissions make boys weak.	False
	A	Loss of semen through a wet dream, masturbation or sexual intercourse is a perfectly natural, harmless thing. It does not make anyone weak.	

R8.1

Causes and Consequences of Early Marriage

Marriage or matrimony is a social, religious, spiritual or legal union of individuals. The ceremony that marks its beginning is called a wedding.

The interpersonal relationships in a marriage are acknowledged by the state or religious authorities, or both. It is often viewed as a contract.

People marry for many reasons, including some of the following: legal, social, and economic stability; the formation of a family unit; procreation and the declaration of love; or to obtain citizenship.

Right Age at Marriage

The legal age at marriage for boys is 21 and for girls is 18 years. By this time a boy and a girl mature both physically and mentally, which enables them to take up responsibilities and decisions on their own. In child marriage, girls are more likely to suffer physiological damage, besides a lifetime of domestic and sexual subservience.

Causes of Early Marriage

Traditionally, girls in many cultures wed shortly after beginning to menstruate. The reasons include:

- ❑ In many traditional cultures, a young woman's school achievements are not viewed as an asset to the family, so there is no incentive to keep young women in school after they reach marriageable age.
- ❑ By contrast, the number of children a woman can bear is viewed as an asset. The younger a woman marries, the more children she can have.
- ❑ There is a fear that if the girl is not married off early she may lose her virginity and as a result sully the family honour.
- ❑ Also, a family can attain some economic stability through a bride price or by having one less person to feed and clothe in the household.
- ❑ Sometimes an ailing grandparent pressurizes the parents for the early marriage of their daughter.
- ❑ Sometimes, violence in the society plays its role where parents do not feel safe to keep a girl unmarried for long.

Consequences of Early Marriage

- ❑ Child marriage is a violation of human rights. According to the Universal Declaration of Human Rights, marriage should be entered into only with the free and full consent of the intending parties. In addition, early marriage violates other rights such as the right to education.
- ❑ Early marriage has extreme physical, emotional and intellectual consequences. The practice virtually ends a child's chances of pursuing an education or exploring professional and social life opportunities.

- ❑ Married women with children and a household to run are unlikely to complete their education. The benefits of education go beyond being able to read and do accounts; an education also gives women the tools to think independently and to make healthier choices for themselves and their families.
- ❑ He may be her first, but she may not be his first. Girls who marry in their teens often marry men who are considerably older and may have had multiple sexual partners. It is not unusual for women who have had sex only with their husbands to contract sexually transmitted infections or HIV.
- ❑ Saying “No” is not an option. The difference in age and education creates an imbalance of power in a relationship between a young girl and her older husband. This hypothetical bride cannot say whether or not she wants to have sex. She cannot even demand that her husband be monogamous or use a condom.
- ❑ Girls and women who are married younger, especially when married as children, are more likely to experience domestic violence and to believe that it is justified for a man to beat his wife. Domestic violence seriously endangers the physical and mental health of women and girls and can even endanger their lives. The domestic violence that comes with early marriage has compelled many young girls to run away from home in desperation.
- ❑ There can also be psychological damage from child marriage, as girls are more likely to face domestic and sexual subservience.
- ❑ From playing with dolls to caring for babies, young brides can be expected to have their first child quickly to prove their fertility — even before their bodies are ready for child-bearing. Pregnancy in an immature body can lead to death (maternal/infant) or lifelong disability.

R8.2.1

Causes and Consequences of Early Pregnancy

Some Possible Causes of Early Pregnancy

- ❑ Early marriage
- ❑ The young bride is expected to have her first child quickly to prove her fertility
- ❑ Lack of scope for young girls to control their reproduction, or to make a decision about whether they want a child
- ❑ Pressure from in-laws to have children
- ❑ Lack of information regarding contraceptive choices

Consequences of Early Pregnancy

- ❑ Pregnancy is hard on the girl's body, especially if the pregnant girl has not herself grown up. Those growing up need a lot of energy and many special vitamins. The foetus will take these from her body even when she needs them. Teenage pregnancy can also cause anaemia.
- ❑ A teenage mother will not feel as well during and after her pregnancy as a grown-up woman who becomes pregnant would. The baby suffers too, because if it does not get all of the food that it needs from the girl mother, it may be born very weak and small or very early. Small babies are much more likely to be very sick, to die, or be weak and sick their entire lives.
- ❑ A young girl's pelvis (hips) is not as wide as a mature woman's pelvis. This makes it difficult or impossible for the girl to give birth. If the girl is not able to have an emergency operation she may die, or the baby may die or become crippled. The UN Human Rights Council reports that girls aged 10–14 years are five times more likely to die in pregnancy or childbirth than women aged 20–24 years; girls aged 15–19 years are twice as likely to die as women aged 20–24 years.

Family Planning/Planned Parenthood

Methods to prevent pregnancy are known as family planning methods, child spacing methods or contraceptive methods. Family Planning is defined by WHO as, “A way of thinking and living that is adopted voluntarily, upon the basis of knowledge and attitudes and responsible decisions, by individuals and couples in order to promote the health and welfare of the family groups and thus contribute effectively to social development of a country.”

Planned and responsible parenthood entails good health for the mother and child, proper development and attention to children and welfare and caring for each member of the family. It is directly linked to maternal and infant mortality and morbidity. Only a healthy girl can grow into a healthy woman who is capable of bearing healthy babies. The purpose of ‘family planning/planned parenthood’ is to plan the number, frequency and timing of pregnancies, which ultimately affect the family size and health of the mother and the infant. It includes taking conscious and informed decisions on: what age to marry, when to have the first child, the timing of subsequent children and the total number of children desired.

Family planning helps everyone. It-

- prevents unwanted pregnancies
- prevents high risk pregnancies
- prevents unsafe abortions
- helps women's body to replenish the lost stores of nutrients
- provides other health benefits such as hormonal methods, and prevents certain cancers. The condom helps in preventing sexually transmitted diseases (STDs) such as HIV.

R8.2.2

Contraceptive Methods in Brief

There are a number of ways to prevent pregnancy. Some are temporary contraceptive methods, which can be used by both or either of the partners. There are also some permanent methods, whereby the ability to procreate can be stopped totally.

Temporary Methods

- ❑ Condom – for men/women
- ❑ Oral contraceptive pills – for women
- ❑ Copper T – for women
- ❑ Injectable contraceptives – for women

Permanent Methods

- ❑ Operation (both men and women)
 - Tubectomy for women
 - Non Scalpel Vasectomy (NSV) for men

In addition, some other methods are also available but less commonly used-

Spacing: Barrier methods like spermicides, diaphragm, cervical caps

Hormonal methods: Hormonal patch, vaginal rings

Emergency contraception: Emergency contraceptive pills

R8.2.3 Oral Contraceptive Pills

Oral Contraceptive Pills (OCPs) are tablets containing the hormones oestrogen and progestin. A woman takes one tablet daily to prevent pregnancy.

OCPs work by preventing the release of the egg from the ovary. Without an egg to be fertilized, a woman cannot become pregnant.

How to Use

- Take the first pill on the first day of period or any of the next four days.
- Take one pill every day, at the same time each day. Keep the pills in an easy to remember place, such as near where you brush your teeth every night.
- 28-day packet: Upon finishing a packet, begin a new one the following day.
- 21-day packet: one pill each night for three weeks, wait for seven days and then begin a new one. To remember when to start up again, mark it on a calendar.
- Read the instructions carefully on the wrapper or consult the doctor for all your queries.

How Effective Are They?

- As commonly used, about 8 pregnancies occur per 100 women using Combined oral contraceptives (COCs) over the first year. This means that 92 of every 100 women using COCs will not become pregnant.
- When no pill-taking mistakes are made, less than 1 pregnancy per 100 women using COCs over the first year (3 per 1,000 women) takes place.

Missed Pills-What to Do?

Key Message	<ul style="list-style-type: none"> ● Take a missed hormonal pills as soon as possible. ● Keep taking pills as usual, one each day. (She may take two pills at the same time or on the same day.)
Missed one or two pills? Started new pack one or two days late?	<ul style="list-style-type: none"> ● Take a hormonal pill as soon as possible. ● Little or no risk of pregnancy.
Missed pills three or more days in a row in the first or second week? Started new pack three or more days late?	<ul style="list-style-type: none"> ● Take a hormonal pill as soon as possible. ● Use a backup method for the next seven days. ● Also, if she had sex in the past five days, can consider Emergency Contraceptive Pills (ECPs).
Missed three or more pills in the third week?	<ul style="list-style-type: none"> ● Take a hormonal pill as soon as possible. ● Finish all hormonal pills in the pack. Throw away the seven non-hormonal pills in a 28-pill pack. ● Use a backup method for the next seven days. ● Also, if she had sex in the past five days, can consider Emergency Contraceptive Pills.

Advantages

- Safe, effective and easy to use
- Women controlled – women use this method and do not have to depend on their partners to do so
- Can be used before the onset of menses
- May lead to lighter, regular periods with less cramping
- One can become pregnant after stopping the pill
- Does not interfere with sexual pleasure
- May be beneficial for adolescents who have irregular or heavy periods, menstrual cramps, or acne
- Decreases the risk of cancer of the female reproductive organs

Disadvantages

- Have some side-effects
- Must be taken every day
- Do not protect against sexually transmitted infections/HIV

The pill does not protect against sexually transmitted infections/HIV. Use a condom during every act of intercourse to protect against STIs/HIV and provide further protection against pregnancy.

Possible Side-effects

Most adolescents experience no side-effects. Occasionally, one may experience:

- Nausea
- Weight gain
- Breast tenderness
- Mood changes
- Headaches or dizziness
- Unexpected bleeding or spotting

Situations when not to Use OCP

- Possible pregnancy
- Abnormal vaginal bleeding
- 35 or older age and who smoke
- High blood pressure
- History (personal/family) of stroke and heart disease
- History of thrombosis

- Lumps in breast/breast cancer
- Past or current history of liver disease, including viral hepatitis, or jaundice during pregnancy
- Breastfeeding (for first six months as it reduces the flow of milk)
- History of pelvic infection and at risk of sexually transmitted diseases
- Taking certain other medications
- Severe headaches with blurred vision or temporary loss of vision
- Gall bladder disease
- Childbirth in past 21 days
- Planning surgery
- Diabetes
- Medication for tuberculosis (TB), fungal infections, or seizures

A physical (pelvic/breast) examination is desirable for all women, but not essential. Conditions that may be contra-indications or precautions for the use of OCPs can be screened through taking a patient's history. Consultation with a doctor/nurse is must before starting OCP.

R8.2.4 The Male Condom

This is a narrow bag made of rubber and is like a covering, which is put over the erect penis. As a result, man's semen stays in the bag and the sperm cannot enter in the woman's body.

If used properly, condoms help prevent unwanted pregnancy and sexually transmitted diseases including HIV/AIDS.

Many boys and men do not know the proper use of the condom and they do not use it every time they have sexual intercourse. As a result, the risk of unwanted pregnancies and contracting sexual diseases remains.

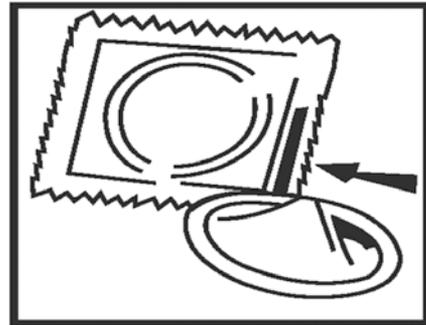
How to use it

1. Make sure that the condom is not past its expiry date.
2. Push the condom to one end of the packet and tear open the other end. Make sure not to damage the rubber with your fingernails, jewellery or the foil of the wrapper.
3. Put the correct side of the condom on the erect penis, before it has come into contact with the partner's genitals. Hold the top of the condom and press out the air from the tip, so that you leave a centimetre of empty space for the semen at the top of the condom.
5. Roll the condom all the way to the base of the erect penis. Use both hands.
6. After ejaculation, withdraw the penis immediately before the erection is lost, holding the rim of the condom to prevent spilling.
7. Tie a knot in the condom; wrap it in tissue and throw into a dustbin or burn it. Wash your hands.

Remember

- A condom should be used only once.
- Normally a condom feels oily to touch. This oily texture is necessary.
- Applying oil or vaseline on the condom can damage it.
- Condoms can be acquired from any government hospital free of cost.
- Condoms are also available at a medical store.
- Some men may be allergic to the latex used for making a condom.

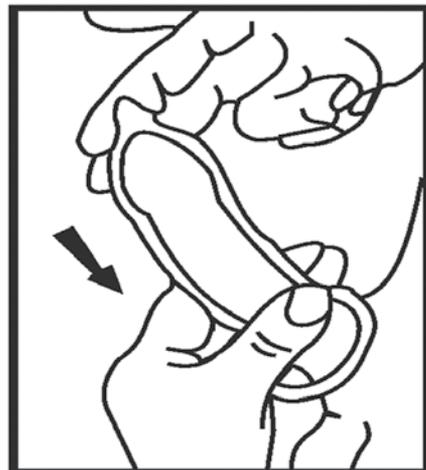
How to use a male condom



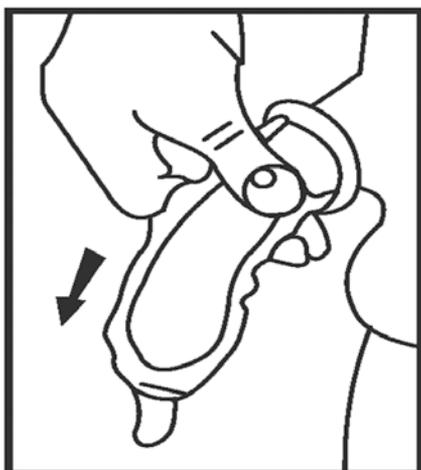
1. Check expiry date on packet



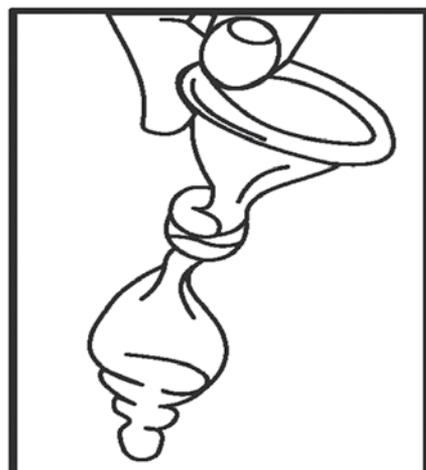
2. Pinch teat



3. Roll down fully

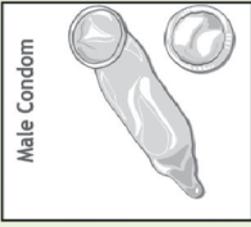


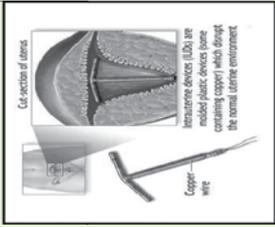
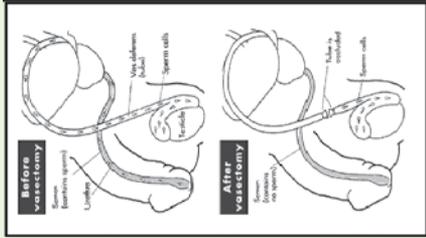
4. After intercourse remove carefully from base

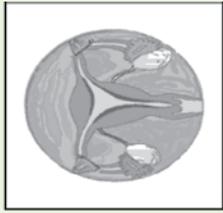
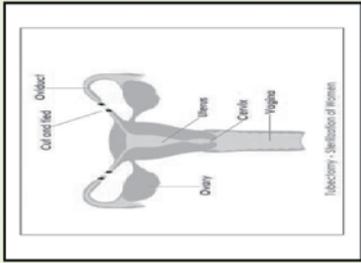


5. Tie a knot and put in bin

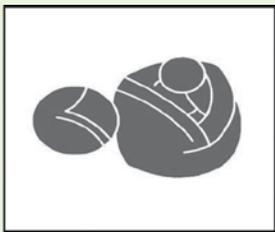
R8.2.5 Brief Information on Contraceptive Methods

	Methods	Description	Effects on Health	Advantages	Limits
Temporary	Condom (Nirodh) 	Commonly called Nirodh. It is unrolled by pulling it onto the erect penis. It stops the sperm from entering the vagina.	No negative impact on health. Condom may sometimes irritate the vagina and penis.	Easy to carry Easy to buy Easy to use Easy to keep Protects from HIV and other STDs Protects the womb from cancer	One has to use a new condom each time one has sex.
Barrier	Female condom 	It is placed within the cervix.	No negative impact on health. Condom may sometimes irritate the vagina and penis.	Protects against cancer of the cervix. Protects from HIV and other STDs.	Not easily available Not easy to carry or use Expensive
Hormonal	Injectible contraceptives 	Doctor injects it every three months. Contains female hormones which are slowly released in the body. It stops ovulation.	Irregularity in menstrual cycle. It may sometimes stop totally. Weight gain Headache Bone mineral loss in case of prolonged use.	Does not interfere with sex Valid for three months Can be used while lactating Can be done by individual choice Does not require daily action Reduces bleeding May give protection from urethra cancer	Can cause drastic changes in the menstrual cycle Can cause headaches and weight increase Needs monitoring by a doctor May cause delayed fertility (5–8 months delay after stopping injection) Does not protect against HIV/planning.
	Oral Contraceptive Pill (OCP) 	Made from female hormone Prevents ovulation Doctor/nurse can give it Can be purchased from chemist shop	Some side effects like thrombosis and strokes possible if not screened properly. May reduce mental problems.	Easy to use Does not interfere with sex Saves from ovary and uterus lining cancers Quickly reversible: fertile within 2–3 weeks	Small problems (weight, moods, nausea, bleeding) Must be taken everyday Does not prevent HIV/STDs Breastfeeding mothers cannot use for 6 months. Screening required.

	Methods	Description	Effects on Health	Advantages	Limits
Intrauterine	<p>Copper-T/ Intrauterine Device (IUD)</p> 	<p>Small T-shaped object inserted in the uterus by a provider. Causes chemical change and damages the sperm and egg before they meet. Hormonal CuT also available.</p>	<p>If not inserted properly in a sterile environment it can cause infection.</p>	<p>Inexpensive, reliable Does not interfere with sex Does not require daily care Very effective and long-lasting Immediately fertile upon removal Gives protection for 3-10 years</p>	<p>Possible heavy bleeding Period with cramps, bleeding in between Does not protect against HIV/AIDS Needs to be inserted by qualified medical practitioner Possibility of misplacement/expulsion</p>
Permanent	<p>Vasectomy including Non Scalpel Vasectomy (male sterilisation)</p> 	<p>Small cut or puncture is made where sperm-duct (vas deferens) is tied and cut, preventing passage of sperms from testes. This prevents sperms entering the semen.</p>	<p>A comparatively simple surgery. Infection could occur in rare cases, causing pain, bleeding, abscess.</p>	<p>Does not affect desire and sexual capability. No other methods of contraception required. Easy to perform and cheap Can resume work quickly after operation as it is a minor procedure.</p>	<p>Use of condom is necessary for initial three months after surgery. Reversal of the surgery is difficult.</p>

Methods	Description	Effects on Health	Advantages	Limits
<p>Tubectomy – Laparoscopy (using fallopian rings)</p> 	<p>The fallopian tubes are tied with rings using a laproscope. This prevents the egg from travelling to the uterus. This is a major operation.</p>	<p>Sometimes reproductive tract infections may occur as a surgical complication.</p>	<p>Resume work after some time. Failure is very rare.</p>	<p>Failure may occur in rare cases. Does not protect from STDs/HIV.</p>
<p>Tubectomy (Female sterilisation Minilap operation)</p> 	<p>Under anaesthesia the fallopian tubes are ligated and cut. This prevents the egg from travelling to the uterus. This is a major operation.</p>		<p>Minilap is preferably done during caesarean section and postpartum period. Laproscopic sterilisation can be done at any time a woman is certain that she is not pregnant or with MTP in the initial few weeks.</p>	<p>Some women experience menstrual irregularity and excessive bleeding during periods. Does not protect from STDs/HIV. There may be complication of surgery.</p>

Permanent

Method	Description	Effects on Health	Advantages	Limits
<i>Traditional methods</i>				
Lactational Amenorrhea Method (LAM)	 <p>LAM allows women to safely rely on breastfeeding as a family planning method. Based on scientific research, the method uses three measures of a woman's fertility:</p> <ol style="list-style-type: none"> 1) Exclusive breastfeeding. 2) Only up to 6 months 3) Menstruation has not resumed after child birth 	<p>Effectiveness after six months is not certain. Frequent breastfeeding may be inconvenient or difficult for some women, especially working mothers.</p> <p>No protection against STDs.</p> <p>If the mother has HIV, there is a small chance that breast milk will pass HIV to the baby.</p>	<p>Inexpensive. Does not require any procedure and supplies. Can be used by all women provided all conditions are met.</p>	<p>A woman who chooses to rely on LAM should be advised that the method is short-term (up to six months) and is no longer effective when any one of the three criteria changes:</p> <p>Criterion 1. <i>Her menstrual period has not returned since delivery.</i></p> <p>Criterion 2. <i>She is breastfeeding her baby on demand, both day and night exclusively and not feeding other foods or liquids.</i></p> <p>Criterion 3. <i>Her baby is less than six months old.</i></p> <p>When all three of these conditions exist, she has less than a two per cent chance of becoming pregnant.</p> <p>The LAM user should be counselled to use another contraceptive method for continued protection when the above three conditions are not met.</p>

Methods	Description	Effects on Health	Advantages	Limits
<i>Traditional methods</i>				
Coitus interruptus	In this the male ejaculates outside the vagina.	No effect on health, but difficult to practice.	Inexpensive, can be used by all couples.	Not a very trusted method. Does not protect from HIV/STDs. Sperms may also enter through the fluid secreted prior to ejaculation.
Rhythm method (Standard Days method) Fertility awareness method	For this one needs to know when a woman can conceive or not (safe period for not conceiving is 7 days before and 7 days after the period) and to abstain during that period.	No effect on health Difficult to practice Requires good couple communication	Inexpensive, safe, effective if used properly. In standard days method, a necklace of beads is used by woman as a monitoring tool for keeping track of her fertile period.	Not possible in irregular periods. Does not protect from HIV/STDs.
<p>Note: A doctor's advice is necessary on which method should be used and till when. The government health centre provides free service for family planning.</p>				

R9.1.1

Reproductive Tract Infections and Sexually Transmitted Infections

Reproductive Tract Infections

The term reproductive tract infections (RTI) refers to any infection of the reproductive tract. In women, this includes infections of the outer genitals, vagina, cervix, uterus, tubes or ovaries. In men, RTIs involve the penis, testes, scrotum or prostate.

RTIs is a generic term that covers four types of infection:

1. Sexually transmitted infections
2. Infections that result from the over growth of organisms normally present in the reproductive tract
3. Infections associated with medical procedures, including abortion or Copper-T insertion
4. Infection following vaginal delivery or spontaneous abortion requiring surgical intervention

Sexually Transmitted Infections

Sexually transmitted infections are caused by germs such as bacteria, viruses or protozoa that are passed from one person to another through sexual contact. The term 'sexually transmitted infection' (STI), as opposed to 'sexually transmitted disease' (STD), is used to indicate that infections do not always result in a disease. We consider that these terms are interchangeable in this training and will use the term STD for the sake of simplicity. More than 20 different STIs, including gonorrhoea, chlamydia, herpes, syphilis and HIV/AIDS have been identified. Some STDs such as syphilis, HIV and hepatitis can also be transmitted through infected instruments during a medical procedure or during a blood transfusion. HIV, along with Hepatitis, can be passed by mother-to-child transmission, which is sometimes called vertical transmission. It includes transmission (1) during pregnancy, (2) during birth, and (3) through breast milk.

The annual incidence of RTI/STI in India is estimated in over six per cent of the adult population (as per the community based STI/RTI Prevalence Study, 2003) with approximately 40 million new infections taking place every year. Women are particularly vulnerable because they find it difficult to negotiate and practice safe sex at home, yet the male condom is the only available protection against infection.

Symptoms

The following symptoms and signs of RTI/STI may occur both in men and women:

- Burning pain during urination or defecation, increased frequency of urination
- Single or multiple blisters and open sores on the genitals, which may or may not be painful
- Swollen and painful glands in the groin
- Itching or tingling sensation in the genital area
- Non-itchy rashes on the body
- Warts in the genital area

- Sores in the mouth
- Nodules under the skin

Female	Male
<ul style="list-style-type: none"> ♦ Pus emitting from the vagina or yellowish, greenish, smelly pus or fluid ♦ Itching or infection at the vaginal mouth ♦ Burning sensation or pain while urinating ♦ Pain in the lower stomach ♦ Swelling of the inner joint of the vagina with the upper thigh ♦ Under the covering of the vagina sometimes a lump may form which can become infectious ♦ Painful mole or some painful bristle at the vaginal mouth 	<ul style="list-style-type: none"> ♦ White liquid/pus emitting from the penis ♦ Swelling of the penis or testes ♦ Burning sensation or pain while urinating ♦ Swelling of the inner joint of the base of the penis with the upper thigh ♦ Some cut or bristle or painful wart on the penis

Anyone infected with an RTI/STI must immediately consult a doctor. A specific kind of medicine and treatment is necessary for these infections, which must not be delayed.

Complications from RTIs/STIs

- Infertility
- Abdominal pain in woman owing to infection in reproductive tract
- Irregular menstruation
- Cancer in genital tract
- Miscarriages and stillbirths
- Infection in the newborn
- Increased chances of HIV infection

Prevention is the key to protecting oneself from incurable STIs, such as HIV and herpes. Vaccines are available that protect against some viral STIs, such as Hepatitis B.

The most effective way to prevent sexual transmission of STIs is to avoid contact of body parts or fluids which can lead to transfer. Proper use of condoms (male or female) reduces contact and risk.

Relation between RTI/STI and HIV/AIDS

Individuals who are infected with STIs are approximately 8 to 10 times more likely than uninfected individuals to acquire HIV if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STI, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons.

Studies indicate that detecting and treating STIs may reduce HIV transmission.

R9.1.2 Lakhan's Hesitation

Lakhan has been experiencing pain and itching in his genitals for quite some time. One day he shares the problem with his friend, Ramu.

LAKHAN: Ramu, for the past few days my genitals are itching and paining a lot. It is very troublesome and I cannot tell anybody at home. I do not want my wife to get suspicious.

RAMU: You know, when Moti came to town last time, he had a similar problem. He consulted Jharu Ojha (the local quack) and got cured. You should go and meet Jharu Ojha.

Ramu accompanies Lakhan to Jharu Ojha and he gives him something to apply at the affected place. After about a week, Lakhan meets Ramu.

RAMU: How are you feeling?

LAKHAN: It's actually worse. And now my wife is also experiencing pain and itching. I do not know what to do. May be I should go back to Jharu Ojha or to the Doctor babu at the health centre.

Possible Answers to Questions in the Session

1. ***What do you think could be wrong with Lakhan?***

Lakhan could have any of the STIs.

2. ***What could he have done to be feeling this way?***

To get the STI he may have had unprotected sexual contact with somebody infected with an STI. It could have been sexual intercourse or any sexual contact, including rubbing of the genitals.

3. ***What should he have done differently?***

- a. Lakhan should not have had sexual relations with somebody apart from his wife.
- b. If he did, he should have used protection, such as a condom.

4. ***What should he do now?***

Lakhan needs to get tested by a qualified doctor and start medication. He also needs to tell his wife. If Lakhan gets treated and his wife does not, he could get re-infected from her. Also, if she is not treated then long-term complications could occur.

5. ***Should he have told his wife about his problem?***

Yes, he should. The sooner she gets tested there is a less chance of getting serious life-long complications.

R9.2 HIV/AIDS

1. *What does HIV stand for?*

HIV stands for Human Immunodeficiency Virus. HIV is a virus that leads to a condition called AIDS.

<i>Human</i>	indicates that the virus only affects humans
<i>Immunodeficiency</i>	indicates that the virus weakens the immune system and makes it ineffective in defending the body against infections
<i>Virus</i>	indicates that it is a virus as opposed to bacteria or any other micro organisms. This means that antibiotics cannot be used to treat HIV

2. *How does HIV affect the immune system?*

The immune system is composed of different kinds of white blood cells. These cells work together to defend the body against infections and diseases. When an infection enters inside the body, the immune system gets into action.

As soon as you catch a cold the immune response gets into action. When the virus causing the cold enters your body, the immune system sees it as an enemy. The immune system makes more cells to fight the cold. After a few days your immune system kills or controls the virus and you feel fine again.

When HIV enters body, it damages and destroys different cells of the immune system. When these cells are destroyed, the body is unable to defend itself against them. HIV can be in the body for several years before it damages the immune system. Until then the infected person can look and feel healthy.

3. *What is AIDS?*

AIDS is caused by HIV. A person is diagnosed with AIDS when the immune system is too weak to fight off infections. It is at the point of very advanced HIV infection that a person is said to have AIDS.

A person is diagnosed with AIDS when they have developed an AIDS related condition or symptom, called an opportunistic infection, or an AIDS related cancer. The infections are called ‘opportunistic’ because they take advantage of the opportunity offered by a weakened immune system.

It is possible for someone to be diagnosed with AIDS even if they have not developed an opportunistic infection. AIDS can be diagnosed when the number of immune system cells (CD4 cells) in the blood of an HIV positive person drops below a certain level.

<i>Acquired</i>	indicates that the virus is transmitted from one person to another, not inherited like eye colour or blood type
<i>Immune</i>	refers to the immune system, the body’s defence mechanism against germs or infections
<i>Deficiency</i>	indicates a lack of or weakening of the immune system
<i>Syndrome</i>	refers to the presence of multiple infections. When the body’s defences are weakened, it is possible for many infections or diseases to simultaneously infect the body. This grouping of symptoms is referred to as a syndrome.

4. ***What is the difference between HIV and AIDS?***

HIV is a virus and AIDS is an advanced stage of HIV infection. AIDS usually takes time to develop from the time a person acquires HIV – usually from 2 to 15 years.

After AIDS has been diagnosed, the current average survival time with antiretroviral therapy is estimated to be now more than 5 years, but because new treatments continue to be developed and because HIV continues to evolve resistance to treatments, estimates of survival time are likely to continue to change. Antiretroviral medication can prolong the time between HIV infection and the onset of AIDS. Without antiretroviral therapy, death could even occur within a year. Most patients die from opportunistic infections or malignancies associated with the progressive failure of the immune system.

5. ***How is HIV transmitted?***

The lining of the end of the boy's penis and the girl's vagina are a special kind of skin called mucous membranes. Like our mouths, they are moist and more delicate and have more holes than the rest of the skin. That is why they can be hurt or cut easily. That also means that mucous membranes are more easily infected than other kinds of skin. If a person has HIV, the virus can be transmitted when it comes into contact with a mucous membrane.

If someone has little cuts or bruises in their skin or mucous membranes, it is very easy for STI germs or HIV to enter their bodies through those injuries. These injuries in the skin can be microscopic, which means you cannot see them with your eyes.

6. ***Why does sexual intercourse increase the risk of getting HIV?***

If a girl is not ready for sex and her vagina is dry, it will hurt her. Also, if she is bleeding and if the man/boy or the girl has an STI or HIV, they are much more likely to infect each other than they are if the girl's vagina was wet. Therefore, forcing a girl to have sex or having sex before a girl is ready, is dangerous for both the boy and the girl.

If the blood or secretion from a person with HIV mixes with the blood or secretion of an uninfected person, the virus will be transmitted to that uninfected person.

HIV can be transmitted through:

- ♦ Having sexual contact without using a condom
- ♦ Transfusion of infected/unsafe blood
- ♦ Sharing of unsterilised syringes and needles
- ♦ HIV infected mother to her child during pregnancy, delivery and breastfeeding

The common route of transmission in India is the sexual route. About 85 per cent of persons living with HIV have been infected through sexual activity.

Having sexual contact without using a condom is the common way of transmission of HIV. HIV is present in a high concentration in semen and in cervical and vaginal fluids, including menstrual blood. Infection with HIV through sexual relations is possible through heterosexual and homosexual contact, including vaginal sex, anal sex and oral sex. Infection can be passed to others as well.

Not all types of sexual intercourse carry the same risk: The risk is more when there are higher chances of injury to the body part as HIV can enter easily through a break in the mucous membrane. Anal intercourse carries the highest risk of transmission, followed by

vaginal intercourse and then oral intercourse. Chances of sexual transmission of HIV are higher if a person is suffering from a sexually transmitted infection.

Transfusion of infected blood from one person to another would directly transmit HIV into the bloodstream of the recipient. Therefore, testing of blood for HIV before transfusion is mandatory. However, donating blood carries absolutely no risk of acquiring HIV infection, if it is done using sterile equipment. We should donate blood once in 3-4 months to increase the pool of uninfected blood and thus ensure safe blood for yourself, your relatives, and others in your area.

Infected needles and syringes: HIV can also be transmitted through the use of unsterilized needles and syringes. Used needles and syringes are soiled with minute amounts of leftover blood. Infected blood will directly transfer HIV into the bloodstream. Some intravenous drug addicts tend to share their needles and syringes with other addicts to save money. During such sharing HIV is likely to be transmitted, if any one of the addicts is infected with HIV.

Mother to child: The baby is more at risk if the mother has been recently infected or is in a later stage of AIDS.

A person cannot get infected with HIV from the following:

- ♦ Social contact such as shaking hands, playing together or travelling together
- ♦ Sharing towels, crockery, utensils, etc.
- ♦ Use of public toilets/swimming pools
- ♦ Eating and drinking from the same plate or cup
- ♦ Mosquito bites
- ♦ Caring for and touching a person living with HIV
- ♦ Hugging and dry kissing
- ♦ Coughing or sneezing
- ♦ Body fluids like tears, saliva, sweat, urine, etc

7. ***HIV Testing***

You cannot tell by looking at someone whether he or she has HIV infection. Someone can look and feel perfectly healthy and still be infected. Many people who have HIV infections do not know it. Neither do their sex partners.

The HIV-antibody test is the only way to tell that the person is infected with HIV. When any virus enters the body, the immune system responds by making proteins called antibodies. Different viruses cause the body to make different antibodies. The body makes antibodies to HIV when it is infected with the virus. The HIV-antibody test detects HIV antibodies in the blood. It tells whether you are infected with HIV or not.

The HIV-antibody test always includes pre-test and post-test counselling. This counselling is to help understand the result, how to protect one's own health, and (if you are infected) how to keep from infecting other people.

Several tests can find antibodies or genetic material (RNA) to the HIV virus such as the Enzyme-Linked Immunosorbent Assay (ELISA), Western Blot, Polymerase Chain Reaction (PCR).

Testing is often done at six weeks, three months, and six months after exposure to find out if a person is infected with HIV.

HIV counselling and testing services were started in India in 1997. There are now more than 4000 Information Counselling and Testing Centres (ICTC), mainly located in government hospitals. An ICTC is a place where a person is counselled and tested for HIV, of his own free will or as advised by a medical provider.

HIV counselling and testing services are a key entry point to prevention of HIV infection and to treatment and care of people who are infected with HIV. When availing counselling and testing services, people can access accurate information about HIV prevention and care and undergo HIV test in a supportive and confidential environment. People who are found HIV negative are supported with information and counselling to reduce risks and remain HIV negative. People who are found to be HIV positive are provided psycho-social support and linked to treatment and care.

8. *HIV Window Period*

The window period is the time it takes for the body to produce HIV antibodies after infected by the virus. In most people, this period is between two and 12 weeks. In a very small number of people, the process takes up to six months.

During the window period, an antibody test may give a ‘false negative’ result, which means one might be infected with HIV yet test HIV-negative.

Here’s how that can happen. Let’s say Mr. A had unprotected sex on Saturday night and become infected with HIV. On Monday, he gets an HIV test. The test almost certainly will come back negative, because the body has not yet had a chance to make antibodies, which are what the HIV test looks for.

Even if one goes for an HIV test one or two months later, the results might be negative because the body has still not produced antibodies. It may take three months after exposure for the test results to be 97 per cent accurate, and six months to be absolutely certain. If you think you have been exposed to HIV, and your test results are negative, be sure to get retested in three to six months, just to be sure.

During this window period the individual is already infectious and may unknowingly infect other people. People who are exposed to or who practice high-risk behavior are well advised to arrange for a repeat test after three to six months, and to use safer sex practices like condoms while waiting for their results.

9. *What are opportunistic infections?*

In our bodies, we carry many germs – bacteria, protozoa, fungi and viruses. When our immune system is working, it controls these germs. But when the immune system is weakened by HIV, disease or by some medications, these germs can get out of control and cause health problems.

Infections that take advantage of weakness in the immune defenses are called ‘opportunistic’. The phrase ‘opportunistic infection’ is often shortened to ‘OI’.

HIV weakens the immune system so that opportunistic infections can develop. If you are HIV-infected and develop opportunistic infections, you might have AIDS.

The most common OIs are listed here, along with the disease they usually cause, and the CD4 cell count when the disease becomes active:

- Candidiasis (Thrush) is a fungal infection of the mouth, throat or vagina.

- Cytomegalovirus (CMV) is a viral infection that causes eye disease that can lead to blindness.
- Herpes simplex viruses can cause oral herpes (cold sores) or genital herpes. These are fairly common infections, but if you have HIV, the outbreaks can be more frequent and severe.
- Malaria is common in the developing world. It is more common and more severe in people with HIV infection.
- Mycobacterium Avium complex (MAC or MAI) is a bacterial infection that can cause recurring fevers, a general sick feeling, problems with digestion, and serious weight loss.
- Pneumocystis Pneumonia (PCP) is a fungal infection that can cause a fatal Pneumonia. Unfortunately this is a fairly common OI in people who have not been tested or treated for HIV.
- Toxoplasmosis (Toxo) is a protozoal infection of the brain.
- Tuberculosis (TB) is a bacterial infection that attacks the lungs, and can cause meningitis.

One can reduce the risk of new infections by keeping clean and avoiding known sources of the germs that cause OIs. If one has developed an OI infection, medication will prevent the development of active disease. This is called Prophylaxis.

10. *What is the connection between HIV and young people?*

- ♦ 50 per cent of all new infections are in the age group of 15–24 years.
- ♦ Adolescents are more vulnerable to HIV infection because of experimentation.
- ♦ Adolescents are less likely to recognize potentially risky situations or negotiate safer sex behaviours.
- ♦ In addition, peer pressure, sexual experimentation, drug and alcohol use may increase adolescents' likelihood of engaging in high-risk behaviours.
- ♦ Adolescents often feel that nothing bad can happen to them.
- ♦ Young people lack access to information and services or cannot afford them due to social and economic circumstances.
- ♦ Adolescent boys who are sexually active do not seek information about how to protect themselves and their partners for fear of appearing inexperienced.
- ♦ Young women may be particularly vulnerable for biological reasons (immature vaginal/cervical tissues may be more readily permeated or damaged) and for social reasons, including lack of economic resources and negotiating power.

11. *Why do girls get infected with HIV more easily than boys?*

The vagina gets damaged easier than the penis, and that increases the chances for the virus to get in. Young girls who have older sexual partners are more at risk if they are not using condoms, because these older partners may have had many other partners and are more at risk of having HIV. When a girl loses her virginity or if she has sex when she is not ready or willing, she is likely to experience bleeding, which increases her chance of infection.

In addition, the area of the mucous membrane exposed during intercourse is much larger in a woman than in a man and the virus can easily penetrate the mucous membrane of the vagina. Also, the concentration of the virus is higher in semen than in vaginal fluids. In addition, social factors like low socio-economic status, low literacy rates, limited mobility and limited access to information put women at a further risk of contracting the HIV infection.

R9.4

Whether a Behaviour is HIV Risky

- ♦ ***Tattooing***

Low risk: Chance of infection is very low but should not be eliminated, especially in a group situation.
- ♦ ***Blood donation***

No risk as long as the blood collecting bags and needles are sterile.
- ♦ ***Sharing needles***

High risk: Sharing a needle with an infected person is very-high-risk behaviour.
- ♦ ***Using a public toilet***

No risk: HIV cannot be spread from a toilet seat.
- ♦ ***Deep kissing***

Low risk, if there is bleeding cuts or wounds in the mouth.
- ♦ ***Having sex with someone from your locality without a condom***

High risk: No one can be guaranteed to be HIV-free.
- ♦ ***Having many sexual partners***

High risk: More partners increases the possibility of contracting HIV.
- ♦ ***Taking care of an HIV-infected person in a camp***

No risk.
- ♦ ***Using vaseline/hair oil to lubricate a condom***

High risk: Condoms are made of latex rubber. An oil-based lubricant will chemically react on the rubber and produce microscopic holes which would allow HIV to pass through. Only water-based lubricants or saliva are safe to use.
- ♦ ***Not having sexual intercourse***

No risk.
- ♦ ***Being bitten by a mosquito that has bitten someone with HIV***

No risk: There is no documented proof of HIV transmission by mosquitoes.
- ♦ ***Being close to an HIV-infected person who coughs or sneezes***

No risk: HIV cannot be spread through sneezing or coughing – the virus cannot survive in air.
- ♦ ***Masturbation***

No risk.

- ♦ ***Oral sex***

Low risk. But the use of a condom is recommended, as other STIs can be contracted.

- ♦ ***Having sex under the influence of intoxicants***

High risk: Intoxicants impair judgement. It is high-risk because one cannot be sure of proper and consistent use of a condom if it is at all used.

- ♦ ***Anal sex***

High risk: The rectum is not naturally designed for sex, so there is more chance of bleeding, which makes it easier for the virus to enter the body.

- ♦ ***Swimming with an HIV-infected person***

No risk: HIV cannot survive in water.

- ♦ ***Caring for a person infected with HIV***

No risk.

- ♦ ***Breastfeeding by an HIV-positive mother***

High risk: The virus has been found in breast milk in low concentrations. Children of HIV-infected mothers have been infected through breast milk.

- ♦ ***Sharing schools, theatres and restaurants***

No risk.

R9.5 Testing for HIV

Where does one go for diagnosis and treatment?

You can take a voluntary blood test and counselling at Integrated Counselling and Testing Centres (ICTCs) in medical colleges and hospitals and be admitted at any government hospital.

Protecting Yourself

Right to Informed Consent: The implications of HIV are very different from most other illnesses. Testing for HIV requires specific and informed consent of the person being tested and any research on data of HIV positive people.

Right to Confidentiality: A person has the right to keep information on HIV status confidential. People with HIV are often afraid to go to court to vindicate their rights for fear of their HIV status becoming public knowledge. However, they can take the help of Suppression of Identity under a pseudonym. This ensures that people living with HIV/AIDS can seek justice without fear of social ostracism or discrimination.

Right against Discrimination: The right to be treated equally is a fundamental right whether it is something as simple as using a public well or something more serious like denial of housing or a job.

You can seek remedy in a court of law if you are tested for HIV without an informed consent, or your confidentiality is breached, or any of your rights have been violated. You have the support of the legal system to ensure it.

(NACO, www.nacoonline.org)

For more details, please contact:

National AIDS Control Organisation (NACO) at www.nacoonline.org

or

Lawyers Collective HIV/AIDS Unit, www.lawyerscollective.org

Mumbai – Tel: 022-22875482/3, email: aidslaw@lawyerscollective.org

New Delhi – Tel: 011-24377101/2, email: aidslaw1@lawyerscollective.org

Bangalore – Tel: 080-41239130/1, email: aidslaw2@lawyerscollective.org

R9.6 Stigma and Discrimination

It is possible now for a person living with HIV to lead a reasonably normal and healthy life.

Children and young people living with HIV have a right to education, accurate information, friendly health services and support and understanding from the community.

- ♦ Students living with HIV should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their will and ability.
- ♦ No student may be denied admission to, or attendance at a school or an institution on account of his or her HIV status or perceived HIV status.
- ♦ No student or educator living with HIV may be unfairly discriminated against directly or indirectly.
- ♦ Compulsory disclosure of a student's or educator's HIV status to a school or institution authorities is not advocated as this would serve no meaningful purpose. In case of disclosure, educators should be prepared to handle such disclosures and be given support to handle confidentiality issues.

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

Students who refuse to study with a fellow student or be taught by a teacher, and staff who refuses to work with a fellow staff member or to teach or interact with a student with or perceived to have HIV or AIDS, and are concerned that they themselves will be infected, should be counselled.

The situation should be resolved by the Principal and teachers in accordance with the principles contained in 'Education for All', and the code of professional ethics for teachers/educators. ('Education for All' is a programme of the Government of India and has been adopted by the states.) Should the matter not be resolved through counselling and mediation, disciplinary steps may be taken.

Care and Support

People living with HIV need love and support from family and friends:

- ♦ Prompt treatment of opportunistic infections
- ♦ Healthy lifestyle
- ♦ A nutritious diet, sufficient rest and exercise
- ♦ To be treated with respect and dignity

Most people living with HIV (PLHIV) are supported by their family. However, some, especially women, are abandoned and rejected by their families. It is important to understand that a person living with HIV must be given a nutritious diet, love and support from the family and friends in order for him/her to lead a reasonably healthy and normal life.

There are many groups and networks of people living with HIV, who can provide emotional, social and medical support to the PLHIV.

R10.1 Abuse and Violence

Abuse is the improper use of any object or person, that is the use of an object for what it is not meant, or poor behaviour/treatment of a person in a manner that is not appropriate but harmful to that person.

Abuse refers to a pattern of behaviour in which physical violence and/or emotional coercion is used to gain, or maintain power or control, in a relationship. A single incident of assault also constitutes abuse.

Violence is the expression of physical force against self or others, compelling action against one's will on pain of being hurt.

Sexual harassment is a related term which means intimidation, bullying or coercion of a sexual nature, or the unwelcome or inappropriate promise of rewards in exchange for sexual favours. In some contexts or circumstances, sexual harassment may be illegal. It includes a range of behaviour from seemingly mild transgressions and annoyances to actual sexual abuse or sexual assault. Sexual harassment is a form of employment discrimination, and a form of abuse (sexual and psychological) as well as bullying. 'Quid pro quo' is a type of sexual harassment among many others, which means 'this for that'. In the workplace, this occurs when a job benefit is directly tied to an employee submitting to unwelcome sexual advances.

Types of Abuse

Physical Abuse

- ♦ Intentional physical injury/physical assault.
- ♦ Hitting, pushing, kicking, biting, pulling hair, etc.

Verbal Abuse

- ♦ Using bad language, deprecating remarks, vulgarity, calling the person names.

Emotional Abuse

- ♦ A pattern of behaviour that can interfere with one's emotional and social development. It is more than just verbal abuse and can take several forms, including constantly belittling, acting coldly towards or ignoring somebody.

Sexual Abuse

- ♦ A person forces, threatens, or tricks another person into sexual activity. The perpetrator is in a position of power and carries out sexual activities in a harmful or unwanted way.
- ♦ Any time that a child is engaged in a sexual situation with an older person it is sexual abuse.

Impact of Abuse

- ♦ Loss of self-confidence
- ♦ Loss of trust in people
- ♦ Withdrawal from the surroundings, depression, suicidal tendencies

- Difficulty in forming and maintaining relationships
- Destructive behaviour
- Alcohol and substance abuse

People react to abuse in different ways:

- They may have feelings of confusion, powerlessness, helplessness, pain, betrayal, sadness, feeling dirty, shame, vulnerability, unsafe, scared, horrified, depressed, angry, numb from feelings, suspicious, untrusting, sensitive, anxious and feeling miserable.
- Victims can have negative beliefs about themselves, including: “I am bad, no one could love me, I am unlovable, I am dirty, it’s my fault, I am stupid, I should have done something, I should have told someone, I hate myself, I must be bad, I must have done something, I am being punished, I do not want to be me, why do these things happen to me, I must have deserved it.”
- They can deny what happened, try to rationalize the situation, or cope by engaging in substance abuse or risky behaviour.

It is important to understand that it is not the victim’s fault!

Stopping Physical, Mental and Verbal Abuse

- Recognize that what the abuser is saying which is the result of his or her own insecurities and has no basis in fact.
- Remember that an abuser can never be forced to change. They have to change themselves. A victim can only truly take care of himself or herself.
- A victim can begin by explaining to and defending himself or herself against the abuser. The victim can set boundaries and say definitively that he or she will not accept these attacks any longer.
- Control yourself by staying balanced. To help keep your balance begin by saying nothing. Remember, it’s all right to not verbally fight back unless you are mentally ready.

If necessary, gather the strength to leave. Learn that there can be a life outside of the abuse.

R10.2 Sexual Abuse

Facts about Sexual Abuse

- ♦ Sexual abuse is not limited to girls only – boys can also be victims of sexual abuse.
- ♦ An abuser may be male or female, family member, relative, domestic worker, neighbour, teacher or friend of the family. In over 90 per cent of cases the victim knows the abuser.
- ♦ Sexual abuse is not always related to intercourse. It can also be
 - Touching, rubbing, or stimulating the penis or vulva
 - Touching of private parts (touching breasts or buttocks)
 - Forcing a child to touch private parts of the body
 - Forcing a child to watch sex
 - Child pornography
- ♦ Sexual abuse is a serious matter. It is never the abused person's fault.
- ♦ If a child from the age of 0–16 has sex with someone older, this is RAPE.
- ♦ If a child between the ages of 16 and 18, has sex with an older person the child is still considered a 'minor' and this could mean the older person will be punished under the law.

Rape

Rape is defined as having sexual intercourse with any person

- ♦ Without their consent
- ♦ Against their will
- ♦ When consent is obtained through putting them in fear
- ♦ When consent is given mistakenly
- ♦ When consent is given when the person is insane or intoxicated
- ♦ When the person is under 16 years of age

In the event of a rape being discovered by the adults or an individual reporting rape to parents or other adults, the first step should be to report the incident to the nearest police station and file a first information report (FIR). There are Child Welfare Officers and Lady Officers in every police station and, if the victim is female, she will be examined by a doctor in the presence of this lady officer. If it is crucial, the victim will not take a bath or wash their private parts or change their clothes till the examination is conducted, as this may lead to loss of crucial evidence.

Bad Touch

A touch that makes any person feel uncomfortable is usually a bad touch. Whoever gives a bad touch is the one who is bad, not the person being touched. Nobody should be touched if they do not want to be touched.

How does one know what a bad touch is?

It is a bad touch if:

- ♦ you are hurt by it
- ♦ someone touches you on your body where you do not want to be touched
- ♦ a person touches you in a way that makes you feel uncomfortable
- ♦ that touch makes you feel scared and nervous
- ♦ a person forces you to touch him or her
- ♦ a person asks you not to tell anyone about the touch
- ♦ a person threatens to hurt you if you tell

Coping with Sexual Abuse

- ♦ Most importantly, remember that you are not at fault. The abuser is the person who is wholly responsible.
- ♦ Speak to your parents/teachers/someone you trust about what happened. This might be very difficult to do but if you remember that you are not responsible, you are not bad, and are not afraid of being punished or should not be held responsible, it might be easier.
- ♦ If you have been hurt physically in your private parts or have any problem which was not present earlier, see a doctor immediately (excessive discharge, difficulty in passing urine, bleeding).
- ♦ Overcome your negative thoughts and restore your self-confidence by taking the help of a counsellor/helpline.
- ♦ Stay involved in your daily activities, be it studying or working. Keep busy.
- ♦ Avoid situations where you might be left alone with a person you do not trust, whoever that may be.
- ♦ Wherever you are, it is perfectly all right to yell and attract attention if someone is trying to hurt you and to try to run away.
- ♦ Understand that it will take time to feel better. The pain and the emotional turmoil, following abuse, last for quite some time. It is a long and hard process and all survivors must go through it in order to heal and move on with their lives. Allow yourself to feel angry, sad or regretful. These all feelings are perfectly normal for abuse survivors.
- ♦ Try to understand and express your feelings. Taking a moment to acknowledge these feelings and behaviours, is good for coping with abuse.
- ♦ Listen to your body: If your body needs a break, take a break. The human body is a strong and resilient machine, but it needs to be taken care of. Take a few minutes to do something that gives you pleasure, or just take a minute to relax. This can make a world of difference in your recovery process.

- ♦ Identify your support network: Try to be aware of supportive people in your life. Knowing whom you can and cannot talk to, will allow you the opportunity to share feelings, which is a necessary part of recovery.
- ♦ Express your feelings through writing or art. Capturing your feelings at a particular moment by writing down these feelings, or expressing them through artwork, can really help you heal.

R11.1 Substance Abuse and Addiction

A drug is any chemical substance that affects the function of living beings. What we popularly call drugs are those substances which are harmful and lead to dependence and addiction. Examples include *ganja*, glue, heroin, cocaine and brown sugar.

Medicines which are used to treat illnesses, when taken the wrong way, that is taking in excess quantity or taking when not needed, are called substance abuse, and can be very dangerous.

In addition to these substances, legal activities like drinking alcohol, smoking, chewing tobacco (*gutkha*) are also very harmful and addictive habits.

People take drugs for different reasons, such as:

- peer pressure
- curiosity
- myths about social acceptance (that it will make them 'cool')
- escapism (to cope with stress, family problems, emotional insecurity)
- boredom/depression

Addiction

- Once somebody starts taking drugs, the habit often stays. Research indicates that out of those who have ever used substances, 80 per cent continue to consume alcohol, 70 per cent continue to use cannabis, and 65 per cent continue to use opiates.
- Addiction is a process. The drug affects the body and brain as the user craves further intake, increasing the probability of addiction.
- Most people who get addicted start out by trying it only once in a while.
- Most people feel they are in control and will know when to stop, but in reality they do not.

The effect of drugs makes a person want to keep using them compulsively. When s/he is deprived of the drug, s/he is unable to carry on with her/his daily activities. This is what it means to be addicted to drugs. This powerful urge makes her/him lose all sense of reason and s/he is driven by a compulsion to acquire the drugs by any means. This can even mean resorting to stealing, harming his/her family, destroying his/her personal relationships and other such destructive behaviour.

Effects of Substances

Smoking Tobacco/Chewing Tobacco

Tobacco contains nicotine, which is strongly addictive. Tobacco use causes more illness and death than all other addictive drugs combined.

- Tobacco use results in feelings of relaxation, calmness and a mild euphoric state.
- Chewing tobacco releases more nicotine than smoking tobacco. It can cause mouth and throat cancer, high blood pressure and dental problems.

- ♦ Smoking tobacco can result in lung cancer, chronic cough and lung infections, mouth ulcers and high blood pressure.

Alcohol

Alcohol is a depressant that is assumed to induce relaxation because it reduces the activity of the central nervous system. Alcohol:

- ♦ Reduces inhibitions – can lead to risky behaviour such as rash driving and unsafe sexual practices
- ♦ Impairs judgement and motor coordination
- ♦ Causes brain damage – long-term use can lead to failing memory, depression, stroke and paralysis
- ♦ Leads to social problems such as family violence, absenteeism from work, and unemployment
- ♦ Damages the liver, leading to liver disease

Inhalants

Inhalants include gassing and sniffing, using substances such as paint thinners, gasoline, glue and aerosols. Inhalants give the user a high pleasure and can lead to addiction. Inhalants:

- ♦ Slow down bodily functions, leading to drowsiness, impaired motor function, impaired judgement and memory and hallucinations
- ♦ Damage the brain
- ♦ Can lead to chronic lung diseases

Cannabis, Bhang, Ganja

This is a mild hallucinogen and depressant. Its effects comprise:

- ♦ Feeling of well-being, euphoria, state of relaxation. The senses are more acute – sight, smell, taste and hearing.
- ♦ Impairment of memory, concentration and performance in studies
- ♦ Damage to heart and respiratory systems
- ♦ Potential for mental illness
- ♦ Reducing male potency
- ♦ Likelihood of cancer (Cannabis is more likely to cause cancer than the strongest tobacco. It can be detected in the body up to 30 days after initial use).

Heroin/Smack/Brown Sugar/Snow

Heroin is made from the opium plant. It is very powerful and addictive. Its effects comprise:

- ♦ Drowsiness, lack of concentration and apathy
- ♦ Liver and respiratory diseases, depression, heart complications, coma and death

- ♦ Loss of sex drive
- ♦ Malnutrition and extreme weight loss
- ♦ Absence of the drug results in withdrawal, including nausea and vomiting, sweating, cramps, aches and pains, sleeplessness and running nose
- ♦ Sharing contaminated needles can lead to blood-borne diseases such as HIV and hepatitis B

Cocaine/Crack/Candy/Coke/Blow

Cocaine is made from the coca plant. It gives an intense rush. Cocaine is addictive. Its effects comprise:

- ♦ When using, a person may become violent, irritable and paranoid and may suffer from mood swings.
- ♦ When the effect wears off, the person experiences an intense, highly unpleasant depression.
- ♦ Mixing cocaine with other drugs is extremely dangerous and can lead to sudden death.
- ♦ Regular use can result in heart attacks, respiratory failure, anxiety, seizures and paranoia.

The Problem of Drug Addiction

Apart from the effects of drugs on the individual, they are also:

- ♦ Very expensive.
- ♦ Illegal. In addition, drug users may resort to crime to get money for drugs.
- ♦ Extremely difficult to stop taking. Drug users frequently relapse when they are trying to stop taking drugs.
- ♦ More likely to make people engage in other risky behaviour such as unprotected sex, leading to unwanted pregnancy, sexually transmitted diseases and HIV.

Avoiding Addiction

- ♦ Understand and be convinced that any pleasure that is obtained from these substances is only momentary but the harmful effects are long lasting. They have irreversible consequences on one's life and can even lead to death.
- ♦ Talk to your teachers/parents or people you can trust if you feel very tempted to try these substances and seek their support in helping you stop yourself. But remember that eventually you have to make the decision at that crucial moment.
- ♦ An important step in learning to say no to drugs/alcohol/smoking is educating oneself about the harmful effects of these dangerous substances. Adolescents are often pressurized to experiment with drugs/alcohol/smoking by others of their own age. The temptation to say yes and belong to the group is very high. It is very difficult to say no especially to peers. But it can be done if one is prepared on how to say no.

R11.2 Negotiation Skills – Saying No

Tips for young people to say No in different situations

<i>Peer Pressure (Situations one may encounter)</i>	<i>Strategies that can be adopted</i>	<i>Possible answers</i>
Would you like to come to the cinema?	Polite refusal	No, thanks, I have some things to do with my family.
What about a drink?	Give reason.	I do not like alcohol – it tastes horrible.
Here, smoke this cigarette with me... Come on, we have done all our fun things together. Just try it.	Broken record	No thanks No thanks ... No thanks ...
Hey, do you want to try some liquor ... it will give you a kick – it really makes you feel good.	Walk away	Say No and walk away while you are saying it.
Do you want to watch some porn movies tonight?	Cold shoulder (not the best strategy to use with close friends)	Keep going as if you did not hear the person.
Will you come with me for a night show movie? All girl friends go with their boyfriends for outings.	Give an alternative	I would rather stay home – why don't you come to my house for dinner? We can watch a movie on TV – it is really a nice movie.
Come on, just spend some time (alone) with me.	Reverse the pressure (change the topic)	What did I just tell you? Were you not listening? Can I bring my friend (name) along?
There is nothing harmful in this, do it for my sake. I have done so much for you, will you not do this one thing just for me.	Owning your feeling	I am not comfortable doing this, it makes me unhappy. Would you like me to do something that makes me unhappy?
Explicit high-risk situations such as taking drugs, drinking, etc.	Avoid the situation	If you know people or a situation where people will pressurize you to do things that you do not want to do, stay away from these situations (the parties where you know these things will definitely happen).
Explicit high-risk situations such as taking drugs, drinking etc.	Strength in numbers	Hang around with people who support your decision not to drink, not to use drugs, not watch illegal movies, etc.

Saying No!

- Refuse politely and walk away. Say you have other important things to do; you might not have anything in mind but this is a good way to remove yourself from the situation.
- Explain the reason why you do not want to smoke/drink or try the drug/indulge in sex. Give them all the information that you have about the harmful effects of addiction and dangers of unprotected sex.
- Explain that you are not comfortable with what is being suggested and that you might regret your actions later – you would rather not be a part of the activity being suggested even if it means not being part of the group.

Different Techniques to Say No

1. Make a bold statement
 - ◆ Thank you, but I do not smoke.
 - ◆ That's really dangerous. Why are you doing that?
2. Say No and explain why
 - ◆ No thanks, I have to drive home.
 - ◆ No thanks, we could be arrested for that.
 - ◆ No thanks, I do not want to get drunk and look like a fool.
3. Suggest alternatives
 - ◆ Why don't we go watch a movie?
 - ◆ What about we organize a game of cricket?
 - ◆ I'm hungry. Let's go for some food.
4. Assert yourself
 - ◆ I do not think smoking is fun; I'm going to meet a friend.
 - ◆ Thanks, but I am busy now. I shall see you tomorrow.

Other Actions

- Avoid the company of those who indulge in activities that you are not comfortable with. Stay away from get-togethers/parties where you are afraid that the pressure to say yes, though you want to say no, will be very high.
- Choose the right company. Exercise your judgment, keep informed and stay strong.

Protect Yourself

- Develop high self-esteem, a strong belief in yourself and a positive outlook to life.
- Manage your stress so you do not feel overwhelmed – exercise regularly, manage your time and take breaks.

- Do not believe everything in the media! Question what you see; the media exaggerate and make people and things look attractive even when they are not.
- Develop your assertive and decision-making skills. Communicate with your family and friends.
- Choose friends or peers who share your values.

Say Yes to Life

- Remember that life is a long-term commitment and short-term solutions would not take you far.
- Ask for help from persons who would support you whatever the circumstances may be.
- You are made for better things in life.

What to Do if a Friend is Taking Drugs

- It is important to recognize when a friend needs help. Talk to them as soon as possible. It might take more than one conversation before they admit they have a substance abuse problem.
- If the person has only begun using drugs, talk to him/her and explain the negative consequences. Get help from other friends or someone you trust. But do not gang up against your friend!
- If s/he has been using for a while and the habit is more advanced, you may need professional help, such as professional counselling centres or rehabilitation centres.
- You can always call toll-free helplines to get advice.

National Toll Free Helpline: 1800-11-3872 (from BSNL/MTNL lines only)

Rehabilitation Centres and Support Groups

There are many rehabilitation centres for drug addicts and alcoholics. Most of them would require admission into these centres for at least 60–90 days. Most importantly, before admission the person must commit oneself to quitting and be convinced that it is imperative to quit.

The support groups like Alcoholics Anonymous and Narcotics Anonymous can be joined once a person has been in rehabilitation and has recovered. Here, the recovered persons can meet and discuss their problems and draw support from each other's experiences.

R12.1 Goal Setting

One of the most important things you will do during the career planning process is to set goals. A goal is something you want to achieve; the end to the means, so to speak. In order to achieve a goal, you will need to exert some energy — generally, a lot of it.

Definition: *Goal setting is the process of deciding what you want to accomplish and devising a plan to achieve the result you desire.*

This goal-setting definition emphasizes that goal setting is a two-part process. For effective goal setting, you need to do more than just decide what you want to do; you also have to work at accomplishing whatever goal you have set for yourself.

For many, it is the second part of the goal-setting definition that is difficult. They know that what they want to do but have trouble creating a plan to get there. Goals without action plans are just words.

One way to get over this hurdle is to use a goal-setting formula that incorporates a strategy for accomplishing the goal.

You should set both long-term and short-term goals:

- Long-term goals are goals that you should be able to achieve in about three to five years.
- Short-term goals are goals that you should be able to reach in one to three years.

Your goals must be:

- **Conceivable:** You must be able to put your goal into words.
- **Achievable:** You must have the attributes, energy, and time to accomplish your goal.
- **Believable:** You must believe you can reach your goal.
- **Achievable within a certain timeframe:** You must be able to state how long it will take you to achieve your goal.
- **Clearly Defined:** You must know exactly what your goal is.
- **Flexible:** You must be willing to modify your goal as necessary.

Goals Must Be Built on a Foundation

Goals must be built on a secure foundation in order to be meaningful.

Case Story 1

Sohan lives in a village with his parents. He is studying in class seven in a government school. His father is a carpenter. His father wants him to join his profession and help him in increasing the family income. Sohan's friend and cousin have left school in order to help their parents. Some of his friends also tease him that he is a fool; he will not get anything after studying. They keep telling him, "Why do you spend your time uselessly in studying? This studying is not going to change anything in your life."

Sohan agrees with his friends. He has left school and is now doing carpentry in the village.

There are other carpenter families in the village and there is not enough work for all of them. Some years later, Sohan gets married. He has two children. He does not have enough money to look after his family. He is struggling to make ends meet and to control his life.

Case Story 2

Chandra Mohan lives in Sohan's village. His parents are vegetable sellers. He wants to become a doctor. He is a very intelligent student, but his parents want him to join the family profession. Chandra Mohan's friends are also doing this kind of work with their parents. They tell him that studying is useless and will get him nowhere. They tell him to try and earn some money instead.

Somehow Chandra Mohan has convinced his parents that it would be to their advantage if he studies further. He has decided that he would start helping his parents in their work after school hours. He manages to study in spite of many obstacles. After completing Higher Secondary from the village school, he qualifies for the medical examination and now he is a doctor. He is planning to work for his community.

Handouts and Questionnaires

H1.1 Pre-Workshop Questionnaire

Date: _____
State: _____

Sex: _____
District: _____

Please check one of the three boxes for your answer:

S. No.	Statement	Agree/ True	Disagree/ False	Not Sure
1	Life skills help people to cope positively with the challenges of life.			
2	A boy and a girl can be good friends without having an affair.			
3	The period in which boys and girls experience rapid physical changes and undergo sexual maturation is known as adolescence.			
4	A girl will not conceive if she has sex only once or occasionally.			
5	Seven women out of ten are anaemic in India.			
6	The sex of the conceived child depends on the male parent.			
7	Boys who like cooking are feminine in nature.			
8	There is something wrong with a girl if she has not had her first period by the age of 13 years.			
9	Iron deficiency is the most common nutritional deficiency in adolescents.			
10	AIDS is caused by a virus.			
11	A person may get HIV by shaking hands with a person who has HIV/AIDS.			
12	We should wash hands before cooking food.			
13	Maintaining a difference in providing food to son and daughter is good.			
14	A husband has the right to beat his wife if she does something against his wishes.			
15	It is good to use addictive drugs for getting high marks in examinations.			
16	Drug abuse places a person at greater risk of HIV infection.			
17	People living with HIV or people who have AIDS should be treated the same as people with other serious illnesses.			
18	The faeces (stool) of a child does not contain any harmful germs.			
19	Washing with plain water cleans your hands.			

H1.3 Training Sessions

<i>Sl. No.</i>	<i>Day</i>	<i>Session</i>	<i>Topic</i>	<i>Sub-session</i>	<i>Topic</i>
1	1	1	Let's Start	1.1	Pre-Workshop Questionnaire
2				1.2	The Ball Name Game
3				1.3	Expectations and Objectives of the Training
4				1.4	Setting the Ground Rules
5				1.5	Summing up and the Question Box
6	1	2	Life Skills	2.1	What are Life Skills?
7				2.2	Using Life Skills
8				2.3	Summing up – Reflecting on the Life Skills Used
9	2	3	Adolescence to Adulthood	3.1	What is Adolescence?
10				3.2	Understanding the Changes during Adolescence
11				3.3	Put Yourself in My Shoes
12		4	Nutrition and Health Practices	4.1	Food Chart – What is Missing in Your Diet?
13				4.2	Anaemia
14				4.3	Summing up
15	3	5	Personal Hygiene	5.1	The Basics of Personal Hygiene
16				5.2	Lilawati's Story
17		6	Gender	6.1	Sex or Gender
18				6.2	The Influence of Gender
19				6.3	Reflecting on Gender
20				6.4	Summing up – Reflecting on the Life Skills Used
21	4	7	Sexual Health	7.1	Understanding Sex and Sexuality
22				7.2	Human Reproductive Process
23				7.3	Responsible Sexual Behaviour
24				7.4	Misconceptions about Sexual Health
25	5	8	Early Marriage and Early Pregnancy	8.1	Early Marriage – A Story of Two Sisters

<i>Sl. No.</i>	<i>Day</i>	<i>Session</i>	<i>Topic</i>	<i>Sub-session</i>	<i>Topic</i>
26				8.2	Consequences of Early Pregnancy
27		9	RTI/STI and HIV/AIDS	9.1	RTIs and STIs
28	6			9.2	The Basics of HIV and AIDS
29				9.3	The Wildfire Game
30				9.4	Know the Risk
31				9.5	The Importance of Testing for HIV
32				9.6	Removing Stigma and Discrimination
33		10	Abuse and Violence	10.1	Understanding Different Types of Abuse
34				10.2	Sexual Abuse
35	7	11	Risky Behaviour and Peer Pressure	11.1	Introducing Substance Abuse
36				11.2	Saying No – Dealing with Peer Pressure
37				11.3	Consequences of Substance Abuse
38		12	Goal Setting and Future Activities	12.1	Setting Goals – Case Stories
39				12.2	Set Goals for Yourself
40				12.3	Post-Workshop Questionnaire

H2.1.1 Life Skills

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

Life skills identified by WHO for the promotion of health and well-being of children and adolescents are:

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

According to UNICEF, Core Life Skills can be divided into three major areas:

Decision-making and critical thinking skills	Information gathering, Critical thinking, Decision making, Problem solving, Creative thinking
Communication and interpersonal skills	Interpersonal communication skills, Negotiation skills, Empathy, Cooperation and Team work
Coping and self-management skills	Self-awareness skills, Goal-setting skills, Self-esteem skills, Anger management, Time management, Positive thinking

Following are the expected outcomes of life-skills intervention:

- Increased self-esteem, self-confidence
- Assertiveness, social sensitivity
- Listening and communication skills, ability to establish relationships
- Ability to plan and set goals
- Acquisition of knowledge related to specific content

Explanation of identified life skills

1. *Self-awareness* includes recognition of self: our character, strengths and weaknesses, desires and dislikes.
2. *Empathy* is the ability to be sensitive to another person's situation, as in the case of those living with HIV, or people with mental illnesses, who may be stigmatized and ostracized by the very people they depend upon for support.
3. *Effective communication* is the ability to express, both verbally and non-verbally, in ways that are culturally acceptable. Listening is an important component of communication. Sometimes, non-verbal communication is more powerful than verbal communication.
4. *Critical thinking* is the ability to analyse information and experiences in an objective manner. It can help us recognize and assess the factors that influence attitudes and behaviour, such as the media and peer pressure influences. For example: Why was it said? What option do I have? Is it my final option? Is it what I want?
5. *Creative thinking* enables us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience, and to respond adaptively and with flexibility to situations in our daily lives, even if no problem is identified, or no decision is to be made.
6. *Problem solving* enables us to deal constructively with problems that arise in our lives. Significant problems that are left unattended can cause mental stress and physical strain. It is the power not only to control our problem but turn them into opportunities. It also leads to decision-making and managing emotions and stress.
7. *Decision making* helps us to deal constructively with decisions about our lives, for example, ready to take a decision after exploring all possible areas and ready to face the consequences.

P.O.W.E.R. Model of Decision-Making

P = PROBLEM	Step 1 : Stop and state (or identify) the problem
O = OPTIONS	Step 2 : Think of the different things that you can do. The more options you have, the better.
W = WEIGH the options	Step 3 : Look at the advantages and weigh them against the disadvantages of every option you thought of to solve your problem. (The things you value should guide you in your decision-making.)
E = ELECT	Step 4 : Choose the best option. If possible, talk to a person you respect and then take the best option to act upon. Elect the option that helps you get what is important for you (values).
R = REFLECT	Step 5 : Think or reflect about what happened because of your decision.

Source: Training Manual on Adolescent Health, CINI

8. *Interpersonal relationship skills* help us relate with people in a positive way. It means being able to make and maintain friendly relationships, for example, father-son, mother-

daughter, brother-sister, husband-wife, friend-friend, which can be of great importance to our mental and social well-being. Relationships change with time and require constant nurturing.

9. *Negotiation skills* is a result of rational thinking based on informed choices and effective communication to get one's ideas/plans accepted by the other person. Thus, to negotiate rationally and effectively, one needs to enhance thinking and social skills. It is a process of self-realization and development but is facilitated by others who are mature and thinking individuals. Young people need to negotiate with others for a healthy and happy life style and to overcome the strong influence of peer pressure for experimenting with drugs, alcohol and sex.
10. *Coping with stress* means recognizing the sources of stress in our lives, recognizing how this affects us, and acting in ways that help us control our levels of stress, by changing our environment or lifestyle and learning how to relax.
11. *Coping with emotions* involves recognizing emotions within us and others, being aware of how emotions influence behaviour, and being able to respond to emotions appropriately. Intense emotions like anger or sadness can have negative effects on our health if we do not respond appropriately.

H2.1.2 Akul's Story

Akul Chandra Karua grew up in a community knowing how difficult it was to live and grow up. As a young child he had no stitched clothes to wear. He went to school wearing a 'gamcha' (a piece of cotton cloth used for drying the body after bath). He was not allowed to take water from the village hand pump and had to go to the nearby river for drinking water. He had no blanket during winters. He lived with his parents in a small mud house in Bahragora Block of Jharkhand. He started contributing to his family income by selling berries from his garden at the age of 10 years. With this money he purchased one shirt and a pair of pants which he washed and wore for a long time. He could not complete his High School examination as he had no money for fees. He could not ask anybody for the fees.

BREAK

Akul thought that there was no prospect in the village. So he went to the nearest town in Bengal and worked in a medicine factory, sticking labels on cartons. He came back to his village after four years and came to know about a job in a social service organization. He did not know whether the organization was fake or genuine, whether the government was running this programme or not. He went and met the District Chief Medical Officer and the Block Development Officer (BDO) in this regard. He found the organization to be genuine and decided to join in it. He made many friends in and outside the organization. He worked for his village and the panchayat. He helped the village women start Self-Help Groups (SHG). The women started earning for themselves. They praised Akul. He facilitated the inhabitants of many villages to set up hand pumps, get electricity connection, roads, a post office and anganwadi centre in Bahragora. He also facilitated old age pensions and birth certificates for the villagers. The villagers are happy with Akul's work. Akul says it is the childhood pain in his heart that motivates him to do this work so that other children do not suffer like him.

H4.1.1 Recommended Dietary Allowances for Indians

Group	Particulars	Body wt. Kg	Net energy Kcal/d	Protein g/d	Visible fat g/day	Calcium mg/d	Iron mg/d	Vit. A μ g/d		Thimine mg/d	Riboflavin mg/d	Nicotinic acid mg/d	Pyridoxin mg/d	Ascorbic acid mg/d	Free folic acid μ g/d	Vit. B12 μ g/d
								Retinol	β -carotene							
Man	Sedentary work		2425							1.2	1.4	16				
	Moderate work	60	2875	60	20	400	28	600	2400	1.4	1.6	18	2	40	100	1
	Heavy work		3800							1.6	1.9	21				
Woman	Sedentary work		1875							0.9	1.1	12				
	Moderate work	50	2225	50	20	400	30	600	2400	1.1	1.3	14	2	40	100	1
	Heavy work		2925							1.2	1.5	16				
Infants	Pregnant woman	50	+300	+15	30	1000	38	600	2400	+0.2	+0.2	+2	2.5	40	400	1
	Lactation															
	0-6 months	5.4	+550	+25	45	1000	30	950	3800	+0.3	+0.3	+4				
Children	6-12 months	8.6	+400	+18						+0.2	+0.2	+3	2.5	80	150	1.5
	0-6 months	5.4	108/kg	2.05/kg		500		350	1200	55 μ g/kg	65 μ g/kg	710 μ g/kg	0.1	25	25	0.2
	6-12 months	8.6	98/kg	1.65/kg						50 μ g/kg	60 μ g/kg	650 μ g/kg	0.4			
Children	1-3 years	12.2	1240	22			12	400	1600	0.6	0.7	8	0.9		30	
	4-6 years	19.0	1690	30	25	400	18	400		0.9	1.0	11		40	40	0.2-1.0
	7-9 years	26.9	1950	41			26	600	2400	1.0	1.2	13	1.6	60	60	

Group	Particulars	Body wt. Kg	Net energy Kcal/d	Protein g/d	Visible fat g/day	Calcium mg/d	Iron mg/d	Vit. A $\mu\text{g/d}$		Thimine mg/d	Riboflavin mg/d	Nicotinic acid mg/d	Pyridoxin mg/d	Ascorbic acid mg/d	Free folic acid $\mu\text{g/d}$	Vit. B12 $\mu\text{g/d}$
								Retinol	β -carotene							
Boys	10-12 years	35.4	2190	54	22	600	34	600	2400	1.1	1.3	15	1.6	40	70	0.2-1.0
Girls	10-12 years	31.5	1970	57			19			1.0	1.2	13				
Boys	13-15 years	47.8	2450	70	22	600	41	600	2400	1.2	1.5	16	2.0	40	100	0.2-1.0
Girls	13-15 years	46.7	2060	65	22		28			1.0	1.2	14				
Boys	16-18 years	57.1	2640	78		500	50	600	2400	1.3	1.6	17	2.0	40	100	0.2-1.0
Girls	16-18 years	49.9	2060	63			30			1.0	1.2	14				

Source: C. Gopalan, B. V. Ramasastri and S. C. Balasubramanian, *Nutritive Value of Indian Foods*, revised and updated by B. S. Narasinga Rao, Y. G. Deosthale and K. C. Pant, Hyderabad: National Institute of Nutrition and Indian Council of Medical Research, November 2004.

H4.1.2 Proximate Principles: Common Foods

All values are per 100gm of edible portion

Sl. No	Food stuff	Carotene Vitamin A µg	Protein g.	Fat g.	Minerals g.	Crude Fibre g.	Carbohy- drates g.	Energy kcal.	Calcium mg.	Folic Acid (µg) Total	Vitamin C mg.	Iron mg.
1	2	3	4	5	6	7	8	9	10	11	12	13
CEREAL GRAINS AND PRODUCTS												
1	Rice, parboiled, handpounded	9	8.5	0.6	0.9	-	77.4	349	10	0	0	2.8
2	Rice, parboiled, milled	0	6.4	0.4	0.7	0.2	79	340	9	11.0	0	1
3	Rice, raw, handpounded	2	7.5	1	0.9	0.6	76.7	346	10	0	0	3.2
4	Rice, raw, milled	0	6.8	0.5	0.6	0.2	78.2	345	10	8.0	0	0.7
5	Rice, flakes	0	6.6	1.2	2	0.7	77.3	346	20	0	0	20
6	Rice, puffed	0	7.5	0.1	3.8	0.3	73.6	325	23	0.0	0	6.6
7	Wheat, flour (whole)	29	12.1	1.7	2.7	1.9	69.4	341	48	35.8	0	4.9
8	Wheat, flour (refined)	25	11.0	0.9	0.6	0.3	73.9	348	23	0.0	0	2.7
9	Wheat, vermicelli	0	8.7	0.4	0.7	0.2	78.3	352	22	0	0	2.0
10	Wheat, bread (white)	0	7.8	0.7	0	0.2	51.9	245	11	0	0	1.1

All values are per 100gm of edible portion continued...

Sl. No	Food stuff	Carotene Vitamin A	Protein	Fat	Minerals	Crude Fibre	Carbohy- drates	Energy	Calcium	Folic Acid (µg)	Vitamin C	Iron
		µg	g.	g.	g.	g.	g.	kcal.	mg.	Total	mg.	mg.
1	2	3	4	5	6	7	8	9	10	11	12	13
PULSES AND LEGUMES												
11	Bengal Gram, whole	189	17.1	5.3	3	3.9	60.9	360	202	186.0	3	4.6
12	Bengal Gram, dhal	129	20.8	5.6	2.7	1.2	59.8	372	56	147.5	1	5.3
13	Bengal Gram, roasted	113	22.5	5.2	2.5	1	58.1	369	58	139.0	0	9.5
14	Peas, green	0	7.2	0.1	0.8	4	15.9	93	20	0	0	1.5
15	Soyabean	426	43.2	19.5	4.6	3.7	20.9	432	240	100.0	0	10.4
LEAFY VEG-ETABLES												
16	Bathua Leaves	1740	3.7	0.4	2.6	0.8	2.9	30	150	0	35	4.2
17	Beet Greens	5862	3.4	0.8	2.2	0.7	6.5	46	380	0	70	16.2
18	Bengal Gram Leaves		7	1.4	2.1	2	14.1	97	340			23.8
19	Carrot Leaves	5700	5.1	0.5	2.8	1.9	13.1	77	340	0	79	8.8
20	Cauliflower Greens		5.9	1.3	3.2	2	7.6	66	626			40
21	Coriander Leaves	6918	3.3	0.6	2.3	1.2	6.3	44	184	0	135	1.42
22	Drumstick Leaves	6780	6.7	1.7	2.3	0.9	12.5	92	440	0	220	0.85
23	Fenugreek Leaves	2340	4.4	0.9	1.5	1.1	6	49	395	0	52	1.93

All values are per 100gm of edible portion continued...

Sl. No	Food stuff	Carotene Vitamin A	Protein	Fat	Minerals	Crude Fibre	Carbohy- drates	Energy	Calcium	Folic Acid (µg)	Vitamin C	Iron
		µg	g.	g.	g.	g.	g.	kcal.	mg.	Total	mg.	mg.
1	2	3	4	5	6	7	8	9	10	11	12	13
24	Mint	1620	4.8	0.6	1.9	2	5.8	48	200	114.0	27	15.6
25	Mustard Leaves	2622	4	0.6	1.6	0.8	3.2	34	155	0	33	16.3
26	Pumpkin Leaves		4.6	0.8	2.7	2.1	7.9	57	392			
27	Spinach	5580	2	0.7	1.7	0.6	2.9	26	73	123.0	28	1.14
28	Spinach Stalks		0.9	0.1	1.8		3.8	20	90			1.6
29	Turnip Greens	9396	4	1.5	2.2	1	9.4	67	710	0	180	28.4
ROOTS AND TUBERS												
30	Carrot	1890	0.9	0.2	1.1	1.2	10.6	48	80	15.0	3	1.03
31	Potato	24	1.6	0.1	0.6	0.4	22.6	97	10	7.0	17	0.48
32	Radish pink	3	0.6	0.3	0.9	0.6	6.8	32	50	0	17	0.37
33	Radish white	3	0.7	0.1	0.6	0.8	3.4	17	35	0	15	0.4
34	Yam ordinary	78	1.4	0.1	1.6	1	26	111	35	17.5	0	1.19
OTHER VEG-ETABLES												
35	Beans, scarlet runner	34	7.4	1	1.6	1.9	29.8	158	50	0	27	2.6
36	Bitter Gourd	126	1.6	0.2	0.8	0.8	4.2	25	20	0	88	0.61

All values are per 100gm of edible portion continued...												
Sl. No	Food stuff	Carotene Vitamin A	Protein	Fat	Minerals	Crude Fibre	Carbohy- drates	Energy	Calcium	Folic Acid (µg)	Vitamin C	Iron
		µg	g.	g.	g.	g.	g.	kcal.	mg.	Total	mg.	mg.
1	2	3	4	5	6	7	8	9	10	11	12	13
37	Bottle Gourd	0	0.2	0.1	0.5	0.6	2.5	12	20	34.0	12	0.46
38	Broad Beans	9	4.5	0.1	0.8	2	7.2	48	50	0	12	1.4
39	Cauliflower	30	2.6	0.4	1	1.2	4	30	33	0	56	1.23
40	French Beans	132	1.7	0.1	0.5	1.8	4.5	26	50	45.5	24	0.61
41	Giant Chillies (Capsicum)	427	1.3	0.3	0.7	1	4.3	24	10	0	137	0.567
42	Jack Fruit, tender	0	2.6	0.3	0.9	2.8	9.4	51	30	0	14	1.7
43	Ladyfingers	52	1.9	0.2	0.7	1.2	6.4	35	66	105.1	13	0.35
44	Pumpkin fruit		1.4	0.1	0.6	0.7	4.6	25	10			0.44
45	Coconut fresh	0	4.5	41.6	1	3.6	13	444	10	12.5	1	1.7
46	Coconut water	0	1.4	0.1	0.3	0	4.4	24	24	0	2	0.1
CONDI- MENTS AND SPICES												
47	Chillies dry	345	15.9	6.2	6.1	30.2	31.6	246	160	0	50	2.3
48	Chillies green	175	2.9	0.6	1	6.8	3	29	30	29.0	111	4.4
49	Coriander	942	14.1	16.1	4.4	32.6	21.6	288	630	32.0	0	7.1
50	Cumin Seeds	522	18.7	15	5.8	12	36.6	356	1080	0	3	11.7

All values are per 100gm of edible portion continued...

Sl. No	Food stuff	Carotene Vitamin A	Protein	Fat	Minerals	Crude Fibre	Carbohy- drates	Energy	Calcium	Folic Acid (µg)	Vitamin C	Iron
		µg	g.	g.	g.	g.	g.	kcal.	mg.	Total	mg.	mg.
1	2	3	4	5	6	7	8	9	10	11	12	13
51	Fenugreek Seeds	96	26.2	5.8	3	7.2	44.1	333	160	84.0	0	6.5
52	Mango Powder		2.8	7.8	4.9	13.7	64	337	180			45.2
53	Turmeric	30	6.3	5.1	3.5	2.6	69.4	349	150	18.0	0	67.8
FRUITS												
54	Banana, ripe	78	1.2	0.3	0.8	0.4	27.2	116	17	0	7	0.36
55	Lemon	0	1	0.9	0.3	1.7	11.1	57	70	0	39	0.26
56	Lemon Sweet	0	0.7	0.3	0.5	0.7	7.3	35	30	0	45	0.7
57	Mango, ripe	2743	0.6	0.4	0.4	0.7	16.9	74	14	0	16	1.3
58	Orange	1104	0.7	0.2	0.3	0.3	10.9	48	26	0	30	0.32
59	Papaya, ripe	666	0.6	0.1	0.5	0.8	7.2	32	17	0	57	0.5
60	Pears	28	0.6	0.2	0.3	1	11.9	52	8	0	0	0.5
61	Phalsa	419	1.3	0.9	1.1	1.2	14.7	72	129	0	22	3.1
62	Pine Apple	18	0.4	0.1	0.4	0.5	10.8	46	20	0	39	2.42
63	Pomegranate	0	1.6	0.1	0.7	5.1	14.5	65	10	0	16	1.79
64	Tomato ripe	351	0.9	0.2	0.5	0.8	3.6	20	48	30.0	27	0.64

All values are per 100gm of edible portion continued...												
Sl. No	Food stuff	Carotene Vitamin A	Protein	Fat	Minerals	Crude Fibre	Carbohy- drates	Energy	Calcium	Folic Acid (µg)	Vitamin C	Iron
		µg	g.	g.	g.	g.	g.	kcal.	mg.	Total	mg.	mg.
1	2	3	4	5	6	7	8	9	10	11	12	13
FISH AND OTHER SEA FOODS												
65	Crab small	0	11.2	9.8	4.6	0	9.1	169	1606	0	0	0
66	Chingri small dried	0	62.4	3.9	13.9	0	1.9	292	3539	0	0	27.9
67	Chingri goda, dried	0	60.0	3.2	17.3	0	4.6	287	3847	0	0	49.9
68	Katla	0	19.5	2.4	1.5	0	2.9	111	530	0	0	0.9
69	Magur	0	15	1	1.3	0	4.2	86	210	0	0	0.7
70	Mussel, fresh water		14.5	1.6	2.3	0	2.1	81	592			0
71	Rohu	0	16.6	1.4	0.9	0	4.4	97	650	0	22	1
72	Tengra fresh	0	19.2	6.4	2.1	0	2.3	144	270	0	18	2.0
73	Singhi	0	22.8	0.6	1.7	0	6.9	124	670	0	9	2.3
MEAT AND POULTRY												
74	Egg, duck	405	13.5	13.7	1	0	0.8	181	70	80.0	0	2.5
75	Egg, hen	420	13.3	13.3	1	0	0	173	60	78.3	0	2.1
76	Goat Meat (lean)		21.4	3.6	1.1	0	0	118	12			0
77	Snail, small		12.6	1.0	3.8	0	3.7	74	1321			0

All values are per 100gm of edible portion

Sl. No	Food stuff	Carotene Vitamin A	Protein	Fat	Minerals	Crude Fibre	Carbohy- drates	Energy	Calcium	Folic Acid (µg)	Vitamin C	Iron
		µg	g.	g.	g.	g.	g.	kcal.	mg.	Total	mg.	mg.
1	2	3	4	5	6	7	8	9	10	11	12	13
78	Snail, big		10.5	0.6	2.4	0	12.4	97	870			0
MILK AND MILK PROD-UCTS												
79	Milk, buffalo's	48	4.3	6.5	0.8	0	5	117	210	5.6	1	0.2
80	Milk, cow's	53	3.2	4.1	0.8	0	4.4	67	120	8.5	2	0.2
81	Milk, goat's	55	3.3	4.5	0.8	0	4.6	72	170	1.3	1	0.3
82	Milk, human	41	1.1	3.4	0.1	0	7.4	65	28	0	3	0
83	Curds (cow's milk)	31	3.1	4	0.8	0	3	60	149	12.5	1	0.2
84	Butter Milk		0.8	1.1	0.1	0	0.5	15	30			0.1
FAST AND EDIBLE OILS												
85	Cooking Oil (Groundnut, Gingelly, Palmolein, Mustard, Coconut, etc.)		0	100.0	0	0	0	900	0			0
SUGARS												
86	Jaggery (cane)		0.4	0.1	0.6	0	95.0	383	80			2.64

Source: C. Gopalan, B.V. Ramasastri and S.C. Balasubramanian, *Nutritive Value of Indian Foods*, revised and updated by B.S. Narasinga Rao, Y.G. Deosthale and K.C Pant, Hyderabad: National Institute of Nutrition and Indian Council of Medical Research, November 2004.

H5.1

List of Personal and Environmental Hygiene Activities

Personal Hygiene

- Brush teeth twice daily, in the morning and at night
- Bathe daily
- Defecate in a toilet
- Wash hands with soap or ash after defecation
- Keep nails trimmed and clean
- Comb hair daily
- Wear footwear
- Wear clean and washed clothes
- Observe menstrual hygiene

Household and Food-related Sanitation

- Clean the house daily with a broom
- Clean the kitchen after every meal
- Wash vegetables and fruits before eating or cooking
- Wash hands with soap or ash and water before cooking and serving food
- Eat freshly cooked warm food
- Keep food covered
- Avoid eating uncovered food from outside
- Wash hands with soap before eating and after defecation

Use and Upkeep of Drinking Water

- Use water from a hand pump or tap for drinking
- Water from a source other than a hand pump should be boiled for 15–20 minutes
- Keep water in clean utensils
- Keep the water covered while bringing it from the source and storing
- Use a long-handed ladle when taking out water
- Keep the stored water at a high place

Community Hygiene

- Keep roads and lanes clean
- Keep public places clean
- Put garbage and litter in the rubbish bin

Disposal of Animal and Household Waste

- Make a pit for disposal of animal and household waste
- Use animal waste as manure

H5.2

Lilawati Needs to Learn Some Things

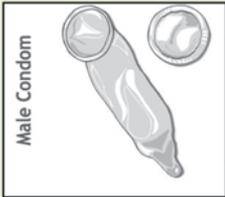
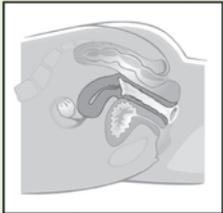
The italicised phrases highlight unhygienic practices.

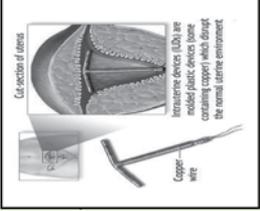
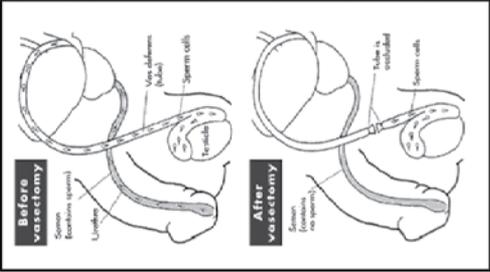
Lilawati lives in a remote village in Jharkhand. She thinks that she is a good housewife. Her mother-in-law praises her efforts in keeping the family united. She almost single-handedly handles all the work of her house apart from taking care of her aged in-laws. But when we visited her house we found that almost all the persons there were ill. We went through Lilawati's daily routine and found out exactly where the problem was. Can you also figure out where the problem is?

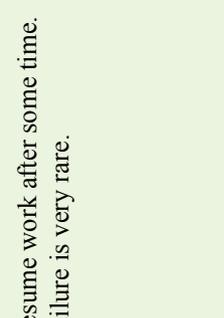
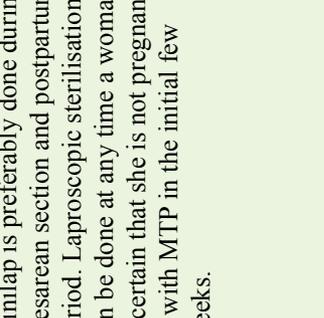
- Lilawati wakes up at 5:30 a.m. and *goes to the jungle for defecation*. She washes her hand with mud and water from the nearby pond. She brushes her teeth with datun and *uses the water from the same pond*.
- She starts cleaning her house at 6:30 a.m. Her two-year-old child wakes up at 7:00 a.m. and *defecates in the courtyard*. She washes the child's bottom with water. Then *she removes her child's faeces with her hands and throws it a little away from the courtyard*. Then *she washes her hand with plain water and wipes her hand on her sari*. Lilawati thinks that the faeces of a child is not harmful to health.
- After cooking *she leaves the pot half open*. *Flies sit on the food*.
- *She goes for a bath in the pond where everybody cleans after defecation*. In the afternoon she gives food to her in-laws and the children eat from her plate. *She does not bother to clean the hands or the nails of her child*.
- Her husband returns after work at 6:00 p.m. *He washes his hands with water* and sits to have his dinner at 6:30 p.m.
- Occasionally she goes to the village *haat* with her husband and *eats tikki-chat and golgappa*, which are stored in open vessels.

H8.2.5

Brief Information on Contraceptive Methods

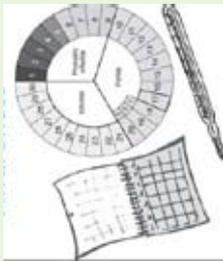
	Methods	Description	Effects on Health	Advantages	Limits
Temporary	Condom (Nirodh) 	Commonly called Nirodh. It is unrolled by pulling it onto the erect penis. It stops the sperm from entering the vagina.	No negative impact on health. Condom may sometimes irritate the vagina and penis.	Easy to carry Easy to buy Easy to use Easy to keep Protects from HIV and other STDs Protects the womb from cancer	One has to use a new condom each time one has sex.
Barrier	Female condom 	It is placed within the cervix.	No negative impact on health. Condom may sometimes irritate the vagina and penis.	Protects against cancer of the cervix. Protects from HIV and other STDs.	Not easily available Not easy to carry or use Expensive
Hormonal	Injectible contraceptives 	Doctor injects it every three months. Contains female hormones which are slowly released in the body. It stops ovulation.	Irregularity in menstrual cycle. It may sometimes stop totally. Weight gain Headache Bone mineral loss in case of prolonged use.	Does not interfere with sex Valid for three months Can be used while lactating Can be done by individual choice Does not require daily action Reduces bleeding May give protection from urethra cancer	Can cause drastic changes in the menstrual cycle Can cause headaches and weight increase Needs monitoring by a doctor May cause delayed fertility (5–8 months delay after stopping injection) Does not protect against HIV
	Oral Contraceptive Pill (OCP) 	Made from female hormone Prevents ovulation Doctor/nurse can give it Can be purchased from chemist shop	Some side effects like thrombosis and strokes possible if not screened properly. May reduce mental problems.	Easy to use Does not interfere with sex Saves from ovary and uterus lining cancers Quickly reversible: fertile within 2–3 weeks	Small problems (weight, moods, nausea, bleeding) Must be taken everyday Does not prevent HIV/STDs Breastfeeding mothers cannot use for 6 months. Screening required.

	Methods	Description	Effects on Health	Advantages	Limits
Intrauterine	<p>Copper-T/ Intrauterine Device (IUD)</p> 	<p>Small T-shaped object inserted in the uterus by a provider. Causes chemical change and damages the sperm and egg before they meet. Hormonal CuT also available.</p>	<p>If not inserted properly in a sterile environment it can cause infection.</p>	<p>Inexpensive, reliable Does not interfere with sex Does not require daily care Very effective and long-lasting Immediately fertile upon removal Gives protection for 3-10 years</p>	<p>Possible heavy bleeding Period with cramps, bleeding in between Does not protect against HIV/AIDS Needs to be inserted by qualified medical practitioner Possibility of misplacement/expulsion</p>
Permanent	<p>Vasectomy including Non Scalpel Vasectomy (male sterilisation)</p> 	<p>Small cut or puncture is made where sperm-duct (vas deferens) is tied and cut, preventing passage of sperms from testes. This prevents sperms entering the semen.</p>	<p>A comparatively simple surgery. Infection could occur in rare cases, causing pain, bleeding, abscess.</p>	<p>Does not affect desire and sexual capability. No other methods of contraception required. Easy to perform and cheap Can resume work quickly after operation as it is a minor procedure.</p>	<p>Use of condom is necessary for initial three months after surgery. Reversal of the surgery is difficult.</p>

Methods	Description	Effects on Health	Advantages	Limits
<p>Tubectomy – Laparoscopy (using fallopian rings)</p> 	<p>The fallopian tubes are tied with rings using a laproscope. This prevents the egg from travelling to the uterus. This is a major operation.</p>	<p>Sometimes reproductive tract infections may occur as a surgical complication.</p>	<p>Resume work after some time. Failure is very rare.</p>	<p>Failure may occur in rare cases. Does not protect from STDs/HIV.</p>
<p>Tubectomy (Female sterilisation Minilap operation)</p> 	<p>Under anaesthesia the fallopian tubes are ligated and cut. This prevents the egg from travelling to the uterus. This is a major operation.</p>		<p>Minilap is preferably done during caesarean section and postpartum period. Laproscopic sterilisation can be done at any time a woman is certain that she is not pregnant or with MTP in the initial few weeks.</p>	<p>Some women experience menstrual irregularity and excessive bleeding during periods. Does not protect from STDs/HIV. There may be complication of surgery.</p>

Permanent

Method	Description	Effects on Health	Advantages	Limits
<i>Traditional methods</i>				
Lactational Amenorrhea Method (LAM)	 <p>LAM allows women to safely rely on breastfeeding as a family planning method. Based on scientific research, the method uses three measures of a woman's fertility:</p> <ol style="list-style-type: none"> 1) Exclusive breastfeeding. 2) Only up to 6 months 3) Menstruation has not resumed after child birth 	<p>Effectiveness after six months is not certain. Frequent breastfeeding may be inconvenient or difficult for some women, especially working mothers.</p> <p>No protection against STDs.</p> <p>If the mother has HIV, there is a small chance that breast milk will pass HIV to the baby.</p>	<p>Inexpensive. Does not require any procedure and supplies. Can be used by all women provided all conditions are met.</p>	<p>A woman who chooses to rely on LAM should be advised that the method is short-term (up to six months) and is no longer effective when any one of the three criteria changes:</p> <p>Criterion 1. <i>Her menstrual period has not returned since delivery.</i></p> <p>Criterion 2. <i>She is breastfeeding her baby on demand, both day and night exclusively and not feeding other foods or liquids.</i></p> <p>Criterion 3. <i>Her baby is less than six months old.</i></p> <p>When all three of these conditions exist, she has less than a two per cent chance of becoming pregnant.</p> <p>The LAM user should be counselled to use another contraceptive method for continued protection when the above three conditions are not met.</p>

Methods	Description	Effects on Health	Advantages	Limits
<i>Traditional methods</i>				
Coitus interruptus	In this the male ejaculates outside the vagina.	No effect on health, but difficult to practice.	Inexpensive, can be used by all couples.	Not a very trusted method. Does not protect from HIV/STDs. Sperms may also enter through the fluid secreted prior to ejaculation.
Rhythm method (Standard Days method) Fertility awareness method	For this one needs to know when a woman can conceive or not (safe period for not conceiving is 7 days before and 7 days after the period) and to abstain during that period.	No effect on health Difficult to practice Requires good couple communication	Inexpensive, safe, effective if used properly. In standard days method, a necklace of beads is used by woman as a monitoring tool for keeping track of her fertile period.	Not possible in irregular periods. Does not protect from HIV/STDs.
				
<p>Note: A doctor's advice is necessary on which method should be used and till when. The government health centre provides free service for family planning.</p>				

H11.2 Negotiation Skills – Saying ‘No’

Tips for young people to say No in different situations

<i>Peer Pressure (Situations one may encounter)</i>	<i>Strategies that can be adopted</i>	<i>Possible answers</i>
Would you like to come to the cinema?	Polite refusal	No, thanks, I have some things to do with my family
What about a drink?	Give reason	I do not like alcohol – it tastes horrible
Here, smoke this cigarette with me... Come on, we have done all our fun things together. Just try it.	Broken record	No thanks No thanks ... No thanks ...
Hey, do you want to try some liquor ... it will give you a kick – it really makes you feel good.	Walk away	Say no and walk away while you are saying it
Do you want to watch some porn movies tonight?	Cold shoulder (not the best strategy to use with close friends)	Keep going as if you did not hear the person
Will you come with me for a night show movie? All girlfriends go with their boyfriends for outings.	Give an alternative	I would rather stay home – why don't you come to my house for dinner? We can watch the movie on TV – it is really a nice movie.
Come on, just spend some time (alone) with me.	Reverse the pressure (change the topic)	What did I just tell you? Were you not listening? Can I bring my friend (name) along?
There is nothing harmful in this, do it for my sake. I have done so much for you, will you not do this one thing just for me.	Owning your feeling	I am not comfortable doing this, it makes me unhappy. Would you like me to do something that makes me unhappy?
Explicit high-risk situations such as taking drugs, drinking, etc.	Avoid the situation	If you know people or a situation where people will pressurize you to do things that you do not want to do, stay away from these situations (the parties where you know these things will definitely happen).
Explicit high-risk situations such as taking drugs, drinking etc.	Strength in numbers	Hang around with people who support your decision not to drink, not to use drugs, not watch illegal movies, etc.

Saying No!

- Refuse politely and walk away. Say you have other important things to do; you might not have anything in mind but this is a good way to remove yourself from the situation.
- Explain the reason why you do not want to smoke/drink or try the drug/indulge in sex. Give them all the information that you have about the harmful effects of addiction and dangers of unprotected sex.
- Explain that you are not comfortable with what is being suggested and that you might regret your actions later – you would rather not be a part of the activity being suggested even if it means not being part of the group.

Different Techniques to Say No

1. Make a bold statement
 - ◆ Thank you, but I do not smoke.
 - ◆ That's really dangerous. Why are you doing that?
2. Say No and explain why
 - ◆ No thanks, I have to drive home.
 - ◆ No thanks, we could be arrested for that.
 - ◆ No thanks, I do not want to get drunk and look like a fool.
3. Suggest alternatives
 - ◆ Why don't we go for a movie?
 - ◆ What about us organizing a game of cricket?
 - ◆ I'm hungry. Let's go for some food.
4. Assert yourself
 - ◆ I do not think smoking is fun; I'm going to meet a friend.
 - ◆ Thanks, but I am busy now. I shall see you tomorrow.

Other Actions

- Avoid the company of those who indulge in activities that you are not comfortable with. Stay away from get-togethers/parties where you are afraid that the pressure to say Yes, though you want to say No, will be very high.
- Choose the right company. Exercise your judgment, keep informed and stay strong.

Protect Yourself

- Develop high self-esteem, a strong belief in yourself and a positive outlook to life.
- Manage your stress so you do not feel overwhelmed – exercise regularly, manage your time and take breaks.
- Do not believe everything in the media! Question what you see; the media exaggerate and

make people and things look attractive even when they are not.

- Develop your assertive and decision-making skills. Communicate with your family and friends.
- Choose friends or peers who share your values.

Say Yes to Life

- Remember that life is a long-term commitment and short-term solutions would not take you far.
- Ask for help from persons who would support you whatever the circumstances may be.
- You are made for better things in life.

What to Do if a Friend is Taking Drugs

- ◆ It is important to recognize when a friend needs help. Talk to him/her as soon as possible. It might take more than one conversation before they admit they have a substance abuse problem.
- ◆ If the person has only begun using drugs, talk to him/her and explain the negative consequences. Get help from other friends or someone you trust. But do not gang up against your friend!
- ◆ If s/he has been using drugs for a while and the habit is more advanced, you may need to take her/him for professional help, such as to a counselling or rehabilitation centre.
- ◆ You can always call toll-free helplines to get advice.

National Toll Free Helpline: 1800-11-3872 (from BSNL/MTNL lines only)

Rehabilitation Centres and Support Groups

There are many rehabilitation centres for drug addicts and alcoholics. Admission is required into these centres for at least 60–90 days. Most importantly, before admission the person must commit to quitting the habit and be convinced that it is imperative to quit.

The support groups like Alcoholics Anonymous and Narcotics Anonymous can be joined once a person has been in rehabilitation and has recovered. Here, recovered persons meet and discuss their problems and draw support from each other's experiences.

H12.1
Format for Goal Setting

Long-term Goal <hr/> <hr/>
Challenge: Your parents want you to help them in earning money Write 2–3 steps how you will meet this challenge as a short-term goal: <hr/> <hr/> <hr/>
Challenge: Your parents want you to get married Write 2–3 steps how you will meet this challenge as a short-term goal: <hr/> <hr/> <hr/>
Challenge: You find that there are some shortcuts to earn money Write 2–3 steps how you will meet this challenge as a short-term goal: <hr/> <hr/> <hr/>
Challenge: You are not getting a good job as you were expecting Write 2–3 steps how you will meet this challenge as a short-term goal: <hr/> <hr/> <hr/>

H12.3 Post-Workshop Questionnaire

Date: _____ Sex: _____
State: _____ District: _____

Please check one of the three boxes for your answer:

<i>S. No.</i>	<i>Statement</i>	<i>Agree/ True</i>	<i>Disagree/ False</i>	<i>Not Sure</i>
1	Life skills help people to cope positively with the challenges of life.			
2	A boy and a girl can be good friends without having an affair.			
3	The period in which boys and girls experience rapid physical changes and undergo sexual maturation is known as adolescence.			
4	A girl will not conceive if she has sex only once or occasionally.			
5	Seven women out of ten are anaemic in India.			
6	The sex of the conceived child depends on the male parent.			
7	Boys who like cooking are feminine in nature.			
8	There is something wrong with a girl if she has not had her first period by the age of 13 years.			
9	Iron deficiency is the most common nutritional deficiency in adolescents.			
10	AIDS is caused by a virus.			
11	A person may get HIV by shaking hands with a person who has HIV/AIDS.			
12	We should wash hands before cooking food.			
13	Maintaining a difference in providing food to son and daughter is good.			
14	A husband has the right to beat his wife if she does something against his wishes.			
15	It is good to use addictive drugs for getting high marks in examinations.			
16	Drug abuse places a person at greater risk of HIV infection.			
17	People living with HIV or people who have AIDS should be treated the same as people with other serious illnesses.			
18	The faeces (stool) of a child does not contain any harmful germs.			
19	Washing with plain water cleans your hands.			
20	Three key things I learned during the workshop which I feel will be useful in my life. 1. _____ 2. _____ 3. _____			

<i>S. No.</i>	<i>Statement</i>
21	Any additional information you require? If so, what? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Templates

T2.2

Some Life Skills Listed

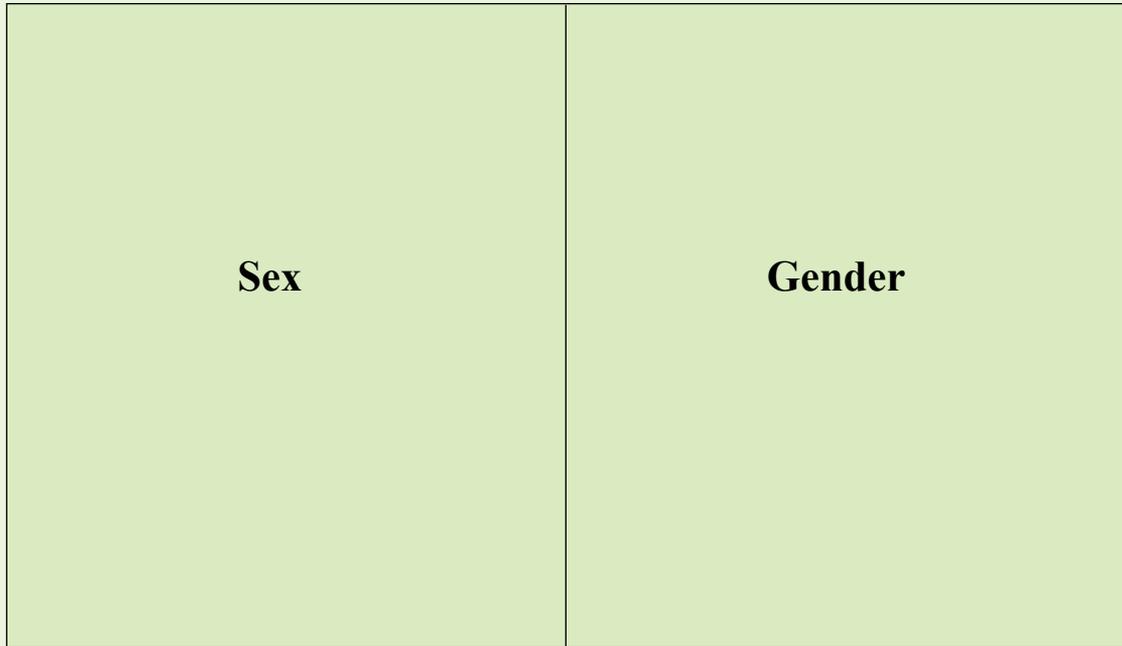
Self-Awareness	Empathy
Critical Thinking	Creative Thinking
Problem Solving	Decision-making
Communication Skills	Interpersonal Relationship Skills
Coping with Stress	Coping with Emotions

T4.1
Format for Preparing a Food Chart

Group for which you are making dietary plan: Adolescent, Old, Pregnant Calories Required:				
Ideal Diet Plan	Calories	Diet they take normally	Calories	What is missing in their diet
Breakfast				
Lunch				
Dinner				
<ul style="list-style-type: none"> ▪ What are the cheaper substitutes for costly food? ▪ Does your ideal diet contain the three-coloured food items? ▪ Does your daily diet contain the three-coloured food items? ▪ List three changes you need to make in your diet: <p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____ _____</p>				

T6.1.1 Template

(Two A4 size sheets, with 'Sex' and 'Gender' printed in large letters.)



T6.1.2 Sex and Gender Statements

1. Boys are better than girls at mathematics.
2. Women give birth to babies, men do not.
3. Men do not cry.
4. Women are weaker; therefore they should not take up labour-intensive occupations.
5. Little girls are gentle, little boys are tough.
6. Men's voices break at puberty, while women's do not.
7. Men make better mechanics than women.
8. Men need more nutrition due to the active lives they lead.
9. Women are more emotional than men.
10. In some societies, a girl's birth is met with sorrow while a boy's birth is celebrated and acclaimed.
11. Women are paid less than men for the same work.
12. Men have greater sexual desire than women.
13. Women are less ambitious than men.
14. The male chromosomes XX and XY decide the sex of the child at conception.
15. Women are unclean when they menstruate.
16. It is negligence if women pay attention to their careers while they have little children.
17. Girls should not travel alone.
18. Boys do not cry.
19. Women should take jobs which are less labour-intensive like teacher, lecturer.
20. Women are not responsible for the sex of a child.

T6.2.1 Role Play

(Depending on the number of participants use between 7 and 9 of the roles. In all cases, the last two roles must be included.)

<ul style="list-style-type: none">▪ You are a 14-year-old girl from a village. You dropped out of school in Class 5. You are married.
<ul style="list-style-type: none">▪ You are a 20-year-old man in college. Your father is a senior government official. You are not married.
<ul style="list-style-type: none">▪ You are a 50-year-old widow from a rural area. You live in a small hut. You have three children and eight grandchildren.
<ul style="list-style-type: none">▪ You are an 18-year-old woman from a small town. Your father owns a small grocery shop. You are not married.
<ul style="list-style-type: none">▪ You are a 20-year-old man from a rural area. You are a casual labourer. Your father is dead. You live with your mother and sister.
<ul style="list-style-type: none">▪ You are a 30-year-old woman with a degree in business. You live and work in a city. You are married but have no children.
<ul style="list-style-type: none">▪ You are a 45-year-old man. You are the village headman. You are married, with four children.
<ul style="list-style-type: none">▪ You are a 12-year-old girl. You dropped out of school three years ago. Your mother and father are casual labourers. You have three younger sisters.
<ul style="list-style-type: none">▪ You are a 12-year-old boy. You dropped out of school three years ago. Your mother and father are casual labourers. You have three younger sisters.

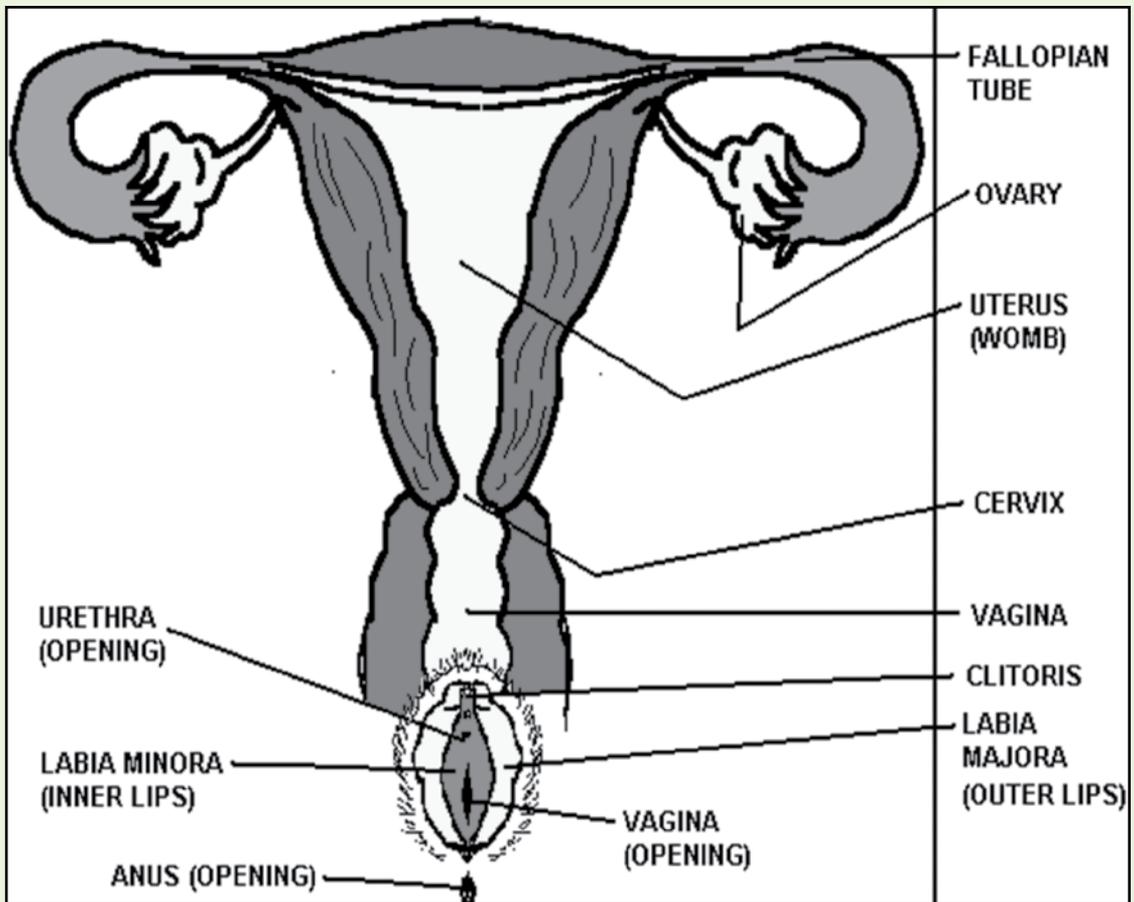
T6.2.2 Gender Role Statements

1. You are involved in decision-making in the family.
2. You have a bank account.
3. You can go on holidays with some friends.
4. You can own property.
5. You can read and write.
6. You have a day off every week to rest or do things you enjoy.
7. You can decide whom to marry/you decided whom you married.
8. You are involved in decision-making in the community.
9. If you get sick, somebody will call a doctor.
10. You can walk around safely at night.
11. You can travel on your own wherever you want.
12. You can decide how many children to have.
13. If you wanted to, you could set up your own business.
14. You could accept a job that involves a lot of travel.
15. You can wear whatever clothes you like.
16. You can go to the cinema with a group of friends.
17. At mealtimes, you are among the first to eat.
18. You own a motorbike or a car.
19. You have a wage-paying job.
20. When you were born, there was much celebration and happiness.

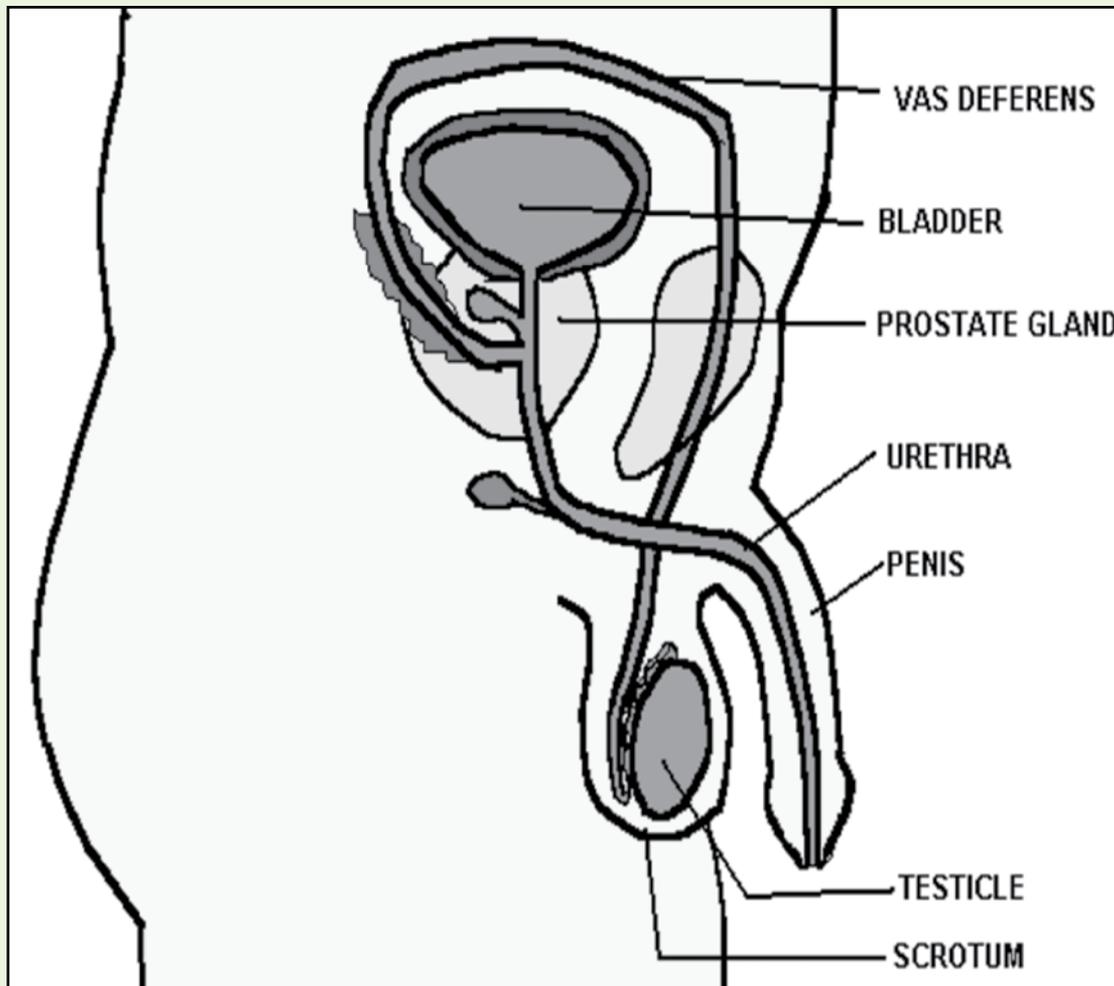
T6.3
Gender Discrimination Table

Life Stage	Advantages		Disadvantages	
	Boy	Girl	Boy	Girl
Childhood				
Adolescence				
Adulthood				

T7.2.1
Female Reproductive Organs



T7.2.2
Male Reproductive Organs



T7.2.3
Human Reproductive Organs

Ovaries	Fallopian Tube
Uterus	Vagina
Vaginal Mouth	Labia Majora and Labia Minora
Cervix	Urinary Bladder
Spermatic Duct/ vas deferens	Prostrate
Urethra	Penis
Testis/Testicle	Scrotum

T7.3 Case Studies of Sexual Behaviour

Case Study 1

Ravi is 15 years old. He visits a sex worker with some friends. A few days later, he feels pain while urinating and also observes some boils around his genitals. He gets very scared and visits a doctor. After a medical examination, the doctor tells him that he has contracted a sexual infection. He also adds that some infections can be fatal. Ravi feels very guilty, ashamed and curses his friends.

- Did Ravi think about the consequences of having sex with a commercial sex worker? Why do you think so?
- What were the options available to him?
- What kind of pressures were working on him?
- What factors should he have considered before his action?
- What should have been his decision?

Case Study 2

Mohan is 17 years old. He enjoys going out with his girlfriends everyday, buying them gifts and partying. One day he tries to force a girlfriend to have sex. She complains to the teacher and Mohan is threatened with expulsion from his school. He feels guilty, humiliated and shameful.

- Did Mohan think about the consequences of forcing a girl to have sex? If your answer is No, why do you think so?
- What were the options available to him?
- What kind of pressures were working on him?
- What factors should he have considered before trying to force a girl to have sex?
- What should have been his decision?

Case Study 3

Vijay is 17 years old. Anita is a girl in his village. For some days when Anita's parents were not at home, Vijay lived with her in her house secretly. Soon Anita realized that she was pregnant. She told Vijay about this but he was not ready to take on the responsibility. He ran away from the village. Anita went to the police station and registered a complaint against Vijay. Vijay was put in the police lock-up when he was found.

- Do you think that Anita and Vijay behaved responsibly?
- What should Anita have done?
- What should have been Vijay's responsible behaviour?
- How should they have avoided this kind of situation?
- Now what do they need to do? Remember: fighting, scolding, quarrelling, beating are not solutions.

T7.4 Quiz on Sexuality

Instructions: Each statement should be written on an individual slip, folded, and placed in an open box.

Menstruation

1. Once a girl starts menstruating she can become pregnant.
2. A girl should not engage in any physical activity/sports during menses.
3. Girls usually start menstruating between the age of 9 to 14 years.
4. If a girl has not started menstruating till 18 years, it is a cause for concern.
5. Menstruation is unclean.
6. Boys can tell when a girl is having her period.
7. It is normal for menstrual flow to be heavy in the first few days and then become lighter.
8. Bathing/eating sour food causes menstrual cramps.
9. It is normal to have irregular periods when the menstruation cycle starts.
10. It is normal to have pain and discomfort during menstruation.

Masturbation

11. Masturbation makes a boy weak and impotent.
12. Only boys masturbate, girls do not.
13. If one masturbates too much, his/her adult sex life/ sex life after marriage will be affected.
14. Young people who masturbate too much may have mental problems when they get older.
15. Most people stop masturbating after they get married.
16. People who masturbate too much are tired and irritable most of the time.
17. Masturbation can cause pimples, acne and other skin problems in adolescents.
18. Masturbation is considered more acceptable today than it used to be. Still, it is common for people who masturbate to feel guilty about it.
19. If the penis is touched a lot, it will become permanently longer.

Sex and Sexuality

20. Both men and women have the right to say No to sex any time.
21. Boys/Men need to have sex to keep good health.
22. Alcohol and other addictive drugs make it easier to get sexually aroused.
23. Sexual intercourse is the best way to express your love for someone.

24. It is normal for some boys and girls to mature earlier than others.
25. Some parts of the body mature more quickly than others.
26. Adolescent girls and boys are more likely to have skin problems.
27. A girl can get pregnant even if a boy does not ejaculate or 'come' inside her.
28. The female determines the sex of the baby.
29. A girl cannot get pregnant if she has sex only once or a few times.
30. If a girl does not bleed during the first intercourse, she is not a virgin.
31. A girl should be concerned if the size of her breasts is smaller than other girls of her age.
32. Having small breasts is normal.
33. It is compulsory for all girls/women to wear a bra.
34. It is possible for a girl to know when her period is about to start.
35. A girl can get pregnant if she shares underwear with a boy.
36. It is normal for boys to experience breast tenderness during puberty.
37. If a boy has swelling in the breasts it is nothing to worry about.
38. The size of the penis is equal to masculinity or virility.
39. Nocturnal emissions make boys weak.

T8.1

Case Study – Choices of Two Sisters

Amina was born in 1981, and her sister, Ayesha, was born in 1983. Both went to the village primary school until they were 13 years old. Their father allowed them to continue their education, if they so wished. Amina was a good-looking girl and at an early age she had many admirers. She finally accepted a marriage proposal from a local trader and married him. Ayesha finished her higher secondary education and joined for a teacher's training course. She completed her training by her eighteenth birthday. She got a job in a primary school in another village away from her home.

At that school, Ayesha met a handsome young man called Mohammed and fell in love with him. Mohammed was also teaching in the same school. Since both of them had a steady income, they were able to save enough money to buy the things they needed to set up a good home. The young couple then came to Ayesha's home and asked her father's permission. Ayesha's father was very happy and proud of his daughter's choice and gave her his blessing. Ayesha and her husband were mentally and physically mature. They were educated and were aware of the difficulties of having a large family. They wanted to have a small family, so that they could look after their children properly, and give them a good education. As planned, they had their first child two years after marriage and their second child three years after the first child. Both the children were girls. They enjoyed a comfortable life, had a good education, and had educated parents.

Amina, on the other hand, had problems. She had delivered a baby almost every year since her marriage, and was now the mother of four children. She had become weak and her body needed rest. She found it difficult to attend to and provide basic needs for her children, such as their education, food, health and clothing. This was because she was sick most of the time.

T9.1 Lakhan's Hesitation

Lakhan has been having pain and itching in his genitals for quite some time. One day he shares the problem with his friend Ramu.

LAKHAN: Ramu, for the past few days my genitals are itching and paining a lot. It is very troublesome and I cannot tell anybody at home. I do not want my wife to get suspicious.

RAMU: You know, when Moti came to town last time, he had a similar problem. He consulted Jharu Ojha (the local quack) and got cured. You should go and meet Jharu Ojha.

Ramu accompanies Lakhan to Jharu Ojha, who gives Lakhan something to apply at the affected place. After about a week, Lakhan meets Ramu.

RAMU: How are you feeling?

LAKHAN: It's actually worse. And now my wife is also experiencing pain and itching. I do not know what to do. May be I should go back to Jharu Ojha or to the Doctor babu at the health centre.

T9.2 Template

Instructions: These eight questions need one sheet of paper each. Fold the paper along its length. Write the question on the outside. Write the answer on the inside.

	<i>Answers</i>
<i>Q 1 What does HIV stand for?</i>	HIV stands for Human Immunodeficiency Virus
<i>Q 2 What is AIDS?</i>	<p>AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is caused by HIV. A person is diagnosed with AIDS when the immune system is too weak to fight off infections. It is at the point of very advanced HIV infection that a person is said to have AIDS.</p> <p>A person is diagnosed with AIDS when they have developed an AIDS related condition or symptom, called an opportunistic infection, or an AIDS related cancer. The infections are called ‘opportunistic’ because they take advantage of the opportunity offered by a weakened immune system.</p> <p>It is possible for someone to be diagnosed with AIDS even if they have not developed an opportunistic infection. AIDS can be diagnosed when the number of immune system cells (CD4 cells) in the blood of an HIV positive person drops below a certain level.</p>
<i>Q3 How does HIV affect the immune system?</i>	<p>The immune system is composed of different kinds of white blood cells. These cells work together to defend the body against infections and diseases. When an infection enters inside the body, the immune system gets into action.</p> <p>As soon as you catch a cold the immune response gets into action. When the virus causing the cold enters your body, the immune system sees it as an enemy. The immune system makes more cells to fight the cold. After a few days your immune system kills or controls the virus and you feel fine again.</p> <p>When HIV enters the body, it damages and destroys different cells of the immune system. When these cells are destroyed, the body is unable to defend itself against them. HIV can be in the body for several years before it damages the immune system. Until then the infected person can look and feel healthy.</p>

	<i>Answers</i>
<i>Q4 What is the difference between HIV and AIDS?</i>	<p>HIV is a virus and AIDS is an advance stage of HIV infection. AIDS usually takes time to develop from the time a person acquires HIV – usually from 2 to 15 years.</p> <p>After AIDS has been diagnosed, the current average survival time with antiretroviral therapy is estimated to be now more than 5 years, but because new treatments continue to be developed and because HIV continues to evolve resistance to treatments, estimates of survival time are likely to continue to change. Antiretroviral medication can prolong the time between HIV infection and the onset of AIDS. Without antiretroviral therapy, death could even occur within a year. Most patients die from opportunistic infections or malignancies associated with the progressive failure of the immune system.</p>
<i>Q5 What is the connection between HIV/AIDS and young people?</i>	<ul style="list-style-type: none"> ♦ 50 per cent of all new infections are in the age group of 15–24 years. ♦ Adolescents are more vulnerable to HIV infection because of experimentation. ♦ Adolescents are less likely to recognize potentially risky situations or negotiate safer sex behaviours. ♦ In addition, peer pressure, sexual experimentation, drug and alcohol use may increase adolescents' likelihood of engaging in high-risk behaviours. ♦ Adolescents often feel that nothing bad can happen to them. ♦ Young people lack access to information and services or cannot afford them due to social and economic circumstances. ♦ Adolescent boys who are sexually active do not seek information about how to protect themselves and their partners for fear of appearing inexperienced. ♦ Young women may be particularly vulnerable for biological reasons (immature vaginal/cervical tissues may be more readily permeated or damaged) and for social reasons, including lack of economic resources and negotiating power.

	<i>Answers</i>
<i>Q6 How is HIV transmitted from one person to another?</i>	<p>HIV can be transmitted through:</p> <ul style="list-style-type: none"> ❑ A sexual contact without using condom ❑ Transfusion of infected/unsafe blood ❑ Sharing of unsterilized syringes and needles ❑ HIV infected mother to her child during pregnancy, delivery and breastfeeding <p>About 85 per cent of transmission in India is through the sexual route.</p>
<i>Q7 Why are girls more vulnerable to HIV than boys?</i>	<p>The vagina gets damaged easier than the penis, and that increases the chances for the virus to get in. Young girls who have older sexual partners are more at risk if they are not using condoms, because these older partners may have had many other partners and are more at risk of having HIV. When a girl loses her virginity or if she has sex when she is not ready or willing, she is likely to experience bleeding, which increases her chance of infection.</p> <p>In addition, the area of the mucous membrane exposed during intercourse is much larger in a woman than in a man and the virus can easily penetrate the mucous membrane of the vagina. Also, the concentration of the virus is higher in semen than in vaginal fluids. Besides, social factors like low socio-economic status, low literacy rates, limited mobility and limited access to information put women at a further risk of contracting the HIV infection.</p>
<i>Q8 What are opportunistic infections?</i>	<p>In our bodies, we carry many germs – bacteria, protozoa, fungi, and viruses. When our immune system is working, it controls these germs. But when the immune system is weakened by HIV disease or by some medications, these germs can get out of control and cause health problems.</p> <p>Infections that take advantage of weakness in the immune defenses are called ‘opportunistic’. The phrase ‘opportunistic infection’ is often shortened to ‘OI’.</p> <p>HIV weakens the immune system so that opportunistic infections can develop. If you are HIV-infected and develop opportunistic</p>

infections, you might have AIDS.

The most common OIs are listed here, along with the disease they usually cause:

- Candidiasis (Thrush) is a fungal infection of the mouth, throat or vagina.
- Cytomegalovirus (CMV) is a viral infection that causes eye disease that can lead to blindness.
- Herpes simplex viruses can cause oral herpes (cold sores) or genital herpes. These are fairly common infections, but if you have HIV, the outbreaks can be more frequent and severe.
- Malaria is common in the developing world. It is more common and more severe in people with HIV infection.
- Mycobacterium Avium Complex (MAC or MAI) is a bacterial infection that can cause recurring fevers, a general sick feeling, problems with digestion, and serious weight loss.
- Pneumocystis Pneumonia (PCP) is a fungal infection that can cause a fatal pneumonia. Unfortunately this is a fairly common OI in people who have not been tested or treated for HIV.
- Toxoplasmosis (Toxo) is a protozoal infection of the brain.
- Tuberculosis (TB) is a bacterial infection that attacks the lungs, and can cause meningitis.

One can reduce the risk of new infections by keeping clean and avoiding known sources of the germs that cause OIs. If one has developed an OI infection, medication will prevent the development of active disease. This is called Prophylaxis.

T9.3 Template

Instructions: Cut out slips of paper to correspond with the number of participants. One slip printed HIV; two printed 'Refuse to shake hands'; two printed 'Condom'; the remaining, 'Follow the facilitator'.

HIV	Refuse to shake hands
Refuse to shake hands	Condom
Condom	Follow the facilitator
Follow the facilitator	Follow the facilitator
Follow the facilitator	Follow the facilitator
Follow the facilitator	Follow the facilitator

T9.4.1 Template

Instructions: Take three large sheets (A4 size), with the different risk levels printed on each in big letters. Hang them on three walls of the room.

High-risk Behaviour

Low-risk Behaviour

No-risk Behaviour

T9.4.2 Whether a Behaviour is HIV Risky

Instructions: Take 18 slips of paper and write a behavioural item on each.

- Tattooing
- Blood donation
- Sharing needles
- Using a public latrine
- Deep kissing
- Having sex with girls from the same locality
- Having many sexual partners
- Taking care of an HIV-infected person at the camp
- Not having sexual intercourse
- Being bitten by a mosquito that has bitten someone with HIV
- Sharing of shaving blades at home or in a barber shop
- Being close to an HIV infected person who coughs or sneezes
- Masturbation
- Oral sex
- Sharing a towel with a person infected with HIV/AIDS
- Swimming with an HIV-infected person
- Caring for a person infected with HIV/AIDS
- Breastfeed by an HIV-positive mother

T10.1
Quiz on Abuse and Violence

<i>S. No.</i>	<i>Incident</i>	<i>Physical</i>	<i>Verbal</i>	<i>Emotional / Mental</i>
1	Man beats his pregnant wife using abusive language in front of the neighbours.			
2	Husband or in-laws taunting their wife/daughter-in-law for dowry.			
3	Forced abortion of a female foetus.			
4	A man not providing any financial help to his wife to meet her daily needs.			
5	A child being beaten/punished harshly by teacher for not doing his/her homework.			
6	Providing different levels of food and clothing to a son and a daughter.			
7	Not allowing a daughter-in-law to leave the house, or not giving her enough food to eat at home.			
8	A lower caste student abused by peers for drinking water from the same hand pump.			
9	A husband scolded and abused by wife in front of friends/relatives for not earning enough.			
10	A handicapped child is called abusive names.			

T10.2

Case Stories of Sexual Abuse

Case Story 1

Ruby is 14 years old. She lives with her parents and two brothers. Her cousin Bobby, who is older than her, also stays in the same city and frequently comes to stay with Ruby's family. Whenever he gets an opportunity, Bobby touches Ruby's body (her face, hands, breasts, waist, etc.). This makes her feel very uncomfortable. She does not like his touch and tells him to stop, but is unable to tell anyone about it. Once she even caught him putting his hand inside her under garments in the middle of the night. She makes excuses and leaves home whenever he is around, and avoids him. Her mother knows about Bobby's behaviour but does not say anything openly. However, she tries to keep Ruby away from him. Ruby has suddenly become more conscious of herself and her body. She also experiences a lot of fear, guilt and anxiety all the time.

Case Story 2

Arjun, 10 year old, has gone for a holiday to his uncle and aunt's house. One day, at 6:30 in the morning, his aunt woke him up and told him that she was going to the temple. As soon as his aunt left, his uncle woke up and pulled the blanket off Arjun and slept beside him. He did something strange to Arjun under his clothes, which Arjun did not understand. He was scared and started screaming. His uncle threatened Arjun and told him that he would beat him and would cut his body into little pieces, if he told anybody about the incident. After that incident, Arjun did not want to stay at his uncle's house and he forced his aunt to send him back to his parents' house. He came to his parents' house, but he felt sick. He lost interest in life. He felt scared of his uncle and all older men.

Case Story 3

Moni is five years old. She lives with her siblings and parents. They also have a domestic servant who has lived with them for many years. One evening, Moni was alone at her home. She started playing with her servant. While playing, he started touching her private parts. This happened for a brief while. Moni felt uncomfortable but did not understand what was happening. The servant told her not to tell what happened to anybody and that it should be 'their secret'. He later took her to an ice-cream vendor and bought her an ice cream.

T11.2

Scenarios of Peer Pressure

Scenario 1

Mohan is going out with his friends to a party. When he reaches there, he realizes that there is a lot of drinking going on. One of his friends comes to Mohan with a glass of drink and says that he would like Mohan to have it. He says that if Mohan does not drink, he is not really a friend.

Scenario 2

Sunita has some difficulty getting along with her divorced father, with whom she is living. She spends a lot of time alone. Amar lives in her neighbourhood and has grown close to her. She likes him too. Amar invites her to a friend's place who is out of town. Amar also assures her that he loves her too much to get her into any kind of trouble.

Scenario 3

Rohan, a class XI student, lives in a hostel. He wants to become a doctor. One day one of his friends comes to him and tells him that if he takes this new drug, he can study more. That drug will also relieve his tension and worry and is reportedly not addictive.

T11.3 Kartik's Blunder

Case Story

Kartik is a boy of 20 years of age. He is studying in the 12th standard in a famous school in Ranchi. His father, a rich businessman, has given him a new Yamaha bike. Kartik went to a party one night and drank liquor. On the way back from the party, he and his best friend, Alfred, were racing with two other bikers. Kartik's bike hit a wall. Both Kartik and Alfred were severely injured. They were admitted to a hospital. After fighting death for six days Alfred died. Although Kartik survived, he spent one precious year recovering and could not appear for the 10+2 board examination. In addition, he lost his best friend.

T12.1 Case Stories of Goal Setting

Case Story 1

Sohan lives in a village with his parents. He is studying in class seven in a government school. His father is a carpenter and wants him to join his profession and help him in increasing the family income. Sohan's friend and cousin have left school in order to help their parents. Some of his friends also tease him that he is a fool; he will not get anything after studying. They keep telling him, "Why do you spend your time uselessly in studying? This studying is not going to change anything in your life."

Sohan agrees with his friends. He has left school and is now doing carpentry in the village.

There are other carpenter families in the village and there is not enough work for all of them. Some years later, Sohan gets married. He has two children. He does not have enough money to look after his family. He is struggling to make ends meet and to control his life.

Case Story 2

Chandra Mohan lives in Sohan's village. His parents are vegetable sellers. He wants to become a doctor. He is a very intelligent student, but his parents want him to join the family profession. Chandra Mohan's friends are also doing this kind of work with their parents. They tell him that studying is useless and will get him nowhere. They tell him to try and earn some money instead.

Somehow Chandra Mohan has convinced his parents that it would be to their advantage if he studies further. He has decided that he would start helping his parents in their work after school hours. He manages to study in spite of many obstacles. After completing Higher Secondary School from the village, he qualifies for the medical examination and now he is a doctor. He is planning to work for his community.

