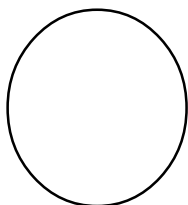


ACTIVITY MANUAL
FOR
THE TEACHERS
ON
HEALTH PROMOTION
USING
LIFE SKILLS APPROACH
10TH STANDARD



Department of Psychiatry
National Institute of Mental Health & Neurosciences, Bangalore - 29, India
(Funded by WHO-SEARO - New Delhi)

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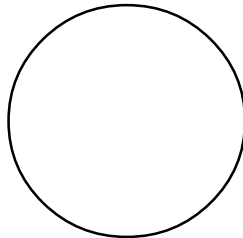
Prepared by

Dr. Srikala Bharath
Additional Professor of Psychiatry

Dr. K.V. Kishore Kumar
Psychiatrist

Miss. Vranda M. N
Research Officer

2002



Department of Psychiatry
National Institute of Mental Health & Neurosciences, Bangalore - 29, India
(Funded by WHO-SEARO - New Delhi)

Copies can be obtained from

Dr. Srikala Bharath

Additional Professor of Psychiatry
Department of Psychiatry
National Institute of Mental Health and Neuro Sciences
Bangalore - 560 029.

Phone: 080-6995271 Fax : 080-6564830

E-mail: srikala@nimhans.kar.nic.in

Dr. K.V. Kishore Kumar

Senior Psychiatrist
Department of Psychiatry
National Institute of Mental Health and Neuro Sciences
Bangalore - 560 029.

Phone: 080-6995326

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CONTENTS

Foreword	i
Preface	ii
Acknowledgments	iii
1. INTRODUCTION		
Health Promotion in Adolescents using Life Skills Approach	1
2. MOTIVATION		
Making Life Choices - When I Grow Up, I Want to become A BIG_____	.....	12
Preparing for Examination - I will do My Best!!!	.....	17
3. SELF-AWARENESS		
Sensation Seeking Behavior - Drinking - I am Alive	.....	24
Facing Failure - Ties that Bind	.....	29
Coping with Failure - Suicide - Flying Kite of Hope	.....	33
Self-Esteem - I AM the Person with.....!!!!!!!	.....	38
4. SEXUALITY - UNDERSTANDING BODY AND MIND		
Intercourse - What is this Sex Stuff?????	.....	42
Conception - Am I Pregnant? Suresh Touched MY Stomach!!!!!!!	.....	46
Contraception - I have CHOICE!!!!!!	.....	50
Sexuality - Myths and Misconceptions - Pretty and Handsome	.....	57
Empathy - HIV/AIDS - Please Help	.....	63
Sexuality - Homosexuality - Is HE OK? ????	.....	67
5. SOCIAL RESPONSIBILITY		
My Prince, What is Your Price????	.....	71
Appendix	.....	iv
Bibliography	.....	vii
No. of Activity Materials - 9		

FOREWORD

Family, social, religious and ethical values are undergoing a rapid transition in the present time of technical revolution and modernization. Under such circumstances, educational excellence alone may not be sufficient to secure the future of our country. Such a narrow focus ignores poor health status as a major threat to the nation's socioeconomic development. Alcohol, tobacco, drug abuse, low levels of physical fitness, poor nutrition, injuries and stress contribute to lowered health status and result in loss of work or school time.

Life skills education in schools is an important means to promote Psychosocial Competence in young individuals. Promotional Strategies using Life Skills Approach for Adolescents are truly investments for a healthy nation. Recognizing this fact and its impact, World Health Organization had initiated Life Skills Education a decade ago. The WHO - South East Asian Regional Office, New Delhi has provided impetus for the development of various promotional programs for adolescents in its member countries using skills development as an approach.

I am happy to note that a Program and Modules for Health Promotion using Life Skills Approach for Adolescents in Schools have been developed by "NIMHANS Life Skills Education Group". The program is comprehensive in the areas addressed. It is realistic since it envisages teachers to disseminate these skills to adolescents in schools and is also pragmatic and relevant in the context of a developing country like India where mental health manpower is limited. Implementation of this program has tremendous potential to empower the youth to cope with the challenges of the changing world.

A collaborative approach is needed by the Departments of Health, Education, Human Resources Development and Social Welfare to initiate such programs for youth in or out of school and empower them to become socially responsible citizens.

Dr. M. Gourie-Devi
Director/Vice Chancellor
Professor of Neurology
NIMHANS, Bangalore, India

PREFACE

It gives us great pleasure to see that the Life Skills Promotion work, which we started in the year 1995 in a very small way in the schools, has been provided relevance, validity and a structure by the Child and Adolescent Health & Development Unit of WHO-SEARO, New Delhi.

The synthesis and framing of the Life Skills as a workable model have challenged, stimulated and reinforced our life skills. The first lesson in this developmental work was to recognize and realize that it is of utmost need to address these life skills through various themes pertinent to the adolescents. Using the vehicle of participative activities for these themes provided us the confidence that the experiential learning would empower the adolescents with skills. Recognizing teachers as partners in this promotional endeavor and providing them with the necessary skills to be facilitators have been the cornerstones of the program.

We hope that this model initiates further work in this area of Life Skills Promotion towards Positive Health in adolescents throughout the country. The model needs to gather momentum and become a movement that is integrated into the educational and social welfare systems.

Life Skills and Health Promotion in adolescents today will lay foundation for a Humane and Healthy Society of tomorrow.

Dr. Srikala Bharath
Addl. Prof. Psychiatry
NIMHANS

Dr. K.V. Kishore Kumar
Psychiatrist
NIMHANS

Miss. Vrandha. M.N
Research Officer
NIMHANS

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Thanks to Mr. Vijaya Bhaskar, I.A.S, Commissioner for Public Instruction Bangalore - Karnataka for permitting teachers to participate in the workshops and extending unconditional support to institutionalize Health Promotion & Life Skills Education in the secondary school curriculum of Karnataka. Thank you Sir.

We thank the Director of DSERT for showing keen interest in implementing LSE program in schools and all Block Education Officers for their co-operation in organizing workshops for secondary school teachers. Most important, we thank the students, their parents and teachers who participated actively in the focus group discussions. Thank you for sharing your thoughts. The interaction with you helped us to know needs, problems and concerns of students who face numerous obstacles in the society.

We extend our sincere thanks to the following policy makers, bureaucrats and Non-Governmental Organizations for participating in focus group discussions and sharing ideas with us: Mr. Maralusiddappa, Deputy Director of Information Communication and Education, (Karnataka) Dr. Mallikarjunaiah, Deputy Director of Medical Education - Dept. Health and Family Welfare, (Karnataka), Smt. Manjula Dhoundial, Assistant Director from NIPCCID, (Bangalore), Mr. Eshwariah - Joint Director and Mr. Jagananath Co-ordinator of Dept. State Education and Research Training, (Karnataka), Mr. Nanje Gowda, Superintendent - Dept. Women and Child Welfare, (Karnataka), Mr. Vasuki Vice-Principal - Vivekananda Girijana Kalyana Kendra, Chamarajpet. The NGO's are, BOSCO, YMCA, FPAI, Yuva Kendra Maya Track, Surthradhar, Life Skills India Limited and Bangalore Medical Service Trust.

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Thanks to all teachers who participated actively in the workshops.

Thanks to Ms. Jyotsna Mandana, Mr. Govindaraj and Mr. Suresh for preparing the pictures for the manual and to Ms. Asma, Mr. Parthibhan, Mr. Pramod for typing the manuscript.

Thanks to Dr. Poornima Bhola for doing the laborious job of editing our manual.

Thanks to Mr. Janardhan, Research Officer who was with us for a short period of time while organizing the workshops.

Once again we thank to all those who directly or indirectly contributed to the success of this project and program manual.

Dr. Srikala Bharath,

Project In-charge, Additional Professor of Psychiatry
NIMHANS

INTRODUCTION

- ◆ *Health Promotion in Adolescents using Life Skills Approach*

HEALTH PROMOTION
IN
ADOLESCENTS USING LIFE SKILLS APPROACH

ADOLESCENCE IN TODAY'S CONTEXT

Dear Teacher,

You are teaching **adolescents** (10 - 19 years) who are the citizens of tomorrow. Behavioral patterns followed by a person during adolescence will last a lifetime. They will influence the **health** and **well-being** of the individual. Worldwide, in the 21st century, life is undergoing significant changes. Among the most affected are the adolescents.

The health of adolescents is strongly linked to their development. Their physical, psychological and social abilities will decide what they do, how they act and with whom they associate. Technological advances have made the world a global village. Technology has also made education and training necessary. This in turn has made the adolescents depend on their parents economically for a longer period, more than in the earlier agricultural era. At the same time, today adolescents are exposed to more information and cultural alternatives than in earlier periods. This provides the adolescent with culturally diverse choices, which cannot be easily exercised due to economic dependence. Ironically, the adolescent has to prepare for a global life of competition, comparison and independent functioning in a dependent environment.

Rapidly changing social, moral, ethical and religious values have ushered in certain 'Life Styles' in the present society especially among the youth/adolescents. These affect their health significantly. Some of the health problems and behaviors prevalent among the adolescents are poor eating habits, poor oral hygiene, lack of rest, need for quick results, pleasure seeking behavior and stress. The 'Unholy Triad' sums up these - **Substance Abuse, Violence and Early Sexual Experimentation.**

Certain in-built buffers of the society (both as support and control) are no longer available to the today's adolescents as a norm. They are:

Extended family system.

A smaller community, which is personal and closed - example being in a village or religious community.

Uniform culture - in the smaller circle of living.

Traditional ways of thinking and behavior with very little individual need to exercise choices.

For the above - mentioned reasons, the stress faced by the adolescents in the current situation is enormous. This is reflected by growing suicide rates and rising crime among young persons.

There is an urgent need to provide today's youth with a set of ways and skills to deal with the demands and challenges of life. Since the 'Individual' rather than the 'System' is recognized as the basic unit of the society, it is essential and a must to help the adolescent to develop skills to handle a wide variety of choices, challenges and stressors in his/ her life and work towards better health.

The values of a stable society and the family have to be replaced with the skills of the individual that would enable him/her to be stable amidst rapid transition in the environment. It is our responsibility to incorporate scientific methods to help the adolescent to develop the required skills. Life Skill Education is such a method.

CHALLENGES TO ADOLESCENT HEALTH AND DEVELOPMENT

Young People in the World Today

- ❖ There are more than 1 ½ billion young people between the ages of 10 and 24 years. 85% of them live in developing countries like India.
- ❖ In the least developed countries, only 13% of the girls and 22% of the boys enroll for secondary education.
- ❖ 8 out of 10 unemployed are young people in developing countries.
- ❖ 73 million of the adolescents are working worldwide, mainly in developing countries.
- ❖ Throughout the world many millions of adolescents live and work on the street, putting themselves at high risk.
- ❖ Between 1970 and 2025 the urban population in developing countries will grow by 600%.

Nutrition and Non-Communicable Diseases

- ❖ Under and over nutrition in young people are increasing problems in both developing and developed countries.
- ❖ Adolescent girls are often the last to be given food at home, even when pregnancy increases their needs.
- ❖ Adolescent iron needs, increased by growth, development and menstruation are being hampered by malaria, hookworm and schistosomiasis, which affect the young disproportionately.

Reproductive Health and Sexuality

- ❖ For the vast majority, sexual relations begin in adolescence, inside or outside of marriage.
- ❖ Unprotected sexual relations increase the risks of unwanted pregnancy, early childbirth, unsafe abortion and Sexually Transmitted Diseases (STD) including HIV resulting in AIDS.
- ❖ Lack of knowledge, skills and access to contraception and vulnerability to sexual abuse put adolescents at the highest risk of unwanted pregnancies.
- ❖ In developing countries, maternal mortality in girls under 18 is 2 to 5 times higher than in women from 18 to 25.
- ❖ Worldwide, more than 10% of the births are in adolescent women.
- ❖ Adolescent abortions are estimated as between 1 to 14 million per year, most of which are unsafe because they are performed illegally and under hazardous circumstances by unskilled practitioners.
- ❖ Each year more than 1 out of 20 adolescents contract a curable STD, not including viral infections.
- ❖ Of the estimated 333 million of new STDs that occur in the world every year, at least 11.1 million occur in young people under 25.
- ❖ Globally, more than half of the new HIV infections are among 15 - 24 years old.

Substance Abuse

- ❖ If tobacco use begins at all, it usually begins in adolescence. Few people begin after 18 years.
- ❖ Half of regular smokers who start in adolescence and smoke all their lives, will eventually be killed by the tobacco.
- ❖ Alcohol is the most common element in substance related deaths of young people.
- ❖ Illicit drugs use is becoming more widespread and shifting to riskier patterns of use.
- ❖ Harmful substance use will increase cancers, cardiovascular diseases and respiratory illness in later life.

Unintentional and Intentional Injury

- ❖ Unintentional injury is the leading cause of death among young people, especially traffic accidents in the young.
- ❖ Suicide in young people is increasing and is an important cause of death especially of adolescent males.
- ❖ Interpersonal violence is increasing among young people. Young girls are often the victims. (Coming of Age - From Facts to Action for Adolescent Sexual & Reproductive Health - WHO/FRH/ADH/97.18)

Life Skills are 'living skills' or abilities for adaptive & positive behavior that enable individuals to deal effectively with demands & challenges of every day life (WHO, 1997).

Life Skills of a person develop over the years continuously in a dynamic manner. There are many skills, which are needed to successfully negotiate each and every situation in one's life every day. Let us take an example of finding the correct way when a young girl is lost in an unknown locality. Initially there needs to be an understanding by that girl that she is lost, recognize and control her anxiety and make certain choices of how to find the correct way. Depending on various factors like whether she knows the local language, time of the day, safety of the place, or past experience, she will decide on which is the best method for her and start with that. She may decide to look for established landmarks, read a map and find out the correct way; or she may approach various people along the road enquiring the correct way. Another girl in this situation may approach specific people like the nearest police station for help. Some others may retrace the way and get back to a known area. Rarely, the adolescent girl who is unable to act or control her/his anxiety - may start crying or freeze till circumstances lead to another series of events, which she may or may not be able to handle. The crying girl may be helped by concerned passers-by and taken back home if she is able to report being lost and provide a proper address. If unfortunate, the anxious lost girl may be taken advantage of by antisocial elements.

In the above instance, various skills like analyzing the problem situation, coming up with alternatives, deciding on the best way, using interpersonal skills, realizing stress and anxiety, keeping them under control, taking enough action to escape from the difficulty or solving it are involved. Each of the life situation one experiences from time to time is similar to this. It necessitates that an individual exercises skills to address it. Living skills mean being active and taking the responsibility of behaving in a particular manner, in a particular situation for healthy living. Inaction and not using skills to deal with a situation often means being passive and allowing circumstances to take over - which in turn bring another series of events which one has to deal with, resulting in a negative health outcome.

If one handles distress situations successfully and confidently by using appropriate skills, one feels good and positive and is ready to face similar situations without anxiety. This experience takes the individual a long way in learning competence and makes her/him confident. This increases SELF-ESTEEM. On the other hand, failure to handle the situation makes one feel inadequate, ineffective, anxious and reluctant to face similar future challenges. This results in POOR SELF-ESTEEM. One learns these Life Skills over years, especially during childhood and adolescence by various methods. These include modeling after parents or teachers, following friends, reading books, learning from others' experience, by practice, by trial and error and lastly from movies or mass media (print and visual).

Life Skills are used every moment of our lives in various situations - choosing friends/career, developing or breaking habits, making and breaking relationships, following discipline, understanding one's needs, solving problems, interacting with teachers and parents.

Life Skills therefore, are the building blocks of one's behavior and need to be learnt well/adequately to lead a healthy, meaningful and productive life. Although there are many Life Skills, there are a set of core skills, which are needed in every individual.

VALUE EDUCATION VERSUS LIFE SKILLS EDUCATION

Values are the foundation of a person. However, history reveals that values can change and vary according to time, culture and period. Hence, it is more relevant to focus on Life Skills which are the building blocks of the values.

Value Education

Changes with time, period, culture
Prescriptive
Result (Value) oriented

Life Skill Education

Suits any time period, culture
Participative
Process oriented

Values are the outcome of the process

VARIOUS LIFE SKILLS

Life skills are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of every day life. The following are the ten generic skills. They are five pairs of related skills.

Critical Thinking: *It is the ability to analyze information and experiences in an objective manner.*

Creative Thinking: *It is an ability that helps us look beyond our direct experience and address issues in a perspective which is different from the obvious or the norm. It adds novelty and flexibility to the situation of our daily life. It contributes to problem solving and decision making by enabling us to explore available alternatives and various consequences of our actions or non-action.*

Decision Making: *The process of assessing an issue by considering all possible/available options and the effects that different decisions might have on them.*

Problem Solving: *Having made decisions about each of the options, choosing the one, which suits best, following it through even in the face of impediments and going through the process again till a positive outcome of the problem is achieved.*

Interpersonal Relationship: *It is a skill that helps us to understand our relations with relevant others and relate in a positive/reciprocal manner with them. It helps us to maintain relationships with friends and family members and also be able to end relationships constructively.*

Effective Communication: *It is an ability to express ourselves both verbally and non-verbally in an appropriate manner. This means being able to express desires, opinions, fears and seek assistance and advice in times of need.*

Coping With Emotions: *It is an ability, which involves recognizing emotions in others and ourselves, being aware of how emotions influence behavior and being able to respond to emotions appropriately.*

Coping With Stress: *It an ability to recognize the source of stress in our lives, its effect on us and acting in ways that help to control our levels of stress. This may involve taking action to reduce some stress, for example, changes in physical environment, life skills, learning to relax etc.*

Self-Awareness: *This includes our recognition of ourselves, our character, strengths and weakness, desires and dislikes. It is a pre-requisite for effective communication, interpersonal relationship and developing empathy.*

Empathy: *Is an ability to imagine what life is like for another person even in a situation that we may not be familiar with. It helps us to understand and accept others and their behavior that may be very different from ourselves.*

It is evident that the Life Skills are comprehensive and include various areas like Thinking, Behavior and Emotions. The final target being self-awareness, self-esteem, acceptance of others and living a healthy life.

LIFE SKILLS AND ADOLESCENCE

Life Skills evolve on a continuous basis and are also used throughout one's life. However, the maximum and critical development of Life Skills occurs during childhood and adolescence. During adulthood, minor changes and strengthening of one's repertoire of Life Skills take place. There is a difference in the development of Life Skills in Childhood and in Adolescence.

In childhood, Life Skills are often modeled on parents and other significant adults. The child is more passive in learning the skills. In this stage of life, skills to be exercised are comparatively less and restricted to family and school situations.

During adolescence, Life Skills development is a more active process. The adolescent has the intellectual maturity to assess a situation, assess the various aspects of the situation, challenge the prescription of others, develop a repertoire of skills, make a choice of his/her own and later come to a conclusion about the skill and its execution.

Despite superior intellectual abilities, the adolescent's behavior is often colored more by emotions rather than rationality. There is an emotional heightening, which the youth has to contend with, but more often than not, is unaware of it. Frequently the adolescent is in an emotional fix of wanting to be guided by the parents, yet be free from them and more aligned to the peers. The adolescent also has the need to exercise skills to indicate and establish individuality and independence. This becomes complex as the adolescent has more situations to contend with. Many critical issues reach their culmination at this stage - puberty, dealing with sexuality and gender issues, tackling emotional upheaval, finishing basic schooling and the need to make future educational or career choices, facing responsibilities as an individual etc. Hence Life Skills Development takes a ubiquitous relevance at the adolescent stage. This development is difficult and stormy, yet critical.

LIFE SKILLS EDUCATION AND CULTURE

While discussing Life Skills Education for Adolescents there is a need to specifically focus on culture and youth. The LSE should enable any youth to exercise skills and be empowered within the context of his/her culture and not against it. This is of paramount importance as LSE is about living and we live in cultures and communities - one type or the other. Often youth find the cultural norms very binding and restraining; on one hand they want to be part of it and at the same time challenge it repeatedly, resulting in conflicts all the time. Rebellion is a common experience. An adolescent often may not subscribe to all aspects of the life style of a culture. Despite this it is essential for the adolescent to be aware of it. She/he needs to address it critically with the interest of the larger society in mind. The adolescent needs to work with the life style and bring about changes in it that are constructive. He/she will face strong resistance if she/he works against the culture.

What is acceptable in one culture, may not be so in another. There is a need for the LSE trainers to be sensitive while drawing the syllabus for the LSE course for adolescents.

THE INDIAN YOUTH

Nearly, 40% of the one billion population of India are below the age of 20 years. Adolescents form about 10 to 15% of the total population. In absolute numbers the Indian Youth are a significant proportion of the world's youth population.

The Indian youth are currently at crossroads. It is essential to understand the Indian Culture to be able to realize this. India is a vast but a very diverse country with many ethnic and cultural groups. The country varies in its socioeconomic, literacy and health conditions from state to state and region to region. It is of importance to remember that there are more than 17 recognized languages in the country. Some important characteristics are:

Joint, Extended Family System,
Hierarchical,
Patriarchic,
Negation of the Self,
Family before the Individual,
Societal Norms need to be adhered

Below is a short comparison of the Indian and Western Cultures

Indian Culture

Family stability
Interdependence
Negation of the self
Societal duty

Western Culture

Individuality
Independence
Recognition of the self
Socially responsible

While being in the Indian culture, the Indian youth are slowly undergoing a cultural transition in their outlook due to liberalization, free market economy, globalization, communication and the media.

Hence, the LSE trainers in India have to keep the above in mind and provide the adolescents with such a LSE training that will help them to conform to the Indian culture as well as adapt to a Western Culture if needed.

It is known that while on an average 40% of the Indian adolescents are not in school, those in school are under severe stress due to a very competitive system of evaluation, heavy syllabus and a low teacher-student ratio. Motivation to stay in the school system is very low due to the above reasons, especially in the rural areas.

The LSE if incorporated in the Indian schools, is expected to radically change the approach of both the teachers and the taught in the educational system as better teacher - student relationship/ communication is one of the goals of this method.

It important to appreciate that the role of LSE for the Indian youth is not to make them into rebels but empowered individuals who are sensitive to the culture and use it for positive growth.

RECAP

- ✍ Adolescence is a period of rapid development in intellectual and emotional spheres.
- ✍ Adolescents today are under stress due to rapid transition.
- ✍ Life Skills are abilities which are needed to deal with situations effectively.
- ✍ Life Skills determine Psychosocial Competence and Self-Esteem.
- ✍ Life Skills are building blocks of development and health.
- ✍ Life Skills are learnt in an interactive manner during childhood and adolescence.
- ✍ Life Skill Education is a process to develop positive values in the youth.
- ✍ Life Skills are universal.
- ✍ LSE is culture friendly.
- ✍ LSE would aid today's youth under stress to have a smooth transition into adulthood.

LIFE SKILLS EDUCATION AND SECONDARY SCHOOLS

(Teachers as Trainers)

Dear Teacher,

Empowering school teachers like you to improve psychosocial competence and skills among adolescents (in India) is necessary for the following reasons,

- (a) All the adolescents who are your students would have been attending school to a certain extent regularly.
- (b) Often you think you are not an important influence in the healthy behavior and learning of these adolescents. But you are - you as school teachers play a significant role in moulding the thinking and behavior of these adolescents and their development thereof.
- (c) Education system has the necessary infrastructure and teachers are a good resource to disperse the Life Skills Education with no major additional monetary/personal inputs.
- (d) Teachers can be trained as LSE facilitators in school as part of their teacher's training.

* It has to be remembered that in India that the dropout rate of adolescent boys and girls is very high. There is a need for other systems and organizations like NGOs to be involved in LSE for adolescents out of school.

FOCUS OF LIFE SKILLS EDUCATION FOR ADOLESCENTS IN SCHOOLS

LSE involves a process of dynamic and experiential learning. LSE structure can vary according to various developmental & health themes

- ❖ Addressing Nutrition and Communicable Diseases
- ❖ Addressing Substance Abuse in Adolescents - tobacco and alcohol in India
- ❖ Addressing Sexuality - early marriage in adolescent girls, sexual abuse
- ❖ Addressing Aggression - bullying, communal riots and violence
- ❖ Addressing Absenteeism - motivation to prevent dropping out of school
- ❖ Addressing Gender Issues - women harassment, sex selection in pregnancy
- ❖ Addressing Career Choices - professional, vocational etc.

THIS PROGRAM

The present program is planned as a comprehensive program to promote Health among your adolescent students.

It is a participative program using Life Skills.

Life Skills are promoted to address various Health and Developmental issues.

You teachers are the facilitators of this program.

You (teachers) would be trained in the Life Skills Approach, Facilitatory Methods and use of the modules.

Teacher in each activity "Fact Sheet" is for your reading and information.

Procedure is explained for you to do the activity.

Facilitative Questions are provided for you to use and stimulate discussion in groups. These questions are based on theme and activity. You can add or remove any of the facilitative questions.

At the end always summarize the various discussions. Some of it is provided in the

“Summarize...” You may have to elaborate it.

At end of each class remind students to do “Reflection at Home by the Student”.

You would also be assisted in planning and implementation of the program in your class/school.

You will implement the program where you are the class teacher.

Feed back of the teachers and the students is built into the program.

THE MANUAL

The modules of this manual have been prepared to help you to understand and do activities in a participative manner addressing various developmental issues with the students of your class/school.

The important aspects of this exercise are;

1. It has 3 parts to it - VIII, IX and X standards.
2. The modules consist of various activities
3. There are about 20 modules for the VIII and IX standards and about 12 modules for the X standard.
4. The activities have been placed in VIII, IX or X standard depending on the developmental tasks and the requirements of that age and standard.
5. The activities address various issues pertaining to development and health of adolescents.
6. The activities are designed in such a way that they are simple and can be done by you by reading the instructions for 10 minutes before the class.
7. Each activity is independent; hence you need to read only that activity and need not read the whole module.
8. You can do any activity, which you feel comfortable in doing. For e.g. Nutrition, Health, and Self-awareness activities can be done initially and Sexuality can be done later.
9. All activities need to be done involving all children in various activities; bright - not so bright, out-going - introverted, talkative - quiet, those with problems - no problems, boy-girls.
10. The methods used to facilitate such learning include working in small groups using techniques such as brainstorming, role-plays, games and debates. The experiential learning that takes place during this process facilitates better conceptual understanding of developmental issues and life skills. These skills can be applied in real life situations to handle challenges in day-to-day life competently.
11. All activities are planned for a period of 45 to 60 minutes. You need to manage the time.
12. We suggest that it is done once a week - as the last period on a Saturday when the school works for half a day only.
13. If done continuously over 3 years, the adolescent has an opportunity to think, discuss and clarify various important issues of living and growing.
14. It would be excellent if all the (32) activities are done over three years. However, for some reason even if you can do only some of the activities for some reason, it is still useful.
15. Feel free to add/change the activities if there is a need. However, see that they are participatory.
16. It would be good if you also interacted with the parents of your students about these activities at least twice a year - preferably at the beginning of the year and towards the end of the academic year.
17. Every month use the indicators to assess the changes in the students. The first assessment to be done before starting the program *.
18. Ask students to write down all ‘LIFE SKILLS’ in local language on KG sheets of different colors and stick it on the walls of the class. This helps the students to remember all ‘LIFE SKILLS’.

19. Ask students to maintain a 'LIFE SKILLS' diary. Reflection at Home - a part of each activity could be entered in this diary*.
20. Have discussions among the teachers once a month for 40 minutes regarding the progress, its usefulness and impact.

The **SUCCESS** of the program and **HEALTHY DEVELOPMENT** of the adolescents depend on you. Dear teacher, we believe you can make a **DIFFERENCE**.

** Indicators and students Life Skills Diary Proforma are attached at the end of manual. See Appendix.*

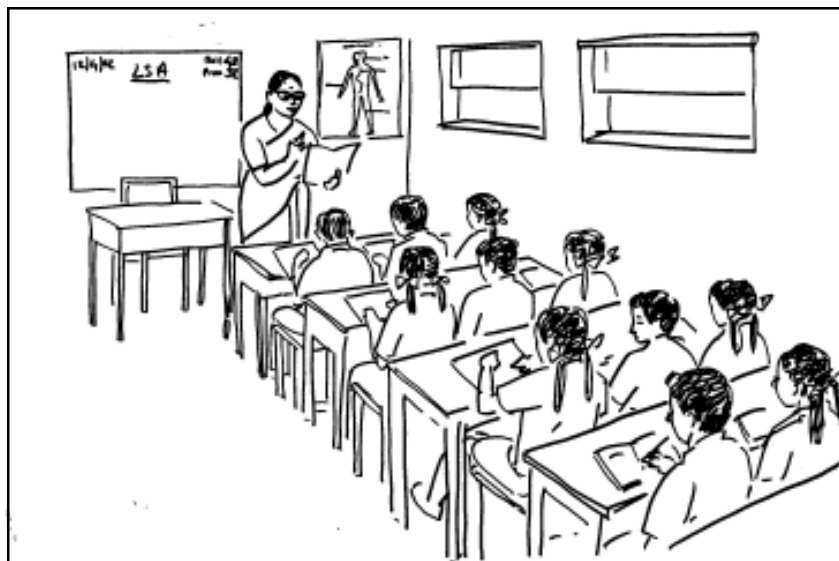
GUIDELINE FOR THE TEACHERS DURING THE LSE CLASS

Teacher,

So far in teaching curriculum subjects to the students, often you,

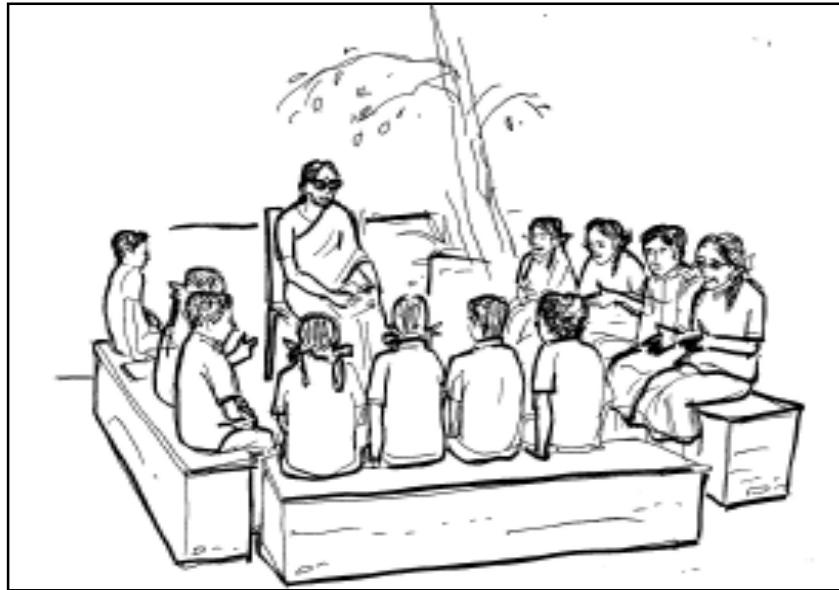
1. Prepare the lesson on an issue/theme - example, 'Mutiny War' or 'Prime Numbers'.
2. Deliver the lecture to the class of students.
3. Clarify doubts if any student raises one.
4. Give a test to assess the knowledge of the students.

In the above, active participation by the students in the class in learning is very low, though you may use it sometimes.



Traditional Methods of Teaching

The teaching of Life Skills to Promote Health among Adolescents is based on participatory, '*student centered learning approach*'. So it is important for you to use participatory/interactive learning approach to involve the students in all the modules of life skills education.



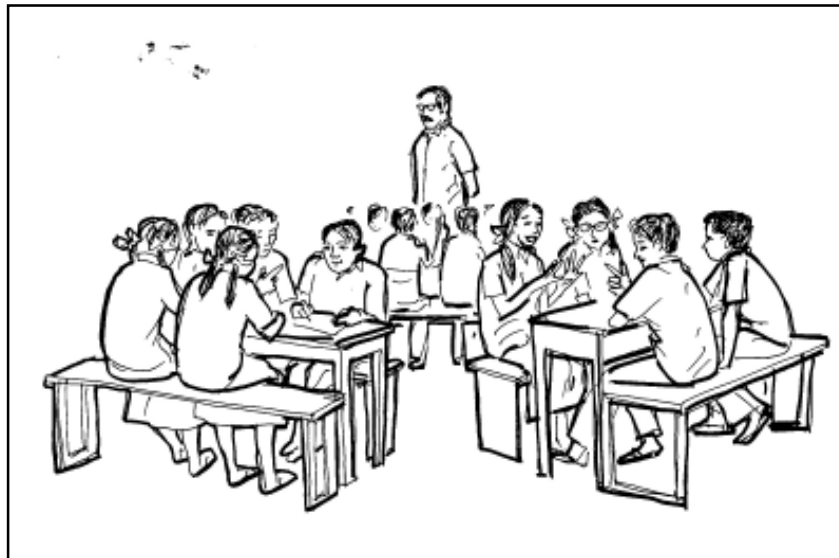
Interactive Method of Teaching

Your Role as a Facilitator;

You have to pattern your role of facilitation according to certain principles that govern the building up of genuine discussion. These are,

- ❖ Prepare well in advance before doing the activity like taking activity materials, questionnaires etc.
- ❖ Define the objectives of the activity clearly.
- ❖ Give clear instructions before the activity commences.
- ❖ Ensure that the discussion starts on time and ends at prearranged time.
- ❖ Divide the students into small groups of 8 - 10 students using different methods - e.g. being according to date of birth - January to February is Group 1, March to April Group 2 etc., color of dress/hair band/bangles, students whose name starts from A to E Group 1, F to L Group 2, etc. See that the same students do not form the same groups.
- ❖ Help the groups to choose a different spokesperson each time.
- ❖ Always keep the discussion on track. You should not dominate the discussion and instead facilitate the smooth flow of discussion. However, when the discussion is straying away from the point, you should bring the discussion back to the point.
- ❖ Encourage participation from those students who are shy, and timid. Make sure that everyone participates in the activity in some way or the other.
- ❖ Allow students to express their ideas freely - stress that the ideas always need not be good, useful, socially acceptable/appropriate.
- ❖ Create and preserve the atmosphere of warmth, freedom and friendliness without the threat of ridicules, humiliation or being put down.
- ❖ Set limits at the same time. In the name of freedom, students should not use bad language and violence, verbal or physical. Have the “Do’s & Don’ts” clear.
- ❖ Always note down the key points of discussion on the black board or flip chart.

- ❖ Be neutral (non-judgmental) and do not take the side of some students. This is very important.
- ❖ Always summarize covering all points at the end of each activity.
- ❖ Create an atmosphere of learning during Health Promotion classes.
- ❖ Stress that the students should complete the Reflection at Home without fail.



Peer Learning & Facilitation

Certain Don'ts:

- ❖ Avoid doing an activity without adequate preparation.
- ❖ Avoid dominating and criticizing students.
- ❖ Avoid interrupting.
- ❖ Avoid lecturing.
- ❖ Avoid advising.
- ❖ Avoid moralizing - eating non-vegetarian is bad; our elders said menses is bad for a reason etc.
- ❖ Avoid taking the side of some students.
- ❖ Avoid rushing to finish the activity.
- ❖ Avoid showing your anxiety in front of students while discussing certain difficult issues like conception, sexual intercourse, contraceptives etc.
- ❖ Avoid providing your personal conclusions for the activity.
- ❖ Avoid discussing information of students got in LSE class with other staff over lunch in the staff room.

MOTIVATION

- ◆ *Making Life Choices - When I Grow Up, I Want to become A BIG _____*
- ◆ *Preparing for Examination - I will do My Best!!!*

Theme: MOTIVATION - MAKING LIFE CHOICES

FACT SHEET:



Education helps us to gain knowledge and skills that can be used in our lives. Education is a goal directed activity - that means we reach a particular point from where we all started - satisfy our thirst for knowledge and acquire skills/expertise to pursue a particular profession. This would help us to earn our livelihood and to some extent fulfill our desires. At the end of schooling, a student has to plan for further education or training depending on his/her future career choices. It is important for a secondary school student to understand that career choices may be many, but once chosen there is limited flexibility. This means that one should be firm and committed to a particular area of work after the choice is made. It is unwise to think of changes after choosing one's career, as it would mean restarting training and development of expertise in that area all over again. Motivation and commitment to stick to a particular profession is very essential. There are some important factors, which help a student/person to achieve his/her goal of economical independence, whether it is becoming a manual worker or a scientist. Lack of conviction and commitment about an area of work, ability to think and accept pros and cons of a job will lead to poor job satisfaction, a sense of failure to achieve life goals, decrease in motivation and subsequently psychological distress.

Hence, it is reasonable to state that a student should make career choices by design (plan) rather than by chance. This choice can be done impulsively. It should involve a process of examining pros and cons of his/her desires, ambitions, abilities, aptitude and opportunities. The student therefore, should first ask himself/herself, 'What should I become?' 'Why should I become that?', 'Do I have the ability to become what I want to become?', 'Am I prepared to accept the challenges, hardships that might come up in the course of choosing this particular career?', 'Do I really need to become what I want to become?', 'What alternatives should I consider other than this one?' etc.

No area of work chosen is inferior to another provided one understands and accepts the area of work and has enough commitment. Most often career choice can bring students and their parents to a conflict situation. Parents think that children should agree to take up an area of education, training and work of their choice without understanding whether the individual in question is interested in that area or not. A significant proportion of young people constantly struggle to cope with demands of a particular career because they are not interested in that area, (e.g. individual has qualified to be a doctor but he does not like this work at all. Similarly another individual is qualified to be an engineer but he hates working with machines) but had to accept it because their parents chose it for them. In other cases students choose a career for reasons of popularity or peer pressure.



There are several examples of people who qualify in a particular area but do not pursue work in that area. They do not succeed because they are unable to put their heart and soul into it.

A student needs to take the ideas, suggestion and advice of others in making the career choice but at the end the decision is totally his/her's. The student should understand this.

What has been discussed above for career is also true for other important life choices like marriage, children, material comforts etc.

Name of the Activity:

Making Life Choices - When I Grow Up-----I want to become A BIG-----

Objectives of the Activity:

- *To encourage the student to think about life choices.*
- *To assist the student to realize that career choice involves many queries.*

Expected Outcome:

- ◆ *Thinking in a methodical manner about various aspects of future - career, marriage, having a family.*
- ◆ *Understanding that the choices have to be made keeping one's needs, desires, interests, abilities, options and opportunities in mind.*
- ◆ *Discussing with others and considering other's perspective on the issue.*
- ◆ *Having a dialogue with oneself, gaining some clarity regarding these and making lasting decisions.*

Time: 60 Minutes

Life Skills Promoted:

Critical Thinking, Decision Making, Problem Solving, Coping with Stress, Coping with Emotions and Interpersonal Relations.

Techniques Used:

Raising Queries and Thinking along those Lines - Self-Assessment.

Materials Needed:

Life choice sheets and pens/pencils (See Activity Material 3.1).

The Life Choice Career Sheet:

Today you are a student. According to you, what job, will you be in, 10 years from now?

1. Does it need further studies?
2. Does it need training?
3. According to you how many years of further studies does it need?
4. According to you how many years of training does it need?
5. Is it a skilled job or unskilled job?
6. Would you like a salaried job?
7. Would you like a self - employed job?
8. Would like a private firm job?
9. Would you prefer a government job?
10. In what way are you preparing yourself for this job?

11. Is the job - decision, made by you or by your parents?
12. Will your parents support your decision?
13. How much guidance do you expect from parents for this decision? - full/ little/ a lot
14. How much guidance do you expect from your teachers for this decision? - full/ little/a lot
15. How much finance do you need to get this dream of yours realized?
16. Do you think about your job/career?
17. Have you discussed this with your friends?
18. Have you discussed this with your parents?

You have decided on this career because

1. You always wanted it - Yes/No
2. You think you have the abilities required for this job - Yes/No
3. Your parents decided this for you - Yes/No
4. Many of your friends choose it - Yes/No
5. This job is the most popular today - Yes/No
6. Pays most money - Yes/No
7. Gives stability and security - Yes/No
8. Good dowry market - Yes/No
9. Quick money - Yes/No
10. Gives employment to others - Yes/No
11. Socially meaningful - Yes/No
12. Allows you as a woman to be married, have children & work - Yes/No
13. Easy to get - Yes/No
14. Extra income possible - Yes/No

Is there a possibility that you will be unemployed ten years from now? Why?

Family:

1. Do you expect to get married?
2. When do you think you will get married - number of years from now?
3. Will be it an 'arranged marriage' or 'love marriage'?
4. If arranged will you say 'no' if you do not like the person?
5. Do you think your parents will listen to your opinion?
6. Most important quality your life partner should have?

7. Truly speaking will you give/take dowry?
8. Would you like to work after marriage/would you like your wife to work?
9. Have you discussed about marriage with friends?
10. Have you discussed about marriage with siblings - brothers, sisters?
11. Do you love somebody now?
12. Do you plan to marry him/her?
13. Do you plan to have children?

Procedure:

Step 1:

Divide the class into 5 - 6 groups of 10 - 12 students each (5 minutes).

Step 2:

Introduce the topic of Life Choices - job choices, career choices, marriage and other choices. We often make these choices based on various factors. There is a need, especially when one is 14 or 15 years old, to think about one's choices and make certain preparatory decisions (5 minutes).

Step 3:

Introduce the activity - that it helps each student to think about various career choices and other important life issues in an organized manner and reach some conclusions by him/herself (5 minutes).

Step 4:

Distribute the choice sheets. Instruct the students to sit, read the queries and encourage them to think and answer the questions pertaining to job, marriage and children.

Tell them to be true to their thoughts and emotions while answering the issues raised. Instruct them not to show it to others in the group or to you, the teacher. If desired he/she can share it with a very close friend later (15 minutes).

Step 5:

Now ask the group members to discuss questions written on the board. One volunteer will present the consensus of each of the group (10 minutes).

Step 6:

Summarize... (5 minutes).

Suggest pasting the answered sheet in a secret place where he/she will choose to read - reread it over years and work towards it.

Facilitative Questions:

1. How easy or difficult was it to answer the questions?
2. What abilities do you need to think about the above queries?

3. What abilities do you need to make decisions on the above questions?
4. What should one do if one's choice is different from parent's or friend's choice?
5. Do you think that a student like you is capable of making of good decisions?

Expected Responses from the Students:

This activity helped us to think about our plans.

It helped us to understand that there are plenty of career choices, but we need to choose according to our area of interest.

Most of the time we decide a certain course under the influence of our friends, which may not be suitable to us and result in poor satisfaction.

We are not capable of making decisions of our future. Many a time we follow our friends without knowing pros and cons of selecting a career.

It is important to seek guidance from teachers, parents and significant others in making career choices. Based on information gathered we have to decide on "what we want to become".

Summarize...

- ☛ Each career has its own unique problems and advantages. Commitment to continue in that area of work depends upon our ability to be motivated and feeling satisfied by doing it.
- ☛ Choosing a career can be a tricky issue. Considering various alternatives, assimilating information from various sources, understanding our selves and our abilities, our background and making a tentative decision on what we want to become is of paramount importance at the age of 16 or 18 years.
- ☛ Choosing a career cannot be by popular vote, or opinions or peer pressure. However, discussions with parents and well wishers are necessary and part of the process of making a decision about career.
- ☛ Motivation, hard work, commitment to study, getting trained and acquiring desired grades to qualify for a particular course are very essential.
- ☛ Similarly the choices of marriage and having a family should be done by thinking about it, weighing pros and cons.

Reflection at Home by the Student:

- 📖 The 'Life Choice Sheet' - where did I paste? Will I be able to see it at least once a month in this place?
- 📖 Did I share the information of my "Life Choice Sheet" with anybody else? Who?
- 📖 So far whenever I had to make a choice (e.g. color of dress) I used to do it by
 - Thinking about various options
 - Decision based on my desire - emotions
 - Allowing my parents to make all decisions for me

Theme: **MOTIVATION - PREPARING FOR EXAMINATION**

FACT SHEET:

Note to the Teacher:

This module ‘Preparing for Examination’ is related to ‘Improving Concentration’, ‘Improving Memory’ (VIII standard) and ‘Study Habits’ (IX standard)



Exams are unavoidable for most of the students in the current system of education. One has to face examination at one time or the other. In our modern educational system EXAMINATION is the only way of assessing the academic ability of a student. Hence, examinations have become crucial for students. There are several examinations, which a student has to take to be able to go for higher level of education. However intelligent or well read a student may be, if she/he does not do well in a particular exam the consequences of not being able to continue education are there. Doing well in exams is thus very important.

Success in the Exams Depends on many Factors like,

- Motivation to study
- Commitment to complete education
- Time management
- Regular study habits
- Ability to handle the stress of planning, preparing and facing the examinations
- Appropriate preparation for the specific examinations
- Following ‘Good Examination’ skills

Failure in an Examination Depends on many Factors like,

- Lack of motivation to study
- Lack of commitment
- Lack of regular study habits over the year
- Lack of clarity in whatever one has read - due to Poor Reading Habits
- Lack of adequate preparation for the examination - Preparing for exams at the last minute
- Fear of Failure
- Becoming ‘anxious’ and ‘stressed’ during the examination
- Following “Poor” examination preparation methods
- Not writing legibly/writing full of corrections and overwriting
- Not adjusting the size and way of answering depending on the question and the marks allotted
- Difficulties in summarizing and writing in exams
- Not managing time during the three hours of exam - writing excessively for the first few questions and omitting the last few questions due to lack of time



As a teacher you could stress that preparation over months is more important than last minute preparation.

HOW TO PREPARE FOR EXAMINATION: Guidelines

Preparation throughout the Year

- Adequate and early preparation is very important to reduce examination tension.
- Preparation starts from the day the student enters the class for that year.
- Attending classes regularly and listening with interest.
- Taking down proper notes in the class.
- Reading textbooks and comparing it to the class - notes, to get a clear picture and understanding of the lesson covered by the teacher.
- Any reading is to be understood by its concept than just memorizing it.
- Writing and summarizing by the student in a way, which is easy for him/her to remember what is read (using mnemonics as an aid to cover all points).
- Discussing the lesson with friends out of the class.
- Clarifying doubts with teachers or other classmates.
- Getting the help of teachers, parents or a tutor if the student has difficulty in understanding certain topics or chapters.
- Finding a method to connect it to other known information.
- Reviewing notes regularly.
- Giving more time and importance to subjects found difficult by the student - e.g. Mathematics, English.
- Avoiding choosing portions in each subject and reading only that based on earlier question papers.



One Month Before the Exams

- Preparing a study plan.
- Combining favorite and not so favorite subjects in the study plan of a day.
- Trying and completing two Model Question Exams (each subject) in this time.
- Having fixed time of sleep and relaxation (including T.V. time).
- Meditating and doing autosuggestion every day - to be calm in the examination situation.
- Discussing with one's parent or sibling or friend regarding progress in the exam preparation from time to time.

Some DON'Ts Few Days Before the Exams

- ☒ Collecting new notes and materials from friends and reading them till the last minute without time for revision.
- ☒ Trying to learn new things on one's own at the last moment.
- ☒ Sitting for long hours continuously to read. Not taking breaks for bath, food, relaxation and sleep. It makes one feel more tired, reduces concentration and makes studying boring and anxiety producing.
- ☒ Keeping awake whole night and reading for few days before the exams.

- ☒ Excessive use of Coffee or Tea or Cigarettes to keep awake the whole night.
- ☒ Giving up studying totally as the student feels that his/her mind is 'BLANK' and seems to have forgotten everything that was read; hence giving up.
- ☒ Spending time to trace the 'question papers' or teachers who are probably involved in paper correction.
- ☒ Copying large amount of materials on bits of paper thinking that it might help during exams.

Some Do's on the Day of the Examination

- ☑ Having a good night's sleep the previous night.
- ☑ Having a light but adequate breakfast.
- ☑ Leaving for the examination hall well in advance.
- ☑ Checking whether one has taken all the necessary things - pens, pencils, geometry box, hall-ticket - a checklist of all items is essential.
- ☑ Going to the toilet before entering the examination hall.
- ☑ Taking deep breaths, making suggestion or a prayer to do well.

Steps to be Followed when the Student Gets the Question Paper in Hand

- ▶ Reading the instructions carefully. If there are any doubts clarify with the instructor, teacher or invigilator.
- ▶ Budgeting the time and planning the answers. Allocating time for each question. Many times students write one answer for too long a time and ends up with too little time for the other questions.
- ▶ Choosing the best known questions if choices are available.
- ▶ If not sure of an answer, not spending long time thinking and recalling answers. Going to the next known question. Handling the less known questions towards the end.
- ▶ Writing legibly - if a mistake is made do not overwrite but cross it out.
- ▶ Highlighting important points - underline, write in capital etc.
- ▶ Answering to the point and not writing unnecessary information to make the answer appear long
- ▶ Giving equal importance to things like formulas (maths, science), drawing figures (science), marking on the map (geography), graphs (maths and physics).
- ▶ Trying to finish ten minutes earlier. This helps the student to go through the paper and correct mistakes/underline important points etc.
- ▶ Most of the students have a habit of discussing answers with friends after the examination. This makes the student anxious and worried. The anxiety may interfere with the reading for the next examination. Once an exam is over it is better to concentrate on the next one. Review and discussion could be done after the last examination.



Anxiety and Exams

Most of the students suffer from anxiety about examination and their performance. While anxiety by itself is not bad, not being able to recognize and cope with it can be disastrous. Many students do not know how to

handle this stress, which results in poor performance in examination despite good preparation. Sometimes it can lead to extreme actions like suicidal attempts or running away from home. The normal responses to exams stress are

- Not being able to concentrate or remember what was read earlier.
- Difficulty in falling sleep or not feeling refreshed even after sleeping for many hours.
- Constant irritability, anger, worry or listlessness.
- Discomfort in the stomach.
- Decreased appetite or increased appetite.
- Vomiting sensation.
- Stomach pain.
- Loose stools.
- Frequent urge to urinate.
- Mild fever.



Reasons for Anxiety:

- Inadequate preparation for examination.
- High expectations from parents, teachers and oneself.
- Unhealthy competition in the class to secure the highest marks. Here the focus is only on securing the highest marks and not on performing well and this affects the performance.
- Jealousy.
- Bad experience in a previous exam that may increase the anxiety e.g. 'I failed last year. So I will probably fail this time also'.
- Distraction during exams - holidays, visitors, festivals, and other events.
- Generally anxious person.



How to Handle the Anxiety:

The Guidelines

- ▶ Following "How to Prepare for Exams" suggestions during preparation before and on the day of exams.
- ▶ Following some specific relaxation techniques many times a day - meditation, breathing exercises, prayers and autosuggestion. This method must be comfortable and useful to the student. So it is necessary that the student starts using it, months before the exams and see whether it is effective for him/her.
- ▶ Solving old examination papers within specified time - 3 hours, i.e. doing mock exams on one's own.
- ▶ Recognizing whether one is mildly anxious or highly anxious that interferes with concentration and learning. If one is highly anxious, sharing it with someone whom the student trusts in and taking help is desirable.
- ▶ Avoiding negative thoughts, for example 'I have not prepared well', 'I may fail in this exams' or 'I have not covered all the portions'.
- ▶ Practice group relaxation exercises in the school for 10 minutes everyday at least 3 months before exams.

Name of the Activity:

Preparing for Examination - I will do my BEST!!!!!!!!!!!!!!

Objectives of the Activity:

- *To go through a mock examination that is not academic.*
- *To understand the appropriate methods of reading, learning, discussing, remembering and answering for any test situation.*
- *To discuss issues pertaining to any examination or evaluation with friends and share thoughts and emotions about it.*

Expected Outcome:

- ◆ *Evaluating the ambitions of self, family, abilities of self, extent of curriculum and the examination pressure.*
- ◆ *Making decision to start preparations for the examination much ahead of time.*
- ◆ *Developing the self-discipline of drawing a time schedule of study and following it as much as possible. Self-review periodically to understand progress in preparation.*
- ◆ *Recognizing feelings and thoughts pertaining to examination as helpful or not helpful and following certain common and personal methods to decrease the negative thoughts and feelings.*

Time: 50 Minutes

Life Skills Promoted:

Critical Thinking, Coping with stress, Coping with Emotions, Self-Awareness and Creative Thinking.

Techniques Used:

Game Playing, Group Work and Discussion

Materials Needed:

Old newspaper, a sheet with 15 questions prepared by you based on the news of the old newspaper, pen, examination pad and photocopies of how to prepare for examination - guidelines (See Activity Material 3.2).

Procedure:

Step 1:

Divide the class into 5 - 6 groups of 8 - 10 students each according to color of their bag. Ask each group to have a newspaper name for their group (e.g. 'Times of India', 'Prajavani', 'Deccan Herald'). Instruct each group to choose a spokesperson (5 minutes).

Step 2:

Give each group a copy of any newspaper of same edition and date. Allow the group members to read the newspaper (5 minutes).

Step 3:

Give each group a questions sheet with 15 questions and ask them to recall maximum points and answer the questions (10 minutes).

Step 4:

Once the activity is over assign following questions to the groups; ask them to discuss among the group members and present the summary of their report to the larger group by the spokespersons (5 minutes). Discuss along these lines...

Step 5:

Summarize.... (5 minutes).

Facilitative Questions:

1. How was it to play the activity?
2. Is this similar to the preparation for an examination? If 'yes', how? If 'no', in what way is it different?
3. Why do we have exams - advantages/disadvantages?
4. What are the advantages and disadvantages of studying just (few days) before exams?
5. What ability does a student like you need to prepare well for an examination?
6. What qualities of a student interfere with preparation for an examination?
7. Can you suggest a healthy way of preparing for an examination?
8. Do you know of any school which has no exams? How do the teachers there know that the children have studied or learnt?

Expected Responses from the Students:

We enjoyed the game.

The time was very short. We were not able to completely go through the paper.

We were very anxious hence we could not remember.

We did not prepare well. So we were not able to answer and recall anything.

This activity is like exams to certain extent - in exams we study a portion and answer questions from that portion.

This is not like exams - in exams the portions are very large - teacher corrects it - here we read small portions and we answered the questions.

Exams are meant to check whether we have studied.

Nobody will study if there are no exams.

We will study better if there are no exams.

How will we know who studies better than the others if we do not have exams.

Exams are meant only to increase our fear.

During exams, students lose sleep, lose weight. Some students are so worried about scoring high marks and others fear about failure, they keep talking about suicide.

If we do not study well we can't do well in exams. The outcome is failure or less marks.

One needs to prepare adequately for exams to expect good result.

Motivation to study, time management, reading regularly, making notes, discussing with friends, clarifying doubts with teachers, collecting old questions and making notes. These are some of the healthy ways of preparing for examination.

There are no schools without examination.

My cousin studies in a school where there are no exams. But they do have weekly assessments.

Summarize...

- ☛ In some schools there are no competitive exams (no ranking or marking) - but tests are conducted to see whether the student has learnt what is necessary and how he/she uses it. It is unfortunate that the common exams are competitive and anxiety provoking.
- ☛ Lack of motivation and commitment, poor reading habits, fear of failure are causes for failure in examination
- ☛ Early preparation, taking down proper notes, clarifying doubts with teachers, parents, giving more importance to difficult subjects, reviewing old questions etc are some of the guidelines for preparing for examinations.
- ☛ Discuss how to handle examination fear and anxiety.
- ☛ Discuss the skills needed by students to decide, make a plan and follow the plan of preparation for examinations. Also the skills to handle anxiety.
- ☛ 'How to prepare for examination' - guidelines should be photocopied and distributed.

Reflection at Home by the Student:

- 📖 Write a personal time schedule to preparation for exams.
- 📖 Rate your anxiety on 1 - 10 just before the last examinations (1 is very low or no anxiety at all, 10 is maximum anxiety).
- 📖 After today's LSE class
 - I have the ability to plan a timetable for study - Yes/No
 - I am anxious about exams and I do not know what to do about it - Yes/No

SELF-AWARENESS

- ◆ *Sensation Seeking Behavior - Drinking - I am Alive*
- ◆ *Facing Failure - Ties that Bind*
- ◆ *Coping with Failure - Suicide - Flying Kite of Hope*
- ◆ *Self-Esteem - I AM the Person with...!!!!!!!*

Theme: **SELF-AWARENESS - SENSATION SEEKING BEHAVIOR - DRINKING**

FACT SHEET:

Alcohol is a common drug of abuse. It is used all over the world, socially, for pleasure. The proportion of people using alcohol socially is increasing steadily. While there is a lot of awareness regarding alcohol related problems in developed countries, more people in the developing countries have started using alcohol to have pleasure and some use it to get relief from various stressors. More and more young people use it for pleasure in the company of their peers.



Alcoholism is a chronic progressive illness, which manifests itself as a disorder of behavior. It is characterized by repeated and excessive drinking of alcoholic beverages. If not treated in time, an alcoholic can die of medical complications (mentioned below), accidents or suicide. Treatment consists of detoxification, counseling and rehabilitation.

About 5 - 10% of the world's population develop alcohol related diseases due to alcohol addiction. Alcohol use and alcohol related problems impose a huge cost to the society, families, health care system, work place and the population at large. Youth drinking is especially problematic. The risk of injury, crime, unsafe sex, negative impact on educational achievement, involvement in crime under the influence of alcohol are far more harmful than the effects of intoxication.

It is wrong to presume that all people who use alcohol necessarily go through the above consequences perforce. Neither it is possible based on characteristics of people to predict who will develop the above problems with absolute certainty nor it is possible to prevent physical complications with continued use. Therefore, preventing people from drinking by saying 'NO' to it first time and at all times is a very effective remedy to prevent alcohol related problems. Moral and value education focusing on right and wrong, good and bad, appropriate and inappropriate are not useful because young people generally discard this. However, this has to be combined with Skill Development. Young people need to develop skills to analyze, critically evaluate and understand health consequences of substance abuse/use even before the first drink.

Immediate Effects of Alcohol Use:

Alcohol is a central nervous system depressant. Many think it stimulates a person to be bold. This is not true. Unlike other foods, alcohol does not require digestion. When one drinks, alcohol is absorbed directly into the bloodstream through the walls of the stomach and the intestine. Once alcohol enters the bloodstream it circulates throughout the body. Alcohol is metabolized in the liver and is changed to carbon dioxide, water and a few calories of energy. A small amount of alcohol goes out of the body through breath, urine and sweat.

Depending on the amount consumed, the initial effects can be seen to be predominantly on the brain and behavior. A person under the influence of alcohol initially feels relaxed, very confident and talks freely. Slowly as the person becomes more intoxicated, his motor movements become clumsy, speech becomes slurred and there is a loss of judgment. Gradually, the person becomes increasingly insensitive to the surroundings and slips into an unconscious stage.

Long-term Effects of Alcohol Use:

Regular, excessive use of alcohol causes acute and chronic problems related to health, occupation, family and social relationships.



Health Problems:

Alcohol can damage every system of our body.

Gastro intestinal system (stomach and intestines): Increased acid secretion leading to acidity, ulcers, gastritis, and cancer. Under-nutrition, vitamin deficiencies cause other disorders like pellagra.

Liver: Hepatitis, jaundice and vomiting of blood due to cirrhosis of liver, liver cancer, acute liver failure.

Pancreas: Pancreatic damage due to inflammation of pancreas and acute pancreatitis leading to sudden death.

Central nervous system (brain and spinal cord): Permanent damage of brain resulting in memory disturbances, other nervous problems, fits and mental illnesses.

Cardio vascular system: High blood pressure, increased tendency to heart attacks, enlargement of the heart.

Social complications:

Accidents and deaths due to high risk behavior - speeding under the influence of alcohol. Unprotected sex with commercial sex workers etc.

Violence at home, beating children and wife, sending children to work than to school.

Criminal behavior like stealing to get money for alcohol.

Occupational problems like not going to work regularly and decreased efficiency in work.

Financial problems and increased debts.

Marital discord and divorce.

Reasons for Drinking:

Biological, psychological and social factors contribute to drinking.

Psychological factors are curiosity, poor stress control, escape from reality, poor impulse control, low self-esteem and positive attitudes towards alcohol.

Social factors are peer pressure, modeling, easy availability of alcohol in the market, culture, family environment, lack of family support and to keep up social norms.

Biological factors are genetic vulnerability like family history of alcoholism in parents or near relatives.

How to Prevent Drinking:

- Educating adolescents on the links between high-risk behaviors such as speeding, unsafe sex and drinking.
- Educating adolescents about the adverse effects of drinking on health, family and society.
- Helping adolescents to develop skills of critical thinking to understand ill effects of alcohol, decision-making skills and dealing with peer pressure to keep away from alcohol.
- Encouraging adolescents to talk about the dangers of alcohol with their friends, so that they can come up with ways to influence friends not to drink.
- Helping adolescents develop creative ways of having ‘fun’ and dealing with stress.
- Developing regular healthy lifestyles such as exercise, yoga and meditation decrease alcohol use amongst teenagers.
- Imposing restrictions on alcohol advertisements in the media.
- Banning of sale of alcohol near educational institutions.
- Parents and teachers providing adequate ‘models’ of being away from alcohol, taking responsibility, facing stress effectively.
- Developing an understanding about alternative recreational methods.



Name of the Activity:

Sensation Seeking Behavior - Drinking - I am Alive

Objective of the Activity:

- *To help students understand the adverse consequences of drinking.*

Expected Outcome:

- ◆ *Adolescents understand the negative impact of drinking.*
- ◆ *Adolescents understand the need to stay away from alcohol.*

Time: 45 Minutes.

Life Skills Promoted:

Critical Thinking, Creative Thinking, Decision Making, Problem Solving, Communication Skills, Coping with Stress and Coping with Emotions.

Technique Used:

Group discussion

Materials Needed:

White sheets, pens and pencils.

Procedure:

Step 1:

Divide the class into 5 - 6 groups of 10 - 12 students each. Ask the groups to name their group in relation to alcohol (5 minutes).

Step 2:

Assign one topic to each group. The topics are given below. Ask them to brainstorm and discuss and present the summary of their respective group by a spokesperson (15 minutes).

Step 3:

Write down the main points of the summary of each group on the blackboard. Ask whether other groups have anything to contribute additionally (not to repeat statements already made) (10 minutes).

Step 4:

Summarize... (5 minutes).

Topics:

1. Impact of drinking on health.
2. Impact of drinking on family.
4. Impact of drinking on society or community.
5. Why people consume alcohol - Are there good effects of drinking alcohol?
6. How would a world be without alcohol?
5. How to avoid alcohol in your life - saying 'NO' to alcohol? What skills are needed to put this into practice?

Expected Responses from the Students:

Group 1:

The person feels happy and excited after drinking. This effect is only for short period of time.

Drinking causes various health problems like:

Kidney failure.

Stomach pain.

Ulcer in the mouth.

Skin problems.

Gastritis.

Damage the brain - he may become mad.

Cancer.

Blood vomiting.

Loss of sleep and appetite.

Group 2:

Coming home late.

Not taking care of children and wife.

Not taking responsibility.

Not allowing children to continue education.

Poverty.

Scolding family members and neighbors in filthy/bad language while intoxicated.

Beating family members while drunk.

Group 3:

Not going to work regularly.

Loss of job.

Criminal behavior.

Stealing money or selling things to buy alcohol.

Creating nuisance in public.

Destroying public property.

Poverty.

Accidents - leading to severe disability and burden to the family members.

Telling lies to get money to drink alcohol.

Debts.

Selling household things.

Begging in the public places to collect money for drinking.

Group 4:

People start drinking out of curiosity.

To show their masculinity.

To get rid of problems.

To overcome loneliness.

To forget problems.

To get sleep and relief from tension.

To gain courage.

Group 5:

Saying NO to alcohol.

Telling them firmly that he or she does not want to drink; hence not to force.

Telling friends that their parents disapprove of alcohol and he/she has similar views.

Pointing out others activities of fun.

Telling friends that alcohol affects health and can cause cancer, liver damage, kidney failure, skin problems etc.

Quitting the place when somebody forces to drink alcohol.

Avoiding situations where the friends would be together to drink and joining them in other places.

Summarize...

- ☛ It is necessary for students to develop very clear “Do’s and ‘Don’ts” related to alcohol and to follow them.
- ☛ Students need to think and take decisions on their own to keep away from drinking.
- ☛ Young people need abilities to have fun without alcohol and communication skills to convince friends that it is not necessary for everybody to drink.

Reflection at Home by the Student:

📖 Who benefits maximum and who benefits least by drinking alcohol,

- Person who drinks,
- His family,
- The person who sells,
- The manufacturer, or
- The government, which allows the sale of alcohol? How?

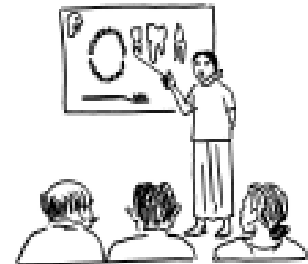
Theme: SELF - AWARENESS - FACING FAILURE

FACT SHEET:



Ups and downs are inseparable part of our lives. Life in general is uncertain i.e., we don't know what is there in store for us tomorrow. This aspect of our lives makes it interesting and exciting. Uncertainty presents not only challenges but also opportunities to prepare ourselves to face the unknown. Facing failures, disappointments and frustration arising out of negative events need personal skills and social support. Developing mastery over coping skills and using them appropriately is paramount. Such an attitude can change us from being pessimistic in the face of failure to being optimistic.

Inability to cope with failure appropriately leads to behaviors which young people regret later, e.g. running away from home, attempting suicide, or giving up efforts to study and so on. Failure to cope with negative events like failure initiates a vicious circle of distress, pessimism and more failure. Hence every individual especially adolescents should view it as an opportunity to grow rather than feel helpless and inactive. It is worth recollecting the proverb "Failure is a Stepping Stone to Success". Handling failure effectively increases self image, confidence and less regret later. Successful coping with every failure using positive approach promotes emotional growth, objectivity to understand life events and leads to mental maturity. Successful people while facing failures identify alternatives, creative solutions and use them to move forward. On the other hand unsuccessful people are characterized by being constantly helpless, feeling increasingly isolated and pessimistic about future leading to more failure. Therefore, it is pertinent to view every failure and negative event as an opportunity to move forward. This can happen only when one accepts failure as a challenge and overcomes it with available resources.



This module of life skill focuses on an activity where one gets the opportunity to learn to handle failure and grow out of it.

Name of the Activity:

Facing Failure - Ties That Bind

Objective of the Activity:

- *To facilitate examining creative alternatives in the context of difficulties.*

Expected Outcome:

- ◆ *Students recognize that difficulties give rise to stress and intense emotions.*
- ◆ *Students use skills to address the stress effectively.*

Time: 60 Minutes

Life Skills Promoted:

Self-Awareness, Critical Thinking, Problem Solving, Coping with Stress and Coping with Emotions.

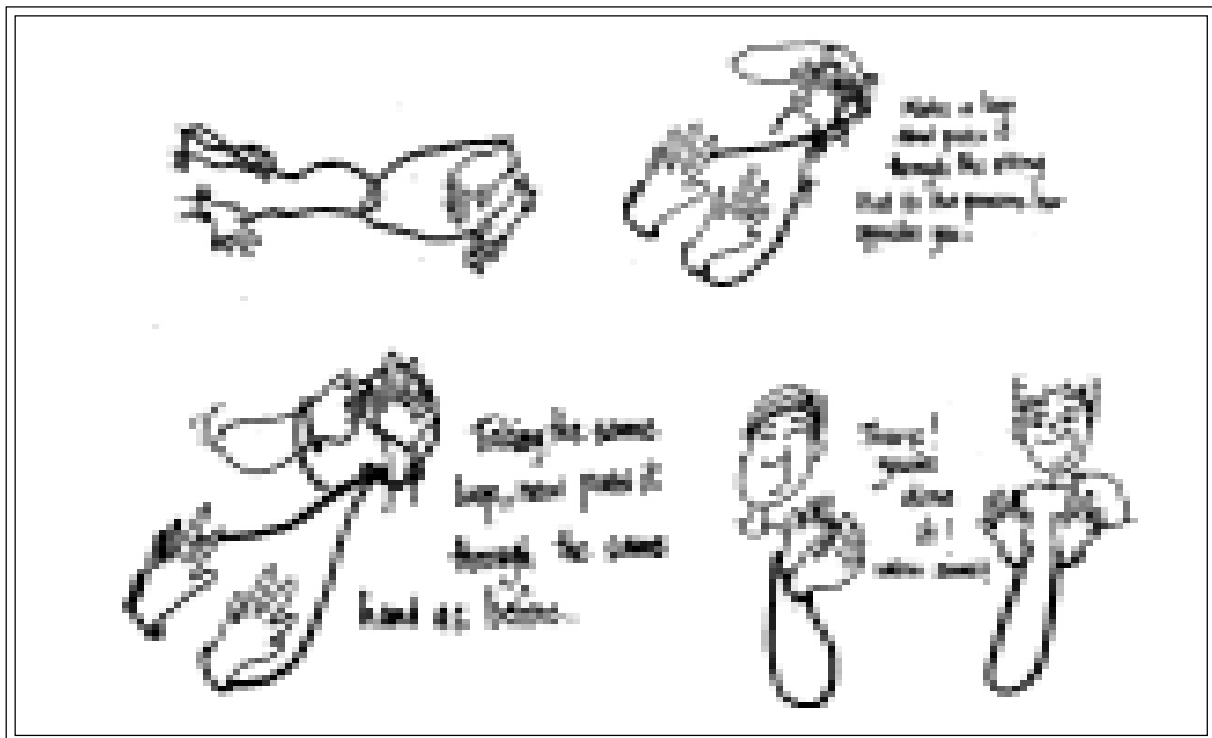
Techniques Used:

Games and Group Discussion

Materials Needed:

2 pieces of four-feet long string for each pair of players.

Step to Solve the Problem



EXAMINING ALTERNATIVES TO SOLVE PROBLEMS

Procedure:

Step 1:

Ask the class to divide into 6 groups of 10 in each group. Each group should elect a spokesperson and 2 players Partner 1 and 2 (5 minutes).

Step 2:

Provide each pair with 2 pieces of strings. Instruct one of the partners (Partner 1) to tie the ends of a string (String 1) around both the wrists of the partner (Partner 2).

Step 3:

Now instruct Partner 2 to tie one of the ends of the other string (String 2) around the right wrist of the Partner 1; direct him/her to loop the other end over his/her own String 1 before tying the free end of the string (String 2) around Partner 1's left wrist (5 minutes).

Step 4:

Instruct that the task for the partners is to disconnect themselves without breaking or untying both the strings. The rest of the group members give suggestions to the partners how to do this without touching them. The spokesperson notes the steps taken by the partners and also the suggestions of the groups members (15 minutes) (See Picture Pg. No. 30).

Step 5:

Request students to get back to their groups to discuss experiences based on the discussion cues written on the board. The spokesperson of each group will present in turn their experiences and the summary of the discussions. The members of the group could add any information, which was not mentioned (15 minutes).

Step 6:

Summarize.... (5 minutes).

Facilitative Questions:

1. How was it to play the activity?
2. What are the things the partners/group members did to solve the problem?
3. What reactions did success give rise to? What reactions did failure give rise to?
4. What are the common failures faced by students and how do they face it?
5. What ability does one need to be able to face failure in life?

Expected Responses from the Students:

Group 1:

Vinod is the leader of group 1. He shares the experiences of his group by the following points. Disconnecting the string without untying it is like a real life problem. We need to understand the nature of the problem or difficulty on hand and find a realistic solution.

Finding a solution needs effort.

The effort here was to examine various alternatives to disconnect.

Good co-operation between partners.

Not able to quickly disconnect is a very frustrating experiences. Several attempts were made to find a quick fix (untying the knot) but was not permitted.

Despite all efforts, disconnection did not occur and both the partners accepted failure gracefully. Students often face failure in exams, love and several other situations - many are very upset by it.

Group 2:

Ramesh is the leader of group 2. He presented the following observations. The game is very tough and our group players could not solve it. Both the partners co-operated with each other, discussed from time to time and tried several alternatives. Partners got tired and frustrated because they could not disconnect. They took brief breaks (15 to 30 seconds), closed their eyes and took couple of deep breaths. This helped them to handle stress better. Though the team did not solve the problem, they were satisfied that they invested enough effort in keeping with their ability.

Some students face the task of having to shoulder responsibility and when they cannot run away from home.

Group 3:

Veena is the leader of group. She made the following observations.

This game was a very exciting and indeed a very enjoyable experience. This game helped us to learn that we cannot achieve anything without effort. Trying various alternatives one after another resulted in our team disconnecting the knot. Our team could achieve this by (slipping the middle of the string under the partners wrist and moving it over the partners hand).

Lack of trust by the parents is a major stress than the failure many students face; hence they cope by committing suicide or running away from home. Parents and teachers have to support students when they fail; only then students will learn to face failure better. Trying again and again needs patience, motivation and goal directed approach to solve the problems.

Summarize...

- ☛ Ups and downs are inseparable part of our lives.
- ☛ None of us are bestowed with the ability to face challenges and succeed in all our endeavors by virtue of intelligence alone.
- ☛ Failure in exams, love affair, relationships, competition or learning a new task can occur.
- ☛ Understanding why failure occurred is the key to progress rather than feeling paralyzed and hopeless.
- ☛ Foresight that failure can occur, preparing oneself to face up to the task, continuous efforts, seeking help, advice, suggestions from others help us to resolve difficulties.
- ☛ Goal directed efforts, motivation, and ability to cope with frustration need regular practice.
- ☛ Success cannot be achieved by merely dreaming.
- ☛ Failure is not the end of the road. Self-defeating thoughts, undesirable actions, helplessness are understandable; but moving forward essentially means overcoming the difficulties.
- ☛ There are no instant ready-made answers to challenges in life. Failure is one of them. Recognize that a success is the result of continuous effort.

Reflection at Home by the Student:

📖 How do I react when I get 'NO' as an answer?

Theme: **SELF-AWARENESS - COPING WITH STRESS - SUICIDE**

FACT SHEET:



Life is never a smooth sail for any one of us. Sometimes we feel frustrated, rejected, isolated, helpless, dejected, powerless, hopeless due to disappointments and failures. Many stressful situations also make us feel so. While these experiences are common, most of us have learnt to effectively negotiate such situations and successfully cope with them. Such failures and stressful experiences have helped us to grow stronger and become mentally mature. Rarely, a person who is unable to cope with the stress sees no choice and ends his/her life.

Young people are at a higher risk for destructive acts like suicidal attempts and completed suicide in the context of adversity. This is because, adolescents have intense emotions and also have a very selective way of thinking about issues. Maturity of an adult in emotions, thoughts and behavior is not present in all adolescents - for that matter many adults also do not possess it. Therefore, adolescents in the face of stress, failure and disappointments resort to suicidal acts or other destructive acts like drinking.

Evidence suggests that suicide has increased in young people, especially adolescents. Every suicide is due to multiple reasons - in the adolescent, the family and the society. High expectations of self, inability to accept failures, inability to manage intense emotions, poor support and relationships with friends and parents are some of the factors in the adolescent. High parental expectations, high criticism in the context of unwanted behavior/poor achievement, absence of an accepting relationship with the adolescent, poor communication with the adolescent, poor sharing of feelings/opinions, family discord are some of the family causes for suicide in an adolescent. High competition, exam stress, promoting and glorifying suicide by media - in movies and stories, absence of professionals to counsel schools, teachers, parents and adolescents themselves are some of the societal causes.



Often adolescents attempt suicide impulsively - Failure in exams and love are the common causes. Shame and anger are the common emotions. Timely help, clarification in the context of crisis situation, appropriate and adequate emotional support can prevent suicides in young people.

Rarely, suicide could be due to psychiatric disorders like depressive disorders, alcoholism and substance abuse. Early identification of the above mental health problems can result in prevention of suicides due to availability of effective and safe medical interventions.

The present module on suicide focuses on empowering young people to recognize negative emotions, talk about them to significant others in his/her environment, seek support, consider alternatives and develop a range of coping strategies.

Name of the Activity:

Coping with Stress - Suicide - Flying the Kite of Hope

Objectives of the Activity:

- *To consider alternatives in distressing and demanding situations.*
- *To help students recognize frustration, dejection, failure, stress in them during any essential life activity.*

Expected Outcome:

- ◆ *Students understand that ups and downs are common in life. One needs to face life in positive ways like seeking support, discussion and considering problem solving strategies.*
- ◆ *Harming self and suicide are not positive coping.*

Time: 60 Minutes

Life Skills promoted:

Self-Awareness, Effective Communication, Coping with Stress, Coping with Emotions, Problem solving and Critical Thinking.

Techniques Used:

Solving Problem and Group Discussions.

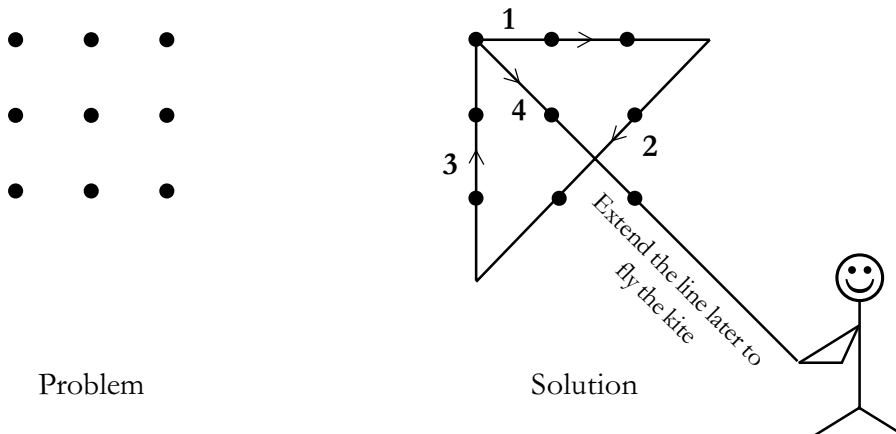
Materials Needed:

The picture with the dots and the solution. Photocopies of case examples with suicidal attempts or suicide, paper and pencils (See Activity Material 3.3 & 3.3a).

DIRECTOIN : You have to connect all the nine dots by four lines without lifting the pen/ pencil from the paper or retracing a line already drawn.

PROBLEM:

Note : For the teacher, the completed picture is given below.



Situation - 1:

Krupakar and Vasumathi are good friends studying in X class. They spend time together reading, talking, exchanging class notes etc. They never consider themselves to be 'lovers'. One of Krupakar friends' who is jealous of Vasumathi's friendship with Krupakar, writes on the school walls and black boards that they are 'lovers'. Both of them feel very upset and ashamed by this. Vasumathi goes home during the class and without telling her mother anything hangs herself with her dupatta in her room. Knowing about her suicide, Krupakar drinks Tik-20 the next day but is saved by his brother.

Situation - 2:

Shareen is the only daughter of her parents. Her parents constantly fight with each other on money matters and father's drinking. Shareen often threatens to run away from house if they continue fighting. Her parents never take her threats seriously. One day Shareen jumps out of her flat from the second floor when parents are fighting and hitting each other.

Procedure:

Step 1:

Divide the class into 5 - 8 groups with groups of 7 - 10 students each. Ask each group to identify a spokesperson (5 minutes).

Step 2:

Provide each group with the photocopy of the problem and ask them to discuss and solve it in a specified period of time of 10 minutes. In case someone has solved the problem he/she should be quiet and not reveal the result. Solution will be called for at the end of 10 minutes (10 minutes).

Step 3:

At the end of 10 minutes, ask group leaders to come to the black board and solve the problem. Extend the line and show it as a Kite (See Completed Picture).

Now read the examples of cases of Vasumathi, Krupakar and Shareen. Ask the groups to discuss the questions raised (15 minutes).

Step 4:

Ask each group leader to report the group's discussions. Note the main points (10 minutes).

Step 5:

Summarize... (5 minutes).

Facilitative Questions:

1. Are the problems of Vasumathi, Krupakar and Shareen common among adolescents?
2. In the face of failure; Romeo and Juliet committed suicide. What do you think about it?
3. What are the common methods usually used by adolescents like them to solve any problems today?
4. Is there an effective way of solving even the most difficult of problems in our lives ?
5. Is 'suicide' 'an option' at any time for any 'problem'?
6. Solving any problem is not easy. How do you go about solving it?

Expected Responses from the Students:

Group 1:

Madan is the leader of Group 1 and he has the following observations:

The game was very useful and educative. It helped us to understand problem - solving methods by considering alternatives.

The problem on hand was comparable to several problems we face on a day to day basis like loss of a valuable possession, failure in exams, being punished for a silly mistake, death of a close friend, death of a parent, separation from a friend. All of the above situations do cause sadness, despair, hopelessness, frustration, anger and we tend to act impulsively in such situations. We understand that facing such situations need the skills of critical analysis and coping.

In the examples given during discussion it was clear that youngsters faced despair and frustration. They did not use critical analysis or seek support. Young people like us take such drastic steps - it is wrong.

Most of the youngsters adopt faulty strategies to deal with problem situation like running away from homes, self-harm, attempting suicides.

Group 2:

Rekha is the leader of Group 2 and she had the following observations to make:

This game has taught us great things.

In face of stress or adversity seeking help from friends and discussion can bring solutions, hope and life.

Vasumathi and others did not do it and hence solved their problems in a sad manner.

Now a days we students learn such behavior of facing difficulties from movies. In Romeo and Juliet the lovers committed suicide; everybody who saw the movie raved about it. So we think such acts are the best method to get sympathy.

Parents also repeatedly say - It is better to die than live with shame. In such a case how can we go to parents for support and sympathy?

Group 3:

Suresh is the leader of Group 3. He had the following observations:

This is a wonderful game. We learnt a lot from it.

Feeling defeated is a thought that comes to our mind very often. It is understandable. Asking ourselves a question such as “ Do we became inferior if we are defeated?” would help us to cope and face the failure courageously.

Failure is hard because we firmly believe that we all should succeed all the time. This mind-set needs to be changed.

If Vasumathi and the Krupakar had learnt to face stress and work with it they would have survived.

Some of our group members felt that students do not mean to die when they undertake such acts. It is just to escape the anger and scolding of the parents, teachers. Sometimes they miscalculate the suicidal attempt and end up dying. You not only fail, but face the failure by using improper methods.

Summarize...

- ☛ Frustration, helplessness, stress, anger, depression, rejection, shame can lead to deliberate self-harm and suicidal behavior.
- ☛ Suicides are common in young people. The proportion of completed suicides are more common in adolescent boys compared to girls
- ☛ Strong friendships, positive school atmosphere, supportive parents and teachers can be extremely useful in diffusing crisis in an adolescent's life.
- ☛ Developing good communications skills, understanding ones' strengths and limitations, willingness to share personal difficulties and failures with others, learning problem solving and considering alternatives can prevent impulsive acts like deliberate self-harm and suicides.

Reflection at Home by the Student:

- 📖 I have the ability to face failure, stress and problems in life - Yes/No
- 📖 I have one of the three to face failure and stress - very good friends, very supportive parents, sensitive and compassionate teachers - Yes/No

Theme: SELF - AWARENESS - SELF - ESTEEM

FACT SHEET:



Self-Esteem is the value we provide to OURSELVES. It is the Self-Concept we have - what we think we are, how do we regard ourselves, how do we perceive others' opinion about us, do we think we deserve it or not. Those of us who have high self-concept are positive about themselves. This often is evident in our abilities also. If we regard ourselves positively we also think that others regard us as a positive person. We are confident and able to stand up for our rights. Those of us with low self-esteem believe they are unimportant, are touchy and sensitive, avoid social interactions and remain isolated.

How is Self-Esteem Developed?

- The foremost requirement is the *recognition and awareness that one is a distinct*, separate individual with his/her own identity.
- Self-esteem also is influenced by what an individual *senses and feels that others think about him/her*. Those would include parents, friends, teachers etc. If these important people regard him/her as capable and important then the self-esteem of the individual will reflect these characteristics. But, if he/she is regarded as useless, stupid, then these aspects will become part of the image the person has of himself/herself.
- Self-esteem develops from *close associations* and interactions with people. Positive self-esteem will develop from reasonable praises, rewards that one receives from these associations.
- Adolescents have an ideal concept of whom they want to be like, this may be persons that the adolescent admires/knows, either in the family or among friends, or even a stranger. If the adolescent sees himself/herself to be similar to this ideal - concept, there is positive self-image.

Causes of Low Self-Esteem:

- Negative body image. Feeling inferior in contrast to someone else
- Low self worth, feeling inadequate
- Sense of hopelessness
- Lack of trust in one's own ability
- Comparisons with others
- Demand for perfection
- Self criticism - negative
- Constant criticism from others



Impact of Low Self-Esteem:

- Poor mental health
- Low self-worth
- Feeling inadequate

- Unable to adjust socially
- Low achievement in academics
- Involving in high-risk behaviors like alcohol, drugs, excessive eating, gambling, indiscriminate sexual behavior, compulsive shopping etc. - the person who does not find a 'high' in self and his/her abilities constantly searches for 'highs' outside.
- Often blaming one's own failure on others.



How to Improve Self-Esteem:

- Learning to accept oneself unconditionally is a key aspect in building self-esteem
- Learning to love yourself regardless of what others feel about you
- Realistically assessing strengths and weakness. Accepting limitations and making plan to improve weaknesses
- Avoiding comparison with others
- Stopping worry about small issues
- Following healthy life styles like meditation, exercises, socially relevant activities etc.

Name of the Activity:

Improving Self - Esteem - "I AM the Person with..."

Objectives of the Activity:

- *To help the students to recognize their strengths and weaknesses.*
- *To help the students to discuss their strengths and weaknesses with a known person and get a feed back so that they are aware of the realistic aspects about themselves.*
- *To help them to discuss a few ways of developing/enhancing their self-esteem.*

Expected Outcome:

- ◆ *Students accept their good and bad qualities as a whole and see themselves as unique.*
- ◆ *Understanding that it is through such skills that they can improve their self-esteem.*

Time: 60 Minutes

Life Skills Promoted:

Self-Awareness, Creative Thinking and Critical Thinking.

Techniques Used:

Guided Introspection, Discussion with a Partner and Group Discussion.

Materials Needed:

White sheets, pins and pen/pencils.

Note to the Teacher:

Do not force the students to share their feelings with the larger class. You can summarize the activity once the discussion is complete.

Procedure:

Step 1:

Divide the students into pairs. Allow each student to choose somebody whom he/she knows for more than a year. Each student of the pair to list out at least 10 things about themselves based on the following questions:

- Things I am proud of - it could be a quality not a physical characteristic (e.g. - 'I am very tall'; 'I am very patient with children')
- What are the things which others appreciate in me?
- How do I know about them?
- What are the things I would like to change in me? How?
- What are the qualities which other's do not like in me?
- How do I know about that?

(10 minutes).

Step 2:

Once they finish writing ask each pair to exchange their sheets. Ask the partner to read the paper and discuss whether the students' opinions of self and understanding of others' opinions about self are correct.

Next, the partner is expected to suggest very specific methods to improve on aspects which the student wants to change.

Both the partners of a pair should do this step for each other. Instruct that the pair should not discuss the partners weaknesses with others (15 minutes).

Step 3:

Once the pair completes the activity, ask each one to get their own sheet and pin it in a safe place in their back. Ask five pairs to discuss the following queries (10 minutes).

Step 4:

Summarize ... (5 minutes).

Facilitative Questions:

1. How did it feel to do the activity?
2. What have you discovered about yourself? How does it feel to know that?
3. Which was more difficult to recognize - good things about you or things to change?
4. Did you find difficult to write your negative things? Did the negative things have any impact on self? How?
5. Were you surprised by anything that was told by your partner?
6. Discuss and suggest 3 ways of improving self-esteem/overcoming negative self-esteem?

Summarize...

- ☛ Self-esteem is the value we place on ourselves.
- ☛ The self-concepts that adolescents have are what they think they are or how they regard and view themselves as individuals.
- ☛ Those with high self-concept are more positive about themselves. In contrast, those with a low self-esteem believe they are unimportant, unable to interact freely and responsibly with others, avoid social interaction and remain isolated.
- ☛ The reasons for low self-esteem are, negative body image, sense of hopelessness, lack of awareness about one's own ability, being critical towards oneself etc. The impact of this are; feeling inadequate, low self-worth, unable to adjust socially, poor mental health, low achievement in academics and being dependent on drugs, smoking, alcohol and daydreaming etc.
- ☛ Learning to accept oneself, learning to love oneself, assessing one's own abilities realistically, including strengths and weakness, consistently making small changes to improve oneself and enhance self-esteem.

Reflection at Home by the Student:

- 📖 Draw a tree and name it as **SELF-ESTEEM TREE**
- 📖 Ask your parents, brother/sisters to write your,
 - Talents and abilities on the roots of the tree.
 - Your success on the branches of the tree and
 - Finally write suggestions for improvement on the trunk of the tree.
 - Stick your self-esteem tree in your room.

SEXUALITY - UNDERSTANDING BODY & MIND

- ◆ *Intercourse - What is this Sex Stuff?????*
- ◆ *Conception - Am I Pregnant? Suresh Touched MY Stomach!!!!!!!!!!*
- ◆ *Contraception - I have the CHOICE!!!!!!*
- ◆ *Sexuality - Myths and Misconceptions - Pretty and Handsome*
- ◆ *Empathy - HIV/AIDS - Please Help US*
- ◆ *Sexuality - Homosexuality - Is HE OK? ????*

Theme: **SEXUALITY - SEXUAL INTERCOURSE**

FACT SHEET:

Note to the Teacher:

It may be difficult for you to describe the sexual act as a part of this activity. Hence it focuses on attitudes and feelings. However, in a single sex class (only boys or only girls) you may be able to talk of the sexual act.



Sex is a basic instinct (primitive need), which is designed by Nature for the preservation and continuation of the Human Race (hunger, thirst and excretion are the other instincts). Sexual maturity (puberty) is a must for a boy or girl to indulge in sexual activity. However, sexual maturity alone is not sufficient for involving in sexual activity as it involves two people - their bodies and feelings. It is not only a means to gain sensual pleasure but a positive force to partnership between man and woman who share common interests, ideas, responsibilities and love. It is an anchor to the development of

families, society and in turn Self. That is why society maintains close watch on the interactions between man and woman. Both are expected to conform to societal codes or rules for the common good of society, for a happy family life and for individual's own development. Society in turn should protect the rights of a sexually maturing person and allow seeking sexual expression in a safe and stable partnership. Often families get a girl married soon after puberty around the age of 13 or 14 years. Here the girl may be sexually mature but emotionally not ready to enter a stable relationship like marriage, sexual experience and responsibilities. Hence, most societies have a permissible age of marriage legally - 18 years in most countries; 21 years is encouraged by societal norms.

In sexual intercourse initially there is a sexual attraction and urge towards the partner. Socially, men are more active and open about their sexual needs. A woman can also be sexually aroused.

There are different types of sexual intercourse - most common being vaginal intercourse.

In Vaginal Sexual Intercourse, an erect penis of the aroused man is inserted into a woman's vagina. During sexual climax the semen spurts out and is deposited high in the vagina.

Anal and oral sex are the other types of sexual activities. In these an erect penis is inserted into the anus or mouth of a woman or man (homosexuals).

Sex is not only a physical activity between two people. It is also an expression of love and emotions, respecting each other's bodies and sharing responsibility.

Couples get significant pleasure in sexual activities only if there is a healthy, positive attitude towards sex, adequate knowledge of the activity and respect towards the partner. Most adolescent boys and girls think that they are in love when they feel sexually attracted towards each other. They invariably fail to distinguish between infatuation, desire, love and lust; but hurriedly seek to have sexual gratification at a purely physical level. This often leads to disappointment in the sexual activity and also in their relationship.



In order to build positive relationship with the opposite sex, it is essential to understand that both the sexes need to treat and respect each other equally. Boys in particular must respect the rights and feelings of girls. This may be possible only when adolescents learn to control and give expression to their sexual desire according to social standards/societal code while interacting with each other. Self-control does not mean denial or abstinence; it means self-discipline. Adolescents need not be slaves to their hormones, nor should they be slaves to peer group pressure or media models.

Name of the Activity:

Sexual Intercourse - What is this Sex Stuff?????!!!!

Objectives of the Activity:

- *To assist the adolescents to clarify doubts related to sex, love and fantasies pertaining to sex.*
- *To discuss abilities related to decisions on sexual experience based on sexual needs and following societal norms.*
- *To discuss skills needed to understand the relationship between sexual needs and a stable sexual partnership.*

Expected Outcome:

- ◆ *Students develop certain healthy opinions, attitudes towards sex and make them part of the self by evaluation.*
- ◆ *Students recognize in self, emotions, which are sexual, identify sexual needs and accept them as healthy.*
- ◆ *They decide to postpone sexual experience till marriage/development of stable relationship.*
- ◆ *When sexually active in a stable relationship make active attempts to build positive relationship and a satisfying sexual life.*

Time: 45 Minutes

Life Skills Promoted:

Self-Awareness, Coping with Emotions, Decision Making, Critical Thinking, Interpersonal Relationship and Effective Communication.

Techniques Used:

Group Discussion, Brainstorming, Sharing Ideas, Opinions and Attitudes.

Materials Needed:

Paper, pencils, pens and photocopies of the situation (See Activity Material 3.4).

Note to the Teacher:

Conduct separate classes for boys and girls.

Situation - 1:

Geetha is a 15 years old adolescent student in X class. She feels very nice whenever she sees a romantic song on the T.V. Recently she has started tuitions in her house for mathematics with her cousin Sudhir - a college boy. Geetha does not object, whenever Sudhir touches her while giving notebooks or pencils. He has started brushing against her while teaching her. Geetha feels very light and nice - she knows that Sudhir also likes these small touches. One day when they are alone Sudhir boldly hugs and kisses Geetha and suggests 'sex' indirectly by pressing his body against hers tightly.

Situation - 2:

Swapna is a 19 years old girl who is married 2 months back to Roy, who is 28 years old. Swapna has had a strict upbringing where topics like 'love'; 'sex' 'childbirth' were never discussed. Swapna

is very afraid to be alone with her husband Roy, as he always tries to touch and talk of having sex with her. Swapna feels uncomfortable and tries to avoid being alone with him.

Procedure:

Step 1:

Divide the class into 5 - 6 groups of 10 - 12 students each. Ask each group to select a volunteer to report the discussions of the group (5 minutes).

Step 2:

Circulate the situation copies. Ask the group to read the situations and discuss along the queries raised below.

Step 3:

Ask each volunteer to present the group's discussions for 2 - 3 minutes (15 minutes).

Step 4:

Summarize... (10 minutes).

Facilitative Questions:

1. What are the abilities a boy like Sudhir or girls like Geetha/Swapna need in order to understand their sexual feelings?
2. What skill does an adolescent boy (like Sudhir) or girl like Geetha or Swapna need in order to decide about when to have sex?
3. What do you understand about sex/sexual act?
4. What is the opinion of your group after discussion about sex?
5. How or from whom do we get information on sex?
6. Do men and women have similar or different sexual needs - why?
7. How is sex seen differently in our country when compared to Western countries?
8. Why is there a Marriage Law in most of the countries which says that marriage is permitted only after the age of 18 years? How does it influence sexual behavior in adolescents?
9. What are common doubts/anxieties regarding sex at your age?

Expected Responses from the Students:

It is not necessary to discuss sex at this age. But parents should talk to children about sex before marriage. Sex is bad.

Kissing, hugging, holding, and talking (with boy or girl) are sex.

Sex is thinking about same person, attraction and wanting to talk with him or her. Boys always think of sex when they move with girls - like in the situation 1.

In love boy and girl sit together, play and talk to each other but they do not have any sex. Geetha and Sudhir did not have sex in the story - only thinking of it.

Love and sex are different.

One can love a person but should not have sex with him/her. They should have sex only after the marriage. Swapna should be cooperative as Roy is her husband.

Sex happens only between married people. Women are usually not interested in sex - like Swapna.

It is a sin/bad to have sex before marriage.

In sex husband and wife sleep together hug and kiss each other and it is called sex. They get pleasure in that.

Women do not like sex. It is the men who want sex.

Sex is a physical activity between husband and wife like hugging; kissing and man's penis goes inside the woman's vagina. In love such physical activity does not happen. In 'homosexuals' it is different.

In Western countries, adolescents can have sex with anybody. Parents do not care about it. It is not so in India. Indians are particular about chastity.

Western people do not have rules about sex. They permit sex at a very young age also.

Westerners start having sex with girl or boyfriends as young as 12 years.

Our law says that girls should get married at 18 years and boys at 21 years (printed on the back of autos) so that they are not married at a very young age. In many places especially in villages young girls are married before 15 years. The girl is not ready for marriage and childbirth.

Summarize....

- ☛ How men and women have sex - couple do different things to express sexual feelings like touching each other's bodies, kissing, hugging. Then the actual sexual act involves man's penis being inserted into the woman's vagina. After some minutes semen (white liquid) comes out of the penis. During this activity both get pleasure.
- ☛ Discuss how sexual intercourse is not just physical activity between 2 persons. It is an expression of love, emotions, feeling, care and concern for the other person. It is based on understanding and respecting each other's relationship.
- ☛ Emphasize that sexual desire is normal and sexual activity is an important pleasure - giving activity; one can indulge in such activity only when he/she is physically and emotionally mature, independent, responsible, in a stable relationship and understands the consequences of such an activity (risk of pregnancy).
- ☛ Sexual intercourse also indicates commitment, responsibility and building relationships. To ensure mental and emotional maturity society allows marriage (indirectly sexual activity) only after the age of 18 years as per law. Point out that though some adolescents engage in such activity before marriage, there are risks like pregnancy, abortion, STDs, HIV/AIDS, being in a relationship which is focused on sex only and not on bonding, commitment and respect.
- ☛ A boy or girl needs thinking skills to understand that sexual feelings are normal; accept self and also the sexual urges of this age as healthy; make a decision to have control and postpone active sex till the time of marriage or a stable relationship is established.
- ☛ Indicate that the students would get opportunities to discuss other issues pertaining to sexuality - conception, contraception, STDs in later LSE classes also.

Reflection at Home by the Student:

- 📖 What is my personal opinion about sex - good, bad, and guilt producing, way to live life, sacred, necessary? Write true feelings in your Life Skills Education Diary.
- 📖 Do I have the ability to say "Not now" if somebody suggests sex to me now - Yes/No

Theme: SEXUALITY - CONCEPTION

FACT SHEET:



Conception is the physical process of a sperm fusing with an ovum (female egg). Conception or pregnancy occurs as a result of sexual intercourse between a woman of reproductive age during unsafe period (ovulation time) and a man. In the current age of technological advances conception is possible artificially without sexual intercourse; by insemination of semen into a young woman's vagina in the lab. Usually it is done under medical supervision by a gynecologist in a willing woman.

In sexual intercourse the erect penis enters the vagina of the female. When the man ejaculates in the vagina, his semen is deposited high up in the vagina. The semen contains millions of sperms and these sperms swim into the cervix, uterus (womb) and then into the fallopian tubes. Among the many viable sperms only one sperm fuses with the live ovum in the fallopian tube and fertilization take place. After the fertilization, the fertilized ovum known as zygote travels from the fallopian tube to the uterus (womb), which is prepared to receive the zygote and help development of the fetus into a baby over 40 weeks. This is called 'gestation' or pregnancy.

Sex is between two persons. But pregnancy is always talked about in relation to woman. Both the man and the pregnant woman have to recognize that the father has an important role both in conception and in pregnancy. Support and care of the pregnant woman by the father is as important as care by a doctor. This would lead to a better relationship between the couple and a good base for them to be effective parents later.

Every sexual intercourse does not lead to pregnancy. The ovum and the sperm should be live and have suitable uterine conditions for fertilization and implantation.

Pregnancy cannot occur by acts related to sex - like touching, kissing, petting etc. These are mainly done to show affection and also increase the pleasure of having sex.

Signs of Pregnancy:

Missed periods.

Often nausea, vomiting and morning sickness for the first three months (many women do not have it).

Full and tender breasts.

Enlargement of the nipples and darkening of the skin around them.

Positive pregnancy test of the woman's urine 40 - 50 days after last menstruation.

Ultra sound showing fetus as early as 40 - 50 days after last menstruation.

Pregnancy cannot be detected by checking the pulse as shown in movies.

How is the Sex of the Baby Determined?

All the human beings have 46 chromosomes (22 +XX or XY). Twenty-three of these come from the egg cell (the female) and 23 from the sperm cell (the male). Together they make 23 pairs in the baby. Of the 23 pairs one pair consists of the sex chromosomes. Sex chromosomes include the X and Y - chromosomes. A male has



XY chromosomes while female has XX chromosomes. The mother's sex chromosomes are XX so egg contains only X chromosomes. The father's sex chromosomes are XY so any particular sperm cell can contain either X or Y - chromosomes. If the ovum (female egg), which has only X chromosome is fertilized by a sperm cell with Y chromosome a male baby is conceived. But if ovum is fertilized by a sperm cell having X chromosome a female baby is conceived. The determination of the sex of the baby therefore is dependent on the male sperm cells and not on the female ovum or egg.

Things a Woman should Do During Pregnancy:

Consuming balanced diet like green leaves, vegetables, milk, egg, fish, meat and fruits.

Regular medical checkup and immunization.

Avoiding ingestion of any medication without doctor's advice.

Consulting a doctor if there is bleeding, vaginal discharge or pain.



Name of the Activity:

Am I Pregnant? Suresh Touched MY Stomach!!!!!!

Objective of the Activity:

- *To help the adolescent students (boys or girls) to understand how women conceive.*

Expected Outcome:

- ◆ *Recognizing anxieties in one pertaining to pregnancy (or making a girl pregnant) and non-sexual activities and coping with them by analysis.*
- ◆ *Planning pregnancy (later in life) rather than accepting it as an 'accident'.*
- ◆ *Understanding role of the man in pregnancy. Communicating the need for support during pregnancy (if woman) and extending it (if man).*

Time: 45 Minutes

Life Skills Promoted:

Critical Thinking, Self-Awareness, Coping with Stress, Coping with Emotions and Decision Making.

Techniques Used:

Group Discussion, Sharing Knowledge and Opinions.

Materials Needed:

White sheet and pens

Note to the Teacher:

Have separate sessions for boys and girls.

It is better if same gender teacher conducts the activity. Students will feel less shy and inhibited to discuss.

Recognize that students may be hesitant and shy to discuss about these issues.

Be matter of fact and don't show your discomfort in front of students.

Procedure:

Step 1:

Divide the students into 3 groups A, B and C (5 minutes).

Step 2:

Put forward the following questions to the students (5 minutes).

Assign all the questions to 3 groups and ask them to discuss among themselves, later select leaders for respective groups who will present their observations to the larger group (10 minutes).

Note down the points on flip chart or black board.

Facilitative Questions:

1. Do you think touching, holding, hugging, kissing, playing with boys, talking and sitting with them can cause pregnancy in girls?

2. Do you think touching private parts like breast, vagina, stomach, chest and thighs by a man can cause pregnancy in a girl?
3. Does bathing in the same water as boys/men - river, pond, swimming pool (where there could be seminal discharge by urination of men) lead to pregnancy?
4. Vomiting (morning sickness) is often seen in movies. Is it a definite proof of pregnancy?
5. Do you think missing period (menses) is always a sign of pregnancy?
6. Does sleeping together (side by side) by a man and a woman lead to pregnancy?
7. Does marriage alone cause pregnancy?
8. Does marriage guarantee pregnancy?
9. Not being married - is it a protection from pregnancy even if a girl indulges in sexual intercourse?
10. Mention established methods of a woman becoming pregnant?
11. Do you think sexual intercourse between men and women always causes pregnancy?
12. Does a man have any responsibility when his wife is pregnant? What should he do and why?

Step 4:

Summarize... (5 minutes).

Expected Responses from the Students:

Boy or man touching private parts of a girl or woman causes pregnancy.

Our mother told that women become pregnant due to God's Grace and gift.

Playing with boys after menarche causes pregnancy.

Our parents said that we should not play with boys after attaining menarche; it is dangerous and will lead to pregnancy.

Women become pregnant after marriage because she sleeps with her husband.

We read in the books and magazines that if a girl stop menstruating or misses her monthly periods it means that she is pregnant and baby is growing inside her womb.

After marriage if woman starts vomiting suddenly it means she has conceived.

Talking with boys does not cause pregnancy.

Men give money for the care of the pregnant wife. Can take wife to doctor.

Summarize...

- ☛ Conception occurs - when semen with live sperms is deposited in the vagina or cervix and fertilizes a live ovum.
- ☛ Conception is possible only by Intercourse or Artificial Insemination.
- ☛ Missing monthly periods, nausea, vomiting, enlargement of the nipples, full and tender breasts, positive pregnancy test etc. are signs of pregnancy.
- ☛ Briefly discuss on determination of sex of the child by the chromosome from the male chromosomes and not female.

Reflection at Home by the Student:

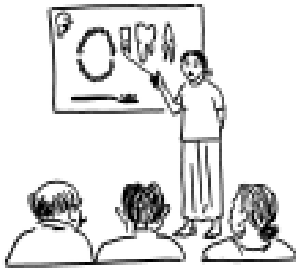
 Write down what your parents or friends told you about how a woman becomes pregnant.

Theme: SEXUALITY - CONTRACEPTION

FACT SHEET:

Note to the Teacher:

Conduct the class separately for the boys and girls if you (teacher) and the students are hesitant to talk of contraception when both sexes are present. You should also be comfortable with discussing such issues with the opposite sex students - lady teacher with boys and vice versa. Otherwise request same sex teacher to do the activity. However, if a teacher is able to discuss issues like contraceptives with the opposite sex students as a matter of fact without bias or hesitation, he or she can be a good role model for the students - how to handle difficult issues in a neutral manner.



‘Contraception’ means ‘preventing the conception of a child’ or ‘preventing a woman from becoming pregnant despite regular sex’. This is also called ‘Birth Control Methods’ or ‘Family Planning Methods’. A couple uses contraception for the following reasons;

1. To delay first pregnancy.
2. To space childbirth - to delay the second child till the first child is 3 - 5 years.
3. To avoid unwanted pregnancies - if the woman is medically unfit or ill.
4. To avoid fear of pregnancy every time there is sexual contact with spouse.

Planned pregnancy is important in that the couple get adequate time to build their relationship before the arrival of their first baby. Planned pregnancy is also important after the first child. It allows the couple to plan and space the next child so that the best possible care and protection can be given to the newborn and the mother.

The contraceptive methods are different and can be used by a woman or a man – married or unmarried, who engage in sex. The partners should have proper knowledge of how different methods work, discuss among themselves and take decision to adapt a method suitable to both of them.

Contraceptive methods fall into the following 3 categories:

1. Natural Family Planning Methods:

- Abstinence.
- Coitus interruptus.
- Safe rhythm method.

2. Temporary Methods:

- Condoms (Nirodh).
- Diaphragm.
- Intra Uterine Devices (IUD, Loops like Copper T).
- Spermicidal Gel.
- Oral Pills (Mala - D, Saheli)

3. Permanent Methods:

Vasectomy for the male.

Tubectomy for the female.

Common contraceptive items, effective and available even in a small town are as follows:

1. Natural Family Planning Methods:

a. Safe Rhythm Method

This is also known as a 'Safe Period Method' or 'Calendar Method'. It is based on an understanding of a woman's natural monthly cycle and involves sexual intercourse with her only during the least fertile (safe) periods of the month when the ovum (egg) is not capable of fertilization. This means that sexual contact is avoided around the time of egg release (ovulation) from the female ovary. Normally in a woman with 28 days cycles, egg is released (ovulation) on the 14th day of the menstrual cycle. So it is advisable for the couple to avoid sex between 12th and 16th day after the onset of menstruation. Women who have irregular menstrual cycle cannot follow this method. The success rate of this method is also low - around 50 - 60%.

2. Temporary Methods:

a. Condoms

Condom is made of a thin rubber sheath, which is rolled on to the erect penis before sexual intercourse. It prevents the semen (sperms) from being discharged into the vagina of the partner. There is a small pouch at the closed end of condom in which the semen collects when ejaculated. A condom is also used to prevent Sexually Transmitted Diseases (STDs) like syphilis and HIV as it prevents contact between vaginal secretions and the penile secretion. Condom is the only contraceptive that gives protection against STDs for the both the partners. It is also an effective birth control method.

Using condom

Removing rolled condom from the packet.

Placing the condom on erect penis and unrolling it over the penis.

After the sexual activity removing it carefully without spilling.

Knotting the open end of the condom.

Wrapping the condom in a paper and throwing it in a dustbin.

Precaution

A new condom should be used before each sexual act.

Expiry date on the back of the package needs to be checked. Outdated condoms may tear while having sex.

A condom must not be used with oil-based lubricants such as petroleum jelly (Vaseline) mineral oil, cooking oil, baby oil, skin lotions, cold cream or butter. Use water based lubricants such as glycerin and KY jelly.

A condom should be used only once.



b. Intra Uterine Devices (IUDs)

A small flexible plastic device (Loop) usually with a copper covering (Copper-T), which is inserted into the womb by a doctor. It prevents the fertilized egg from getting implanted in the womb. Copper-T or IUDs are effective for 2 or 5 years. It can be removed whenever the couple wants a child and a doctor does the removal.

c. The Pill

A Pill contains estrogen and progesterone. The pill needs to be taken regularly every day by the woman. It prevents the release of egg from the ovary every month. Different brands of pills are available in the market (Mala-D, Saheli). It should be taken only after consulting a doctor. Whenever the woman wants to have a child, she can stop taking the pills. This is the most effective method if the pill is taken regularly. Pills are also used for irregular periods and other conditions in women.

3. Permanent Methods:

Sterilization is a procedure by which a male or female is rendered incapable of procreation permanently. The procedures involve a very small surgical procedure. In males the operation is known as **Vasectomy** and in females it is known as **Tubectomy**.

a. Vasectomy

Vasectomy is a minor surgical operation in which the tubes (vas deferens), which carry sperms from the testes to penis, are cut and tied (ligated). The man continues to ejaculates as before but the semen no longer contains sperms. It is simple and the most reliable method. It does not require hospitalization. This method does not affect the man's health, strength or masculinity in any way and does not interfere with sexual activity.

b. Tubectomy

Tubectomy is a surgical procedure in which the fallopian tubes, which carry the eggs from the ovaries to the uterus, are cut and tied (ligated). The eggs are prevented from reaching the uterus and getting fertilized.

All methods of contraception can fail except the permanent ones. For example, the condoms and pills are 90 - 95% successful. Spermicidal Gel and Diaphragm are less successful.

Name of the Activity:

Contraception - I have the CHOICE!!!!!!

Objectives of the Activity:

- *To help students understand that contraception is common in the present time.*
- *To make adolescent students understand various types of contraception.*
- *To provide information that contraceptives can be used scientifically for purposes other than contraception also e.g. regularize irregular bleeding, to prevent excessive bleeding etc.*

Expected Outcome:

- ◆ *Understanding that sex need not always lead to pregnancy and that it can be planned.*
- ◆ *Anticipating fear associated with unprotected sex (even within marriage) and communicating to the partner the need for contraception and its advantages.*
- ◆ *Remembering the contraceptive methods and choosing a suitable contraceptive method whenever there is a need for it - even much later in their lives - after marriage, sexual experience or childbirth.*
- ◆ *Having a positive attitude to contraceptive methods.*

Time: 70 Minutes

Techniques Used:

Sharing of Opinions, Knowledge and Brainstorming in a group.

Life Skills Promoted:

Critical Thinking, Decision Making, Self-Awareness, Problem-Solving and Communication Skills

Materials Needed:

Pencils, pens, sheets of paper, a box/basket, pictures of various types of contraceptives devices - condom, contraceptive pills, diaphragm, intrauterine copper T loop etc, vasectomy, tubectomy and also the samples of some of them - condom, loop, cooper T, pill packet (See Activity Material 3.5).

Note to the Teachers:

Use the discussion cues at any stage.

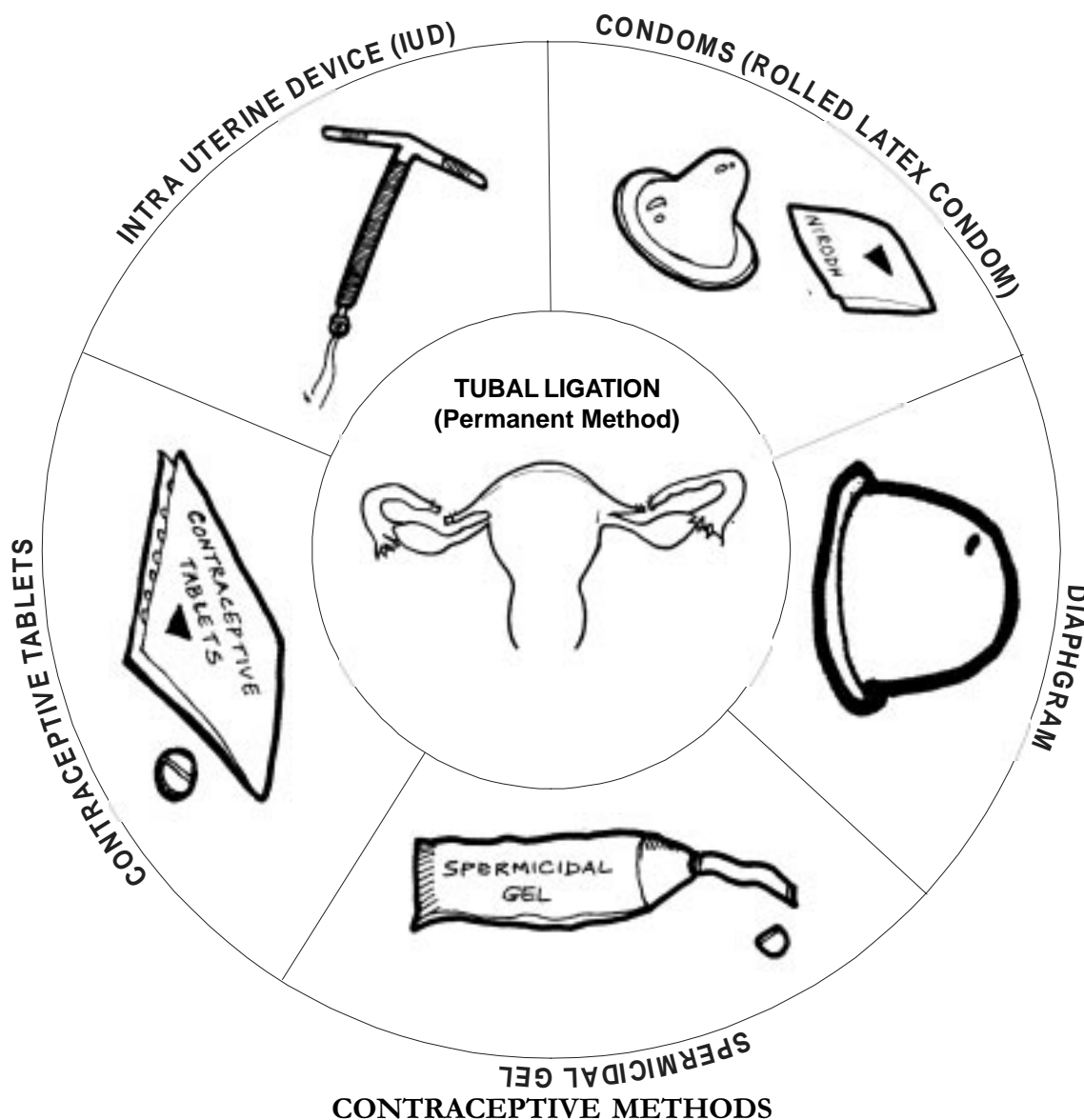
Do not expect that students should know all contraceptive methods.

Students may be shy and hesitant to discuss.

Do not get upset if your students giggle.

Be open and friendly to discuss and share with adolescents. Acknowledge that it is a difficult subject to discuss in a class.

If needed take separate session for boys and girls (same gender teacher).



Procedure:

Step 1:

Divide the class into 4 groups according to the time of birth (morning, noon, evening and night). Ask each group to choose a spokesperson (5 minutes).

Step 2:

Select 10 students at random from Group 1. Ask each one of them to tell loudly to the class, how many children their grandmother had, how many children their mother has and how many children their sister or young aunty has (5 minutes).

Step 3 :

Point out that the number of children a mother has in each generation is decreasing. Request all the students of the class to write their opinion why the number of children any mother of each generation is decreasing and how it has become possible (5 minutes).

Step 4:

Each student should write 2 reasons on 2 small pieces of paper, fold it. Pass a basket/box/carry bag around the class and ask the students to drop the folded paper pieces into it quickly. Suggest that the handwriting can be changed and written in bold letters (10 minutes).

Step 5:

Shuffle the pieces of papers and ask about 10 different students from Group 2 to read out the responses from about 20 - 25 pieces of paper. You read the response first and hand it to the student to read it aloud to the class (10 minutes) (Ignore responses which use slang sexual words).

Expected Responses from the Students:

It is very costly to have children

People get married late.

Couples avoid sex.

They use Nirodh, Saheli, Kamasutra, Kohinoor pink condom.

Parents do not want to have more children.

They control the birth of children.

They must be having abortions.

God gives only less number of children nowadays.

Too many births affects mothers' health adversely.

Step 6:

Introduce the word 'Contraception' - control of conception. Now ask all the students in the class to write on a piece of paper another name for contraception if she/he knows and also example of 2 contraceptive methods he/she knows or has seen in magazines/T.V./movies. Advise them not to copy but write whatever he/she knows. Reassure that there are no right or wrong answers and nobody would correct it. Pass the box again and ask the students to drop the folded slips of paper into it (10 minutes).

Step 7:

Shuffle the pieces of paper and request 10 students from Group 3 to read 2 slips of paper each aloud to the class. Ask whether anybody else knows any other contraceptive method. Show or pass the picture with the contraceptive methods drawn on it. Pass the rolled condom and the Loop models around the class. Ask students to discuss in their group the following discussions questions written on the blackboard.

Facilitative Questions:

1. How difficult is it to talk in the class about 'contraception?'
2. India's population was 35 crores in 1947. Now it is 100 crores. Is there a need for contraception in our country?
3. What are the problems for any country if number of children born is not controlled?
4. What are the problems in the family if number of children are too many?

5. What are the problems for a woman if she has many children?
6. What abilities does a woman or man need to choose a contraceptive method?
7. What abilities does a man/woman need to convince the partner to use a contraceptive method? (15 minutes).

Step 8:

Summarize.... (10 minutes).

Summarize....

- ☛ Discuss how people at the present time decide to have less children. To put this decision into practice many parents use birth control.
- ☛ Birth control methods are different and can be used by a man or a woman.
- ☛ Birth control methods are very safe and effective, depending on the method used.
- ☛ Students may not need them in the near future. But there is a need to know them and be aware of them.
- ☛ On becoming an independent adult a man or woman needs to think and understand the advantages of a small family, decide to plan childbirth, know all the types of contraception and choose the appropriate depending upon the need (after 2 children - permanent method). He/she needs to convince the partner also to use contraception between them.
- ☛ There are other uses of the contraceptive items - condoms, pills.
- ☛ Acknowledge that they and you feel shy to talk about it and also show them.

Reflection at Home by the Student:

📖 Among the contraceptive devices shown and discussed - the one I have heard the most _____.

📖 After today's LSE class my opinion about contraception (tick one of the following)

- Unnecessary and not of use for me
- Interesting but not of use to me
- Necessary and of use to me
- Contraception is the key to improve womens' health

Theme: SEXUALITY - MYTHS & MISCONCEPTIONS

FACT SHEET:



Adolescence is a critical period during which significant physical, psychological and social changes occur. The suddenness and rapid pace with which the changes take place in the body and mind of adolescents, give rise to a number of issues. Although they experience the changes occurring in them, they are often unable to understand the relevance and how to cope with them. Neither the parents/nor teachers give accurate information about these changes. They fall back on their peer group or popular journalism, which often provide inadequate or inaccurate information. Being misinformed, they fall prey to myths and misconceptions which results in indulgence in high-risk-behaviors. The incidence of premarital pregnancy, sex, crime, HIV/AIDS are increasing among adolescents due to lack of correct and useful information.

In our culture parents and teachers are very shy to talk about sexuality issues with their children. They argue that imparting knowledge on sexuality leads to curiosity and early sexual experimentation among adolescents. They believe that sex and sexuality related issues are private matters that should not be discussed with children/adolescents.

But research indicate that,

- Access to wrong information creates anxieties and confusion and gives rise to misconceptions among adolescents about various dimensions of their growth and development. Myths and misconceptions are carried over to their adulthood, which affect their attitude and behavior pertaining to sexuality and gender.
- Studies have shown increasing incidence of premarital sexual relations among adolescents. It is therefore necessary to impart the information on sexuality to develop healthy attitudes towards sex.
- The increasing incidence of sex crimes warrants the need for urgent educational intervention, so that young people are made aware of healthy sexual behavior and need to safeguard themselves against sexual abuse.
- The incidence of premarital pregnancy, HIV/AIDS is increasing among the adolescents.

Research also indicate that education about reproductive and sexual health does not encourage students to experiment with their newly acquired knowledge. Rather, it encourages them to have positive attitude towards sex and inculcates responsible behavior in them.

Role of the Teachers:

Teachers play a significant role in giving scientific information on reproductive health to adolescent students.

- Teachers should understand that students have the right to know about their body, mind and developmental changes in them.
- Teachers have to equip themselves well for imparting education about issues concerning adolescent students.
- For effective teaching they can employ non-traditional methods of teaching.
- The teachers should be non-judgmental so that students are open to talk about any issue.
- The teachers have to stress on skills/abilities to handle sexuality issues effectively.



This module mainly focuses on the myths and misconceptions pertaining to sexuality and provides correct information. They are many; but some important ones are stated here to be done as an activity.

Name of the Activity:

Myths and Misconceptions - Pretty and Handsome

Objectives of the Activity:

- *To understand various myths prevalent among students regarding sexuality issues and discuss them.*
- *To provide scientific information about various facts related to sexuality.*

Expected Outcome:

- ◆ *Whenever students hear a popular statement, they use their critical skills to check and confirm its truth especially on issues pertaining to sexuality where negative attitudes are many.*

Time: 60 Minutes

Life Skills Promoted:

Critical Thinking, Decisions Making and Self-Awareness.

Technique Used:

Quiz

Materials Needed:

Small box, KG cardboard of two colors - pink and green, scissors, pencils and paper. Cut the pink and green KG cardboard into 32 strips and write the **MYTHS** on the Pink strips and **FACTS** on the Green strips (See Activity Material 3.6).

STATEMENTS:

PINK CARDS (Myths) AND GREEN CARDS (Facts)

- **MYTH** : Women with smaller breasts are not sexually attractive.
FACT : Size of breasts alone does not decide the sexual attractiveness of a girl.
- **MYTH** : Application of cream, exercise, consuming pills and injections help in breast enlargement or development.
FACT : There is no medicine, cream or injections of hormones that enlarge or develop the breast. Advertisements shown on the T.V., newspaper, and magazines about how to increase breast size misguide people. Size of breasts can be changed only by surgery - expensive and has its own risks.
- **MYTH** : Bra is worn by women to look sexier and attract men.
FACT : Breast is a very soft gland or organ. Bra is used to support the breasts and avoid/prevent sagging.
- **MYTH** : Wearing a tight bra causes breast cancer.
FACT : One should wear a bra, which is neither too tight nor too loose. Wearing a tight bra does not cause breast cancer.
- **MYTH** : Girls who have a 'sexy figure' with big breasts are sexually more active.
FACT : Shape of a girl has nothing to do with her being sexually active. It is to do with her urges controlled by hormones and culture too decides the attitude.

- **MYTH** : Big breasts produce more milk than smaller breasts.
FACT : The breasts are made up of the fatty tissue, which determines the size of the breast. Milk glands, which secrete the milk after delivery are not influenced by the amount of fat or size of breasts, but by hormones. So size is not related to secretion of milk.
- **MYTH** : Breast-feeding a baby makes women less attractive and older.
FACT : Breast-feeding a newborn baby does not make the breast sag. It helps in developing bonding with the baby and the uterus to get back to its original size. Pregnancy increases the size of the uterus.
- **MYTH** : Menstruation is nothing but bad blood going out of the body.
FACT : Menstrual blood is not impure - it is like saliva or tears. Body does not remove any toxins through menstrual blood. It is a misconception to say it is impure - scientifically not correct.
- **MYTH** : A girl is impure during menstruation.
FACT : Girls are not dirty during periods. She can have a good bath and be as clean as other persons.
- **MYTH** : Women have more than 2 or 3 menses in a month.
FACT : Women usually have period or menses only once in a month.
- **MYTH** : A man with a larger penis is sexually stronger than a man with a smaller penis.
FACT : The size of penis and sexual ability in a man are unrelated.
- **MYTH** : Night emission makes a boy tired, weak and lose his memory. He should consume more food.
FACT : There is no connection between wet dreams and sexual impotency nor memory. One can consume normal food and doesn't require any extra nourishment. The inadequacy if present may be due to guilt about such act. Memory problems are related to anxiety about semen loss.
- **MYTH** : Loss of semen during masturbation or wet dreams leads to dark circles around the eyes of a boy.
FACT : Wet dream or night emission is normal among adolescent boys. It does not make one tired, weak or cause dark circle around the eyes.
- **MYTH** : Masturbation is a sin.
FACT : Masturbation is physiological. It is more in men than women.
- **MYTH** : Only men (not women) practice masturbation. It is more common among young than married people.
FACT : Masturbation is practiced by both sexes. It is more common among men. Women are taught culturally to suppress sexual needs. This does not mean they have no sexual needs. A woman masturbates by stimulating the clitoris. It is common among young, married and even elderly. It is not a sin as it is physiological.
- **MYTH** : Frequent masturbation leads to impotency.
FACT : Masturbation does not lead to impotency especially in boys. Young people who indulge in that excessively lose interest in other important activities like studies and games. Hence, it is advisable for boys to keep it under control. Anything, even eating in excess is not advisable.

- **MYTH** : Frequent masturbation diminishes size of penis.
FACT : No, Masturbation does not lead to shrinkage of penis or breasts. After ejaculation the penis normally shrinks to its usual size.
- **MYTH** : Women do not have sexual urges.
FACT : Women also have sexual urges. Culturally, women have been told that it is wrong to show their sexual desire. Hiding sexual desire is connected to being 'chaste' and also 'good'. These are attitudes. Proper expression of sexual desires by a woman with a stable partner like spouse is satisfying to both.
- **MYTH** : If you are god-fearing you should not have thoughts of sex or sexual urges.
FACT : Somebody can be god-fearing and yet be sexually active. Proper expressions of sexual desire - within a marriage, with a single partner, with love and trust both by men and women are necessary and healthy.
- **MYTH** : Touching private parts, kissing, holding, hugging lead to pregnancy.
FACT : Pregnancy is a result of sexual intercourse between a man and a woman. Touching private parts, kissing, holding, hugging do not lead to conception.
- **MYTH** : A well-built person is sexually stronger.
FACT : Physical strength in a person with good health is not connected to sexual power. If somebody is generally unhealthy and weak, then he/she can be sexually weak due to fatigue.
- **MYTH** : One should not have sexual intercourse during menstruation.
FACT : One can have sex during menstruation. If both partners are willing and comfortable they can have sex during menses. Infection of genitals if not clean, is a possibility.
- **MYTH** : Taking contraceptive pills causes breast cancer among women.
FACT : Research does not totally confirm that taking contraceptive pills causes cancer. One needs to keep in touch with the doctor.
- **MYTH** : Loops like Copper - T for women leads to pain in the abdomen and causes severe bleeding. It interferes with sexual act.
FACT : If a correct size loop is introduced the discomfort and bleeding stops after a few days. It does not interfere with sexual intercourse.
- **MYTH** : Loop inserted improperly may enter the chest/abdomen and cause death.
FACT : The copper - T (IUD) stays in the womb until a doctor, or nurse removes it. It never enters the chest or stomach and cause death. If it gets dislodged, it usually comes out through the vagina.
- **MYTH** : Sterilization in men and women is irreversible.
FACT : Sterilization is reversible to a certain extent in both men and women. A minor surgery can be done for re-canalization. The couple can have a child after the re-canalization. Success rate is higher for men than women. It can fail in men also.
- **MYTH** : After sterilization men become impotent and lose interest in sex.
FACT : Man cannot become impotent after sterilization. What is cut is only the vas deferens (tubes which carry spermatic fluid). Sexual act is controlled by desire, attitudes and male hormones.

- **MYTH** : Women should not lift heavy objects at all after sterilization.
FACT : Women can carry out day-to-day activities after a routine sterilization. (Avoiding heavy manual labor for 6 weeks is sufficient). They do not require any additional rest, periodic checkup or scanning.
- **MYTH** : Use of condoms decreases sexual satisfaction in men.
FACT : Condoms do not decrease sexual satisfaction.
- **MYTH** : One person can have sex with multiple partners, but should wash genitals immediately after having sex to prevent STDs, HIV/AIDS.
FACT : Washing genitals immediately after sex does not prevent HIV/AIDS or STDs.
- **MYTH** : AIDS is common only among poor people.
FACT : HIV/AIDS affect all class of people (rich, poor and middle class people).
- **MYTH** : Washing genital with soap immediately after sexual intercourse prevents pregnancy.
FACT : Washing genitals after sex does not prevent pregnancy.

Procedure:

Step 1:

Divide the class into two groups A and B (5 minutes).

Step 2:

Have the statements printed on a paper for you to read it. Place all **PINK CARDS** and **GREEN CARDS** (*myths and facts*) in a box (5 minutes).

Step 3:

Read out a statement - Instruct students from group A and B to decide whether it is a Fact or Myth. Ask them to make a note of it among the group members (15 minutes).

Step 4:

Distribute the pink cards and green cards equally to the 2 groups. Instruct students from each group to take one of the pink cards and read the statement loudly. From the color of the card it is understood that it is a myth. The corresponding green card to be read by one of the groups. The earlier answer of the group is compared and mark given if the group had decided correctly.

The group with more correct answers is the winner (15 minutes).

Step 5:

Summarize...(5 minutes).

Facilitative Questions:

Once the quiz is over ask the students to sit in their respective groups and put forward the following questions,

1. How was it to play the activity?
2. Was it informative? In which way was the activity informative?
3. Do you think you need scientific information on reproductive health?
4. Why and who should give proper information to you regarding sexuality?

The group representative will present the summary of their discussion (10 minutes).

Expected Responses from the Students:

The quiz was very informative.

Before playing this game we all had false information on most of the issues related to the menstruation, breast size, sex, contraceptive methods, masturbation, night emission etc.

Participating in this game helped us to get scientific information on many issues.

We approached our friends to clarify doubts related to night emission, pregnancy, sexual intercourse, condoms etc. and whatever information we got from them had not cleared our doubts.

We worry about sudden physical changes in us. No body gave us information on why these changes occur.

We approached our parents many times but they did not understand our queries at all

We feel that a teacher is the right person to provide the information on reproductive health.

Parents should also guide and help us to cope with sudden developmental changes in us to some extent.

We all have a right to access correct information about sexuality. This will help us to develop healthy attitudes and safe sexual behavior.

Summarize...

- ☛ Myth is a widely held belief that is assumed to be true, without any scientific basis.
- ☛ Fact is an event or idea, which has been tested out with systematic scientific research and proved to be true
- ☛ Inadequate information leads to inappropriate sexual experimentation among the adolescents because of curiosity.
- ☛ Scientific research studies have shown that information on reproductive and sexual health does not encourage students to indulge in sexual activity. Rather, it encourages them to develop healthy attitudes and responsible behavior towards opposite sex.

Reflection at Home by the Student:

- 📖 Have you read any magazines, watched blue films or tried to get more information on sex just out of curiosity? - Yes/No - Elaborate.
- 📖 Share today's LSE class information with your parents, grandmother, brother and sister. Note down if they have any myths - discuss with your friends and teacher. Please make a note on their reactions.

Theme: **RELATIONSHIPS - EMPATHY - HIV /AIDS**

FACT SHEET:



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

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

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



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

Name of the Activity:

Empathy - HIV/AIDS - Please Help Us

Objective of the Activity:

- *To facilitate students to express their feelings, fears and attitudes towards HIV/AIDS infected persons.*

Expected Outcome:

- ◆ *Adolescents learn to develop healthy respect and positive attitude even for people who are in some way stigmatized by the society - commercial sex workers, law breakers, illiterate - people, prisoners, those affected by HIV/AIDS, mental illness, leprosy etc.*

Time: 45 Minutes

Life Skills Promoted:

Coping with Emotions, Empathy and Self-Awareness.

Techniques Used:

Situation Analysis and Group Discussion.

Materials Needed:

White sheet and pen (See Activity Material 3.7).

Situation -1:

“PLEASE HELP US”

Rashmi : You know yesterday in village meeting people suggested that Zaved’s father should leave the village along with his family members.

Shabana : Why? Did Javed’s father commit any sinful act?

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

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

Rashmi : Look Shabana, Javed is coming towards us along with his little brother Haniff.

Shabana : Rashmi I don’t want to stand here and speak with them. I am going. Are you coming with me?

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

Shabana : I can’t do this. My parents have told me not speak or play with HIV infected person. They always say that HIV infected people should be kept separately. One woman from the neighboring village was asked to leave the place because she had AIDS. She was not allowed to speak with anybody or visit the temple or public places. She was kept away from every activity in the village. I read about the same type of incident happening in several places in the newspapers. I feel Javed and Haniff should not be allowed to attend school. **“ I AM SCARED OF AIDS”**.

I don’t want to speak with them. I am going..... Bye!

Procedure:

Step 1:

Divide the class into 5 - 6 groups of 10 - 12 students each. Ask each group to select a volunteer to report the discussions of the group (5 minutes).

Step 2:

Introduce the situation to the groups (5 minutes).

Step 3:

Write down the following questions on the board. Ask the groups to discuss the situation along these questions. Ask the volunteers to report the discussions to the class (25 minutes).

Step 4:

Summarize... (5 minutes).

Facilitative Questions:

1. How do you feel after listening to Javed's family condition?
2. Is our attitude same for illness like fever, cancer, tuberculosis, leprosy, etc?
3. Have come across or read similar situations like Javed's family? How did you feel about it?
4. Will you make an attempt to change Shabana's attitude? How?
5. Which are the illnesses which are looked down upon (stigma)?

Expected Responses from the Students:

We feel bad for Javed's family.

Fever, cancer, tuberculosis and leprosy are treatable. Many people have these problems and get cured in hospitals. Similarly, we hear treatment is available for AIDS.

There is no medicine/cure for AIDS.

Mentally ill people, leprosy patients are also avoided by others due to stigma.

We read in newspapers that some families with AIDS are committing suicide or being thrown out of their locality.

Villagers should allow them to stay. They should give support and help Javed's family.

The stigma and discrimination should be reduced. It can be possible only through awareness.

Community needs to be educated about AIDS, so that fear and stigma of getting infected will be reduced.

We should organize an awareness program in our village.

We will tell Shabana to be considerate towards them. We will tell her that an infected person is also a human being like us.

Beggars are also isolated and discriminated.

We will educate her regarding transmission from person to person.

Summarize....

- ☛ Lack of awareness about HIV is responsible for negative attitudes.
- ☛ Adequate scientific information, knowledge help us to understand the truth.
- ☛ Being empathetic towards HIV infected person is very important. It reduces stigma, negative attitude and prejudice against the infected persons.
- ☛ Adequate empathetic skills help us to develop healthy interpersonal relationships with others.

Reflection at Home by the Student:

- 📖 Write a small Essay on “*How to change the attitude of the public towards HIV/AIDS infected people- Role of students* ”. Stick it on the school notice board.
- 📖 Share today’s LSE class information with your parents, sister, brother and neighbors.

Theme: SEXUALITY - EMPATHY - HOMOSEXUALITY

FACT SHEET:



Homosexuality is when a person has a sexual preference for and derives sexual gratification from members of his own sex. It is present in both males and females. Women attracted to other women are called Lesbians while men attracted to other men are called Gays. People attracted to both sexes are called Bisexual. Most people believe that homosexual individuals are abnormal. People make fun of them and isolate them and treat them differently. Attitudes towards persons with homosexual preferences are slowly undergoing a change all over the world. There are hundreds of self-identified gay men and women in India today.

Nobody knows why some people get attracted to the same sex. Research suggests many causes - biological, parenting styles of bringing up of a boy like a girl, identification with the parent of opposite sex, early childhood homosexual experiences and unpleasant sexual experiences early in life with opposite sex.

Opportunistic homosexuality experiences are more among children who stay in residential schools and remand homes where majority of the children belong to same sex and also come from broken homes. It is also common in prisons where there is lack of opportunities for heterosexual relationship and people of the same sex are kept together for a long time.

Persons with homosexual preferences are perfectly normal physically and mentally. Many of them establish an enduring relationship with one person of the same sex - like love or marriage among persons of opposite sexes. They are well adjusted in the society. However, most of them suffer from feelings of persecution and insecurity because of the negative attitude, and discrimination towards them. There is a slow change in the outlook of society towards people with homosexual needs. Many organizations exist today in Western countries and recently similar organisation have came up in India too to promote the rights of the people who have homosexual preferences. All individuals have their own rights to live according to their preference/choice. It's an individual's right to have a partner whether male or female with consent.

Homosexuals do not promote or force homosexuality among others by their friendship or contact. Persons with homosexual needs are not same as Hijiras/Chakkas/Eunuchs. These are either men who feel uncomfortable with their male body and organs, want to be women and so dress up like women and solicit men (which appears as homosexuality for a third person). Some of them are born of undefined sexual organs (hermaphrodites); they dress like women and solicit men. They also have rights to live and have partners like anybody else.



Adolescent students need to develop tolerant attitudes towards a person with homosexual needs and also eunuchs. One should not make fun on them and tease them as hijaras, chakka's, shenda, henaga etc. Students need to

- Recognize that they have all the rights like any others in the society.
- Treat them as normal human beings.
- Respect their identity.

Name of the Activity:

Homosexuality - Is he OK??????

Objectives of the Activity:

- *To help students recognize and discuss homosexual needs and behavior of some individuals.*
- *To discuss attitudes towards persons with different sexual identity and orientation.*

Expected Outcome:

- ◆ *Students develop the skill of tolerance towards people who are 'DIFFERENT' including people with homosexual tendencies and sexual orientation.*
- ◆ *Students learn 'empathy' - may not understand homosexual feelings and differ in their opinion of the behavior, but respect them as persons with 'rights'.*

Time: 60 Minutes

Life Skills Promoted:

Empathy, Self-Awareness, Effective Communication, Interpersonal Relationship, Critical Thinking and Coping with Emotions.

Techniques Used:

Group Discussion and Brainstorming

Materials Needed:

Picture 1 - 2 boys sitting together close and putting their hands over each other's shoulders tightly, walking together, holding hands, sleeping together hugging each other.

Picture 2: A group of 'hijiras' dancing.

White sheets and pens/pencils (See Activity Material 3.8).

Procedure:

Step 1:

Divide the class into 5 - 6 groups of 10 - 12 students each. Ask each to choose a spokesperson to moderate the discussion and also to present the discussions to the class (5 minutes).

Step 2:

Pass these pictures to the students and ask them to observe carefully each picture (5 minutes).

Step 3:

Ask them to discuss and write what they have understood about each picture. Discussion questions provided below can help the discussion (15 minutes).

Step 4:

Instruct each of the group to present their discussions by their leader. Note the main points. If repeated, just recognize it and do not rewrite it (10 minutes).

Step 5:

Summarize... (5 minutes).



Facilitative Questions:

1. Apart from showing that they are Good Friends do these pictures convey anything else? What do you know about it?
2. Where did you get the information about it from - friends, parents, teachers, books or movies?
3. What do you think of the movie - "FIRE" and why was it controversial?
4. What does the society think of this?
5. Do you know the colloquial terms for this? Are eunuchs the same as these boys?
6. Are HOMOSEXUAL MEN or WOMEN dangerous - will they convert and change young people?
7. Who is a 'Hijira'? How are they different from us?
8. What should we do to understand more about this?
9. What should we do, when we come to know that one of our friends is a 'Homosexual' or a 'Hijira'?

Expected Responses from the Students:

They are close friends.

They are in love and like each other.

We had seen them in market places and some movies where they dance.

They are shendas, hijaras, chakka and henaga.

They are not normal.

Our parents did not allow us to watch the movie FIRE. But we read about it in magazines, newspapers, etc. The public criticized the movie saying that was against our culture. Two women cannot love each other and run away. It is very rare. Such movies should be banned. Public views should be given more importance than individuals.

They cannot attract girls because they are hijara's. So they prefer male friendship and marry them.

They are bad elements of the society.

They should be punished.

Summarize...

- ☛ Point out that homosexual activity is commonly found in certain situations like students staying in hostels, remand homes, and boarding school and in prisons - this is due to environmental factors.
- ☛ A small percentage of people prefer people of same sex for sexual gratification by choice.
- ☛ Homosexuals are not 'eunuchs'.
- ☛ People who have homosexual preferences also have rights and deserve respect.
- ☛ 'Hijiras are either persons born with indeterminate sex or a man wanting to be a woman (transsexual). They also have rights and deserve respect.

Reflection at Home by the Student:

- 📖 After today's LSE class my opinion/attitude towards homosexuals or hijiras are (Write - Agree or Disagree)
- Homosexuals are normal people.
 - Homosexuals usually hate the opposite sex.
 - Homosexuality is not present in India.
 - Homosexuals/hijiras are dangerous to the society. They should be kept in jail isolated because they can convert young people especially boys.
 - Homosexuality is a mental illness.

SOCIAL RESPONSIBILITY

- ◆ *My Prince, What is Your Price????*

Theme: SOCIAL RESPONSIBILITY - DOWRY

FACT SHEET:



The dowry system has its roots in Vedic tradition, which had a different meaning and purpose at that time. When a girl was married, she was given money, property or gifts by her parents, which belonged to her alone. This was called “STHREEDHAN” (‘Sthree’ meaning women and ‘Dhana’ means wealth).

“Sthreedhan”, an inheritance, was meant to exclusively belong to the woman at the time of her marriage and no one else had the right to this money or property or gifts. It was also called “Kanyadana” means daughter’s gifts (‘Kanya’ means Young Girl and ‘Dhana’ means gifts) where the groom is paid in cash or kind by the bride’s family along with the giving away of the bride. The ritual of Kanyadana is an essential aspect in Hindu marital rites: a reason for the origin of dowry could perhaps be that the groom and his family had to take up the ‘onerous’ responsibility of supporting the bride for the rest of her life. Gradually this tradition gave way to “DOWRY” as a practice in a marriage system as we know it today.

CHANGE IN CURRENT CUSTOM:

The dowry system, which was considered a symbol of “parental affection towards the daughter entering marital life” later, became a ‘Compulsory, Unavoidable Custom and Right’ resulting in social menace. Dowry is now one of the important deciding factors in fixing a marital alliance. The bridegroom’s parents try to fix the marital alliance that fetches the highest dowry. The marriage scene is a business market where negotiations, bargaining and haggling take place. It does not end even after the marriage. It is the responsibility of the girl’s parents to send gifts on many occasions to the husband’s house like festivals, child birth etc., to please the in-laws. In other words, for the parents of a girl in marriage, it is a bottomless pit.

Evils of Dowry System:

In India, 6200 dowry deaths were reported in 1994 - that is, an average of 17 married women are killed daily when their families fail to make dowry payments to the husband’s family.

Between 1996 - 2000 as many as 1895 housewives were murdered; 232 women committed suicide; 4,760 women were tortured for dowry.

- The bride’s parents often have to undergo great suffering and hardship in order to give her a suitable dowry.
- Girls are considered a burden and liability by their parents - parents consider sons as sources of income and daughters as expenditure.
- Due to this girls are treated differently even in the parental house - denied opportunity to love, education, nutrition and rights.
- Due to dowry, female feticide and infanticide rate is high despite government legal measures.
- Even after marriage women continue to be harassed by in-laws and husband for dowry. If she fails to bring money she is harassed by husband and in-laws, which result in divorce, bride burning and suicide.





Legal Measures to Prevent Dowry:

The Dowry Prohibition Act 1961 came into existence in India. Section 2 of this Act defines dowry as “any property or durable assets which are directly or indirectly given or agreed to be given by a party to the other party at the time of marriage, or before the marriage or after the marriage as a reward or payment for the marriage of the parties concerned”.

According to Section 3 and 4 of the Act, to those persons who grant dowry, receive dowry, induce others to give dowry or demand dowry, a punishment of six month’s imprisonment or a fine of Rs. 5, 000 or both can be given. Due to the loopholes in this legislation the Act is not serving its objectives. It was felt by many women’s organization, activities, social workers and lawmakers that the Dowry Prevention Act, 1961, was quite ineffective in removing dowry problem . They demanded changes in the Act. Hence the Dowry Prevention Amendment Bill was placed before the Parliament in 1984. The Amendment Act came into existence in from 2nd Oct 1985. According this amendment.

“Any property or costly assets or money given or promised to be given to the bride or bridegroom or any other individuals in connection with marriage will be considered as dowry. It is not necessary to show this as reward or compensation given for the marriage”.

“If dowry is demanded overtly or covertly by a person for the parents, relatives, or guardians of the bridegroom or bride in connection with a marriage, that person should be punished with imprisonment for a period between six months to two years and a fine of Rs. 10,000”.

“If any person gives or receives dowry or induces to give or receive dowry, that person should be punished with an imprisonment for a period between six months and two years and a fine of Rs. 10,000 or the amount of dowry whichever is higher”.

If at the time of marriage any gift is given to the bride without her seeking it, the bride is to keep a legally valid list of the gifts received in order to avoid punishment. As prescribed by law, this list should be kept by the bride and should be documented. It should contain particulars such as description of the gifts, estimated price, the name of the person who gave the gift, the relation between the bride and the giver of the gift etc. Both the bride and bridegroom should sign this list. If any one of them cannot affix his or her signature after listening to the details entered in the list, fingerprints should be affixed on the document.

If the dowry given at the time of marriage is received by any person other than the bride, that individual should hand over the dowry to the bride within 3 months of receipt of the dowry. If it is not handed over within that period, the receiver of the dowry is liable to be punished with an imprisonment for a period between 6 months to two years or with a fine of Rs. 10,000 or with both. The offences under this Act are such that police can take direct action.

Apart from the Law how to Remove the Evils of Dowry System in the Society?

It is difficult to eradicate this social custom which has become deep rooted over centuries. Youths, public, teachers and institutions (government, justice) should join together to bring changes in the system. Young men should decide that they would not demand dowry and young women should insist that they would not get married by giving dowry. This change will become a movement as the number of such young people increases. Parents should educate their daughters as much as their sons and make them self sufficient and independent. Girls should be taught that marriage at any cost is not the goal in life.

This module which is focusing on Dowry Issues is an important one - it would make the students use thinking skills to form attitudes and interpersonal skills to spread messages against dowry in their families and schools and the society at large. They would make decisions not to give or take dowry using their empathy - knowing what it is to be the parent of a girl who is to be married off.



Name of the Activity:

Dowry - My Prince, What is Your Price?

Objectives of the Activity:

- *To educate students about Dowry.*
- *To make them think about the evil effects of Dowry System.*

Expected Outcome:

- ◆ *Students become aware of the evils of the Dowry System and form lasting opinions against it using their skills.*
- ◆ *Promote in their own small ways, actions against dowry in their families.*

Time: 50 Minutes

Life Skills Promoted:

Critical Thinking, Decision Making, Empathy, Interpersonal Relationships and Effective Communication.

Techniques Used:

Brainstorming, Group Discussion and Debate.

Materials Needed:

Paper and pencils.

Procedure:

Step 1:

Divide the class into 4 groups of 16 students - having boys and girls separately. Each group to select a spokesperson. Groups 1 and 2 - girls; Groups 3 and 4 - boys only (5 minutes).

Step 2:

Ask groups 1 and 2 (girls) to discuss on 'Advantages of taking Dowry'; instruct groups 3 and 4 (boys) to discuss on 'Evils of taking Dowry'. Ask each group to discuss based on the issues raised on dowry and its effect on the society; can quote examples from real life or news or the legal system. Ask them to provide solutions also - whether to promote dowry or not to promote dowry. Both boys and girls should participate actively for or against the topic (15 minutes).

Step 3:

Each group's spokesperson to come to the front of the class and present the discussions of the group. Write the main points of the presentation on the black board - for and against. Do not rewrite points already covered (15 minutes).

Step 4:

Summarize.... (5 minutes).

Step 5:

Make the class take an oath of the boys and the girls separately that they would not take or give dowry when they get married many years from then (5 minutes).

Facilitative Questions:

(For groups 1 & 2)

What are the advantages of taking dowry?

How does a culture decide why somebody should take dowry during marriage?

If dowry was such a 'wrong thing' why is it there since many centuries?

Are there cultures where taking dowry is not a problem? How?

Are there laws, which help one to take dowry legally?

Are there methods by which 'Dowry' can be made into a positive one?

What skills are needed by a young person to decide to 'Take 'Dowry'?

Did the activity help you to think like a 'boy who usually takes dowry'?

(For groups 3 & 4)

What are the evils of giving dowry?

How does a culture decide why somebody should give dowry during marriage?

If dowry was such a 'wrong thing' why is it there since many centuries?

Are there cultures, which have got rid of dowry as a problem? How?

What are the laws in our country to prevent giving dowry?

Are there methods by which 'Dowry' can be abolished totally from the society?

What skills are needed by a young person to decide to 'Not to Give Dowry'?

Did the discussion help you to feel like a 'girl who is forced to give dowry'?

Expected Responses from the Students:

Group 1 & 2:

Dowry provides the newly weds some money to set up house.

After all the girl's parents are giving it to their daughter and not anybody else.

It gives a girl who is not educated financial independence.

Marriage is the only time girls get part of the father's money. When property is divided girls are not given a share though it is illegal.

Responsibility of the family rests with both the husband and wife - husband earns over years; wife brings dowry once.

Dowry is not the only reason why women are ill-treated.

Countries where women are the successors 'dowry' is given and not considered an 'evil' at all - Assam.

Dowry is not a bad thing by itself - it the society which makes it an evil.

Girls' parents are to be blamed - why can't they make the girls independent and refuse to give dowry?

Group 3 & 4:

Dowry makes women a weaker sex - they are sold.

The dowry money is never enjoyed by the girl.

Dowry brings in violence and broken families.

Activists, policy makers and educators should work to remove dowry.

Women today work often - so where is the question of not being a financial partner.

Culture all along has been treating women as second-class citizens - dowry is one of them.

Boys or girls need companionship, families. Marriage can never be abolished. Dowry evil will be an issue.

Boys should be taught not to ask or accept dowry.

Boys need empathy to understand the difficulty of being a girl's parents.

Boys also need analytical abilities to think about the evils of dowry, make a decision 'not to take dowry', convey that to the parents at the time of marriage. This would be a foundation for increased self-esteem and a stronger marriage bond.

School children need to be educated at the early age regarding how the concept of dowry system came in India.

Children need to know how women are harassed brutally by husband and in-laws.

Children should be educated that giving and taking dowry is illegal. The law can punish them.

Summarize...

- ☛ Discuss how the concept of dowry started in India
- ☛ Tell them in brief about the evils of dowry and the Dowry Prohibition Act
- ☛ Focus on Skills like Critical Thinking, Decision Making and Empathy in students to prevent dowry problem in society.
- ☛ Stress role of students in preventing the giving or taking of dowry.

Reflection at Home by the Student:

- 📖 Do the newspapers in the past one-week carry dowry deaths?
- 📖 How serious was I when I took the Oath - Not to 'Give' or 'Take Dowry'?
- 📖 Do I have the ability to say 'NO' when my parents want to take/give dowry?

Appendix - 1a

RECORD BOOK FOR THE STUDENTS

NAME

SEX CLASS

SCHOOL

NAME OF THE ACTIVITY DONE THIS WEEK

Date :

Health Issue Discussed - Theme :

Life Skills used - Discussed :

Reflection at Home :

Any other Comment :

Appendix - 1b

RECORD BOOK FOR THE TEACHERS

NAME SEX

SCHOOL

Conducted for 8th/9th/10th :

Number of Students :

HEALTH PROMOTION CLASS

Activity Conducted :

Health Issues Identified by Students :

Skills Focused :

Participation by Students : Poor / Average / Good

What was New for the Teachers?

Benefits Identified :

Limitations Identified :

Remarks :

Monthly Record of Indicators

Appendix - 2

CLASSROOM LEVEL INDICATORS

Instructions

All the following to be assessed on a monthly basis

Strength of your class for which the assessment is done:

No. months the LSE program has been implemented:

No. LSE classes taken so far:

1. Number of students in your class who have not come to class continuously in the previous 1 month.
2. Number of students in your class who have not attended class for more than 50% of the working days.
3. Average number of students who did not hand in homework assignments.
4. Average number of students who have scored 40% in all subjects in class tests.
5. Number of students who are performing better at least in one subject consistently over the past 1 month.
6. Number of times you had to stop the class due to unwanted behavior of the students within the class.
7. Number of students who have shown better interactions in the class regarding academics.
8. Number of times you had to intervene in the interpersonal difficulties of the students.
9. Number of incidents of bullying related to your students (bully or victim).
10. Number of incidents of stealing.
11. Number of incidents of lying.
12. Number of incidents of destroying other's or school property.
13. Number of incidents of boy-girl relationship issues - love letters, running away.
14. Number of students who participated in the recent school activities in some way - even arranging chairs etc.
15. Number of students who have started a new hobby or extra-curricular activity.
16. Number of students who approached you for discussing personal problems.
17. Number of times when you found your students smoking.
18. Number of times when you found your students drinking.
19. Number of students whose parents met you regarding the student - including PTA meetings.
20. Number of times an academic activity was done as a group activity (not LSE class).
21. Number of incidents of self harm in your class.
22. Number of students caught copying in exams.
23. Incidents where students have manipulated parents to take money.
24. Number of student who have discussed personal problems with you.
25. Number of student who have cut class to see movies.

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