

**Empowering Adolescents
using
Life Skills
for
Psychosocial Competence**
Life Skill Educators' Manual

LEVEL III

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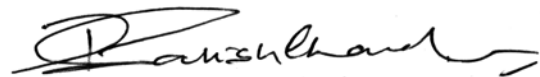
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Foreword

With the current modernization and transition of the Indian society there is a change in the family, social and ethical values. Under such circumstances there is a need for psychosocial competence beyond the educational excellence for realizing one's own potential and securing the country's future. I am extremely happy to note that School Mental Health Program of '**Empowering Adolescents using Life Skills for Psychosocial Competence**' that was initiated as "**Health Promotion using Life Skills Approach for Adolescents in Schools**"- in 2000 by Dr. Srikala Bharath & Dr. KV. Kishore Kumar, NIMHANS is being implemented as a developmental program. It is appropriate that the modules prepared and printed in 2002 and 2005 for the teachers developed under the earlier program/model are being revised based on the current needs of the adolescents. It is also relevant that other stakeholders like school counsellors are also included as Life Skills Educators. The life skills program has gained validity in the Indian educational system over the last decade and the model developed by the NIMHANS team has been acclaimed widely - nationally and internationally.

The themes/issues in these modules are promotional, comprehensive and relevant to the adolescents in enhancing their "Psycho social abilities". Experience has indicated that this model provides facilitatory skills to the teachers/counsellors and is able to bring about attitudinal changes in the educational system at all levels and support the adolescents in their development. It is a cost-effective and self-sustaining model as it envisages the teachers/school counsellors to implement the program. It is also a pragmatic and relevant model in a developing country like India where mental health manpower is limited. The manuals are simple and user friendly. Feed-back from the teachers of the earlier versions has been very positive.

Implementation of this program has a tremendous potential to empower the youth to cope with the challenges of the changing world and become socially responsible citizens of future.



Dr. P. Satish Chandra
Director/Vice Chancellor
NIMHANS, Bangalore, India

Preface

It gives us great pleasure to see that the Skills Promotion for comprehensive Psychosocial Competence, which we started in the year 1995/96 in a very small way in the schools, has continued to gain momentum and currently recognized as an important non-curricular activity in the various secondary school systems across the country. Synthesis and framing of the Skills for Adolescent Psychosocial Competence and Individual Development towards Positive Health encompassing all areas of development as a workable model has challenged, stimulated and reinforced our own skills.

The first lesson in this developmental work was to recognize and realize that it is of utmost need to address behavioral and emotional skills through various comprehensive themes pertinent to adolescents. Using the vehicle of participative activities for these themes provided us the confidence that the experiential learning would empower the adolescents with abilities for dealing with challenges of life. Recognizing teachers/counsellors as partners in this promotional endeavor and providing them with the necessary skills to be facilitators have been the cornerstones of the program. Focusing on skills beyond knowledge, recognition of all areas of development and not specific ones are the strength of our model. We hope that this comprehensive model continues to initiate further work in this area of Psychosocial Competence Promotion towards Positive Health in adolescents throughout the country. The model needs to gather further momentum and become integrated into the educational and social welfare systems. Skills and Health Promotion in adolescents today will lay foundation for a Humane and Healthy Society of tomorrow.



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Acknowledgements

We acknowledge all the individuals, departments and organizations who have given their time and resources to the development of this model, manuals and implementation of the program over the past 2 decades.

We thank Prof. P. Satish Chandra, Director/Vice-Chancellor of NIMHANS for providing permission and extending total support and encouragement towards revamping the model and revising the manuals to suit the current day needs of the adolescents.

We acknowledge the unwavering support provided by the Department of Psychiatry. We acknowledge the contribution of Dr. Vrunda MN, in the preparation of the manuals in 2002. We are thankful to the Department of Public Instruction of Karnataka and the successive commissioners who have extended unconditional support to this work by providing us with schools, students, teachers and trainers to develop, implement and evaluate the program. We would like to place on record that without the help of the Department of Public Instruction the recognition of the program would not have been possible. Thank you. We thank the Director of DSERT for showing keen interest in implementing LSE program in schools and the Deputy Directors of Public Instruction and Block Education Officers for their co-operation in organizing workshops for secondary school teachers. We extend our sincere thanks to various Non-Governmental Organizations, 'Samadhan' in particular for participating in focus group discussions and sharing ideas and experiences with us. We recognize the contributions made by Mr. Krishnswamy of "Samadhan" to the program, revision of the manual, and preparation of training CDs.

We thank Navajai Ratan Tata Trust for funding towards revision and printing of the manuals and the preparation of the training CDs.

The support of the Department of Health Education, in the preparation of the training CDs is recognized. Thank you Dr. Jayashree Ramakrishna (HOD), Mr. Ravi and Mrs. Lakshmi.

The dedicated work of Ms. Manjula T. Gowda , Research Associate in revising the manual, including relevant topics of mobile use, internet use, preparation of CDs, co-ordinating and supervising the program is recognized and appreciated. Thanks to Ms. Samyuktha for the pictures.

Most important, we thank the students, their parents and teachers who participated actively in the focus group discussions, feed-back of the training, resource materials, and the LSE sessions. Thank you for sharing your thoughts and opinions. The interaction with you helped us to know needs, problems and concerns of adolescent students who face numerous challenges in the society. Your opinions helped us to make the program a culturally sensitive and comprehensive one. Once again we thank to all those who directly or indirectly contributed to the success of this project and program.



Dr. Srikala Bharath,
Professor of Psychiatry,
NIMHANS.

INTRODUCTION

Empowering Adolescence using Life Skills

"The world is a dangerous place to live; not because of the people who are evil, but because of the people who don't do anything about it."

-Albert Einstein

1. EMPOWERING ADOLESCENTS WITH LIFE SKILLS

ADOLESCENCE IN TODAY'S CONTEXT

Dear Teacher/LS Educator/Counsellor,

You are teaching **adolescents / youth** (12 - 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. Adolescents/youth are significantly affected by these changes.

Positive health of adolescents is strongly linked to their development. Their physical, psychological and social abilities 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's adolescents/youth are exposed to more information and cultural alternatives than in earlier periods. These provide 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 and behavior 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/youth as a norm. They are:

- Extended family system.
- A smaller community, which is personal and closed - example being in a village or a religious community.
- Uniform culture - in the smaller circle of living.
- Traditional ways of thinking and behavior with very little individual freedom to exercise choices.

For the above-mentioned reasons, the stress faced by the youth/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 abilities to deal with the demands and challenges of everyday life. Since the 'Individual' rather than the 'System' is recognized as the basic unit of today's society, it is essential and a must to help the adolescent to develop skills/abilities to handle a wide variety of choices, challenges and stressors in his/her life and work towards better adjustment and self-esteem.

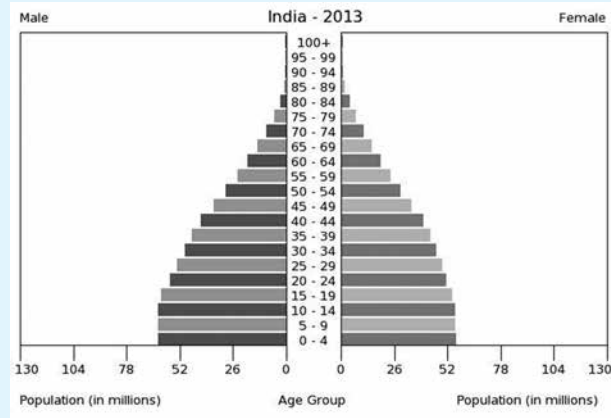
The values of a stable society and the family have to be replaced with the behavioral and emotional skills (psychosocial skills) of the individual that would enable him/her to be stable amidst rapid transition in the environment. It is our responsibility to incorporate evidence based methods to help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

CHALLENGES TO ADOLESCENT HEALTH AND DEVELOPMENT

Young People in the World and India Today

- ❖ Between 1970 and 2025 the urban population in developing countries like India will grow by 600%.
- ❖ Worldwide there are 1,809.6 million adolescence/young people, between the ages of 10 - 24 years. 25% of total populations are adolescence between the ages of 10-24 years.
- ❖ Globally, among the students who have enrolled in secondary schools 72% of females and 73% of males are between the ages of 12 to 17 years. (2005/2011).
- ❖ Throughout the world many millions of adolescents/youth live and work on the street, putting themselves at high risk.
- ❖ In India, 362.0 million (28%) of the 1.2 billion population are adolescents and youth between the ages of 10-24 years.
- ❖ 66% of boys and 60% of girls in India enroll in secondary schools during their life time (2005/2011).
- ❖ 55% of the adolescent young boys and 19% of the young girls/women between the ages of 15-24s work as laborers in India.

Population Pyramid Graph



Nutrition and Communicable Diseases (Including Sexuality, Reproductive Health)

- ❖ Many girls and boys in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death.

- ❖ Overweight and obesity with serious health consequences - is also on the rise among other young people in both low- and high-income countries especially in the urban areas.
- ❖ Adolescent iron needs, increased by growth, development and menstruation are being hampered by malaria, hookworm and schistosomiasis, which affect the young disproportionately in developing countries.
- ❖ Adolescent girls are often the last to be given food at home, even when pregnancy increases their needs.
- ❖ Child marriage, defined as marriage before the age of 18, is practiced in all regions of the world. This harmful traditional practice not only violates the human rights of girls and young women, but also threatens their health and well-being.
- ❖ Globally 13% of girls are married by the age of 15 years and 43% of girls are married by the age of 18 years (2013),
- ❖ Nearly half of all women aged 20 to 24 in South Central Asia and Western and Eastern Africa are married by age 18 years, putting them at a higher risk for early pregnancy and maternal mortality, disability and death and limiting their access to education and employment. This scenario is true of the rural areas in developing countries like Eastern and Western Africa, South Central Asia including India.
- ❖ Lack of knowledge, skills and access to contraception and vulnerability to sexual abuse put adolescents at the highest risk of unwanted pregnancies.
- ❖ An estimated 2.1 million adolescents (10–19 years) live with HIV in low- and middle-income countries (2012). Adolescents girls and young women in countries like India often contract STD from their spouses.

Non –Communicable Diseases – Mental Health, Substance Abuse and Injuries

- ❖ Nearly two third of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviors that began in youth, including tobacco use, lack of physical activity, unprotected sex or exposure to violence.
- ❖ Worldwide, 10-20% of children and adolescents experience mental disorders - such as depression, mood disturbances, substance abuse, and suicidal behaviors. Half of all mental illnesses begin by the age of 14 years and three-quarters by mid-20s.
- ❖ Substance abuse is rampant among the youth. Illicit drugs use is becoming more widespread and shifting to riskier patterns of use. The age of first use of illicit drugs is slowly decreasing Drug abuse reduces self-control, increases high risk behaviors like road traffic injuries, unplanned sexual contact, domestic violence and premature deaths.
- ❖ Vast majority of tobacco users worldwide begin during adolescence. Half of regular smokers, who start in adolescence and smoke all their lives, will eventually be killed by it.
- ❖ Globally 11% of adolescent girls and 19% of adolescent boys between the ages 13 to 15 years consume or smoke tobacco. In India, 9% of young girls and 17% of young boys use tobacco.
- ❖ The most recent data collected from the 35 countries show that adults aged 15 years and over consumed 9.4 litres of alcohol per capita in 2010.

- ❖ The World Drugs report for 2012 shows that 230 million people around the world - 1 in 20 of us - took illicit drugs in the last year.
- ❖ Among 15-19 year old, suicide is the second leading cause of death especially in adolescent males.
- ❖ Unintentional injuries are a leading cause of death and disability in adolescents - road traffic injuries, drowning and burns are the most common types. Estimated 700 young people die every day due to road accidents (2011). Injury rates among adolescents are highest in developing countries, and within countries, they are more likely to occur among adolescents from poorer families.
- ❖ Interpersonal violence has a serious, often lifelong, impact on a young person's psychological and social functioning. Young girls are often the victims
- ❖ 41% of the total number of homicides globally each year is in the adolescent and young age group (2011).

Source:

<http://www.icfi.com/insights/projects/research-and-evaluation/demographic-and-health-surveys>

http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf

<http://www.prb.org/pdf13/youth-data-sheet-2013.pdf>

http://www.ilo.org/global/research/global-reports/global-employment-trends/youth/2012/WCMS_180976/lang--en/index.htm

<http://www.uis.unesco.org/Library/Documents/world-development-indicators-education-2013-en.pdf>

www.hhs.gov/http://www.who.int/mediacentre/en/

THE INDIAN YOUTH

Nearly, 52% of the one billion population of India are below the age of 20 years. Adolescents are a little more than 35.3% of the entire 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, language and cultural groups. The country varies in its socioeconomic, literacy and health conditions from state to state and region to region. Some important characteristics are:

- Joint/Extended Family System
- Hierarchical
- Patriarchal
- Family before the Individual
- Societal Norms need to be adhered to

Below is a short comparison of the Indian and Western Cultures

<i>Indian Culture</i>	<i>Western Culture</i>
Family stability	Individuality
Interdependence	Independence
Negation of the self	Recognition of the self
Societal duty	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.

LIFE SKILLS EDUCATION

Over the past 2 decades the concept of Life-Skills has become popular, particularly in the context of Health and Reproductive Health. However World Health Organization (WHO), while initiating Life-Skills Education, conceptualized Life-Skills as abilities for Psychosocial Competence. Psychosocial Competence is an individual's ability to maintain a state of mental well-being and to demonstrate this through adaptive and positive behavior while interacting with others and with his/her culture and environment.

Life-Skills are defined as 'living skills' or 'abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life' (WHO, 1999). 'Adaptive' means that a person is flexible in approach and is able to adjust to different circumstances. 'Positive behavior' means that a person is forward looking and that even in difficult situations he/she can find a ray of hope and find alternative solutions to problems. In short 'RESILIENCE'.

Life Skills of a person develop over the years continuously in a dynamic manner. There are innumerable skills, which are needed to successfully negotiate each and every situation in one's life every day.

Let us take an example of a young girl lost in an unknown locality wanting to find the correct way. Initially there needs to be an understanding by that girl that she is lost, recognize and control her, confusion and anxiety; she needs to make certain plans and make choices of how to find the correct way back home. Depending on various factors like whether she knows the local language, time of the day, safety of the place or past experience, she needs to decide on which is the best method for her and start with that. She may decide to look for established landmarks, read a road map and find out the correct way or she may approach various people along the road enquiring the correct way. Another adolescent 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, an adolescent girl who is unable to act or control her 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 young 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 a list alternative methods of finding the way, deciding on the suitable way, using observation, interacting 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 an individual to exercise abilities to address it. 'Living skills' mean being consciously aware and take responsibility of behaving in a particular manner, in a particular situation for adaptation. Inaction and not using skills to deal with a situation often means being passive and allowing circumstances to take over - which in turn brings another series of events which may be negative/unwanted/unexpected by the person.

If one handles distress situations reasonably successfully and confidently by using appropriate abilities, one feels good and positive and is ready to face similar situations with less 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 and from various people. 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 learnt by modeling in childhood. Adolescents and youth learn these skills by lived experiences and peer (friends) influences.

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, parents and others in the society.

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. However every one of them can be divided into ten core skills. These skills are always interrelated and needed by everyone.

VARIOUS LIFE SKILLS

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

<i>Critical Thinking</i>	It is the ability to analyze information and experiences in an objective manner.
<i>Creative Thinking</i>	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.
<i>Decision Making</i>	The process of assessing an issue by considering all possible/available options and the effects those different decisions might have on them.
<i>Problem Solving</i>	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.
<i>Interpersonal Relationship</i>	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.
<i>Effective Communication</i>	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.
<i>Coping with Emotions</i>	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.
<i>Coping with Stress</i>	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.
<i>Self-Awareness</i>	This includes our recognition of ourselves, our character, strengths and weaknesses, desires and dislikes. It is a pre-requisite for effective communication, interpersonal relationship and developing empathy.
<i>Empathy</i>	It 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. Goal of them are self-awareness, self-esteem, acceptance of others, living a healthy and effective life.

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.

<i>Value Education</i>	<i>Life Skill Education</i>
Changes with time, period, culture	Suits any time period
Prescriptive	Participative and Experiential
Result (Value) oriented	Process oriented
<i>Values are the outcome of the processes</i>	

LIFE SKILLS AND ADOLESCENCE/YOUTH

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.

Life Skills development is a more active process during adolescence/youth. 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 her/his own and later come to a conclusion about the skill and its execution.

Despite superior intellectual abilities like reasoning, abstraction, 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 a Adolescents/youth 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 among youth.

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.

LIFE SKILLS AND INDIAN YOUTH

Hence, the LSE educators 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.

On an average 57% of the Indian adolescents are in school and 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.

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

Dear Teachers/Counsellor as Life Skills Educators

Enabling school teachers and counsellors like you to improve psychosocial competence and skills among adolescents/youth (in India) are necessary for the following reasons

- (a) All the adolescents who are your students would be attending school 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 a school teacher/counsellor play a significant role in moulding the thinking and behavior of these adolescents and their development thereof.

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

- (c) Education system has the necessary infrastructure and teachers are a good resource to disperse the Life Skills Education with no major additional monetary/personnel inputs.
- (d) Teachers/counsellors can be trained as LSE facilitators/educators in school as part of their teachers' training.

LIFE SKILLS EDUCATION AND INDIAN SCHOOL

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. 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.

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 and health themes

- ❖ Addressing Nutrition and Communicable Diseases
- ❖ Addressing Substance Abuse in Adolescents - tobacco and alcohol in India
- ❖ Addressing Addiction Behavior - mobile, video game, cyber chat and porn addiction
- ❖ 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.
- ❖ It is a participative program to develop Life Skills.
- ❖ Life Skills are promoted to address various Developmental issues in adolescents.
- ❖ You teachers/counsellors are the Life Skills Educators of this program.
- ❖ You (teachers/counsellors) would be trained in the Life Skills Approach, Facilitatory Methods and use of the modules.
- ❖ You would be assisted in planning and implementation of the program in your class/school.
- ❖ You will implement the program in a specific class in a continuous manner.
- ❖ All activities need to be done involving all adolescents; bright - not so bright, out-going - introverted, talkative - quiet, those with problems - no problems, boy-girls.

- ❖ The Experiential learning that takes place during the process makes the adolescents to understand and recognize the various abilities needed to do the activity and the way to use in real life situation.
- ❖ If done continuously over 3 years, the adolescent has an opportunity to think, discuss and clarify various important issues of living and growing.
- ❖ Every 3 months use the indicators to assess the changes in the students. The first assessment to be done before starting the program.*
- ❖ Have discussions among the teachers once in three months for 40 minutes regarding the program, its usefulness and impact.
- ❖ It is necessary that you interact 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.
- ❖ Feed back of the teachers and the students is built into the program.

Vision

The main vision of this Program:

- Empowering adolescents with skills.
- Developing positive and adaptive behavior in adolescents.
- Promotions of Mental Health in adolescents.

“You must be the change you wish to see in the world.” - Mahatma Gandhi

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 – Level I, Level II and Level III.
2. The modules consist of various activities that lead to discussions.
3. There are about 20 activities/sessions for Level I and Level II and about 12 activities for the Level III.
4. The activities have been placed in Level I, Level II and Level III depending on the developmental tasks and the requirements of that age and standard. The activities address various issues pertaining to development and psychosocial competence of adolescents.
5. 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.

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

6. Each activity is independent; hence you need to read only that activity and need not read the whole manual.
7. You can do any activity, which you feel comfortable in doing. For e.g. Eating Habits, Health, and Self-Awareness activities can be done initially and Sexuality can be done later.
8. Activities regarding sexuality issues to be done separately for boys and girls by same gender teachers.
9. All activities are planned for a period of 45 to 60 minutes. You need to manage time.
10. 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.
11. The methods used to facilitate learning skills include working in small groups using techniques such as brainstorming, role-plays, games and debates.
12. BACKGROUND in each activity is for your reading and information (only).
13. Procedure is explained for you to do the activity.
14. 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.
15. Discussions and identification of behavioral/emotional components of the activity are crucial for the adolescents to think, internalize the skills as theirs.
16. At the end always summarize the various discussions. Some of it is provided in the "Summarize...." You may have to elaborate on it.
17. It would be excellent if all the 52 activities are done over three years. However, for some reason even if you can do only some of the activities, it is still useful.
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". Focus during class on component skills e.g. Nodding the head than "Communication Skill".
19. Ask students to maintain a "LIFE SKILLS" diary. Reflection at Home - a part of each activity could be entered in this diary.*

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

GUIDELINE FOR THE LIFE SKILLS EDUCATOR DURING A LSE CLASS

Dear Teacher/Counsellor/LSE Educator,

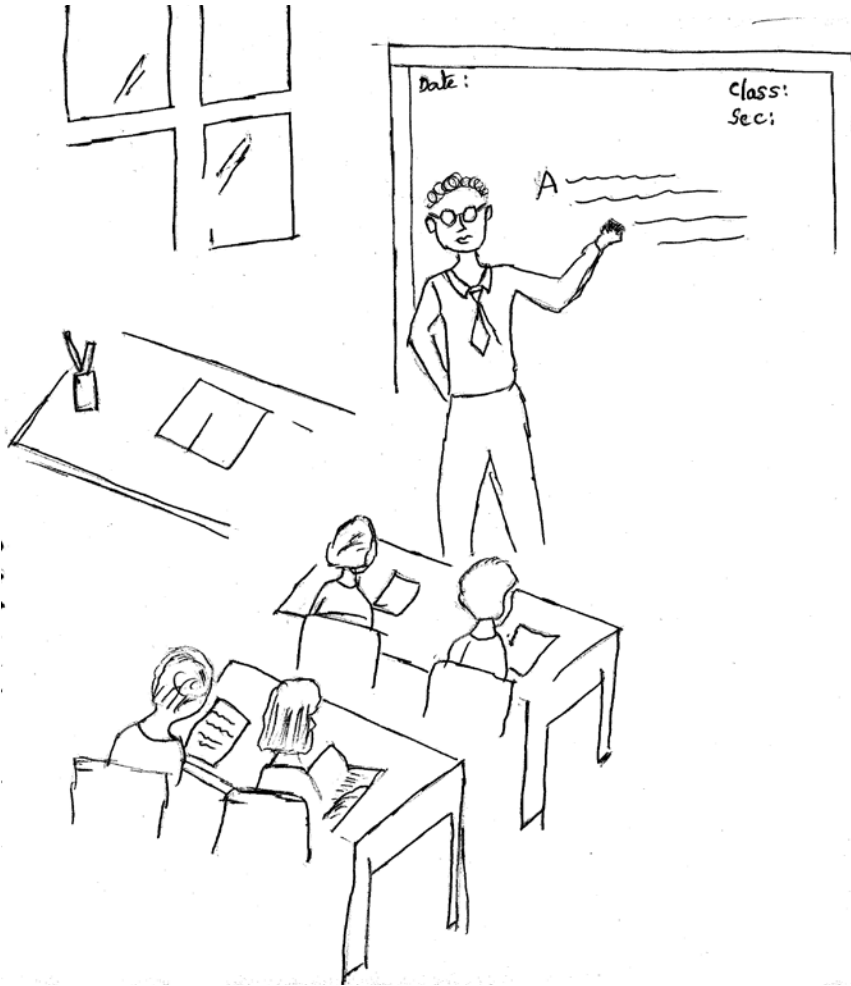
So far in teaching curriculum subjects to the students, often you,

1. Prepare the lesson on an issue/theme - example, "Mutiny War of India" or "Prime Numbers".

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

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.

The above teaching method is called Didactic teaching method. Though it is useful, active participation by the students in learning is low. It is a “teacher centric approach”.



Hence you need to use methods in which students' involvement is high and lead to experiential learning of Life Skills. Life Skills to Promote Psychosocial competence among Adolescents is based on participatory, 'student centered learning approach'. So it is important for you to use participatory/ interactive learning approaches to involve the students in all the activities of Life Skills Education.

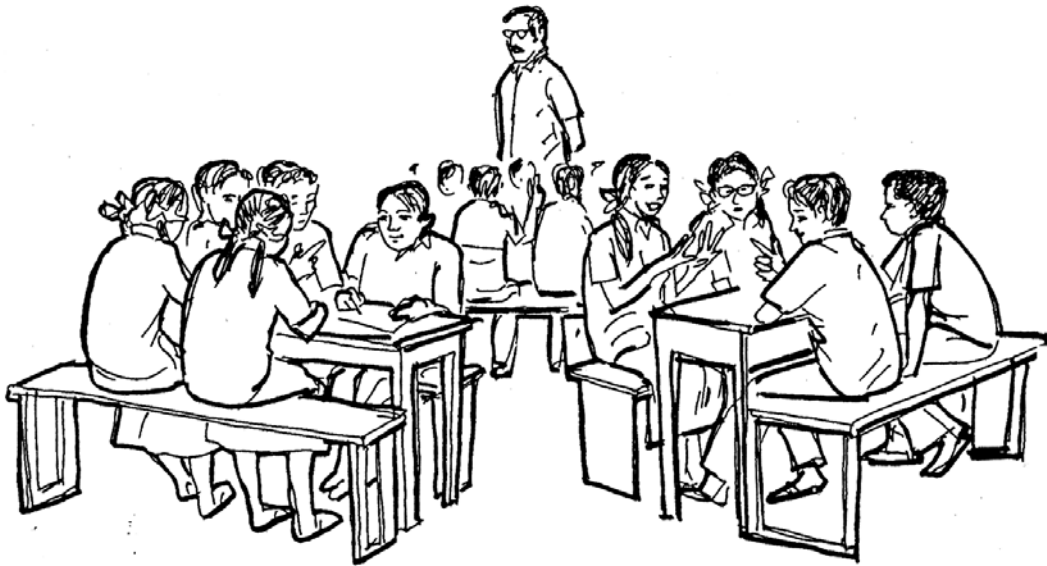
Your Role as a Facilitator

You have to pattern your role of facilitation according to certain principles that promote active discussion. These are

- ✓ Prepare well in advance before doing the activity like taking activity materials, questionnaires etc.



- ✓ Keep in mind your students, their cultural background, education and attitudes.
- ✓ Set some ground rules of behavior - have the Do's and Don'ts clearly. Printed and given to students.
- ✓ Define the objectives of the activity clearly.
- ✓ Give clear instructions before the activity commences.
- ✓ Ensure that the discussion starts and ends on time.
- ✓ Divide the students into small groups of 8 - 10 students using different methods - example 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 among students. However, when the discussion is going away from the point, you should bring the discussion back to the point. Do not allow pointless arguments.
- ✓ 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, and socially acceptable/appropriate. Very different ideas or opinions also to be welcomed.
- ✓ Create and preserve the atmosphere of warmth, freedom and friendliness without the threat of ridicule, 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 abuse. Have the “Do’s & Don’ts” clear.
- ✓ When there is group work/discussion/role play see that there are varied opinions/discussion – both socially acceptable/not acceptable.
- ✓ Always note down the key points of discussion on the black board or flip chart.
- ✓ Be neutral (non-judgemental) 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 Life skills classes.
- ✓ Stress that the students should complete the Reflection at Home without fail (they need not show it to you).

Certain Do's and Don'ts

Do's, it is a good idea to	Avoid
<ul style="list-style-type: none"> ♦ Position yourself to face the entire group. ♦ Smile at individuals. ♦ Listen carefully while they talk. ♦ Maintain eye contact. ♦ Nod affirmatively, be positive. ♦ Talk with all group members. ♦ Continually scan the group with your eyes. ♦ Encourage shy, withdrawn participants to participate. ♦ Keep your body open i.e., unfold your arms, uncross your legs. ♦ Encourage participation from the students. ♦ Encourage students to share what they are talking about with everyone. In most of these situations, students are talking about the issues being discussed but may hesitate to voice opinions openly. ♦ Give recognition to their knowledge and enthusiasm and control them diplomatically. ♦ Set Ground rules. These must be made very clear to students before you start. You can ask students to develop their own rules, or you can start with your list of rules and discuss with the students whether they are fair and why they are important. E.g. Listen to each other and respect each other's opinions, etc. 	<ul style="list-style-type: none"> ♦ Doing an activity without adequate preparation. ♦ Frowning or looking irritable look judgemental. ♦ Shuffling papers or looking at your watch while group members are talking. ♦ Remaining quiet for long. ♦ Talking to only a few people. ♦ Imposing your beliefs as the only correct ones. ♦ Get personal, argumentative. ♦ Dominating and criticizing students. ♦ Interrupting. ♦ Lecturing. ♦ Advising. ♦ Moralizing - eating non-vegetarian is bad; our elders said menses is bad for a reason etc. ♦ Taking the side of some students. ♦ Rushing to finish the activity. ♦ Showing your anxiety in front of students while discussing certain difficult issues like conception, contraceptives etc. ♦ Providing your personal conclusions for the activity. ♦ Discussing information of students got in LSE class with other staff over lunch in the staff room. ♦ Discussion based on politics, religion, communal issues (gender issues need discussion).

ACTIVITIES

A. MOTIVATION

1. **Making Life Choices - When I Grow Up, I Want to become A BIG_____**
2. **Preparing for Examination - I will do My Best!!!**

"You'll never find a rainbow if you're looking down."

-Charlie Chaplin

1. THEME: MAKING LIFE CHOICES

BACKGROUND

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/youth 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 'plan' rather than by 'chance'. This choice cannot 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 choices 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 youth/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. A student needs to take 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.

Student setting a goal is very important but it is not correct that we elders set goals for them rather than make them aware that why goal is important and guide them through the process. This will make the student feel more involved in their learning and development. They will take responsibility and feel accountable for their results.

For a goal to be achieved it should be a SMART goal

- Specific – A goal should be clear and specific
- Measurable – You can measure progress towards your goal
- Attainable – It is possible for one to achieve the goal
- Relevant – The goal fits with one's current life purpose
- Time frame – There is a time frame to achieve the goal

Name of the Activity: When I Grow Up, I want to become A BIG _____

Objectives

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

Expected outcome

- Students think in a methodical manner about various aspects of future - career, marriage and family.
- Students understand that the choices have to be made keeping one's needs, desires, interests, abilities, options and opportunities in mind.
- Students understand the needs to discuss with others and considering other's perspective on the issue, gain some clarity regarding these and make lasting decisions.

Life Skills Promoted

Critical Thinking (understanding importance of goal setting in life, identifying and listing the different choices in life), Decision Making (recognizing pros and cons of each choices), Problem Solving (making a choices on basis of one's needs, desires, interests, abilities, options) Coping with Stress, Coping with Emotions (dealing with anxiety and fear regarding the alternatives and one's own abilities and outcome), Interpersonal Relations and Communication (convincing oneself and others especially the parents of the choices one has and the commitment towards with possible clarity).

Technique used

Raising Queries, Thinking along those lines - Self-Assessment.

Time: 60 Minutes

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?

- Does it need further studies?
- Does it need training?
- According to you how many years of further studies does it need?
- According to you how many years of training does it need?
- Is it a skilled job or unskilled job?
- Would you like a salaried job?
- Would you like a self - employed job?
- Would you like a private firm job?
- Would you prefer a government job?
- In what way are you preparing yourself for this job?
- Is the job - decision, made by you or by your parents?
- Will your parents support your decision?
- How much guidance do you expect from parents for this decision? - Full/ little/ a lot
- How much guidance do you expect from your teachers for this decision? - Full/ little/a lot
- How much finance do you need to get this dream of yours realized?
- Do you think about your job/career?
- Have you discussed this with your friends?
- Have you discussed this with your parents?

You have decided on this career because

- You always wanted it - Yes/No
- You think you have the abilities required for this job - Yes/No
- Your parents decided this for you - Yes/No
- Many of your friends choose it - Yes/No
- This job is the most popular today - Yes/No

- Pays more money - Yes/No
- Gives stability and security - Yes/No
- Good dowry market - Yes/No
- Quick money - Yes/No
- Gives employment to others - Yes/No
- Socially meaningful - Yes/No
- Allows you to be married, have children and work - Yes/No
- Easy to get - Yes/No
- Extra income possible - Yes/No
- Is there a possibility that you will be unemployed ten years from now? Why?

Family

- Do you expect to get married?
- When do you think you will get married - number of years from now?
- Will be it an 'arranged marriage' or 'love marriage'?
- If arranged will you say 'no' if you do not like the person?
- Do you think your parents will listen to your opinion?
- Most important quality your life partner should have?
- Truly speaking will you give/take dowry?
- Would you like to work after marriage or would you like your wife to work?
- Have you discussed about marriage with friends?
- Have you discussed about marriage with siblings - brothers, sisters?
- Do you love somebody now?
- Do you plan to marry him/her?
- 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. Encourage students to read the sheet and complete it without discussion with others. (5 minutes).

Step 4

Distribute the LIFE CHOICE SHEET (see Activity Material 3.1). Instruct the students to read the queries carefully and encourage them to think and answer the questions pertaining to job, career, marriage and family. 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/LS educator/counsellor). If desired he/she can share it with a very close friend later (20 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).

Note: Suggest pasting the completed LIFE CHOICE 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/choices?
6. What is the necessity of making decisions on the above queries?

Summarize

- ☞ 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/abilities/expertise to pursue a particular profession. This would help us to earn our livelihood and to some extent fulfill our desires.
- ☞ 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/choices of our future. Many a time we follow our friends without knowing pros and cons of selecting a career (discuss about peer pressure on making choices).
- ☞ Choosing a career can be a tricky issue. Considering various alternatives, assimilating information from various sources, understanding ourselves, 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 (adolescents).

- ☞ Choosing a career cannot be by popular vote or opinions or peer pressure. However, discussions with parents and well wishers including very close peers are necessary and part of the process of making a decision about career.
- ☞ Similarly the choices of marriage and having a family should be done by thinking about it, weighing pros and cons.

Key message to be delivered

- ☞ Motivation, hard work, commitment to study, getting trained and acquiring desired grades/skills/abilities to qualify for a particular course are very essential.
- ☞ Taking career guidance from career counsellors will help in making career choices what we have to decide on? What we want to become?
- ☞ Motivation and commitment to follow a particular profession is very essential.
- ☞ 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.

Reflection at home by the student

- ☒ The “Life Choice Sheet” - where did I paste it? 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 – Yes / No
 - Decision based on my desire – emotions Yes / No
 - Allowing my parents to make all decisions for me Yes / No
 - Follow friends’ options Yes / No

2. THEME: PREPARING FOR EXAMINATION

BACKGROUND

Note to the Teacher/LS educator/Counsellor:

This module “Preparing for Examination” is related to “Improving Concentration”, “Improving Memory” (Level I) and “Study Habits” (Level II).

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 Indian context, exams are a way of assessing what a student has learned during the academic year. Aside from this, it is also a method through which the students’ learning and grasping abilities are graded by the teacher’s. 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.

Success in the Exams depends on 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 examination.
- Appropriate preparation for the specific examination.
- Following “Good Examination” skills.

Failure in an Examination depends on 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 - 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.
- Giving breaks when necessary.
- Having fixed time of sleep and relaxation (including T.V. time).
- Following a program of exercise and physical activity even if it is brief.
- Meditating, doing auto-suggestion every day - to be calm during examination.
- Discussing with one's parent or sibling or friend regarding progress in the exam preparation from time to time.
- Eat healthy food.

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. Pack all items needed for the exams.
- Going to the toilet before entering the examination hall.

- Taking deep breaths and feel relaxed.
- Taking a small snack like fruit with you.

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 invigilator.
- Budgeting the time and planning the answers. Allocating time for each question depending on the marks allotted.
- 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, use quotation marks, 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, history), graphs (maths, physics).
- Trying to finish ten minutes earlier. Going through the paper and correcting mistakes/ underline important points etc.
- Most of the students have a habit of discussing answers with friends after the examination. This makes one anxious and worried and 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 students suffer from anxiety about examination and their performance. One of the reasons for this is increased pressure from their parents and teachers to perform well in exam. Although small amount of exam fear/anxiousness is necessary to learn before the exam, too much of tension can hinder the student's ability to perform well in the exam. 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/anxiety 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 and restlessness.
- Discomfort in the stomach.

- Decreased appetite or increased appetite.
- Vomiting sensation or feeling of nausea.
- 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

Some 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 auto-suggestion. This method must be comfortable and useful to the student. So it is necessary that the student starts practicing months before the exams.
- 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.
- Restating negative thoughts, like “I have not prepared well”, to “I will do my best” “I may fail in this exam” to “I have 50% of passing exams” or “I have not covered all the portions” to “I have studied some portions well”.
- Practicing group relaxation exercises in the school for 10 minutes every day at least 3 months before exams.

Name of the Activity: I will do my BEST

Objectives

- 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/exam situation.
- To discuss issues pertaining to any examination or evaluation with friends and share thoughts and emotions about it.

Expected outcome

- Students evaluate ambitions of self, family, abilities of self, extent of curriculum and the examination pressure.
- Students making decision to start preparations for the examination much ahead of time.
- Students develop self-discipline of drawing a time schedule of study and following it as much as possible. Self-review periodically to understand progress in preparation.
- Students 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.

Life Skills Promoted

Critical Thinking (identifying the appropriate methods of reading and writing the exam), Coping with stress (following some of the relaxation techniques), Coping with Emotions, Self-Awareness (understanding his/her feelings during exams/stress and dealing with them), Creative Thinking (finding different methods of studying for the exam in an effective way).

Techniques used

Game Playing, Group Work , Group Discussion

Time: 50 Minutes

Materials needed

Old newspapers, 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. 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).

Note: If numbers of students are less around 25 students - make it as an individual activity – ask each student to read the newspaper and answer the questions raised individually. Once the activity is done ask them to make a group and discuss the following question; then present the summary of their opinions to the larger group by the leader.

Step 2

Give each group a copy of any newspaper of same edition and date. Allow the group members to read the newspaper (5-10 minutes).

Step 3

Give each group a questions sheet with 10-15 questions and ask each student to recall maximum points and answer the questions on his/her own (15 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).

Note: Give clear instruction to the leader to take everyone’s opinions in the group. Discuss along these lines.

Step 5

Summarize (10 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 –both advantages and disadvantages?
4. What are the advantages and disadvantages of studying just (few days) before exams?
5. What ability/skills does a student like you need to prepare well for an examination?
6. Can you suggest a healthy way of preparing for an examination?
7. Do you know of any school which has no exams? How do the teachers know that the children have studied or learnt?

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 the skills needed by students to decide, make a plan and follow the plan of preparation for examinations. Discuss about fear and anxiety during the exam and how to handle examination fear and anxiety.
- ☞ “How to prepare for examination” - guidelines should be photocopied and distributed.

Key message to be delivered

- ☞ EXAMINATION is a way of assessing the academic ability of a student.
- ☞ Following appropriate methods of reading, learning, discussing, remembering and answering for any test situation will increase the confidence of the students.
- ☞ 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.
- ☞ Discuss about exam preparation in different level.

Reflection at home by the student

- ☞ Write a personal time schedule to prepare 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 time-table for study - Yes/No
 - I am anxious about exams and I do not know what to do about it - Yes/No

C. SELF-AWARENESS

3. Facing Failure - Ties that Bind
4. Coping with Failure - Suicide - Flying Kite of Hope
5. Self-esteem - I AM the Person with _____
6. Sensation Seeking Behavior - Drinking - I am Alive

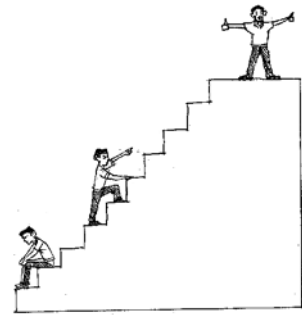
“Challenges are what make life interesting and overcoming them is what makes life meaningful.”

- Joshua J. Marine

3. THEME: FACING FAILURE

BACKGROUND

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-esteem, confidence and less regret later. Successful coping with every failure using positive approach promotes emotional growth; objectivity to understand life events leads to mental maturity. Successful people while facing failures identify alternatives, creative solutions and use them to move forward.

Thomas Edison, in his search for the perfect filament for the incandescent lamp, tried anything he could think of, including whiskers from a friend's beard. In all, he tried about 1800 things. After about 1000 attempts, someone asked him if he was frustrated at his lack of success. He said something like "I've gained a lot of knowledge—I now know a thousand things that won't work".



Fear of failure is one of the major obstacles to success in life. The cure is to change your attitude about failure. Failure along the way should be expected and accepted; they are simply learning tools that help focus the way towards success.

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.

Most of the time, difficulties are treated as failure.

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: Ties that Bind

Objective

- 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, eliciting more alternatives.

Life Skills Promoted

Self-Awareness (understanding his/her strength to face the failure, usual response to difficulties and whether they have been effective in the past), Critical Thinking and Problem Solving (finding/identifying alternatives, creative solutions and using them to move forward), Coping with Stress and Emotions (developing certain skills like seeking guidance, support, learning from others' attempts, comparison with less fortunate to face stress and fear of failure).

Techniques used

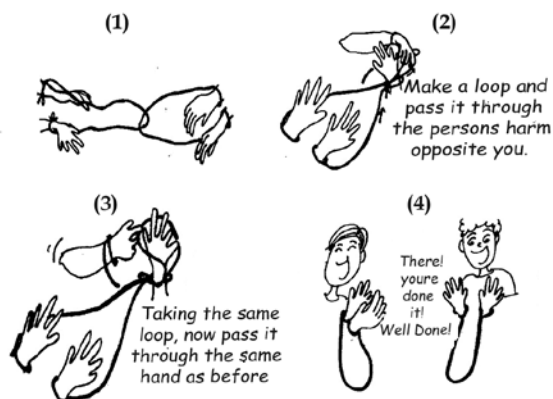
Games and Group Discussion

Time: 60 Minutes

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 select a spokesperson and 2 players - Partners 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 other 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 from each other without breaking or untying both the strings. The rest of the group members give creative 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 group's members (15 minutes) (see Picture on Pg. No. 40).

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? (in activity and in life)
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?

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 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.

Key message to be delivered

- ☞ Goal directed efforts, motivation, and ability to cope with frustration need regular practice are needed to face difficulties and failure in life.
- ☞ Success cannot be achieved by merely wishing and 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. Give some real examples like Thomas Edison - try again and again till you succeed.
- ☞ 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?
- ☞ The last time I had a difficulty and the way I coped with that _____

4. THEME: COPING WITH STRESS - SUICIDE

BACKGROUND

Life is never a smooth sail for any one of us. Sometimes we feel frustrated, rejected, isolated, helpless, dejected, powerless and hopeless due to disappointments and failure. Many stressful situations also make us feel so. While these experiences are common, most of us learn to effectively negotiate such situations and successfully cope with them. Such failure and stressful experiences help us to grow stronger and become mentally mature. Rarely, a person who is unable to cope with the stress, sees no choices left to try 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. Shame and anger are the common emotions; failure in love or exams, conflict with parents or others are common reasons. 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.

According to National Crime Records Bureau (NCRB) data, 135, 445 people committed suicide in India in 2012 – an average of about 15 suicides an hour. A large number of the suicides were in the 15-29 age group. The average global suicide rate is 14.5 deaths per 100,000 people, with suicide being the 4th leading cause of death in the 15-19 age group.



Evidence suggests that suicide has increased in young people, especially adolescents. Every suicide is due to multiple reasons. High expectations of self, inability to accept failure, inability to manage intense emotions, poor support and relationships with friends and parents, following poor models in the family or community, are some of the factors for suicidal attempts in the adolescents. 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.

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.

Adolescents spend a substantial part of their day in school. Effective suicide and violence prevention is to be targeted by integrating it with supportive mental health services, engaging the entire school community, and imbedding it in a positive school climate through student behavioral expectations and a trustful student/adult relationship. Therefore, it is crucial for the school teachers to be familiar with and watchful for risk factors and warning signs of suicidal behavior among youth. Teachers can be effective and reliable 'gate-keepers' of suicidal attempts among students.

The present session 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: Flying the Kite of Hope

Objectives

- To consider alternatives in distressing and demanding situations.
- To recognize frustration, dejection, failure, stress in self and others 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.
- Students understand harming self and suicidal attempts are not positive coping methods.

Life Skills Promoted

Self-Awareness (understanding one's own emotions and the intensity of them when one is faced with failure, rejection or shame, recognizing one's own ways of coping and whether they have been helpful, one's attitude towards self – harm and suicide), Effective Communication (taking/seeking support by expressing the need to a parent, friend or teacher), Coping with Stress and Emotions (developing positive skills to handle intense emotions), Problem solving, Critical Thinking (understanding ups and downs are common in life; identifying ways to cope, finding alternatives).

Techniques used

Solving Problem and Group Discussions.

Time: 60 Minutes

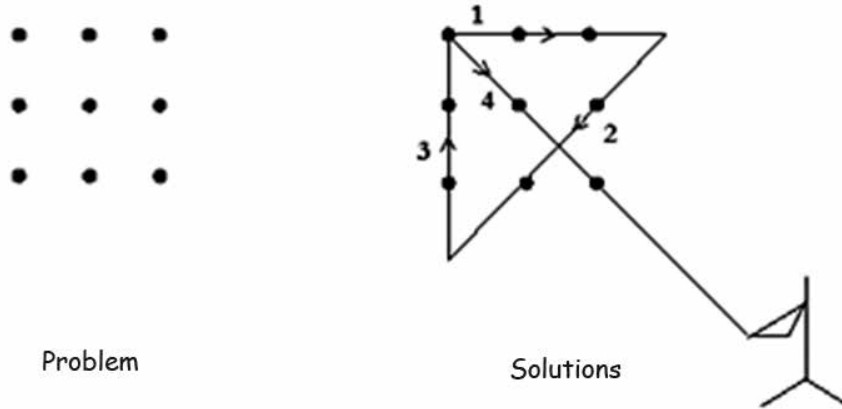
Materials needed

The picture with the dots and the solution. Photocopies of case examples with suicidal attempts or suicide, Papers and pencils or pens (see Activity Material 3.3A and 3.3B).

DIRECTION: 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

Kiran and Vani are good friends studying in IX class. They spend time together reading, talking, exchanging class notes etc. They never consider themselves to be “lovers”.

One of Kiran’s friends, who is jealous of Vani’s friendship with Kiran, writes on the school walls and blackboards that they are “lovers”. Both of them feel very upset and ashamed by this. Vani goes home during the class and without telling her mother anything hangs herself with her dupatta in her room. Knowing about her suicide, Kiran 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 on page 45).

Now read the examples of cases of Vani, Kiran 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. What skills have you used to solve the problem of "Picture of Dots"?
2. Are the problems of Vani, Kiran and Shareen common among adolescents? If so why?
3. In the face of failure many people attempt suicide or self-harm. What do you think about it?
4. What are the common methods usually used by adolescents like them to solve any problems today?
5. Is there an effective way of solving even the most difficult of problems in our lives?
6. Is "suicide an option" at any time for any "problem"?
7. Solving any problem is not easy. How do you go about solving it?

Summarize

- ☞ Discuss how students solved the picture of dots and point out how "thinking out of the box" i.e. differently is very important in solving any problem in life.
- ☞ Frustration, helplessness, stress, anger, depression, rejection, shame can lead to deliberate self-harm and suicidal behavior.
- ☞ 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.
- ☞ Strong friendships, positive school atmosphere, supportive parents and teachers can be extremely useful in diffusing crisis in an adolescent's life to avoid suicidal behavior. Adolescent should also firm decide not to resort to it at any cost.

Key message to be delivered

- 👉 Developing good communications skills, understanding ones' strengths and limitations, willingness to share personal difficulties and learning problem solving and considering alternatives can prevent impulsive acts like deliberate self-harm and suicide.
- 👉 Suicide is a wrong solution to whatever problems we face. A person's pain is very real and understandable – but there are healthy ways to deal with it. Suicide is not one of them. (Discuss alternative (positive) ways to deal with problems).

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

5. THEME: SELF - ESTEEM

BACKGROUND

Self-esteem is the value we provide to OURSELVES. It is the self-concept we have - what we think we are, our capabilities, how we regard ourselves, how we perceive others' opinion about us, our perception of whether we deserve it or not. Those of us who have high self-concept are positive about themselves. This is evident in our abilities also. If we regard ourselves positively, we also think that others regard us as a positive person. In turn 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 and capabilities.
- 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.
- In adolescence self-esteem can be affected by the physical and hormone changes, and most importantly by how they look or how they think they look. Young people who have a practical goal (not a mere wish or dream) in life often feel responsible, motivated and confident. . So do those whose families are there to support them. Belonging to a group of friends is also very important to adolescents' self-esteem. This is why they do what their friends are doing.
- 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 more or less 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.
- Self worth based on performance, possessions and power and not on behavior
- 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-use, drugs-abuse, 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.
- Realistically assessing strengths and weakness. Accepting limitations and making plan to improve weaknesses.
- Avoiding comparison with others.
- Stopping worry about small issues.
- Striving to improve oneself with working towards targets, being responsible
- Following healthy life styles like meditation, exercises, socially relevant activities etc.

Name of the Activity: I AM the Person with_____

Objectives

- To facilitate recognition of their strengths and weaknesses among students.

- To become aware of the realistic aspects about themselves by discussion with a close friend.
- To enable them to identify 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.
- Students understand that it is through such skills that they can improve their self-esteem.

Life Skills Promoted

Self-Awareness (understanding their strengths and weakness), Creative Thinking (finding skills to increase self-esteem), Critical Thinking (knowing about the impact of low self-esteem).

Techniques used

Guided Introspection, Discussion with a Close Friend/Partner and Group Discussion.

Time: 60 Minutes

Materials needed

White sheets, pins and pens/pencils.

Note to the Teacher/LS Educator/Counsellor:

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 and considers a 'best friend'. 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 others 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 best friend to suggest very specific methods to improve on aspects which the other 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 in the class anytime. (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 house. 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 it difficult to write about the aspects in you which needed some change? Did these have any impact on self? How?
5. Were you surprised by anything that was told by your friend? If so Why?
6. Discuss and suggest 3 ways of improving self-esteem/overcoming low self-esteem?

Summarize

- ☞ Self-esteem is how a person feels about himself or herself. Knowing oneself and feeling good about oneself is an important aspect of the process of growing up.
- ☞ The self-concept 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 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 day-dreaming etc. (Point out how self-esteem develop, causes of low self-esteem, impact of low self-esteem, how to improve self-esteem).

Key message to be delivered

- ☞ Learning to accept oneself, assessing one's own abilities realistically, including strengths and weakness, consistently making small changes to improve one's self are steps to 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.
 - Or do it Yourself.

6. THEME : SENSATION SEEKING BEHAVIOR - DRINKING

BACKGROUND

Alcohol is a common drug of abuse. It is used all over the world 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, a person with alcoholism can die of medical complications (mentioned below), accidents or suicide. Treatment consists of detoxification, counselling and rehabilitation.

Alcohol use and alcohol related problems impose a huge cost to the society, families, health care system, work place and the population at large. During adolescence, many people begin to experiment with alcohol. 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.

Results from national surveys of adolescents and young adults show that alcohol use is prevalent among both young men and women.

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. Hence, youth need to learn to say 'NO' to alcohol even if it is for socializing. 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. When one drinks, alcohol is absorbed directly into the bloodstream and carried to heart, brain, muscles and other tissues. Loss of inhibition is one of the first effects of alcohol on the brain and behavior.

Alcohol is metabolized in the liver and is changed to carbon dioxide, water and a few calories of energy. About 90% - 95% of alcohol consumed is metabolized by the liver. The remaining 5% - 10% is excreted through urine, breath 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. Mal-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):** Confusion, 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.
- 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, media 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: I am Alive

Objective

- To understand the adverse consequences of drinking.

Expected outcome

- Students understand the negative impact of drinking.
- Students understand the need to stay away from alcohol.

Life Skills Promoted

Critical Thinking (understanding immediate and long term effects of alcohol), Creative Thinking (finding safe ways to have fun other than drinking), Decision Making, Communication Skills (being assertive to say “NO” to alcohol), Coping with Stress and Coping with Emotions (developing/recognizing healthy life style—exercises, yoga, meditation etc. dealing with peer pressure without breaking friendship).

Technique used

Group discussion

Time: 45 Minutes.

Materials needed

White sheets, pens, 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).

Discussion Points

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?
7. How to avoid alcohol in your life - saying “NO” to alcohol? What skills are needed to put this into practice?

Summarize

- ☞ It is necessary for students to develop very clear “Do’s” and “Don’ts” related to alcohol and to follow them.
- ☞ Point out immediate and long term effects of alcohol on health, family and other social complications.
- ☞ Discuss psychological and biological factors associated with alcohol.
- ☞ Point out preventive factors towards alcohol consumption.

Key message to be delivered

- ☞ Students need to think and take decisions on their own to keep away from drinking. (Make them to think/understand the adverse consequences of drinking on health, family and social complication).
- ☞ Young people need abilities to have fun without alcohol and communication/assertive 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, How?
 - Person who drinks - Yes/No
 - His family- Yes/No
 - The manufacturer or seller - Yes/No
 - The government - Yes/No

D. SOCIAL RESPONSIBILITY

7. Dowry- My Prince, What is Your Price?

“Live as if you were to die tomorrow. Learn as if you were to live forever.”

-Mahatma Gandhi

7. THEME: DOWRY

BACKGROUND

The dowry system has its roots in old 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. Gradually this tradition gave way to "DOWRY" as a practice in a marriage system as we all 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. Like a business 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.

Evils of Dowry System

In 2012, 8,233 dowry death cases were reported across India, meaning a bride was burned every 90 minutes, according to statistics recently released by the National Crime Records Bureau. One woman dies every hour due to dowry related reasons on an average in the country.

- 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 and its amendment of 1985 came into existence in India. According to 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”.

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. Youth, 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: My Prince, What is Your Price?

Objectives

- 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.
- Students promote in their own small ways, actions against dowry in their families.

Life Skills Promoted

Critical Thinking (understanding how dowry system has become an evil for society), Empathy (realizing what it is to be a woman who has to give 'dowry' to get married), Decision Making (taking a oath not to give or take dowry and following it through), Interpersonal Relationships and Effective Communication (communicating decisions and opinions on dowry with others without becoming offensive but being assertive).

Techniques used

Brainstorming, Group Discussion and Debate.

Time: 50 Minutes

Materials needed

Papers 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) (see below for discussion questions / facilitative questions separately for groups 1, 2 (girls) and groups 3, 4 (boys)).

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 (Girls)

1. What are the advantages of taking dowry?
2. How does a culture decide why somebody should take dowry during marriage?

3. If dowry was such a “wrong thing” why is it there since many centuries?
4. Why women, knowing about it still agree to get married paying ‘dowry’? Is it only parental pressure or something more?
5. Are there cultures where taking dowry is not a problem? How?
6. Are there laws, which help one to take dowry legally?
7. Are there methods by which “Dowry” can be made into a positive one?
8. What skills are needed by a young person to decide to “Take Dowry”?
9. Did the activity help you to think like a “boy who usually takes dowry”?

For groups 3, 4 (Boys)

1. What are the evils of giving dowry?
2. How does a culture decide why somebody should give dowry during marriage?
3. If dowry was such a “wrong thing” why is it there since many centuries?
4. Why do men agree with their parents on ‘dowry’ knowing it is illegal?
5. Are there cultures, which have got rid of dowry as a problem? How?
6. What are the laws in our country to prevent giving dowry?
7. Are there methods by which “Dowry” can be abolished totally from the society?
8. What skills are needed by a young person to decide to “Not to Give Dowry”?
9. Did the discussion help you to feel like a “girl who is forced to give dowry”?

Summarize

- ☞ Discuss how the concept of dowry started in India and dowry system in current custom.
- ☞ Tell them in brief about the evils of dowry and the Dowry Prohibition Act.

Key message to be delivered

- ☞ Focus on Skills like Critical Thinking, Decision Making and Empathy in students to prevent dowry problem in society.
- ☞ Stress on the 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 news on 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?

E. SEXUALITY - UNDERSTANDING BODY AND MIND

- 8. Marriage - What is it?**
- 9. Conception - Am I Pregnant? 'S' Touched My Stomach!**
- 10. Contraception - I have the CHOICE!**
- 11. Sexuality - Myths and Misconceptions - Pretty and Handsome**
- 12. Empathy - HIV/AIDS - Be there for me**

Note: To be done separately for the boys and girls. Only to be done by a same sex teacher. Background information is only for the LS Educators/Teachers/Counsellor and NOT for students.

8. THEME: MARRIAGE

BACKGROUND (For LS Educators only)

Note to the Teacher/LS Educator/Counsellor:

This session focuses on attitudes and feelings to marriage and sex. Conduct separate classes for boys and girls by the same sex/ gender teacher.

Marriage is a socially or ritually recognized union or legal contract between two people. The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships, usually intimate and sexual, are acknowledged. In many cultures, marriage is recommended or considered to be necessary before pursuing any sexual activity.



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 engage 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 mature person and allow seeking sexual expression in a safe and stable partnership. Some 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 legally permitted age for marriage - 18 years in most countries; 21 years is encouraged by societal norms.

In sex 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.

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 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 yield to peer group pressure or media models.

Name of the Activity: What is it?

Objectives

- To assist the adolescents to clarify doubts related to 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 partnership.

Expected outcome

- Students recognize in self, emotions, which are sexual, identify sexual needs and accept them as healthy.
- Students develop certain healthy opinions, attitudes towards sex and make them part of the self by evaluation.
- Learn to postpone sexual experience till marriage/development of stable relationship.

Life Skills Promoted

Critical Thinking (understanding differences between desire and a love - relationship based on commitment and trust), Coping with Emotions (understanding what sort of emotions one goes through due to desire, how one reacts when is rejected or approached by person of other gender), Decision Making (understand the relationship between sexual needs and a stable sexual partnership and delaying the desire), Interpersonal Relationship and Effective Communication (communicating to the other person one's own decisions clearly).

Techniques used

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

Time: 45 Minutes

Materials needed

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

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”.

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 spokesperson 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 spokesperson 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?
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 will happen if marriage/sex happens before the age of 18 (girls)/21 (boys)?
10. What are common doubts/anxieties regarding sex at your age?

Summarize/Key message to be delivered

- ☞ Discuss how sex 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 to be engaged when one is physically and emotionally mature, independent, and responsible in a stable relationship.
- ☞ It 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.
- ☞ 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, 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

9. THEME: CONCEPTION

BACKGROUND (For LS Educators only)

Conception is the physical process of a sperm fusing with an ovum (female egg). Conception or pregnancy occurs as a result of sexual contact 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 contact. Usually it is done under medical supervision by a gynecologist in a willing woman.

During sex, semen is deposited in the 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.

Sex always 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 - like touching, kissing, petting etc. These are mainly done to show affection and also increase the pleasure.

Signs of Pregnancy

- Missed periods.
- 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 biological 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.

Care of the pregnant woman

- Consuming balanced diet like green leaves, vegetables, milk, egg, fish, meat and fruits.
- Regular medical checkup and immunization.
- Avoiding intake 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? S touched MY Stomach!

Objective

- To make the adolescent students (boys or girls) understand aspects of pregnancy.

Expected outcome

- Students recognize 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".
- Students understand the role of the man in pregnancy. Communicating the need for support during pregnancy (if woman) and extending it (if man).

Life Skills Promoted

Critical Thinking (understanding how women conceive), Coping with Stress, Coping with Emotions (understanding anxieties and fear related to sex and pregnancy), Decision Making (planning the pregnancy after marriage rather than accepting it as something not in one's own control).

Techniques used

Group Discussion, Sharing Knowledge and Opinions.

Time: 45 Minutes

Materials needed

White sheets and pens.

Note to the Teacher/LS Educator/Counsellor:

Have separate sessions for boys and girls. Same gender teacher to conduct 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.

Step 4

Summarize (5 minutes).

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, , 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 pregnancy occur only after marriage?
8. Not being married - is it a protection from pregnancy even if a girl indulges in sexual act? ?
9. Mention established methods of a woman becoming pregnant?
10. Do you think sex between men and women always causes pregnancy?
11. Does a man have any responsibility when his wife is pregnant? What should he do and why?

Summarize /Key message to be delivered

- ☞ Conception occurs - when a man and woman have sex. Conception is possible only by sexual act or Artificial Insemination.
- ☞ Missing monthly periods, positive pregnancy test are signs of pregnancy. Some have morning sickness.
- ☞ Briefly discuss on determination of sex of the child by the chromosome from the male and not female.

Reflection at home by the student

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

10. THEME: CONTRACEPTION

BACKGROUND (For LS Educators only)

Note to the Teacher/LS Educator/Counsellor:

Conduct the class separately for the boys and girls by gender specific teachers. If a teacher is able to discuss issues like contraceptives with the same 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;

- To delay first pregnancy.
- To space childbirth - to delay the second child till the first child is 3 - 5 years.
- To avoid unwanted pregnancies - if the woman is medically unfit or ill.
- 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 sex 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.

Precaution

A condom can be used only once.

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

c. 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.

d. 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). 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: I have the CHOICE!

Objectives

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

Expected outcome

- Students understand that sex need not always lead to pregnancy and that it can be planned.
- Students remember the contraceptive methods and choosing a suitable contraceptive method whenever there is a need for it - even much later in their lives - after marriage or childbirth.
- Having a positive attitude to contraceptive methods.

Life Skills Promoted

Critical Thinking, Decision Making (understanding that sex need not always lead to pregnancy, knowing different contraceptive methods depending on the need, knowing the advantages of contraception), Problem Solving, Communication Skills (choosing appropriate contraceptive method, and communicating convincingly to the partner the need to use it then).

Techniques used

Sharing of Opinions, Knowledge and Brainstorming in a group.

Time: 70 Minutes

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 (see Activity Material 3.5).

Note to the Teachers/LS Educator/Counsellor:

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.

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 and fold it. Pass a basket/box/carry bag around the class and ask the students to drop the folded paper pieces into it quickly. 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).

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. Ask students to discuss in their group the following discussions questions written on the blackboard.

Step 8

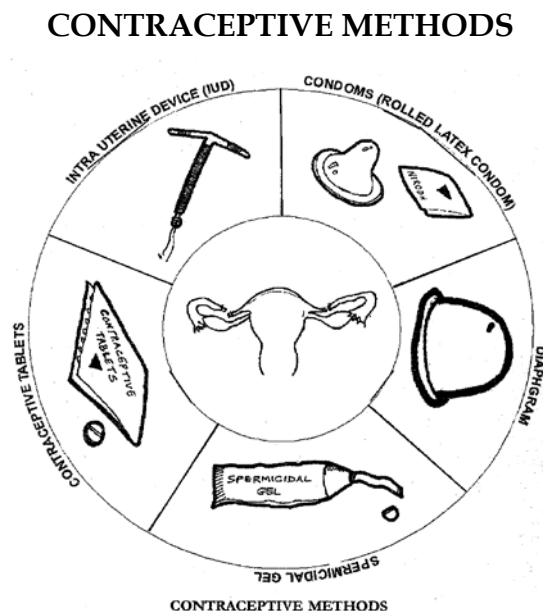
Summarize (10 minutes).

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 120 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 a 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).

Summarize/Key message to be delivered

- ☞ 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.
- ☞ 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 women's' health

11. THEME: MYTHS AND MISCONCEPTIONS

BACKGROUND (For LS Educators only)

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 even in our country. 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/LS Educator/Counsellor:

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-judgemental 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. To be done for boys and girls separately by gender specific teacher.

Name of the Activity: Myths and Misconceptions - Pretty and Handsome**Objectives**

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

Expected outcome

- Students use their critical skills to check and confirm its truth especially on issues pertaining to sexuality where negative attitudes are many.

Life Skills Promoted

Critical Thinking (knowing how to differentiate between myths and facts gender, body, puberty and other sexuality issues), Self-Awareness (understanding their own positive and negative attitude towards their gender, body and sexuality).

Technique used

Quiz

Time: 60 Minutes

Materials needed

Small box, KG cardboards of two colors - pink and green, scissors, pencils and paper. Cut the pink and green KG cardboard into strips and write the MYTHS on the Pink strips and FACTS on the Green strips (separate for girls and boys. See below table of Myths and Facts separately for Girls and Boys) (see Activity Material 3.6A, 3.6B).

STATEMENTS – FOR GIRLS**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 : 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 contact 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 : 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.

STATEMENTS – FOR BOYS

PINK CARDS (Myths) AND GREEN CARDS (Facts)

- ❖ 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 : Touching private parts, kissing, holding, hugging lead to pregnancy.
FACT : Pregnancy is a result of sexual intercourse between a man and a woman.
- ❖ 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 : 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 : 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 (boys and girls in separate classes) (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

Once the quiz is over ask the students to sit in their respective groups and put forward the following questions. The group representative will present the summary of their discussion (10 minutes).

Step 6

Summarize (5 minutes).

Facilitative 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?

Summarize/Key message to be delivered

- ☞ 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
- ☞ Discuss/point out myths and facts related to sex.
- ☞ Inadequate information leads to inappropriate sexual experimentation among the adolescents because of curiosity.

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
- ✎ Two myths I had about sex and sexuality which I got correct information today in the LSE class
 1. _____
 2. _____

12. THEME: EMPATHY - HIV /AIDS

BACKGROUND (For LS Educators only)

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: Be there for me

Objective

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

Expected outcome

- Students 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.



Life Skills Promoted

Critical Thinking (understanding about what is HIV/AIDS or any other condition with stigma), Empathy (developing positive attitude towards HIV/AIDS infected people or people who are different).

Techniques used

Situation Analysis and Group Discussion.

Time: 45 Minutes

Materials needed

White sheet and pen (see Activity Material 3.7).

Situation -1:

“BE THERE FOR ME”

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

Shabana : Why? Did Z’s father commit anything wrong?

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

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

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

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 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 Z and brother 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 Z'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 Z'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)?

Summarize/Key message to be delivered

- ☞ Lack of awareness about HIV or conditions is responsible for negative attitudes.
- ☞ Adequate scientific information, knowledge help us to understand the truth.
- ☞ Mention conditions like HIV / AIDs which are stigmatized. 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 3-4 ideas 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.

RECORD BOOK FOR THE STUDENTS

NAME

SEX CLASS

SCHOOL

NAME OF THE ACTIVITY DONE THIS WEEK:

By:

Date :

Issue Discussed - Theme :

Life Skills Used/Discussed :

Reflection at Home :

Comments :

Useful : Y/N :

Learnt something New : Y/N :

Other Comments :

Appendix - 1B

RECORD BOOK FOR THE TEACHERS

NAME SEX

SCHOOL

Conducted for 8th/9th/10th :

Number of Students :

LIFE SKILLS EDUCATION CLASS
.....

Date:

Activity Conducted :
.....
.....
.....

Issues Identified by Students :
.....
.....
.....

Skills Focused :
.....
.....
.....
.....

Participation by Students : Poor / Average / Good
.....

My ability to facilitate : Poor / Average / Good / Very Good

Key message delivered:

.....
.....
.....

What was New for the Teacher?

.....
.....
.....

Benefits Identified :

.....
.....

Limitations Identified :

.....
.....

Remarks :

.....
.....
.....

Monthly Record of Indicators

.....
.....
.....

Appendix - 2

CLASSROOM LEVEL INDICATORS

Instructions

All the following to be assessed on a quarterly basis

Strength of your class for which the assessment is done:

No. of LSE program has been implemented in the previous 6 months:

No. LSE classes taken so far (total):

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 over past six months.
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/ tests.
23. Incidents where students have manipulated parents to take money.
24. Number of students who have discussed personal problems with you.
25. Number of students who have cut class to see movies.

**LEVEL III
ACTIVITY MATERIALS**

MAKING LIFE CHOICES – WHEN I GROW UP _____ I WANT TO BECOME A BIG _____

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?

- Does it need further studies?
- Does it need training?
- According to you how many years of further studies does it need?
- According to you how many years of training does it need?
- Is it a skilled job or unskilled job?
- Would you like a salaried job?
- Would you like a self - employed job?
- Would you like a private firm job?
- Would you prefer a government job?
- In what way are you preparing yourself for this job?
- Is the job - decision, made by you or by your parents?
- Will your parents support your decision?
- How much guidance do you expect from parents for this decision? - Full/ little/ a lot
- How much guidance do you expect from your teachers for this decision? - Full/ little/a lot
- How much finance do you need to get this dream of yours realized?
- Do you think about your job/career?
- Have you discussed this with your friends?
- Have you discussed this with your parents?

You have decided on this career because

- You always wanted it - Yes/No
- You think you have the abilities required for this job - Yes/No
- Your parents decided this for you - Yes/No
- Many of your friends choose it - Yes/No
- This job is the most popular today - Yes/No
- Pays more money - Yes/No

- Gives stability and security - Yes/No
- Good dowry market - Yes/No
- Quick money - Yes/No
- Gives employment to others - Yes/No
- Socially meaningful - Yes/No
- Allows you to be married, have children and work - Yes/No
- Easy to get - Yes/No
- Extra income possible - Yes/No
- Is there a possibility that you will be unemployed ten years from now? Why?

Family

- Do you expect to get married?
- When do you think you will get married - number of years from now?
- Will be it an 'arranged marriage' or 'love marriage'?
- If arranged will you say 'no' if you do not like the person?
- Do you think your parents will listen to your opinion?
- Most important quality your life partner should have?
- Truly speaking will you give/take dowry?
- Would you like to work after marriage or would you like your wife to work?
- Have you discussed about marriage with friends?
- Have you discussed about marriage with siblings - brothers, sisters?
- Do you love somebody now?
- Do you plan to marry him/her?
- Do you plan to have children?

PREPARING FOR EXAMINATION – I WILL DO MY BEST

ACTIVITY MATERIAL -3.2

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 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.
- Give breaks when necessary.
- Having fixed time of sleep and relaxation (including T.V. time).
- If possible follow a program of exercise.
- Meditating and doing auto-suggestion 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.
- Eat healthy food.

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. Pack all items needed for the exams.
- Going to the toilet before entering the examination hall.
- Taking deep breaths and feel relaxed.
- Don't go to the exam with an empty stomach. Take a small snack, or some other nourishment.

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, use quotation marks, 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, history), graphs (maths, 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.

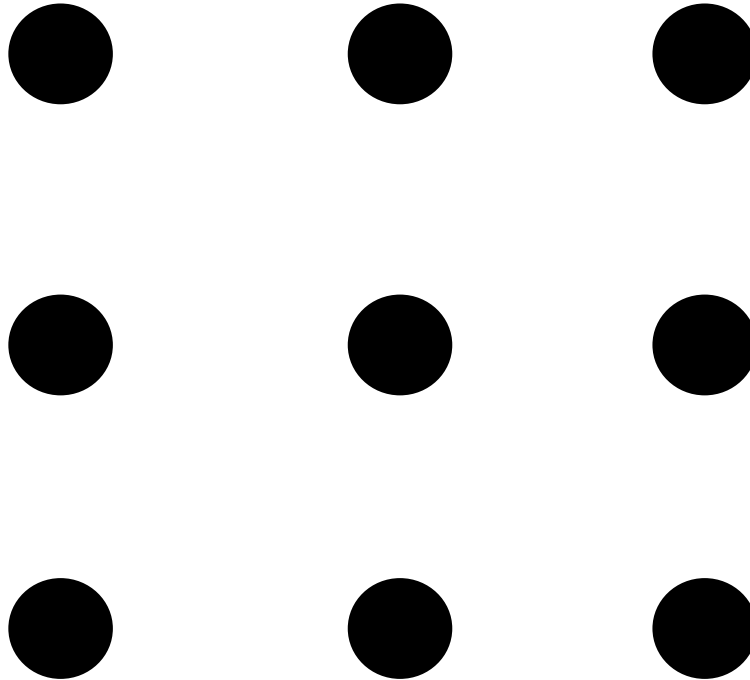
How to Handle the Anxiety:

Some 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 auto-suggestion. 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.
- Restating negative thoughts, like "I have not prepared well", to "I will do my best" "I may fail in this exam" to "I have 50% of passing exams" or "I have not covered all the portions" to "I have studied some portions well".
- Practicing group relaxation exercises in the school for 10 minutes every day at least 3 months before exams.

COPING WITH STRESS - SUICIDE – FLYING THE KITE OF HOPE**ACTIVITY MATERIAL - 3.3A**

DIRECTION: 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

COPING WITH STRESS – SUICIDE – FLYING THE KITE OF HOPE

ACTIVITY MATERIAL - 3.3B

Situation - 1:

Kiran and Vani are good friends studying in IX class. They spend time together reading, talking, exchanging class notes etc. They never consider themselves to be “lovers”. One of Kiran friends, who is jealous of Vani’s friendship with Kiran, writes on the school walls and black boards that they are “lovers”. Both of them feel very upset and ashamed by this. Vani goes home during the class and without telling her mother anything hangs herself with her dupatta in her room. Knowing about her suicide, Kiran 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.

Facilitative questions

1. What skills have you used to solve the problem of “Picture of dots”?
2. Are the problems of Vani, Kiran and Shareen common among adolescents? If so why?
3. In the face of failure many people are committed suicide. What do you think about it?
4. What are the common methods usually used by adolescents like them to solve any problems today?
5. Is there an effective way of solving even the most difficult of problems in our lives?
6. Is “suicide an option” at any time for any “problem”?
7. Solving any problem is not easy. How do you go about solving it?

MARRIAGE – WHAT IS IT?

ACTIVITY MATERIAL - 3.4

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 note books 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

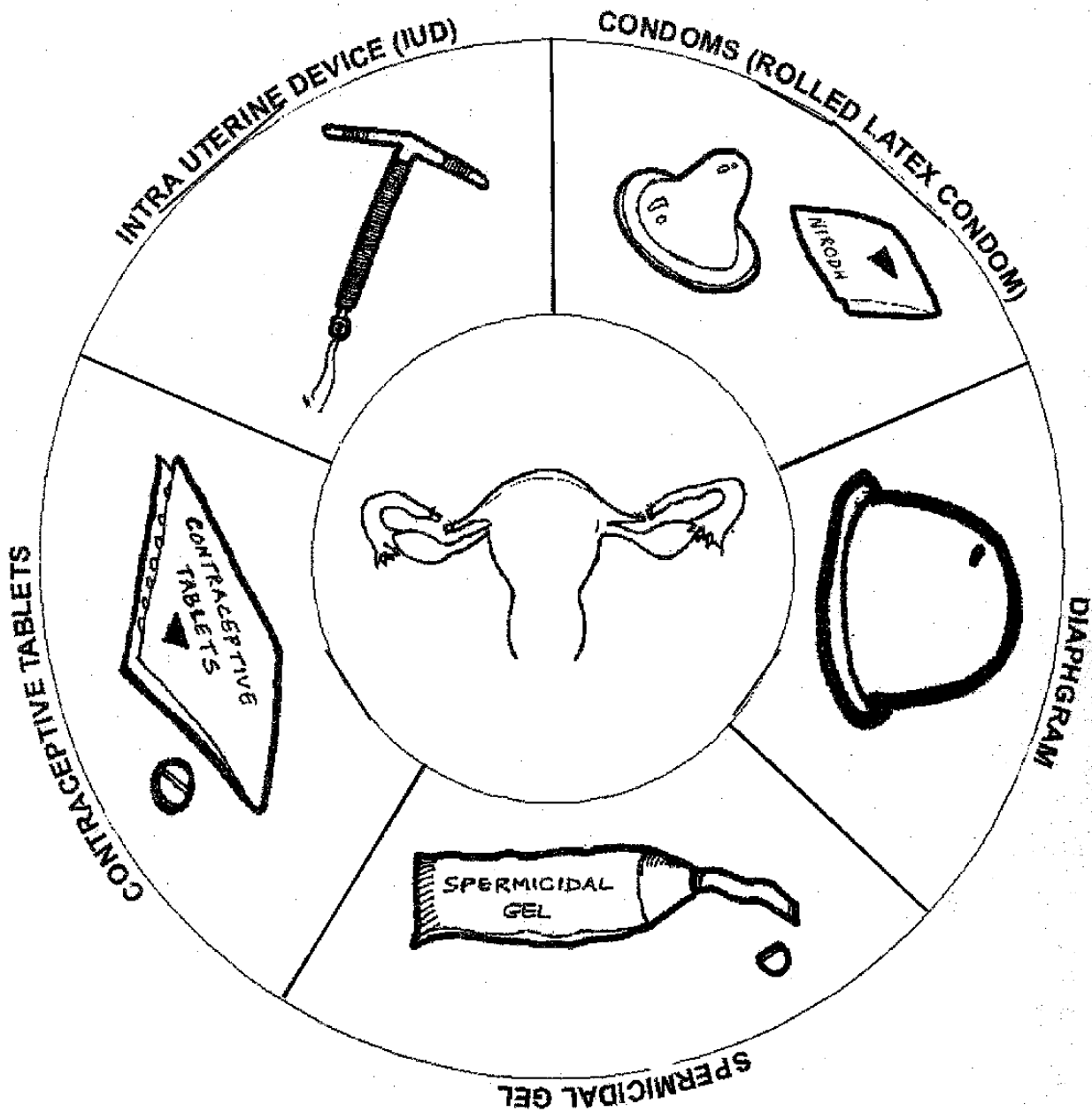
Swapna is a 19 years old girl who is married 2 months back to Roy, who is 28 years old. Swapna has had a strict upbringing where topics like “love” “sex” “childbirth” were never discussed. Swapna is very afraid to be alone with her husband Roy, as he always tries to touch and talk of having sex with her. Swapna feels uncomfortable and tries to avoid being alone with him.

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 will happen if marriage/sex happens before the age of 18 (girls)/21 (boys)?
10. What are common doubts/anxieties regarding sex at your age?

CONTRACEPTION – I HAVE THE CHOICE!

ACTIVITY MATERIAL -3.5



SEXUALITY – MYTHS AND MISCONCEPTIONS – PRETTY AND HANDSOME

ACTIVITY MATERIAL - 3.6A

MYTHS AND FACTS STATEMENTS FOR GIRLS

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 : 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 contact 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 : 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.

SEXUALITY - MYTHS AND MISCONCEPTIONS – PRETTY AND HANDSOME

ACTIVITY MATERIAL -3.6B

MYTHS AND FACTS STATEMENTS FOR BOYS

PINK CARDS (Myths) AND GREEN CARDS (Facts)

- ❖ 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 : Touching private parts, kissing, holding, hugging lead to pregnancy.
FACT : Pregnancy is a result of sexual intercourse between a man and a woman.

- ❖ 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 : 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 : 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.

EMPATHY - HIV/AIDS

ACTIVITY MATERIAL -3.7

Situation -1:

“BE THERE FOR ME”

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

Shabana : Why? Did Z’s father commit anything wrong?

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

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

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

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 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 Z and brother should not be allowed to attend school. **“I AM SCARED OF AIDS”**.

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

Facilitative questions

1. How do you feel after listening to Z’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 Z’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)?