

Announcing
THE INSA INDIA COMMUNITY HEALTH AND
DEVELOPMENT TRAINERS' PROGRAMS
{CHDTP}
BANGALORE

DATES: 18TH JULY TO 27ST AUGUST 2005 IN ENGLISH

A BRIEF ON INSA INDIA

As a trainer organization committed to catalyzing processes for enabling optimum health of communities, INSA-INDIA offers training opportunities for all levels of staff working in registered organizations addressing health and development issues. As a result of training, creditable health and development programmes have been established in remote, rural and urban areas of India, Nepal and Bangladesh. These capacity building opportunities are offered at subsidized costs to enable greater reach.

We believe

- Health is a basic right of every human being.
- Harmony between health and development is worth striving for.
- Educating women is essential for happy and healthy families
- Adolescents are emotionally vulnerable and are the future of any society therefore educating and making them aware of health and developmental issues equips the nation for a better tomorrow.
- Basic awareness is NOT enough. Skills building, follow-up and education is integral to health and development.

The INSA-India training programmes are:

- Designed to suit the needs of communities and trainees
- Interactive and thought-provoking
- Built on adult learning principles
- Supported with follow-up services in terms of visits, workshops and newsletters
- Subsidized to enable staff development within organizations.

THE COMMUNITY HEALTH AND DEVELOPMENT TRAINER'S PROGRAMME
(CHDTP) (In English & Hindi)

GOALS

1. To train committed persons from registered organizations in developing countries on need-based health and development issues.
2. To assist participants in designing, implementing, monitoring and evaluating community-based health and development programmes with a view to making them self-sustainable
3. To provide a forum for all participants to network and increase their knowledge and experience.



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FEATURES: THE CHDTP IN ENGLISH /HINDI

- a) Is a 6-week subsidized, residential course offered in January and July annually in Bangalore, which adopts participatory educational and managerial processes.
- b) Is a comprehensive exposure to emerging aspects of community health and development, including practical experience at the grassroots level.
- c) Is a unique course designed on the learning needs of the participants.
- d) Includes skills building in community based health and development programs, gender and Rights based education, documentation, reporting, leadership and management, participatory educational approaches, project planning, project evaluation and participatory appraisal methods.

ADDITIONAL FOLLOW UP SERVICES, OFFERED FREE OF COST OR HIGHLY SUBSIDISED INCLUDE

- 1) Follow- up visits by Faculty to all participants within a year of completion of training.
- 2) Regular review and feed- back by Faculty on reports from participants on work accomplished.
- 3) Follow- up workshop for participants one year after completion of training to share experiences benefit from peer-group evaluation and receive the INSA-India certificate.
- 4) Regular Core Group Workshop for advanced learning for participants who have established creditable community-based health and development programmes.

COSTS

Application form Rs 100/-

Registration Fee Rs. 3000/- (of which Rs. 1000/- is returned a year later on completion of Course requirements.)

Training fees will be met by INSA-India, which includes training materials, fieldwork, food and accommodation.

INSA India will bear the costs for the board lodge and follow-up services offered for selected participants. For those from neighboring countries, follow-up travel costs will have to be borne by their respective organizations.

All payments are sent by DD/MO addressed to the **Program Director-INSA India**

LAST DATE FOR REGISTRATION:

- 15th March 2005 for the 40th CHDTP in July '05

PLEASE NOTE:

Selections are limited to 15 for each CHDTP and will also depend on first come first serve basis.

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29.12.2004

Dear Colleagues,

We are happy to present you with a copy of EXPERIENCING OPTIONS, as a token of our appreciation for the work you do. Through this book, we share our experiences of working with adolescents and communities for HIV/AIDS prevention and support. The book is designed to enable readers to use the materials to scale up HIV/AIDS prevention education. We encourage readers to continue to add to these experiences and keep us informed.

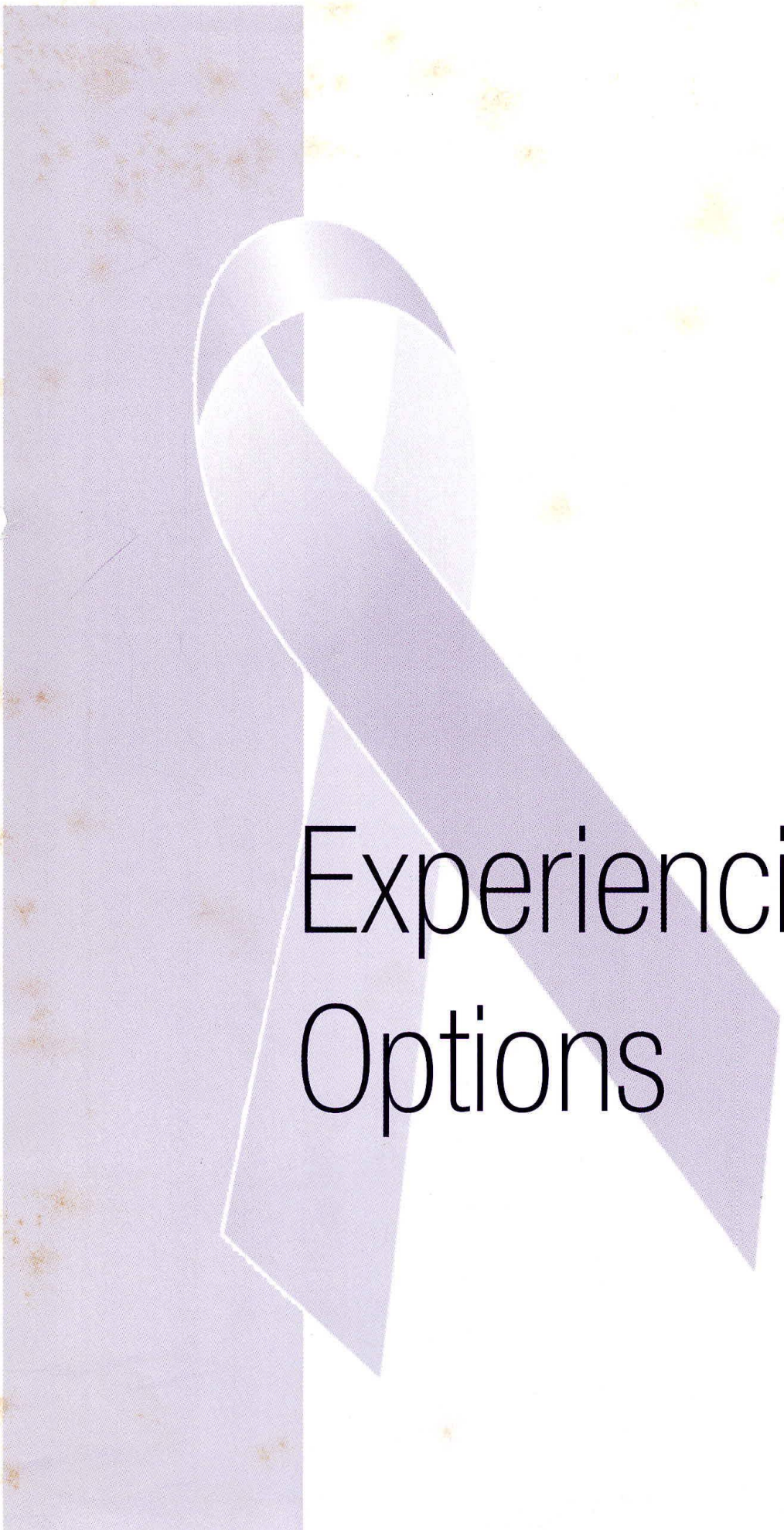
We invite feedback on the book too. We would be happy to offer training to groups of 15-25 participants on one or more areas covered in the book, based upon mutual convenience, at a cost. This training could include skills building exercises too. The language could be English or some vernacular languages.

We acknowledge the funding support received from Ford Foundation, India that enables us to distribute this book **free of cost**. We look forward to strengthening collaborations.

With best wishes from INSA India
Yours faithfully

EDWINA PEREIRA
Program Director-Training

FLORENCE DAVID
Program Director-Administration



Experiencing Options

Edition First, 2003

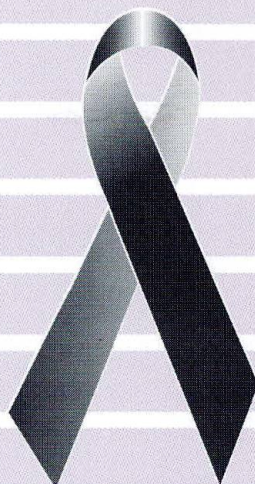
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Designed and Executed by Books *for* Change, Bangalore, India



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Foreword

S RAJENDRA BABU

**Judge
Supreme Court of India**



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Telephone : 23015433**

Five people worldwide die of AIDS every minute, every day. HIV has hit every corner of the globe. Since the beginning of this epidemic more than 5 million children less than 15 years of age have been infected primarily through mother-to-child transmission of HIV (UNAIDS 2000). While HIV/AIDS is clearly a health problem, the world has come to realize it also as a development problem that threatens human welfare, socio-economic advances, productivity, social cohesion, and even national security. It poses unprecedented development and health challenges to our country.

Our present day challenge is to roll back the spread of this global epidemic. This requires international, national and local endeavours. Stigma and discrimination are recognized as major factors fuelling the global HIV epidemic, creating a climate of fear and ignorance and reluctance to confront rising infection rates. Hence the primary focus should be on the increased awareness of HIV related stigma and discrimination so as to spread such awareness among our young generation.

INSA-India responds to the different needs of children, and families affected by, or living with HIV/AIDS, and supports the education of young people to help them to protect themselves against infection. The need to prevent further spread of HIV/AIDS among vulnerable groups and in the general population, requires the expansion of basic care and treatment activities for those affected and their families. With the advent of emerging treatments, children and youth require to be informed of this epidemic and techniques of its prevention. Novel modus operandi employed by INSA-India is to mix fun and games with AIDS awareness, cooperation, and a lot of love – something that has been absent from the lives of many of HIV affected children. Education and awareness play a key role in integrated HIV/AIDS prevention. I am sure this publication will integrate HIV/AIDS into adolescent health, life skills education community health and development. I wish the INSA-India team all the success in its endeavour.

S Rajendra Babu



Acknowledgements

INSA-India deeply acknowledges the support received from core group participants, their community based organisations, students and teachers, educational authorities, the Department of Secondary Education Research and Training in Bangalore and the rural communities for shaping our programmes. The rich experiences learnt have been possible through funding from Ford Foundation, India since 1991 to 1993 and from 1996 till date. We acknowledge support of ICCO, Holland and Global Health Action, Atlanta, USA in enabling continuity of funding in the interim period. We thank BREAK THROUGH for helping us learn many experiential games.

We place on record our appreciation for the support received from Mr Abdul Rahman Pasha who edited this book. We acknowledge the efforts of Books *for* Change, Bangalore, in the designing, contextualisation and printing of the book. We are grateful to the Governing Board members of INSA-India for the continued guidance and support in this endeavour. We acknowledge the **Staff Review Team** comprising of the following people who burnt the midnight oil to bring EXPERIENCING OPTIONS to its present shape.

Basheer Karley, Field Officer,
Reena Halli, Programme Officer,
Binoy Abraham, Programme Officer,
Sonia Ratheesh, Programme Officer,
Runa Bhattacharya, Programme Officer
Agatha Shekar, Programme Officer
Florence David, Programme Director-Administration and
Edwina Pereira, Programme Director-Training.

The support staff, T Padmavathy, Deepa K, Salomina, Sujatha K, Mahesh S and Selvi R provided secretarial and logistical support. We also acknowledge the support and participation of staff who contributed to the options that were experienced, but have now moved on from INSA India. Of them, we especially acknowledge the Founder Programme Director of INSA-India, Sujatha de Magry.



Objectives

This book will share experiences of INSA-India's approaches to HIV/AIDS prevention and its support programmes. EXPERIENCING OPTIONS is a compilation of approaches used by participants and the INSA-India team since 1988. EXPERIENCING OPTIONS gives a glimpse into different options that showed promise to gain access, continuity and supportive participation from the school authorities, the students and teachers in sustaining HIV/AIDS prevention and support education using a meaningful and developmental approach.

We hope this book will enable you to:

- *Identify methods to gain access to schools for HIV/AIDS prevention education*
- *Identify key focus areas, myths and misconceptions and root problems by undertaking participatory student appraisals*
- *Use creative options to integrate HIV/AIDS education into adolescent health education, life skills education, rights approaches and gender education.*
- *Practice at least 10 of the interactive focus sessions and games with students*

INSA-INDIA TEAM



INSA-India - A Friendly Profile

International Services Association, INSA-India was established in Bangalore city, India, in 1982 with the vision of '*Enabling health development for emerging nations*'. INSA-India is a national level trainer organisation with over two decades of involvement in Community Health and Development Training. With a primary focus on 'Training of Trainers', the programmes have evolved to become unique:

- A network of trainers from community based organisations in remote areas of India and neighbouring countries form the Core Group and address need-based issues;
- The focus of all services and training is on enabling change in behaviour;
- Associations are sustained with personnel trained by INSA-India, through follow-up services, which include visits and workshops, no matter where the trainers are;
- This core group of trainers meet once in every two years for capacity building;
- INSA-India designs new programmes based on the community's needs.

INSA-India was one of the first organisations in the country to begin HIV/AIDS prevention education in schools and through its trainers. As a part of its Community Based HIV/AIDS Prevention and Care Programme, INSA-India engages in promoting adolescent health and conducting participatory workshops to train students and people in rural communities in 15 states of India and three regions of Nepal. The objective is to help them develop their own HIV/AIDS prevention and care plans. Prevention activities are integrated with existing community health and development work so that caring for HIV-positive people is undertaken within communities. INSA-India offers follow-up services to each person trained, wherever he/she is situated. This approach is designed to help translate new learning into practice.

Main Strategies

In our training sessions, the approach is to address HIV/AIDS as a developmental issue. This calls for spaced facilitation covering aspects such as life skills development, life choices, building of assertive skills, communication, self-esteem building, social and emotional development and gender sensitisation. HIV/AIDS prevention education occurs as an integrated result of this holistic approach which makes it much more effective and sustainable. The idea is to enable participants to gain not merely knowledge but skills to protect themselves from HIV/AIDS.

Specifically, the training methodology is structured to enable participants to introspect, experience, apply concepts to promote integration of HIV/AIDS prevention, care and support in their existing work. Participatory approaches used include games, puzzles, jokes, simulation, stories, role playing, singing, dancing, etc., to encourage participants in the process of experiential learning. More specifically, the training is characterised by activities that:

- Acknowledge the existence of the problem
- Promote personal responsibility
- Promote change in behaviour through rational inputs and options
- Offer different options for behavioural change and risk reduction
- Address the specific learning needs of particular groups
- Provide relevant information about various services
- Build self confidence
- Clarify myths and misconceptions so as to offer an environment of support, acceptance and empathy.

Collaboration is the Key

INSA-India strongly believes that collaboration and partnership form the key to HIV/AIDS prevention and care programmes. To begin with, INSA-India identified a team of 33 'Core Group Members' or 'Implementing Agents' (subsequently referred to as **PAH CATS** i.e., **Promoting Adolescent Health Core AIDS Trainers in Schools**), who are spread over 15 states. They implement HIV prevention programmes for adolescents, both through the formal school structure as well as non-formal schools. The aim was to create a support structure in schools to promote safe behaviour by clarifying doubts of the students. One of the strategies used in schools is to place a 'Students' Question Box' in which the students can put questions anonymously. This is explained later in detail. This helps the programme to be need-based. The INSA-India team collects these questions and prepares answers. It was found that majority of the questions included physical, spiritual, psychological, social, and emotional realities related to HIV/AIDS. Based on an assessment of the questions received, INSA-India coined the acronym 'I CHASE G' for its approach to HIV/AIDS prevention education for students:

I	Intellectual Development
C	Communication
H	HIV/AIDS
A	Assertive skills building
S	Social Development
E	Emotional Development
G	Gender

PAH-CATS (Promoting Adolescent Health Core AIDS Trainers in Schools)

The PAH-CATS are basically the core group members of INSA-India. Being based in an NGO, PAH-CATS have integrated adolescent HIV prevention within the ongoing activities. The idea is for the PAH-CATS who are leaders in their organisations to have greater reach and increased ability to build strategies and scale up the programmes into other areas. In addition, PAH-CATS have trained youth clubs, women's groups, and self-help groups, to strengthen HIV/AIDS prevention in their ongoing work. Addressing stigma and discrimination related to HIV/AIDS within the context of other community health and development shows promise when the community as a whole has discussions and debates on these issues. Apart from this, discussing HIV/AIDS within the cultural context and community history has helped the community reach out to create community 'laws' or 'codes of behavior', which include care of HIV-positive people within the community. This is possible when such discussions begin with organised groups of people, like self-help groups.

A follow-up to every participant is provided to enable on-site facilitation of the process of project implementation. During these visits, demonstration sessions are undertaken to highlight the importance of educational processes for motivating responsible student behaviour. Since access to updated information and time to peruse updated information is limited, CATZETTE, a biannual newsletter highlighting updated information on HIV/AIDS and related information is mailed to all PAH-CATS. ADOLESCENT AGE, a biannual newsletter specifically addressing issues concerning adolescents is also sent to schools. These newsletters are written in simple language with emphasis on the need to integrate HIV/AIDS prevention and care with all existing network systems.

Achievements through the PAH-CATS: 33 PAH-CATS have enabled 732 principals and 2,514 teachers in 259 schools to integrate HIV/AIDS prevention education. 25,088 students have actively participated in promoting adolescent health. All PAH-CATS have mainstreamed HIV/AIDS prevention into their ongoing health and development programmes. A total of 1,072 villages have actively participated in HIV/AIDS prevention education programmes. A total of 38,482 non-formal education students participated in community-based programmes.



Friendly Advisors

To develop follow-up support for the adolescents/students participating in this HIV/AIDS prevention education programme, 'Friendly Advisors' (FAs) were identified among interested teachers and key members. They received further training from INSA-India and additional support from school committees. The FAs integrate adolescent health education with their curricular and extracurricular activities. They provide information and support to students on HIV/AIDS, sexuality, personal hygiene and related topics, as well as, arrange sessions for parents in schools to educate them about AIDS and infectious diseases. FAs also hold meetings, one-on-one discussions, and seminars with outside resource persons for the benefit of other teachers. There are a total of 273 FAs associated with the programme, who are in the process of organizing themselves into regional and national forums to share strategies and experiences.

INSA-India - Administrative Profile

The INSA-India team is equipped to use interactive facilitation skills in vernacular languages – presently in English, Hindi, Kannada, Tamil, Malayalam, Telugu and Bengali. INSA-India is a member of ACTION PLUS, a network of organisations in India offering leadership to address HIV/AIDS in the country. INSA-India has also been a consultant trainer organisation for Karnataka State AIDS Prevention Society; National Council of Churches in India; Christian Medical Association of India, Global Ministries, etc. It is a member of the Global Health Council.

INSA-India is registered as a Society under the Karnataka Societies Registration Act 1960 and with the Ministry of Home Affairs to receive foreign grants. The Governing Board comprises of eminent personalities who make significant contribution towards building health development for our nation. The President of the Governing Board is Justice S Rajendra Babu, a judge at the Supreme Court. All the staff at INSA-India is of Indian origin and committed to carry the vision of enabling health development.

INSA INDIA

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...Integrating HIV/AIDS education
into existing systems





Addressing Adolescents

The Need of the Hour

Adolescence is characterised by rapid and significant changes: physical, spiritual, emotional, intellectual and social. Youth enjoy experimentation, trying out different lifestyles with a view to choosing one. Sex, for many, is an adventure. Peer pressure pushes youth to risky behaviour. This is the stage of development when youth can fall prey to sexually transmitted infections (STIs), including HIV/AIDS.

Positively speaking, adolescents need information in order to make responsible choices in terms of sexual behaviour. Since the behaviour of adolescents is flexible, placing the facts and implications of different risky behaviour patterns before them will enable them to make informed and responsible choices about their life styles. It is relatively easy to instill values and influence them at this formative stage to develop responsible and safe behaviour in the future, as compared to influencing a person who already has a certain lifestyle. Adolescence is thus one of the best times to develop healthy attitudes and behaviour with respect to sex and interpersonal relationships.

It is crucial to address young people so that they are armed with the correct information about HIV/AIDS and equipped with life skills, which protect them from opportunistic infections such as STIs and HIV/AIDS. Schools and colleges are one of the best places to meet them.

The Beacon

When we decided to work with children and tackle sensitive issues like sexual health and HIV/AIDS prevention, we discussed an ethical code for INSA-India's School Based HIV/AIDS Prevention and Support Programme. These are guiding principles for all of us who work in and with INSA-India, in all aspects of designing and organizing programmes in schools and colleges.

The general principles of the School Based HIV/AIDS Prevention and Support Programmes are:

- School based HIV/AIDS prevention education and support programmes adhere to the principles of the Child Rights Charter, which we strive to translate into action
- The primary goal of school based HIV/AIDS prevention and support education is the creation of educational and support possibilities for all students. Any other goal (school management interests, researchers' academic curricula, and personal interests of educational representatives) must always be secondary to this supreme goal
- Positions of responsibility in school-based education must be chaired by students, who have traditionally been excluded from decision-making
- School based education and support must find ways for transformation that enables the inclusion of out-of-school children or school dropouts, avoiding current dynamics that place obstacles in their participation.

In addition to the above principles, a few more were evolved specifically for steering trainers who work with INSA-India:

- INSA-India is committed to collaborate with students and teachers in school based HIV/AIDS prevention and support programmes for greater participation
- It is fundamental that we ensure the democratisation of the education process.

The Process

Adapting the definition of Health by the World Health Organisation, INSA-India defines adolescent education as a process that leads individuals in the age group of 10–21 years towards socio-cultural, intellectual, emotional, spiritual and physical well-being and supports their transition from childhood to healthy adulthood and does NOT merely concentrate on sex education.

The objective of HIV/AIDS prevention education is basically to address behavioural change in the adolescents. Hence, the five-dimensional approach was evolved centering on the significant changes that persons undergo during adolescence. The impact of these changes on youth provides guiding principles for communicating and working with them.

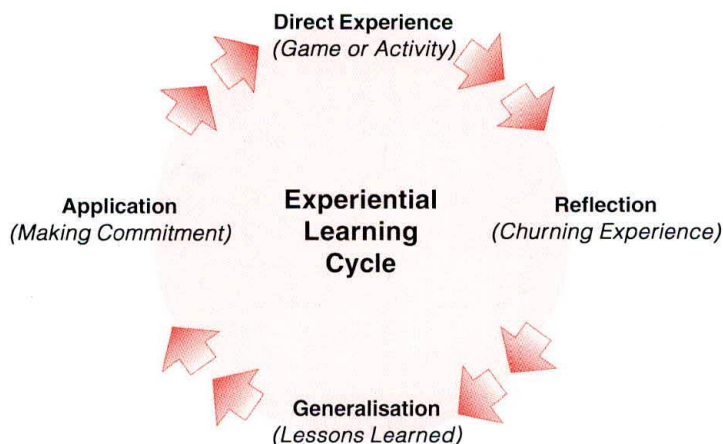
The five dimensions are:

- **Emotional Changes:**
Adolescents continue to exhibit emotional maturity and instability, as well as, the reverse of both these emotions.
- **Intellectual Changes:**
There is a considerable increase in their capacity to comprehend and reason out thoughts and deeds, both in personal and family matters, besides their academic activities.
- **Spiritual Changes:**
Based on personal experiences, they develop a feeling of oneness to strengthen their will power and imbibe values, attitudes and beliefs.
- **Social Changes:**
Adolescents believe in choosing their own circle of friends and look for relationships beyond the family.
- **Physical Changes:**
Physiological changes and hormones contribute to a great deal of physical changes.

Adolescents are virtually packs of energy. They like activity. They learn by doing things. Especially when the goal is not only exchanging essential information but imparting some useful skills, it is better to follow a learner-centred, participatory methodology in which transformation is triggered off and accomplished by the learner him/herself. Keeping this in view, a Rights-based approach to our HIV/AIDS prevention education was designed, which, is in accordance with the ethical code agreed upon.

An Approach Design

The exercises used by INSA-India follow an approach similar to the **EXPERIENTIAL LEARNING CYCLE**. Given below is a graphical representation:



Following is a brief description of each step.

Direct Experience

- The students experience an activity that is relevant to enabling HIV/AIDS prevention and support. This might involve brainstorming, role-play, drawing, story telling, games or problem solving in small group discussions.
- The participants use this experience to generate data for discussion during the next step.
- The trainer facilitates the activity, explaining why participants should do it (objectives) and he/she gives clear instructions on how to carry out the exercise. He/she should ensure that the activity is understood by each of the participants and also visit small groups working on exercises to see that things are moving in the desired direction.

Reflection

- The students reflect on the feelings and thoughts the activity evoked in their personal self.
- They share their reactions to the exercise.
- They answer questions related to the activity.
- If the activity is carried out during small group work, the students identify key results to present to the large group.
- The trainer helps the participants by explaining the exercise questions and reminding the small group about the time limits.

Generalisation

- The students present their work during the discussion period.
- They identify key points that have come out of the activity and discuss them.
- The trainer helps them to draw general conclusions from the experience and reflection, adding key points to enable HIV/AIDS prevention and support. The trainers' knowledge is especially important.

Application

- The students think about how the knowledge and skills relate to their own lives.
- The trainer helps the class think about how they might overcome difficulties in applying the knowledge and skills and prepares them for the next activity.
- At the end of the exercise/workshop, the trainer can help the class think about planning for follow-up activities, using their new knowledge and skills and sharing the information with others.

The experiential learning approach is applied to most of our school-based education. Some of the activities are general and their applications could be relevant in a variety of situations. To enhance students' thinking and participation, we have also used a game/puzzle or activity to stress different points depending on the group of students.

To enable a better understanding of the key points, we attempted a participatory student appraisal in the beginning. This helped us to design a need-based programme in each school.

HIV/AIDS prevention and support education is not only to discuss theoretically the causes, spread and prevention of HIV/AIDS. In fact, we have found that most of the students have sufficient and correct knowledge about HIV/AIDS. They need to gain the **skills** to protect themselves.

The Paths

INSA-India has been helping community-based core-group participants to implement HIV/AIDS prevention education in schools since 1988. As they are trained in the finer aspects of community health and development, they find it a natural process to integrate HIV/AIDS prevention into their programmes. In view of their other responsibilities, it was a challenge for them to focus adequately on HIV/AIDS prevention education.

Accessing Schools

In 1990, INSA-India wrote to schools requesting Principals to give some of their school time to facilitate HIV/AIDS prevention education among students. Out of 400 schools contacted, only 32 schools responded positively, where the programme was launched, subsequently. Two of the schools wrote angry replies blaming us for forcibly spreading western concepts and thereby 'corrupting the minds of innocent children'. INSA-India found this approach of contacting schools through letters hardly effective, as it did not give space for any dialogue.

So we changed our strategies to personally visit schools asking principals to permit us to run programmes. This approach worked in only about 25% of schools. These schools were considerate enough to recommend us to other like-minded schools. Though going from school to school consumed a lot of time, it yielded better results. Government schools, as well as, private schools showed some reservation to comply with our request and informed us that an official circular to this effect would be of great help.

In 1991, INSA-India decided to approach the Directorate of Public Instruction for a circular to permit Principals/Teachers to attend our workshops. Meeting with the highest possible authority gave us an opportunity to change the attitudes of the officials in charge. An official circular signed by the District Director of Public Instruction energized the Principals and teachers to attend our workshops.

A *participatory appraisal* exercise was done to evolve a conducive methodology. During this workshop INSA-India ensured cooperation of the participating principals and confirmed dates to go to their schools to conduct HIV/AIDS prevention education.

Teachers:

Teachers have better access to students. Students and their parents have more confidence in teachers. INSA-India decided to equip teachers with information about HIV/AIDS and motivate them to take up programmes in schools. In 1993, three-day workshops were organized for selected science teachers. Armed with appropriate information and attitude, teachers started feeling confident and comfortable to discuss sexuality and HIV/AIDS with their students.

Initially, these teachers having shown interest in learning about HIV/AIDS had to face ridicule from their colleagues. Other teachers and staff called these teachers 'sex-experts'. Some of them were rebuked by parents and by some principals for 'spoiling the minds' of their children and for 'not concentrating on academics'. Pressures from school management made some of them give up the HIV/AIDS prevention education after 2 years.

The Present Approach

Having experienced pros and cons with these processes, INSA-India designed the present model in 1999. We began with dialoguing with the **Deputy Director of Public Instruction (DDPI)** who gave us a circular for a one-day consultation workshop for principals, 3-day workshops for teachers and 3-year interaction with students. The consultative workshop for principals was a platform to introduce linking HIV/AIDS with Promoting Adolescent Health and Life Skills. The DDPI and DSERT endorsed this approach.

The **principals** gave us exact dates for the 3-day workshop for **all staff** of their schools. Most of these workshops were in the beginning of the curricular year. In some schools, the workshop was on 3 consecutive days during holidays while in other schools it was on 3 consecutive Saturdays. The 3-day workshops with staff ended with 2-3 of them volunteering to be **friendly advisor teachers**. The staff also assisted

INSA-India in outlining the sessions for students in VIII, IX and X standard. They gave us dates (e.g., 1st Monday of every month) to interact with students.

The INSA team began interacting with **students** of VIII standard once every month for the Promoting Adolescent Health for HIV/AIDS Prevention Education. The Friendly Advisor teachers were a direct link between students and INSA-India on days when we were NOT in a particular school. Question boxes were also used. We were successful in meeting these students over a period of 3 years (an average of 5-6 visits per year). The I CHASE G approach evolved through this interaction.

Simultaneously the capacities of Friendly Advisor's teachers were built. The **Bangalore Friendly Advisors Forum** was formed in 2001. Regional forums are in the process of evolving.

EXPERIENCING OPTIONS includes some of the contents and methods used by INSA-India. They differed from school to school depending on the learning needs of students, the interest of teachers, parents and Friendly advisors. We encourage CBOs and teachers to adapt and use them after assessing the needs of the students using participatory methods.

Understanding Participatory Student Appraisal

We have mentioned earlier that HIV/AIDS Prevention Education programmes organized by INSA-India were thoroughly need-based. Involving principals of the educational institutions in the process, keeping in mind their needs, preferences and conveniences, provided us an opportunity to sensitise them to see the need for adolescent health education in schools and colleges. The unique feature of the programme is the complete involvement of students in the process of curriculum planning through a Participatory Student Appraisal.

Participatory Student Appraisal is a process, which draws a complete picture of a student community with its problems, relationships, boundaries, resources, beliefs, myths, values and life. In brief, the Participatory Student Appraisal is the first step to clarify and identify the problems and arrive at a need-based approach to curriculum planning for HIV/AIDS prevention and support education. While conducting such participatory student appraisals, a few tools to facilitate the process were used. These exercises involved the different steps of the experiential learning circle. A few of them are discussed below:

1. The Incomplete Story

Direct Experience: The most popular method used has been by getting students to complete an incomplete story. Students are divided into groups and they playfully work out the story line. The kind of story line adopted in the story simulates a circumstance, which many must have undergone. This makes the student experience a real-life-like situation. (The detailed process for using the Incomplete Story is given on Page 59 of this book).

Reflection: Through the exercise of completing the incomplete story, we can understand the ways in which the young communicate their attitudes and feelings of attraction and other health risk behaviour.

Generalisation: This exercise helps the facilitators to link the story to the transitional stages of adolescence. It also helps to clarify their questions on feelings being a normal phase of growing up.

Application: Through these stories we connect adolescence and its links to HIV/AIDS prevention education in a non-threatening way.

2. The Question Box

Many students feel shy to ask questions concerning sexuality or sexual health as this is culturally forbidden. A Question Box placed in the classroom promises confidentiality and encourages them to put in their questions anonymously. The question box should be placed where it is most accessible to students. Periodically, these questions should be collected and answered in some general sessions where those students who might have posed questions are present. Answers could be provided by direct discussion or through newsletters.

The question box method could be used when the school and facilitator are equipped to accept any unexpected questions. They need to be trained on how to answer questions completely and non-judgmentally within the comprehension level of the students.

Every question is significant because it is actually asked by a student. All questions should be answered, regardless of whether they directly or indirectly relate to HIV/AIDS or not. This helps build the credibility of the facilitator with the students. How does this exercise relate to the experiential learning cycle?

Experience: Given the facility to ask any question on their sexuality and sexual health, students are motivated to refresh their memory about their problems of adolescence. They look for all the doubts they had which could not be cleared due to their shyness or hesitation; all the questions, which even their peer group members did not seem to solve. This is the experience the students undergo before attempting to ask questions.

Reflection: Students are more interested in the answers since they have asked the questions. Even the questions asked by their friends seem quite relevant to them. While listening to the answers they relate to their own experiences. They also relate the issues to HIV/AIDS prevention. This helps students broaden the information base for reflection.

Generalisation: Through answering the questions, students are facilitated to generalise on other situations. Integrating gender education helps with the generalisation of feelings in both boys and girls.

Applications: The most important feeling students have after a question answer round is that they are not 'bad' people with 'dirty thoughts'. They understand that the questions they seek answers to are respectable enough and they feel they can go ahead with planning how to deal with the issues at hand and focus on what they really plan to do.

Secondly, questions answered could help other students who had similar questions but did not ask. Integrating answering questions on 'how to concentrate better on studies' helps them to mainstream HIV/AIDS prevention into their daily activities.

3. Problem Tree Analysis

The Problem Tree analysis helps students to study a problem and identify the root causes of the problem. The analysis is linked to a tree, which is drawn on a big sheet of paper or the black/white board. The tree has fruits, flowers, leaves, branches, a trunk and roots.

Experience: Get the students to depict by a dance, a mime or an improvisation, or simply a narration, a seed that is germinating, becoming a sapling and finally growing into a tree – a tree with leaves, whose branches sway in the breeze – a tree, which now has flowers and fruits...enjoying the sunlight.

Then get the students to depict by a similar activity how suddenly the fruits of this tree begin to rot and fall; how the flowers wither and the leaves get sick and fall; how the branches begin to bend and how finally the whole tree crumbles to the ground. Let the entire group take part in creating and undergoing this experience. This will lead to interesting reflections.

Useful TIP



What if no student has put any question into the box?

Initially this could happen. One of our friendly advisor teachers faced just the same situation. He decided that he would place some 'questionable' questions into the box himself. When it came to question box-answering time, he opened the box in front of the students and answered the questions. The students listened to the way he answered the questions and subsequently there were many questions from students in the box. The questions he answers today give the students power and information to protect themselves from HIV/AIDS.

Reflection: After the activity, ask students as to why did the tree fall. The facilitator gets them to identify gradually that the roots had problems. The facilitator then helps students look at any problem they relate to and help them find root causes. Identifying root causes could also be done using a BUT WHY GAME.

The facilitator encourages students to work out in groups (using the Problem Tree picture) the links and vulnerabilities vis-à-vis HIV/AIDS. Different groups come out with different issues, e.g., a girl with HIV infection, a boy with HIV infection, a baby with HIV infection, etc., and they work out the root causes according to them.

Generalisation: Discussions highlight that HIV/AIDS cannot be addressed in isolation. The discussions bring clarity to their situation, in general and how to protect themselves from HIV infection. The root causes include low self-esteem levels, which reduce their ability to assert themselves, poor knowledge on healthy relationships, stress and pressure, gender inequity, etc.

Applications: Students make an analysis of the root causes inclusive of what they need to learn about to make HIV/AIDS prevention a reality for them. They make a list of what they want to learn about and share it with the facilitators.

Sex - Answering Questions Children Ask

Sitting in the crowded waiting room one day, I heard a child ask her mother, "What is sex, Mama?" I immediately turned towards them. I mean this was real life! What was mama going to say? How do you answer a child, What is Sex? Will Mama dodge the question? Will she talk of ways to have sex? Will she speak of safe sex? I wondered. Kids are exposed to so much these days. So, will Mama go into the biology of the penis and vagina? What about heterosexual and homosexual behavior? Questions kept fleeting quickly through my mind. I noticed that all the people in the waiting room were looking at Mama.

But Mama surprises me. She doesn't think the way I do. First, she pauses for brief moment. She then thoughtfully asks her daughter in a calm voice, "What do you mean, dear?" The child answers, "Well Mama, I was looking at this paper and its says SEX: M/F. Am I M or an F?"

And I am relieved! If I was asked... I would have given the wrong answer. I had heard the question, but I had NOT LISTENED to what the child was saying.

-Adapted from an extract from CHICKEN SOUP FOR THE COLLEGE SOUL. P/169. 1999

There is no fixed formula on HOW to answer children's questions on SEX. Here are some hints that help.

- ♦ **Listen first:** Get to know the context by asking questions in a normal calm tone. The story given above highlights the need to listen first. Clarify with the child what is on his or her mind in a 'talk-to-talk' manner, encouraging further talk. When adolescents ask questions, try to find out what they already know so that you can determine what they already understand (if anything) and any misconceptions they have.
- ♦ **Be sensitive:** Respect the age and stage that the child is in. It is not necessary to give more information than they need. Relate to a life event. For e.g., if a small child asks, 'When will I get moustache', the answer could be "Maybe when you are in the X standard".
- ♦ **Be supportive and positive:** Take it as an opportunity that children have asked you, instead of going to an unreliable source. If you shout at them or ignore 'difficult' questions, they will find someone else to ask.
- ♦ **Don't panic:** Children will probably do something you don't want them to do. Your panic will not stop them. Good information will help them to either correct themselves or make alternate wise decisions.
- ♦ **Encourage talking:** Be open about talking of all kinds of things. Create an environment of trust and communication. A child should be able to say, "I can tell (you) anything". Further, once-in-a-lifetime talk on sex will not give the child all the information he/she needs. Reinforcements are needed using different examples or stories.

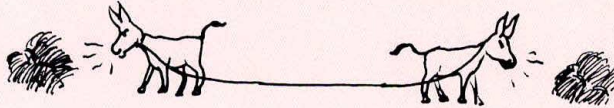
- ♦ **Start young:** The earlier you begin, the easier it is. By the time the child is a teenager, she/he will be prepared and less likely to make unwise choices. Integrate talks on sex within the milieu of their lives. e.g., with nudity – The Olympics has unconsciously brought nudity into our sitting rooms making it a part of acceptable TV watching. Self-esteem building could be discussed by explaining the falseness of advertisements. e.g. “We are pretty as we are: Fair & Lovely is not going to make you prettier... do we have to believe everything the advertisements tell us?”
- ♦ **Be honest:** Children like it when you share with them that you don't know all the answers. If you don't feel good talking about sex, say so. But do so in a caring voice/tone so that it doesn't stop communication. “I feel uncomfortable answering you now. Can we speak later?” Or “May be I will ask..... to answer your questions. Is that OK?” Feel free not to answer personal questions. Try to learn with the children.
- ♦ **Know them well:** Become familiar with the adolescent environment – their language, jokes, music, films, television programmes they watch, without being judgemental. This will enable you to interact better with adolescents regarding sexuality.
- ♦ **Share your beliefs:** Share as much of your beliefs with them. They value what you value. Don't be shy to share your feelings, values and beliefs with children. When you need to be stern let them know that you are stern. They respect you more even if you say, “I cannot permit you to ... I am your friend, but I am also your....(guide/parent/teacher). Beware of value-laden questions. Answer them by discussing the range of values that are held in our society. However, do reinforce universal and family values.
- ♦ **Set limits:** Mutual setting of limits for your relationship with the child helps. Limits allow the children to feel secure, for e.g., “I can do...but these are some things that I cannot do for you...” or “you can do...but over and above that you cannot do without us”. Speak about it again to arrive at a decision, for e.g. return home by 6 pm/8pm/10pm.
- ♦ **Develop trust in the relationship:** None of the above is possible if you don't trust the child and the child does not trust you. Remember, if the child is asking YOU a question about sex, he/she trusts you to give him/her an honest satisfying answer. Reinforce the “*I trust you*” belief to enable the child to make wise decisions when you are not around.

The teacher is one of the most important persons in a child's life. The respect gained by teachers in the primary schools can be further earned in the middle and high schools and colleges by communicating that you care for the child...and not just the curriculum.

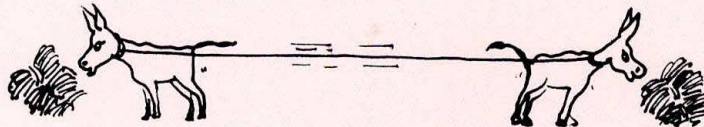
*True respect is earned; it cannot be demanded.
What you give them are lessons in life.*

HIV/AIDS

**A HEALTH
ISSUE ?**



**A
DEVELOPMENT
ISSUE ?**

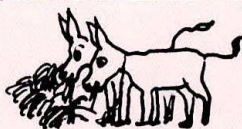
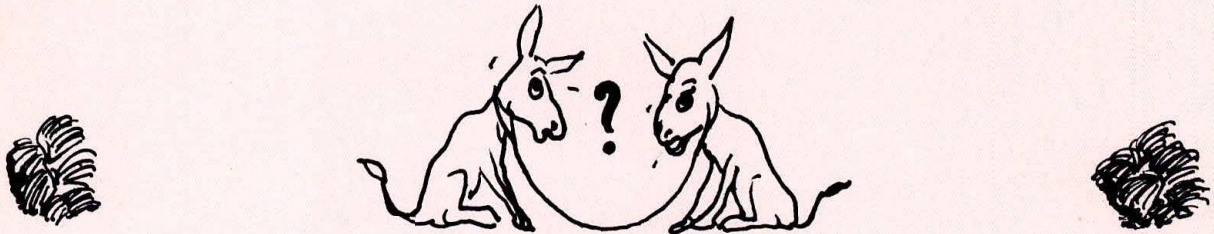


YES, IT IS



YES, IT IS

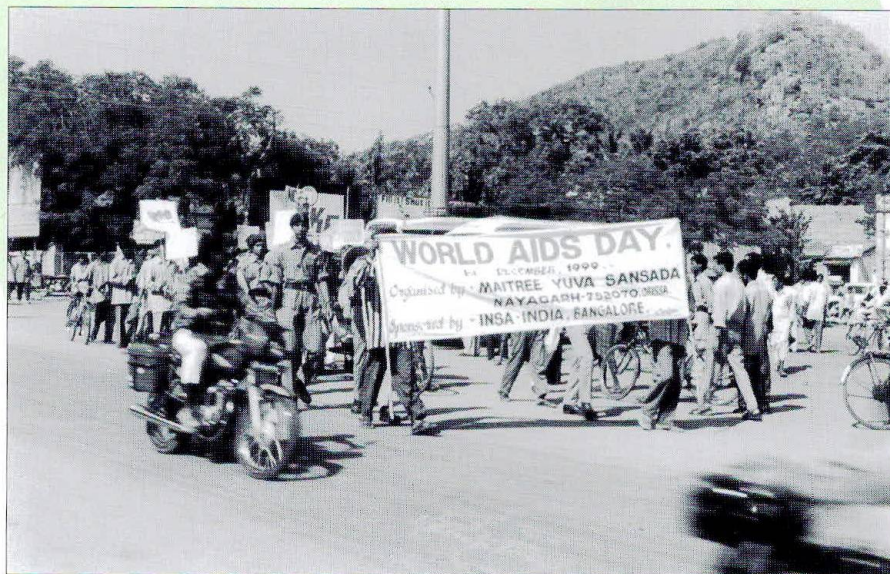
HOW CAN WE ADDRESS IT?



Through promoting adolescent health education and life skills development we can prevent HIV/AIDS among students

APPROACHES

Right to education for all

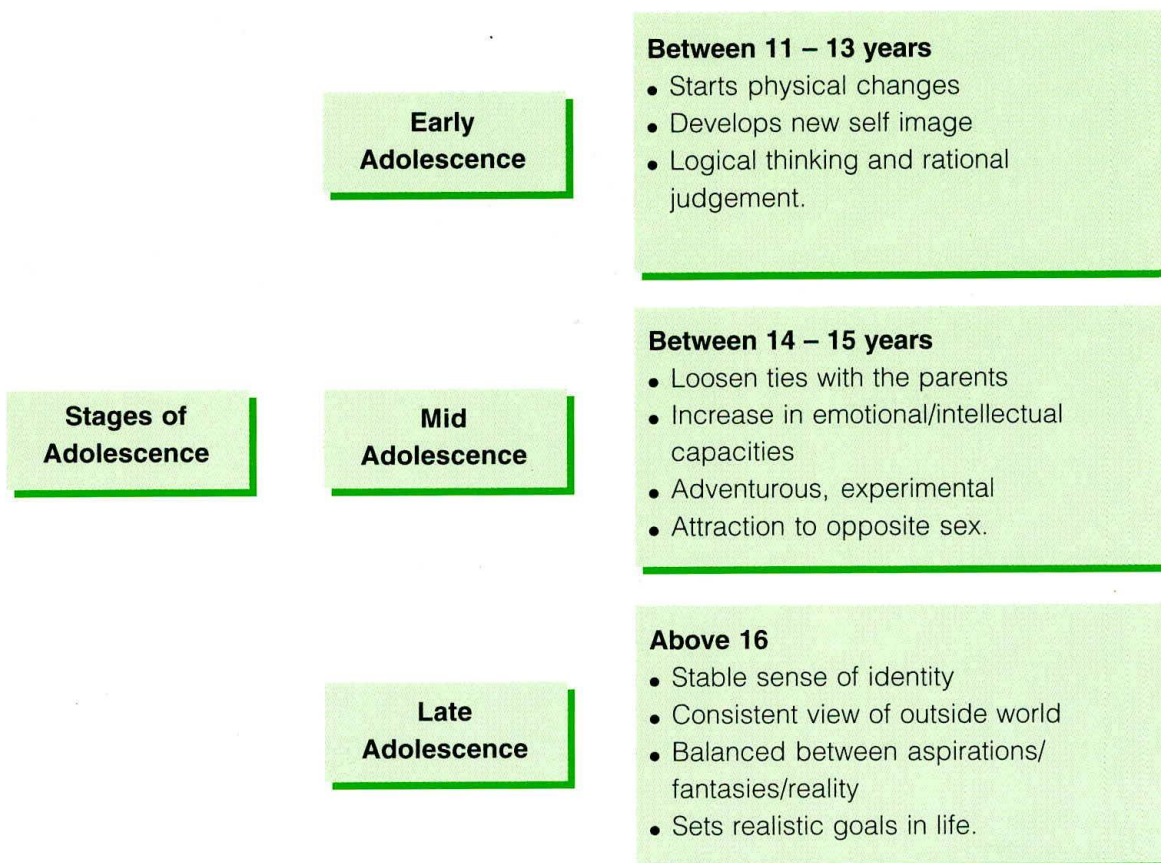




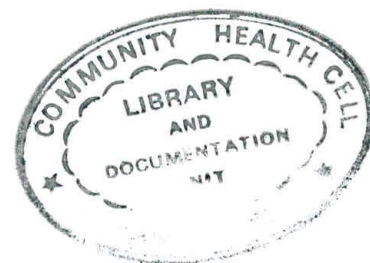
Understanding Adolescence

ADOLESCENCE is a time of great physical, social and emotional power. It is the raw, untested, un-tempered power.

Adolescent maturation is a personal phase of development where children have to establish their own beliefs, values and what they want to accomplish out of life. Because adolescents constantly and realistically appraise themselves, they are often characterized as being extremely self-conscious. However, the self-evaluation process leads to the beginning of long-range goal setting, emotional and social independence and the making of a mature adult.



Adolescence is the crucial time in a person's life. It is a transition between a carefree childhood to a responsible adulthood. During this period an adolescent undergoes tremendous pressure due to various rapid changes taking place in him/her. These changes are **emotional, intellectual, spiritual, social and physical**.



Emotional Changes in Adolescents

All emotions are instant plans for handling life. The very root of the word 'emotion' is 'motere', the Latin verb for 'to move', plus the prefix 'e' to connote 'move away'. This suggests that a tendency to act is implicit in every emotion. Our emotions have a mind of their own; one that can hold views quite independent of our rational mind.

- **Concern about the appearance**

Most adolescents grow concerned about their appearances. They want to look attractive. They compare the size and shape of their bodies with others. They keep worrying if they do not conform with accepted norms.

- **Curiosity**

Curiosity about sex is a natural part of growing up and is essential in preparing for adulthood. Sexual fantasies are common and normal. Due to hesitation in clarifying their doubts, they find answers from their friends and other sources.

- **Distancing themselves from family and forming new heterosexual or same sex relationships**

Adolescents are in search of their own distinct identity. They want to be independent. In order to fulfill this they gradually distance themselves from their parents and start strengthening bonds with their peers.

- **Taking risks and showing a sense of bravado**

They like experimenting with new experiences. Some times this adventure could be risky and even dangerous. They become romantic in their expression of love towards the opposite/same sex and are ready to do anything to please the partners/friends. Very often, they coax each other to indulge in activities, like smoking, drinking, stealing, unsafe sex, etc.

Changes in Thinking

What is important to me should be important to others.
Everyone's looking at me and talking about me...
Why can't you all understand me?

Changes in Experience

Why am I controlled?

Making Decisions

Let me do what I want to do.
You don't worry about me.

There is a frequent fluctuation between emotion – peaks of excitement and depths of moodiness that confuse the adolescents. If not explained, this could lead to isolation from the community and lack of involvement in social activity. This, in turn, leads the adolescents to feelings of being ignored and not needed and to the depths of depression.

Watch Out

It is important for teachers and parents to be alert to the warning signals of depression in adolescents and render assistance to overcome their dilemma. Following are some symptoms:

- Showing or describing their mood as sad
- Being irritable
- Poor appetite or overeating
- Insomnia or hypersomnia {no sleep or too much of sleeping}
- Low energy level or fatigue
- Low self-esteem
- Poor concentration or difficulty in making decisions
- Feeling of hopelessness
- Low level of interest
 - Self-criticism, with the self-concepts of being uninteresting, incapable or ineffective
 - Feeling rejected or alone or disrespected
 - Withdrawal from friends and usual activities.

Tips to Discuss with Adolescents

Traffic 'Stop Light' – Dealing With Emotions

Whenever you are distressed or upset or have a problem...



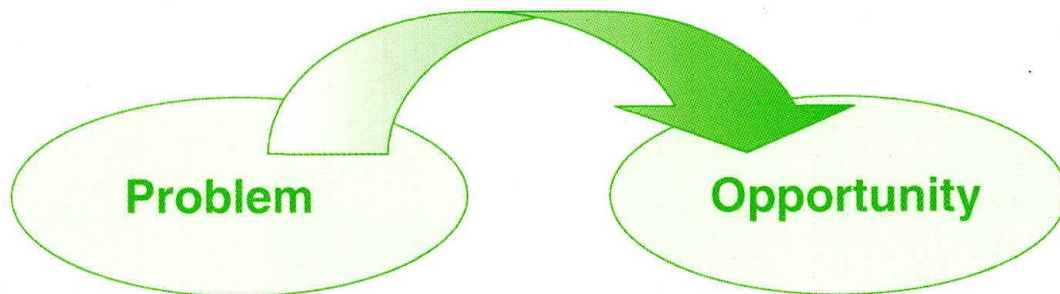
Stop, calm down and think before you act

Think about various things you could do and what the consequences could be

Pick the best one and try it out

ADOLESCENCE

Discussion highlight: All of us encounter problems all the time in our lives. We cannot escape from them; we have to face them. Best way to confront them is to convert each problem into an opportunity to better our position in life. It is challenging, it is fun.



Intellectual Changes in Adolescents

Adolescence is a transition period where adolescents develop patterns of thinking and attitudes that mould their personality. Intellectual changes are one dimension of concern, which needs special emphasis. Intelligence is a general capacity for comprehension and reasoning that manifests itself in various ways. It also includes grasping power, alertness and memory.

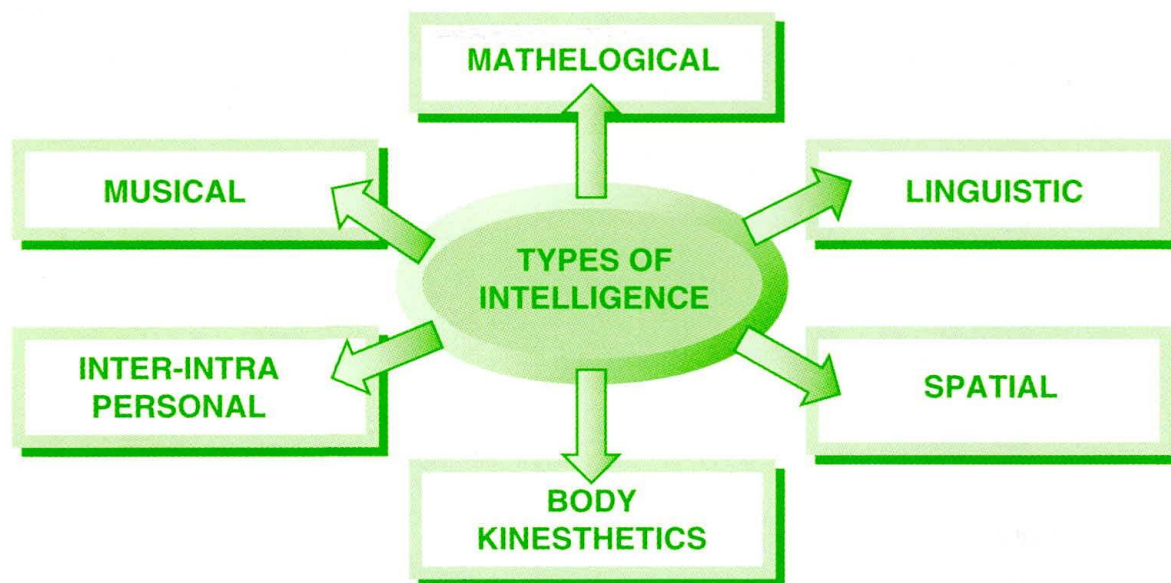
The various changes that adolescents undergo in their emotional set-up, social surroundings, physical development and spiritual growth influence the intellectual changes taking place in them. Through our experience it is found that many students face difficulties in studies especially when they come to VIIIth Std. Some of the students have expressed their concern about their studies:

*'I have very poor memory-
I cannot remember whatever
I have read.
What to do?'*

*'How do I concentrate on one
particular aspect?'*

*'Even when I want to study,
I can't do that; I get distracted
to play, why?'*

Hence, we have integrated HIV/AIDS prevention education into Garden's categorisation of the six types of intelligence. Most teachers find it an acceptable entry point to integrate HIV/AIDS prevention education.



Adapted from Mascarenhas, Mignon Marie, Family Life Education, St. Paul's Press, Bangalore, 1990

Understanding Intelligence

Mathematical: The kind of intelligence that helps dealing with subjects such as mathematics or related subjects, such as logic, physics, etc.

Linguistic: The aptitude with the language, both in spoken and written forms, and its various creative uses. Those with this type of intelligence can become writers, poets, salesmen or priests.

Musical: A natural sense of music and rhythm. Those with this type of intelligence can become good performers in musical arts. They can become masters in singing or playing musical instruments.

Spatial: An inherent response to space. Those with this type of intelligence can become artists, architects, sculptors, photographers or filmmakers.

Inter-intra personal: Natural flair for communicating in all its completeness. Those with this type of intelligence can become good public speakers, teachers, counselors and marketing personnel.

Body kinesthetic: The natural ability and aptitude to work out an optimum coordination of limbs and to put the physical energy to its maximum use. Those with this aptitude can become dancers, athletes and adventurers.

Methods We Used

PUZZLES

DEBATES

SONGS, RAP MUSIC

POSTER COMPETITION

DEBATES, ROLE PLAYS,
STREET PLAYS, PUPPETS

DANCES, GAMES

In our experience and through interaction with teachers, friendly advisors and educational authorities, we have found that the following intellectual changes need to be recognised during adolescence:

- Progress in intellectual development; but the gap between good and poor students widens.
- Feel the need to be competent and gain further achievements.
- Begin to develop ability to reason and generalise after observing and analysing data.
- Improve ability to function creatively and effectively
- Attention span grows
- Feel importance of planning for career and other options (life partner, marriage)
- Prefer active over passive learning experiences
- Gain greater intellectual curiosity
- 85% of children experience a plateau in brain development.

For Intellectual growth in adolescents, three fundamental processes are integrated into HIV/AIDS prevention education:

Assimilation: Incorporation of new events into pre-existing cognitive structures (*discussion and re-inforcement of cause, spread and prevention of HIV/AIDS*).

Accommodation: Existing structures change to accommodate the new information (*discussion on how they can apply this information to protect themselves from HIV/AIDS. e.g. Mala-D does not protect against HIV infection*)

Equilibrium: Striking a balance between him / herself and environment, i.e., between assimilation and accommodation, (*e.g. How to deal with peer pressure. How to develop life skills*).

In our experience, we have found that adolescents face problems, which influence their intellectual growth. Some problems faced are:

- ❖ Ever growing competition
- ❖ Rising expectation of parents
- ❖ Exposure to new changes in and around them
- ❖ Adjustments to new discoveries



- ❖ Lack of motivation by parents, teachers and peers
- ❖ Lack of task related praise
- ❖ Fear of failure
- ❖ Examination blues
- ❖ Suicidal temptations
- ❖ Parental pressure for early marriage.

Tips to Discuss with Adolescents

Set Goals in Life: This acts as a motivator for them to develop their intellectual capabilities.

*Vision without action is just a dream
Action without dream is a waste of time
Vision with action will change your world.*

Empty Your Mind: It is very important to empty the mind of the picked up mental odds and ends; worries, annoyances, irritations, guilt reactions. Unless discarded, they accumulate and are bound to prevent clear thinking.

Motivating them in areas of their interest and making them feel what it means to be encouraged.

Build in them Positive Thinking:

Remember, ever wondered what are Problems?

P: REDICTORS	–	They help mould our future
R: EMINDERS	–	We are not self-sufficient, we need God and others to help
O: PPORTUNITY	–	They pull us out of our rut and cause us to think creatively
B: LESSINGS	–	They open up doors we usually don't go through
L: ESSONS	–	Each new challenge will be our teacher
E: VERYWHERE	–	No place or person is excluded from them
M: ESSAGES	–	They warn us about potential disaster
S: OLVBABLE	–	No problem is without solution.



Spiritual Changes in Adolescents

One of the greatest needs of adolescents today is the need for spiritual direction. Spirituality, within or without religion, is most central to adolescent life. Rightly known as the period of religious doubt, adolescents often:

- Get confused with non-dualistic experience and thoughts
- Tend to explore their values from religious source
- Question God's interference in life.

The spiritual values such as love for God and for man, and moral conduct can add a whole new dimension to social and personal values. These values include our acceptance as created by God to reach our full potential and have meaning and purpose in our life here. We avoid talking about these issues that really matter in their lives. If we really want to impact the lives of our adolescents and make a difference in their lives, then we need to take the spiritual direction of our adolescents seriously.

Spiritual means being above rituals

Boundaries: *where I end... and someone else begins...*

Boundary is a limit or edge that defines us as separate from other people.

Boundary is violated when one trespasses on the other's personhood and tries to control feelings, attitudes, behaviour, choices & values.

If we don't set our own BOUNDARIES, others will set them for us

Adolescents often ask your advice on situations they face. It is important to facilitate them in making choices. Setting healthy boundaries for themselves helps to protect them from HIV/AIDS.

Questions they may Ask	Tip for Facilitating Choices with Healthy Boundaries
Should I tell her/him all?	Consider the person's level of interest and caring before opening up to them
Should I talk intimately in the beginning?	Try not to overwhelm them in the beginning. It is better to go step by step. Experiment with getting trust in return too.
I have fallen in love with a new acquaintance. What should I do?	Love needs time to develop. Be aware of the qualities in a relationship, which will help both to grow. Take time to check this out for the acquaintance too.
Should I act on my first sexual impulse?	Ask yourself, "Will I feel good about myself?" Keep in touch with your self-esteem and your feelings too. Will it be good for me in the long run?
What do I do when someone wants to get too close to me?	Be wary of someone who wants to get too close too soon. Check out if this could be someone you could relate to: what are his/her values and opinions.
Should I accept food/gifts/touch or sex?	You do not need to accept just because it is being offered. Decide what you want to do. Do not decide based on the giver's feelings. Check out what will keep you safe.

Tips to Discuss with Adolescents

- Be aware of when they are being taken advantage of materially or emotionally
- Know what they really want from life
- Notice when someone is being overtly helpful and making decisions for them
- Check out whether they are being looked at as objects for pleasure
- Set realistic goals in many areas
- Listen to opinions but make decisions for themselves
- Be wary of partners who want them to be different
- Not to play games to get sympathy or support
- Respect themselves as persons who are worthwhile
- Take responsibility for their own bodies and actions
- Debate issues related to HIV/AIDS and their perceived risk of infection
- Form a group or club to protect themselves from negative peer pressure
- Stay in touch with current issues related to HIV/AIDS
- Set healthy boundaries to protect themselves from HIV infection.



Social Changes in Adolescents

When a child grows into adolescence he/she faces different kinds of expectation from various people and institutions around. Parents discriminate more between boys and girls when they attain puberty. Other social institutions such as state, religion, schools and community groups impose codes of behaviour, which when not followed, makes the adolescents feel irresponsible. At the same time, peer pressure often drags the adolescents in the opposite direction. Going to parties, theatres, smoking, drinking and ragging become the symbol of adolescence; a kind of celebration of freedom from childhood.

Often, adolescents develop intolerance towards parents and other elders, who, in turn, look at their deeds suspiciously. Neither the parents nor the adolescents try to understand each other in a common perspective. The '*communication gap*' widens.

The Social Needs of Adolescents:

- To be loved and wanted
- To have study or work to do and be able to do it reasonably well
- To live amicably in a community
- To find out his/her role in life
- To develop satisfying relationships.

Parents and teachers have a responsibility to understand the kind of rapid changes the adolescents are undergoing. Instead of condemning them for their 'strange' behaviour elders should try to help sort out their confusions and pressures.

Adolescents trust those who trust them.

Tips to Discuss with Adolescents

- Accept the changes they are undergoing as temporary and normal
- Interact with friends of both sexes and treat them with the same degree of respect
- Clarify doubts without fear. The answers obtained will help them to think through and arrive at their own conclusions
- Know that in everything they do, they have a choice to say 'YES' or 'NO'
- Understand that every relationship need not end in marriage
- Be aware of control and domination within relationships, which tends to lead to abuse
- Accept or reject favours and gifts without feeling obliged
- Get to know the person before entering into an intimate relationship.

Physical Changes in Adolescence

The Hormone Story

Hormones are the chemical messengers made within the endocrine glands, which are clustered around blood vessels, from where raw material is drawn for the manufacture of hormones. With communication from the brain and nervous system, the hormones are directly released into the blood to ensure proper coordination and functioning of the tissues and organs. The amount of hormones released will depend upon the body's need; the level of the hormone in the blood will change in response to stressful situations or infections. The hormones from the pituitary gland also known as the 'Master Gland', controls the release of other hormones as required by a specific target organ.

The main endocrine glands, which produce hormones, are: the gonads or sex organs such as the testes in the male and the ovaries in the female produce hormones, which are responsible for the male and female characteristics. Also the placenta behaves like an endocrine gland producing hormones to help sustain a pregnancy.

How does the system work? The Hypothalamus in the brain signals the pituitary gland to activate the right endocrine gland to produce the required hormone at the right time. (Sequence has yet to discover how the hypothalamus knows it is time to activate the pituitary gland before puberty) At this time, the pituitary gland activates the release of gonadotrophins, which activate the gonads (sex glands) resulting in sexual maturation and physical changes in boys and girls.

Changes in Girls

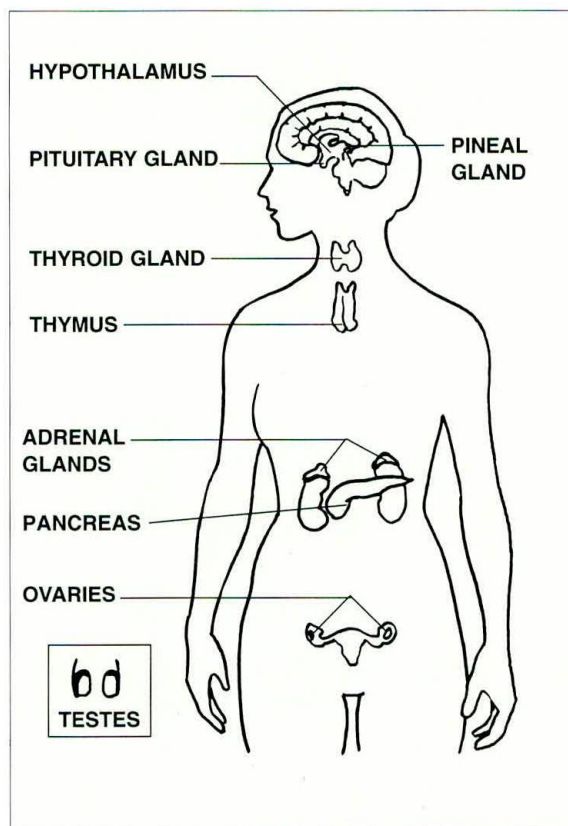
At the time of puberty and before the first menstruation, the pituitary gland stimulates the ovaries to produce a hormone called 'oestrogen' which is responsible for the physical changes in the girl. The first to develop are the breasts and sometimes one breast may be larger than the other. Hair begins to grow in the pubic regions and underarm. The pelvis widens and fat deposits around the hips; breasts, arms and thighs provide the shape. All these changes begin to take place two years before menarché or the first menstruation, which is around 13 years. However, menstruation may begin as early as 10 years or as late as 18 years.

The two hormones responsible for the production of the ovum (female egg) and control of menstruation on a monthly basis are oestrogen and progesterone, which are produced by the ovaries. It is these two hormones, which are essential for pregnancy.

Changes in Boys

At about 12 years or so in boys, the pituitary gland releases the gonadotrophin hormones, which stimulate the testes to start producing sperms. After about a year, the testes begins producing testosterone, the male hormone which is responsible for the physical changes in a boy. Hair begins to grow in the pubic area, in the armpits and on the face that later take the form of beard and moustache. The voice breaks due to the vocal cords thickening. There is a sudden spurt of growth and boys grow thin and tall with big hands and feet. Later their muscular structure develops and some will have more hair than others on their arms, legs, chest and back. This growth process reaches completion anytime between 18 to 21 years.

One major concern for boys at this time is the maturing of the genital organs. With the production of sperms, the testes become larger and the skin on the scrotum changes in colour and texture.



The penis also grows to its full size and is more erectile. This is the time when boys have 'wet dreams' or nocturnal (night) emissions of semen, which is normal and nothing unusual.

Maturity of boys can be earlier or delayed as with girls and there is no need for anxiety. Changing times have resulted in added stress on a child. The child joins school much earlier and the load of expectations on today's children is much more than ever before. Recent trends indicate that children are reaching puberty at younger ages than before.

Tips to Discuss with Adolescents

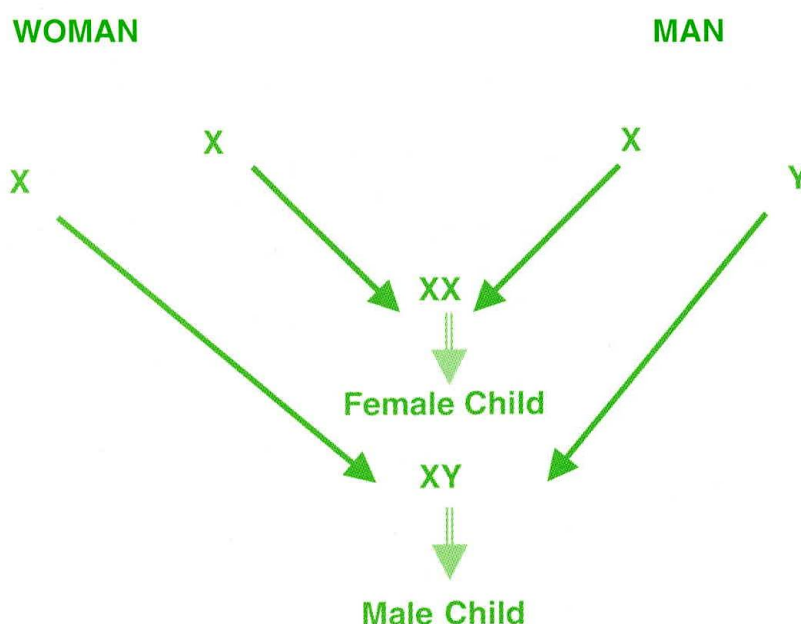
Sex of the Unborn

Most of the time the woman is blamed for producing a female child and is looked down upon by society. However the truth is:

Both the male and the female carry 46 chromosomes arranged in 23 pairs in the cell. Among the 23 pairs, a person has only one pair of sex chromosomes. The female carries an XX pair and the male an XY pair.

If X [female] and X [male] chromosomes unite, the sex of the baby will be female.

If X [female] and Y [male] chromosomes unite, the sex of the baby will be male.



Hence, the deciding factor of the sex of a child rests entirely with the chromosomes of the man.

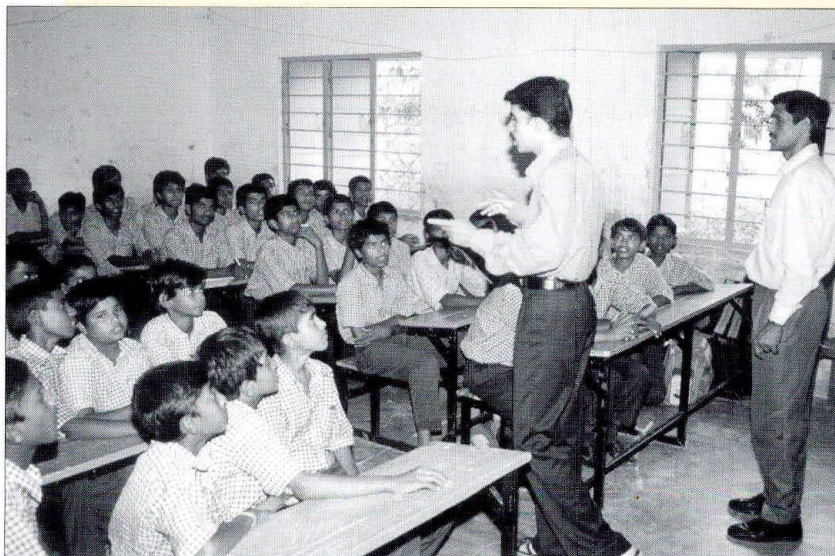
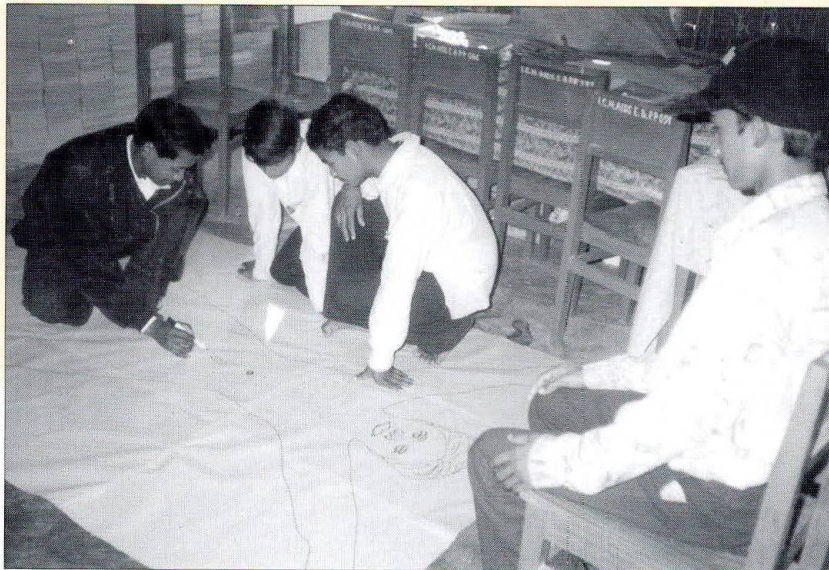
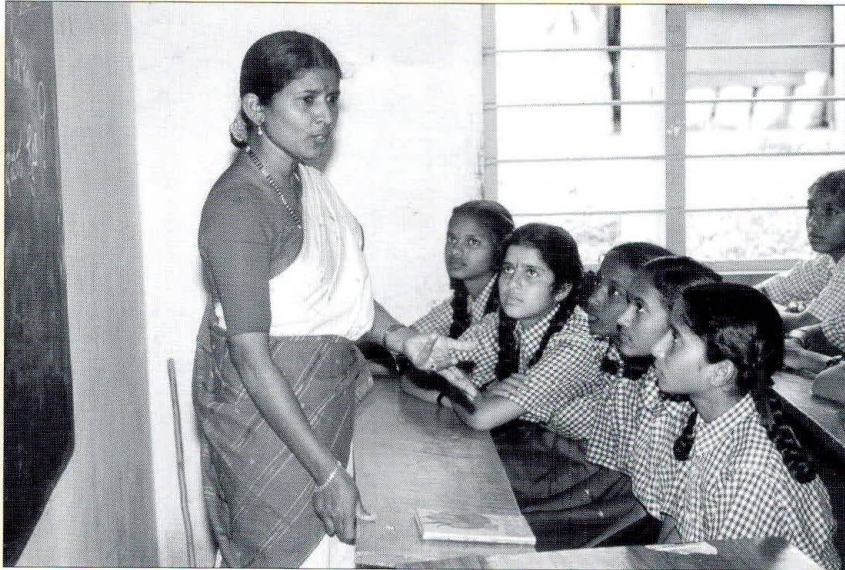
Tips to Discuss with Adolescents

Adolescence is the period of transition from childhood to adulthood. Adolescence is the ONLY time in a person's life when rapid changes are simultaneously taking place physically, but also emotionally, socially, mentally, intellectually and spiritually. This makes it a very trying period in an adolescent's life.

Tips to Discuss with the Facilitators

Being a 'FRIEND' helps teachers and parents to accept the adolescent's changing behaviour. While earlier, correcting and scolding were a part of nurturing, now, tactics need to be modified. Avoid scolding or labeling an adolescent in front of friends. Instead, provide positive suggestions – correct as if you are friends. Keep all doors of communication open, even if it means hearing something 'shocking'. Needless criticism can only further distance the adolescent making him or her a 'stranger' to you.

Developing life skills





Life Skills Development

World Health Organisation (WHO) has listed out ten most prominent life skills that promote optimum health. This list is the product of various studies about human endeavour and development. These are the skills, which prepare us in facing problems in our lives. They look simple but they require a lot of time and effort on the part of the students to achieve them. Parents and teachers need to train the students in these skills. This is an effective and sustainable approach to safeguard adolescents from the risk behaviours leading to HIV/AIDS/STIs.

Life Skills Development in Relevance to HIV/AIDS

It is useful to understand the life skills development specifically in the context of preparing our adolescents to cope with the problem of the spread of HIV/AIDS. Three principles to integrate life skills development for HIV/AIDS prevention are:

Equity. HIV/AIDS affects every person. The programme must reach everyone, including the poor, marginalized communities and the children out of school.

Integration. HIV/AIDS prevention is possible when integrated with life skills development and it responds to other needs of students, for e.g., adolescent issues

Empowerment. Students and other youth who receive knowledge, information, and life skills development realize that they have the power to transform their own reality.

Life skills development is the core approach which brings with it advantages. It does help students to gain skills in preventing HIV/AIDS. It is also an acceptable way for teachers to be facilitators for HIV/AIDS prevention education programmes.

Ten Life Skills

EMPATHY

PROBLEM SOLVING

INTERPERSONAL RELATIONSHIPS

C RITICAL THINKING
COMMUNICATION
CREATIVE THINKING

MANAGEMENT OF STRESS

AWARENESS OF SELF

DECISION MAKING

EMOTION MANAGEMENT

E
P
I
C
M
A
D
E

LIFE SKILLS



Empathy

Description

Empathy is an emotion that brings humanness in people and for that it should be considered a sacred one. Empathy connects people in mysterious and special ways.

A Practical Start to Facilitating the Development of Empathy

Story telling is one good way of facilitating the development of empathy.

e.g.: Shyam is an 8th standard student who has fallen ill. He fails in his Hindi examination. Ask students to think about his situation. After discussions, ask the students to personalize the situation and see how they feel. Then ask them to list down what they would expect others to do for them.

Take a situation from within the curriculum too. Developing empathy does not require a Friendly Advisor to look for separate extra-curricular time.

Tips to Build Empathy

- Students learn from their teachers and parents through role modeling of behaviour
- Get involved in play, as it lets students know exactly how another person can feel
- Encourage visual thinking, giving credit to active listening
- When a student feels depressed or happy, identify and appropriately help them to express their feelings
- Encourage incidental teaching to help them identify and understand feelings of others
- Point out when their behavior causes distress in others. e.g: Seema felt sad when she was told that she has a dark complexion. How can one help Seema build self-esteem while developing empathy among the others
- Teachers and parents could help to develop empathy in their children
- Identify people who are beyond the circle of friends
- Treat others with empathy. Children learn through role modeling the behaviour of their parents and significant others
- Use your own creativity to help build empathy. You know the students best.

Linking to HIV/AIDS: Building empathy helps with communicating assertively, saying no to risk behaviour. Empathizing with HIV+ persons also helps reduce stigma and discrimination of people with HIV. Empathizing helps build healthy relationships with parents and friends.

Activity: Get students in two groups. Get each group to draw a picture, which depicts the other group in a funny way. Encourage all members of the group to participate. Get them to put their entire picture on the wall under the name of the opposite group. Do not discourage the laughing (Note for teacher: be sensitive to the feelings of the opposite group). The teacher then exchanges the name of the group, so that the group that drew the funny picture has their own picture below it. Ask the students how they feel now. Encourage them to discuss their feelings. Discuss feelings in relation to the game. Then using the experiential method, generalize for home or school situations. (Apply to discuss emotional changes during adolescence). Conclude with plans on how they would empathize better in their communication with their near and dear ones. Encourage them to write their concerns and put them into the question box or to meet the friendly advisor teacher at a mutually convenient time.

Problem Solving

Description

Problems are an inevitable part of life. As adolescents' thinking develop, they start reasoning out and expressing their ideas. It is during this phase that adolescents start raising questions and are curious to find solutions either through friends or the newspapers, internet etc. Problems for adolescents could be academically oriented or related to their social, emotional and physical changes. All problems may not have solutions and hence, some problems remain a part of life. e.g: Poor economic status of parents, conservative attitude of parents towards adolescents etc. cannot be changed easily.

Common Problems of Adolescents

- Inability to concentrate on studies
- Attraction towards the opposite/same sex
- Communication problems at home and among friends and peers
- Inferiority complex towards their bodies
- Gender bias
- Sexual abuse.

Tips for Adolescents

- Help them to introspect so that they identify the problem
- Help them to identify the source/reason for the problem (Any worries, relationship problems, peer pressures, unexplained fears and anxieties).
- Help them to identify the effect of the problem on their well being/ behaviour (inability to recollect what is studied)
- Help them to access resources to handle the problem i.e., counseling and diversional therapy.
- Pat yourself for overcoming the problem.

Linking to HIV/AIDS: The core of problems could be lowered self-esteem, their brokenness, their socio-cultural milieu and their maladjustment issues. Problems could be serious too: for e.g., sexual abuse. Problem solving would be the process to identify safer options when at risk for HIV infection.

Activity: Teachers and friendly advisors can help students to understand that problem solving is a process and a learning tool: Facilitate students to list out all options to others to identify and solve the problem and choose a safer option for action towards solving the problem. Game: tug-of-war. Discussions after the tug-of-war could include what helps to create the problem identified by the group, what could help to solve the problem and what options would be safer. Use the problem tree to identify root causes of the problem. Use any of the self-esteem building exercises in the **Playing and Learning** chapter to facilitate students to work through their problem.

The question box could be a helpful tool to discuss problems cited within. Facilitate students whether the problem is real or is it only a perceived one. Teachers could use the resources cited for more information and action.

Let students know every problem need not have a solution

Interpersonal Relationship Skills

Description

As a member of the large society one needs to be healthy. A school has students from various cultures and with different types of personalities. Adjusting in such an environment with own personal pressures is not very easy but could be healthy if one understands the importance of healthy relationships. Adolescents grow in their relationships. Peer pressure, relationship problems such as possessiveness over friends, communication gap with parents / friends / being overly sensitive are some forms of expressing problems in interpersonal relationship.

Factors, which influence interpersonal relationship, are:

1. **Development and functioning of the mind:** If ID part of mind is very strong; the person becomes self-centered and selfish. He/she may not bother to maintain good relationship with others. If the EGO and SUPEREGO parts of the mind are weak, one may fail to understand the reality and norms of the society. The experience of the child during the first five years of life shape the inter-personal relationship skills of the individual.
2. **Personality types:** Knowledge, attitudes, pattern of actions and reactions, controlled expression of emotions, goals and aspirations are the components of personality, which develop over a period of 20 long years. Unhealthy personality types lead to disturbed relations with the concerned people.
3. **Intelligence Quotient (IQ):** Persons with very low IQ fail to develop and maintain meaningful relationships. They cannot adapt to the realities of life. Highly intelligent persons may command respect from others, but are pre-occupied with their work and achievements and may neglect relationships.
4. **Needs:** If needs are fulfilled, the person remains satisfied and is in a position to relate to people. But if needs are very high and not fulfilled, his/her frustration increases. He/she may become jealous, blame others and relationships may break.
5. **Money and Materials:** Money is essential for living. If the person is poor, he/she may be neglected by his/her own family, friends and relatives. If he/she is rich and powerful, others may try to become closer to him/her for their own gains. Money and power may bring arrogance impeding relationships.
6. **Communication:** Good and effective communication is essential for people to understand each other. One has to communicate his/her views, feelings and needs to others so that they support him/her. Poor and inadequate communication lead to misunderstanding and misinterpretation, which may spoil relationships.
7. **Interest, hobbies and activities:** Common interests, hobbies and activities between two or more individuals help in building meaningful and encouraging relationships.

Interpersonal relationship skills could be developed through:

- Teaching work
- Group Activity
- Sports
- Informal Groups in Schools.

Some of the methods that could be used to improve interpersonal skills are:

Method 1: Make each student pick up from a lot. The name of another classmate who will become the friend for that month. Both of them could share and understand each other. At the end of the month they could write about each other and discuss with other friends and the best pair could be given a reward just as a motivator.

Method 2: Group activities, such as, model making, child-to-child programme, cultural programme etc., will help in developing this skill.

Group activities, which could be subject-based, Social activities like afforestation, involvement in rallies, cultural programmes to demonstrate a health issue or adolescent concern.

Tips to Improve Interpersonal Relationship (IPR) Skills

- Respect others
- Expect less and empathize with others
- Show love and affection
- Appreciate more and criticize less
- Trust others and let them trust you
- Involve others in your work
- Be sensitive to the needs of others
- Change negative attitude towards others into positive attitude
- Share your feelings and resources with others
- Have common habits with family, friends and neighbours
- Do not insult people. Decline gracefully
- Forgive and forget.

Linking to HIV/AIDS: Building healthy IPRs enables students to relate to other students, parents, teachers, and those they are sexually attracted to, healthily. They are able to choose safe options because they have the ability to negotiate safe preventive behaviours and 'say NO assertively'.

Activity: Get students to sit in pairs, with their backs to each other in two rows. Get everyone to be ready to draw something. Let one of the rows face the blackboard. Draw a house outline, with a door ajar and no windows. Draw the sun shining above the house. Ask the row facing the board to explain the drawing to the row behind. Let each partner explain to the other who draws the picture without looking at the board and only guided by the explanation of the other.

Discuss the drawings after comparing it to the one on the board. Connect discussions to how each person perceives a house in unique ways and how perceptions also affect relationships. Discuss the importance of communication in strengthening IPR

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Critical Thinking

Description

Critical thinking is an amazing skill, which involves emotional feeling that enables detaching of one self from the situation. It is neither criticizing nor being judgmental. The only requirement is to keep calm and be detached.

Critical thinking takes a lot of effort and challenge to put it into practice. Training and being proactive are twin processes that help and lead us to critical thinking to deal with difficulties in life.

During critical thinking one has to be free of the immediate feelings of bondage and be in a clear thinking process. To be able to think of the pros and cons of any problem one has to be a little away from the problem. Once the pros and cons are listed clearly, the problems get further clarification.

Example of Situations

Priya is irritated and angry with her parents for not letting her go for a movie with her classmates.

Soumya is confused what to tell her boyfriend when he proposes to her and asks her for a night out.

Nitin is worried why his parents want him to go for engineering when he wants to study Management.

Critically analyze these situations and weigh the pros and cons. Such situations help adolescents voice their thoughts.



TIPS:

1. Debates/Group Discussions/Review of an article or videocassette is good in critical thinking process.
2. Completing a simple 'Incomplete Story' that narrates a story of a boy and girl can depict the attitudes adolescents have on relationships: i.e., their perspective of love and attraction to the opposite/same sex and critically analyze their feelings.

A debate topic as 'Adolescents Need Special Education' during last year's competition conducted by INSA-India brought out student's voices reflecting on the positives and negatives of giving adolescent education.

In schools, even in class level itself group discussions could be organized on any social issue like: 'Sex Education should be given to all adolescents' or 'Awareness about HIV/AIDS can prevent its spread', etc.

In critical thinking there is no 'right' or 'wrong' answer. This gives space to voice opinions.

Linking to HIV/AIDS: Critical thinking builds up students' abilities to see through situations and work out choices that protect them from HIV/AIDS.

Activity: Get students to make a chart on advertisements as group work before this facilitation. Discuss the pros and cons of advertisements in general. Then discuss how genderised advertisements are e.g., a male is a person smoking cigarettes and who is muscular. A female shows off her body and is available to the male. Discuss how such imagings make males and females susceptible to HIV infection. Get students to list out the pros and cons of selected advertisements. Organise debates on certain contradictions to facilitate students to choose their behaviours e.g., Students should be given the complete choice of freedom, Sex education is necessary in high schools, etc.

Communication Skills

Description:

Effective communication is the ability to express ourselves, both verbally and non-verbally in ways that are appropriate to our cultures and situations. It means not only being able to express opinions and desires, but also our needs and fears. It involves the skill to ask for advice and help in times of need.

Communication is part of our daily life, essential for living. Both verbal and non-verbal communications play an important role. Learning to speak effectively is essential to communicate one's ideas or emotions.

Effective communication includes the following:

Generating interest, giving information, explaining, ending with goal, summation, questioning etc.

Examples:

- Create situations where the participants have to use their verbal and non-verbal language skills to: explain, justify, argue, narrate, interact, seek information, seek guidance, etc.
- Role plays on life-like situations could also be useful and fun to practise communication skills.
- The students should be directed to observe the way that the most successful people communicate. How different media use the language and non-language devices for communication.

Tip: Listen

In listening we could try to **do** the following:

- a. Show interest
- b. Express empathy
- c. Single out the real problem
- d. Listen for causes of the problem
- e. Help the speaker associate the problem with the cause
- f. Encourage the speaker to develop competence and motivation to solve his or her own problems
- g. Cultivate the ability to be silent when silence is needed.

In listening, **do not**:

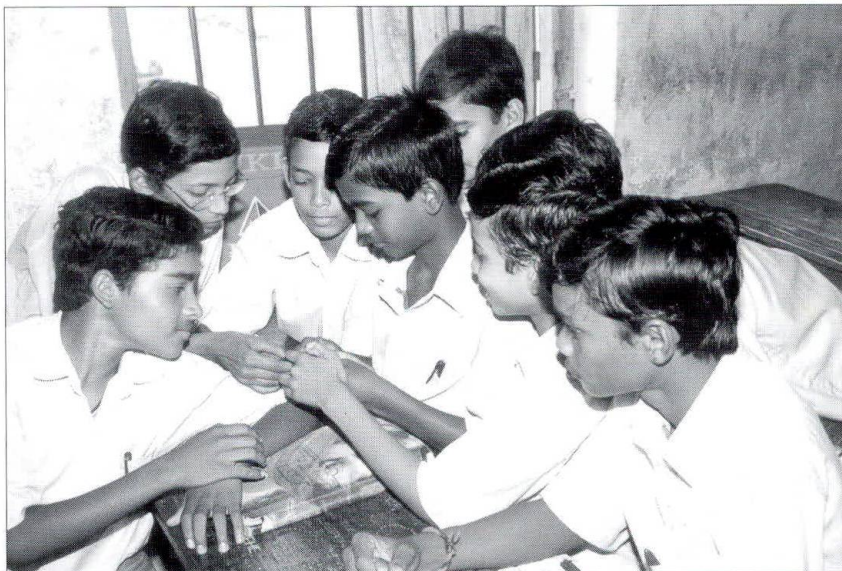
- a. Argue
- b. Interrupt
- c. Pass judgment too quickly or in advance
- d. Give advice unless it is requested by the other
- e. Form answers or jump to conclusions
- f. Let the speaker's emotions influence your own.

Linking to HIV/AIDS: Communication helps build positive self-esteem, paving the way for asserting their rights to prevention, protecting them. Communication enables lifting the barriers of communication on sexuality and HIV/AIDS.

Activity: Play Chinese whispers to highlight how communication can get distorted and how important clarification is in building relationships. Pass on a message of about 7 – 10 words through one student and get them to pass on the message without asking for clarifications. The message at the end would be different from the original.

2. Ask for 5 student volunteers to go out of the class for a while. Show the rest of the class a picture, which depicts some general activity. Call the first volunteer into the room. Give her/him the picture and inform him to study the picture for explaining it to the next person coming in. Take away the picture and call for the next volunteer. Get the first student to explain the picture to the second volunteer, who then explains to the third one and so on. The last person explains loudly to the class and then the picture is shown to all the volunteers. Follow-up discussions could be on: what helps communicate messages completely. What distorts communication? Facilitate students to communicate messages clearly.

Creative thinking



Creative Thinking

Description:

Creativity is a complex of traits, skills and capacities that include the ability to work autonomously, with curiosity, unconventional thinking, openness to experience and tolerance of ambiguity. Over the life span, creativity is influenced by cognitive processes, knowledge, thinking styles, personality, motivation and environment. Youth is the most creative period of life.

Changes are inevitable parts of our life as we are always receiving new stimuli. Every individual wants to be happy and makes the best use of everything that comes along. Many times our thinking is based on past experiences, our upbringing, peer influences and other media influences.

Creative thinking is the ability to challenge; which is one of the first steps in lateral thinking. It is questioning the process of thinking about, "Can I look at this differently?"

Examples:

A simple poster presentation or slogan competition in schools can bring out creative skills in them.

The art classes are a very good time for building up their skills based on their interest.

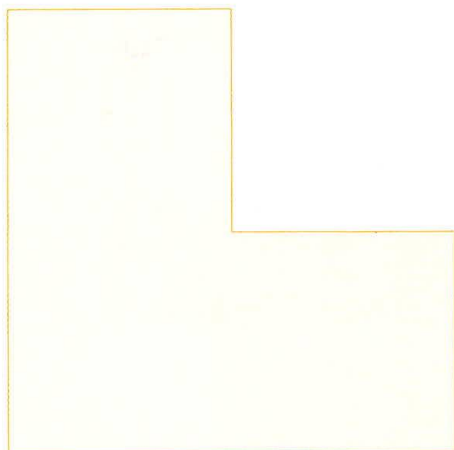
Tips to Improve Creative Skills

- Encourage students to pursue a task of interest and not force them into a particular area of parents' or teachers' interest.
- Encourage them to assert their ideas, and not purely rely on order and tradition
- Never be afraid of failure
- Adolescents need constructive feedback – task-related
- Provide opportunities for group interaction
- Provide positive reinforcements for recognizing achievement of tasks
- Brainstorm for ideas.

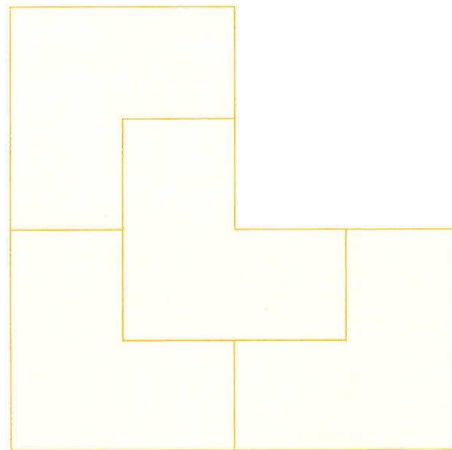
Linking to HIV/AIDS: Creative writing helps to create solutions to pass on information about culturally sensitive topics like sexuality. Creative thinking helps with problem solving necessary for protecting them from HIV/AIDS.

Activity: Draw the outline figure L as shown in fig.A. Tell students this is a Rice field. Ask students to figure out how this field could be equally divided into 4 portions with each getting an L-shaped field. Do not give away the answer. Let them work it out. Encourage painting, poster, essay, song and story writing competitions on related topics. This can be very creative experience for adolescents.

Fig.A



Solution



Management of Stress

Description:

Stress is a part of life. We encounter stress in various situations.

Decreasing opportunities, intense competition, hectic work, higher expectations all cause stress in us. Adolescents face stress due to the changing roles in family and society, due to various expectations that they have to fulfill. Adolescents, especially as they are going through a transitional phase need to learn to cope with emotions and handle them effectively.

Management of Stress involves recognising the effect of emotions on ourselves and others, being aware of how emotions influence behaviors and being able to respond to emotions appropriately.

Example: Meena is very angry because her friend Radha is getting close to their other classmate Manjula and spending time with her. This is putting Meena under great stress. She cannot concentrate on her work. How could Meena manage her stress.

Study the situation and the different ways Meena could solve her problem.

Linking to HIV/AIDS: Management of Stress helps to reduce risk behaviours including alcoholism, drug abuse which increases risk taking and susceptibility to HIV infection.

Activity: Yoga, deep breathing exercises, taking breaks for energizers during class sessions. Examples of energisers are: Getting all students to sit up and stand. Ask all students to repeat your actions and when you say 'take your right hand, raise it above your head, twirl it around and then put it on your cheek (put your finger on your chin instead). Look around to see how many have put their finger on their chin or on their cheek. Discuss who has better visual communication as against who are better listeners. Get students into pairs to discuss what has stressed them out that day. The partner must listen. Then reverse roles. Teachers can also facilitate students to prepare study plans, give tips to help students remember important points and enable students to plan their time.

Stress management by students



Build Self Awareness

Description:

Self Awareness is knowing yourself as a total human being, comprising of body, mind and spirit i.e., awareness of one's own thoughts, emotions, feelings as they arise. It is also knowing ones immediate and long-term needs, wants, desires and wishes.

- Help students to be aware of their feelings/ moods and to set limits and boundaries for a positive attitude towards life
- Self-awareness helps students to accept their moods and feelings and make decisions wisely
- Those who are emotionally overwhelmed and out of control tend to have problems in clear thinking, memory and decision-making.

Some useful Methods

- Introspection
- Autobiography
- Creative writing, drawing
- Writing feelings/emotions in a diary.

Tips to Promote Self Awareness

- Begin with non-judgmental discussions. Students are likely to share more when they know that you could be their sounding board. This could be the beginning, triggering questions that could facilitate self-awareness building
- Individual and group facilitation through mentoring helps build self-awareness
- Applying the Johari Window concept through non-threatening group exercises helps
- Use experiences that helped you to get to know yourself
- Trust in your creativity to come up with more methods.

Linking to HIV/AIDS: Learning about self is one of the first steps in developing life skills for healthy living. Learning about ourselves help us to accept ourselves **as we are**. It also helps us accept our uniqueness. It helps us recognize what our strengths are and helps us build assertive skills.

Activity: Give students feedback about what is positive in them. Teachers will benefit in learning about themselves through understanding the Johari's window and Maslow's hierarchy of needs and the principles of transactional analysis and applying them during the facilitation of this aspect.

*THE FOUNDATION OF
SELF-AWARENESS IS THAT
EACH ONE IS UNIQUE AND PRECIOUS –
NO MATTER WHAT.
HENCE, IT IS IMPORTANT THAT
WE LOVE OURSELVES.*



Decision-Making

Description:

Decision-making is defined as an ability to deal constructively with decisions about individual lives. Psychosocial competence is a person's ability to deal effectively with demands and challenges of every day life. It is necessary to maintain a state of well-being and to demonstrate an adaptive and positive behavior while interacting with others in his/her culture and environment. Psychological competence has an important role to play in promotion of health. Every decision made has both pros and cons. Decisions made could help in leading a healthy life and living life to the fullest.

Adolescents decide on the career they choose to pursue, their ambition, the friends they make, and their attitudes are framed. It is always better to list reasons for making a particular choice and once a decision is made, focus in life is very important.

Linking to HIV/AIDS: Building skills in decision-making helps students make safe decisions for themselves when faced with situations.

Activity: Rotate leadership within the class and hand over responsibility of certain class administration to different groups. Give them situations to role-play as a group: e.g., A girls' wedding is arranged and she has learnt about HIV/AIDS. Role-play on how she can protect herself from HIV infection. Another role-play is on how she will act if propositioned by her friend to have sex since 'they are in love'. Design role-play situations based on the attitudes prevailing among students, which could make them susceptible to HIV infection.

Enjoying decision making



Management of Emotions

Description

Management of emotions means sensible ways of handling one's own feelings in socially acceptable ways, which will give inner peace as well as maintain the relationships.

A range of emotions with various intensities of feelings is experienced by the time the child grows into adolescence. Emotional maturity sets in as one grows. Emotions have survival value. Very often, it is the motive behind our actions. Life is rich and meaningful with emotions but emotions can be dangerous.

During adolescence, when the hormone levels in the blood are yet to be stabilized they go through extremes of emotions. As they also go through the silence syndrome they end up without voicing their concerns and lose concentration and focus on their purpose in life which becomes very boring and frustrating. Hence management of emotions is a continuous process and a skill to be nurtured.

Examples

- When one is angry he/she could write on a piece of paper or hit a bolster without hurting one's self.
- When one is happy he/she could go and meet a friend and share his/her joy or write a poem, etc.

Each individual develops his/her own coping strategies to manage their emotions.

There could be various ways to manage emotions:

- Know what you feel
- Know what others feel
- Find out the cause of these feelings
- Know the likely impacts of our feelings on others.
- Relax
- Meditate
- Exercise
- Control stress
- Manage time.

Methods

Assertive skills could be taught to adolescents through role-play

Situations like: Handling eve teasing

Getting a love letter from a boy/girl

Smoking/alcoholism

Linking to HIV/AIDS: Emotions are labile during adolescence. Recognise the role of emotions on decision-making and its relationship with HIV infection.

Activity: Get students to attempt cooking an egg. Discuss how much salt has been added. Was it more or less and why? Compare this with each person's body still gaining experience to know how much 'chemical hormones' are produced to make a person a young man or a woman. The more the hormones, the more the sexual drive, the angry moods, the happiness, the up-moods. The lower the hormones the more the depressions, crying spells and feeling low. If this is understood then managing the emotions becomes easier. The high and low of hormones happens in cycles, which are normal.

Promoting adolescent health for HIV/AIDS prevention





Mainstreaming HIV/AIDS within the existing Health Crisis

"Illness and death every day anger us. Not because there are people who get sick or because there are people who die. We are angry because many illnesses and deaths have their roots in the economic and social policies that are imposed on us."

– A Voice from Central America

Facts

- ✓ *In recent decades, economic changes worldwide, including India, have profoundly affected people's health and their access to health care and other social services.*
- ✓ *Despite unprecedented levels of wealth in the world, poverty and hunger are increasing. The gap between rich and poor nations, including India, has widened, as have inequalities within countries, between social classes, between men and women and between young and old.*
- ✓ *A large proportion of India's population still lacks access to food, education, safe drinking water, sanitation, shelter, land and its resources, employment and health care services. Discrimination continues to prevail. It affects the occurrences of preventable diseases. The resulting degradation of the environment threatens everyone's health, especially the health of the poor. There has been an upsurge of new conflicts while weapons of mass destruction still pose a grave threat, even in India.*
- ✓ *Public services are not fulfilling people's needs of health services and have become less accessible, and are more unevenly distributed.*
- ✓ *Privatisation threatens to undermine access to health care and still further compromises the essential principle of equity. The persistence of preventable ill health, the resurgence of diseases such as tuberculosis and malaria, and the emergence and spread of HIV/AIDS is a stark reminder of our world's lack of commitment to principles of equity and justice.*

This being the situation it is quite obvious that HIV/AIDS prevention cannot be treated in isolation. It is no more a health programme. More and more people are considering it as a part of overall health and human welfare programmes. We believe that it is part of the development agenda. Even as a strategy, it is useful to consider HIV/AIDS prevention as a part of other development interventions. If it is treated separately it further helps in strengthening stigma and discrimination against HIV/AIDS. People should be sensitised to regard the problem of the spread of HIV/AIDS as a socio-economic issue, so that its further prevention, and caring for those living with HIV/AIDS are treated as a part of health and development programmes.

NGOs and other such institutions should be aware of the latest facts regarding HIV/AIDS prevention and support and be able to integrate this into their existing programmes. Similarly, organising special programmes for the benefit of students in schools and colleges, spreading information and the imparting of life skills to adolescents are crucial. It is more realistic and possible to integrate such awareness and skill building into the curricula and extracurricular activities.

Self-help Groups for Sustaining HIV/AIDS Prevention

The formation of thrift and credit programmes through 'Self-help Groups' as a means to alleviate poverty in India has shown potential to help with sustainability of community based HIV/AIDS prevention, support and care programmes.

Key Objectives of Self-help Groups

To form a homogenous group of people who will:

- Start saving and banking with regularity, as mutually agreed upon
- Avail loans for productive purposes
- Repay loans as per the Self-help Groups formulated guidelines
- Form a collective to organise and manage their own finance
- Share the benefits gained from the Self-help Groups equally.

However, when the Self-help Group is involved with HIV/AIDS prevention programmes, the following objectives can be grafted within:

- Identify what community based and socio-cultural behaviors can put them at risk for HIV infection and what plans they can make to address them
- Care of people living with HIV/AIDS
- Enabling a stigma free community
- Support for care of HIV positive people and children affected by AIDS.

Each Self-help Group is usually composed of 10 –15 members. Though it is strong enough to take care of its own affairs, it needs support from outside when it has to take up larger issues. It is a usual practice in the developmental field for a larger NGO with better organisation and resources to promote such Self-help Groups. Such NGOs coordinate efforts between many Self-Help Groups to achieve larger goals, which are normally out of the purview of individual Self Help Groups.

In the context of HIV/AIDS prevention, such coordinating NGOs should build their own resource of information and counseling services and extend the benefit to other Self Help Groups. The NGO acts as a key organisation for clarification of doubts, facilitator for planning and implementation, liaison with other agencies (resource) and for updating of information. Some NGOs have also played a key role in addressing stigma and discrimination within communities and allaying fear crisis through counseling and treatment of STDs (sexually transmitted diseases).



HIV/AIDS and Gender

Definitions of Sex and Gender

Sex refers to physiological attributes that identify a person as male or female.

- ◆ Type of genital organs like penis, testicles, vagina, womb and breasts
- ◆ Types of predominant hormones circulating in the body like estrogen or testosterone
- ◆ Ability to produce sperm, ova or eggs
- ◆ Ability to give birth and breastfeed children.

Gender refers to widely shared ideas and expectations – norms concerning women and men. These include ideas about 'typically' feminine female and masculine male characteristics and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are learned from family, friends, opinion leaders, religious and cultural institutions, schools, work places, advertisement and the media. They reflect and influence the different roles, social status and economic and political power of women and men in the society.

Code for Enabling Gender Equity for HIV/AIDS Prevention:

- Celebrating the difference of the two sexes
- Respecting the uniqueness of being male and female as people equally entitled to the benefits of living
- Being equally responsible for making commitments for preventing HIV/AIDS.

... INSA participants and teachers at work



Points to discuss with adolescents and communities

Key points about Gender	Few Examples	Linking to HIV/AIDS
Gender has to do with relationships, not only among men and among women but also among women and men.	Mothers teach daughters not to contradict men; fathers teach sons 'not to act like women' by crying when they are hurt.	Women do not raise their voices even when sexually abused. It is taken for granted that men can have multiple sexual partners. This increases women's susceptibility.
A quick way to remember the difference between sex and gender is that sex is biological and gender is social. This means that the term sex refers to innate characteristics, while gender roles are learned gradually and can change. Sex is inborn and gender is made.	Size of the penis, vagina refers to sex. Females being soft and males being strong are about gender.	The anatomy of a female makes her more prone to HIV infection during sex with an infected partner. The He-man gender-version of a male socially permits him into unsafe sex.
Gender doesn't only apply to people who are heterosexual: it affects people who are heterosexual, bisexual or homosexual or lesbian and people who choose to abstain from sex.	Homosexual males are seen negatively by society (gender).	Enabling Sexual Rights help prevent HIV infection and leading of healthy sexual lives.
Men and women can manipulate gender-based ideas and behaviours for their own benefit, presumably without harming anyone but at the same time reinforcing stereotypes.	Women crying or flirting to get something done.	Women are viewed as objects of sexual pleasure putting them at risk for HIV infection and sexual abuse.
It is difficult to be 100% gender-sensitive; we are almost all influenced by gender in our ideas and actions.	It is not easy to stop the practice of Dowry.	Women are more susceptible to HIV infection.
Gender sensitivity doesn't mean that we no longer recognise differences between men and women. Some differences remain because of biology; we may choose to retain others even in equal relationships (e.g. men opening doors for women to be polite).	Pregnant women ask men to carry heavy loads for them.	Women's dependence on men's decision-making powers make them susceptible to HIV infection.

Building Positive Frustration Tolerance Level for enabling HIV/AIDS prevention

In life, no one ever gets everything he or she wants. As a result he/she gets frustrated.

Frustration is the feeling experienced when a person does not get what he/she wants. *Frustration tolerance* is the ability to cope with the feeling of frustration.

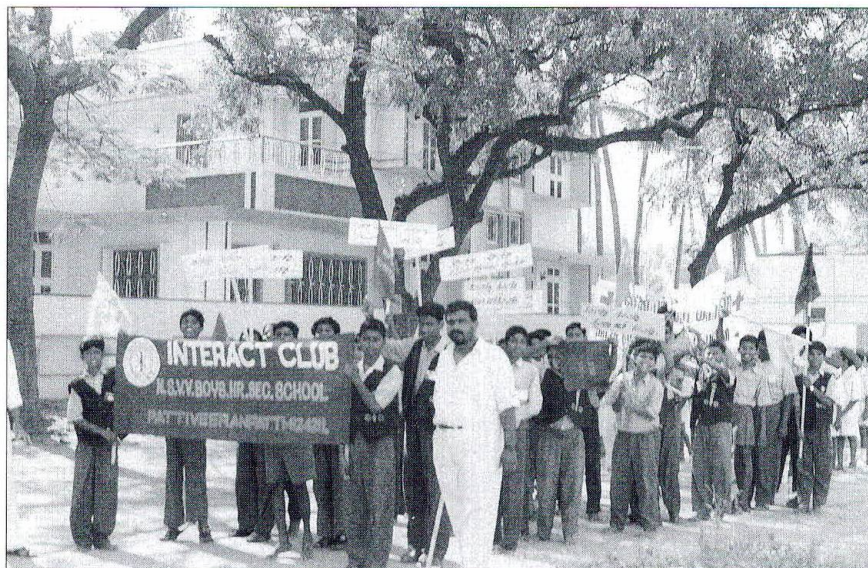
Positive frustration tolerance is the ability to deal with the frustration in constructive ways that do not harm the person or other persons.

In general, boys and girls need to be nurtured through getting things they want which are good for them. They need to be nurtured even through not getting everything they want and be facilitated to cope with feelings of frustration. This is a core area to work on for enabling gender equity, since there are areas of equitable give-and-take to be addressed. Enabling children to make decisions on given options helps in building frustration tolerance and grooms them to make acceptable decisions.

Education and Awareness-Raising

- Begin integrated education to adolescents on Gender Equity in relation to existing issues (e.g. HIV/AIDS, STIs, RTIs)
- Promote workshops/discussions to sensitise the community about gender using interesting AV Aids, community methods (e.g. dances, street plays etc.)
- Promote programmes to support healthy norms regarding sexuality and gender.
- Work with the media to sensitise the public on gender equity
- Include male participation also in the Gender sensitisation programmes.

Anybody can pass on information about HIV/AIDS



MAINSTREAM



HIV/AIDS and Rights

Rights... Positively Yours!

Every human being is entitled to basic Fundamental Rights. All are equal in the eyes of the law – no matter what religion, caste, status, sex or place you belong to. These Rights do not change just because HIV or AIDS affects an individual. It is important to be aware of your basic or Fundamental Rights and to remember that you can do something if they are infringed/violated.

Three of the most important Rights in the context of HIV/AIDS are:

Right to informed consent:

Testing for HIV requires specific and informed consent from the person being tested.

Right to Confidentiality:

Positive living with HIV/AIDS can use the tool of 'suspension of identity' to seek justice without fear to vindicate their Rights.

Right against Discrimination:

Be it employment, medication or education, Positive living with HIV/AIDS cannot be discriminated due to his/her status.

When everything seems to fade away...

Never forget...

Your Rights will always support you...

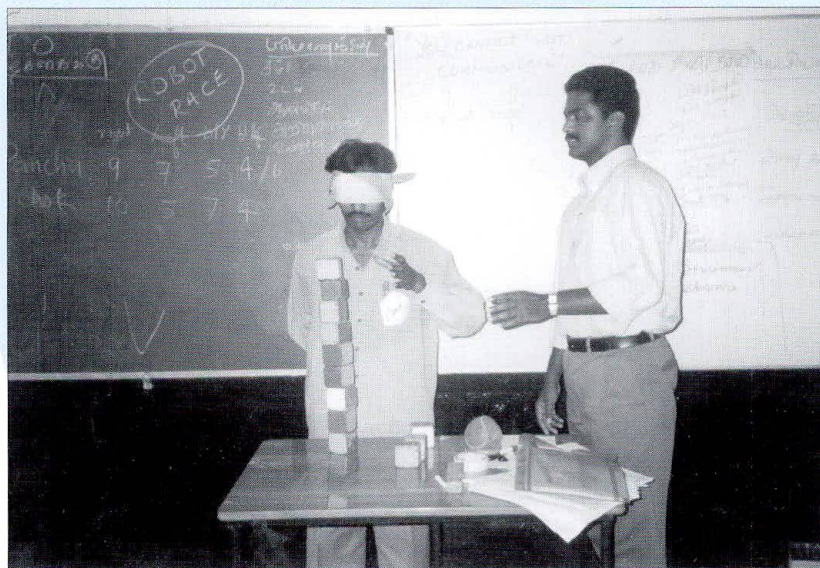
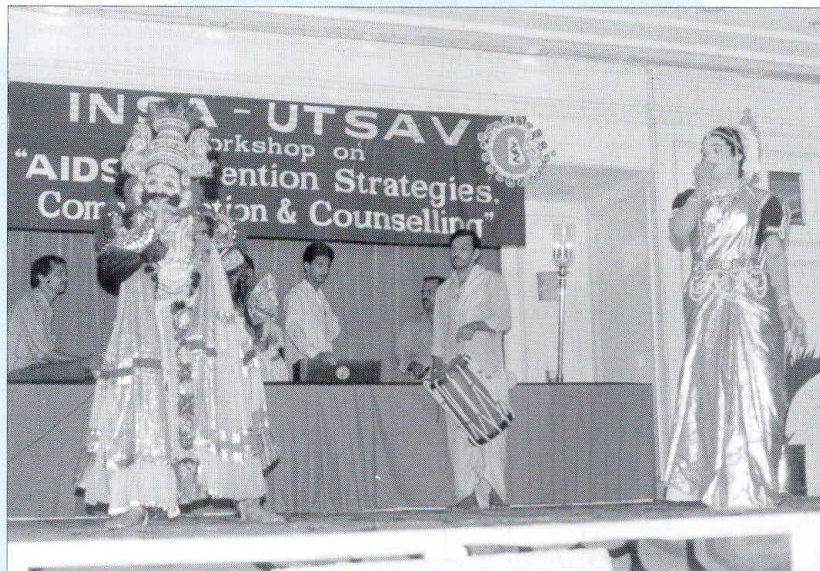
Know your Rights, it is your strength...!!

YES, Children have Rights... And Responsibilities!!!

- ◆ Children have the right to be adequately fed...
And the responsibility not to waste food.
- ◆ Children have the right to a safe and comfortable home... And the responsibility to share in keeping it neat and clean.
- ◆ Children have the right to be loved and protected from harm... And the responsibility to show love and care for others.
- ◆ Children have the right to make mistakes...
And the responsibility to learn from those mistakes.
- ◆ Children have the right to quality medical care... And the responsibility to take care of themselves.
- ◆ Children have the right to a good education...
And the responsibility to study and respect their teachers.
- ◆ Children have the right to be taken seriously...
And the responsibility to listen to others.
- ◆ Children have the right to be proud of their heritage and beliefs... And the responsibility to respect the origins and beliefs of others.
- ◆ Children have the right to special care for special needs... And the responsibility to be the best people they can be.

All Children...,
Children affected by HIV/AIDS too!!!

Playing and learning





Playing and Learning

INSA-India believes that participatory approach is the best method to make the students learn things and also to practise skills. Experiential learning cycle has always been kept in mind while designing activities. This motivated the INSA-India team to adopt various kinds of games and activities to facilitate learning. Quite a few of them are actually designed by the INSA-India team. In fact, the trainers at INSA-India have made use of many activities during their long experience with the adolescents. We share at least a few good ones with you .

1 Name Juggle

Objective: *To discuss the importance of problem solving and team building for HIV/AIDS prevention and support programmes*

Material needed: 5 – 6 Balls of varying sizes, 2 – 3 other articles which can be thrown safely. (Not objects with clips or sharp edges, unsafe to throw.)

Group size: Up to 20 – 25

Time: 25 – 30 Minutes

Process:

- Get the group to stand in a circle, facing each other.
- Give one of the group members a ball and encourage them to state their own name and the name of the person they are going to throw the ball to. Get that person to repeat the same and then throw the ball to another person of her/his choice in the group. (Example: my name... to... your name)
- Continue the same process till each person in the group has received the ball from one person and thrown the ball to another. A rule to be related is that no person can get the ball twice and no person can throw the ball to the same person twice.
- When this trial round has been done once, ask the group to repeat it without dropping the ball at all. Ask them if it is possible and get their assent.
- Encourage clapping when the second trial round is completed. **If any one drops the ball, stop the game and begin all over again.** Encourage discussion on why the ball fell without pointing fingers. Generalise.
- When they have successfully completed the round of throwing the ball to the same person they threw it to before, encourage them to give themselves a clap!
- Then ask the group if they would be able to handle throwing two balls, one after the other in the same sequence without dropping it. Encourage them to try. Remind them to call out their own and the name of the person to whom they are throwing the ball.
- Remind them to throw the ball to whomever they threw it to previously and to catch the ball from whom they received it previously. Once again remind them that there is no time limit.
- If the ball does fall, stop the game and restart again, after discussions on why the ball fell.
- When they have completed the round of throwing two balls in the sequence followed earlier, without dropping the ball, ask them if they could handle throwing 5 articles in the same manner of throwing to the same persons, receiving from the same persons, calling out names as before and with no time limit.
- Encourage them to try till they succeed.

Note for Facilitator:

The ideal solution will be if they stand next to the person throwing the ball on one side and receiving the ball on the other side of each person so that they hand the articles side by side. But let the group work it out themselves.

Points for Discussion:

- Facilitate discussion on their feelings, their successes, their difficulties in this process.
- Generalise to them handling different responsibilities, priorities, jobs each day.
- Encourage them to work out solutions to make the same process of ensuring the balls pass from hand to hand in the same sequence without much difficulty and stress.

Get them to try their Solutions.

After they have succeeded, discuss:

- What made the stress less? Could they handle multi-task responsibilities?
- What made the team think of the solution? Who made the decisions? Did all participate to ensure that the balls did not fall?
- What can we learn from the game?
- Does organizing our work/day help? In what way?
- Can we get help from friends to work as a team? What effects would negative or positive peer pressure have on me?
- What builds teams? How can I get team help to prevent HIV/AIDS?

Application:

This game is powerful for highlighting the following:

- The need for re-organizing and linking relationships of one action to another – e.g., the relationship of high self esteem – feeling good about self – increasing individual responsibility – assertive skills building – positive peer pressure – preventing HIV/AIDS
- The importance of team building for peer groups for HIV/AIDS prevention and care/support
- The role you play in influencing others either positively or negatively, i.e., when the ball falls from your hand/ you miss the ball the group has to restart the game.
- Draw feelings and apply to situations in life.

This can be integrated within the curriculum to explain the following also:

- Physics: how conduction happens
- Team work for Projects on Socially Useful Productive Work (SUPW).

Brainstorm with other teachers to find other applications.

2 I am Important

Objective: To enable each student to realise the importance of her/his active participation for the achievement of goals, including HIV/AIDS prevention.

Material needed: A ball or a rounded, colourful article with no sharp edges and a stop watch .

Group size: 15 – 20

Time: 15 – 20 minutes

Process:

- Ask the group of students to stand in a circle.
- Then give them an article (a ball) and ask them how long it would take for them to touch the ball.
- In the beginning indirectly indicate that they pass the ball sideways from one to the other, even though the words you use are , 'How long will it take for all of you to touch the ball?'
- Get them to give you an estimate in minutes or seconds.
- Encourage them to pass the ball and check the stopwatch to see how long it took.
- Let them know how long it took and ask them if they could repeat the task in a shorter period. Ask them how long it would take for all to touch the ball.
- Repeat the steps as before, i.e., encourage them to repeat passing the ball and checking the stop watch to see how long it took for everyone, to touch the ball, checking the time taken and asking them if they could further reduce the time taken. Encourage them to plan together how they would do it by giving them 1 minute or 30 seconds planning time..
- Encourage them to seek more ways by which they could shorten the time to touch the ball (without dropping it).
- Keep challenging them.

Note for Facilitator:

Check that all have touched the ball. If one or two have not touched the ball disqualify that round.

Points for Discussion:

Focus on feelings, what happened? Does this happen in real life? Describe the process. When have you faced a situation where you felt your active participation could have helped solve a problem easily? What does participation mean to you? What hinders participation? Can you participate in HIV/AIDS prevention activities? Could you help begin a child-to-child HIV/AIDS educational programme?

Applications:

1. It increases the thinking process (intellectual development)
2. Problem solving (life skills development)
3. Developing a team spirit for decision making (Life skills development)
4. Highlighting good planning for time efficient work.

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3 I am precious

Objective: To build self-esteem in participants to be able to identify themselves as precious and unique human beings who CAN make valuable decisions to protect themselves from HIV infection.

Material needed: Glass, a stable table, a box of at least 500 dot pins, a jug of water, paper clips.

Group size: Up to 50

Time : 25 – 30 minutes

Process:

- An empty glass tumbler is kept on the table.
- The facilitator asks any one of the participants (to come near the table and) to fill the glass with water up to its brim, without a drop falling on the table.
- The facilitator asks the other participants if anyone could fill some more water in the glass. If anyone says "Yes", then this participant is invited to fill the glass with few more drops of water until the whole group agrees that not even one more drop could be poured without the water falling from the glass.
- Get all the participants to assert to the facilitator that more couldn't be filled because it will over flow.
- Then the facilitator takes a box of pins and asks the participants how many pins can be put into the glass without making the water spill over. Participants give their own estimation saying, 2,3,5,7,10 etc. Some of them may say that it is not at all possible for even one pin to be put into the water because the glass is full to its maximum capacity.
- Facilitator invites those who gave some number to come to the table. They are given their specified number of pins.
- The participants are invited to drop those many pins into the glass without spilling the water. Caution participants from shaking the table on which the glass is kept, or from touching the water.
- A group of participants is invited to count the cumulative number of pins dropped into the water without the water over-spilling.
- After the participants have dropped the number of pins they estimated, the facilitator could drop more pins that are remaining with her/him. Even after this participants will find to their surprise that the water from the full glass did not spill out. The facilitator could then ask for some smaller objects (rings, hair slides and clips) from the participants and gently slide them also into the water in the full glass.
- Ask participants for the total number of pins dropped into the water (the box gives an estimated number on its side label)

Note for Facilitator:

Due to surface tension of water, the glass filled with water up to its brim can take in several. The clue is that the pins should be dropped or slid very gently without shaking the glass, the table or touching the water.

Points for Discussion:

Why did we underestimate the number of pins, which could be dropped into the glass? Do we similarly underestimate our abilities?

Why did we presume that the glass is full?

Application:

Explore with the group how unique everyone is and how we tend to underestimate our capacities. There could be a discussion on assertive skills building before and after this activity. This game could be played during physics practical sessions and related to building self-confidence and self-esteem, thereby connecting it to prevention of HIV/AIDS.

If we value ourselves, we will protect ourselves from preventable diseases including HIV/AIDS.

4 Tailing the CAT

Objective: To enable introspection through an experience as to how we **blindly** follow customs, behaviours and traditions without understanding them; to discuss the power of listening; to discuss how we can change the way we think.

Material needed: A cloth for blindfolding, a white board or chalkboard or paper. Pen/chalk to draw the picture of a cat.

Group size: 20 to 25

Time: 10 – 15 minutes

Process:

- Place the cloth for blindfolding on the table or arm of a chair close to the board, in full view of the group
- The facilitator draws a cat while narrating a short story, like, 'this pussy- cat was very happy because it got admission into... school. But when it was crossing the road this morning to come to school a bus ran over its tail and the cat is sad because it lost its tail. The facilitator now rubs the tail leaving the picture of a cat without the tail. The facilitator then asks for 6 volunteers to come forward to 'help the cat'.
- He/she then asks the first volunteer to "help the cat by first blindfolding his/her eyes using the cloth provided on his/her own. After blindfolding him/herself, the volunteer is asked to draw the tail. The facilitator encourages the group to clap at the tail drawn and writes the volunteer's name alongside the tail drawn. Place the cloth back on the table.



- Later the facilitator asks the second volunteer to 'draw the tail for the cat'. The invitation extended to the second volunteer is repeated to all others subsequently, turn-by-turn with the facilitator making the following statement clearly, "Who's next. Come draw the tail of the cat and make the cat happy to have his tail back". If the volunteer goes towards blindfolding before tailing the cat, the facilitator needs to keep a blank expression.
- She calls the third volunteer forward and asks her/him to 'draw the tail of the cat'. She gets the group to clap and writes down the name of the drawer each time before repeating the process until all six have drawn the tail. If all the participants have blindfolded themselves before drawing the cat, he/she calls out for one more volunteer from the group 'to come and draw the tail of the cat'. The facilitator encourages the group to help the volunteer by speaking out where to draw the tail.

Note for Facilitator:

Keep a blank expression when they go for the cloth to blindfold themselves. Do not answer their question, if they ask to clarify whether they should blindfold themselves. Just pretend you did not hear the question or distract them.

Points for Discussion:

- The facilitator says, "What did I ask the first volunteer to do? Wait for the group to answer. Then clarify that the first volunteer was asked to 'Blindfold himself or herself and draw the tail of the cat'. Then, what did I ask the second volunteer to do?" Wait for the group to answer. If participants say 'Do the same...blindfold and draw...'. etc., give them the exact words repeated, saying, 'Who's next. Come draw the tail of the cat and make the cat happy to have his tail back'.
- Wait for their thoughts to sink in. Then ask each of the persons who came to why they blindfolded themselves. Discuss the fact that they just followed the first person's action without thinking about the instructions given to them.

Applications:

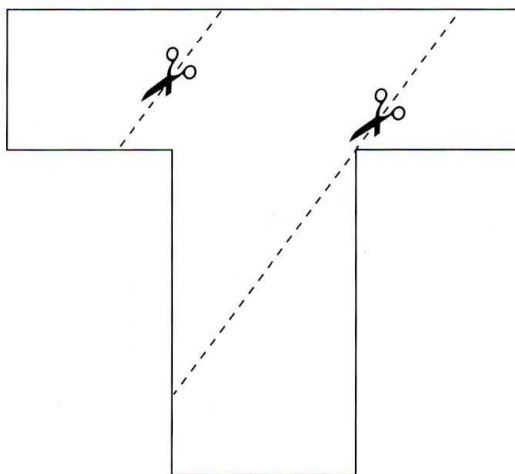
- Discuss whether they follow actions blindly in real life too. How relevant is it to their risk of HIV infection. What kind of similar situations do they face in real life?
- Finally discussions could lead to how to 'un-blindfold' their attitudes, their actions for greater protection from HIV and acceptance of people who are HIV+.

Importance of participating...



Participants at the debate competition

5 The T-Puzzle



Objective: To identify adolescence as a crucial phase in life and its relevance to HIV/AIDS prevention.

Material needed: Draw an outline T to fill an A4 size sheet (10"x5") and cut it into 4 pieces as shown. Jumble the 4 pieces to make one set. Make a set for each participant or one set per group – four pieces of paper cutouts of the T jumbled together for each participant or group.

Group size: 20 to 25. This exercise can be done either in groups or individually.

Time 15 – 20 minutes

Process:

- Give each participant/group one set of the four pieces of T-puzzle and ask them to make it a complete T.
- Let each person/group work this out for themselves.
- When at least five-participants/one group has completed it, get them to help the rest.

Note for Facilitator:

Practise this before trying out. Mark each set with a small-unnoticed sign to help you find out which 4 pieces belong to the same T. During the exercise keep reaffirming that the T has no uneven edges.

Points for Discussion:

Which piece was the trickiest one? (Middle piece) Why? Find out their feelings while trying out the puzzle, while failing {frustration?} and finally succeeding.

Application:

Associate the middle piece with adolescence and how it links up childhood and adulthood. Highlight the need to understand the nature and dynamics of adolescence in order to strengthen adolescent health for HIV/AIDS prevention.

6 The Choice is Yours

Objective: To make the participants understand that there could be a number of possibilities to solve a problem and we should not limit ourselves with usual solutions.

Material needed: The black-board, pen and paper.

Group size: Any number

Time: 3 – 5 minutes

Process:

- The facilitator writes in big size the Roman numeral 'IX', on the board simultaneously saying, "Do you know how to write the Roman numeral for nine?"
- He/she asks the participants if they could change it into six with only one stroke added to it.
- Ask them to write the same in their notebooks and try doing the exercise on their own.
- Find out if someone has solved the puzzle.
- Most of them would not have solved it. If some one has done it, ask the group to appreciate the effort.

Note for facilitator: Add the letter 'S' before the Roman numeral, IX, so that it becomes, SIX.

Points for Discussion:

The purpose of this activity is to make participants realise that most of us follow the usual paths of thinking and acting.

Application

Discuss with students the need to look at the situations differently, from all angles, without falling prey to the thoughts of others. Enable them to strengthen their assertive skills and choose to say 'No' to peer pressure, if they are at risk of HIV/AIDS, instead of following the rat race without thinking. Get them to think of different 'safe' ways to spend their youth focusing on productive activities.

Reaching out to communities



7 The Friendship Band

Objective: To reaffirm that every individual is unique, precious and makes a difference to HIV/AIDS.

Material needed: A Friendship band with the message, "WHO I AM MAKES A DIFFERENCE" designed by INSA-India.

Group size: 15 – 20

Time: 40 – 50 minutes

Process:

- Narrate a story of how the Friendship band was used by a father who told his son that he loved him. This father had not had time with his adolescent son lately and there were frequent tiffs between the two. This friendship band actually helped the son to decide against committing suicide that following night.
- Ask participants to think of one positive quality which makes any of their group mates special and tie the friendship band on to the friend saying why he/she is special. Continue until all have been given praise and a friendship band.

Note for Facilitator:

Ensure that all have a friendship band and that the praise given is not frivolous but said with meaning. Before distributing the friendship bands, encourage an environment of solemnity through having a candle lit around it.

Points for Discussion:

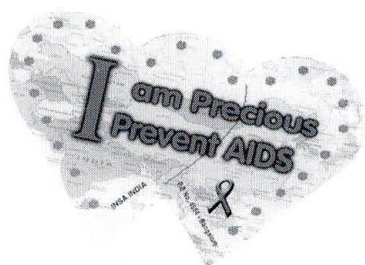
How did each student feel? How does it feel giving and receiving positive reinforcement? What is the role of constructive praise in self esteem building?

Application:

This is an exercise that energises the groups to think that their uniqueness has a purpose and contributes to their life. They have the responsibility to continue to discuss HIV prevention with others and enable a stigma-free environment for those in need. Each one of us CAN make a difference.

The friendship band is a strong builder of emotions, which enables a renewal of purpose towards HIV prevention and a world without discrimination.

Design Stickers and posters with the following messages 'I AM PRECIOUS, I PREVENT AIDS', 'WHEN EVERYTHING SEEMS BLACK, LOOK FOR COLOUR' are also motivators for students and teachers to increase their participation in the programme. Brainstorm for positive messages from students also. Distribution of educational materials motivates participation in the prevention of HIV/AIDS.



8 Ice Breakers

Objective: To build a rapport with students.

Material needed: Paper and pencil.

Group size: varying from 10 till 50 – 60

Time: 5 minutes

Process: Give any one of the words from the left hand column and ask the students to use the alphabets to make different words with meaning, using all the alphabets. They could work in small groups of 3 – 7. Use the next word during the following visit.

Note for Facilitators:

The solution is as follows:

DORMITORY:	=	DIRTY ROOM
EVANGELIST:	=	EVIL'S AGENT
ELEVEN PLUS TWO:	=	TWELVE PLUS ONE
MOTHER-IN-LAW:	=	WOMAN HITLER
A DECIMAL POINT:	=	I'M A DOT IN PLACE
DESPERATION:	=	A ROPE ENDS IT
THE EARTHQUAKES:	=	THAT QUEER SHAKE
THE MORSE CODE:	=	HERE COME DOTS
SLOT MACHINES:	=	CASH LOST IN ME
ANIMOSITY:	=	IS NO AMITY
SNOOZE ALARMS:	=	ALAS! NO MORE Z'S

Points for Discussion:

There are two sides to every situation. Better to weigh the pros and cons of every situation before plunging into action. Debate with students about whether 'being safe is also having fun'. What could be fun and safe?

Applications:

Discuss positive and negative peer pressure and practise with students how to say 'NO' assertively.

9 The Incomplete Story

Purpose: To enable the group to articulate how they would respond to interpersonal situations followed by discussions to consciously view the pros and cons of their response.

Material needed: 3 – 5 copies of The Incomplete Story, 3 – 5 pencils and erasers.

Group size: 15 – 20 persons

Time: 1 hour

Process:

- Divide the participants into groups of 4 or 5.
- Distribute a copy of The Incomplete Story a pencil and an eraser to each group.
- Ask each group to select a leader, who will do the writing.
- Instruct each group to complete the story by filling in the blanks.
- Inform the group that they have 30 minutes to complete the story.
- At the end of half an hour, ask the group to assemble again.
- Get each group to present their story.

Note for Facilitator:

The incomplete story is a good entry tool to undertaking Participatory Student Appraisal. It is a useful tool to begin adolescent health education and HIV/AIDS prevention education. The need for such education is highlighted through taking cues from their stories. This is used in workshops with teachers and Principals also.

Points for Discussion:

(After each group's presentation of 'The Incomplete Story')

- What were the feelings of attraction in the story?
- How do they communicate their feelings of attraction in the story?
- What boundaries do they keep ?
- Are these feelings normal?

Application:

- Is it right for boys and girls to be attracted towards each other? (A short discussion on sexual attraction and the role of hormones in human development.)
- Is it right for young people to leave home without informing their parents where they are going?
- What would their reaction be if they were the parents?
- Why do they think that parents expect certain standards of behaviour from their children?
- Is it fashionable for boys and girls to smoke and drink? Why?
- Does smoking and drinking make them feel grown up and responsible?
- Whose money is being used for such activities? Can the money be put to better use?
- What are the harmful effects of smoking and drinking?
- Ask the group how they would feel and react if it was their own brother or sister who was involved in this story?
- Is it possible to respect each other by being aware that a boy/ girl is someone else's brother/sister?
- Are boys and girls in schools/ colleges old enough to consider a serious relationship? (Ask them to define what they consider to be a serious relationship and its consequences.)

THE INCOMPLETE STORY

The boy's name is..... He is years old. He is studying in The girl's name is She is..... years old and studying at They both are part of the same

During free time,..... {the boy}and his gang hang around the grounds watching {the girl} and her friends. On Sunday there is a picnic to Mahabs. (the boy) desperately wants to ask (the girl) to come with him to the picnic. He wonders how she'd react if he tried, and thinks about ways to convince her to come along with him

At the other end of town (the girl) is also thinking of the picnic hoping that (the boy) is planning to go to the picnic too. Her mind is tormented with the thought that he might go with some other girl. She thinks of ways like in which she could let to him that she'd prefer his company.

As the week goes by, the boy becomes increasingly nervous about the whole thing, he cannot make up his mind about what to do, he wishes that no other boy would ask her to the picnic.

He is also scared that the following things would happen if he asked her..... He considers asking his for advice on how to ask her. He knows that if he asks his father his reaction would be and if he asks his mother, her reaction would be he considers asking his teacher for advice and thinks that her/his reaction would be

Finally, he decides that whatever happens, he would try. He thinks of the following ways to ask her.....

SHE SAYS YES!

The day of the picnic arrives; the friends meet, and get ready to leave. But the girl has still not arrived. The boy thinks that

She arrives later. She would have liked to let her loved ones know where she was going and with who. She considers telling her mother and thinks that her reaction would be or her father whose reaction would be or her teacher who would say "

.....". Finally, she tells During the journey, which was more than 2 hours long, they talk about Sitting next to him makes her feel and makes him feel

Finally when they arrive at Mahabs, their friends notice that they never stop talking to each other. The boys tease him saying

They start crossing the river when he offers her his hand to help her across. When their hands touch he feels

And she feels

Sometime at noon, the boy sees a few of his friends drinking beer and he thinks

He At the same time, she sees some of her friends smoking. She thinks and

After the picnic, on their way home, they talk about.....

The journey back home was

They finally reach her home. No one is on the street when they arrive. At night her thoughts of him are His thoughts of her are

The next day.....

THE END !



10 I, Me and My Body

Objective: To increase our self awareness of the uniqueness and preciousness of each individual.

Material needed: Paper and pen for each student.

Group size: 20 – 30

Time: 15 – 30 minutes

Process:

- Ask students to make three columns in their books
- Get them to name the columns as follows: the left column '**beautiful**', the middle column '**okay**' and the right column '**ugly**'
- Tell them that this is an exercise for evaluating themselves. Encourage them to think and evaluate themselves truthfully without discussing with others. Assure them that what they write will remain private.
- Then call out the parts of the body in a neutral tone as follows and ask them to simultaneously tick mark in one of the columns according to their assessment of that part of the body for them.

- | | |
|-------------------|------------------------------------|
| 1. Head | 14. Fingers |
| 2. Hair | 15. Nails |
| 3. Forehead | 16. Chest for men/breast for women |
| 4. Eyes | 17. Stomach/waist- line |
| 5. Ears | 18. Penis for men/vagina for women |
| 6. Cheeks | 19. Thighs |
| 7. Nose | 20. Buttocks |
| 8. Lips and Mouth | 21. Height |
| 9. Teeth | 22. Legs |
| 10. Neck | 23. Feet |
| 11. Shoulders | 24. Toes |
| 12. Arm | 25. Complexion. |
| 13. Hands | |

- Ask the participants to total how many they have ticked marked in each column.
- Remind them to keep what they have tick marked as private and the need to respect each person in the room.

Note for Facilitators:

- A full length mirror will encourage students to view themselves as others see them. You will find children coming better dressed to school.
- Young peoples' perception of themselves directly affects their self worth and sexuality.

Points for Discussion:

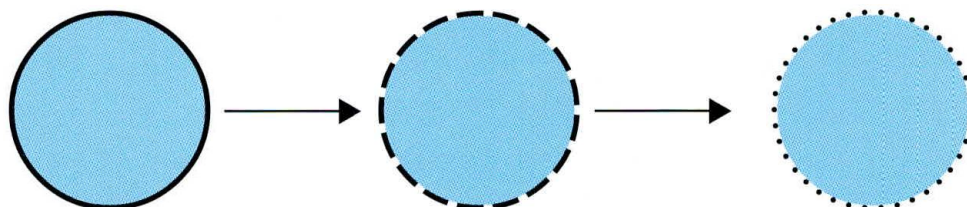
Ask the group who had marked themselves 25 out of 25 in the 'Beautiful' column. Allow for the silence that may prevail. Then ask about 24 out of 25, and continue 23, 22....15...10...5...3...1...0 out of 25 in the 'beautiful' column'.

Begin a debate on what 'beautiful' means to them. Is it the commercial connotation of 'beautiful'? Would it be good if all looked alike ? Mr World? Or Miss Universe??

Discuss how each part of the body is beautiful with examples from Anatomy of different parts of the body... the coordination to perform a function. How each one looks unique.

(Discuss why they thought they were not beautiful. How did negative re-inforcement affect the way they thought of themselves). Draw a complete circle to highlight a whole person. Take the lifecycle to highlight how a whole person feels broken .

For e.g., at birth the feelings of rejection a girl baby may feel:



At 9 months to a year – the experience of getting spanked, when the baby touches his/her genitals in the process of discovering the body. How the genitals are covered or people would say 'Shame'! This small child slowly imbibes that this part of his/her body is not beautiful.

At 3 – 5 years – Ask the students/participants to write their name with their (left) non-writing hand. As they are writing you inform them that you are becoming an elder supervising their school life. And check the participants with comments as follows: 'Hurry up, lazy children! Is this how you write? Look at this alphabet? Is it going to heaven? How many times have I told you to write neatly?' and so on! Writing is an exercise that needs fine muscle coordination.

Even for older people, it is not easy to use non-writing hand for writing. When we expect children to write neatly at a very young age, it further breaks the confidence of the child.

Continue with more examples of how we/community/society breaks the person.

At each life stage, while discussing, keep rubbing part of the circle away.

Application:

Help him/her to see the beauty and goodness within. Encourage them to heal themselves. Let them know it is a slow process. Everything in nature is unique and beautiful. Unless we value ourselves as beautiful, how can we resist negative peer pressure? Being assertive, making safe choices and preventing HIV/AIDS is possible when we value our bodies as unique and beautiful.

**Valuing our bodies is a sustainable step
for promoting
'Individual Responsible Behaviour'.**

11 Self Appreciation

Objective: To enable young people to appreciate themselves.

Material needed: A small bunch of flowers/objects.

Group size: 20 – 25

Time: 30 – 45 minutes

Process:

- Divide the participants into groups of five. Place a flowers/objects in front of each group.
- Invite the group to carefully observe the flower/object for a couple of minutes.
- Ask the group to make a list containing five positive and five negative points about it.

Tip for Facilitators:

Study the cultural values and associations with the object before the selection.

Points for Discussion:

- Facilitate the discussion such that the young people are able to identify similar positive and negative points in themselves.

Application:

- Drawing a parallel between the flower and themselves, enable them to accept their positive and negative points and see themselves as unique and special.
- Living positively with HIV infection is possible without stigma and discrimination if one can see the positives in life.

Students initiative in group work - participatory methods



12 The Healing Process

Objective: To facilitate individual's reflection and assessment of themselves.

Material needed: Pen and individual copies of the following format.

Two of my best qualities are:

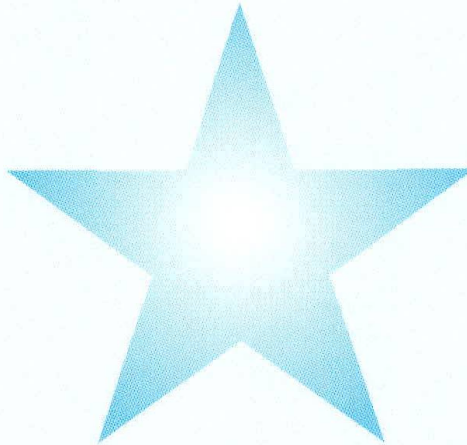
.....
.....

Two characteristics that I do not like about myself:

.....
.....

A decision I made on my own that I feel good about is:

.....
.....



Two of my best talents are:

.....
.....

Two things I like about myself are:

.....
.....

Two things I have done well that I am proud of are:

.....
.....

Group size: 20 – 25

Time: 30 – 45 minutes

Process: During the sessions with the students/children/teachers/parents, try the following exercise. They fill in the blanks in the diagram above. They, then share it in pairs with another person or display it on the wall depending on the psychosocial dynamics of the group.

Note for Facilitators:

This gives an insight for the parents/teachers so that they can steer them to heal themselves. Read up the basics of Transactional Analysis, Johari's Window and Maslow's Hierarchy of Needs for deeper understanding and facilitation. Relate discussions to 'it's okay not to share everything...' Take the session on 'Setting Boundaries' before this exercise.

Discussion Points:

How easy or difficult was it to write the two things against 'I don't like about myself' as compared to the two things again 'I like about myself'? Why? Was it easy to share without feeling embarrassed? Relate discussions to the difficulty of sharing about oneself.

Application:

How can we use these qualities we have for protecting ourselves, our peers, our families and our communities from HIV/AIDS? Can this self-concept help us heal ourselves and others with broken self-images? Prepare action plans related to an HIV/AIDS theme.



13 Me And My Relationships

Objective: To enable young people to analyse their interpersonal relationships.

Material needed: Copy of the Questionnaire and a pen

QUESTIONNAIRE

	YES	NO
1. Do you like people and being with them?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you able to show affection and regard for those you specially like?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you able to appreciate kindness and do you say 'Thank you'?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you easy to please and slow to find fault?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do people come to you and start a conversation?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you like seeing everybody happy and enjoy making people feel at home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you quick to lend a helping hand when people are in trouble ?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you prone to excuse people's fault?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you find it easier to forgive and forget rather than carry on a grudge?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you agree to differ without being disagreeable?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you refrain from making a retort if it would hurt?	<input type="checkbox"/>	<input type="checkbox"/>
12. Can you keep people's confidence?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you enjoy giving presents and nice surprises?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do people often invite you to visit them or to take part in group activities?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do people remark how much they have enjoyed your company?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you go out of your way to help others?	<input type="checkbox"/>	<input type="checkbox"/>
17. If somebody disappoints you do you show your resentment?	<input type="checkbox"/>	<input type="checkbox"/>
18. Can you accommodate to reasonable requests?	<input type="checkbox"/>	<input type="checkbox"/>

Group size: 20 – 30

Time: 30 – 45 minutes

Process: Request the participants to answer 'YES' or 'NO' to the questions before turning to the key at the end.

Note for Facilitators:

The SCORING process:

Count five marks for every 'YES'. 80 and above is excellent; 70 – 80 is good; 60 – 70 is satisfactory; under 60 is unsatisfactory. It is not necessary to share the score with others. If sharing, be sensitive when sharing the score line. It is better not to increase the feeling of competitiveness. You can also use this exercise with students individually for mentoring as friendly advisors.

Points for Discussion:

What helps in building relationships? Take details of this discussion from Interpersonal relations in the Life Skills Chapter.

Applications:

You can try another exercise with the adolescents. Draw a table with three columns, example:

My expectations from you	I show to you	Reasons
Love	Love	I feel nice to be loved and to show it to the person.
Sharing feelings understand me	I don't share	I want to help others but I think no one can

Ask the participants to list down all their expectations from a relationship. Now tell them to write among those what they show to others. Against each expectation let them write 'why'. Facilitate them to compare their expectations with their behaviour and work on it.

Healing self and building healthy inter-personal relationships are a core value for HIV prevention and support programmes. In the long run, liability depends on the concern, sympathy and interest we feel for others. You need to become more aware of people.

14 Identifying Values

Objective: To find out the important values students seek and how to strengthen them.

Material needed: The Sheet on Values, pen and paper.

Group size: 15 – 20

Time: 25 – 30 minutes

Process: Give them a list of values and ask them to select the most important value in their life. Some of the values, which you can focus on, are given below:

I VALUE...

- | | |
|-----------------------|------------------------|
| ♦ Achievement | ♦ Independence |
| ♦ Adventure | ♦ Influencing Others |
| ♦ Affection | ♦ Intellectual Status |
| ♦ Challenging Problem | ♦ Knowledge |
| ♦ Change and Variety | ♦ Meaningful Work |
| ♦ Close Relationships | ♦ Money |
| ♦ Competence | ♦ Personal Development |
| ♦ Co-operation | ♦ Physical Challenge |
| ♦ Effectiveness | ♦ Pleasure |
| ♦ Ethical Practice | ♦ Power |
| ♦ Excitement | ♦ Privacy |
| ♦ Fame | ♦ Recognition |
| ♦ Fast Living | ♦ Religion |
| ♦ Freedom | ♦ Reputation |
| ♦ Fairness | ♦ Responsibility |
| ♦ Friendships | ♦ Security |
| ♦ Family | ♦ Self Respect |
| ♦ Growth | ♦ Stability |
| ♦ Gratitude | ♦ Truth |
| ♦ Helping Society | ♦ Trust |
| ♦ Honesty, Humility | ♦ Wealth |
| ♦ Honour | ♦ Wisdom |

Note for Facilitators:

Caution must be taken not to underestimate other people's values by giving more weightage to your personal values. Consider all values equally. Discuss materialistic and spiritual values.

Points for Discussion:

Ask them to answer the following questions considering the final value they have selected.

1. For the value you have selected, write three statements that describe how a person with this value acts.
 - A.
 - B.
 - C.
2. How would your life be different if you practice this value?
 - A.
 - B.
 - C.
3. By selecting this value, what are you saying that you expect from yourself, even in the worst of times?
 - A.
 - B.
 - C.

Discuss with them why they selected that particular value as important in their life. Give the option to share their views about a particular value and how could they work towards it. This will help the group to start identifying with their values, which in turn, can help them achieve their goals in life.

Application:

Discuss how this would help them make decisions for preventing HIV infection. Discuss the links between values and actions. Make a poster / script a play / script a song on your value and on using it for HIV prevention.

15 Improving Self

Objective: To find out where you need to improve yourself and start working on those areas from the spiritual dimension.

Material needed: Sheet on Improving Self, pen/pencil, eraser.

Group size: 15 - 20

Time: 1 hour

Process: Ask the group to answer the following questions honestly, by marking true or false, according to their opinion.

S.No	Statements	True	False
1.	I trust everyone whomever I am associated with.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I don't trust anyone easily.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I have the power to make decisions for myself.	<input type="checkbox"/>	<input type="checkbox"/>
4.	I want to be independent.	<input type="checkbox"/>	<input type="checkbox"/>
5.	I believe that I have the spirit of power, love and self-discipline.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Quite often, I don't find anything important to do.	<input type="checkbox"/>	<input type="checkbox"/>
7.	I am confident in my ability to complete tasks successfully.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Even when I fail, I do not doubt my basic ability.	<input type="checkbox"/>	<input type="checkbox"/>
9.	I give my true self to a larger cause.	<input type="checkbox"/>	<input type="checkbox"/>
10.	I am very optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>
11.	I rarely feel that I would like to be somebody else.	<input type="checkbox"/>	<input type="checkbox"/>

Note for Facilitators:

Given below are the four essential values for healthy adolescent development and HIV prevention and how they are developed – a view from the spiritual dimension.

TRUST

It is a sense of acceptance and belonging, which yields openness in relationships and hope for the future. It is not surprising that when one observes the actions of youth at risk, it is this most basic need that has often been neglected. *If you find anyone from the group who has answered the first two questions as false and true, try to explore the reasons for not having trust on anyone, and to explain with examples from real life.*

POWER

Power is the ability that decides and shapes the course of events upon which one's life and happiness depends. This struggle of power and independence is what adolescence is all about. Giving them the power of choice in as many areas as possible is crucial. For example: Recently one of our students came to us with a dilemma about a particular girl he was in love with and wanted us to help him in making decision. We told him, "We have seen you making very wise decisions, and the fact that you're even wanting to talk with us about this itself shows that you really want to do the right thing. We know you'll make the right decision here too." It has been said that the adolescent needs to hear seven positive things for every one negative thing if they are to develop healthily. *If anyone answered the third and fourth questions as false, we should prepare them for making choices in life that would enhance the process of decision-making.*

PURPOSE

Motivation to act is derived from the conviction of truth. It is to give them a reason – a reason for living, being and moving in the right direction. In a survey on students' problems, the top response was the feeling of loneliness and having nothing to do. So, as educators we have to help them find out their purpose in life. For that we need to develop faith in them, which simultaneously develops a purpose in their life. *If anyone in the group has answered the question number six as true, focus on them.*

MASTERY

Confidence is one's ability to complete tasks successfully. Mastery is akin to a sense of self-esteem, self-value and self-confidence. Youth at risk have experienced so much failure that they no longer believe they can succeed at anything. Through successful completion of even small tasks, a person acquires an inner sense of competence – a confidence in his/her ability to solve problems. *If any one in the group answers false for question numbers seven and eight, it means that their confidence level is low and they need to work on it. You can start encouraging them by giving different tasks, which they can do, and praise them, saying that they have done an excellent job. This will help them increase their confidence level and self-esteem.*

Points for Discussion:

Based on the facilitation analysis, begin a mentoring process as a friendly advisor.

Get students to prepare a checklist of one or two areas they decide to work on and a commitment sheet on when they will start doing it from.

Application:

How does the checklist relate to life skills development {self awareness; problem solving} and what links it to HIV prevention? Use the clubs within the schools for this activity.

16 The Human Knot

Objective: To explain how the links, relationships between getting HIV infection and the complexities in preventing HIV infection.

Material needed: None

Group size: 15 to 50

Process:

- Ask the group for 2-3 volunteers. Send them out of the room.
- To the others within the room: ask them to make a human knot.
- Ask all the students to first hold their hands. Tell them the importance of not leaving hands while knotting themselves.
- The knots is made by some of the students taking their links with them climbing over or/and under other students' hands.
- Remind them to remember how they went over or/and under without leaving the hands of the persons they are holding. When the group looks absolutely muddled, get them to stay close to each other.
- Tell them that you are going to call the volunteers in to un-knot them, but it is not necessary for them to listen to the volunteers.
- You could also encourage them to sing the song "Hum Hongey Kaamyaab..." or "We shall overcome..." in the different languages they know.
- Call the volunteers into the room. Tell the volunteers that they are teachers/parents/counselors who have been called to solve the students' problems. The students are in problems as shown by the knot they are in. Solving the problem would mean untying the knot without disengaging their hands. They would become a circle with hands joined if the problem is completely solved. Give the volunteers a time limit {2 minutes} since they are busy people with a lot of priorities.

Note for Facilitators:

Ensure the physical safety of the group. Keep calling out the time left to solve their problems. At the end of 2 minutes the volunteers would not have untied the knot.

Then ask the students in the knot to come out of the knot without leaving their hands.

Points for Discussion:

What were the volunteers' feelings while trying to untie the knot? What were the students feeling while in the knot? Does this happen in real life? Do we expect others to solve our problems? Who understands the problems better than outsiders? Can outsiders solve the problem without them working on it? Link with problem solving in the Life Skills chapter.

What are the links and relationships within students, communities? Can we understand the history, the relationships, the conflicts, etc., that go on in a community deeply so that we can plan and implement intervention programmes for HIV prevention and support? Highlight the need for eliciting student/community participation in programmes here.

Application:

This game can be used for undertaking participatory student/community appraisal before programme planning.

It can be played to emphasise the need for student/community participation with peer groups/self-help groups etc., for helping them to understand the links and the relationships which binds them.

Discuss the Child Rights Principle of Participation along with this game.

17 Robot Game

Objective: To highlight the essential components for effective communication. To discuss team building for HIV/AIDS prevention and support programmes.

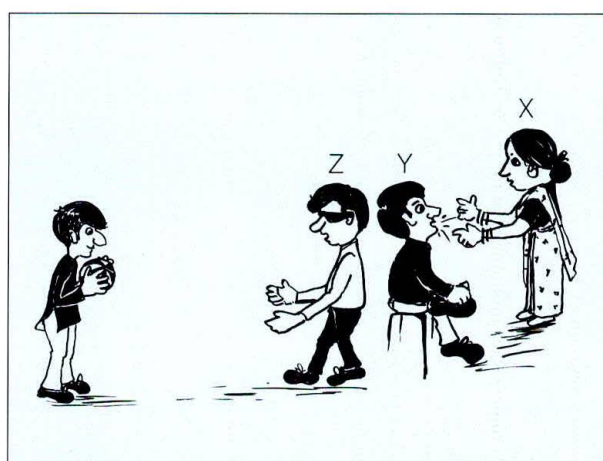
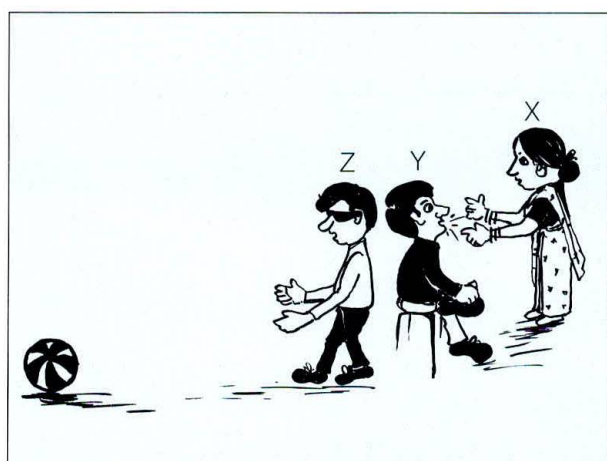
Material needed: Outdoor/indoor safe space, 3 – 5 chairs, 3 – 5 cloth for blindfolding 3 – 5 people, a ball.

Group size: 10 – 16

Time: 30 – 45 minutes

Process:

- Ask for one volunteer to stay out of the game.
- Divide the rest of the group into threes. In each group each member will take on the role of X, Y or Z.
- The winning group is one who finds the ball placed in an undisclosed place close by.
- X will stand facing the chair; Y will sit on the chair, and Z will be blindfolded and stand with her/his back to the chair as shown in the picture.
- The role of each person is as follows:
 - X is the person who can see where the ball is placed and can send signals to Y using non-verbal gestures, but CANNOT speak.
 - Y is the person who can speak and give directions of where the ball is according to signals received from X, but CANNOT look back.
 - Z is the blindfolded person, who follows the directions spoken aloud by Y.
- Ask the groups to make their plans for how they will communicate.
- When they are ready, a member of another team blindfolds Z properly,
- Then get the volunteer to place the ball in a place close by **on the ground**. Blow the whistle or indicate that the game has begun.
- Once Z has succeeded in finding the ball, give that group a point and ask the groups to discuss their strategy and rework, if needed. Repeat the game twice/thrice after placing the ball on the ground.
- In the final round, ask the volunteer to hold the ball in his/her hand at arms length in a place of choice close by.
- The game is over when Z has finally succeeded in finding the ball.



Note for Facilitators:

The ball is the goal to be reached.

X does the gestures and Y and Z persons are totally dependent on the first person's communication. If there is a gap between X and Y the message will not reach Z who is the person responsible at field level. He/she goes on searching. As long as the ball is on the floor (first and second time) plans are made assuming that the ball will always be on the floor. That is why there will be difficulty the third time when the ball is not on the floor but it is being held above the floor.

Points for Discussion:

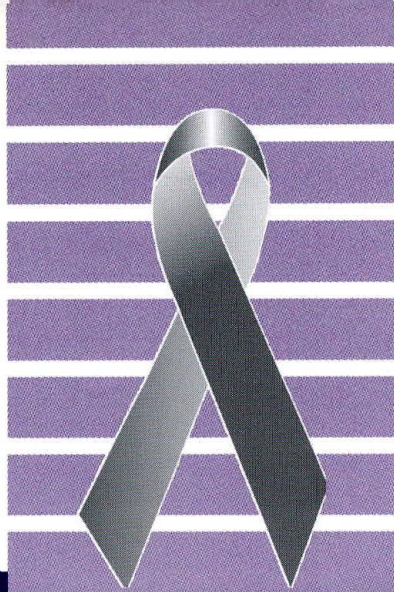
What happened? What happened the first time? Where was the communication gap for the groups that did not win the point? What happened in the second round? What happened in the last round? Was the planning before sufficient? Why did we assume that the ball will always remain on the ground? How can we remedy these situations and gaps? What is needed for effective communication (Link to communication in the Life Skills Chapter). What were our feelings during and after?

Application:

How can we apply this game's experiences into building good teams? Are we sometimes blind even though we can see? Are we sometimes deaf even though we can hear? Are we sometimes dumb even though we can speak? Give real life situations of these questions. How can we prepare plans for communicating effectively and for building teams for HIV prevention and support programmes? Work out what is needed in those programmes.

CONCLUSION NOTE

All the games cited in this chapter are experiential learning games, which we have found extremely useful in our work. Their applications are many. Only a few are discussed. We encourage you to apply them according to your situations, the cultural beliefs of the people and the psychosocial ethos of the communities you work in. Practise these games with your team first before you use them on other groups.



Bibliography

This book comes from experiences we have learnt from varied forums, groups, the Net, other publications, conferences and workshops, which have helped us along the way. Believing that it is important to acknowledge the work of others, we thank **everyone**, who contributed to this book directly and indirectly since some of the matter in this book is available so widely that their original source has long been lost. We are grateful to acknowledge adapting our approaches from the following:

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