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Adolescence Education in Schools

Part - I

GENERAL FRAMEWORK OF ADOLESCENCE EDUCATION

NATIONAL POPULATION EDUCATION PROJECT
DEPARTMENT OF EDUCATION IN SOCIAL SCIENCES AND HUMANITIES
NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING
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ABOUT THE PACKAGE

This package, *Adolescence Education in Schools : A Package of Basic Materials*, is the outcome of efforts made as a followup of the recommendations of the **National Seminar on Adolescence Education** organised by the National Council of Educational Research and Training (NCERT), New Delhi in April, 1993. The main purpose of developing this material is to promote the process of introduction of adolescence education in the school curriculum. The package consists of the following five parts:-

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| Part I | : | General Framework of Adolescence Education |
| Part II | : | Adolescence Education : Its Knowledge Base |
| Part III | : | Adolescence : Questions and Answers |
| Part IV | : | Students' Activities |
| Part V | : | Adolescence Education and Parents |

Part I delineates the theoretical framework of Adolescence Education and contains the details of the **Scheme of Content** with suggested modalities to integrate the contents into the existing syllabi and textbooks of various school stages and courses of pre-service and in-service teacher education. Part II is devoted to explaining the main contents of Adolescence Education. It deals with facts, ideas and views in respect of adolescent reproductive health, focusing on physical, psychological and social developments during the process of growing up, the changing inter-personal relationships of adolescents and the critical issues of gender roles. It also provides specific treatment to HIV/AIDS and Drug abuse. In Part III, an attempt has been made to provide answers to some important questions that arise in the minds of adolescents more often than not. Part IV delineates various aspects of the process of conducting important students' activities. Nine activities have been identified. Part V contains

material which can be used in advocacy programmes for various target groups, though this material is addressed particularly to parents.

The present Package draws heavily upon the materials developed and published by various national and international organisations, the Package on Adolescence Education, published under Population Education Programme Service by the UNESCO Principal Regional Office for Asia and the Pacific, Bangkok being its mainstay. The portions of this Package dealing with HIV/AIDS have been repackaged from AIDS Education in Schools : A Training Package, published jointly by NCERT and National AIDS Control Organisation (NACO), New Delhi. However, the materials drawn from different sources have been adapted and reformulated to suit the requirements of the cultural ethos of Indian society. The first draft of the Package was thoroughly reviewed in three Regional Seminars on Adolescence Education.

Dr. Jawaharlal Pandey, Project Coordinator, NPEP, Dr. (Ms.) Saroj B. Yadav, Reader and Dr. (Ms.) Kanan K. Sadhu, Senior Lecturer prepared the first draft and finalized the Package in its present form on the basis of the recommendations and comments made in the Regional Seminars. Mr. D. P. Jain, Lecturer (S.G.) contributed significantly to the preparation and finalisation of Part V of this Package.

It is hoped that the Package will be a useful and effective in facilitating the introduction of adolescence education in the school curriculum. Any material of this nature pertaining to a sensitive area like adolescence education requires continuous efforts towards its revision and improvement. Suggestions and comments on the Package will be greatly appreciated.

INTRODUCTION

Adolescence Education is a new educational area, emerging in response to the pressing demands for introducing in the school curriculum the elements relating to critical problems that confront adolescents during the process of growing up. The period of adolescence, usually characterized by the youthful exuberance as its most endearing hallmark, is a distinct phase of dramatic physical, emotional and behavioural changes. The suddenness of these changes coupled with the non-availability of authentic sources to know, understand and appreciate them, results in anxieties and causes confusion and unrest among adolescents. It has, therefore, been advocated since long that education in these concerns should be imparted in schools. The demand has gained momentum in view of the growing problems relating to the sexual behaviour of adolescents and the arrival of the AIDS pandemic has added the element of urgency to this need. Moreover, the growing incidence of drug abuse among adolescents has also generated demands to incorporate necessary elements in the school curriculum. Viewing these issues in a broader perspective, the Programme of Action adopted at the International Conference on Population and Development, 1994 exhorts all countries to protect and promote the right of adolescents to reproductive health information.

What is Adolescence

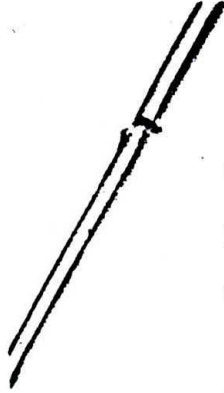
The concept of adolescence is relatively new. It made its first appearance in the United States at the turn of the present century, though for many thousands of years the society has been aware of certain adolescent phenomena and variations in human behaviour with age. Aristotle is usually cited as the first source of detailed records of adolescent development, but his characterization of the youth was only that of a phase in a tripartite age continuum - childhood, youth and old age. Adolescence, the process of growing up from childhood into adulthood, came to be recognized as a distinct phase of life-span only in the present century. It is a crucial period of development in a multipartite, and not in a tripartite age continuum - Infancy, Childhood, Adolescence, Adulthood and Old age.

Adolescence is a period of development from onset of puberty to maturity. Although majority of the Development Psychologists consider a person to be an adolescent from about 13 to 18 years of age, the period is not associated with the precise number of years. Age alone is not sufficient to determine membership in adolescent group. The adolescence begins with a period of rapid physical and specially sexual development called puberty. The physical growth and changes in physiological processes arise from the hormonal changes producing reproductive maturation and resultant sudden increase in the activity of certain glands. Although these changes are highly correlated with sexual development (development of primary and secondary sexual characteristics), many physical structures and metabolic processes, not directly classifiable as sexual, affect reproductive maturity. Puberty ends when an adolescent reaches reproductive maturity.

Another significant aspect of adolescence is related to the psychological development which coincides with physical development. An adolescent displays a tendency to be independent like an adult, rather than remaining dependent like a child. Besides being a phase of physical maturity adolescence is a period of progress towards mental, intellectual and emotional maturity and increasing self-direction. Both physical and psychological developments and the resultant behavioural changes among adolescents are substantially influenced by their respective socio-cultural milieu. But since they do not have proper understanding of these changes and the relevance of the socio-cultural influences, they start distancing themselves from the adult world. In societies where adolescence is prolonged, the adolescents tend to form subcultures that serve to support their strivings for independence. These subcultures gradually effect changes in the existing culture of the society.

Problems of Adolescents

Adolescence is a highly dynamic period of physical, psychological and social changes in individuals. It is a critical period during which important personality reorganizations occur. The suddenness and the rapid pace with which these changes take place, generate a number of problems and special needs which adolescents find it difficult



to understand on their own. Most of them become intensely concerned about their physical appearance and increasingly self-conscious; and anything that makes them different from others generally upsets them.

The problems emanating from these developments have more serious implications such as sudden development of their interest in members of the opposite sex, their tendency to become deeply involved with the peer group and to distance themselves from parents and other members of the family, their efforts to establish a sense of personal identity and to assert their independence.

These problems are, however, compounded and complicated by environmental factors. Generally, a problem that appears unimportant to an adult may seem overwhelming to an adolescent. The adult world considers that adolescents adjust to the changes that occur in them under the impact of prevailing socio-cultural norms. But adolescents, on the other hand, suddenly encounter new ideas, new concepts, new values, as well as the relatively sudden responsibility for self-determination and self-sufficiency. This process forces a whole array of adjustments upon comparatively inexperienced young person and generates apprehensiveness and anxiety. In the absence of any adult intervention for making them understand and appreciate the problems and issues concerned with their physical, emotional, social and intellectual maturity, their strive for independence and emancipation from home control and their eagerness to redefine the general principles of conduct valued by the adult culture, they turn towards the peer group. In this process they may feel forced to adopt the group's values. Adolescents are so vulnerable to group pressure that many of them feel pushed into courses of action without having a chance to fully think of the consequences. They are found experimenting with drugs for various reasons including peer group pressure.

One of the most striking developmental changes that take place during adolescence, is the reorientation of adolescents towards the opposite sex. The development of heterosexual interests among them generates a number of problems. Since interactions between sexes occur in a social context and subject to social controls of varying degree, adolescents find it difficult to adjust to these developments. They seem confused in discerning the subtle difference between infatuation and love and tend to mix

up sex with love. The situation, in which they are propelled by the biological process of growth and development as well as the socio-cultural environment, generates a number of problems and needs, about which adolescents are least informed.

ICPD 1994 on Reproductive Health Needs of Adolescents

The Programme of Action (POA) adopted by the International Conference on Population and Development (ICPD), 1994 has viewed the problems and needs of adolescents as an integral part of Population Agenda. It has taken note of the continuing neglect of the health needs, and particularly the reproductive health needs of adolescents as a group, although they constitute more than half of the world population at present. It defines reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes."

In view of the above, the POA (ICPD, 1994) identifies certain specific needs of adolescents and recommends that they should be adequately informed about reproductive health so that they attain a level of maturity required to make responsible decisions. Adolescents confront a number of problems during their process of growing up. They do not always understand their physical and emotional development, particularly as they become aware of their sexuality. Many young people have a longer interval between the onset of sexual maturity and marriage, which increases the likelihood of their being engaged in premarital sexual relations. Traditional customs and family ties that have discouraged pre-marital sex are being undermined by some specific aspects of social development, such as migration to cities, increasing exposure to sex and violence through media. In countries with poor educational and economic opportunities, adolescents face pressures to engage in sexual activity which places them at increased risk of abusive, exploitative and unsafe sexual encounters.

Adolescents lack proper knowledge which can prevent them from unwanted pregnancies, sexually transmitted diseases including HIV/AIDS. The practice of early marriage leads them to motherhood at a very young age, which entails high risk of maternal mortality and high level of morbidity and mortality for their children. Early

marriage and early motherhood continues to be an impediment to improvement in educational, economic and social status of women in all parts of the world.

Countries, with the support of the international community, therefore, should protect and promote the rights of adolescents to reproductive health education and counselling in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, family life, sexually transmitted diseases, HIV infection and AIDS prevention. Such educational programmes should make conscious effort to strengthen positive social and cultural values. Adolescents need to be educated, so that they learn to respect female's self-determination and to share responsibilities with women in matters of sexuality and reproduction. They should be encouraged to appreciate that every person has dignity and self-worth and hence sexual relationship should never be coercive and exploitative.

Need For Adolescence Education

It is in this context that the need for educational response at the school stage is strongly felt to provide scientific knowledge to adolescents about various aspects of the process of growing up in particular reference to the reproductive health needs and enable them to cope with the problems during this transitional phase. This need is particularly felt in India, because the school curriculum has not been able so far to incorporate several elements of reproductive health such as sexual development during adolescence, HIV/AIDS and drug abuse, which are closely interrelated concerns having decisive bearing on their reproductive health. The education in these elements cannot be complete by giving biological information alone. There is a need to make educational efforts primarily aimed at influencing attitudes, behaviours and value orientation.

Moreover, a number of studies lend support to the fact that adolescents desire and seek authentic knowledge on sex-related matters. But sex being a taboo in our society like many others, there has been absence of any authentic source to get accurate knowledge about it. This creates anxieties and confusion among adolescents who fall prey to prevailing myths and misconceptions that are carried over to their adulthood, creating problems with serious implications for family and marital relationships.

Because of the expansion of educational opportunities the number of boys and girls getting education is increasing. It has contributed to the rise of average age at marriage. On the other hand, because of improvements in nutrition and health care the age of the onset of puberty is advancing. As a consequence, now young people have a longer interval between the onset of sexual maturity and marriage, increasing the possibility of their engaging in pre-marital sexual relations. Studies conducted in different cultural settings have found growing incidence of pre-marital sexual relations among adolescents.

A number of media reports almost at regular intervals highlight the growing pace of sex crimes in India, particularly the problems of sexual exploitation of young girls and even girl children in and around their household. These situations demand urgent educational intervention so that young children inculcate proper attitude towards sex and develop respect for the opposite sex.

The impact of traditional value system that used to influence sex related behaviour of individuals has been waning because of a number of new trends of social development such as migration to cities, urbanization and changes in life styles. The exposure of youth and children through the crude display of sex by the media has been eroding the influence of the cultural prop. There is a need to reinforce those social and cultural values that militate against premarital and extra-marital sexual relations and promote responsible sexual behaviour and respect for the opposite sex.

The scourge of AIDS pandemic has added urgency to the need to introduce adolescence education in schools. Although, HIV, the virus responsible for AIDS can be transmitted through blood and blood products and from mother to her child, the principal mode of transmission in India as elsewhere, is through sexual relations. The sharing of syringes and needles by drug addicts is also an important cause of HIV transmission. Since there is no vaccine for immunization against HIV and no cure for AIDS is available or will be available in near future, preventive education is the only means to promote behavioural prevention.

The need to incorporate elements of adolescent reproductive health in the school curriculum has been felt for quite some time by those who have been actively involved in

the task of institutionalizing population education in the school education system. Although the general framework of population education has been focusing on the need for integration of elements relating to responsible parenthood, delayed marriage and problems of adolescents in the school curriculum, these are yet to be adequately reflected in the school syllabi and textbooks. It is considered necessary to impart education in sex-related matters to students in order to influence their future fertility behaviour. The lifetime pattern of fertility is most likely to be established during adolescence.

There has been significant change in the attitude of the members of society, particularly, parents and teachers towards introduction of adolescence education, especially those on sex related matters in schools. Earlier, though students desired to have education in sex-related matters, parents and teachers had great apprehension and inhibition. But now several studies conducted in different States have come out with the finding that parents and teachers overwhelmingly favour the introduction of adolescence education in schools.

CONCEPTUALIZATION OF ADOLESCENCE EDUCATION

Although there has been mounting pressure on school education system for the introduction of sex related matters in the curriculum, there is a lot of variation in the conceptualization of this educational area. Different concepts like sex education, sexuality education, family life education, reproductive health education and puberty education have been used to describe the nature of this educational area. And even these concepts have been defined differently.

In this backdrop when the National Council of Educational Research and Training (NCERT) decided to organize a National Seminar in 1993 to discuss various implications of the introduction of sex education in school curriculum, it used the concept of adolescence education. The term adolescence education was used for the first time by UNESCO (PROAP), Bangkok as the title of a package on sex education. However, NCERT used this term not only as a euphemism for sex education with a view to enhancing its acceptability but also to broaden its scope to incorporate the critical concerns of adolescent reproductive health. It was thought that imparting of education in

sex related matters would be more effective, if it was done along with a consideration of other related critical concerns of adolescents reproductive health.

The National Seminar on Adolescence Education held in April 1993 endorsed this approach and unanimously recommended the introduction of "suitable components of adolescence education in the curricula at all stages of schooling". Besides outlining the broad components of adolescence education, the Seminar made a number of recommendations regarding the steps to be taken at different levels to ensure effective introduction of this educational concern in the content and process of school education.

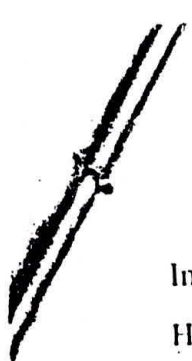
As a follow-up of the recommendations of the National Seminar, the development of a General Framework of Adolescence Education has focused on the following three requirements:

- i. Conceptualizing adolescent reproductive health as adolescence education and defining it in the specific context of Indian socio-cultural ethos;
- ii. Preparing the scheme of contents suitable to provide adequate coverage to the critical concerns of adolescents and to ensure its correspondence with the nature of the existing school syllabi; and
- iii. Identifying curriculum transaction strategies suited to the specific needs of this new curricular area.

Definition of Adolescence Education

At attempt to define adolescence education and delimit its scope requires consideration of the following basic issues:

Since the concept of adolescence education has come up as an educational response to the needs of adolescent reproductive health, a spontaneous tendency would be to provide comprehensive coverage to all aspects of adolescent life in its definition. But the present school curriculum already incorporates most of the issues and problems of adolescent world. And hence, a broad and all inclusive definition may result in unnecessary duplication of educational efforts. While defining adolescence education, therefore, it is logical to focus on only those aspects of adolescent life, which are very critical to reproductive health, and are not incorporated in the existing school curriculum.



In this context, three major interrelated areas of concern – the process of growing up, HIV/AIDS and drug abuse – may be identified as critical areas.

It is also crucial to consider the kinds of objectives that need to be reflected in the definition of adolescence education. The basic purpose of imparting education in the adolescent reproductive health is to influence their attitude and behaviour. Since the major areas of concern of reproductive health are culture and region bound, ideally adolescence education should aim at different sets of objectives for different cultural settings. But the school curriculum in India may not afford to absorb an educational intervention with multi-contextual objectives. The definition of adolescence education, therefore, should reflect a broad and higher level objective, in which varied specific objectives may be subsumed.

Since adolescence education is concerned with educational activities focused on the intimate behaviour of adolescents, it needs to be defined in the specific context of the socio-cultural milieu of its target group. In order to define adolescence education, therefore, it is desirable to adopt a basic assumption reflecting the needs of adolescents in the context of the significant tenets of Indian socio-cultural ethos, which would naturally be different from that of many other societies. In some societies, it is assumed that "since adolescents invariably enter into hetero-sexual and homo-sexual relationships and there is growing incidence of pre-marital pregnancies, un-wed mothers and adolescent sex crimes, the adolescents should be imparted knowledge about sex and sexuality, so that they can practice safe sex and develop assertive skills to say 'No' to sex."

A definition of adolescence education based on the above mentioned basic assumption, however, may not be in commensurate with the broader Indian socio-cultural milieu, though it may be relevant in some of the very specific cultural settings of the country. Adolescence education in India, therefore, may be conceptualized on the basis of the following basic assumption:

ADOLESCENTS CONFRONT A NUMBER OF PROBLEMS BECAUSE OF THE LACK OF AUTHENTIC KNOWLEDGE REGARDING THEIR PROCESS OF GROWING UP, PARTICULARLY, THE ISSUES RELATING TO REPRODUCTIVE HEALTH. IT IS, THEREFORE, NECESSARY TO PROVIDE THEM WITH AUTHENTIC KNOWLEDGE OF THEIR CRITICAL CONCERNS WITH A VIEW TO INCULCATING IN THEM RATIONAL ATTITUDE AND RESPONSIBLE BEHAVIOUR TOWARDS ISSUES AND PROBLEMS OF ADOLESCENCE.

“Adolescence education thus may be defined as an educational endeavour to provide learners with accurate and adequate knowledge about adolescent reproductive health with a focus on the process of growing up during adolescence, in its biological, psychological, socio-cultural and moral dimensions. It aims at inculcating in them rational attitude towards sex, phenomena of HIV/AIDS and drug abuse, so that they develop respect for the opposite sex and responsible behaviour towards sex and drugs.”

General Objectives of Adolescence Education

In view of the above, the general objectives of adolescence education may be as follows:

- TO PROVIDE AUTHENTIC INFORMATION AND TO DEVELOP AMONG STUDENTS PROPER UNDERSTANDING OF THE PROCESS OF GROWING UP;
- TO PROMOTE AMONG THEM HEALTHY ATTITUDE TOWARDS SEX AND RESPONSIBLE BEHAVIOUR TOWARDS THE OPPOSITE SEX IN CONSONANCE WITH THE POSITIVE INDIAN SOCIO-CULTURAL VALUES ;

- TO MAKE THEM AWARE OF THE PHYSIOLOGICAL, PSYCHOLOGICAL, SOCIO-CULTURAL AND INTER-PERSONAL ISSUES RELATING TO REPRODUCTIVE HEALTH;
- TO HELP THEM UNDERSTAND THE IMPLICATIONS OF AIDS AND CAUSES AND CONSEQUENCES OF HIV INFECTION AS WELL AS THE WAYS AND MEANS TO PREVENT HIV INFECTION; AND
- TO MAKE THEM AWARE OF THE FACTORS LEADING TO DRUG ABUSE, ITS CONSEQUENCES AND WAYS OF PREVENTING DRUG ABUSE; AND TO DEVELOP IN THEM APPROPRIATE ATTITUDE TOWARDS DRUG ABUSE AS WELL AS THE SKILLS TO SAY 'NO' TO DRUGS.

Scheme of Contents

The Scheme of Contents of Adolescence Education has been developed on the basis of the following considerations:

- i. The selection of contents should be focused on the critical concerns of adolescent reproductive health that are not covered under the existing syllabi and different stages at school education;
- ii. The contents to be identified and selected should emanate from the specific needs of adolescents of various cultural settings and in consonance with the positive Indian socio-cultural values; and
- iii. The nature of the scheme of contents should be in tune with the existing school syllabi.

In view of the above, a broad Scheme of Contents has been prepared. It delineates stage-wise specific objectives, content outlines and subject courses, in which these contents may be integrated. Since all contents of adolescence education may not be adequately covered by the existing subject syllabi, the Scheme of Contents also suggests certain students activities. The Scheme of Contents given at Appendix 'A' has been developed under three major components as follows:

- i. **Process of Growing Up :** This component contains critical issues relating to the process of growth of child into adulthood such as physical and social aspects of growth including male body clock, female body clock, social and moral aspects, self-concept, self-esteem, and other reproductive health related issues such as sexually transmitted diseases.
- ii. **AIDS :** The component of AIDS includes contents relating to causes and consequences of HIV/AIDS, preventive measures, and individual and social responsibilities towards persons having HIV/AIDS.
- iii. **Drug Abuse :** This component covers situations in which adolescents fall prey to drugs; consequences of drug abuse, preventive measures, treatment, rehabilitation of drug addicts and individual and social responsibilities.

STRATEGIES AND METHODS OF CURRICULUM TRANSACTION

The strategies to be adopted for institutionalization of adolescence education in the school education system, may focus on the following significant characteristics of this educational area:

- i. Adolescence Education has emerged in response to the pressing demands primarily emanating from outside the education system and not from within.
- ii. It deals with contents that are very sensitive in nature and there is an in-built resistance in the system in respect of its introduction in schools.
- iii. This educational area focuses on problems confronted by adolescents who have been traditionally treated as homogeneous group which they are not. The variation in their age range and their socio-cultural settings are enough to indicate their heterogeneous nature.
- iv. Adolescence education is primarily aimed at influencing the affective domain of the learners, though it may be initiated by imparting knowledge relating to various issues.
- v. Although there is an increasing realization of the urgency to introduce adolescence education in schools on the part of teachers, the age-old inhibitions would require persistent efforts to be eliminated.

In view of the above, the following strategies merit consideration:

- i. **Awareness Building :** It has been experienced over a period of time that in most cases the resistance to the introduction of elements of adolescence education in school curriculum has been in the absence of proper appreciation of the problem. Once various aspects of this educational area are discussed, there develops an appreciation of the urgent need to introduce it in schools. It is, therefore, desirable to conduct awareness building activities. There is a need to have interaction with curriculum developers, policy framers, opinion leaders drawn from national to panchayat levels, teacher educators, teachers, parents and students. Suitable strategies such as mass media may be evolved and adopted in this regard. Interacting in seminars at regional, state and lower levels may be one such functional strategies.
- ii. **Integration in the School Curriculum :** In order to facilitate effective integration of elements of adolescence education in the content and process of school education, it is necessary that the conceptual framework of adolescence education reflects the needs and requirements of adolescents of different cultural settings. The nature of the existing school curriculum will also be a determining factor. In this context the following strategies may be useful:
 - a. Conducting Needs Identification Studies of the problem of adolescents belonging to different cultural settings;
 - b. Preparation of conceptual framework of adolescence education on the basis of a status study to be conducted for identification of suitable entry points in the existing curriculum;
 - c. Integration in the National Curriculum Frameworks of Elementary, Secondary and Higher Secondary Stages prepared by NCERT;
 - d. Preparation of materials on adolescence education for different target groups;
 - e. Integration of elements of adolescence education in the courses of pre-service and in-service teacher education;

- f. Intensive orientation of curriculum framers, textbook writers, teacher educators and teachers, parents, and educational administrators; and
- g. Promotion of students' activities even before the elements are integrated in schools syllabi and textbooks.

Teaching Methods

The traditional teaching methods may not be effective for teaching elements of adolescence education, primarily because of the sensitive nature of its contents. Moreover, the objectives of adolescence education focus on the affective domain of the learners. Therefore, non-conventional methods like the following may be adopted:

- i. Values clarification
- ii. Enquiry method
- iii. Other interactive method
- iv. Emphasis on students' activities
- v. Counselling of adolescents
- vi. Increased use of audio-visual/print material

Evaluation

Evaluation is an integral part of the entire process of institutionalization of adolescence education. All the aspects of evaluation - context evaluation, process evaluation, product evaluation - are significant. The context evaluation may be conducted for identifying needs and requirements of adolescents in different cultural settings and content analysing existing syllabi to identify gaps as well as suitable entry points for integration of the elements of adolescence education. Evaluation may also be made an integral part of material development, training, teaching and organizing various educational activities. Impact studies, though difficult and challenging, are necessary not only to assess the attainment of objectives but also to identify the gaps in transactional strategies and to take corrective measures.

ADOLESCENCE EDUCATION : SCHEME OF CONTENT

UNIT ON PROCESS OF GROWING UP

Objectives	Content Outline	Subjects/Courses of Studies/Activities
PRIMARY STAGE		
To enable students		
i. to know the growth in the body from childhood to adulthood	Physical growth in human body	EVS/Co-curricular Activities
ii. to understand the importance of genital hygiene	Genital hygiene	EVS/Co-curricular Activities
UPPER PRIMARY STAGE		
To enable students		
i. to know the process of physical development	<p>Puberty : Physical changes during adolescence in girls and boys</p> <p>Menstruation : Menstruation cycle-normal routine, normal food, cleanliness, myths and misconceptions</p>	Science/Social Sciences/Social Studies/Co-curricular Activities
ii. to understand emotional changes during adolescence	Emotional changes : concern for physical appearance, assertion of individual identity, appreciation of existing social values and norms	Science/Social Sciences/Social Studies/Co-curricular Activities
iii. to appreciate the inter-personal relationship between adolescents and parents, members of opposite sex, peer group	Changes in inter-personal relationships, distance from parents, strive for independence, peer group dependence, heterosexual attraction	Science/Social Sciences/Social Studies/Co-curricular Activities

iv. to understand the importance of reproductive health	Sexual health and hygiene, menstruation and hygiene, genital hygiene	Science/health and Physical Education/ Co-curricular Activities
v. to understand myths and misconceptions regarding growing up	Process of growing up : self-consciousness about body image, attraction towards opposite sex, socio-cultural norms and their importance	Science/Social Sciences/ Social Studies/ Health & Physical Education/ Co-curricular Activities

SECONDARY/HIGHER SECONDARY STAGE

To enable students

i. to understand physical, physiological and psychological developments during adolescence	<p>Process of growing up : development of primary and secondary sexual characteristics due to hormonal changes, male body clock, female body clock, conception, pregnancy.</p> <p>Sexual development - puberty, menstruation, nocturnal emission and masturbation, hetero-sexual attraction</p>	Biology/Psychology/ Health & Physical Education/Co-curricular Activities
ii. to appreciate the significance of reproductive health and inter-relationships between adolescents and members of the opposite sex, parents, peer groups and the community	<p>Sexual health : genital hygiene, nutritional requirements hygiene during menstruation</p> <p>Psycho-emotional changes : interest in body image, healthy attitude towards each other, heterosexual attraction, self-assertion and emphasis on self-identity, distancing from parents, dependence on peer groups, adjustments with existing socio-cultural values, self-concept and self-esteem.</p>	<p>Biology/Health and Physical Education Co-curricular Activities</p> <p>Psychology/Social Sciences/Health and Physical Education Languages/Co-curricular Activities</p>

iii. to appreciate gender roles conducive to the dignity of individual	Gender equality and changing preceptions of role-stereo-types of male and females equal partnership of male and female in family and social life, healthy attitude toward each other	Science/Social Sciences/Psychology/ Languages/Co-curricular Activities---
iv. to appreciate the importance of socio-cultural norms of sexual behaviour and healthy attitude towards the opposite sex.	Socio-cultural norms : abstinence, general social disapproval to pre-marital and extra-marital sexual relations, respect for members of the opposite sex	Sociology/other Social Sciences/ Psychology Language/Co-curricular Activities

UNIT ON HIV/AIDS

UPPER PRIMARY STAGE

To enable students

i. to know the modes of transmission of HIV which causes AIDS	Meaning of Acquired Immune Deficiency Syndrome (AIDS) & Human Immuno-deficiency Virus (HIV) causing AIDS, Effects of HIV on immune system	Science/Social Sciences/Social Studies/Health & Physical Education/ Co-curricular Activities
Modes of Transmission of HIV		
ii. to identify the ways through which HIV is not transmitted	Conventional practices not transmitting HIV such as hugging, kissing, hand shakes, use of utensils of infected persons, etc. and mosquito bite	Science/Social Sciences/Health & Physical Education/ Co-curricular Activities
iii. to identify the ways and means of preventing HIV transmission	Use of clean and sterilized needles and syringes	Science/Social Sciences/Health & Physical Education/ Co-curricular Activities.
	Not sharing needles/ syringes for drugs; use of safe blood for transfusion;	

	Abstinence from sex, delaying sex till marriage and no sex outside marriage.	
iv. to show compassion and sympathy for persons with AIDS and their families	Care and compassion for persons suffering from AIDS - individual and social responsibility	Science/Social Sciences/Health & Physical Education/ Co-curricular Activities

SECONDARY AND HIGHER SECONDARY STAGE

To enable students

i. to understand the implications of STDs and to differentiate between HIV/AIDS and STDs	Meaning of HIV, AIDS and STDs and their effects on human body and its health, difference between HIV, AIDS and STDs, morphological structure on viruses/bacteria responsible for causing AIDS/STDs, immune system with special reference to HIV infection	Science/Social Sciences/Health & Physical Education/ Co-curricular Activities
ii. to know the modes of transmission of HIV/AIDS and identify factors that increase the risk of HIV/AIDS	Modes of transmission : sexual intercourse, blood transfusion or contact with infected blood Perinatal (mother to child) Risk factors : Intravenous infection of drugs, sharing same needles, Use of unsterilized needles and equipment, Use of infected blood for transfusion, pre-marital and extra-marital sexual intercourse	Science/Social Science/Health & Physical Education/ Co-curricular Activities

	STDs a co-factor for HIV transmission	
	Pregnancy of an infected mother	
iii. to know the ways through which HIV is not transmitted	<p>HIV is not transmitted through hugging, touching, shaking hands, kissing;</p> <p>Sharing of towel, clothes, toilet, room, food and utensils, cigarettes/bidis;</p> <p>Sharing classroom and canteen;</p> <p>Insect/mosquito bites</p>	Health & Physical Education/Co-curricular Activities
iv. to identify ways of preventing HIV/AIDS.	<p>Ways and means to prevent HIV/AIDS : Socio-cultural norms of sexual behaviour-abstinence from sex till marriage, avoiding extra-marital sexual relation, use of condom during sexual inter-course</p> <p>Use of safe blood for transfusion, surgical vigilance to donors in tissues and organs for transplantation, use of sterilized needles, syringes and other piercing equipment;</p> <p>Techniques of sterilization;</p> <p>Treatment of STDs.</p>	Science/Social Sciences/Health & Physical Education/Co-curricular Activities
v. to assert and use skills to handle potentially risky and dangerous situations, and avoid the use of intravenous drugs	Skills to avoid and resist situations leading to sexual encounters and using of intravenous drugs or alcohol	Co-curricular Activities

vi. to show compassion and care for persons with AIDS and their families

Care of persons suffering from AIDS, need to accept them in family and community, individual and social responsibility

Science/Social Sciences/Health & Physical Education/Co-curricular Activities

UNIT ON DRUG ABUSE

SECONDARY AND HIGHER SECONDARY STAGES

To enable students

i. to know the problems of drug abuse and its implications

Education/Psychology

Drugs, drug abuse, types of drug abuse, symptoms, consequences, drug dependence, social and

psychological problems

Science/Biology/Health & Physical

Sociology/Co-curricular Activities

ii. to understand prevention and rehabilitation of drug addicts

Education/Psychology

Ways of preventing drug abuse, medical treatment rehabilitation of drug addicts, individual and

social responsibilities, drug trafficking as a social problem

Science/Biology/Health & Physical

Sociology/Co-curricular Activities

iii. to develop appropriate attitude towards drugs and assertive skills against drug abuse

Social problems of drug abuse, HIV/AIDS and drug abuse, how to say 'No' to drugs, myths and misconceptions

Science/Biology/Social Science/Health & Physical Education/Co-curricular Activities

Student Activities *eg.*

1. Question Box
2. Group Discussion
3. Value Clarification
4. Role Play
5. Case Studies

20

6. Debate
7. Painting/Poster/Comic
8. Quiz/Essay Competition
9. Collage/Map/Chart
10. Newspaper drive

etc. Choose as is

18 x 2 = 36

For Limited Circulation

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Adolescence Education in Schools

Part - III

36/9/98

29/08/92

ADOLESCENCE : QUESTIONS AND ANSWERS

ppr/lu

av
2/11/92

NATIONAL POPULATION EDUCATION PROJECT
DEPARTMENT OF EDUCATION IN SOCIAL SCIENCES AND HUMANITIES
NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING
SRI AUROBINDO MARG, NEW DELHI-110 016

PLEASE NOTE...

THIS IS AN **EXPERIMENTAL EDITION** OF THE **PACKAGE OF BASIC MATERIAL ON ADOLESCENCE EDUCATION.** MATERIALS CONTAINED IN THE PACKAGE HAVE BEEN PREPARED IN PURSUANCE OF A STRATEGY TO STRENGTHEN THE POSITIVE SOCIAL AND CULTURAL VALUES OF INDIAN SOCIETY PERTAINING TO REPRODUCTIVE HEALTH. HOWEVER, OUR SOCIETY HAS A LARGE VARIETY OF CULTURAL SETTINGS, AND ANY MATERIAL DEVELOPED AT ONE LEVEL MAY NOT ADEQUATELY TAKE CARE OF THE NEEDS OF ALL OF THEM . IN ORDER TO MAKE THE PACKAGE MORE RELEVANT AND FUNCTIONAL, SOME OF ITS PORTIONS WILL NEED ADAPTATION AT DIFFERENT LEVELS TO MEET THE REQUIREMENTS OF REPRODUCTIVE HEALTH NEEDS OF ADOLESCENTS BELONGING TO EACH CULTURAL SETTING. _____

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ABOUT THE PACKAGE

This package, *Adolescence Education in Schools : A Package of Basic Materials*, is the outcome of efforts made as a followup of the recommendations of the **National Seminar on Adolescence Education** organised by the National Council of Educational Research and Training (NCERT), New Delhi in April, 1993. The main purpose of developing this material is to promote the process of introduction of adolescence education in the school curriculum. The package consists of the following five parts:-

- | | | |
|-----------------|----------|---|
| Part I | : | General Framework of Adolescence Education |
| Part II | : | Adolescence Education : Its Knowledge Base |
| Part III | : | Adolescence : Questions and Answers |
| Part IV | : | Students' Activities |
| Part V | : | Adolescence Education and Parents |

Part I delineates the theoretical framework of Adolescence Education and contains the details of the **Scheme of Content** with suggested modalities to integrate the contents into the existing syllabi and textbooks of various school stages and courses of pre-service and in-service teacher education. Part II is devoted to explaining the main contents of Adolescence Education. It deals with facts, ideas and views in respect of adolescent reproductive health, focusing on physical, psychological and social developments during the process of growing up, the changing inter-personal relationships of adolescents and the critical issues of gender roles. It also provides specific treatment to HIV/AIDS and Drug abuse. In Part III, an attempt has been made to provide answers to some important questions that arise in the minds of adolescents more often than not. Part IV delineates various aspects of the process of conducting important students' activities. Nine activities have been identified. Part V contains

material which can be used in advocacy programmes for various target groups, though this material is addressed particularly to parents.

The present Package draws heavily upon the materials developed and published by various national and international organisations, the Package on **Adolescence Education**, published under Population Education Programme Service by the UNESCO Principal Regional Office for Asia and the Pacific, Bangkok being its mainstay. The portions of this Package dealing with HIV/AIDS have been repackaged from **AIDS Education in Schools : A Training Package**, published jointly by NCERT and National AIDS Control Organisation (NACO), New Delhi. However, the materials drawn from different sources have been adapted and reformulated to suit the requirements of the cultural ethos of Indian society. The first draft of the Package was thoroughly reviewed in three Regional Seminars on Adolescence Education.

Dr. Jawaharlal Pandey, Project Coordinator, NPEP, Dr. (Ms.) Saroj B. Yadav, Reader and Dr. (Ms.) Kanan K. Sadhu, Senior Lecturer prepared the first draft and finalized the Package in its present form on the basis of the recommendations and comments made in the Regional Seminars. Mr. D. P. Jain, Lecturer (S.G.) contributed significantly to the preparation and finalisation of Part V of this Package.

It is hoped that the Package will be a useful and effective in facilitating the introduction of adolescence education in the school curriculum. Any material of this nature pertaining to a sensitive area like adolescence education requires continuous efforts towards its revision and improvement. Suggestions and comments on the Package will be greatly appreciated.

INTRODUCTION

Adolescence is a specific period in the process of growing up when adolescents experience significant physical, emotional and social changes. The changes that take place during the period are so rapid and varied that they fail to appropriately understand them. Although many adolescents pass through this phase without any apparent serious difficulty, a large number of them have traumatic experiences. This is so primarily because adolescents do not get answers to their numerous questions which creep in their minds regarding the rapid physical development, emotional upheaval and behavioural contradictions. In the Indian socio-cultural setting also sex is a taboo, and hence the society does not provide them with channels for being appropriately educated in this area. The adolescents generally do not get any advice and guidance regarding various aspects of reproductive health from their parents and teachers or any other group of professionals. Consequently they fall upon the peer group or cheap literature. Both these sources generate in them more problems than solve any, thus reinforcing among them a number of myths and misconceptions.

School education curriculum has not been responding so far to these critical needs of adolescents in respect of their reproductive health. After a considerable thinking, the process has been initiated to incorporate necessary elements on adolescent reproductive health focusing on the process of growing up, HIV/AIDS and Drug abuse, conceptualized as adolescence education in the school curriculum. But the realization of this objective will take its own time because of the long and gradual process of revision of curriculum, syllabi and other instructional materials.

However, the fast increasing reproductive health problems of adolescents require an early response to these concerns by school education. Particularly in view of the growing seriousness of the problems as a consequence of the fast changing social environment and invasion of HIV/AIDS, there is an urgent need to initiate the process of providing required basic information and knowledge through school education.

Co-Curricular Activities

Without waiting for the adequate incorporation of the elements of adolescence education in the syllabi and instructional materials of school education and teacher education, this process can be initiated through co-curricular activities. The Students' Activities given in Part IV of this Package have been addressed to this requirement. Particularly the Question Box Activity detailed out in the Package may be very useful in initiating this process. Moreover, this process can also be reinforced by the practice of providing Counselling and Guidance to adolescents in respect of their problems.

Counselling

Counselling is a specialized area and it requires a rigorous training and reorientation for a person to act as a Counsellor. Traditionally psychologists, trained social workers and doctors have been serving as Counsellors. But teachers also can play the role of Counsellors. As we know counselling implies education, though unlike education it is directed towards specific needs of the target groups. Both counselling as well as education aim at changing behaviour and rely on communication skills. Teachers, therefore, can acquire some basic ideas of counselling even without special training and interact with students. What a teacher needs to do is to gain the trust and confidence of students. He/she has to function as a source for accurate information on matters relating to problems of adolescents which are invariably sensitive in nature. Many teachers find it difficult to get over their embarrassment while dealing with such issues. But with the training of teachers the embarrassment and shyness can be overcome among them and they can be in a better position to appreciate the needs and problems of students and communicate with them in their own language. This is a common experience in our setting that the advice given by a teacher is more acceptable to students with a higher possibility of behavioural change.

The teacher should not be put off when students ask questions. Teacher should not let them feel that their questions are not important. Rather students should be encouraged to ask questions and teachers must try to provide authentic response to their questions.

A teacher may try to answer questions of students as best he/she can. For personal problems too the teacher may advise students to the best of his/her ability. At the same time, if the problems demand, students should be advised to consult a Counsellor or a Doctor for further counselling /treatment. The students should also be advised to consult his/her parents in case of any serious personal problems.

With a view to performing the role of an intimate advisor and effective Counsellor, the teacher is required to keep himself/herself well informed about various aspects of adolescent reproductive health needs and problems. In order to facilitate the process of knowing various aspects of these problems some questions and their answers are being given in the following pages. These are expected questions that adolescents may ask.

Questions and Answers

1. Recently the term "reproductive health" is being used quite frequently by media. What is the meaning of reproductive health?

Ans. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health, therefore, is determined by a number of factors, important among those are consciousness for maintaining reproductive health, life style, gender equality and equity, level of socio-economic development and quality of health care. For social as well as genetic reasons, females bear most of the burden of reproductive ill-health. Owing to early marriage, they have premature and excessive child-bearing. They are more vulnerable to reproductive tract infections and sexually transmitted diseases, including HIV/AIDS; and also to inhuman acts like sexual harassment, and even rape. Improving reproductive health, therefore, is not only essential for improving general health but also is the basis for women's empowerment and one of the foundations of social and economic development. Good reproductive health is essential for early stabilization of population.

2. Is it necessary to take care of the reproductive health of adolescents distinctively?

Ans. Yes, the reproductive health needs of adolescents as a group have been ignored to date. More than half the world's people are below age 25 and about a third are between 10 and 24 years of age. These young people have not been provided with authentic and accurate knowledge regarding their physical and emotional development, particularly during the period when sexual development starts in them. In the absence of any authentic source to make them available accurate information, they fall prey to those sources which create many myths and misconceptions among them. The conflicting messages that they are receiving from mass media are making their confusion worse confounded. Even the

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reproductive health care services are oriented towards ignoring the needs of adolescents.

It is, therefore, necessary to respond to the special reproductive health needs of adolescents. The first and foremost need is to provide them with authentic and accurate knowledge about their process of growing up - physical, emotional and social developments -during adolescence and gender relations so that they attain a level of maturity required to make responsible decisions. The arrival of AIDS pandemic has added urgency to take steps in this direction.. The educational response to these reproductive health needs will enable adolescents to achieve good reproductive health and inculcate in them a healthy attitude towards opposite sex and promote responsible sexual behaviour.

3. Why don't my parents understand me any more? They are always nagging me.

Ans. Yours is not an exceptional problem. Almost all teenagers undergo a phase similar to the one you are experiencing. It is unfortunate that most parents find it difficult to change and, like their parents before them, tend often to be over-assertive and autocratic. However, you must try to understand that they may have a point of view just as you have. Their thinking is naturally influenced by the rigorous modes of behaviour instilled into them during their own childhood. Adolescents on the other hand tend to behave in a manner which appears to be the opposite of the prevailing normal behaviour of adults.

A family can seek amicable solution by trying to understand one another's views and attitudes. It is difficult for your parents to accept that their child who had hitherto led a sheltered life and readily accepted their guidance, now demands independence and wants to appear grown-up; the expression of opinions may appear them to be highly critical of the prevalent norms and ideas .

You can play an important part in creating understanding by showing them that you can be trusted fully. You may thus convince your parents of your sincerity and help them become more tolerant and better able to understand the

difficulties you are experiencing in this growing-up period. Talking things over helps to reduce misunderstanding and conflict within the family.

4. **Why do parents find it difficult to understand their children and appropriately respond to their needs?**

Ans. Being a parent is by far the most important and difficult role in one's life. Along with the joys of parenthood come the agonies of the huge responsibilities that have to be tackled as a parent. Unfortunately, there are very few parents who will admit to being wrong and consequently they fail to understand the entire process of development of their children. This situation adversely affects both parents and children.

Development psychologists feel that there are four types of parenting styles: (I) authoritarian characterized by rigidity and adherence to strict rules, which may affect the proper development of the child; (ii) permissive characterized by over-indulgence in the personal affairs of the child. This often leads to poor impulse control on the part of parents; (iii) indifferent characterized by neglect and lack of involvement in the affairs of the child, leading to aggressive behaviour in the child; and (iv) reciprocal characterized by desired interaction between parents and the child, shared decision making and rational behaviour, which result in a sense of self-reliance in the child..

In general, experimental studies indicate that the most effective parenting involves consistency in the interaction with the child and reward for his/her good behaviour, both of which should occur within the context of a warm conducive environment.

5. **I am a 20 year old student. My problem is lack of self-confidence. I do not have a sense of self-determination which is very important in life. My attempts to chalk out a time-table for myself fail almost everyday. I set myself a time schedule for studying in the morning. I somehow manage to get up early but just cannot act according to schedule. This increases my lack of self-confidence and lends to mental tension. This state of complete**

mismanagement has been carrying on for the past 2-3 years. I am totally baffled as to how I could increase my self determination.

Ans. There is a simple solution to your problem. You are making plans and goals which you are not able to keep as they are unrealistic for you. Everyone has a certain time in the day (or at night) when they can concentrate on studies to their optimum capacity. Find yours. It is definitely not in the morning. You should also set realistic goals for yourself which can be achieved in a day's work, instead of making study charts which you can never keep up to.

6. I am 21 year old student. I am very conservative. I am extremely shy and keep quiet in company. When I do speak, however, I am slow and unsure of what I am saying. I cannot speak in group discussions. I also have doubts regarding my masculinity. I am always dissatisfied and am envious of people who look happy. I am doing very well in studies and want to pursue higher education.

Ans. You seem to have developed a very low concept of your personality. This has led to a low self-esteem and a feeling of worthlessness in your subconscious. This feeling is manifesting itself in the form of insecurities, shyness and inability to perform under stressful circumstances (e.g. group discussions).

Despite all your problems, however, you have a major factor in your favour which is your ability to do well in your studies. You should utilize this positive factor in a productive way to overcome your low self-esteem. Try to inculcate feelings of pride, self love and accomplishment in yourself every time you excel in your studies. Whenever you do this, you will feel good about yourself and your self-esteem will rise.

7. I am a 22 year old engineering student. I am suffering from an acute inferiority complex due to my lack of good looks and personality. I do not like to wear new clothes in case they do not suit me and thus end up wearing the same old clothes for days together. This irks my parents who dislike me for every act of mine. I feel miserable. What should I do? Should I go for cosmetic surgery?

Ans. There is much that one can do to improve on one's personality and appearance. While some people are blessed with unusual physical assets, most of us are not. But we need not suffer from inferiority complex because of average looks. I would not suggest cosmetic surgery as apart from being expensive there is no guarantee that you will be happy with the results.

An inferiority complex stems due to the absence of a sense of self-worth. You should first learn to like yourself. List your strengths and weaknesses and you will find there are many good things about yourself that are worth liking. Now, work on your weaknesses so that each of these can be gradually overcome, adopting a positive attitude and using your determination. As your list of strengths increases, so will your sense of self-worth and you will soon find your confidence grow. As an engineering student in one of the most envied professions, you have no reason to feel depressed. Come on, pull yourself up and see the difference it makes!

8. I am a 17 year-old girl. My problem is that I am overweight. My height is 5'4" and I weigh around 65 kilos. My friends constantly poke fun at me and I tend to be the butt of everyone's ridicule. I have tried all the diets possible but I am not able to lose weight. Please advise me as I am really fed up and I am losing confidence in myself.

Ans. First of all, please do not diet randomly anymore. I might appear unbelievable, but by dieting you tend to put on more weight. When you are on a diet, you are starving your body by not giving it due nourishment. The moment you go off the diet, you automatically eat more than before as your body makes up for the nourishment it lost. You must, therefore, exercise along with regulating your food intake. Eat three healthy wholesome meals a day. Cut out fat, starch, sugar, deep fried stuff all kinds of oily food from your diet. Eat lots of green vegetables and fruits and do regular exercise.

9. I am a 16-year-old boy. Lately, I have become tremendously interested in the opposite sex. Whenever I am alone, I cannot resist reading pornographic magazines, which I buy regularly. Looking at porn magazines and pictures arouses my sexual curiosity tremendously. But this has given rise to a lot of sexual tension in me. I have also become addicted to cable television which adds to this tension. I have been unable to relieve my emotions or even to reduce them. Nor can I ask any elder for advice. This attitude has not yet affected my studies, but it is affecting my concentration.

Ans. Being attracted to opposite sex and wanting to find out more about them is perfectly healthy and normal for a boy of your age, as this is the time when you begin to be attracted towards girls. Although you may feel hesitant, you should talk to your father or to a mature person about any queries you might have. Do not be embarrassed, as everyone, including the elders around you have gone through a similar phase. The more information you collect on sex from authentic source, the less mysterious the subject will seem to you. You should never consult cheap literature or bank upon the knowledge given by your peer group. In any case, some degree of mystery is always good. But when you study or do any other work, you must concentrate on it and shut out all thoughts of girls. It is possible. You have only to make some efforts.

10. My voice breaks, my friends tease me and what is most embarrassing is that I get erections when I see a girl at the bus stop. I am feeling desperate. What shall I do? I feel a lot of things have gone wrong with me.

Ans. The breaking of your voice and erection is quite natural at your age. When a person is excited sexually, extra blood flows in to the penis, causing it to become stiff. It is true that male babies and young boys get erections for reasons other than sex, but in adolescents and adults, it is normally due to sexual excitement. Nevertheless, even until quite late in life a man may wake up in the morning with an erection. These are natural happenings and beyond your control. The occurrence varies from person to person and is as normal as being tall or short. The variations occur due to individual attitude and interest in sex. And hence,

there is no need to worry or to consider your involuntary reactions as being abnormal.

Since it is desirable to sublimate sexual energy till such time when you marry, it would do you a lot of good to indulge in healthy outdoor games, group work and community activity, where boys and girls work together for a good cause.

Developing the right attitude towards girls is important, as this kind of attitude will reflect in your behaviour. It is important to remember that all human beings are born free and equal in dignity and rights. Therefore, those who do not have respect for human dignity of individuals and girls in particular, lack certain basic human quality.

- 11. My breasts are small and flat and I look more like a boy. How can I develop a good breast?

Ans. It is very unfortunate that mass media have created such a fetish about the female breast which is primarily meant to suckle the new-born infant. The breast is made up of glands and fatty tissues. Since *adipose tissue* (fat) determines the size of the breast, you can deduce that one way of enlarging your breasts may be to put on more weight. Should under-weight be your problem, consult a doctor and take his or her advice. In general, proteins and foods rich in carbohydrates may help. Exercises, such as push-ups, develop the pectoral muscles that lie below the breasts.

As far as you are concerned, I would advise you a rich diet and an active outdoor life. Remember that a healthy body and a sparkling mind are far more attractive than the most perfect of vital statistics.

- 12 I am 16 year old. My breasts are well developed. Could you advise me as to how I should look after them?

Ans. I recommend that you wear a dress which will support your breasts. The general rule of good health, such as a balanced diet, a daily bath and suitable exercise

should be observed. Since you are only 16, your body will become more shapely in the next few years with the dissipation of puppy-fat.

Another life-long habit to develop is to self-examine your breasts daily, say at bath-time. This will help detect any lump or abnormality the moment it appears. If you detect any abnormality, consult a Doctor immediately. Early treatment rules out the grave dangers arising from neglect.

13. I am 17-plus and very depressed. My problems are: (a) I have lots of facial and body hair due to which I have a complex and cannot go out; (b) My breasts are under-developed; © My menstrual cycle is very irregular; (d) I sometimes get burning and itching while passing urine; (e) Before periods, I get pain in my breast; (f) Can I become a mother? (g) Will any one marry me or will I have to lead a lonely, unhappy life?

Ans. Your problems (a), (b) and © by themselves are not problems to worry about, but together, they may be significant, indicating hormonal imbalance. You need to consult a physician, who after examination can refer you to an endocrinologist, if necessary. (d) The physician will treat you for this problem when you see him/her. (e) Pain in the breast prior to the onset of a period is psychological. In most cases it does not warrant any worry. However, the examining physician will check this out. (f) Marriage should not be the ultimate aim in one's life. Nevertheless from the medical point of view, there is no reason why you should not be able to marry and have a family. However, this will depend on the problem that is diagnosed and treated. As far leading a lonely, unhappy life, there is no need to be so pessimistic, leave your medical problems to the doctor to attend to, once you have selected a qualified one and you concentrate your efforts on your studies and to have a good career. Marriage is one aspect of life and should not become the only option and purpose of life.

14. What do you mean by the term a "virgin"?

Ans. By definition, a virgin is a girl whose hymen is intact. The hymen is a fleshy, thin membrane which partially closes the mouth of the vagina. When the girl has the first sexual intercourse, the hymen is stretched and it ruptures. This is

accompanied by some discomfort and bleeding. As the shape, texture and size of the opening differ considerably in different women, the extent of discomfort and bleeding varies.

However, there are many cases in which the hymen is not intact even in a virgin. In many cases it does not bleed at all even at the first intercourse, because the hymen may be very stretchable. In other cases, the hymen may be ruptured because of operation, injury or masturbation or any other pressure.

15. What is menstruation?

Ans. Menstruation occurs monthly in a girl or woman during the child-bearing age. It is also referred to as having 'periods'. About two weeks before a girl menstruates an egg cell matures inside her in one of the ovaries. The egg travels through an internal tube (fallopian tube) to the womb or uterus. Under the influence of special sex hormones, the internal lining of the uterus becomes velvety in appearance due to an increase in blood vessels and tissues.

If the woman has had intercourse and the ovum or egg has been fertilized in the tube by the male sperm, the fertilized egg moves into the tube where it is nourished by the rich tissues of the uterus. If the egg is not fertilized, the lining of the uterus is not needed and is gradually released during menstruation which lasts for a period of four to six days. During this period some girls feel low, unstable and moody. This is due to changes in the body chemistry. With the onset of the menstrual flow, the tension wears off. Menstruation is a proof that the girl or the woman is perfectly normal and healthy.

16. My friends tell me that my period should be regular and come at the interval of every 30 days. Mine comes sometimes on time, but sometimes it is delayed and comes after 6 to 7 weeks. I am worried. Is there anything wrong?

Ans. In the early stage of menstruation which begins around 11-14 years, the hormones from the pituitary gland fluctuate and so do the responses of the hormones secreted by the ovary. In young girls this fluctuation is manifested by delayed or too frequent periods. By 16-17 years of age, the menstrual cycle should have stabilized. Again, before cessation of menstruation, i.e. menopause, a similar

disturbance becomes evident due to the waning of hormones around 43-45 years of age. However, if your irregularity persists beyond 16 years of age, it would be wise to consult a gynaecologist.

Also, the menstrual cycle varies in different women. Some have a 30-day cycle, others have one of 27 or 28 days and still others may have at the interval of every 35 days. It is the consistency of a cycle that determines regularity and not the number of days between periods. In actuality, a large number of women never achieve a regular cycle. Even those who do, may suddenly become irregular for a time due to shock, overwork or emotional stress.

17. Is bathing harmful and are cold things prohibited during menstruation?

Ans. No. On the contrary, it is necessary to take bath daily since it is important to maintain personal hygiene more carefully during menstruation. The vulva should be washed while bathing. Commencement of menstruation is not a reason for stopping baths, rather it calls for greater frequency in taking bath. Menstrual hygiene is very important for girls.

There is a proverb, 'Cleanliness is next to Godliness'. Sexual organs require more cleansing than many other parts of the body. The foreskin of the male organ should be retracted during the bath and the secretion washed away. If this is not regularly done, smegma collects and the bacterial decomposition and consequent irritation, may lead to excitement and unclean habits.

Cold things are not prohibited during menstruation. It is a superstition.

18. What is masturbation?

Ans. Masturbation generally means the stimulation of the sex organs to secure pleasure. Both boys and girls may indulge in it. Even small babies handle their own sex organs. This is a simply part of the normal process by which they explore and learn about their own bodies.

At around 12 to 14 years of age, the body undergoes changes which prepare it for eventual sexual behaviour. This stage is called puberty. After the onset of puberty, boys start experiencing the erection of penis which, being very sensitive to any rubbing, for example against the bed clothes, gives pleasure. If

stroked with the hand, the pleasure is intense and may result in ejaculation. If a boy is ignorant of these facts he may get very worried. It is at this stage that he may fall into the trap of myths and misconceptions that are often created by the newspaper advertisements of Hakims, Vaidyas or unscrupulous doctors.

Of course, all myths and superstitions regarding masturbation are nonsense. This is a perfectly ordinary part of growing up. There is no reason to feel guilty when you have fantasies or day dreams or masturbate. Any of these is a perfectly normal behaviour. No physical harm results even if a boy masturbates frequently over a period of time.

19. Can girls and boys have STDs without having any symptoms?

Ans. Yes, it is possible for boys and girls to have STDs without having any symptoms. While some STDs may have quite recognizable symptoms, others may not. Gonorrhea, for example, typically displays no outwardly symptoms in females and often is undetectable in males. It is important to be examined by a doctor at the earliest, if you think you may have an STD.

20. Can STDs be cured if the infected persons have sex with a virgin?

Ans. No, not at all. It is a superstition which abets a responsible offence. STDs require regular medical treatment. By having sex with a virgin or anyone else, one will only transmit this infection, which is an inhuman act.

21. Where did AIDS first appear?

Ans. The first report of AIDS came from the Centre for Disease Control in Atlanta, Georgia in the United States (a public health body responsible for investigating epidemics and reports of new or unusual diseases). They described the cases of five young, previously healthy homosexuals who had been treated in Los Angeles hospitals for a rare infection of the lungs called pneumocystis pneumonia. This type of pneumonia is caused by *Pneumocystis carinii*, a small organism (ptotozoan) which invades the lungs and as a result makes breathing very difficult. The opportunity for infection by this organism usually occurs only in individuals whose immune system is damaged or profoundly impaired.

Why AIDS did not appear until the last 1970s is a scientific mystery, but in the space of six years AIDS has become an epidemic throughout the Western world and almost all parts of equatorial Africa. In India too, it is spreading very fast.

22. Where did HIV come from?

Ans. No one knows where HIV came from, though there are a few scientific opinions about the origin of HIV. However, it is more important to know the ways for preventing its spread than to know where HIV came from. It is pertinent to note that it is now present in our country and spreading. One has to learn to protect oneself.

23. Do sexually transmitted diseases increase the chance of getting HIV?

Ans. Yes, there is strong evidence that other sexually transmitted diseases put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membrane that often occur with STD, which allow HIV to be absorbed more easily.

If a person suspects that he/she may have acquired or been exposed to STD, he/she should seek medical advice.

A person who has STD, should be aware that if he/she is participating in unprotected sexual activity, he/she is at an even higher risk of getting HIV.

24. What are antibodies?

Ans. The defence system (immune system) of the body develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade it. The presence of particular antibodies in a person's blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

25. How can one test for the presence of HIV?

Ans. There are a variety of tests like ELISA, Western Blot, Rapid Test, etc. These tests detect antibodies to HIV and not HIV itself. Antibodies are produced by our body's defence system to fight against intruders like viruses and germs. These antibodies detect and destroy unwanted intruders. There are antibodies against HIV too, but these are powerless to destroy the virus.

26. How long after infection does it take for the body to reveal the presence of antibodies?

Ans. It takes about 6 to 12 weeks to reveal the presence of HIV antibodies in human body. However, this period may be as short as two weeks and in rare instances may be even longer than three months.

27. How long after infection does it take to develop AIDS?

Ans. In 50 per cent of those who are HIV positive, it takes 10 years to develop AIDS, but it could be faster in societies where the health and nutritional status is low.

28. What is the "Window" period?

Ans. This is the time that the body takes to produce measureable amounts of antibodies after infection. For HIV, this period may be as short as two weeks, but it may be upto 6 weeks or 12 weeks, and in rare instances this period may be even longer.

This means that if an HIV antibody test is taken during the "window period", it is likely to be negative since the blood test is looking for antibodies that may not yet be developed. Yet that person may already be HIV infected.

29. When a person is tested for HIV, what is actually tested and where?

Ans. Some blood is taken and tested. The report of the test is not available immediately. One has to return to the testing place for the results. The blood may be tested for HIV at Zonal Blood Testing Centres and District level Blood Banks or Transfusion Centres.

30. What are the advantages and disadvantages of testing for HIV?

Ans. There are advantages and disadvantages of being tested for HIV. It is a decision that should be taken after considering the implications of positive and negative outcomes of the test with the assistance of an HIV/AIDS Counsellor.

Information about the test procedure and a number of factors involved in testing should also include emotional and social consequences regardless of whether the test is positive or negative. Advantages and disadvantages of testing should be discussed with the Counsellor and the decision to be tested should be made only after careful consideration of all factors.

Advantages of being tested:

- Persons who are informed after the test that they do not have HIV infection, would feel relieved.
- People who find out that they have HIV and receive early treatment, usually live longer.
- A person can make decisions to take good care of himself/herself.
- A person can develop a good emotional support system early in the disease.
- One can utilize new medicines as they develop.
- One can make decisions about getting pregnant, as babies can be born with HIV.
- One can inform his/her partner that he/she has HIV.
- One can abstain from sex or use a condom during sex.
- One can avoid sharing items that come in contact with blood like toothbrushes, razors, tweezers, needles and syringes.
- A person will decide not to donate blood and other tissues or body organs.
- He/she will practise responsible sexual behaviour.

Disadvantages of being tested:

- A person who learns that he/she is infected with HIV, may become very distressed. The degree of distress depends on how well the person is prepared for testing and managing the situation after the results are known.

- Should a positive test result become public knowledge, the person would suffer stigmatization and discrimination.
- A negative test may lead a person to a false sense of security and may promote unwillingness to change any high risk behaviour currently being practised by him/her.

31. What does the asymptomatic carrier stage mean?

Ans. It is the period of time between infection and the beginning of signs and symptoms of AIDS. This varies from person to person. It may be as short as 6 months or as long as 10 years or more. During this period there may be no evidence that the person is sick, and yet the person can pass HIV on to others.

32. What are the symptoms of AIDS?

Ans. This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean onset of AIDS or if they are simply symptoms of other conditions. The obvious signs and symptoms are indications of an opportunistic disease such as tuberculosis or pneumonia. However, associated findings might include : recent, unexplained weight loss; fever for more than one month, diarrhoea for more than one month,; nerve complains; enlarged lymph nodes; skin infections that are severe or that recur.

33. What happens to a baby born to a woman with HIV infection?

Ans. The baby may be born infected with the virus. About 30 per cent of babies born to infected mothers will have HIV. Some will develop AIDS during the first year of their life. The majority of the HIV-infected babies may survive only for a few years.

34. Do some people have a high likelihood of getting HIV?

Ans. It depends on a person's behaviour. At risk are:

- People who have more than one sexual partner;
- People who already have other sexually transmitted diseases and are sexually active;

- People who are drug users through injections and while doing so share needles and syringes;
- Couples whose one partner has sex with others; and
- People who receive blood transfusions with blood that contains HIV, or with blood that has not been tested to ensure that it does not contain HIV.

35. Does breast-feeding transmit HIV?

Ans. Breast milk of an HIV-infected mother contains HIV in relatively low concentration, which can be transmitted to the baby.

Notwithstanding the risk, the World Health Organization recommends that women in countries or areas with problems of malnutrition and high rate of childhood infection should continue breast-feeding.

36. Can one get HIV infected by menstrual blood?

Ans. Menstrual blood from HIV-infected females does contain the virus. The risk of infection would be dependent on the flow and freshness of the blood, and whether on the situation the menstrual blood had access to the sexual partner's or any other person's bloodstream. However, the female who is menstruating is at a much higher risk for HIV infection through sexual intercourse by her partner if he is infected, because during this period, the interior lining of the uterus is open to HIV present in the semen.

37. Can a person get HIV infected by blood transfusion or by blood products?

Ans. Yes, if the blood is infected. Recommended standard practice for all transfusion services is to test and exclude from use all blood and blood products that are "sero-positive". In India under the Drugs and Cosmetics Act, it is mandatory to test every unit of blood for HIV. This practice is essentially to be followed by all Blood Banks and Blood Transfusion Centres.

38. What happens if a person lives close to someone with AIDS?

Ans. Living near someone who has AIDS or who is infected with HIV will not infect anybody with HIV. A person can live in the same neighbourhood, in fact, he/she can live quite safely in the same room with someone who has AIDS, provided that he/she does not do sexual activity with the person having HIV. Moreover, proper

precautions need to be taken in handling body fluids (urine, faeces, blood and vomit) of the person who is HIV infected or who has AIDS.

39. How does one treat AIDS?

Ans. There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but help manage the disease and improve the quality of life of the infected persons.

A lifestyle with balanced diet, regular physical exercise and rest may also slow the progression of the disease.

A few drugs have been able to inhibit the multiplication of HIV in the infected persons. These drugs do not eliminate the virus from the body but are very useful in improving the quality of life.

To date, there is some optimism over the development of a vaccine to protect against the disease. Part of the difficulty is that there are many strains of HIV. Even within the same person the virus can change over time. Research work aimed at developing a vaccine is continuing but it can take many years.

40. Can needles, knives and other instruments transmit HIV?

Ans. Yes. Any instrument that cuts the skin or punctures the skin, can collect small amount of blood from the body of the infected person and that can be passed on if used again by another person without sterilizing. However, the risk is extremely low.

41. How can one identify a person with HIV?

Ans. It is not possible to know by physical appearance that a person has HIV because the virus may remain in the body for many years without causing any symptoms or signs.

Only a blood test taken after the "window" period can tell if a person has HIV.

42. How does one get HIV by injection needles and syringes?

Ans. Small amount of blood remains in the needle and syringe after use. If someone else uses that needle or syringe, the blood left in the needle or syringe will be infected into his/her bloodstream. If the first user was infected with HIV, the

second person will also be infected. Such a possibility is very high among the intravenous drug users. The possibility of getting infected with HIV through general injections that are given by a doctor or nurses in a hospital are almost negligible.

43. Do mosquitoes or other insects spread HIV?

Ans. No. The evidence clearly shows that HIV is not spread by mosquitoes and other insects. For example, bedbugs, lice and fleas in the household of persons with HIV/AIDS do not spread the virus among other persons living in the household.

From the way they bite, it might be thought that mosquitoes are like flying injection needles, passing HIV on to whoever they bite. But it is not so because mosquitoes do not inject blood, they suck blood.

HIV is not like the malaria parasite which lives very well in the mosquito and spreads in people when mosquitoes bite. Malaria germs go into the blood stream of the mosquito. Then they come to its salivary glands. It is through salivary secretion during mosquito bite that malaria germs enter the victim.

The incidence of HIV infection is the highest among the sexually active age group of 15 to 45 years. If mosquitoes were a means of spreading HIV, the incidence of HIV infection would have been uniformly high among all age groups.

44. Can blood donors get HIV by donating blood?

Ans. No. HIV cannot be acquired through blood donation. Neither HIV nor any other disease can be contracted from giving blood. The materials used for collecting blood are sterile and used only once.

45. How can a person not get HIV? What are the misconceptions people have regarding AIDS?

Ans. A person cannot get HIV by:

- Shaking hands and embracing, touching objects in phone booths and public transport, touching doorknobs, coins, bank notes;
- Shared use of crockery, glasses, towels, bedding, linen, toilet articles;
- Eating and drinking from common dish;

- Caressing, petting, kissing;
- Coughing, sneezing, tears;
- Use of public toilets, swimming pools, community showers;
- Medical treatment in hospitals or in doctor's clinics, dental clinics and in all therapy situations where normal rules of hygiene are observed;
- Massage, physical therapy, cosmetics, (cosmetic treatment), hairdresser,
- acupuncture, piercing of ears and other comparable treatment, as long as
- normal standards of hygiene are maintained;
- Donating blood;
- Scratches and bites by pets;
- Caring for person with AIDS or HIV.

46. Can a person get AIDS from a barbershop?

Ans. No. It is very unlikely. You are talking about an unlikely string of coincidences - an HIV infected person from your colony must visit that barbershop. He must receive a cut which bleeds, leaving some blood on the razor. That razor must remain unwashed, and the blood must not dry. You must walk into that shop, be attended to by the same barber for a shave. He must cut you while shaving, with the same razor, and what is more, some of the blood from the razor must enter your blood. The chances of so many incredible coincidences in one morning would be less than a billion to one.

47. Can one get HIV infection from water in the swimming pool?

Ans. No. One cannot get HIV infection in a swimming pool. It is important to know that Chlorine is an extremely effective way of destroying HIV. Any common household bleach in water is also an effective antiseptic; for example, one part bleaching powder/liquid mixed in with nine parts water, or hydrogen peroxide six percent can be effective. However, low-level disinfectants such as Dettol and Lysol do not kill HIV.

Disinfectants only kill HIV outside the body; they cannot reach the virus once it is in the body. It is dangerous and useless to drink or inject antiseptics, or apply them over the genitals, thinking that they will prevent or cure HIV.

48. How fragile and how dangerous is HIV?

Ans. The hepatitis B virus is vastly more infectious than HIV. A graphic analogy, though not a rigorously scientific one, appeared in an issue of Discover, the US-based science magazine.

If you draw a cubic centimeter of blood (about enough to fill an eye-dropper) - from a person infected with hepatitis B, put it into a swimming pool containing 24,000 gallons of water, and inject 1 cc of that water into a chimpanzee, there will be enough virus in the injected water to infect the animal.

But if you put the same amount of blood from someone infected with HIV into the pool and inject that water, the chances of infection would ~~be~~ zero.

In contact with open air or direct sunlight, HIV is destroyed in about 15 or 20 minutes. Certain publications and leaflets are claiming that HIV cannot survive more than seven or eight seconds in the open , but the WHO recommends that syringes must be boiled for at least 20 minutes in order to be safe beyond reasonable doubt from any other possible infections.

49. How can I help if a close friend or relative has AIDS ?

Ans. A person with AIDS needs your friendship and love more than ever. It is important for him/her to know that you are a friend and that he/she can trust and rely upon you.

You may take note of the following:

- Give him/her a hug or hold his/her hand, if you get the opportunity.
- He/she will enjoy the physical contact and the reassurance that goes with it.
- If he/she is on the phone, give him/her a call and gossip with him/her.
- Remember that he/she needs a friend who he/she can get close to and with whom he/she can relax and show how he/she really feels.
- Just because someone has AIDS does not mean that he/she wants to stay home all the time. Take him/her out for the day or in the evening.

- If he/she wants to talk about his/her illness, encourage him/her to do so.
- He/she may want to let off steam and you may be the ideal person on whom he/she can vent the anger or frustration he/she feels about being ill.
- Try to keep the person with AIDS up to date with what is happening medically. Hope is very important to someone with AIDS.

50. **What is a 'Drug'?**

Ans. A drug is a chemical substance that changes the way our body works. When a pharmaceutical preparation or naturally occurring substance is used primarily to bring about a change in some existing process for state (physiological, psychological or biochemical) it can be called a drug. In short, any chemical that alters the physical or mental functioning of an individual, is a drug.

Drug may or may not have medical use. Their use may or may not be legal. When drugs are used to cure an illness, prevent a disease or improve the health condition, it is termed 'drug use'. Drugs prescribed by a doctor include antibiotics, tranquilizers and pain relievers.

51. **What is 'Drug abuse'?**

Ans. When drugs are taken for reasons other than medical, in an amount, strength, frequency or manner that damages the physical or mental functioning of an individual, it becomes 'drug abuse'. Any type of drug can be abused. Drugs with medical uses can also be abused. In short 'Drug abuse' is taking a drug without medical reasons. The method, quantity and frequency in which it is taken, lead to physical, emotional and sociological problems.

52. **Why do people become addicted to Drug abuse?**

Ans. There is no single reason. Most of the addicts start using drugs out of curiosity or to have some pleasure, often under the influence of their friends and peer groups. Some take to drugs to overcome boredom, depression and fatigue. Lack of love and understanding on the part of those the person is attached to also becomes a cause of addiction in many cases. Most of the addicts are found to suffer from frustration in life. Of course, easy availability of dependence producing drugs is a major factor in the proliferation of drug abuse.

Teenagers take to drugs commonly due to the following factors:

- i. Persuasion by school-mates and friends (peer pressure);
- ii. Temptation of teenager 'to look and behave' like an adult (symbol of adulthood);
- iii. Refusal to accept any kind of authority (rebellion);
- iv. Mere curiosity to experience how it feels to take drugs (misconceived adventure);and
- v. Imitating the drug-taking behaviour of others(demonstration impact);

Often, drugs are taken for the first time by a teenager due to peer pressure.

A peer is usually a person of more or less the same age, who may be a close friend, a school mate or a neighbour.

53. What are the symptoms of Drug addiction ?

Ans. Following are the symptoms of Drug addiction:

- Loss of interest in sports and daily routine;
- Loss of appetite/weight;
- Unsteady gait/clumsy movement/tremors;
- Reddening and puffiness of eyes, unclear vision;
- Slurring of speech;
- Fresh/numerous injection sites on body and blood stains on clothes;
- Presence of needles, syringes and strange packets at home;
- Nausea, vomiting and body pain;
- Drowsiness or sleeplessness, lethargy and passivity;
- Acute anxiety, depression, profuse sweating;
- Changing mood, temper, tantrums;
- Depersonalization and emotional detachment; and
- Impaired memory and concentration.

54. What are the principal Drugs of Abuse ?

- Ans. Stimulants : Amphetamines like benzendrine, dexedrine and methedrine, Cocaine, Nicotine
- Depressants : Alcohol, barbiturates like secndal, , nembūtal, gardenol, Tranquilizers like valium and librium.
- Sedative : Hypnotics like mandrax, doriden.
- Narcotic : Opium, Morphine, Codeine, Heroin, Brown Sugar.
- Analgesics : Synthetic drugs like Methadone. Pethedrine, Mepradine.
- Cannabis : Bhang, Ganja, Charas
- Hallucinogens: LSD (lysergic acid diethylamide), PCP (phencyclidine), Mescaline, Psilocybin.

55. What are the effects of Drug abuse ?

Ans. Drug abuse leads to:

- a. Short term effects: These are the effects that rapidly appear a few minutes after taking the drug. These effects include a sense of well-being and a pleasant drowsiness.
- b. Long term effects: These are the damages that occur due to constant excessive use of drugs. The damages include both physical and mental illness.

56. What can you do to help prevent addiction to Drugs?

Ans. As a parent

- communicate openly with your child. Be a patient listener;
- Keep yourself interested in your child's activities and friends;
- Share problems at home, talk about your child's problems and teach him to handle them;
- Do not abuse alcohol and drugs yourself and set an example;
- Keep track of prescribed drugs in your home; and
- Learn as much as you can about drugs - be informed.

As a Teacher

- Talk to your students informally and openly;
- Discuss with them the dangers of drug abuse;
- Keep yourself interested in your student's interests and activities;
- Encourage them to volunteer information of any incident of drug abuse;
- Talk with students about the problems of adolescence, guide them on how to handle those;
- Help them examine career options and set goals; and
- Learn as much as you can about drugs – be informed.

As a Citizen

- Do not entertain any request to keep/carry narcotic drugs;
- If you notice poppy or other cannabis plants/crops inform the nearest law enforcement authority;
- If you come across with anything suspicious, inform the police, even anonymously;
- Advise addicts to seek treatment from Government hospitals or counselling/de-addiction centres funded by the Government; and
- Learn as much as you can about drugs - be informed.

21/2/22

For Limited Circulation

R. S. S.
30/8/97

Adolescence Education in Schools

Part - IV

STUDENTS' ACTIVITIES

637/92/98
A. 29/08/92

NATIONAL POPULATION EDUCATION PROJECT
DEPARTMENT OF EDUCATION IN SOCIAL SCIENCES AND HUMANITIES
NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING
SRI AUROBINDO MARG, NEW DELHI-110 016

PLEASE NOTE...

THIS IS AN **EXPERIMENTAL EDITION** OF THE PACKAGE OF BASIC MATERIAL ON ADOLESCENCE EDUCATION. MATERIALS CONTAINED IN THE PACKAGE HAVE BEEN PREPARED IN PURSUANCE OF A STRATEGY TO STRENGTHEN THE POSITIVE SOCIAL AND CULTURAL VALUES OF INDIAN SOCIETY PERTAINING TO REPRODUCTIVE HEALTH. HOWEVER, OUR SOCIETY HAS A LARGE VARIETY OF CULTURAL SETTINGS, AND ANY MATERIAL DEVELOPED AT ONE LEVEL MAY NOT ADEQUATELY TAKE CARE OF THE NEEDS OF ALL OF THEM. IN ORDER TO MAKE THE PACKAGE MORE RELEVANT AND FUNCTIONAL, SOME OF ITS PORTIONS WILL NEED ADAPTATION AT DIFFERENT LEVELS TO MEET THE REQUIREMENTS OF REPRODUCTIVE HEALTH NEEDS OF ADOLESCENTS BELONGING TO EACH CULTURAL SETTING.

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ABOUT THE PACKAGE

This package, *Adolescence Education in Schools : A Package of Basic Materials*, is the outcome of efforts made as a followup of the recommendations of the **National Seminar on Adolescence Education** organised by the National Council of Educational Research and Training (NCERT), New Delhi in April, 1993. The main purpose of developing this material is to promote the process of introduction of adolescence education in the school curriculum. The package consists of the following five parts:-

- | | | |
|-----------------|----------|---|
| Part I | : | General Framework of Adolescence Education |
| Part II | : | Adolescence Education : Its Knowledge Base |
| Part III | : | Adolescence : Questions and Answers |
| Part IV | : | Students' Activities |
| Part V | : | Adolescence Education and Parents |

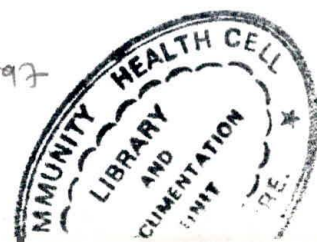
Part I delineates the theoretical framework of Adolescence Education and contains the details of the **Scheme of Content** with suggested modalities to integrate the contents into the existing syllabi and textbooks of various school stages and courses of pre-service and in-service teacher education. Part II is devoted to explaining the main contents of Adolescence Education. It deals with facts, ideas and views in respect of adolescent reproductive health, focusing on physical, psychological and social developments during the process of growing up, the changing inter-personal relationships of adolescents and the critical issues of gender roles. It also provides specific treatment to HIV/AIDS and Drug abuse. In Part III, an attempt has been made to provide answers to some important questions that arise in the minds of adolescents more often than not. Part IV delineates various aspects of the process of conducting important students' activities. Nine activities have been identified. Part V contains

material which can be used in advocacy programmes for various target groups, though this material is addressed particularly to parents.

The present Package draws heavily upon the materials developed and published by various national and international organisations, the Package on **Adolescence Education**, published under Population Education Programme Service by the UNESCO Principal Regional Office for Asia and the Pacific, Bangkok being its mainstay. The portions of this Package dealing with HIV/AIDS have been repackaged from **AIDS Education in Schools : A Training Package**, published jointly by NCERT and National AIDS Control Organisation (NACO), New Delhi. However, the materials drawn from different sources have been adapted and reformulated to suit the requirements of the cultural ethos of Indian society. The first draft of the Package was thoroughly reviewed in three Regional Seminars on Adolescence Education.

Dr. Jawaharlal Pandey, Project Coordinator, NPEP, Dr. (Ms.) Saroj B. Yadav, Reader and Dr. (Ms.) Kanan K. Sadhu, Senior Lecturer prepared the first draft and finalized the Package in its present form on the basis of the recommendations and comments made in the Regional Seminars. Mr. D. P. Jain, Lecturer (S.G.) contributed significantly to the preparation and finalisation of Part V of this Package.

It is hoped that the Package will be a useful and effective in facilitating the introduction of adolescence education in the school curriculum. Any material of this nature pertaining to a sensitive area like adolescence education requires continuous efforts towards its revision and improvement. Suggestions and comments on the Package will be greatly appreciated.



INTRODUCTION

The main objective of the Package is to facilitate the process of effective integration of elements of adolescence education in the content and process of school education and teacher education. It is a commonly accepted view that if all school students are to be made aware of a concern, it must be integrated in school syllabi and textbooks, and it should also be incorporated in pre-service and in-service teacher education courses, so that the teachers acquire suitable competencies to transact the educational concern meaningfully in classrooms. As a matter of fact textbooks continue to be the mainstay of the teaching-learning process in schools for various reasons. But we are aware that it takes rather a long time for any new educational concern to become an integral part of school syllabi and textbooks, and hence in view of the urgency to make students aware of the elements of adolescence education there is a need to adopt an approach that extends beyond prescribed courses, so that students start learning in this area forthwith.

This Part of the Package, therefore, aims at initiating the teaching-learning process in adolescence education in schools without waiting-for the situation when the teaching of its elements will take place in classrooms after these are formally integrated in syllabi and textbooks. Nine **Students' Activities** have been incorporated in this Part, and it should be possible to cover the major elements of adolescence education through them. These activities have been selected and designed by taking into consideration the need to strike a balance between what is desirable and what is practicable. These may be organised in both classroom and out-of-classroom situations with basic minimum infra-structural facilities. An attempt has been made in the following pages to delineate various aspects of the process of conducting each activity. The activities included in this Part are :

1. Question Box
2. Group Discussion
3. Value Clarification
4. Role Play
5. Case Study
6. Debate
7. Painting/Poster Competition
8. Essay Competition
9. Quiz Contest

These activities are expected to provide effective learning situations wherein students will be more enthusiastic to participate and explore issues through a variety of participatory learning formats. These activities will remain equally effective even after the elements of adolescence education are incorporated in school syllabi and textbooks and are taught in classrooms through those textbooks.

These activities are expected to attain the following objectives :

- (i) To make learners aware about adolescent reproductive health during the process of growing up ,HIV/AIDS, and drug abuse ;
- (ii) To remove myths and misconceptions regarding various developments during adolescence ;
- (iii) To develop skills to assert themselves in and/or avoid risky situations including the skill to resist drug abuse ; and
- (iv) To develop a healthy and positive attitude towards reproductive health related issues, HIV/AIDS and drug abuse, and respect for the opposite sex.

The activities included in this Part are only suggestive. Other activities also may be planned and conducted to provide similar opportunities to students where they discuss and explore different aspects of adolescent reproductive health ,including issues relating to HIV/AIDS and drug abuse.

ACTIVITY : 1

QUESTION BOX

Question Box Activity may be very effective for imparting authentic and accurate information regarding reproductive health issues to adolescent students. This may provide appropriate opportunities to adolescent students, both boys and girls to get needed information on sensitive topics, which they are not receiving now either from teachers or parents or any other authentic source. This activity may provide them with such opportunities where they may have discussions on critical issues with their teachers or with counsellors or experts who may be invited to make their special contribution during this activity in the school.

Objectives

1. To provide authentic information on physical, physiological and psychological changes and developments during adolescence and interpersonal relationship issues pertaining to adolescents;
2. To impart the basic information about HIV/AIDS/STDs in relation to transmission, course of illness, symptoms, testing and prevention;
3. To make them aware of the factors leading to drug abuse, its consequences and ways of preventing drug abuse; and
4. To clarify various myths and misconceptions regarding sex and sexuality, HIV/AIDS and drug abuse.

What you need

Shoe box/Wool box.

Time

One class period for one presentation. Three to four presentations will be needed to cover all questions/queries and the basic information or content.

What to do

1. A teacher who has been trained in Adolescence Education, is best suited to take up the question box activity. He/she is advised to go through Part II of this package thoroughly.
2. The question box activity may either precede or follow the teacher's presentation.
3. Arrange for a box (shoe box/wood box/etc.) and make a slit like opening in its lid. This will be used as the "Question Box".
4. Distribute a piece of paper to each student.
5. Let each student write his/her query/queries on the given piece of paper without mentioning his/her name.
6. Each student may insert his/her piece of paper in the Question Box through the slit provided.
7. The teacher may sort out the questions and identify some of the common queries. These queries may be classified for the purpose of answering them.
8. Students should be encouraged to ask questions/queries on matters pertaining to the process of growing up particularly related to reproductive health, STD, AIDS, sexual health, drug abuse, sex related myths and misconceptions, and their changing relationships with the peer group, opposite sex and parents.
9. In order to further ensure anonymity, possibility may be explored to keep the Question Box in the Principal's/teachers' room and students may be asked to put their questions in the Box any time during the day. The teacher will subsequently organize talks or presentations on matters raised in those queries.
10. Depending upon the number of questions asked, the teacher may organize such talks and discussions as many times as possible during the year.
11. To begin with the teacher may like to hold these sessions separately for boys and girls. The sessions can be organized for one class or a group of classes.
12. For answering certain questions the teacher may like to consult a local expert/doctor/health officer/counsellor who has been trained in Adolescence Education.

13. Some questions asked by students may be very personal. Such questions are best tackled privately and in confidence.

ACTIVITY : 2

GROUP DISCUSSION

Group discussion as an activity is used to promote participative learning for a curricular area like Adolescence Education. This activity may prove still more effective and help students get information and ideas regarding critical issues of reproductive health through animated discussion among themselves. This activity may activate serious thinking on various issues relating to the process of growing up , HIV/ AIDS and drug abuse among not only the participants of the group discussion but also the audience.

Objectives

1. To develop among students a proper understanding of the reproductive health issues during process of growing up;
2. To promote among students healthy attitude towards sex and responsible behaviour towards the opposite sex;
3. To review the modes of transmission of HIV/AIDS; and
4. To identify and understand the degree of risk involved in different behaviours including drug abuse.

Time

One period

What to do

1. Divide the class into groups of 6-8 students.
2. Ask each group to discuss the following modes of HIV/AIDS transmission:
 - a) injecting instruments or needles
 - b) blood transfusion
 - c) sexual intercourse
3. The groups should be asked to identify "No Risk" and "Risky" behaviours pertaining to each of the three modes of transmission. Let each group make a list of these behaviours.
4. Fifteen minutes may be given to groups to complete the exercise.
5. During this period the teacher will write "No Risk" and "Risky" on the left corner and on the right corner of the blackboard respectively.
6. Reassemble the class.
7. Now review the modes of transmission one by one. Take the first mode viz. Injecting instruments or needles. Write it as a title on the blackboard.
8. Ask each group to orally enumerate the behaviours it has listed under "No Risk" and "Risky" behaviours. The teacher will write them on the blackboard as the students enumerate them one by one. On the basis of the check-list given at the end, the teacher may either correct or add if any behaviour is left out.
9. Follow the same procedure with regard to the other modes of transmission. While discussing the sexual intercourse the teacher may use his/her own discretion and decide whether it should be taken up or not, and if to be taken up, in what form and to what extent.
10. Check-list of Risk Behaviour.

Mode

Injecting
Instruments:
Needles/Syringes

No Risk

Not injecting
drugs not sharing
needles syringes

Risky

Sharing needles/
syringes for drugs

Blood
transfusion

Giving blood

Taking infected
blood

Sexual
Intercourse

- i. Abstinence from sex;
- ii. Hugging and kissing;
- iii Sex with one life partner

Sex with multiple
partners or sex
outside marriage;

Similar activities may be organised in respect of other objectives mentioned above. The teacher will have to prepare the details on the pattern of the above mentioned example before he/she organises this activity.

ACTIVITY : 3

VALUE CLARIFICATION

Values influence the behaviour pattern of an individual. Values are norms, beliefs, or attitudes which determine how persons act upon available choices. The educator's task is to present content in a value-fair manner. The basic assumption in a value clarification approach is that there are no decisions or actions which are by nature "right" or "wrong". It is the educator's responsibility to provide content which will enable learners to evaluate the available options for a given issue. Learners are given an opportunity to examine and clarify different value positions.

Objective

1. To promote among students healthy attitude towards sex and responsible behaviour towards the opposite sex in consonance with the positive Indian socio-cultural values; and
2. To explore own values and attitudes related to reproductive health issues during the process of growing up, HIV/AIDS and drug abuse.

What you need

Three sheets of paper with one of the following written on it:

1. Agree
2. Disagree
3. Not sure

Time

One period

What to do

1. Stick the papers on different corners of the room or ask three students to hold and display the three paper sheets. Alternatively, the three words viz. Agree, Disagree and Not Sure may be written on the left corner, the right corner and in the middle of the blackboard respectively.
2. Announce that you will read out some statements one by one. After you read one statement, the students should immediately go to the paper sheet/corner of the blackboard which best describes their response to it.
3. Emphasize the importance of responding to first reactions and acting accordingly. Once a student says that he/she agrees or disagrees or is not sure, he/she should stick to that view and should not change during the course of discussion.

Statements for Teacher Training

- a. Adolescence Education should be given to all the students, both boys and girls, at the secondary stage.
 - b. Use of condom for preventing HIV/AIDS and unwanted pregnancies should be taught to students of secondary stage.
 - c. If unmarried persons come to know that they have HIV, they should not get married.
 - d. School shld support a Bill that Alcohol should not be sold to persons under the age of 21.
 - e. Teachers shld tell adolescents that There is no harm in taking bath during the menstruation.
 - f. 'Men should make important decisions because men think before acting, while women act based on their emotions.' A topic for Debate in schools?
 - g. Husbands and wives should share the housework and child care.
 - h. Only prostitutes and drug users are responsible for the spread of AIDS.
 - i. Sticking to one's own spouse is essential because
 - j. People who have HIV/AIDS should be put in isolation.
- * Staff in schools are adequately trained to promote A & D

- k. Blood of even close relatives of a patient should be tested before it is given for transfusion.
- l. Safe sex should be taught to all young people in schools.
- ni. People with HIV/AIDS should not have children.
- n. HIV infected students/teachers should not be allowed in schools.
- ✓ o. Under no circumstances is it acceptable for a woman to refuse to have sexual relations with her husband.
- p. It is easy for a wife to convince her husband to use a condom.
- q. Men who solicit (pay for) sex are responsible for the spread of AIDS.
- ✓ r. There is no need to make adolescents aware of sex - related matters, as it will promote promiscuity among them.
- ✓ s. *A child being sexually abused should be removed from the school environment*

Statements for Students' Activity

- a. Teenage students should abstain from sex until they are married.
- b. It is okay for a boy to have premarital sex, but a girl should be a virgin when she gets married.
- c. There is no harm in accepting a lift on a cycle/vehicle from a person whom I do not know.
- d. It would be alright with me to be in the same classroom with someone who has AIDS.
- e. People who have AIDS should be put in isolation.
- f. Persons who have AIDS should not be allowed to work in restaurants and hotels where people eat food.
- g. A woman who has sex only with her husband is not at any risk for HIV infection.
- h. A young person can inject drugs once in a while without any risk of getting infected with HIV.
- ✓ i. *Teachers should be taught to teach students to say 'no' to peer pressure*
Smoking/taking drugs is injurious to health and hence must be avoided.
- j. I have difficulty in saying 'no' to smoking/drugs when I am with my friends.
- k. Eve-teasing is a normal activity which should not be taken seriously.

Teachers and Parents are the 1st person to approach with any problem regarding their physical, mental, sexual and social health.

4. When they have responded to a statement as directed, there will be a few students standing at each of the three positions. Each should take 1-2 minutes to explain why he/she is standing there.
5. They should not argue/discuss, but listen to other's views, even if different from their own.
6. Statements given for teacher training programme and for students are suggestive. How many statements should be discussed at both the levels, will depend on the availability of time.

Points to be considered

1. The teacher should move around but not intervene except when students break the ground rules.
2. In the end, the teacher will provide enough information about each statement. For this he/she may find Part II of this package useful.

ACTIVITY : 4

ROLE PLAY

Role Play means presenting small spontaneous plays which describe possible real life situations. In role play we imitate someone else's character. A situation is given to the group and they take on the roles of the people involved. Role play allows us to practise situations before we meet them in real life. It also gives us an opportunity to practise skills that are important to protect ourselves from risky situations.

Role Play - I

Objective

1. To identify instances of peer pressure which may have harmful consequences for themselves; and
2. To develop assertive skill to say 'no' to the situation which is unfavourable.

Time

One period.

What to do

1. Identify five students who are ready to play different roles on smoking.
2. Assign them names and their respective roles. They can be given the names as Raju, Ashok, Manju, Vijaya and Mujib with the following roles:
 - (a) Vijaya is a smoker. He wants that his other friends should also smoke. He is saying to Mujib and Manju "Hello"! Mujib. Hello! Manju. I have got cigarettes, come and have a smoke".

- (b) Mujib says, "Sure thanks, that's great". He is also thinking that if he does not smoke, others would mock at him. So he also starts smoking.
 - (c) Manju says, : "No chance, I do not need to smoke to prove that I am an adult. I know smoking cigarette is bad for my health. I would not like to prove my adulthood at the cost of my health."
 - (d) Ashok is thinking that smoking one cigarette may not harm a person. However, he does not want to involve himself in smoking. He is afraid that his action may make him habitual in the long run, so he outrightly rejects the offer given by Vijaya.
 - (e) Raju knows that smoking may make him sick, but he does not want others to think that he is not a part of the group, and hence he takes one cigarette and starts smoking.
3. While assigning students their respective roles, make it clear that while their attitudes are already defined, they should be encouraged to expand on these roles.
 4. After the role play, call the whole class and ask students how they felt during the role play.
 5. Discuss with the whole class emphasizing an appropriate action to be taken in such situations.

Role Play - II

Objective

To illustrate to children how HIV is different from other viruses.

Time

15 minutes.

What you need

A minimum of three face masks are needed for this activity, one for influenza, one for pneumonia and one for HIV. It is fun for students if "the body" and the warrior T-Cells can also have masks or costumes. Students may make their masks and costumes during Art classes or bring from home what they have.

This role play may be staged along with other items on Annual Day or any other such function in schools.

What to do

1. Select some students who can act on stage.
2. Prepare the skit according to the following steps:
 - (a) Ask a child to stand in the centre of the room. This child represents "the body". The child artist should express the following idea:

"Each one of us has an immune system which defends our body against a range of infections. Some of the cells that we have in our immune system are called T-Cells".
 - (b) Ask other students to form a circle around "the body" by joining hands and facing out. These students represent the "Warrior T-Cells". These students artists should state the following idea:

"We now have a healthy body, with an effective immune system to protect it against infection. Now what happens when a virus actually attacks the body?"
 - © Ask the students wearing the influenza mask to try and attack "the body". The Warrior T-Cells fight off the influenza virus and prevent it from harming "the body". The following idea should be conveyed through the stage artists:

"When we have an effective immune system, it is able to protect the body from the influenza virus".
 - (d) Ask the student wearing the HIV mask to approach "the body". Through this act, the following ideas may be conveyed:

"We now have another virus in our society called HIV. HIV is different from other viruses. Our immune system has difficulty in coping with HIV. HIV appears to have a secret weapon which is able to destroy the T-Cells in our bodies. Over a long period of time HIV may destroy many of the T-Cells and gradually the body becomes weaker and more vulnerable to other infections".

As the student wearing the HIV mask touches the Warrior T-Cells, most of students disappear one by one until there are only two or three students

representing Warrior T-Cells left to protect “the body”. The student wearing the HIV mask now stands very close to “the body”.

- (c) The student wearing the pneumonia virus mask approaches “the body”. When this virus comes along, it finds a depleted immune system and, therefore, has much easier time attacking “the body” because there are only a few T-Cells left to fight it, “The body” is pulled down on the ground.

Role Play - III

Objective

To help students become aware of some of the ways by which a community can work towards preventing HIV/AIDS.

Time

One period

What to do

1. Outline the problem for students as follows:

“There are two HIV positive cases of young persons in locality ‘A’.

In response, the municipal committee of locality ‘A’ is holding a special meeting in order to find out ways of prevention”.

2. Select six students who can act as members of the municipal committee. Give each one of them a separate slip of paper indicating his/her number as a member and also his/her role. Students should be briefed properly about the views that they will individually express while acting as Members of the Committee. Prepare these slips in the following manner:

Member A : You don’t really believe that it is a big problem as only two persons have been identified. So you think that AIDS is not a big problem particularly in your locality.

Member B : You think that it is mainly the poor and unhygienic people who contract STDs and HIV/AIDS. People living in your area are very religious and, therefore, there is no need to discuss this issue.

Member C : You think that the school should teach AIDS education to the young people for preventing its spread. Since at present, there is no cure, therefore, the only alternative to prevent it from spreading is education.

Member D : You are determined to get re-elected and, therefore, hesitate to take a strong stand on introducing AIDS education in the school curriculum, although you feel that it is the key issue.

Member E : You are concerned but you are an important member of the community which has very conservative views about AIDS education.

Member F : You would like to ensure that HIV/AIDS does not spread. You realize the seriousness of the problem and you want to see that all members together should come up with solution. You also think that AIDS education should be introduced in the school for educating young population.

3. Assign students their respective roles and make it clear while their attitudes are already defined on the role slips, they should be encouraged to expand on these roles.
4. Ask the six selected students to form a circle. The rest of the class will serve as audience and ask questions. They can offer comments/contributions if asked by the chairperson.
5. The teacher can play the role of a chairperson.
6. Some other roles such as those of local health officer, a high school teacher, a local religious leader and a concerned parent, can also be assigned to some other students.
7. Attempt to get some consensus on a plan of action.
8. Call the whole group and ask how they felt during the role play
 - How would you feel playing the roles of members?
 - How would the community react to a plan of action on which a consensus emerged during this activity?
9. Discuss the experiences.

Some role play situations are given below as examples. The above mentioned methodology can be adopted while organizing these activities.

Situation I :

You go to a marriage party where some of your friends are smoking. They try to get you to smoke also. You know smoking is bad for you and you really don't want to do it. How would you tell them 'no'?

Situation II :

Your parents or guardians decide to get your ears pierced. They tell you that you can get it done at a place out of town. You arrive there but it doesn't look very clean. You have heard about HIV/AIDS and the possibility of its spread through unclean needles. You decide to ask the person if the needles are clean and to see the equipment and the process they use for cleaning. When the person can not show you, you decide to say 'no' assertively.

Situation III :

You are with five friends after school. One of them, Rajesh went to a brothel last week with his older brother. Three others have agreed to go with Rajesh on Saturday and are trying to convince you to join them. You and your friend Mansoor do not agree to go there and explain your refusal, try to warn them of their own risk, and suggest that they do not go.

Situation IV :

You find out from your friends that one of your teachers is HIV positive. He is a good teacher. For a while he was depressed, but now he is back to his regular mood and manages his class as before.

Many students in the class keep away from him and sit as far away from the teacher as possible. These students do not want to ask questions nor spend any time with this teacher. They also complain to their parents. The parents contact the Principal demanding that this teacher leaves the school. The Principal plans to call a meeting with the parents to discuss the case. Since the Principal knows that you and your friends are knowledgeable about HIV, he asks you to prepare a convincing talk for the meeting of the parents, so that the parents will understand the mode of HIV transmission and drop their demand, and the teacher stays in the school.

ACTIVITY : 5

CASE STUDY

Case study is a very effective activity, in that it focuses on a particular problem and leads the persons conducting case studies to understand almost all the aspects of that problem. The use of case study as an activity in the area of Adolescence Education will help students understand the significant problems of adolescent reproductive health in a more comprehensive way. In this activity case studies on various issues of reproductive health may be placed before students who in turn may discuss questions that emerge in the context of such studies.

Objective

1. To develop healthy attitude towards sex and responsible behaviour towards the opposite sex in consonance with the positive Indian socio-cultural values;
2. To assist students to understand possible effects of AIDS and to help them develop positive attitude towards matters relating to HIV/AIDS; and
3. To develop skills to assert and avoid potentially risky situation including skills to resist the abuse of drugs.

Time

30 minutes/one period

What to do

1. Select simple, realistic, useful and short case studies.

2. Read out one case study to the students. For example:

“Mohan died of AIDS recently. Now no one goes near his wife and children. Some people are suggesting that they should be made to leave the village.”
3. After reading out the case study the teacher may facilitate the discussion by asking:
 - (a) Why people are behaving like this?
 - (b) Do you justify people's behaviour?
 - (c) What are the options?
 - (d) What are the possible consequences of each of these options?
4. Teachers should read case study to the students very slowly.
5. It is good to go over the main points again to make sure that everyone has understood.

For adopting the same methodology some case studies are given as examples:

Case Study - I

Amit is invited to a party where some of his friends are injecting drugs. The same syringe is being used for the entire group. A friend keeps asking him if he wants to try the drug. Amit at first says “no”, but after having a few beers, he thinks to himself, “Why not?” And he also joins the group. Amit doesn't even know what drug he is trying.

Many months later, Amit calls on his friends to see how they are. He finds out that one of the friends he shared drugs with at the party, has since died of AIDS. Frightened, he takes a test for HIV infection. His result is positive. A Counsellor at the testing centre tells him that the positive report means that he has been infected with HIV. Although it does not necessarily mean that he has AIDS at that moment but he certainly can infect others even now and he will certainly have AIDS later on. This means that he might pass on HIV infection to his wife.

Case Study - II

There is a small island, the main industry of which is tourism. As a response to the world's concern on AIDS, the Government of the Island decides to make blood testing for HIV compulsory for its people and all tourists/other overseas travellers coming into and going out of the island.

Case Study - III

You learn that a classmate who is also your friend has HIV. Although HIV is not transmitted by casual contact, a group of parents and students in the school demand that the boy be prevented from attending the school. Many of the parents and friends of yours ask you to join the group, and you are to decide what to do.

Case Study - IV

Meena and Ramesh have been going together for a year. Everyone at college knows they are a couple and that they plan to marry when they graduate. Ramesh wants Meena to have sex with him. She does not want to do so, but finally agrees when Ramesh threatens to call off their engagement.

ACTIVITY : 6

DEBATE

Debate is a good technique for probing into controversial issues. In a debate the advantages and disadvantages of an issue are presented. This helps students in taking rational position on any issue. Debate is useful when we wish to explore a topic from several points of view. The issue to be debated should have positive and negative aspects that can be argued for and against by students.

Objective

1. To help students probe and clarify issues relating to the reproductive health during process of growing up, HIV/AIDS and drug abuse.

Time

45 minutes/one period

What to do

1. Ask students to form two teams. One team will be in favour of the motion and the other against the motion.
2. The teams should spend some time before the debate on brain-storming arguments in favour of their position. They should then select three speakers to represent their group's views in the debate.
3. The teacher may chair the debate. Introduce the speakers and ensure that order is maintained during the open discussion. The chairperson should take a neutral position.

4. The speakers should stand in front of the main group and present their views in turn, alternating between the teams.
5. When all the speakers have finished, the other students are then free to question the speakers on their views. The Chairperson should moderate the discussion so that every one gets a chance to speak. At the end, the teacher as the Chairperson should sum up the points made by students during the debate and also add some points that may not have been covered by students.

Suggested topics

1. In the opinion of the house:
2. All school students should be imparted Adolescence Education.
3. A student with HIV infection should not be allowed to come to school.
4. The adolescents should be prevented from making friendship with the opposite sex .
5. A girl must be a virgin when she gets married.
6. Only parents should provide sex education to their children.
7. There is no harm in taking drugs once.

ACTIVITY : 7

PAINTING/POSTER COMPETITION

Painting and poster competitions have become popular co-curricular activities. Students are involved in these competitions so that they think on a given issue seriously and thereafter translate their ideas into paintings/posters. In order to draw a painting/poster students gather necessary information from various sources and also give serious thought to the style of expressing critical ideas in the form of a painting/poster. This activity may prove very effective in respect of sensitive topics relating to reproductive health.

Objective

1. To illustrate Painting/Poster Competition as a useful way of generating interest among students and motivating them to collect information on matters relating to the reproductive health during the process of growing up, HIV/AIDS and drug abuse.

Time

One hour and fifteen minutes

What to do

1. Invite students of upper primary, secondary and higher secondary classes to participate in the Painting/Poster Competition on any of the topics related to the process of growing up, HIV/AIDS and drug abuse.
2. Give them 15 days for going through various materials related to the theme/themes.
3. Decide a date on which the competition can be held.
4. Organize the painting/poster competition separately for secondary/higher secondary and upper primary stages.

5. The teacher may discuss for about 15 minutes with the group/groups about the theme/themes selected for the competition. Preferably the talk may be aided with some visual materials.
6. Arrange all art-related materials like colours, papers, brushes, etc. Alternatively, the students may be asked to bring the materials themselves.
7. Allow them to do painting for one hour.
8. Invite a panel of judges for evaluation and selection of best paintings from each group.
9. Exhibit the selected paintings/posters at appropriate places in the school premises.

ACTIVITY : 8

ESSAY COMPETITION

Essay competition has also been a popular activity since long. This activity has proved very useful in providing opportunities to students to gather needed information and ideas from various sources for interpreting and analyzing facts relating to a particular topic of the essay. While writing the essay students understand and appreciate various aspects of the given topic - an exercise which develops in them the competence of logical and rational thinking which is so important for a curricular area like Adolescence Education.

Objective

1. To illustrate Essay Competition as a useful method of making students reflect over various issues regarding reproductive health during the process of growing up, HIV/AIDS and drug abuse.

Time

45 minutes/one period

What to do

1. Invite students of secondary and higher secondary classes to participate in the Essay Competition on the topic/topics related to process of growing up, HIV/AIDS and drug abuse.
2. Give students some topic/topics related to above areas for writing an essay.

Some topics are :

- (a) Adolescence - an important phase of life
- (b) Abuse of drugs is fatal

- (c) AIDS as an epidemic
- (d) Control and Prevention of HIV/AIDS
- (e) Respect for girls is respect for human dignity
- (f) Education of Adolescents in Reproductive Health by Parents
- (g) Abstinence

4. Let each student write an essay on one of the given topics.
5. A panel of judges may assess all the essays written by students.
6. A few selected essays may be read out by students in the classroom.
7. Some important essays may be included in the school magazine.

ACTIVITY : 9

QUIZ CONTEST

Quiz contest is also a very popular activity both within and outside educational institutions. It enables students and other participants to gather all kinds of information on the concerned theme or topic and understand the implications of different aspects of the concerned area. This activity creates a motivated environment for the audience also, in which learning takes place in a very involved manner.

Objective

1. To create awareness regarding reproductive health issues during the process of growing up, HIV/AIDS and drug abuse among students and to motivate them to collect information on related issues.

Time

One hour/one period

What to do

1. Develop a Quiz-Item Pool by collecting questions from various sources. As an example, a pool of some questions is given at the end of this activity.
2. The whole class can be divided into three or four groups according to the number of rows of students. These groups may be named as Team A, Team B and so on.
3. The blackboard may be used as the score-board.
4. One of the students may be identified as the scorer and another as the time keeper. The teacher may act as the Quiz-master.
5. The Quiz-master may select questions from the Quiz Item Pool and put them to each team turn by turn. A team may score two points for a correct answer. But, if a team is unable to answer the question, then the other teams may be asked the same and shall get a bonus point for a correct answer.
6. Similarly, next team may be asked the next question. Thus, the whole class will be involved in this competition.

7. After five or six rounds the scorer may announce the name of the team with the highest score. That team may be declared as the winner in the Quiz Contest.

QUIZ ITEM POOL

A. Quiz Item Pool

1. When does adolescence start?
2. What is puberty?
3. What are the major changes during adolescence?
4. What are the phases of adolescence period?
5. How effective is the abstinence in respect of HIV/AIDS?
6. By which age gender identity in children is well established?
7. Which drugs have no medical use?
8. What is the full form of AIDS?
9. What is the full form of HIV?
10. What is the full form of STD?
11. Can a women get pregnant if she has sex during menstruation? Yes/No
12. Is one drop of semen equal to 100 drops of blood? Yes/No
13. Is bathing during menstruation harmful? Yes/No
14. Does the height of the girl stop after menstruation? Yes/No
15. Can STDs be cured if the infected boy has sex with a virgin? Yes/No
16. Can girls get pregnant even if she has sex once? Yes/No
17. Is STD an important factor for HIV infection? Yes/No
18. Can a person get HIV by sharing needles or syringes with someone who has this virus? Yes/No
19. Can AIDS be cured if detected early? Yes/No
20. Can a person get HIV by wearing clothes used by someone who has this infection? Yes/No
21. Can one identify the HIV infected person on the basis of his/her looks? Yes/No

B. Multiple Choice Questions

1. Education of adolescents in reproductive health is necessary because
 - (a) their reproductive health needs as a group have been largely ignored
 - (b) they have become indisciplined and create problems in society
 - (c) they do not observe the norms which adults like
 - (d) it will help them concentrate on their studies
2. That men are not supposed to be weak is an example of
 - (a) gender conflict
 - (b) sex role stereotyping
 - (c) a fact of life
 - (d) a biologically deterministic argument
3. Which one of the following statements is correct in respect of the difference between physical maturation of girls and boys?
 - (a) Girls usually mature earlier than boys
 - (b) Most of the boys mature earlier than most of the girls
 - (c) All boys and girls mature fully by age 13
 - (d) There is no difference between physical maturation of girls and boys
4. For most adolescents their emotions
 - (a) are pretty stable
 - (b) seem to change frequently
 - © are completely unstable
 - (e) are neither stable nor frequently changing
5. AIDS is caused by
 - (a) Virus
 - (b) Bacteria
 - © Fungus
 - (c) Protozoa

6. HIV is transmitted through
- (a) casual contact
 - (b) eating together
 - © blood
 - (d) hand shake
7. HIV is
- (a) blood-born organism
 - (b) water-born organism
 - © air-born organism
 - (d) pollution - born organism
8. Sex of a baby is determined by the
- (a) egg from the mother
 - (b) hormones in the mother
 - (c) sperm from the father
 - (d) genes of the parents
9. During the menstrual periods, girls should
- (a) not take part in sports or exercise, as they become too weak.
 - (b) observe a normal routine, as it is not at all an unusual phenomenon.
 - © should not take bath and change her cloths.
 - (d) should not associate herself with the kitchen work.
10. A person with HIV infection may
- (a) become insane
 - (b) may seem healthy but infect others
 - (c) become over-weight
 - (d) may not infect anybody till AIDS develops.
11. One can know whether one has HIV infection by
- (a) blood test
 - (b) urine test
 - © X-ray
 - (d) stool test

12. Spread of STDs and AIDS is

- (a) not at all linked
- (b) very closely linked
- (c) linked to some extent
- (d) very rarely linked

13. One way by which people can protect themselves from HIV/AIDS is by

- (a) not donating blood
- (b) not taking blood from professional donors without testing
- (c) not embracing a person with HIV
- (d) not eating with a person with HIV

C. True/False

- | | |
|--|------------|
| 1. Increased hormone production is responsible for physical, sexual, emotional changes during adolescence | True/False |
| 2. Abstinence is the only method of preventing HIV infection, which is 100% effective and has no medical side effects. | True/False |
| 3. Gender roles are mostly determined by biological factors beyond our control. | True/False |
| 4. Attraction towards the opposite sex during adolescence is the indication of an unhealthy mind | True/False |
| 5. Persons who are infected with HIV can look and feel healthy. | True/False |
| 6. AIDS can be cured if it is treated early. | True/False |
| 7. One can try drugs just once and then stop. | True/False |
| 8. Males who are infected with HIV, can transmit it to another person through their semen. | True/False |

- | | |
|--|------------|
| 9. Persons who are infected with HIV, can transmit it to another person through their blood. | True/False |
| 10. An infected mother can pass HIV to her unborn child. | True/False |
| 11. Drugs increase creativity. | True/False |
| 12. Persons who have sex only with their own spouses, have no chances to become infected with HIV. | True/False |
| 13. Mosquitoes can transmit HIV from one person to another. | True/False |
| 14. A woman can get pregnant the first time she has sexual relation with a man.. | True/False |
| 15. Child care is a skill determined mostly by heredity. | True/False |
| 16. A person can become infected with HIV by donating (giving) blood. | True/False |
| 17. Persons can reduce their chances of becoming infected with HIV by using condom during sexual intercourse. | True/False |
| 18. People can be infected with HIV and not know they have it till they are tested. | True/False |
| 19. It is medically advised that students who have HIV should not be allowed in schools. | True/False |
| 20. It is medically sound to allow people who have HIV to work in places that handle food. | True/False |
| 21. Having sex with more than one can increase a person's risk of getting infected with HIV. | True/False |
| 22. Smoking and drinking during pregnancy increase the risk of birth defects and other problems for the child. | True/False |
| 23. Eve-teasing is the indicator of an unhealthy mind. | True/False |

- | | |
|---|------------|
| 24. Teenage girls have a very low risk of miscarriage and birth defects in their babies as compared to women in other age groups. | True/False |
| 25. Treatment for gonorrhea and syphilis is simple and effective. | True/False |
| 26. A person may get HIV by hugging a friend who has HIV/AIDS. | True/False |
| 27. A person may get HIV by shaking hands with a person who has HIV/AIDS. | True/False |
| 28. AIDS is a contagious disease like common cold. | True/False |
| 29. There is no known vaccine to prevent AIDS. | True/False |
| 30. When a person has AIDS, his or her body cannot defend itself from certain diseases. | True/False |
| 31. All persons suffering from STDs are also suffering from AIDS. | True/False |
| 32. Not to allow a student with HIV to attend the school is an example of irrational discrimination. | True/False |
| 33. Drugs sharpen thinking and lead to greater concentration. | True/False |
| 34. Drug addiction can be cured by medial and psychological treatment. | True/False |
| 35. To get rid of drugs, the addicted person has to have sustained self-determination. | True/False |

KEY (QUIZ ITEM POOL)

A. Quiz Item Pool

1. Adolescence starts at puberty.
2. Puberty is the first external sign i.e. menarche in case of girls and seminal emission in case of boys.
3. Physical, physiological, emotional and psychological changes.
4. Early, middle and late.
5. Hundred per cent effective
6. 3 years
7. Brown sugar and ganja
8. Acquired Immuno Deficiency Syndrome
9. Human Immune-deficiency Virus
10. Sexually Transmitted Disease
11. Yes
12. No
13. No
14. No
15. No
16. Yes
17. Yes
18. Yes
19. No
20. No
21. No

B. Multiple Choice Questions

- | | | | |
|---------|---------|---------|---------|
| 1. (a) | 2. (b) | 3. (a) | 4. (b) |
| 5. (a) | 6. (c) | 7. (a) | 8. (c) |
| 9. (b) | 10. (b) | 11. (a) | 12. (b) |
| 13. (b) | | | |

C. True/False

- | | | | |
|---------|---------|---------|---------|
| 1. (T) | 2. (T) | 3. (F) | 4. (F) |
| 5. (T) | 6. (F) | 7. (F) | 8. (T) |
| 9. (T) | 10. (T) | 11. (F) | 12. (T) |
| 13. (F) | 14. (T) | 15. (F) | 16. (F) |
| 17. (T) | 18. (T) | 19. (F) | 20. (T) |
| 21. (T) | 22. (T) | 23. (T) | 24. (F) |
| 25. (T) | 26. (F) | 27. (F) | 28. (F) |
| 29. (T) | 30. (T) | 31. (F) | 32. (T) |
| 33. (F) | 34. (T) | 35. (T) | |