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LIFE



Primer
manual for trainers

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LOVE



MYRADA



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www.unaids.org
www.cdc.gov
www.yrshr.org
www.youthportal.gov.in
<http://yas.nic.in>

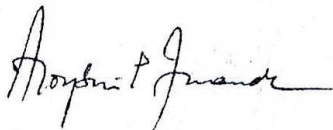
Foreword

Life has to be celebrated. Not celebrating it makes it a life led in vain, a life that is not only joyless but even purposeless. People may choose to celebrate life in different ways, and as long as the paths taken are within the ambit of the laws of the land and the code of good ethics, there are no rights and wrongs. One of the things that we are made aware of very early in life is that it is both legally and ethically wrong to act in ways that can cause hurt to others. And so, most of us grow up knowing the boundaries that we shall not transgress in our relationships with others, lest they cause hurt and attract legal and societal sanctions. But what about causing hurt to oneself?

Adolescence and youth are periods of discovery that are distinctly different from childhood and adulthood. New facets of self are discovered that have physical, psychological and social dimensions. There is a wholly new awareness of the other, and of the range of pressures and possibilities that can trouble as well as tantalise. There are temptations too difficult to ignore, and peers who egg you on to 'grow up'. In all this, what young people are never told or taught is how not to cause hurt to oneself. Between the moralizing and rule-making parents and teachers, and the pressures of peers to break free of morality and rules, the neo-adolescent has no one to tell him/her that 'breaking free' carries a cost that need not be legal or societal but that can be tremendously self-injurious.

Like exploring sexuality and ending up with HIV. It is in this context that CDC, INSA, Myrada and TANSACS have brought out Celebrating Life, a timely and very youthful set of three books that set out to tell young people exactly that: that responsible behaviour is a favour to society but even more, it is a favour to oneself. The Primer Module Phase is a short and catchy 3-hour session of exercises, dialogue and analyses that serve to whet young appetites to know more about young adulthood, sexuality, and protection from HIV infection. The Ten Commitments Phase explores these themes in smaller groups and in greater detail, conducted over 10 modules of 1 hour each. The methodology is as much fun as it is insightful, giving it the right college flavour. The Student Handbook completes the set and is a purely private journal that can be maintained by each student. It contains plenty of information and individual exercises, and enables each student to personalise the ten commitments in his/her own way,

I hope that these Manuals are widely used in colleges as well as in other formal and informal youth groups, clubs, neighbourhood groups, etc., in acknowledgement of the fact that time is running out for us and we have to hurry now to ensure that our youth remain healthy and have reason to celebrate life.



Aloysius P. Fernandez
Executive Director
Myrada

Acknowledgements

Many persons were responsible for developing and putting together this manual for youth. In particular, we would like to mention the following:

The team at International Services Association (INSA-India), Benson Town, Bangalore for painstakingly working on the content of all the sections and exercises.

Red Ribbon Club (RRC) Consultant, Tamil Nadu State AIDS Control Society (TNSACS), and his team of Regional Managers for all their inputs, suggestions and help in the pilot testing.

The Field Officers in Tamil Nadu and the supervisors in Belgaum who assisted in the pilot phase.

The students and management of the colleges in Tamil Nadu and Belgaum where this manual was pilot tested.

Centers for Disease Control & Prevention - Global AIDS Programme / India (CDC - GAP/India), who spearheaded this venture and steered this project from inception to finish.

The team at MYRADA for their support and advice.

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Bangalore

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Abbreviations used

AIDS :- Acquired Immune Deficiency Syndrome

C-Life :- Celebrating Life

FA :- Friendly Advisor

HIV :- Human Immuno Deficiency Virus

ICTC :- Integrated Counselling and Testing Centre

LCD :- Liquid Crystal Display

NGO :- Non Government Organisation

OHP :- Overhead Projector

PLHA :- People Living with HIV and AIDS

RRC :- Red Ribbon Club

SACS :- State AIDS Control Society

STIs :- Sexually Transmitted Infections

VCTC :- Voluntary Counselling & Testing Centre

WHO :- World Health Organisation



Celebrating Life!

These words evoke a promise of dynamism and fervour and this is exactly what the Celebrating Life (C-Life) programme aims to do.

C-Life channels young people's zest and curiosity towards becoming responsible youth. Youth generally refers to a time of life that is neither childhood nor adulthood, but rather, somewhere in-between. While they are not ready to assume all the responsibilities of an adult, they are still not old enough to understand or assimilate all the stimuli coming their way.

With around 15 million young people in India, the reproductive and sexual health decisions young people make today not only affect their health and well being, but also that of our country and the whole world.

Today's youth are exposed to a colossal amount of information from a kaleidoscope of sources that one cannot keep count. Sadly, not all of it is either reliable or suitable for their level of understanding. This leads to a misinterpretation of facts and even incorrect decisions in critical areas of their life. This, coupled with peer pressure, takes a huge toll of the young and inexperienced generation of our society.

The "Celebrating Life" (C-Life) education programme is designed for young persons between the ages 15 and 25 years in educational institutions. The major areas covered in this module include basic issues that will :

The "Celebrating Life" (C-Life) education programme is designed for young persons between the ages 15 and 25 years in educational institutions.

- ☞ **Help young people in colleges understand the changes they experience in their growth and development.**
- ☞ **Enable young people to recognise and analyse their level of risk and vulnerabilities to HIV and AIDS and other related problems.**
- ☞ **Assist young people to acquire essential life skills that will facilitate appropriate and safe decisions in their lives ahead.**
- ☞ **Facilitate young people to make commitments to protect them from HIV infection and celebrate life more meaningfully.**

This curriculum is more than teaching young people about anatomy and the physiology of reproduction. It encompasses development, interpersonal relationships, body image, life skills and gender roles.

Parents, peers, schools, religion, the media, friends, and partners - all influence the way people learn about sexuality.

It is estimated that more than half of all new HIV infections occur before the age of 25 years, mostly through unprotected sexual intercourse. According to the experts on HIV and AIDS, many of these new infections occur because young people do not have the knowledge or skills to protect themselves. These modules hope to fill in this gap.

Extensive pilot testing of this module has been done in several colleges in both Tamil Nadu and Karnataka. A unanimous feedback from the students was that all young people in India should have the opportunity for such training.

The training module is designed in two phases:

1. Primer Module phase:

This is a three-hour training curriculum for a large audience of young persons (100 students on an average). As the name suggests, it is aimed at introducing the students to the critical stage of development they are experiencing and how they can make appropriate, sustainable decisions that protect them from HIV infection. The Primer Module material includes a Friendly Advisor guide and an optional student handbook. The student handbook is intended to be a private diary for each student, packed with both information and individual exercises.



2. The Ten Commitments phase:

During the Ten Commitments phase, the students are encouraged to explore the subject more deeply through a series of ten steps. Each step is referred to as a commitment they make to value, respect and protect their minds and bodies. The ten modules are self contained, one hour units with detailed activities and facts on the topics that were touched upon during the Primer Module phase.

Why another training module, you may ask. Aren't there enough circulating around? After extensive research, we found that a lot of the available material is either not culturally appropriate or too detailed and long. While many are very well designed and have been used successfully in other areas, we were looking at a practical approach that could be incorporated into the regular curriculum without compromising the quality of the programme, and not impinging on academic obligations.

This whole curriculum has been a collaborative effort of several key players. While the content was created and compiled by International Services Association (INSA-India), Bangalore, the Red Ribbon Club teams of Tamil Nadu State AIDS Control Society (TNSACS) and MYRADA, Karnataka, and young people in colleges were extensively involved right from the planning, design and testing phases. Their inputs were invaluable. The CDC-GAP / India team at Chennai spearheaded this project and steered the process from conception to this point.

An unanimous feedback from the students was that all young people in India should have the opportunity for such training.

It is our sincere hope that this youth-friendly curriculum will make a positive change in the lives of the young people of India, and that their risks to conditions such as HIV and AIDS will be minimised.

The curriculum has been possible due to the support from CDC-GAP / India and PEPFAR, USA. MYRADA has been privileged to take on the responsibility of developing this curriculum. We welcome your comments and encourage you to use this programme wherever you can.

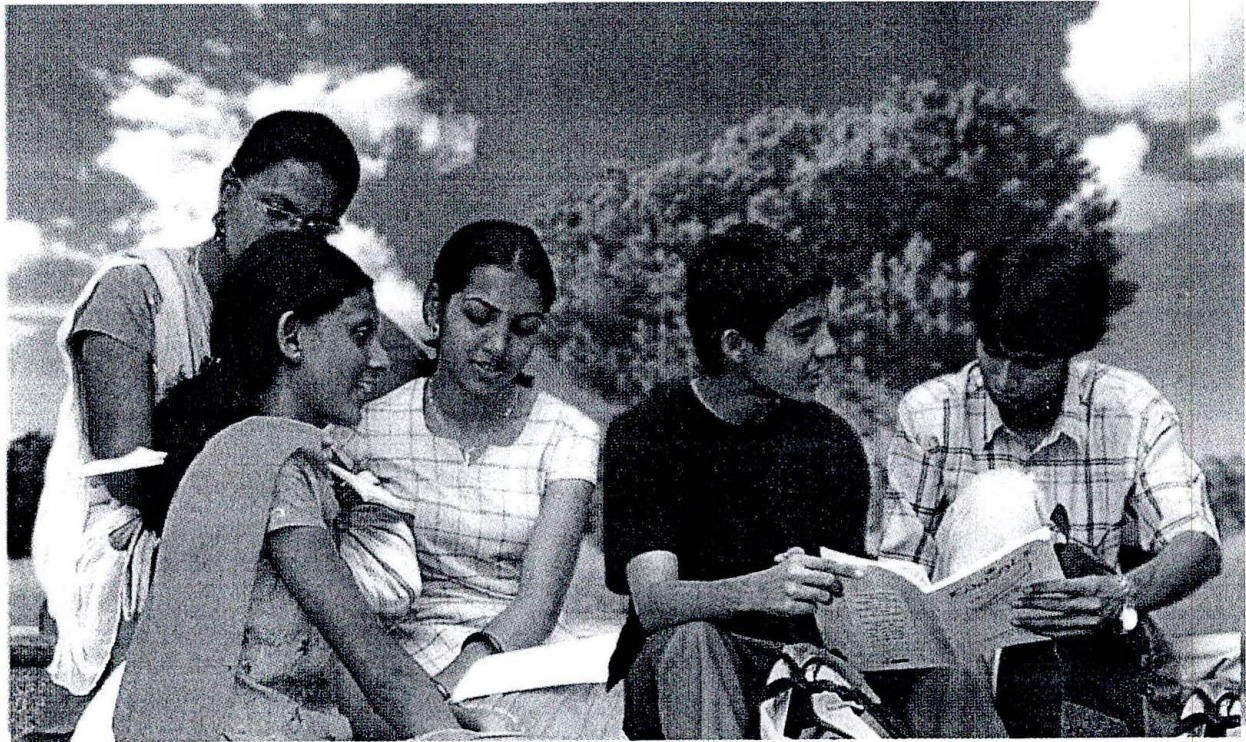
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General Information for Friendly Advisors



General Information for Friendly Advisors



Profile of a Friendly Advisor

The C-Life curriculum needs a facilitator who leads and moderates every section. A meaningful title is given to this person – the Friendly Advisor.

'Friendly,' because the person in this role requires a friendly approach to the youth and 'Advisor' because this person must think through the process of youth behaviour, and help them in making responsible and healthy choices.

Who can fit into this role? Anyone who can lead, moderate and facilitate. It is important for the FA to have gone through a standardised training programme conducted by the State AIDS Control Society or a similarly competent organisation, so that he / she can answer most of the questions that might arise during the programme. The FA could be a professor, NSS Programme Officer, an NGO personnel or a student peer educator.

General Tips for the Friendly Advisor (FA)

1. The FA must

- ☞ understand the period of adolescence, encourage the youth to bloom in full, without forgetting their responsibilities encourage open discussion on sexuality in the classroom
- ☞ possess a commitment to reach out to young people with correct information on HIV
- ☞ be confident, and at the same time, take note that the topic is not rushed through
- ☞ manage time critically
- ☞ understand the cultural ethos of the region and make efforts to avoid cultural or religious differences

2. The FA must read the training module, familiarise with the activities and practice the use of verbal and non-verbal communication skills.

3. While discussing something that is considered sensitive (for example, on masturbation), in a class of mixed group of girls and boys, be conscious of your facial expressions.

4. Sex and sexuality is a sensitive topic and it is safe to approach this with scientific rigor rather than creating a protracted debate on 'debatable' issues.

5. The FA must be non-judgmental especially while discussing sex and sexuality. For example, if you are discussing about gender and sexual orientation, do not use words such as 'detestable' or 'unnatural love', etc.

6. Discuss in detail the myths and misconceptions associated with each topic and explain how these myths and misconceptions become the source of problem for the youth.

7. If an active discussion diverts the topic, FA should bring them back skillfully to focus. The FA could say, *'What you are discussing is very important. However, let's continue with the module and you may find the answer later or we will set apart a time for this discussion outside the time-frame of this curriculum.'*

Specific instructions to FAs on the C-Life Primer

- ☞ The C-Life Primer, which requires three hours, is an abridged version of the 10-hour curriculum. In six sessions, the Primer covers the most essential lessons such as the five-dimensional development during the time of youth, vulnerability to STI, HIV and AIDS, self esteem and an introspection of their self worth.
- ☞ The FA must reach the venue in advance and ensure that the volunteers are positioned for distributing hand-outs.
- ☞ In case of non-availability of LCD or power failure, the FA must be prepared to show the important charts.
- ☞ A public address system may be very useful when addressing more than 100 students.
- ☞ Load the video documentary '*Amma*' before the session starts so that it is ready to play without any delay.
- ☞ Keep the handouts readily stacked or handed over to volunteers before the session begins.
- ☞ It will always be useful to have a record of the questions that are not mentioned in the FAQ section of this manual.
- ☞ It is assumed that the FA is familiar with the college, the professors associated with RRC and the locality. It is always better to visit the college and meet the authorities before the programme.

Methods and Materials

The Primer Module is prepared on the basis that college-going students require adult learning methodologies for meaningful behaviour change. The methods in the Primer Module are interactive and fun based. Experiential learning games are used in the Primer Module. Detailed steps for using each method are explained.

The Primer Module also includes exact words a Friendly Advisor could use. Tips for the Friendly Advisor are included in each stage as found appropriate. Being an adult learning Primer Module, the Friendly Advisor is encouraged to draw from the exercise points to link with in the following sections used. Tips for drawing points are included in the Primer Module.

Most of the activities in the Primer Module are group based. However, there is one section entitled '*I, Me and My Body*', which requires the students to introspect and participate. The Friendly Advisor is required to be skilled in using both group and individualised deep private exercises within the Three hours as indicated.

Materials required are indicated for each section. As much as is possible, the Primer Module encourages the use of available materials in a college setting.

There are nine handouts which need to be duplicated and distributed to each student at times indicated in the Primer Module. The FA is expected to keep these ready prior to beginning the session. The details of the nine handouts are given below.

The nine handouts are:

Handout number	Handout name	When to give	To whom	Purpose
Hp1	'Back to Basics' 'A' tear-away sheet 'Back to Basics' 'B' flip side of tear away sheet	Give as they enter	Each student	Identify college-going student's baseline knowledge before and after the Primer
Hp2	Celebrating Life Overview	2 minutes later	Each student	Introduce the C-Life Programme
Hp3	Pledge*	5 minutes later	Each student	Increased student participation levels in C-Life Programme
Hp4 Hp5	Incomplete Story or Incomplete Situations	15 minutes later	For FA	Non-threatening way to get students to identify changes they experience
Hp6	Feelings Sheet*	25 minutes later	Each student	Internalise changes experienced in adolescence
Hp7	I, Me and My Body*	1 hour and 15 minutes later	Each student	Internalise how much students value their bodies
Hp8	Tear-away Feedback and Enrollment Form	2 hours and 45 minutes later	Each student	Enroll in the C-Life intensive programme
Hp9	Basic Facts on STIs, HIV and AIDS*	As they leave	Each student	Share basic C-Life programme, HIV and AIDS with others.

*** Do not distribute these handouts if the C-Life student's handbook is given.**

Follow-up and evaluation

Planning and implementing follow-up activities enables students to retain what they have learnt. The Primer Module does not include activities in the follow-up period, apart from the 10 Commitments for C-Life. Exhibitions, plays, poster competitions, debate competitions related to any aspect of the Primer Module could be taken on as a follow-up activity. These activities could differ from college to college. Friendly Advisors could keep a note of each activity of colleges and convey this information to the RRC Field Officers or Regional Managers for use in the RRC Newsletter brought out quarterly.

For more information contact

- ☞ The nearest State AIDS Control/Prevention Society
- ☞ INSA-India, 5/1 Benson Cross Road, Benson Town, Bangalore 560 046
Email: insaind@airtelmail.in, insaind@gmail.com
- ☞ MYRADA, 2 Service Road, Domlur Layout, Bangalore 560 071
Email: myrada@vsnl.com

Module Layout

Section	Materials required	Time	Expected results
Section 1 Getting started	'Back to Basics' forms Student's Handbook (optional) OHP slides p1 & p2	15 minutes	Complete Back to Basics Describe the components of C-Life programme Sign their pledge
Section 2 I enjoy college life responsibly	OHP slides p4 to p6	15 minutes	Describe the five dimensions of adolescents Respond to situations related to social interactions and interpersonal relationships
Section 3 I Prevent STIs, HIV and AIDS	OHP slides p7 to p10 Video documentary on 'Amma'	45 minutes	Differentiate between HIV infection and AIDS List down ways to prevent STI and HIV infection
Section 4 I value myself	'I, Me and My body' exercise sheet	20 minutes	Develop positive self image Understand their vulnerability to STI, HIV and AIDS
Section 5 I am empowered	Situation cards OHP slides p11 to p15	30 minutes	Describe ways for setting boundaries
Section 6 Discussion and wrapup Enrolment for Ten Commitments programme	Enrollment form Frequently Asked Questions with answers Question box Pamphlet on HIV and AIDS	45 minutes.	Clarify their doubts Enroll in Ten Commitments programme

Notes

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Section 1
Getting Started



Getting Started

Overview

For effective facilitation, it is important to build a quick rapport with the students. The Getting Started section begins rapport building. In this section, the Friendly Advisor (FA) will introduce the Celebrating Life (C-Life) programme to the students. During this section, the students will complete the *'Back to Basics'* forms and sign their pledge.

Section objective

At the end of 15 minutes, students will

- ☞ Complete the *'Back to Basics'* handout.
- ☞ Be able to describe the components of the C-Life programme.
- ☞ Sign their pledge either in their handbooks or *'Back to Basics'* handout.

Time

15 minutes

Materials Required

'Back to Basics' handout, Student's Handbook (if being used), OHP slides p1 and p2

TIPS

Smile please, be confident.



Process

Step 1: (5 minutes) Introduction

'Back to Basics' handout:

It is a quick close ended questionnaire used to capture the knowledge and attitude levels of the participants. It covers the key areas of the C-Life programme.

'Back to Basics' scores will help assess the programme's success over a period of time. Make sure that the participants do not ponder over each question to express the socially correct answer.

Introduce yourself and welcome the group. Promise them that the next three hours will be filled with lots of activities and that you would be happy if they all participated actively. Then explain that the name of the programme is called **Celebrating Life** (in short called **C-Life**); and that it has two phases. The general phase is the Primer Module, which they are currently attending, and the intensive phase is the Ten Commitments Programme, which is for those who are interested.

Distribute the 'Back to Basics' handout with the help of the Red Ribbon Club members / volunteers. Instruct the students to tick only one option against the 15 statements as soon as they can. This activity should not take more than 5 minutes. (A sample of the 'Back to Basics' handout is given on the next page). While they complete the form, students may consult with each other. Do not insist on 'no talking' from them. This is not an examination.

Use this time to re-check if all the materials are in place and the video documentary 'Amma' is loaded and ready to use. After 5 minutes, ask students to keep the handout aside and introduce Step 2.

BACK TO BASICS *		NAME OF THE COLLEGE		
		DATE		
S.No.	Place a tick mark in the appropriate column alongside the statements given below:	True	False	Don't know
1.	It is normal to feel intense mood swings during college life.			
2.	In males, the hormone responsible for sexual maturity is called testosterone.			
3.	In the female, the hormones leading to sexual maturity are called oestrogen and progesterone.			
4.	For maintaining healthy relationships when two people are in love, it is advisable for them to meet in a public place in groups rather than alone.			
5.	Our boundaries are violated when someone tries to control our feelings, attitudes, behaviour and choices.			
6.	Most sexually transmitted infections are curable with standardised treatment.			
7.	Avoiding sex (abstinence) is the safest way for preventing HIV & Sexually Transmitted Infections (STIs) through the sexual route.			
8.	Oral contraceptives like Mala-D prevent sexual transmission of HIV infection.			
9.	It is easy to recognise a person living with HIV infection.			
10.	In India, all the people who are infected with HIV know their HIV status.			
11.	Sexuality is a natural part of the self.			
12.	Putting drugs into a person's drink so that it is easier to have sex with him/her is a form of sexual violence.			
13.	Both men and women have a right to enjoy and control sexual behaviour.			
14.	Critical thinking is a skill that helps one to consider the pros and cons of a situation.**			
15.	Being assertive means making it very clear to others that you refuse to do what they say without hurting their integrity and losing their friendship.**			

* The key for the Back to Basics is given in Appendix I.

** Life Skills explanations are given in Appendix III

Step 2: (5 minutes)


Introduce the C-Life programme by using the OHP slide p1 below.

Handout Hp2

C-Life Overview**(OHP p1)**

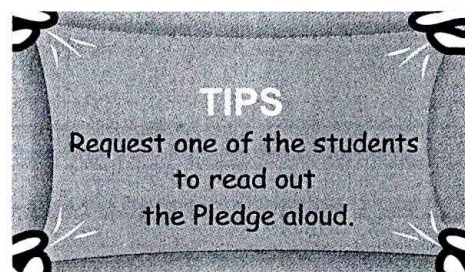
CELEBRATING LIFE is an opportunity for you as a young college student to

- ☞ Understand the special time of adolescence.
- ☞ Gain knowledge on HIV and AIDS and Sexually Transmitted Infections (STIs).
- ☞ Recognise your possible vulnerability to HIV infection.
- ☞ Understand the relationship between media, gender, culture and their influences on your vulnerability to HIV infection.
- ☞ Believe that you are a precious and unique being.
- ☞ Begin sharing with your friends on how to be responsible and make safe choices about preventing HIV infection.
- ☞ Make healthy decisions to set your own boundaries now and beyond college life.



Step 3: (3 minutes)

After introduction, collect the completed Back to Basics forms from the students and ask volunteers to distribute the Pledge Handout (Hp3) or ask the students to open page ----. Explain to each student that the C-Life programme is designed to work only if they want it to. One way to enable the C-Life programme to work for them is to make a Pledge. Request one of the students to read out the Pledge aloud.



PLEDGE *

(OHP p2)

- ☞ Participate honestly and frankly in discussions.
- ☞ Share my doubts and fears.
- ☞ Agree to disagree if that is what the situation demands.
- ☞ Listen attentively and learn from the programme.
- ☞ Internalise the values of the programme for making healthy choices.
- ☞ Respect friends who share views that are different from mine.
- ☞ Allow others also to participate.
- ☞ Solve puzzles and fun sheets from the handbook.
- ☞ Make time to participate in the Celebrating Life Ten Commitment programme.

**Step 4: (2 minutes)**

Encourage them to sign their books in order to keep this pledge. Without losing much time move to Section 2. Explain to the students that you will now begin with the main part of the programme.

Suggestions for the Friendly Advisor:

- ☞ Spend some time going through the exercises; become familiar with the concepts.
- ☞ Time yourself as you practise your presentation and exercise so that it will fit into the time mentioned.
- ☞ Be clear in your tone of voice; modulate words and stress on important points as marked in your book.

* Pledge: Pledge is the set of ground rules for the entire programme. Both students and the FAs are expected to keep their pledge throughout the programme. As a sign of agreement all students will sign the Pledge sheet in their student handbook or sheet.

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Section 2
I Enjoy College Life Responsibly

Understanding Adolescence



I Enjoy College Life Responsibly

Understanding Adolescence

Overview

Adolescence is a crucial period when an individual undergoes simultaneous changes in five dimensions of their lives. These five dimensions are their intellectual, physical, social, emotional and spiritual dimensions. This section covers the five dimensions of adolescence and gives each student an opportunity to explore each dimension through actual situations and activities. It begins with using an 'Incomplete Story' or 'Incomplete Situation' through which the five dimensions are explained creatively. The section then links the story or situation to the experiences of each college going student attending the Primer.

Section Objective

At the end of 15 minutes, students will

- ☞ *Describe why youth is a critical and unique stage of life.*
- ☞ *Share their experiences of various changes such as mood swings, changing body shapes and physical attractions.*
- ☞ *Consider how they would respond to situations related to social interactions and inter personal relationships.*

Time

15 minutes.

Materials Required

Handout Hp4, Handout Hp5, Feelings Sheet & OHP slides p3 to p6.

TIPS

Divide the existing rows in the classroom into different groups.

Process:

Use Exercise p2.1 or p2. 2. Both require interactions from the students. While the first follows a story line, the second describes a particular situation. You should be able to measure the students' interest and decide which exercise would be more appropriate. If they are laid back and passive, use the '*Incomplete Story*'. If they are active, use the '*Incomplete Situations*'.

Exercise p2.1 "Incomplete Story." (Use Exercise p2.1 or p2. 2)

Step 1: (1 minute)

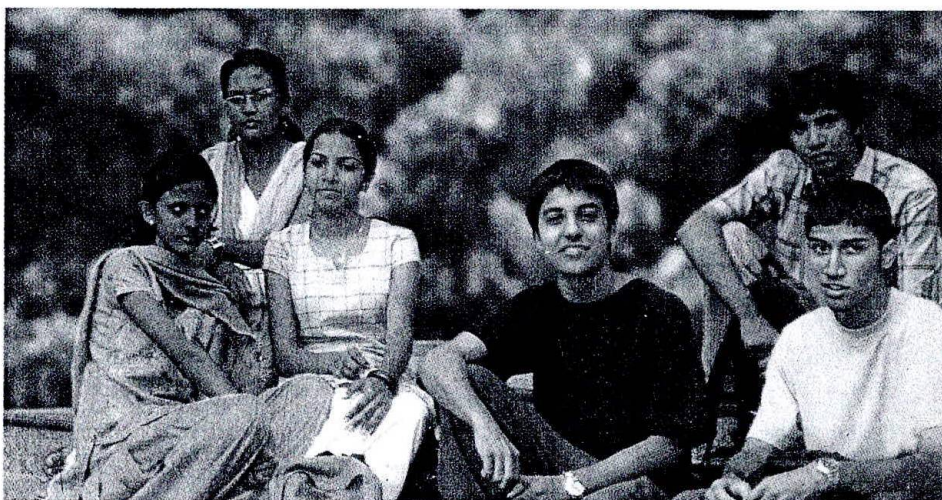
Take out your Handout Hp4 - the '*Incomplete Story*' (or use the OHP p3).

Step 2: (5 minutes)

'Incomplete Story'

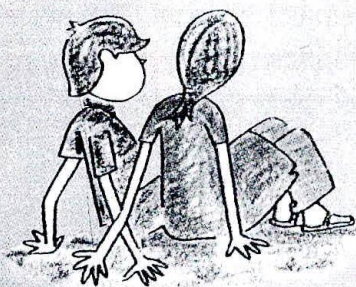
'Incomplete Story' is one of the strategies to bring out the student's emotional and social feelings, attitude and communication style. By doing this exercise the FAs will be able establish good rapport with the students. This exercise is used to explain the five dimensional changes in adolescents.

Read the following incomplete story, pausing where there are blanks. Invite students from one of the groups to answer in turns. Choose one of the answers and continue the story. Keep getting ideas from different groups as you go along. Believe that the feelings expressed by the students during the development of the story are normal. On completing '*Incomplete Story*' continue with step 3 on page 34.



TIPS

Repeat their comments before moving ahead.
Use of story telling tone helps.
Please do not be judgemental or critical of their choices.



The college boy's name is ____ He is ____ years old.
He is studying in _____. The college girl's name is
_____. She is ____ years old and studying at
_____.

On a Sunday his friends arrange a picnic to a tourist spot. _____ (The boy) desperately wants to ask _____ (the girl) to come with him for the picnic. He wonders how she'd react if he asked, and thinks about ways to convince her to come along with him.

He does not know what to do. Then he considers seeking advice on how to ask her. He knows that if he asks his father his reaction would be _____

and if he asks his mother, her reaction would be _____. He considers asking his _____ for advice.

He asks and SHE SAYS YES!

The day of the picnic arrives, the friends meet, and get ready to leave. She arrives later. She would have liked to inform her loved ones of where she was going and with whom. She considers telling her mother and thinks that her reaction would be _____ or her father whose reaction would be _____, or her _____ lecturer who would say "_____". Finally, she tells _____. During the journey, which was more than two hours long, they talk about _____. Their friends notice that they never stopped talking to each other. The boys tease him saying _____.

When they start crossing a stream, he offers his hand to help her across. When their hands touch he feels _____ and she feels _____. The journey back home after the picnic was _____. They finally reach her home. No one is on the street when they arrive. At night her thoughts of him are _____. His thoughts of her are _____. The next day _____.

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Alternative Method Exercise p2.2 'Incomplete Situations'

(Use this exercise if you have not used exercise p2.1)

Step 1: (1 minute)

Call 2 to 3 volunteers from each group

Step 2: (5 minutes)

Read situation 1 given below and ask the volunteers to react to the situation. Ask the rest of the class to respond to these kinds of situations.

Step 3: (5 minutes)

Appreciate them and read situation 2 to the second group and ask the volunteers to react to the situation. Ask the rest of the class to respond to these kinds of situations.

Situation 1

OHP p4



When the classes got over in the evening, Muthu and his friends left for the volleyball court for the evening games. Muthu suddenly realised that he had left his record book on his desk, so he decided to go back to get it. He told his friends that he would join them soon.

But, Muthu did not turn up, even after 15 minutes. His friends got curious and went in search of him and they found him chatting with their classmate - a girl.

If you were Muthu's friend, what would your reaction be after seeing this?

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When Sushma went to participate in an intercollegiate singing competition, she saw a boy from another college who had performed excellently. She was attracted to him. She started to fantasise that they would go home together in the same bus. When Sushma went to the water point to drink water, she heard a male voice from behind saying, "Excuse Me" and she finds, to her surprise, that it was the same boy. He said, "Hello! I am Suresh from the Boys' college. I heard your singing now and congratulations for the excellent performance. Which college are you from?"

What do you think Sushma's reaction would be?

Ask the students to list out their various responses while you put them up on the board.



Step 3: (3 minutes) Feelings Sheet

After completion of the story / situations appreciate them for their active participation. Relate the story / situations by asking the following questions. When you ask the questions use names of the boy and girl from the 'Incomplete story / situations'.

- ☞ *Are these feelings normal during college time?*
- ☞ *Why did they have these feelings?*
- ☞ *Do we feel only this way? Or do we have other feelings too?*
- ☞ *What are the other feelings we have?*

Write some of their responses on the white board.

Distribute Handout Hp4 or ask them to open page _____ in their handbook to go through the feelings sheet. Give them three minutes to do this. Read out some of the sentences in between. Remind them that you are not going to collect their sheets. Encourage them to be honest as the exercise is for them only.

You can expect groups to either be very quiet or very active during this exercise. If they are quiet, pause after the 4th point and say,

It is okay not to say YES loud. Relate the questions to yourself and keep your answer to yourself. It is important that you are truthful to yourself. Then continue the list. Pause after each point, and continue.

Handout Hp5

Sl. No	Feelings Sheet	(Please place a tick mark alongside each of the questions if it applies to you)	OHP p6
1	Do you feel you are not a child?		
2	Do you feel you are not an adult?		
3	Do you feel that you want to take decisions based on what you believe? (Not to go by what your lecturers or parents tell you)		
4	Do you feel that what you do or say is correct?		
5	Do you want to strive for what you want to accomplish in the future?		
6	Do you feel as if others are observing you? (Self conscious)		
7	Do you keep evaluating and comparing your self with others "better" than you?		
8	Do you get moody sometimes?		
9	Do you feel deeply sad at times and extremely happy at other times?		
10	Do you feel strong sexual urges?		
11	Do you feel like you want to commit suicide sometimes?		
12	Do you feel attracted to or fall "in love" with different people at different times?		
13	Do you feel pressurised by your parents or friends to do or behave in a particular way?		
14	Do you feel stressed quite often?		
15	Do you feel that there is no one who can answer your deep and real personal questions?		



Step 4: (4 minutes)

After students complete their "Feelings Sheet", initiate the discussion by asking...

Are these feelings normal? Expect them to say yes and no. And then say

Students in college like (use the names of the boy and girl in the 'Incomplete Story'....), and like you - are neither children nor adults. Like others in the age group between 15 and 25 years, you are in a special developmental phase in life. College time is a period all people go through and it is a bridge between adolescence and adulthood.

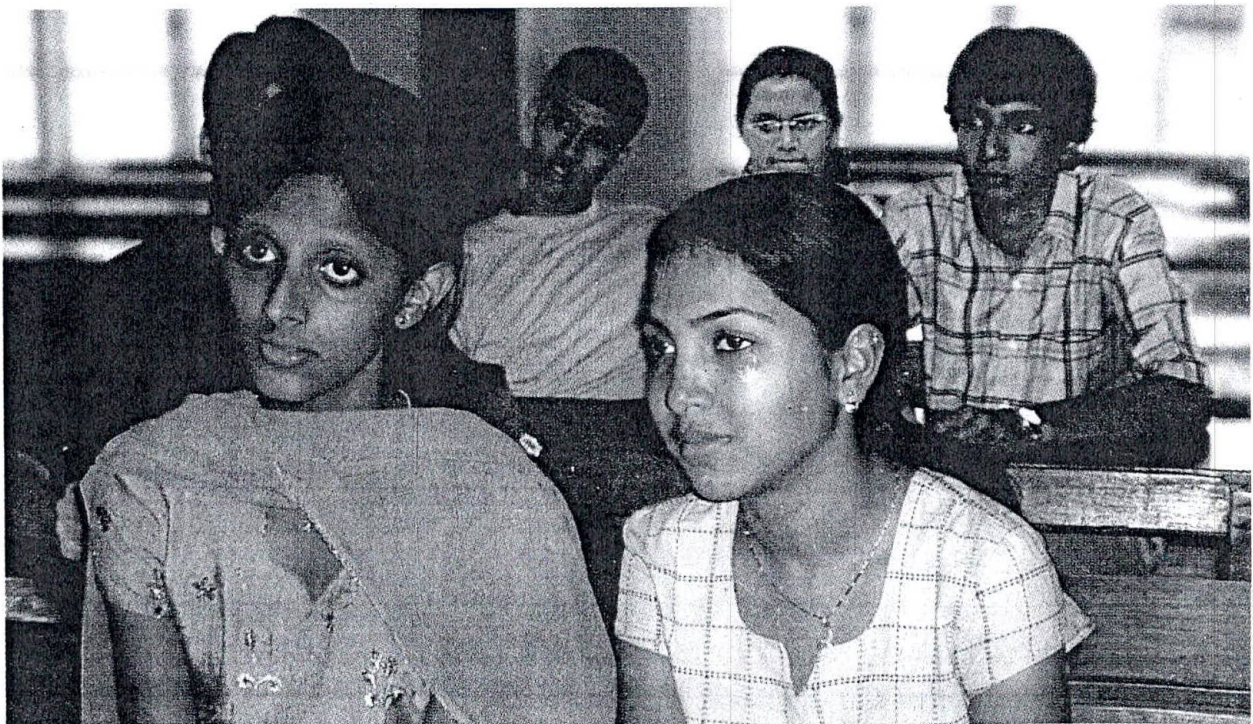
Now why are we talking of this phase? (Pause very briefly). It is because this is the only time that we go through different changes in our social, physical, emotional, intellectual and spiritual life simultaneously. For example, this is phase we are more concerned about our physical appearance. Isn't that so? Socially, how are we changing? This is the time we tend to distance from our family and form new relationships with the same or opposite sex, we will have sexual fantasies, we tend to take risks and show a sense of bravado.

This is the time we tend to distance from our family and form new relationships with the same or opposite sex, we will have sexual fantasies, we tend to take risks and show a sense of bravado.

This is the time we think "what is important to me should be important to others"! We ask questions like..... "Why am I being controlled?" "Let me do what I want to do. You don't worry about me!" Intellectually, during this phase one becomes more logical and abstract in thinking. Yet a question often asked is.... How do I concentrate on my studies?, Even when I want to study I can't do that, I get distracted. And spiritually this is the time for a personal search asking "is there a God, really?" Or "Where is God really?"

These rapid changes in our thinking, emotions, experiences, expectations, intellect and physical appearance can be overwhelming.

This is a time we can be vulnerable and need to protect ourselves from different challenges, including diseases such as Sexually Transmitted Infections (STI), HIV infection and AIDS.



How are we vulnerable? Explain adolescent vulnerability through a case study from your field experience. An example of a case study is given below.

CASE STUDY



Arun is a member of a national HIV positive network and is the General Secretary for a foundation. He is currently working to complete his M.A. degree. He had completed his school in the year 2000 and got admission in a college. After starting college, he began to make new friends and got caught up in the new environment. Swept up by peer pressure, he felt compelled to become sexually active with a few girls. All this peer pressure also led him to fail three subjects in second year, at which point, he was forced to discontinue his education. He also found he had HIV infection.

Receiving an opportunity to work as a teacher in a school he became motivated to take his exams. He successfully passed his B.A degree, but couldn't continue his further studies due to various illnesses.

After narrating the case study continue by asking the following questions

- ☞ *Do our friends influence us, that could make us vulnerable.*
- ☞ *Do we have the courage to say NO to our friends?*
- ☞ *Do we know how to manage our changing emotions?*

If not, then these things can make us vulnerable to HIV infection. Is there any place where we can get advice on how to manage our love life safely?

If our answer is 'No', then that makes us vulnerable.

Now perhaps, we can discuss how to make our lives less vulnerable. But first, let's get to know about STI, HIV/AIDS.

Step 5:

The students may be busy discussing about the story or case study. Do not encourage questions at this point and quickly move to section 3.

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Section 3 I Prevent STI, HIV and AIDS The Basic Facts



I Prevent STI, HIV / AIDS

The Basic Facts

Overview

HIV / AIDS challenge both the scientific and non-scientific community to respond to its control. However, prevention remains the most effective remedy overall. The purpose of this section is to provide the basic facts about STI, HIV / AIDS. They will also get an opportunity to clear some of their doubts and misconceptions. Basic knowledge of the cause, spread and prevention of HIV / AIDS, STIs is covered using interactive methods to encourage students to retain learning. At the end of this section, a video documentary 'Amma' is screened to highlight how anybody and everybody is at risk for HIV infection.

Section Objective

By the end of 45 minutes, students will be able to:

- ☞ Differentiate between HIV infection and AIDS.
- ☞ Describe ways by which HIV is spread and not spread.
- ☞ List down ways by which STIs and HIV are prevented.
- ☞ Understand the need to seek counselling, testing and medical assistance/treatment if they have had unsafe sex or suspect an STI.

Time

45 minutes.

Materials Required

OHP slides p7 to p10, the short film 'Amma'.

Process

Exercise p3.1: True or False

Step 1: (20 minutes)

There are set of five statements given. Read out the statement one after the other and ask the students to raise their hands or (stand up) if they think the statements you read out are true. Then read out the following statements:

1. AIDS is a hereditary disease


Pause, look at the students whose hands are down and say

Those of you who did not put your hands up are correct.

AIDS stands for Acquired Immune Deficiency Syndrome and it is not hereditary. AIDS is caused by a virus, which lives only in human beings. This virus is called Human Immunodeficiency Virus. The virus destroys our immune power and so other germs can enter and attack our body. HIV opens gates for other dangerous germs to enter the body. When HIV enters a person's body, then we say that the person is living with HIV infection. HIV infection leads to a stage called AIDS, when one suffers with one or many infections. HIV is not genetically transferred to another person. AIDS is not a hereditary disease.

Show the OHP slide p7, which shows the difference between HIV and AIDS.

Difference between HIV infection and AIDS (OHP p7)	
HIV Infection	AIDS
<ul style="list-style-type: none">☞ A person looks normal and feels healthy.☞ Can work and earn.☞ Can look after the family.☞ Leads to AIDS.☞ Can last 6-20 years.	<ul style="list-style-type: none">☞ Looks ill.☞ Experiences different infections such as TB, pneumonia, fungal infections, continuous fever, diarrhoea, etc.




2. Insect bites like a mosquito bite can spread HIV.

Pause, then say:

Those of you who did not put your hands up are correct. HIV cannot be transmitted through mosquito bites. The HIV does not live in the saliva of the mosquito and dies immediately. Therefore, when the mosquito bites a person living with HIV infection and then bites another person, he / she will not get infected with the HIV. Also, remember the name: Human Immunodeficiency virus - it only lives in human beings. HIV cannot live in any other species, not even mosquitoes.

Show the OHP slide p8 , which shows how HIV spreads and does not spread.

HIV is not spread by	You can get HIV only through (OHP p8)
<ul style="list-style-type: none">☞ Hugging.☞ Insect bites.☞ Sharing utensils.☞ Swimming in the same pool.☞ Coughing and sneezing.☞ Shaking hands, sitting next to each other.☞ Using same toilets☞ Sharing same room, clothes etc.	<ul style="list-style-type: none">☞ Transfusion of HIV-infected blood and blood products.☞ Unsterilised needles.☞ Unprotected sex (anal, vaginal or oral) with opposite or same sex partners who are infected with HIV.☞ An infected mother to her unborn or new born child.



3. All people living with HIV infection will look sick and thin

Pause, then say:

Those of you who did not put your hands up are right.

You have learnt the difference between HIV / AIDS. A person infected with HIV can look normal and healthy for 6 to 10 years or even more. They can continue to lead an active and productive life without exhibiting any outward sign of the illness. However, they can infect others with HIV if they are not careful.

The only way to know that someone has HIV infection is through a blood test. This blood test will search for HIV antibodies in the blood. Any adult who has these antibodies is considered HIV positive. But remember, it takes around 9-12 weeks after you are infected with the HIV virus before the antibodies can be detected in the blood. This is called the **window period**. Therefore, one should repeat the blood test (if it comes negative the first time) after three months to be doubly sure that there is no HIV.

4. Sex with a virgin will cure HIV.

Pause, and then go on:

Those of you who put your hands up are wrong. It is definitely not true. It is unfortunate that some people have such beliefs. Sex with an uninfected virgin does not cure an HIV-infected person. STI stands for Sexually Transmitted Infections. As its name says STIs are transmitted mainly through sexual contact. In fact that virgin may get infected with HIV.

Show OHP slide p9, which shows common symptoms of STIs.

Common symptoms of STI in men and women are: (OHP p9)	
MEN	WOMEN
<ul style="list-style-type: none"> ☞ Ulcers, sores, warts near the penis. ☞ Ulcers around the mouth or anus for those who practice oral or anal sex. ☞ Discharge from the urethra. ☞ Burning sensation while passing urine. ☞ Swelling in the groin. ☞ Swelling of scrotum. ☞ Tenderness in genital region. 	<ul style="list-style-type: none"> ☞ Ulcers, sores, warts near the vagina. ☞ Ulcers around the mouth or anus for those who practice oral or anal sex. ☞ Discharge from the vagina or specifically cervical discharge in women. ☞ May complain of burning sensation while passing urine. ☞ Swelling in the vagina. ☞ Chronic lower abdominal pain. ☞ Backache.

Continue by saying,

If any of the symptoms exist it is important for the person and sexual partners to seek medical attention immediately. Most STIs are curable with standardised treatment.

5. All people with HIV will die in 6 months.

Pause, then say:

This is the biggest myth of all. In fact, people are living with HIV longer today than ever before. First of all, without any treatment, it takes around ten years for a person to get AIDS after getting infected. Now, with medicines such as ART and other special care, HIV positive persons or Persons Living with HIV / AIDS (PLHAs, as they are known as) are living a healthy and productive life for as long as 10 years or more.

Step 2: (5 minutes)

Project the OHP slide p10 which shows the national and international statistics of HIV/ AIDS and say *The slide shows the current global situation.*

National and International statistics of HIV / AIDS (OHP p10)

- ☞ Globally around 39 million people are living with HIV / AIDS.
- ☞ The total number that have been infected since the beginning is around 60 million (21 million have died).
- ☞ The maximum amount of infections is in South Africa.
- ☞ India has around 3 million estimated HIV positive adults and children (2007 data).
- ☞ Only 10% of these people know that they are infected because they have been tested. Others do not know their status.
- ☞ The situation in some places of our country is alarming; there are around 163 districts which have high number of people living with HIV / AIDS.



While there are currently around 39 million people with HIV AIDS, the total number that have been infected since the beginning is around 60 million (21 million have died). The maximum amount of infections is in South Africa.

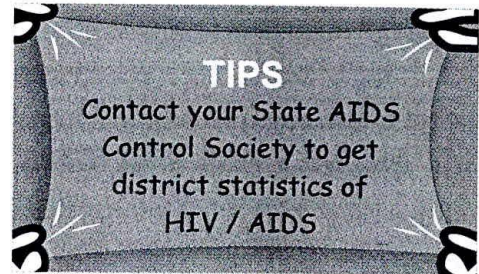
India has around 3 million estimated HIV positive adults and children (2007 data) Only 10% of these people know that they are infected because they have been tested. Others do not know their status.

The situation in some places of our country is alarming; there are around 163 districts which have high number of people living with HIV/AIDS.

Let us look at our district and find out where we are.

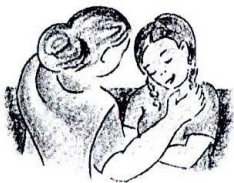
Project the district statistics.

Now ask **"Who is at risk for HIV infection?"**



Write their responses on a white board and if they say, "Anybody is at risk" appreciate them otherwise stress that "anybody is at risk for HIV infection" and say let's take a true life example of Saroja (name changed for protecting confidentiality) that highlights this point.

CASE STUDY - 2



Saroja is 19 years old and was born and brought up in a joint family with her parents and siblings. Since finding out about her HIV+ status, Saroja has been living with her grandmother.

In 1999, when she was in eighth standard, she got infected with tuberculosis. On asking, the doctor found out she had four blood transfusions when she was young. The doctor suspects that she received HIV+ blood and hence she was infected with the virus.

After she found out her positive status, she received counselling from a Voluntary Counselling and Testing Centre (VCTC) counsellor. This psychological support helped her tremendously in coping with the many problems that she faced. She was forced to discontinue her education, and due to family issues she had to move away from home and live with her grandmother.

Saroja was always very interested in her studies and struggled to finish her PUC. When her close friends found out about her positive status, they stopped talking to her. She was very upset and depressed. Later with regular counselling, she became more courageous and started to accept her positive status.

Saroja is not the only person vulnerable for HIV infection. Let's look at a short film 'Amma' that highlights how any of us could be at risk for HIV infection.

Step 3: (15 minutes)

Screen the short film, 'Amma'. While they are watching the film, go around to the back of the class so that they get a chance to see clearly. Also you can observe reactions from the group.

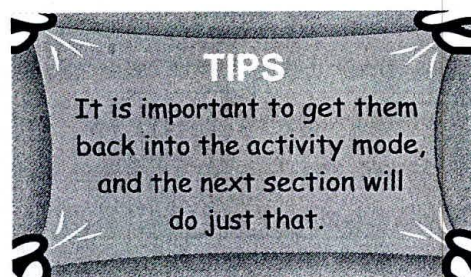
Step 4: (2 minutes)

Once the film ends, give them 30 seconds to reflect. Some of them may get very emotional. Accept their crying. Do not tease. Be sensitive. It could be useful to say at this point, "**Amma could be anyone of us**". Then, tell them that any questions they have will be clarified at the end of the section.

Step 5: (less than a minute)

Now you are ready to go on to the next section. Conclude by saying,

Amma was a person like us. She got HIV infection. All are at risk for getting HIV. Most people who are infected do not even know they are infected until they get tested for HIV. 99% of people living with HIV infection in India are unaware that they are living with HIV infection. Let us look at our vulnerability to HIV infection. Let us begin with an exercise in which you will need your pens.



celebrating LIFE

→ Glass filled with water

→ Pins

Book

→ I am ok you are ok

→

Game



char game
volunteer

Section 4

I Value Myself

Understanding Self Esteem



I Value Myself

Understanding Self Esteem

Overview

Developing a positive self-image is a key factor that reduces vulnerabilities to risky situations. This section focuses on getting the students to value their physical body, mental personality, and emotional self. The exercises included are powerful tools to drive home the message "YOU are precious". The section concludes by highlighting that valuing body and self in totality empowers a person to make responsible, healthy choices for Celebrating Life.

Section Objective

By the end of 20 minutes, students will be able to:

- ☞ *Understand the meaning of a positive self image*
- ☞ *Realise the link between self-image and vulnerability to risky situations and HIV.*

Time

20 minutes.

Materials Required

Handout Hp7 - 'I, Me and My body'.

Process:

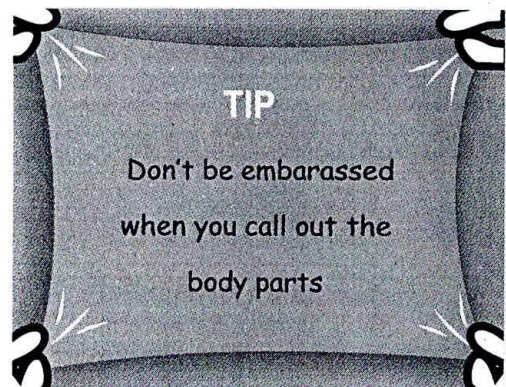
Step 1: (1 minute)

Distribute Handout Hp7 or ask the students to turn to page _____ of their handbook where the 'I, Me and My body' exercise is given and say

Before we learn about how to prevent HIV infection, let's do an exercise. You need your pens for this exercise. I am going to call out a word that describes a part of the body or a personality trait. As soon as I call out the word, I want you to evaluate that part of your body or that personality trait of yours by marking the appropriate column against that word in your handout / handbook.

Remember, I want you to evaluate your body, not mine! Nor am I going to evaluate your body or personality. You do not have to hand over the sheets, nor will I ask you what you have marked. This exercise is for you only.

Give some time for the students to open their book. Be clear and audible when you are doing the exercise.



Step 2: (5 minutes)

Given below is Handout Hp7 with tips for FA to follow while reading.

Begin calling out the following body parts and personality traits

Handout Hp7

Sl No.	Particulars	Excellent or Beautiful	OK	Not good or ugly
1	Hair (Pause check if they are marking then continue)			
2	Face (eyes, nose, ears) (Ask them if you can go faster)			
3	Hand (Go faster)			
4	Skin (complexion and colour)			
5	Figure (height weight and shape)			
6	Stomach			
7	Waist			
8	Chest for men and breasts for women			
9	Penis for men and vagina for women (Keep you expression blank even if you feel embarrassed)			
10	Thighs			
11	Courage			
12	Intelligence			
13	Commitment			
14	Responsibility			
15	Confidence			
	Total			

Step 3 : (5 minutes)

Once everyone has finished, use the following questions to stimulate discussions and link the exercise to the lives of young people.

Discussion questions:

Q1. What did you feel when you were doing the exercise?

The possible answers could be - very interesting, yes, we have never thought about it, shy, what others will think about me, etc.

Q2. Did you find some body parts or personality traits, which you took for granted and did not know where to mark?

The possible answers could be yes or no.

Q3. Did you find it difficult to give excellent to some of the body parts or personality traits?

The possible answers could be yes or no.

Step 4: (5 minutes)

Ask them to total up each column. Then ask

"How many of you have marked excellent for all body parts and personality traits mentioned". Ask them to raise their hands and say

"Why is it that many of us were not able to mark excellent or beautiful for all the body parts and personality traits?" Pause, wait for any response then say

We often compare ourselves with movie stars, Miss Universe or Mr. World because they are recognised as beautiful or handsome, but remember that is only outward beauty. True beauty is inside. The real YOU. It is who YOU are!"

There may be many reasons why we distance from our SELF. This distancing process begins from early childhood.

For example: You may have observed a nine-month-old baby touching his/her genitals. The baby does not differentiate the body parts as the adults do. In reality the baby is in the process of discovering the body.

But you would have seen the father or mother spanking the baby for touching the genitals and then immediately covering that area with clothes or diapers! Some would also say "SHAME SHAME". This small child may start thinking that this part of its body is not beautiful. From then onwards the child starts to identify the "good and bad" according to society, and distances self from the "bad".

In truth, our genitals are the organs in the body that give us pleasure and through which a new life is born. Pause and then say

Have you seen a three-year-old going to play school? You may have also seen them begin writing before they are six years old? Sometimes parents, teachers or other elders say, "Hurry up, lazy child! Is this how you write? Look at this letter? It looks like it is going to heaven! How many times have I told you to write straight and neatly?" and so on!

In truth, writing is an exercise that needs fine muscle coordination of the hand, which a child only develops slowly around the age of 6. But, if pushed earlier, the child may not be able to write correctly, and is wrongly labelled by adults.

This is the time the child may start comparing himself/herself with others, and develops a negative self-image.

Even now you maybe hearing your friends or near and dear ones say

"What kind of a boy you are...boys don't cry!"

"You must be a tom-boy to want to climb trees".

"Such a terribly long nose you have!"

"Better to cover your ugly face with a beard!"

These phrases may push us to behave in a certain way, which is far from our real self. (Pause and then stress)

"You are Beautiful!"

Look at the beauty and goodness within you. Everything in nature is unique and beautiful.

Why do we find it difficult to agree with that?

Every part of our body is made BEAUTIFUL.

Take your hands, for example, and think of what it does for you. It can pick up things, feel hot/cold sensations, can sense pain, can give pleasure, and coordinate with your eyes, brain and muscles.

It is much more efficient and fascinating than that latest model mobile phone we desire for!! Take every part of your body. It is precious! More precious than the most precious material thing you own.

Learn to respect your body and yourself - that means the physical self through fitness and good nutrition, and your emotional self through understanding your thoughts and feelings.

You could use the following case-study to highlight the relationship between perception of one's body as precious and decreased vulnerability to HIV infection.

CASE STUDY - 3



A good friend of Swathi had told her that she would look beautiful if she was a little fatter. Swathi was often called "skinny" by her friends. One day her best friend told her, "I have a good figure because I have sex regularly. Why don't you?" Swathi didn't believe this. Her friends continued, "Look at brides. They are so skinny. But after marriage see how they put on weight! It is sex that makes one put on weight easily." Swathi wondered. She wanted to look beautiful.

What do you think Swathi did? Wait for their responses and then say

Had Swathi believed she was unique and precious, she would not have indulged in unsafe sex. The power to make choices is based on your self worth.

Respecting our body prevents us from getting into risky situations and behaviours such as intravenous drug use, drinking alcohol, indulging in premarital sex, etc. This is how our personality or characteristics is shaped.

If we want to prevent HIV infection, first and foremost we must value our bodies as precious. It is only then we will be able to measure the right and wrong things, it is only then we will have the courage to say 'NO' to certain things when required. For example, if your friends motivate you to indulge in risky behaviours, You will be able to say 'NO' because you have a positive self image and you value your body as precious and unique. Give yourself time to believe this. You are unique and precious.

Now ask students to make a heart on a paper or ask them to take page _____ on their handbook and say

I want you to put your fingerprint in the heart when you go home. No one in the world has a fingerprint like yours. You are that unique. Believe it now and always.

Pause for 1 minute. Then explain that you are going to help them learn skills that will teach them to avoid risky situations and go to section 5.

celebrating

LIFE

Section 5

I am Empowered

Safe Decisions for HIV Prevention



I am Empowered

Safe Decisions for HIV Prevention

Overview

Practical skills for setting boundaries and getting to know their rights are among the first steps to equipping young people for HIV prevention. In this section, the students will learn the ways of setting boundaries, as well as discuss certain sexual rights that are important in reducing their vulnerability to risky situations. The section uses role play situations to highlight key information on setting boundaries and sexual rights.

Section Objective

By the end of 30 minutes, students will be able to:

- ☞ Describe the ways of setting boundaries to prevent HIV infection.
- ☞ Determine sexual rights.

Time

30 minutes.

Materials Required

Situation 1 and 2 sheets, OHP slides p11 to p15.

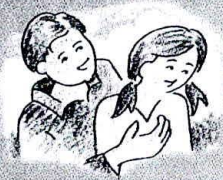
TIPS


Divide the existing class into two groups.

Process:

Step 1: (1 minute)

Project OHP slide p11 and read situation 1 to the first group.

SITUATION 1	(OHP p11)
	<p>Raja and Rani love each other. They have been “going steady” for a year. They have decided that they will not have sex before marriage. One day, Raja invited Rani to his house when his parents were not there.</p> <p><i>How can Raja and Rani keep their relationship within their limits and abstain from sex.</i></p>




Step 2: (10 minutes)

Invite Group 1 to respond to the situation. Record their responses on the white board or chart paper. Appreciate their responses and then say

It is normal to feel attractions like Rani and Raja. During college time, we feel closer to our friends than to our parents or lecturers. But how are we going to maintain healthy relationships?

There are certain life skills that can help us to become a stronger person. Show OHP p12 and then say we will learn about these 10 life skills in the ten-commitments programme.

Life Skills	(OHP p12)
Empathy	Critical Thinking
Problem Solving	Management of Stress
Interpersonal Relationship	Awareness of Self
Communication	Decision Making
Creative Thinking	Emotions Management



Now let us see some points on maintaining healthy relationship.

Project OHP slide p13 and read out the points on it or ask the students to open page _____ in your handbook and read about “Promoting Safe Relationships”.

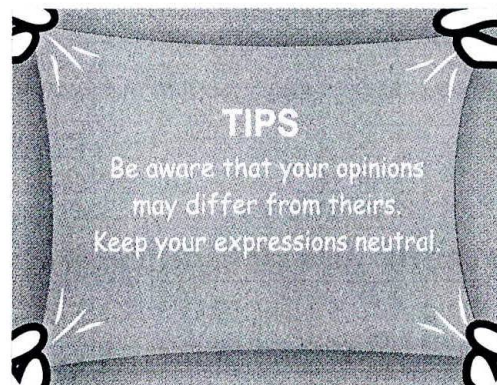
- ☞ Have a wide circle of friends, which will help you understand both male and female friends better.
- ☞ It is important to understand the attitudes and thoughts a person has about males and females. Does a boy think of a female as a "chick" or "item" and a girl think of a male as a "hunk" or a "hulk?" Both these attitudes are negative and you may be treated as a "thing" rather than a "unique, precious person".

When you think you are in love with someone ...

- ☞ Identify if the person you "love" has both self-respect and respect for you. If this is lacking, then it is better to avoid getting into a serious relationship.
- ☞ Being "in love" does not mean that it will always continue forever. Do not assume that every relationship ends in marriage. At this age, even when you feel you are in love, keep your limits and just be friendly. The hormones in your body make you feel strongly attracted to the other person. By the next month you may be "in love" with somebody else. Remember - you are an adolescent. This is normal!
- ☞ If the person you love says things like, "Only if you do, (kiss me, come to a movie with me, write records or do my homework for me) I will know for sure that you love me". These conditions are not part of real love. It may lead to abuse. You do not need to do what you do not want to do, even if the person you "love" asks you to. If this is happening with your friends (Raja and Rani) caution them.
- ☞ Meet in groups rather than meeting alone. A public place is safer than a private place because there are limited chances of abuse when you are in a crowd rather than being alone with the other person.



Conclude by saying, "These are some tips to maintain safe and healthy relationship. You can brainstorm with your friends about this and you can add some more tips to the list."



Step 3: (1 minute)

Now let's look at another example:

Read the Situation 2 given below to group 2.

SITUATION 2

(OHP p14)



Anuja thought she was a very lucky girl when Aman, the 'man of her dreams', asked her to go with him for a movie. His gang of friends was joining too and he wanted them to know that he liked Anuja. He behaved courteously and Anuja was happy. The next day he took her to a picnic. Once again, he looked after her and saw to her every need. At night Anuja couldn't stop thinking of him. One day Aman took Anuja to a restaurant and then to his house. No one was around. There he offered her some snacks and drinks. He then put on some music and asked her to dance. They danced and Anuja liked it. He then kissed her. She liked that too. He then started undressing her. Anuja stopped him saying, "No". Aman had sex with her saying he had spent so much on her. Though she said "No", he had sex with her.



Step 4: (10 minutes)

Invite group 2 to share what they would do if they were in such a situation.

After their sharing, continue by saying:

- ☞ *How many of you think that Aman raped Anuja?* (Pause, ask them to raise their hands)
- ☞ *How many of you think it is not rape?"? and then ask* (Pause, ask them to raise their hands)
- ☞ *Why do you think it is not a rape?*

(Pause, repeat their answers)

These are some of the answers you may get:

Anuja went out with Aman. She willingly went to his house. She should not have gone. She should not have encouraged him by dancing with him. She should not have allowed him to kiss her. She liked the kissing. She asked for it (sex). She should have said no firmly. Some women say No when they mean Yes.

Then continue:

Do you think Anuja should have been the one to control the relationship? Did Aman have any responsibility towards controlling where the relationship was going?

(Say it slowly and clearly)

THE FACT IS THAT AMAN DID RAPE ANUJA.

Any non-consensual sex is rape. The right to control sexual relationships is both Aman's and Anuja's. The right to enjoy sexual relationships is again both theirs. This is very important to understand and is known as your sexual right.

Let us look at the World Health Organization's definition of sexual health.

Project OHP slide p15.

Sexual health is

- ☞ The ability to enjoy and control sexual behaviour in accordance with social and personal ethics.
- ☞ Freedom from fear, shame, guilt, false beliefs and other psychological factors inhibiting sexual response and impairing sexual relationships.
- ☞ Freedom from organic disorders, disease and deficiencies that interfere with sexual and reproductive functions.



*We need to learn not just how to safely **enjoy** sexual behaviour, but also how to **control** sexual behaviour - enough to STOP the act of sex at any point, if there is a verbal or non-verbal STOP expressed. While we have the right to enjoy sex, we also have the responsibility to accept 'NO' if a verbal or non-verbal sign of stop is expressed. (Clarify and then either stop or go ahead). Consensual sexual relationships between adults, can be intensely pleasurable, especially when it is safe. In most countries, non-consensual sex even within marriage is considered as rape. This is not the case in India. With sexual rights come sexual responsibilities.*

The right to enjoy comes hand in hand with the right to decide

- ☞ To become pregnant or not.
- ☞ To protect our self from HIV infections or an STI.
- ☞ Whether or not to be abused.

We may often not even recognise that abuse is happening. It may have become quite normal in our life. Pause and confirm that all have understood these points.

Step 5: (2 minutes)

Sum up as follows:

What all have we discussed today? (Pause and repeat some of their answers)

Adolescence, relationships, sexual rights, physical changes, self-image.

All of us in college are going through adolescence and this is a special time. Changes are happening in our bodies and we can now recognise them.

Now, tell them that you have time to discuss any issues or clarify and questions they may have. Go onto the next section.

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Section 6
Discussion and Wrap up



Discussion and Wrap-up

Overview

This section is dedicated for the students to clarify their doubts.

Section Objective

By the end of 45 minutes, students will be able to:

Clear their doubts directly and indirectly about adolescence, HIV, STI and AIDS, self and vulnerability, sexual rights and responsibilities.

Time

45 minutes.

Materials Required

Frequently Asked Questions, with the answer sheet.
Question box, Enrollment forms.

Step 1: (1 minute)

Invite the participants to ask questions. Remember to answer the questions you are sure of. Feel free to tell the students that the answers to some questions will be placed on the notice board over the weekend or in the follow-up meeting, if you are not sure of an answer. You need not answer questions that are personally related to you and your behaviour. Remember to align your answers to motivate them to enroll for the '*Ten Commitments Programme*' for C-Life. Encourage students to drop the questions they find difficult to ask openly into the Question Box. Also take questions out of the Question Box and answer them.

Step 2: (30 minutes)

Motivate the students to ask questions or encourage them to write the questions on strips of paper and pass it on too. If the students feel that the question and discussion session should be separate for boys and girls, then do it separately.

Step 3: (10 minutes)

Remind students to take out their '*Back to Basics*' handout and fill out the second page now or distribute new sheet of '*Back to Basics*' and encourage students to quickly complete the forms once again. Tell them that you will give them the correct answers at the end. Tell them that they have five minutes to complete the form. Collect the '*Back to Basics*' handout with the help of the volunteers. Call out the correct answers using Appendix I.

Step 4: (4 minutes)

Wind up and thank them by saying

*Thank you for being so participative. We hope you will attend the next programme the '**Ten Commitments Programme**'. Each commitment will discuss all the issues covered today and in more detail. I hope this session was fun and informative. Please talk to your friends and family about what you learnt today. The more you know the better for your health and future. These are the programmes that will give you power to see how you can celebrate your life in a happy and safe way.*

*Those of you who would be interested in enrolling for the '**Ten Commitments Programme**' please meet the volunteers outside and sign up. We shall let you know when your programme will begin. If you have gained something special today, then share it with your friends. Get them to experience what you have experienced. Get them to enroll in the '**Ten Commitments Programme**' too. An enrollment form will be placed on the notice board too. But you, do so now.*

Once again, thank you. Your sharing and participation convinced me of how unique and precious each one of you is.

GLOSSARY OF TERMS

Acquired Immune Deficiency Syndrome (AIDS)

An acquired collection of symptoms and diseases, which signal that one's immune system has been damaged or suppressed by HIV infection.

Adolescence

A period of psychological and social transition between childhood and adulthood.

CD4

A particular type of defence cell in our body.

Groin

The area between the abdomen and the thigh.

Hereditary

Transfer of characteristics from parent to offspring through their genes.

Hormone

A chemical substance carried by blood to specific cells or tissues to stimulate them into action.

Human Immuno Deficiency Virus (HIV)

The virus that causes AIDS.

ICTC

A place where comprehensive HIV related services are offered under National AIDS Control Programme such as Voluntary Testing & Counselling, management of STIs & other Opportunistic Infections, management of HIV +ve pregnant women, etc.

Immune System

A system in the body that fights and kills bacteria, viruses and foreign cells.

Intercourse

Insertion of the erect penis into the vagina or anus in the act of sex

Masturbation

Gentle rubbing of the genitals by oneself or with another individual (mutual masturbation) to release sexual tension and derive sexual pleasure.

Menarche

The first menstrual period or the first menstrual bleeding

Myth

False or non-existent belief

Oestrogen & Progesterone

Hormone responsible for the physical changes and sexual maturity in females

Orgasm

The climax of sexual excitement experienced as intensely pleasurable sensations centered in the genitals

Penis	Male sexual organ or part of the external male genitalia
Puberty	The phase in a human beings life process by which a child's body becomes an adult body capable of reproduction. This person undergoes simultaneous changes in their physical, emotional, spiritual, social and intellectual dimensions.
Rape	Any kind of non consensual sexual intercourse committed with or without physical force or with a threat or with emotional blackmail
Scrotum	The pouch of skin containing the testicles in males
Sexual Abstinence	The voluntary decision not to engage in sexual relations of any kind
Sexual Maturity	Age/stage when an organism can reproduce. In humans, the process of maturing sexually is termed puberty
Safer Sex	Sexual practices which, minimises the exchange of blood, semen and vaginal fluids during sexual intercourse
Sexually Transmitted Infections (STI)	Infections usually passed from person to person by sexual contact.
Testicles	Sexual organs in males that produce sperm
Testosterone	Hormone responsible for the physical changes or sexual maturity in males.
Urethra	The duct (tube) by which urine is transported from the bladder out of the body
VCTC	A place that offers both pre and post test counselling along with voluntary testing for HIV
Vagina	A muscular tube leading from the vulva to the cervix in women
Virgin	A person who has never had sexual intercourse
Vulnerability	At risk or prone to risk.
Vulva	The external genital organs of the female

A system in the body that fights and kills bacteria, viruses and foreign cells.

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Appendices



APPENDIX 1

BACK TO BASICS KEY	NAME OF THE COLLEGE		
	DATE		
Place a tick mark in the appropriate column alongside the statements given below:	True	False	Don't Know
It is normal to feel intense mood swings during college life.	✓		
In males, the hormone responsible for sexual maturity is called testosterone.	✓		
In the female, the hormones leading to sexual maturity are called oestrogen and progesterone.	✓		
For maintaining healthy relationships when two people are in love, it is advisable for them to meet in a public place in groups rather than alone.	✓		
Our boundaries are violated when someone tries to control our feelings, attitudes, behaviour and choices.	✓		
Most sexually transmitted infections are curable with standardised treatment.	✓		
Avoiding sex (abstinence) is the safest way for preventing HIV & sexually transmitted infections (STIs) through the sexual route.	✓		
Oral contraceptives like Mala-D prevent sexual transmission of HIV infection.		✓	
It is easy to recognise a person living with HIV infection.		✓	
In India, all the people who are infected with HIV know their HIV status.		✓	
Sexuality is a natural part of the self.	✓		
Putting drugs into a person's drink so that it is easier to have sex with him/her is a form of sexual violence.	✓		
Both men and women have a right to enjoy and control sexual behaviour.	✓		
Critical thinking is a skill that helps one to consider the pros and cons of a situation.	✓		
Being assertive means making it very clear to others that you refuse to do what they say without hurting their integrity and losing their friendship.	✓		

APPENDIX II

Frequently Asked Questions:

Is there a chance for a blood donor to be infected with HIV while donating blood?

When you donate blood, there is NO risk of HIV transmission. Blood is removed from donor's body not injected. Remember that HIV cannot infect you unless infected blood **enters** your body. Donate blood but make sure you insist on disposable/sterilized needles while doing so.

After sexual contact if a person washes his/her genitals with some antibiotic chemicals, will he/she contract HIV or STI?

Washing of genitals with Dettol, Savlon, lime water/ soap, vinegar will not stop transmission of HIV, STI and pregnancy.

What is white discharge? How can it be prevented?

This is a very common concern among menstruating women. Vaginal discharge is very common and varies during menstrual cycle. Changes that may signal a problem include an increase in the amount of discharge, a change in the colour or smell of the discharge, and irritation, itchiness or burning in or around your vagina. A discharge that's stained with blood when you're not having your period could also be a sign of a problem. If you have any of these signs, you should talk to your doctor.

Sometimes a normal vaginal discharge can irritate the skin. This is due to the moisture against the skin. You can prevent skin irritation in the vaginal area, especially when it's hot and humid outside, by wearing cotton underwear and avoiding clothes like tight jeans, tight nylon or terri cotton panties that don't let your skin breathe. It is also important to keep your body clean by bathing on a regular basis. You don't need to do anything special to keep this part of your body clean. Just soap and water does the trick.

White discharge may also be a sign of anaemia. Hence it is advisable to follow a balanced diet.

I get periods only once in two or three months. Is that a problem?

Most women will have cycles that are around 28 days. If a girl always gets her periods either less than once in 20 days or only after 45 days she should go to a doctor for a check up.

During periods I feel giddy, vomiting sensation, stomach ache and there is body pain. Is this natural?

Women can experience a variety of sensations before, during or after their menses. Common complaints include backache, pain in the inner thighs, bloating, nausea, diarrhoea, constipation,

headaches, breast tenderness, irritability, and other mood changes. Cramps is one of the most common uncomfortable sensations women may have during menstruation.

Some tips to overcome cramps and other sensations:

- ☞ Increase exercise. This will improve blood and oxygen circulation throughout the body, including the pelvis.
- ☞ Eat lots of fresh vegetables, whole grains (especially if you experience constipation or indigestion), nuts, seeds and fruit.
- ☞ Avoid caffeine. It constricts blood vessels and increases tension.
- ☞ Drink ginger root tea (especially if you experience fatigue).
- ☞ Breathe deeply, relax, notice where you hold tension in your body and let it go.

I have been masturbating since I was young. Will it create a problem in future?

Masturbation is the self-stimulation of the sex organs, most often to the point of orgasm. Sixty to ninety percent of adolescent boys and 40 percent of girls masturbate. Although people's attitudes about masturbation differ widely, there is no evidence that masturbation is in any way physically, psychologically, or emotionally harmful. For many young people, masturbation is an opportunity for private sexual exploration before deciding to engage in sexual activity with another person. It is also considered the safest form of sex in the prevention of sexually transmitted diseases, including Human Immunodeficiency Virus (HIV).

During masturbation there is discharge of sperms. Does that fluid contain WBC? If yes then will I loose my resistance power?

This is a myth. White Blood Cells (WBC) are present in blood and not in semen. There are other misconceptions similar to this. For example if you masturbate you will lose 60 drops of blood, sperms are the pure form of blood, etc. all are untrue.

How can I tell if I'm infected with HIV? What are the symptoms?

The only way to know if you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected. Many people who are infected with HIV do not have any symptoms at all for 10 years or more. A simple blood test at a VCTC will tell if you have HIV infection or not.

Why are injecting drugs a risk for HIV?

At the start of every intravenous injection, blood is introduced into the needle and syringe. HIV can be found in the blood of a person infected with the virus. The reuse of a blood-contaminated needle or syringe by another drug injector (sometimes called "direct syringe sharing") carries a high risk of HIV transmission because infected blood can be injected directly into the bloodstream.

Sharing drug equipment (or "works") can be a risk for spreading HIV. Infected blood can be introduced into drug solutions by using blood-contaminated syringes to prepare drugs; reusing water; reusing bottle caps, spoons, or other containers ("spoons" and "cookers") used to dissolve drugs in water and to heat drug solutions; or reusing small pieces of cotton or cigarette filters ("cottons") used to filter out particles that could block the needle.

"Street sellers" of syringes may repackage used syringes and sell them as sterile syringes. For this reason, people who continue to inject drugs should obtain syringes from reliable sources of sterile syringes, such as pharmacies.

It is important to know that sharing a needle or syringe for any use, including skin popping and injecting steroids, can put one at risk for HIV and other blood-borne infections.

Is deep kissing a route of HIV transmission?

Deep or open-mouthed kissing is a very low risk activity in terms of HIV transmission. HIV is only present in saliva in very minute amounts, insufficient to cause infection with HIV.

There has been only one documented case of someone becoming infected with HIV through kissing; a result of exposure to infected blood during open-mouthed kissing. If you or your partner have blood in your mouth, you should avoid kissing until the bleeding stops.

Can I become infected with HIV from needles on movie/cinema seats?

There have been a number of stories circulating via the Internet and e-mail, about people becoming infected from needles left on cinema seats and in coin return slots. These rumours appear to have no factual basis.

For HIV infection to take place in this way the needle would need to contain infected blood with a high level of infectious virus. If a person was then pricked with an infected needle, they could become infected, but there is still only a 0.4% chance of this happening.

Although discarded needles can transfer blood and blood-borne illnesses such as Hepatitis B, Hepatitis C and HIV, the risk of infection taking place in this way is extremely low.

How safe is oral sex?

Although it is possible to become infected with HIV through oral sex, the risk of becoming infected in this way is much lower than the risk of infection via unprotected sexual intercourse with a man or woman.

When giving oral sex to a man (sucking or licking a man's penis) a person could become infected with HIV, if infected semen got into any cuts, sores or receding gums they might have in their mouth.

Giving oral sex to a woman (licking a woman's vulva or vagina) is also considered relatively low risk. Transmission could take place if infected sexual fluids from a woman got into the mouth of her partner. The likelihood of infection might be increased if there is menstrual blood involved or if the woman is infected with another sexually transmitted disease.

The likelihood of either a man or a woman becoming infected with HIV as a result of receiving oral sex is extremely low.

I heard that one of the cafeteria workers at my college has AIDS. Should I avoid eating food he has touched?

No, you cannot get HIV this way. There are **only 4** ways in which you can get HIV

- ☞ Unprotected sexual intercourse.
- ☞ Using infected blood transfusion.
- ☞ Sharing infected needles.
- ☞ Infected pregnant mother to child.

APPENDIX III

Life Skills

The World Health Organisation has identified ten life skills essential for every individual to develop for living a healthy life. Given below is a brief of each life skill to enable the Friendly Advisor to answer questions on life skills briefly with college going students. The 7th Commitment of the Ten Commitment Program deals with each life skill in detail. The life skills are:

1. Problem Solving

Every individual faces problems. A problem is an obstacle which makes it difficult to achieve a desired goal, objective or purpose. A problem refers to a situation, condition, or issue that is yet unresolved. Problem solving is defined as the thought and action processes involved in solving a problem.

2. Decision Making

The cognitive process of making a choice or reaching a decision is defined as decision making.

3. Critical thinking

Critical thinking is defined as a process that challenges an individual to use reflective, reasonable, rational thinking to gather, interpret and evaluate information in order to derive a judgment.

4. Creative thinking

Creative thinking is defined as the creation or generation of ideas, processes, experiences or objects.

5. Communication Skills

The exchange of thoughts, messages, or information, as by speech, signals, writing, or behaviour is communication. Communication skills refer to the combination of behaviours that serve to convey information effectively.

6. Interpersonal Relationships

Interpersonal relationship is defined as the skill of developing and maintaining social relations between people.

7. Empathy

Empathy is defined as the ability to identify with and understand another's situation, feelings, and motives.

8. Self Awareness

Self awareness is the ability to define oneself as an individual who is able to interact with self and his/her surroundings.

9. Management of Stress

Management of Stress is defined as a set of techniques used to help an individual cope more effectively with difficult situations in order to feel better emotionally, improve behavioural skills, and often to enhance feelings of control. Management of stress is also thought to be the ability to experience stress without the accompanying mental or physical stress response or symptoms.

10. Management of Emotions

Emotion, in its most general definition, is an intense mental state that arises autonomically in the nervous system rather than through the conscious. Managing emotions is the capacity to deal constructively with emotions for enabling the person to be healthy.

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12/18/09 Facebook / Recapt of NTG

- * Don't know how to put it across
- * It is a way to interact with youth
- * Children, parents and the whole principles
- * be given

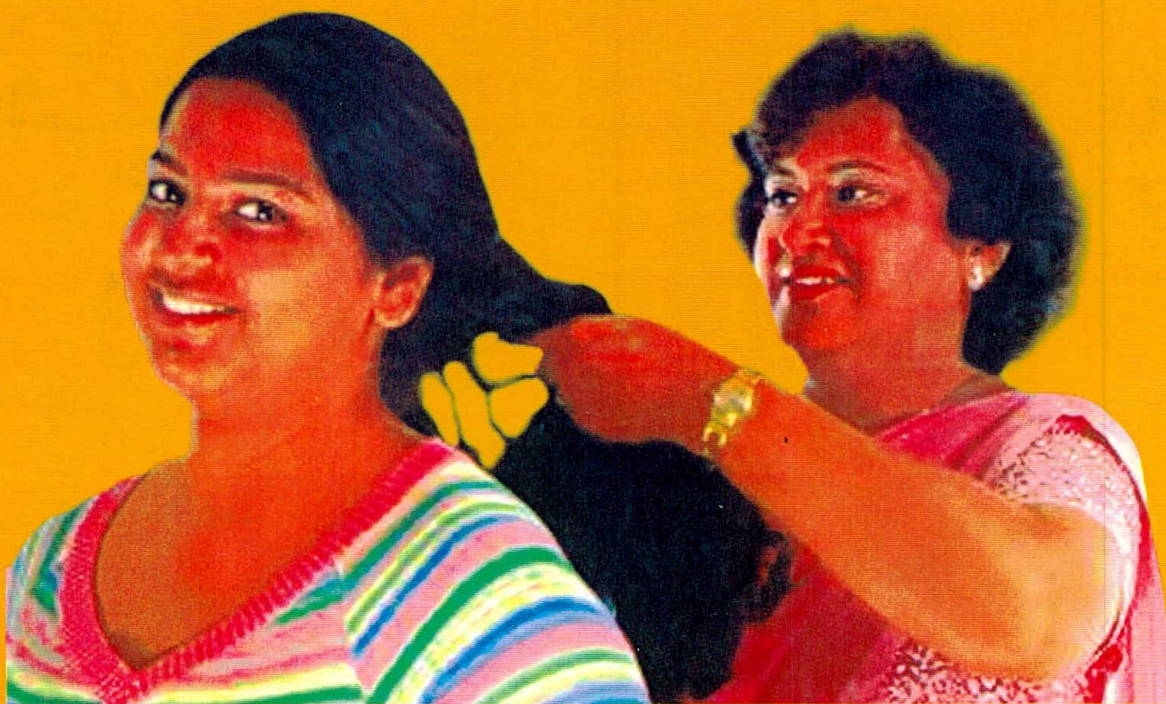
* Adolescence, boy / girl

* Gender male / female

We value ourselves and others, protect
ourselves and others
feelings, emotions, respect

JESSE

NTG



MYRADA

