

Adolescence Education Programme

Advocacy Manual

Role of Schools, Principals & Facilitators

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Principals & Facilitators

Adolescence Education Programme

A Four Part Training Package

Contents of the Training Package

This set of materials have been field-tested, reviewed/ revised and are currently being utilised by different agencies for implementing AEP through curriculum plus. The following Manuals have been developed as a comprehensive package for school based Adolescence Education Programme.

1. ADVOCACY MANUAL FOR PRINCIPALS AND FACILITATORS	
<p>To be used by Resource Persons/Trainers</p> <p>Content</p> <ul style="list-style-type: none"> • Needs and concerns of Adolescents • Adolescence Education Programme • Role of Stakeholders and Responsibilities <p>Purpose</p> <ul style="list-style-type: none"> • The Manual can be used for sensitising various Stakeholders/School Principals/Opinion Makers/Professionals towards Adolescent Issues and Concerns, Policy Framework and Programmes. The section on the role of the Stakeholders however, will need to be modified according to the Target Group. • The Manual is essentially developed as a component of the comprehensive package for the school based Adolescence Education Programme. However, it can be used for advocacy for out-of-school Adolescents with focus on their Special Needs, Programmes and Community Mobilisation. • For more information on Adolescent Issues the Manual can be supplemented by the Advocacy Kit "Healthy Adolescents - Empowered Adolescents" (MoYAS-UNFPA, 2005). 	<p>Duration 1 day</p>
2. FACILITATORS' HANDBOOK FOR TRAINING OF RESOURCE PERSONS AND NODAL TEACHERS	
<p>To be used by Resource Persons/Trainers</p> <p>Content</p> <p>Includes knowledge and Life-Skills enhancement sessions in the following areas:</p> <ul style="list-style-type: none"> • Perspective Building on Life-Skills • Understanding Adolescence • Adolescent Health Issues (AHI) 	<p>Duration 5 days</p>

<ul style="list-style-type: none"> ● Basic facts, transmission, prevention of RTIs/STIs and HIV/AIDS ● Basic facts, risk and protective factors in Substance-Abuse <p>Purpose</p> <ul style="list-style-type: none"> ● The Handbook can be used for training Resource Persons at the National and State Levels. These trained Resource People would further use this Handbook for training Nodal Teachers at the District Level. ● As part of the five-day training programme, Resource Persons and Nodal Teachers conduct class room sessions on the last two days with either class IX or class XI in a school close to the training venue. The debriefing session enables them to know their skills before conducting the co-curricular activities in their respective schools. ● Before the initiation and at the end of the training session, Resource Persons and Nodal Teachers are administered knowledge, attitude and skills test. ● For more information on adolescent issues the Handbook can be supplemented by the accompanying Reference Material Booklet. 	
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3. TEACHERS' WORKBOOK FOR STUDENT ACTIVITIES

<p>To be used by</p> <p>Nodal Teachers</p> <p>Content</p> <ul style="list-style-type: none"> ● Classroom Session 1: Healthy growing up, Adolescent Health Issues (AHI) ● Classroom Session 2: STIs/RTIs and HIV/AIDS ● Classroom Session 3: Preventing Substance Abuse <p>Purpose</p> <ul style="list-style-type: none"> ● The Workbook has been designed to guide Nodal Teachers while conducting classroom sessions for AEP in schools. ● The classroom sessions are planned to enhance both the knowledge base as well as Life-Skills such as Critical-Thinking, Decision-Making, Negotiation-Skills, Problem-Solving, Interpersonal-Communication, Empathy, Self-Awareness, Coping with Stress, etc. ● Wherever possible, optional activities have been provided and Nodal Teachers can choose activities based on their socio-cultural milieu. ● Planned activities will be used for revision and reinforcement of Life-Skills. 	<p>Duration 16 hours per academic year</p>
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4. REFERENCE MATERIAL FOR RESOURCE PERSONS/NODAL TEACHERS/ PEER EDUCATORS

To be used by

Resource Persons/Nodal Teachers/Peer-Educators

Content

- Understanding Growing Up, Adolescent Health Issues (AHI)
- STIs/RTIs and HIV/AIDS
- Preventing Substance-Abuse
- Teachers as Counsellors

Purpose

- The Reference Material has been organised in accordance with the classroom sessions so that the Nodal Teachers/Peer Educators and Trainers can read the relevant section for information and knowledge before conducting the activity.
- References are given for further reading.

Introduction

Adolescents (people in the 10-19 age group) constitute nearly one-fifth of India's population and yet their identity as a distinct demographic group has been ignored so far. It has been realised very recently that adolescents have been an 'under-served population group' and require urgent attention for meeting their health, needs. This group is particularly vulnerable because of rapid physical, psychological and social changes occurring during adolescence about which they lack proper and authentic knowledge, information that they should be receiving from schools, parents, service providers and peers.

Several studies have emphasised serious concerns relating to adolescents that need urgent attention. Increasing numbers of Adolescents are adopting irresponsible behaviour practising Substance-Abuse, and suffering from mental and emotional stress. They adopt risky behaviour primarily because they are not informed appropriately, lack the skills to manage their emotions and do not have youth-friendly services available to them.

In view of the above, the **Ministry of Human Resource Development, Government** of India has launched the **Adolescence Education Programme (AEP)**. AEP is aimed at providing adolescents with authentic knowledge about the process of growing up during Adolescence, HIV/AIDS and Substance-Abuse. It aims to enhance the necessary Life-Skills in Adolescents so that they can manage risky situations competently and develop a positive attitude towards people living with HIV/AIDS.

It is important to note that this educational programme requires special social and political support as it deals with many issues and concerns related to matters that are culturally very sensitive. A sustained advocacy, therefore, is needed for convincing Policy Framers, Educational Administrators, Parents, Teachers and Community Leaders about the urgency of this educational intervention by using all means of communication available, including the mass media, interpersonal communication, and other formal and informal information channels.

You as an advocate can influence the process of policy and programme formulation and execution, social climate and social norms, generate community support for the well-being of Adolescents and help in improving the conditions that have a bearing on their lives.

The present Advocacy material for Facilitators and school principals has been developed to meet the strong need for sensitising various target groups and providing them information on issues and concerns relating to adolescents and also on this educational programme. It is sincerely hoped that the Advocacy Manual will help you in opening a dialogue with Policy Makers, Principals, Teachers, Parents, Community Leaders and other stakeholders for mobilising their support for the National Adolescence Education Programme.

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List of Abbreviations

AEP	-	Adolescence Education Programme
AIDS	-	Acquired Immune Deficiency Syndrome
AHI	-	Adolescent Health Issues
ART	-	Anti-retroviral Therapy
CBSE	-	Central Board of Secondary Education
COBSE	-	Council of Boards of School Education in India
ELISA	-	Enzyme Linked Immunosorbent Assay
HIV	-	Human Immunodeficiency Virus
HAART	-	Highly Aggressive Anti-retroviral Therapy
KVS	-	Kendriya Vidyalaya Sangathan
MHRD	-	Ministry of Human Resource Development
MoHFW	-	Ministry of Health and Family Welfare
MOYAS	-	Ministry of Youth Affairs and Sports
NACO	-	National AIDS Control Organisation
NCERT	-	National Council of Educational Research and Training
NIOS	-	National Institute of Open Schooling
NT	-	Nodal Teacher
NVS	-	Navodaya Vidyalaya Samiti
PCR-DNA	-	Polymerase Chain Reaction-Deoxyribonucleic Acid
PLWHA	-	People Living With HIV/AIDS
RCH	-	Reproductive and Child Health Programme
RTI	-	Reproductive Tract Infection
SRP	-	State Resource Person
STI	-	Sexually Transmitted Infection
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
UNODC	-	United Nations Office on Drugs and Crime
VIPP	-	Visualisation in Participatory Processes
ICTC	-	Integrated Counselling and Testing Center

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About the Manual

A. What is the purpose of the Advocacy Manual?

The purpose of this Manual is to provide technical information as well as step-by-step guidelines in conducting an advocacy workshop. The Manual will help Principals and other Facilitators (Professionals working in the field of Adolescent development) to advocate the urgency of creating a supportive environment. This will enable Adolescents to make informed decisions, communicate and negotiate effectively with respect to growing up issues.

B. Who can use the Advocacy Manual?

This Advocacy Manual can be used by Facilitators as an Advocacy tool with School Principals. The Manual can also be used by Nodal Teachers to Advocate AEP to other Teachers and Parents.

C. How is the Advocacy Manual organised?

The Manual has been divided into five sessions:

Session I: The focus is on the introduction of participants, clarifying their expectations and sharing the objectives of the Advocacy Workshop.

Session II: The focus is on some of the critical concerns during Adolescence related to AHI, HIV/AIDS and Substance -Abuse. It also familiarises participants with the various National Programmes and Policies on Adolescent Health.

Session III: The objectives, content, coverage, Monitoring and Evaluation of the National Adolescence Education Programme (NAEP) will be highlighted.

Session IV: The focus is on understanding the role and responsibilities of the various Stakeholders and Community Mobilisation for AEP.

Session V: The emphasis is on discussing and resolving any challenges or concerns that participants may have about the various dimensions of the programme.

Step-by-step instructions are given on how to transact each of these sessions. The Adocacy Manual also appends various fact sheets on Adolescence, HIV/AIDS, Substance-Abuse and Life-Skills, which can serve as reference and reading material for the Facilitators. (Appendix 1).

Guidelines for Facilitators

Conducting the Advocacy Workshop

While conducting the Advocacy Workshop, the Facilitator has to explain the AEP, the urgent need for its implementation and the role that various Stakeholders can play in promoting Adolescence Education.

Points to remember

- Conduct the Advocacy workshop according to the schedule and the guidelines contained in the manual.
- Arrive a few minutes ahead of time and check all arrangements, such as teaching aids, overhead projector/computer screen for display, flip charts and markers for writing.
- Maintain eye contact while talking to participants.
- Set time limits, and remind the group of these during the activity.
- Try to direct your questions to the whole group and not just a few participants or to the most vocal members.
- Use open-ended questions rather than closed questions. Closed questions—for example, “Did you do that?”—tend to invite a “yes” or “no” response. Beginning a question with “Why?” can appear intimidating to participants. Questions such as “What do you think about . . . ?”, or “How do you feel about . . . ?” are examples of open-ended questions.
- Use positive language and statements, and thank participants for their contribution to discussions.
- Value all the contributions you receive from participants. Listen to what is being said, and try not to appear judgemental.
- Challenge a view if you feel it is inappropriate, but do so in a constructive and non-argumentative manner.
- Be willing to state your own opinions if you are asked, with the qualification that the group may think differently.
- Intervene in a firm yet sensitive manner if a discussion is being hijacked by some powerful personalities or is ‘getting off track’.
- Be frank enough to admit if you are unaware of some technical information, and seek help from officials of the education department for clarifications of queries regarding infrastructure and/or policy.
- In discussing certain issues, you may come across words that you find embarrassing. On such occasions, it is important for you to retain your poise. Enhance your comfort level with sensitive topics and words by practising saying the words out aloud prior to the workshop, either alone or with other facilitators.



NOTE

It is suggested that trainers have a group of 45–50 participants for the Advocacy workshop. This number is convenient for interaction, and smaller groups of 8–10 participants can come together for more focused discussions.

Methods used during the Advocacy workshop

Presentation

This method is effective when a substantial amount of information is required to be imparted in a short period of time. An effective presentation provides ample opportunities for interaction between the facilitator and participants.

Group discussion

Group discussion is an effective interactive teaching and learning method.

Before starting the discussion, state the purpose of the discussion; announce and clarify the topic to everyone, define the rules and limits of the discussion and finally introduce the topic in detail.

Encourage participation of as many group members as possible rather than letting one or two members dominate the discussion.

Small group exercise

Small group exercise, in combination with other methods, is an effective mode of communication and enhances the free flow of ideas. The larger group is divided randomly into smaller groups of more or less equal size. The criteria for group formation may be determined by the group profile or the topic of discussion. Each group is represented by a spokesperson, who communicates the ideas and viewpoints of its members to the larger group for further discussion. The advantage of small group activities is that these enable the less confident people to participate in the discussion.

Talking in pairs

This method is similar to the group discussion. Its advantage is that it is more effective in bringing out the values and lessons of personal experiences. This method also gives an opportunity to shy participants to open up.

Brainstorming

Brainstorming is a very useful and simple technique that stimulates creativity within a group. Present a topic to participants and invite them to respond spontaneously with as many comments and ideas on it as they can. A composite list is drawn up, and the group is encouraged to appraise each response that has emerged. Brainstorming is also a good way of initiating a new topic.

Visualisation In Participatory Programmes (VIPP)

VIPP is an attempt to break down the formal seminar culture. It is a collection of techniques applied to encourage people to participate and cooperate with their colleagues. VIPP involves the use of a whole range of participatory techniques—card collection (one idea per card), brainstorming, drawing exercises and debates.

A common VIPP technique is the use of VIPP cards of different shapes and colours. When using VIPP cards, participants are asked to: use one idea per card, employ legible handwriting and use different shapes to delineate categories, concepts and issues.

8. Guided Meditation and Creative Visualization Unit

This Unit focuses on the objectives of guided meditation exercises and creative visualization techniques and activities for students. The purpose of these learning activities is to improve the ability to concentrate, relax, reduce stress and create an individual with rhythm and balance. These can be done everyday for 5-10 minutes, in a group, entire class or even in the morning assembly.

Guidelines For Teachers

- Wherever OHP is not available blackboard can be used.
- Teachers must read pages 9-18 of Teacher's Workbook exhaustively.
- All contents and activities to be transacted keeping the local cultural context in mind.
- Sensitivity towards the Adolescent needs to be maintained at all times.
- Some activities have been marked categorically to be done separately for boys and girls or for class XI onwards. This needs to be ensured.
- The Annexure 3 related to suggested Timeline of Conduct of Co-curricular AEP activities in one academic year to be consulted.
- The 16 – hour capsule has slotted 7½ hours for Life-Skills and associated activities which must be ensured.
- In each Unit there are a number of activities and the Teacher/Facilitator may like to choose depending on the time and context.
- Co-curricular activities must be varied in nature, interesting, age appropriate and in keeping with the local cultural ethos. Role-Plays, Group-Discussion and PMIs (Plus, Minus, Interesting) may be added.
- Guided meditation and visualization activities may be done as whole class or even whole school in the Assembly from the Unit on Meditation and Visualisation. These activities may be done towards the closing of the school hours.
- Teachers may develop Reflection Points on Values and Life-Skills.



- Famous sayings from the local culture, role – models or historical figures of eminence may be used for enhancing values.
- Creative activities such as collage making, painting, dramatization, street theatre, one act plays, script writing may be taken up on the relevant themes and issue of adolescents.
- Tips on Facilitation are given in Session II. The Process of Facilitation. There is also a another Session-XV which deals with Facilitation and is given purposefully towards the end. After the participants have acquired relevant knowledge and skills regarding Adolescent issues they can develop Facilitation skills.

Materials required for the Advocacy Workshop: A Checklist

- Overhead Projector (OHP)/LCD Projector
- Transparencies/PowerPoint Slides
- Blackboard
- Chalk/Marker
- Duster
- For VIPP Exercise: Brown Paper, Thumb Pins, VIPP Cards, Double-Sided Tape
- Refreshments for Participants

Introduction

Session I: Getting Started

Time: 50 minutes

Objectives

Participants will be able to:

- Get to know each other
- Understand the objectives of the advocacy workshop
- Agree on the ground rules for the Workshop

Contents

- Introduction
- Objectives of the advocacy workshop
- Setting the group norms

Method

Group exercise, brainstorming

Materials

Blackboard, OHP, marker

Activity 1: Introduction and Expectations of Participants

1. Begin the session by introducing yourself and/or the resource team to the group.
2. Divide the group into smaller groups of 8 to 10 participants. Explain that the aim of this activity is to familiarise participants with one other, and to get an idea of their expectations from the workshop.



3. Ask participants to introduce themselves to the members of their group, giving their names, describing their experiences and backgrounds, and discussing their expectations from the workshop. Ask one participant from each group to act as the group representative and note down the expectations of group members.

4. After ten minutes, ask the whole group to reassemble, and ask the representatives of each smaller group to summarise and share the expectations of their group. List the expectations on the blackboard.
5. If any expectation is repeated, place a tick against it to indicate that more than one person has the same expectation.

Some of the Expectations could be

- Understanding why we are introducing AEP in schools.
- Learning about the process of growing up during adolescence.
- Learning more about HIV/AIDS and AHI.
- Knowing how to help youngsters facing problems.
- Understanding adolescents better and improving communication with them.
- Learning why young people have become increasingly involved with Substance Abuse.

6. Emphasise the fact that most of these expectations will be met by the end of the advocacy workshop. Also indicate which of the expectations are beyond the purview of the current programme.
7. Share the objectives of the workshop.

Objectives of the Workshop

Slide 1.1

- To understand the AEP that is being implemented by MHRD in the school system.
- To create a supportive environment for implementing AEP.
- To highlight the role of principals, teachers and peer educators as advocates of AEP.

Activity 2: Being an Advocate for Adolescence Education

1. Ask participants to name a few people who are promoting a particular cause or issue, for example, Amitabh Bachchan and Sachin Tendulkar for eradicating polio, Shabana Azmi for AIDS awareness, etc.
2. Tell the participants that such figures are known as 'advocates'. Display Slide 1.2.

Who is an Advocate?

Slide 1.2

An Advocate is a Person who influences others to support an idea, issue, organisation or programme.

3. Explain that the environment plays a very important role in influencing the behaviour of individuals.
4. Ask the participants what they understand by advocacy and what it involves. Supplement the answers along with Slide 1.3.

What does Advocacy involve?

Slide 1.3

- Analysing the Environment.
- Defining the agenda or the cause.
- Identifying the Partners.
- Lobbying the support of Decision-Makers.
- Forming allies and rallying support.
- Establishing Networks.
- Mobilising Public Opinion.
- Enlisting the support of beneficiaries.
- Addressing the concerns of adversaries.

5. Ask the group to identify the qualities that a good Advocate should have. Note the various responses that emerge, and summarise these using Slide 1.4.

What are the Qualities of an Advocate?

Slide 1.4

- Personal attributes: background, experience.
- Thorough knowledge of the issue being advocated.
- Positive attitude towards the issue.
- Skills
 - Thinking-Skills
 - Social-Skills
 - Negotiation-Skills
- Behaviour – Role-Model

Activity 3: Setting Group Norms

1. Explain to participants that in order to run smoothly, all workshops need a set of rules that everyone agrees to follow.
2. Using an open Discussion/Brainstorming format, ask Participants to Suggest some ground rules. Note these on the OHP/Blackboard.

Suggested Ground Rules

- Listen to all Interventions and Participate in the Discussion.
- Maintain confidentiality. What is disclosed in the Group, remains within the Group.
- Use 'I' statements (I think... I believe... I like...) rather than 'you' statements (You said..., You should not...).
- Be punctual.
- Do not interrupt others.
- Ask questions one at a time and give others a chance to talk.
- Be non-judgemental.

3. Suggest that all participants try to follow these Ground Rules throughout the Advocacy Workshop.

Critical Concerns

Session II: Setting the Context

Time: 50 minutes

Objectives

Participants will be able to:

- State the main issues related to Adolescent Health and Development in India.
- State the adverse impact of Adolescent risk behaviour on various National Indicators.
- Appreciate the urgency for implementing Adolescence Education Programme (AEP).

Contents

- Issues of concern related to Adolescent health and development.
 - Education
 - Marriage and early pregnancy
 - Health Issues
 - Vulnerability to HIV infection
 - Substance-Abuse
- National Policies and Programmes.

Method

Open discussion and presentation.

Materials

Blackboard, OHP, marker.

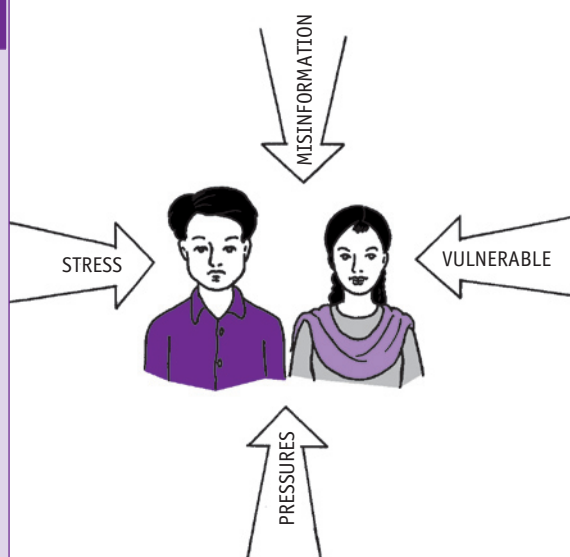
Activity 1: Situation of Adolescent Health in India

1. Initiate an open discussion with the group on their understanding of Adolescents – who are Adolescents?

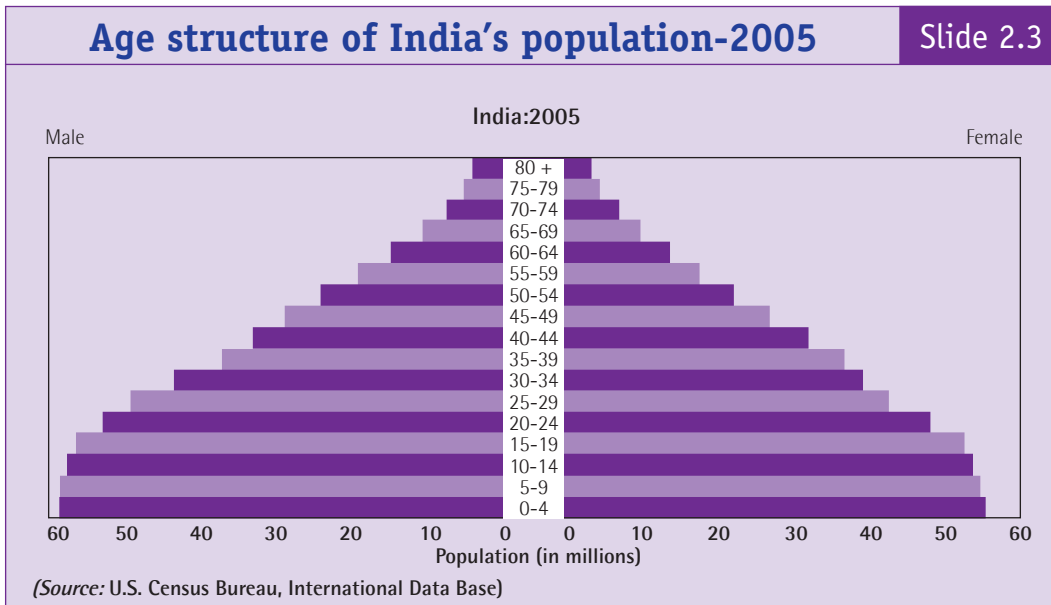
Who are Adolescents?	Slide 2.1
<ul style="list-style-type: none"> • Adolescents: 10-19 years • Youth: 15-24 years • Young people: 10-24 years <p>Growth phases:</p> <ul style="list-style-type: none"> • Early Adolescence: 10-13 years • Mid Adolescence : 14-16 years • Late Adolescence: 17-19 years 	

2. Explain why we need to focus on adolescents by showing Slide 2.2.

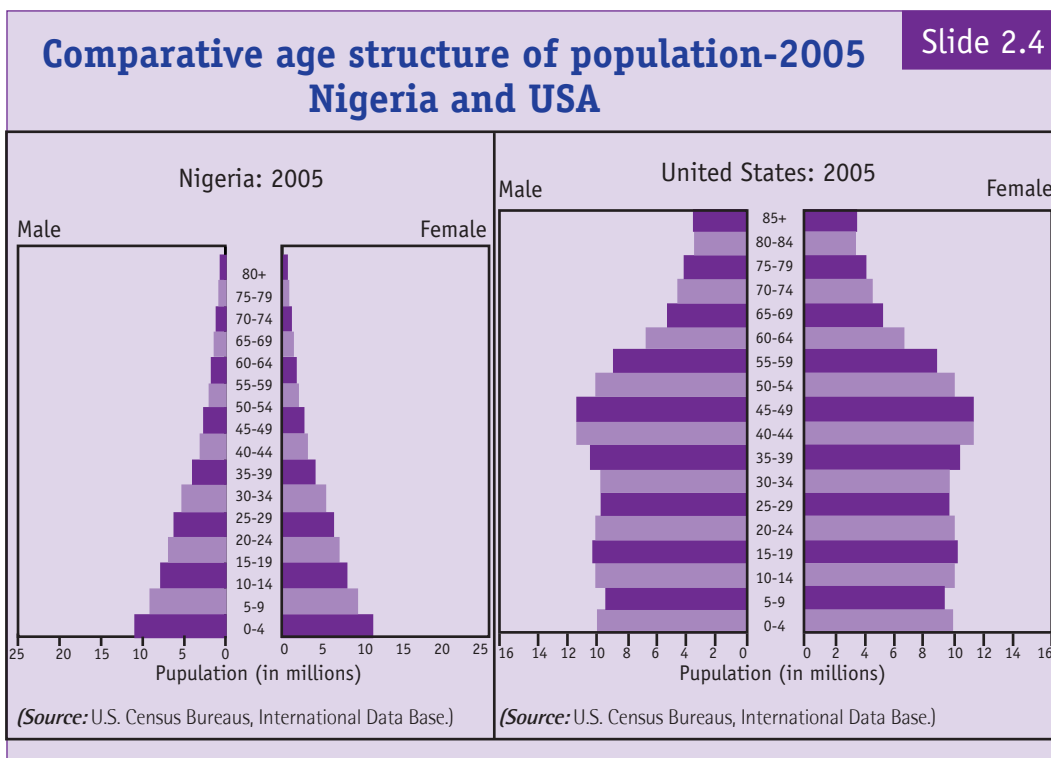
Why focus on Adolescents?	Slide 2.2
<ul style="list-style-type: none"> • Large human resource (22% population) • Caring, supportive environment will promote optimum development – Physical, Emotional, Mental. • Their behaviour has impact on National Health Indicators like maternal and infant mortality. • Adolescents are vulnerable to STIs, HIV/AIDS, Sexual-Abuse. • Health of girls has inter-generational effect. 	



3. Display Slide 2.3 and explain that India has a young population. The pyramid shows the male and female population of India according to different age groups. The pyramid has a broad base and tapers at the top. This means that the population comprises more younger people than older people. In fact 54% of population was below 24 years according to Census 2001. Adolescents aged between 10-19 years comprised nearly one fifth (22%) of the population in Census 2001.



- Display Slide 2.4 showing the age structure and population of Nigeria and USA. For USA, the pyramid size is larger for the older age group of 40-54 years compared to the younger age group indicating low fertility. This also means that the population of USA has been going through the process of ageing. The pyramid of Nigeria shows high fertility and high mortality because, with advancing age, the size of pyramid is shrinking.



5. Start a discussion on the implications of this pyramid. Explain that with fertility slowly reducing, India's graph may start resembling that of USA in another two to three decades. At the moment, India has a large percentage of its population in the working age group of 15-59 years, but the situation will change. Thus we have only a few years to train, educate and utilise our young people of today and tomorrow for development. This 'demographic bonus' can and should be used as a 'window of opportunity'.
6. Display Slide 2.5 and explain that the population structure shows that India has a demographic bonus, which is a window of opportunity for our country. Ask participants to reflect on how we can make this a reality.

India's demographic bonus	Slide 2.5
<ul style="list-style-type: none"> • 'Window of Opportunity'. • How can we make this a reality? 	

7. Explain the impact on public health indicators. Explain that Adolescent Health Issues (AHI), HIV issues negatively impact these indicators and we must reduce the rate of maternal death, STI/HIV incidence, Low birth weight (LBW) babies in order to improve the national health indicators. This is the main reason for focusing on AHI.

Public health impact of adolescent sexuality and fertility	Slide 2.6
<ul style="list-style-type: none"> • Maternal Mortality Rate (MMR) • Neonatal and Infant Mortality Rate • STI incidence/prevalence Rate • HIV incidence/prevalence Rate 	

8. Tell them that these issues also have a serious social, political and economic impact. All these issues cost the nation hundreds of billions of rupees as social and economic costs, over and above the health costs. Anaemia and stunting alone lead to loss in productivity of a high magnitude.

9. Ask them what they perceive are the concerns of Adolescents. Categorise their responses according to Psychological, Health and other concerns. Display Slides 2.7 and 2.8.

Adolescent Concerns	Slide 2.7
<ul style="list-style-type: none">• Growing up Concerns.• Developing an Identity.• Managing Emotions.• Body Image Concerns.• Building Relationships.• Resisting Peer-Pressure.	

10. Inform participants that we have inadequate data from some states in India, especially related to their growing up concerns. However census data, research studies and some surveys provide information about a number of issues that directly or indirectly affect their health. Present Slides 2.9, 2.10, 2.11, 2.12 and 2.13.

Issue: Education	Slide 2.9
<ul style="list-style-type: none">• Enrolment figures have improved but dropout rates are high – 68% from class I to X. <i>(Source: National Sample Survey Organisation, 55th round, 2001).</i>• Gender disparities persist – girls enrolment at less than 50 % at all stages.• Young people are not at school but join the workforce at an early age – nearly one out of three Adolescents in the age group 10-19 years is working. <i>(Source: Census 2001, office of the Registrar General India).</i>• Quality of education poor – students are not equipped with skills to face life challenges. <p><i>Please reflect</i></p> <ul style="list-style-type: none">• How can we make education useful in handling day-to-day issues?	

Issue: Marriage

Slide 2.10

- Despite laws prohibiting marriage before 18 years, more than 50% of the married females were married before this age.
(*Source:* Census 2001, office of the Registrar General India).
- Nearly 20% of the 15 lakh girls who were married under the age of 15 years are already mothers.
(*Source:* Census 2001, office of the Registrar General India)
- Choices are limited as to: whether, when and whom to marry; when and how many children to have.

Please reflect

- How can we contribute to prevent early marriages?

Issue: Health

Slide 2.11

- Adverse sex ratio 10-19 years: 882/1000; 0-6 years: 927/1000
(*Source:* Census 2001, office of the Registrar General India).
- Malnutrition and anaemia - boys and girls below 18 years consume less than the recommended number of calories and intake of proteins and iron.
- Higher female mortality in the age group of 15-24 years.
- For rape victims in the age group of 14-18 years, a majority of the offenders are known to victims.
- More than 70% girls suffer from severe or moderate anaemia
(*Source:* District Level Health Survey – Reproductive and Child Health, 2004).

Please reflect

- What can we do to equip young people to have children by choice, not chance?
- How can we improve the nutritional status of adolescents?

Issue: HIV/AIDS

Slide 2.12

- There are 2 – 3.1 million (2.47 million) people living with HIV/AIDS at the end of 2006.
- Number of AIDS cases in India is 1,24,995 as found in 2006 (Since inception i.e. 1986 to 2006). {Source: naco.india.org}
- 0.97 million (39.3%) are women and 0.09 million (3.8%) are children
- India – 2nd largest population of HIV positive persons infected. Over 35% of all reported HIV cases are in the age group of 15-24 years (NACO).
- India has the second largest population of HIV infected persons. Over 35% of all reported AIDS cases occurs among 15-24 year olds. {Source: NACO and UNICEF, 2001. Knowledge, attitudes and practices for young adults (15-24 years; NACO. 2005. India Resolves to Defeat HIV/AIDS)}.
- Lack of abstinence is a contributory cause.
- Human trafficking and sex work is on the increase.
- Persons living with HIV/AIDS face stigma and discrimination.
- The estimated adult prevalence in the country is 0.36% (0.27% - 0.47%).

Issue: Substance-Abuse

Slide 2.13

- Estimated number of drug abusers in India is around 3 million and that of drug dependents is 0.5 - 0.6 million.
(Source: UNODC and Ministry of Social justice and Empowerment, 2004)
- Problem is more severe in the North-Eastern states of the country.
- Most drug users are in the age group 16-35 years.
- Drug abuse rate is low in early adolescence and high during late adolescence.
- Among current users in the age group of 12-18 years, 21% were using alcohol, 3% cannabis and 0.1% opiates.
(Source: NHS-UNODC 2004)
- A household survey on drug abuse indicated that 24% of 40,000 male drug users were in the age group of 12-18 years.
(Source: UNODC and Ministry of Social justice and Empowerment, 2004)

Please reflect

- How can we reduce the vulnerability of young people to substance abuse?

Salient Findings of Study on CHILD ABUSE

Slide 2.14

{Source: Study on Child Abuse: INDIA 2007 – Ministry of Women & Child Development, Govt. of India}

- Two out every three children were physically abused.
- Out of 69% children physically abused in 13 sample states, 54.86% were boys.
- Over 50% children in all the 13 sample states were being subjected to one or the other form of physical abuse.
- Out of those children physically abused in family situations, 88.6% were physically abused by parents.
- 53.22% children reported having faced one or more forms of sexual abuse.
- Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls.
- 21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse.
- Out of the child respondents, 5.69% reported being sexually assaulted.
- In matters of sexual abuse, 50% abusers are persons known to the child or in a position of trust and responsibility.
- Most children did not report the matter to anyone.

III. Risk Factors FOR CHILD SEXUAL ABUSE

Community Related

- High crime rate
- Lack of or few social services
- High poverty rate
- High unemployment rate

Child related

- Weak child
- Sick child
- Handicapped child
- Emotional child

Parent Related

- Personal history of physical or sexual abuse as a child
- Teenage parents
- Single parent
- Emotional immaturity
- Poor coping skills
- Low self- esteem
- Lack of social support
- Domestic violence
- Lack of parenting skills
- History of depression or other mental health problems

IV. SIGNS OF CHILD SEXUAL ABUSE

Child sexual abuse is a ruthless combination of sexual abuse, of emotional abuse and of physical abuse. The child victim of abuse may show a cluster of physical, behavioural and emotional changes listed below:

Physical symptoms

- Bite marks
- Unusual bruises
- Lacerations
- Burns
- High incidence of accidents or frequent injuries like swellings on face and extremities
- Discoloration of skin
- Sleep, speech disorders
- Complaints of pain upon movement or contact
- Bed wetting
- Continuous loose motions and passing stools on bed
- Recurrent abdominal pain
- Constant throat and urinary infections

Behavioral changes

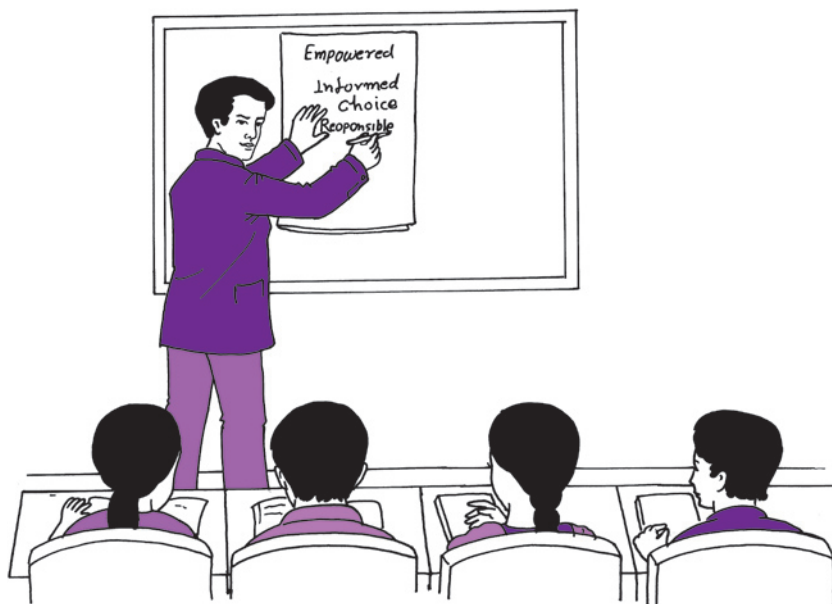
- Avoids physical contact with others
- Avoids certain adults
- Wears clothing to purposely conceal injury, i.e. long sleeves
- Gives inconsistent versions about occurrence of injuries, burns, etc.
- Often late or absent from school
- Comes early to school, seems reluctant to go home afterwards
- Not concentrating in school
- Compulsions, obsessions, phobias, hysterical reactions
- Temper tantrums, aggressive overdemanding behavior
- Say negative statements about self
- Attempting to physically hurt oneself
- Constant rubbing of body parts against objects
- Sexual exploration and abuse of others
- Substance-Abuse
- Precocious Sexual-Behavior

Emotional changes

- Apprehensive when other children cry
- Depression, anxiety
- Seems frightened by parents
- Has difficulty getting along with others
- Deep sense of isolation
- Little respect for others
- Overly compliant, shy, passive, withdrawn, gives in readily
- Plays aggressively, often hurting peers

Activity 2 : Vision for Healthy and Empowered Adolescents

1. Ask participants what is their vision for Adolescents in India. Write their ideas on the board. Put up Slide 2.14 and highlight the terms “Empowered”, “Informed Choices” and “Responsible-Behaviour”.



Vision for Healthy and Empowered Adolescents Slide 2.15

Through Information, Education and Services Adolescents **Empowered** to:

- Make **informed choices** in their personal and public life promoting creative and **responsible behaviour**.

2. Inform them that there are several National Policies and Programmes on Adolescent Health. Display Slide 2.15 and 2.16.

National Policies influencing Adolescent Health Slide 2.16

- **Ministry of Youth Affairs and Sports**
 - National Youth Policy 2003
- **Ministry of Health and Family Welfare**
 - National Population Policy 2000
 - National AIDS Prevention and Control Policy 2000
 - National Health Policy 2002
- **Ministry of Human Resource Development**
 - National Policy on Education, 1986 (as modified in 1992)
 - National Policy for Empowerment of Women, 2001

National Programmes influencing Adolescent Health

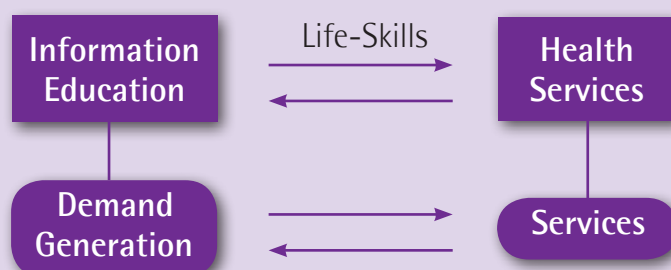
Slide 2.17

- **Ministry of Youth Affairs and Sports**
 - National Service Scheme
 - Nehru Yuva Kendra Sangathan
 - Scheme of Financial Assistance for Development and Empowerment of Adolescents
- **Ministry of Health and Family Welfare**
 - Reproductive and Child Health (RCH) programme
 - National AIDS Control Programme – Phase 3
- **Ministry of Human Resource Development**
 - Department of Education
 - National Adolescence Education Programme
 - Mahila Samakhya Programme
 - Sarva Shiksha Abhiyan
- **Ministry of Women and Child Development (MWCD)**
 - Kishori Shakti Yojana
- **Ministry of Social Justice and Empowerment**
 - Scheme for Child Helplines
 - Services for Treatment of Drug Addicts

3. Display Slide 2.17 and explain that there is a need for convergence between the demand for services (generated by information and education) and the existing services. With enhanced Life-Skills, Adolescents are better equipped to access Health Services and this in turn influences the demand for quality services.

Addressing Health Concerns

Slide 2.18



4. Allow a short discussion to take place on Slide 2.17 and note down the important points. Emphasise the important role of Life-Skills.
5. Conclude the activity by explaining that there is an urgent need for investing in Adolescent Health and Development. Emphasise that, to Empower Adolescents, we need to create a supportive environment and build up their Life-Skills by providing them opportunities to practise these. They can then better utilise existing health and education services and make informed decisions.

Slide 2.19

Empowering Adolescents

Provide opportunities for making informed choices in real life situations.

Improve Adolescent-friendly health services and link with existing programmes.

Provide education and build Life-Skills.

Create a safe and supportive environment.

The Adolescence Education Programme (AEP)

Session III: About the Programme

Time: 50 minutes

Objectives

Participants will be able to:

- Know the objectives and coverage of AEP.
- Understand the linkages between the Education Department and other departments for implementing AEP effectively.
- Appreciate Life-Skills development as an objective of AEP.
- Understand the monitoring process of AEP at the National, State, District and School levels.

Contents

- AEP: Objectives, approach, content and Life-Skills Development
- Intersectoral Linkages
- Monitoring and Evaluation

Method

Presentation, Situation Analysis and Open Discussion, VIPP

Materials

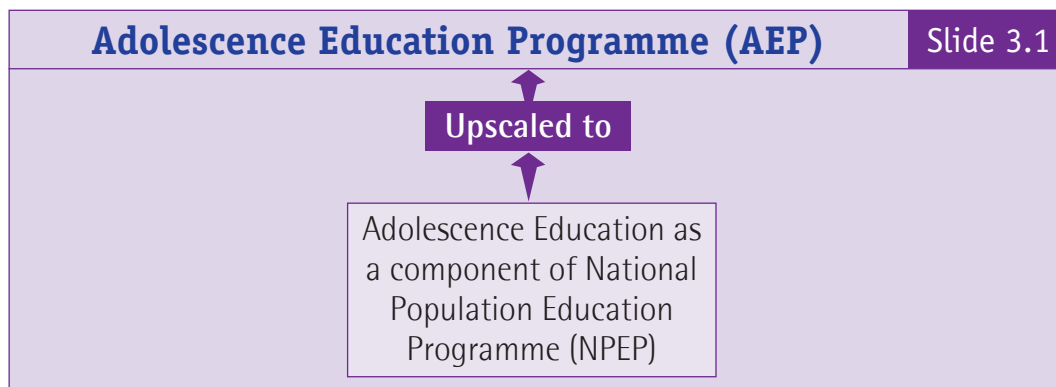
Blackboard, OHP, Marker, VIPP Cards, Double-Sided Tape

Activity 1: Introduction to AEP: Objectives and Coverage

1. Ask participants if they are familiar with the National Population Education Project. Discuss what has been their experience with these programmes.



2. Explain that in India efforts have been made for over two decades to integrate elements of population issues into school education and teacher education. In the last few years, the focus has shifted from macro to micro issues focusing on those directly concerning adolescents. The Government of India has taken a decision to implement AEP in all secondary and higher secondary schools.



3. Ask participants what they understand by the term 'Adolescence Education'.

Adolescence Education (AE)	Slide 3.2
<p>An educational intervention to help learners acquire accurate and adequate knowledge about growing up concerns, with a focus on the process of growing up during adolescence, in its biological, psychological, socio-cultural and moral dimensions.</p>	

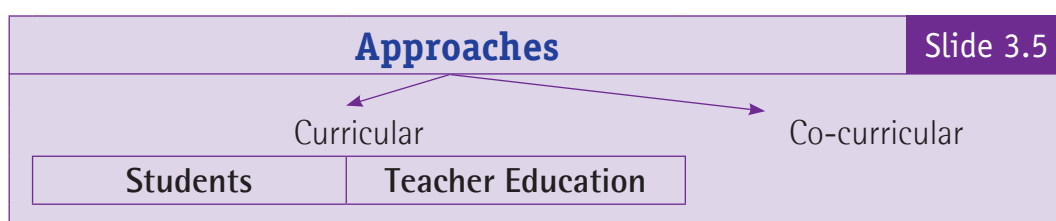
4. Explain the objectives of Adolescence Education Programme (AEP).

Objectives of Adolescence Education Programme	Slide 3.3
<ul style="list-style-type: none"> • To develop essential value enhanced Life Skills for coping and managing concerns of adolescence through co-curricular activities (CCA). • To provide accurate knowledge to students about process of growing up, HIV/AIDS and Substance Abuse. • To develop healthy attitudes and responsible behaviour towards process of growing up, HIV/AIDS and Substance Abuse. • To enable them to deal with gender stereotypes and prejudices. 	

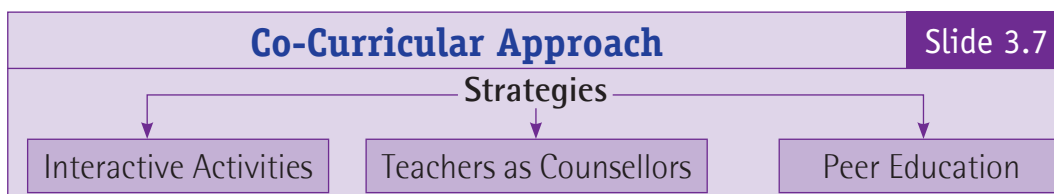
5. Explain the Common Minimum Content of Adolescence Education.

Common Minimum Content	Slide 3.4
<ul style="list-style-type: none"> • Imparting accurate age appropriate knowledge about the process of growing up during Adolescence to young people in schools. • Basic facts about HIV/AIDS, its transmission and methods of prevention; also addressing myths and misconceptions relating to it, and encouraging positive attitudes towards people living with HIV/AIDS (PLWHA). • Basic facts about Substance-Abuse, signs and symptoms, and prevention. • Reinforcing existing positive behaviour and strengthening Life Skills development that will enable young people to protect themselves from risky situations. • Linkages with Adolescent-Friendly Health Services. 	

6. Explain that Global and Indian experiences have shown that interventions focused on Life-Skills development have proven very effective in empowering adolescents to manage their AHI and concerns, including avoidance of risky behaviour. E.g.: Indian Institute of Health Management (IIHM), showed that, as a result of Life Skills intervention, the age at marriage was postponed by nearly two years.
7. One component of AEP is being implemented by National Agencies such as NCERT, COBSE, NIOS, CBSE, KVS and NVS, and is supported by UNFPA.
8. Explain the approaches (curricular and co-curricular) and the coverage of AEP. Display Slides 3.5, 3.6, 3.7, 3.8 and 3.9.



Curricular Approach			Slide 3.6
Council of Board of School Education (COBSE)		National Institute of Open Schooling (NIOS)	
Integration in syllabi at the secondary and higher secondary stages through state boards		Integration of AE in open schooling and distance learning systems	
Strategies			Strategy
Integration	Unit based	CCE	IVRS
<ul style="list-style-type: none"> Subject-specific inclusion of content 	<ul style="list-style-type: none"> Separate module within the subject 	<ul style="list-style-type: none"> Continuous and Comprehensive Evaluation 	<ul style="list-style-type: none"> Interactive Voice Response System



- | Interventions for Co-Curricular Activities | Slide 3.8 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <ul style="list-style-type: none"> Advocacy Capacity Building of Teachers/Peer Educators Student activities Health Services – Counselling and referrals to Adolescent Friendly Health Services | |

- | Stakeholders - AEP | Slide 3.9 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <ul style="list-style-type: none"> State Education Department
Govt. Secondary and Senior Secondary Schools National Organisations
Council of Boards of School Education (COBSE) 41 boards
CBSE
KVS
NVS
NIOS | |