



Process

1. Read out the following scenario and give more information in stages.

"You are waiting to cross the road and see a bus coming at high speed. Will you try and run across?"

{Usually the answer is - "No" }

Your friend says, "I bet ten rupees that you cannot cross the road." "Will you take the bet?"

{Some students may say that they will take the bet.}

Your younger sister also has to cross the road with you. Will you take the bet and run with her across the road?

{Usually nobody will want to take the risk at this point}

Teacher's Notes

From this game try and bring out the following points:

- Peer pressure can make you take risk, which you would not normally take. This is why students experiment with alcohol, smoking, drugs, sex, etc.
- When you feel responsible for someone else (in the above story, your sister), you are less inclined or not at all inclined to take any risks. But you must remember that you have a responsibility not only towards your parents, teachers, friends, etc., but are also responsible for your own health.
- You may think that all the facts about HIV/ AIDS/ Prevention/ Risk Behaviour, etc. are not of relevance to you today. But unless you have the information today, you may not know how to protect yourself in the future.

Learning outcomes

Peer pressure along with the freedom away from the parental care, which you may experience a few years hence, can pressurize you into risk activities. Please remember that HIV/ AIDS is one area where there is no looking back and ONLY YOU can take the right decisions in your own interest.

Activity 4 : What If?



Time: 20 minutes

Objective:



To develop skills to plan for the future to create awareness about risk taking behaviour

Mode: Individual, Group.

Life Skills Focused:

Problem-Solving, Decision-Making, Co-operation, Team-Work, Effective -Communication, Self-Awareness.

Values enhanced:

Courage, Determination, Responsibility.

Purpose:

This game will bring out the fact that many ambitions that the students have will be affected if they are infected with the HIV.



Process

1. Ask the students to do the following:
2. Fold a piece of paper vertically into half. Then make four columns in the second half. In the first half of the paper, list out the following:
 - Two things which you really want to do in the next three weeks
 - Two things which you wish to do in the next 3 years
 - Two things which you would like to accomplish in the next 10 years.
3. Now write, "cost" on the first column and mark anything on your list, which would cost more than Rs. 10,000/-. On the second column write "Travel", and mark on your list anything that requires you to travel a lot to accomplish.
4. Write HIV in the third column. Suppose you get HIV infection today, mark the activities in your list, which you will not be able to do.
5. Write AIDS on the fourth column. Suppose you got HIV infection 10 years ago and now you have AIDS, mark the activities in your list, which you will not be able to do.
6. Preserve this piece of paper; it will help remind you that many of your ambitions and aims in life, which you wish to accomplish, will not be possible, if you were to acquire HIV.

Activity 5 : Who Discriminates?



Time: 20 minutes

Objective:



To develop skills to be socially aware and responsible.

Mode:

Group

Life Skills Focused:

Critical-Thinking, Co-operation, Empathy, Self-Awareness

Values Enhanced:

Courage, Determination, Kindness, Compassion

Purpose:

People who are HIV +ve or who are living with AIDS are often subject to discrimination. Young people need to be aware of discrimination and how it is expressed.

Definition of Discrimination

When we treat someone unjustly or unfavorably because of his/ her race/ religion, or because we believe he/she is ill, we discriminate against him/ her.

School Discrimination

A person who has HIV is not allowed to attend school.

This is wrong because.....

The village banning

The people will not allow people with AIDS to live in the Village

This is wrong because.....

Work in the fruit stand

Gopal, the owner of the fruit stall, won't allow Hari, who has HIV, to work for him.

This is wrong because

A government decision

The government has decided not to allow people with HIV to enter the country.

This will not stop AIDS because.....



Process

1. Divide students into groups of 5-6 each
2. Provide each group with an activity sheet.
3. Have the group complete the statement.
4. Read the definitions of discrimination. Then read the four quotes and have the groups complete the unfinished sentences on a sheet of paper
5. Then ask
 - a. Why do people discriminate?
 - b. Why is it important not to discriminate?
 - c. What could you do if you heard discriminating remarks about a person with HIV or AIDS from someone in your community?

6. Have the students complete the unfinished sentences. Suggested answers are given below:

School discrimination: A person who has HIV infection is not allowed to attend school.

This is wrong because: a person with HIV/ AIDS can pass the virus to someone else only through sexual intercourse, transfer of blood products, or from mother to child. There is no danger of transmission by day-to-day social contact.

The village banning: The Council will not allow people with AIDS to live in the community.

This is wrong because: It discriminates against a person's rights with no reason as the virus cannot be transmitted through daily activities, or by living next to a person with AIDS.

Work in the fruit stall: Gopal, the owner of the fruit stall, will not allow Hari, who has HIV infection, to work for him.

This is wrong because: Again, this is discrimination. The owner obviously does not know how HIV is transmitted and perhaps he is afraid he won't get business if other people know that Hari has HIV.

A government decision: The government has decided not to allow people with HIV into the country.

This will not stop AIDS because: there are many, many people with HIV who do not know they have the virus and are already in the country. Therefore it discriminates against those who have been tested.

Teacher's Notes:

REMEMBER: testing everybody is not an effective method to stop the infection, and can lead to a sense of false security because:

- * the test would need to be repeated very often for all the population
- * people would find a way to get false certificates
- * one can get infected immediately after obtaining a HIV negative test result.

7. Discuss the questions under "Teacher asks". Suggested answers are found below:

a) Why do people discriminate?

- * They learn from parents, adults and their peers
- * lack of accurate information
- * fear of certain kinds of people
- * dislike of anyone who is different

b) Why is it important not to discriminate?

- * it hurts other people
- * it isn't fair
- * we wouldn't want to be treated that way
- * Equality is a fundamental human right

c) What could you do if you heard discriminating remarks about a person with HIV/ AIDS from someone in your community?

- * inform the person that they are wrong and tell them why. Be assertive and tell the person that you do not want to hear their comments.
- * explain why it is important to be compassionate and supportive to someone with HIV/ AIDS.

Learning Outcome

- Students will know how PLWHAs are discriminated against in every day life.

Activity 6 : Social Issues of HIV/AIDS

**Time: 30 minutes****Objective:**

To develop skills of Social-Awareness and Social-Responsibilities.

Mode:

Group

Life Skills Focused:

Critical-Thinking, Decision-Making, Problem-Solving.

Values enhanced:

Social-Responsibility, Determination.

Purpose:

To explore the ways in which prejudice and discrimination affect options in everyday life. It is used specifically to address issues related to HIV infection, gender, race, and drug use - but it could be adapted to explore other issues.

Suggested roles

- a man who is HIV positive
- a drug addict
- a married man
- an HIV positive pregnant married woman

- an unmarried pregnant 16 year old girl
- a patient with cancer



Process

1. Ask students to volunteer for this game and ask the volunteers to stand in a line
2. Give a role (from the Suggested Roles list given below) to each of the students. It is not necessary to give everybody a different role, it can be valuable to see how two people interpret the same role. Explain that they should not disclose what their role is until the end of the exercise.

Allow a few minutes for students to imagine themselves in the role - to imagine how old they are, where they live, what kind of lifestyle they lead.

Questions:

Are you able to:

- have a full social life?
 - tell people what you do for a living?
 - travel freely abroad?
 - take your partner home to meet your family?
 - work in a children's nursery?
 - make long term plans?
 - get medical help when you need it?
 - get sympathy from society if you need it?
 - expect sympathy from your family?
 - be honest with colleagues?
 - have security in your employment
 - have children with a partner?
 - marry your partner?
3. One by one, starting with the person at the front, ask students to declare their role and make one statement about their experience of the exercise
 4. Now read out the List of Questions (given above). If, in their role, they can answer 'yes', they take a small step forward. If, in their role, they answer 'no', they remain where they are. They must make a decision one way or the other.
 5. At the end of the game ask students who, in their role, feel good about themselves and their lives to take two steps forward

Review: Discuss with the group

- what were the restrictions imposed on these people by society ?
- what have they learnt about the effect of prejudice and discrimination on people who are HIV infected or have a different sexual orientation. Is this correct?
- What can they do to help?

Learning Outcomes

- Students realize the stigma & discrimination faced by people, related to HIV infection, gender, race and drug use, because of the judgmental attitude of society.
 - Exploring the ways in which prejudice and discrimination affect options in everyday life
 - Ways and means of reducing this stigma and discrimination.
7. Use the slide below to recapitulate and highlight the Key Messages.

Key Messages

Slide 43

- Individuals living with HIV need just as much of our support and understanding as those with any other life threatening illness.
 - Persons living with HIV need to be respected and treated with dignity.
- It is possible for a child/young person/adult living with HIV to lead a reasonably normal and healthy life.
- Children and young people living with HIV have a right to education, accurate information, friendly health services and support and understanding from the community.
 - No student should be denied admission to a school or an institution on account of his/her HIV or AIDS status, or perceived HIV or AIDS status.
 - No student/educator living with HIV or AIDS should be unfairly discriminated against, directly or indirectly.

Care and Support of People Living with HIV

- Love and support from family and friends.
 - Prompt treatment of opportunistic infections.
 - Healthy lifestyle.
 - A nutritious diet, sufficient rest and exercise.
 - Treated with respect and dignity.

Topic 7: Living Positively

Time: 60 minutes

Objectives

Through the topic, the students will be able to:

- List the challenges faced by people living with HIV/AIDS.
- Appreciate the importance of an empathetic attitude towards them.
- Identify some reasons for discrimination against people living with HIV/AIDS.

Method

Case Study Analysis, Role-Play, Group Discussion.

Note : Teacher can choose activities depending on the local cultural context.

Activity 1 : I Want to be Compassionate

Time: 60 minutes

Objective :



To develop an empathetic and non-judgemental attitude towards persons living with HIV/AIDS.



Life Skills Focused :

Critical-Thinking, Empathy, Self-Awareness.

Preparatory Work :

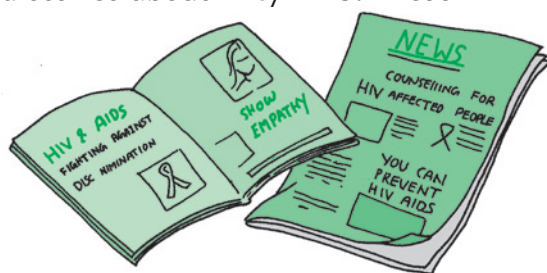


- Prepare culturally relevant Case Studies based on the lives of people living with HIV, and on problems faced by them.
- Prepare OHP slides to be displayed in the activity.

Process



1. Start the activity by telling students that “Newspapers and magazines contain many articles, case histories and stories about HIV/AIDS. These cases are real, and they reflect peoples’ beliefs, values and behaviour”.
2. Read out selected realistic excerpts and short episodes. If these are not available, two case studies/episodes related to HIV/AIDS are given below as examples.



Case Study 1

Bency and Benson Chandy are two orphaned brothers whose parents died of HIV/AIDS and are themselves HIV+. For this reason, they have been asked to leave four different schools. Their grandfather launched a hunger strike to pressurise school officials into accepting the children. Unfortunately, the parents of the other children in the school barred the attendance of Bency and Benson. The children are now being taught at home by government-provided tutors.

Then the Health minister of the Government of India publicly embraced the two unfortunate children.

Case Study 2

Savitri Rambharose was infected with HIV/AIDS by her husband who had liaisons with other women. She was thrown out by her in-laws just after she had delivered a baby boy. Her return to her parents' home was a nightmare too. Her sister-in law (Bhabi) cursed her, and her brother admitted her to a centre for women (Sahara). Her family has never visited her there. Realising that her son was not being given food at home, she brought him to the centre.

Now she says, "I live for my son. He goes to school and I make photo frames for a living. My son is not HIV+, I want to make him a doctor. My life has just started."

3. Read out each Case Study very slowly to the students. It is good to repeat the main points to make sure that everyone has understood.
4. After reading out the Case Study, ask the group what they felt after hearing it. Display slide.

Empathy

"Empathy is the ability to put oneself in the situation of another person. It helps us to understand and accept others. It also encourages compassionate behaviour towards HIV/AIDS infected people who need care and support." **Slide 44**
Non-judgemental means not to pre-judge the behaviour of another person in terms of right or wrong."

5. Highlight that empathy does not resolve the situation but helps us in coping with stress and emotions better. It also improves our interpersonal communication, and makes us sensitive to other people's concerns and needs.

6. Facilitate the discussion with the help of some Key Questions.

Questions



- What was the first thought that came to your mind when you heard these case studies?
- Why do people behave like this? Do you justify their behaviour?
- Do you think that these children should be treated at par with everyone? If so how?
- What are the other options for helping these children? What would be the possible consequences of those options?
- As an individual how can you help the people in these stories?

Activity 2: "I am HIV Positive" – A Role-Play



Time: 60 minutes

Objective



To help the students understand that people living with HIV/AIDS (PLWHA) should not be ostracised but supported through love and kindness.

Life Skills Focused :

Critical-Thinking, Empathy, Self-Awareness.

Preparatory Work :

- Prepare reaction cards as mentioned in the activity. Write the following messages on two different sheets of paper so that they can be used as face masks:
 - (i) I have AIDS
 - (ii) I am HIV positive
- Prepare OHP slides to be displayed in the activity.



Process

1. On the four reaction cards write one each of the following:

- Reaction 1: You meet one of the volunteers with a mask and shake hands without noticing the sign that he/she is wearing; suddenly you read the sign and pull your hand away. Then you run to the restroom and wash your hands. (Pretend to be doing this.)
- Reaction 2: You read the sign and say "You're joking, right?" Then you ask the PLWHA how he/she is even allowed to work here. Then quickly leave the room.
- Reaction 3: You read the sign and say "Oh, you must be a former intravenous drug user. You should be locked up somewhere where you can't hurt the rest of us." Then leave the room.
- Reaction 4: You read the sign, shake the PLWHA's hand and say, "It's nice to meet you." Then sit down in the next chair.

2. Inform the class that there will be a role-play. Ask for six volunteers. Give two volunteers the prepared masks, one for each, and one reaction card to each of the four volunteers.
3. Ask the four volunteers to read their reaction cards carefully as they will have to act out the reaction written on their respective cards.
4. Ask the larger group to carefully observe the acting and note down their reactions.
5. Ask the two volunteers to sit in the middle of the circle with their masks on their faces.
6. Each of the four volunteers in turn now acts out their reaction to the masked volunteers.
7. After the reactions have been acted out, ask all students to discuss their reactions. Ask the group if the individual reactions are based on fact or fear.
8. Ask the volunteers acting as the PLWHA how they felt in each situation.
9. Use the following questions to stimulate group and individual learning.



Discussion Questions

- How did the two students feel when they wear the HIV/AIDS signs? How did the others feel?
- Do you think the situations presented are realistic? Why or why not?



What are some of the reasons that make us discriminate against people?

If you were infected with HIV, would you want society to discriminate against you? Why?

- Do you think that this activity has helped you to understand the feelings of PHLWA? How and why?
- Have you ever met, or do you know, a person with HIV/AIDS? What are they like? Explain. Have you met any individual or family that was discriminated against? Why? Was it a rational reason?
- If a member of your family were infected with HIV, how would you care for him/her?
- In all honesty, do you despise, or are you afraid of, persons with HIV/AIDS? Why?
- How can you advise others not to discriminate against persons with HIV/AIDS?

Activity 3 : Attitudes – AIDS: Creating Empathy

Time: 20 minutes

Objective:



To develop skills of Empathy

Mode:



Group

Life Skills Focused:

Critical-Thinking, Empathy

Values enhanced:

Kindness, Compassion



Process

1. Read out this scenario

One evening a scientist friend of mine rang me up excitedly. He said "Guess what! You are talking to the next Nobel prize winner! I've discovered a cure for AIDS. I'm going to present my paper in Geneva tomorrow at the AIDS conference"

I said "Wow! This calls for a celebration. Why don't you come home for dinner".

He came and showed me this vial. "This is the medicine I've discovered. This injection can cure one person completely.", he said and placed it carefully on the table. "This is the only sample I have. I have to take it with me tomorrow."

"So how did you do it?" I asked. "Do you think I'm a fool? That's a secret and the formula is stored only here" he said, tapping his forehead. We had dinner, I wished him all the best and he left.

The next morning I was shocked to see my friend's photograph in the newspaper with headlines that said- 'City scientist dead in fatal road accident'. Suddenly I looked up and saw the vial on the table, where he had forgotten it.

I now had the medicine which could cure HIV completely, but it was enough for one person only. I was faced with a dilemma because there were three HIV infected people that I knew- a two year old child, pregnant mother and a business man. Who and why do you think I should give the medicine to? The Answer are based on reason which include pity for the child who has its whole life ahead, commercial sex worker, to prevent more people from getting the infection from her, judgmental presumption that the businessmen played around and therefore deserves it and so on).

2. Now give additional information in stages as follow: that the child has cancer and can live only for 6 months more, the pregnant mother will pass the infection again, but she works hard to pay the fees for her 20 year old daughter studying in an Engineering college etc and explore the judgemental attitudes that are sure to come up.
3. End the exercise by saying that this is only a story.

Teacher's Note

Explore and discuss the attitudes, assumptions and prejudices students had initially which changed with more information.

Learning Outcome

No matter how anyone gets HIV infection, they are all human beings in distress and deserve our Empathy and support.

3. Use the slide below to recapitulate and highlight the Key Messages.

Key Messages	Slide 45
<p><i>How is HIV not transmitted?</i></p> <ul style="list-style-type: none">• The virus can live only inside a living human body and survives for just a few minutes outside the body. Therefore, it is not an air-borne disease.• HIV cannot be transmitted through saliva, tears, vomit, faeces and urine, although very small amounts of the virus have been found in these fluids. HIV has not been found in sweat.• HIV cannot pass through unbroken skin and is not spread through casual contact such as touching someone with HIV, or something they have used; sharing, eating or drinking from the same utensils; or using the same toilet seats or washing water.• Nursing or caring for someone with HIV is not risky if sensible precautions are followed, such as the safe disposal of sharp needles and keeping cuts covered.• HIV is not transmitted by mosquitoes or other blood-sucking insects because the virus cannot survive inside their bodies.	

Topic 8: Personal Beliefs and Opinions

Time: 45 minutes

Objectives

Through the topic, the students will be able to:

- Develop an understanding of their Personal Beliefs and Opinions.
- Understand how their beliefs influence their behaviour.

Method

Group Game and Brainstorming.

Activity 1: Clarifying Beliefs



Time: 45 minutes

Objective :



To help the students introspect upon the development of their opinions.

Life Skills Focused :

Critical-Thinking, Self-Awareness.

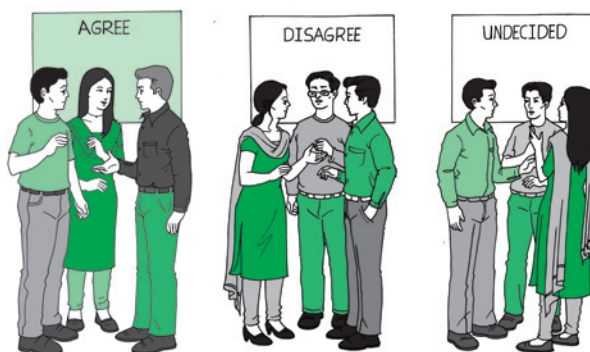


Preparatory Work :

- Prepare OHP slides to be displayed in the activity.


Process

1. Mark one place in the room as the “Agree” area, a second as the “Disagree” area and a third as the “Undecided” area.
2. Choose any four statements (or more if the time permits). Read out one statement at a time.
3. Ask the students to move to the area which best reflects their beliefs about the statement, whether they agree, disagree or are undecided about it. Ask one or two students in each area to explain why.



Suggested Statements		Slide 46
<ul style="list-style-type: none"> • Being popular is very important. • Foeticide is a crime • It is alright to lie for a friend, so that he/she does not get into trouble. • It is alright to cheat in an examination. • Social drinking is important for success. 	<ul style="list-style-type: none"> • Trying a cigarette is okay to please friends. • One can hit to defend oneself. • Occasionally bunking the class is alright. 	

4. Ask the students the following questions.



Questions

- Why do members of the group have different responses to the above statements?
- Was one statement more difficult to decide than others? Why do you think this was so?
- Did you feel peer pressure during this activity? Does peer pressure influence your decisions in other situations? Why do you think this happens?
- How does it feel to stand up for your beliefs when friends disagree with your position?
- What can you do to be true to your beliefs?
(Choosing friends/peers who share our beliefs, having family support, having strong religious beliefs, having good decision making skills, having a high level of self-esteem, etc.).
- Will our personal beliefs change or remain the same as you get older? Why do you think so?
- Why is it important to choose friends who have beliefs similar to ours?

5. Conclude the session by saying that the purpose of the activity was to make students think about their opinions and beliefs, where they came from, and that the fact that different people have different belief systems. As we grow into adults, we have to sort out and clarify our personal values, beliefs and feelings. To do this, we must not be influenced by how or what others feel (peer pressure); rather, we should focus on how our values, beliefs and feelings support us and reflect who we are. There are no right or wrong answers.

Activity 2: Me and My Parents – Celebrating our Communication



Time: 45 minutes



Objectives:

Participants will learn and practice on how to communicate with parents/trusted adults on sensitive issues/topics and also learn to identify important points of discussion when they talk about a problem with a trusted adult/peer.

Mode : Group

Life Skills Focused:

Effective-Communication, Decision-Making, Problem-Solving

Values Enhanced : Responsibility

Materials:

Flipchart Paper, Markers.



Process :

- Below are some topics on Adolescent Health Issues. Ask the group if they ever talked about any of these subjects at home with their parents – ask the group to brain – storm what are other topics they find difficult to discuss with parents. Include these on the Flip chart.
- If they do not discuss with parents on these issues, to whom did they speak about them or learn about them?
- Have the participants form pairs – encourage the participants to form pairs with peers they haven't paired with before. If some of the participants would like to role-play talking to both parents together – then form groups of three. Within each pair/group have them conduct a role-play of talking to their parents on one of the suggested topics.

Topics for discussion: -

- | | |
|--|------------------------------------|
| • Self-Awareness | • Child-Abuse |
| • Impact of changes on Adolescents | • Substance-Abuse |
| • Myths, Misconceptions and facts about HIV/AIDS | • Life-Skills Education |
| • Modes of transmission of HIV/AIDS | • Peer-Pressure |
| • Growing-Up | • Anger, Loss, Failure and Sadness |
| • Body Image | |

Have one peer be the parent and the second peer play the role of the young person.

4. After ten minutes switch roles – and switch to another topic – ensure that every participant gets the opportunity to play the role of young person talking to a parent and each pair discusses a minimum of two topics.

Discussion Questions

1. Why it is easier to talk to friends about adolescent health than with parents?
2. Should parents be the ones to initiate the discussion?
3. How difficult is to find the right words to express what you want to say?
4. Do you think your parents would accept what you say without getting upset?
5. Why is it important to be able to communicate freely on sensitive issues with parents?
6. What are some of the consequences of not communicating freely with parents?

Personalizing Skills to Life

1. What are the hardest things to express to parents? Why are these things difficult?
2. What are the feelings that go with these topics? Do these feeling make it difficult to say what you want to say?
3. If it is difficult to talk with our parents – whom do you talk to? Do you think this is the best person who can advise and guide you? Why?
4. Would you feel comfortable now to talk to a trusted adult on a particular issue that is relevant to you?

Activity 3: Learning to Deal with Anger



Time: 45 minutes



Objective :

To develop the ability to Control Anger.

Mode : Group Work

Life Skill Focused :

Coping with Stress, Dealing with Emotions.



Process :

INTRODUCTION AND BACKGROUND

Many Adolescents experience aggressive and violent behavior on a daily

basis in school, home and community settings. Why do fights highlight the discussion of the day among adolescents? Why, at the slightest provocation or frustration, does a stream of profanity start in playgrounds? Why is there widespread concern over violence on TV and in the movies?

Youth violence has assumed epidemic proportions comparable to the impact of war, AIDS, polio or motor vehicle crashes. Violence and aggression are the newest and the most visible faces of this deeply rooted, multi-faceted societal problem. A variety of management options (taking in consideration the controlling risk factors) are available such as confidence building measures, interventions at personal, family and community levels.

Van Acker (1996) described four types of violence common among adolescents who demonstrate aggressive behavior. These are:

- **Situational Violence:** This results from factors associated with his environment like crowded conditions, poverty etc.
- **Relationship Violence:** Conflicts with persons involved in ongoing relationships.
- **Predatory Violence:** This often results in personal gain from the aggression.
- **Psychopathological Violence:** This type of violence is related to paranoia, depression, skewed views of reality etc.

Are violent children conceived or created? What makes a child violent?

ADOLESCENT RISK FACTORS FOR ANGER AND VIOLENCE

- a. Poor school performance or attendance
- b. Gang Membership
- c. Peer involvement in Substance use or Abuse, Violence or Serious Crime
- d. Impaired or Absence of Family Relationship
- e. Serious Problems at School (e.g., expelled from School)
- f. Marked change in Physical Health
- g. Dramatic behavior change (e.g., withdrawal, aggression, petty theft, drunk driving, truancy, sleep patterns, personal hygiene, or agitation)
- h. Physical or Sexual-Abuse
- i. Alcohol or Substance-Abuse
- j. Involvement in serious delinquency or crimes
- k. Weapon carrying or Arms carrying

Some people explode when they are angry while others keep things inside and let their anger eat at them. Some people get boiling hot and some people get ice cold. From one extreme to the other, it is important for group members to look at themselves and recognize how they handle their anger. This activity helps the group members become aware of the choices that they make. This understanding moves everyone a step closer to making good, healthy choices.



The connection between thoughts and actions is two way. Also feelings and actions affect each other. It is important to acknowledge, accept, manage and appropriately express feelings rather than being overwhelmed by their strength.

OBJECTIVES OF THE WORKSHOP

- **Behavioral - Participants will :**
 - Complete worksheets on anger within the groups
 - Discuss their own reactions to feeling angry
 - Exchange ideas on healthy ways to deal with anger
- **Cognitive - Participants will :**
 - Explore reactions to anger in self and in others
 - Identify healthy and unhealthy reactions to anger
 - Identify false beliefs about anger

MATERIALS

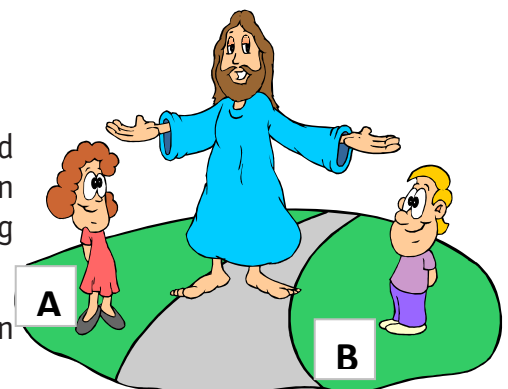
- Copies of “ALTERNATIVES TO ANGER” worksheet for each member.
- Copy of “When you are Angry you are most like.....” for the trainer.
- Pens or pencils, marker board or chalk.

ACTIVITY AND DISCUSSION

ROLE OF TRAINERS

Exercise 1 – WARM UP: Any simple exercise could be used for a Warm Up (as given in Introductory Manual e.g., ‘Walking Shoes’ etc.).

- Write “A” and “B” with chalk on the floor on the two opposite sides of the room.



- The trainer reads from “When you are Angry you are most like.....” and asks each participant to make their choice.
- Based on their choice they have to stand in either area “A” or area “B”.
- After each choice is read and participants make their choices, the trainer asks them to explain why they particularly chose what they chose.
- Then get the group back together and go on to the next set of choices. The trainer facilitates group discussion among the members using the discussion prompts given below.

DISCUSSION PROMPTS

1. Why did you pick your response?
2. What are the benefits of being like a cat vs. a tiger?
3. How does behaving like a lake feel?

When you are angry you are most like..... (Exercise 1)

A. Aerated Drink	B. A cup of coffee
A Lake	B. Ocean
A Hammer	B. Nail
A Swimmer	B. Hockey Player
A Flute	B. Trumpet
A Tiger	B. Kitty cat
A Lava	B. Avalanche

Variation (Exercise 1)

- Mark four areas in the room for choices a, b, c, or d using chalk. Read the situations (found below) and ask participants to choose how they would react to the situation.
- After each choice is read and participants make their choices, the trainer asks them to explain why they particularly chose what they chose.
- Then get the group back together and go on to the next set of choices. The trainer facilitates group discussion among the members using the discussion prompts given below.

SITUATION CHOICES (Variation Exercise 1)

- 1. Your friend breaks your favorite pair of very expensive sunglasses. You... Say**
 - (a) It's Okay it was an accident.
 - (b) Yell at him/her and make sure s/he feels bad.
 - (c) Break his/her sunglasses.
 - (d) Make him/her pay for them.

- 2. Your friend is supposed to be at your house at 7:00 and doesn't show up until 8:00 and gives you no excuse. Inside you feel very upset and hurt. You...**
 - (a) Act like it doesn't bother you and let it go.
 - (b) Act like you just got ready and are also running late.
 - (c) Tell your friend that you made other plans and would have to cancel.
 - (d) Ask your friend to explain why s/he is late and then express your feelings.

- 3. Someone that you know very well tells you that your shirt is really ugly and teases you about how much weight you have gained lately. You...**
 - (a) Swear at him/her and make fun of him/her.
 - (b) Ignore him/her and walk away.
 - (c) Tell the person that the comment was rude, that you didn't appreciate it and that it hurt your feelings.
 - (d) Punch the person in the face and tell him/her to "shut up".

DISCUSSION POINTS

1. Why did you pick your response?
2. Do you think the other people in the group made correct choices?
3. Do you think that your choice is really the best choice?

Exercise 2 – EXPLORING INDIVIDUAL HANDLING OF ANGER

- Divide the children into groups through any suitable activity suggested earlier. There should not be more than 10 to 12 members per group.
- Distribute the worksheet "Handling Anger" to each person. Give 15 to 20 minutes for the participants to fill their sheets without discussion with other group members.

- Ask the group to choose a group representative.
- The group representative discusses the questions given in "Alternatives to Anger". He summarizes the group opinions.
- After all the groups have finished each group representative is invited to come forward and present his group opinion.
- The trainer writes every technique (both healthy and unhealthy) of handling anger which emerges from all the groups, on the board.



Common responses which may come forth would include the following:

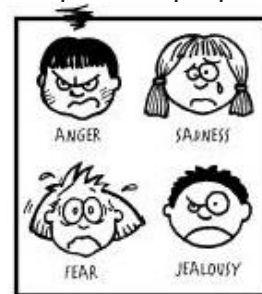
Get even	Throw things
Hide in the room	Run
Talk to a friend about it	Do nothing
Yell	Go work out / exercise
Ignore it	Scream
Take a walk	Hit someone (fight)
Hit something (usually the wall)	

The trainer discusses each response with the large group and gets opinions on whether the response is healthy or unhealthy. Ignoring, bottling up, or doing nothing is not too healthy nor is reacting in a way that is harmful to self or other.

CONCLUSION AND MESSAGE

- Conclude the session with 'anger' as a natural feeling. Managing our emotions is a big part of growing up.
- Help the group name the "big six" emotions:

1. Mad	4. Scared
2. Glad	5. Guilty
3. Sad	6. Lonely



- Repeat that all emotions just are; they are not good or bad. How they get expressed is important. Ask the group to try something new the next time they feel angry (try on a new behaviour in reaction to anger; be sure it's a healthy one!).
- Temper tantrums, violent outbursts, and acting-out behavior fuelled by anger are the common precipitators to both inpatient and outpatient therapy for adolescents. Often, depression and suicidal acting out results from anger directed inward.

6. Use the slide below to recapitulate and highlight the Key Messages.

Key Messages

- Boys and girls are socialised into different roles and often have different social beliefs.
- Each person needs to be able to sort out, clarify and realise his/her personal values, beliefs and feelings.
- Each Adolescent needs to develop own set of goals and plan for the future
- Time management needs to be focused
- Each young person must be able to deal with negative emotions, cope with stress and deal with anger.
- Peer Pressure and Social Pressure may compel us into certain actions which are contradictory to our personal belief system.
- Choosing Friends/Peers who share our beliefs protects us from unwholesome Peer-Pressure.
- Family support, strong religious beliefs, good decision making skills and a high level of Self-Esteem, etc., are other protective mechanisms which help us to behave in accordance with our values.

Topic 9: Enhancing Decision Making Skills

Time: 120 minutes

Objectives

Through the topic, the Students will be able to:

- Experience the process of Decision-Making.
- Explain the influence of environment on Decision-Making.
- List the steps involved in effective Decision-Making.

Method

Group -Game, Case- Study Analysis, Group- Discussion.

Activity 1: Make a bid



Time: 60 minutes

Objective



To enable the students to experience the process of decision making and to understand the effect of environment on their decisions.

Life Skills Focused

Critical-Thinking, Decision-Making, Self-A wareness.

Preparatory Work



- Photocopies of “Make a bid” one per student.

Process



1. Initiate the activity by telling the students that they make many different decisions every day. Give examples of some decisions that they may make – from deciding what to wear, to choosing friends, to trying something new.
2. Distribute the handout “Make a bid”, one to each student. Tell them that the handout has a list of items to which they have to give points as per their individual priority. They have maximum of thousand points to assign.
3. Give the students 5-7 minutes to do this. Then randomly ask some of the students the following questions.



Questions

- To which item in the list have you given the highest points? Why?
- How did you arrive at the decision? Can you list the steps?

6. Next divide the students into four groups and tell them that they have to come to a consensus and repeat the activity as a group. Ask the group representative the following questions to stimulate group learning.

Discussion Questions



- How did your group arrive at a consensus?
 - Were the opinions of all the group members same?
 - Did you change your opinions from the ones that you had marked in the individual exercise? Why? / Why not?
 - How much influence did your friends have on the decision you made?
 - Do you feel satisfied with the group's decisions? Why? Why not?
7. Inform the students that in the next activity they would be learning the method of taking a decision.
 8. Use the slide below to recapitulate and highlight the key messages.

Key Messages

- It is important to analyse the information before taking a decision.
- Environmental factors such as Peer-Pressure often influence our decision.
- It is important to evaluate the consequences for each of the options and only then take the decision.
- If there is a problem in obtaining right information regarding a decision, you should take the help of a trusted adult.

Handout: Activity 1

Make a bid

1. Branded Jeans
2. Grand Party
3. Lots of money
4. New Bike
5. Secure Career
6. Good Looks
7. Supportive Teachers
8. Affectionate Parents
9. Caring Friends
10. Big Bungalow

Activity 2 : Let's do – Making Decisions : I Want to Learn How to Make Well Informed Decesion



Time: 60 minutes

Objective



To enable the students to review the Decision-Making process and practice better Decision-Making.

Life Skills Focused

Critical-Thinking, Decision-Making, Self-Awareness.



Preparatory Work

- Prepare OHP slides to be displayed in the activity.



Process

1. Initiate the activity by telling the students that they make many different decisions every day. Give examples of some decisions that they may make – from deciding what to wear, to choosing friends, to trying something new.
2. Ask students to recall how they dealt with a difficult decision or addressed a major problem in their lives. The aim is to see whether the students can identify the key steps they take (and have taken) when deciding what choices they should make around a difficult decision.

Expected Answers

Steps in Making-Decisions:

- **Define the Problem:** Find out what causes the problem and why it occurs.
- **Consider the Alternatives:** Find more than one way to solve the problem.
- **Consider the Consequences of each Alternative:** For each alternative found, think about how it can affect you, your family, your friends or other people. When considering the consequences, it is important to consider your personal values and beliefs.
- **Choose the best Alternative.**
- **Implement the Decision:** Put the decision you chose into action.

3. Write the suggested steps and fill in the missing gaps. Explain the POWER model to them.

P.O.W.E.R. Model*

Slide 47

- P = PROBLEM** Step 1: Stop and state (or identify) the problem.
- O = OPTIONS** Step 2: Think of different things you can do and use them.
The more options you have, the better.
- W = WEIGH** Step 3: Look at the good things and weigh them against the bad things of every option you thought of, to solve your problem. The things you value should guide you in your decision making.
- E = ELECT** Step 4: Choose the best option, talk to a person you respect, then take the best action. Elect the option which obtains what is important to you (values).
- R = REFLECT** Step 5: Think or reflect about what happened because of your decision.

{* Namibia Youth Programme: My Future, My Choice (UNICEF, Namibia)}

4. Ask the students about the key factors that affect Decision-Making, e.g., correct information, Motivation, Peer-Pressure, Culture/Traditions, etc.
5. Remind the students that many decisions have severe/irreversible consequences, eg. the decision to engage in High Risk Behaviours which could lead to pregnancy, HIV infection, accidents etc. It is, therefore, very important that students learn and use the Decision Making Skills.
6. Ask the students to form pairs. Tell them to think of a situation in which they had to make a decision.
7. In addition, randomly give the following situations to some of the pairs.

Suggested Situations

- Your best friend asks you to try a cigarette with him/her.
- Your friend asks you to bunk the school to go for a movie with him/her.
- Your tuition friend asks you to call her boy/girlfriend and sort out their recent quarrel.
- Your senior in school asks you to get the phone number of a girl classmate with whom he wants to be friendly.
- You discover that your 10-year-old neighbour is being molested by the house servant.

8. Ask them to try to solve these situations by following the steps in the POWER Model.
9. Ask for some of the pairs to present their use of the POWER Model to the rest of the class.
10. Generate a discussion by asking the rest of the class to suggest other feasible, and possibly better, options.
11. Highlight that, in the same situation, different people take different decisions leading to different results.
12. Use the slide below to recapitulate and highlight the Key Messages.

Key Messages

Slide 48

- Decision-Making is when one has choices and must choose the best one, or when one is trying to make up his/her mind on what one wants and what is best.
- There are many ways to solve a problem.
- Think about the options/choices, and the good and bad consequences that may follow as a result of each.
- It is important to be able to think of as many options as possible – even if they may not be very practical.
- Making the "right choice" is what is important! Some "consequences" kill!

Suggested Decision-Making Situations

Slide 49

- One of your friends is a smoker and is very aggressive. He wants his friends to smoke as well. In such a situation, you are confronted with the decision as to whether you should also join in smoking.
- A girl who studies in class IX is unexpectedly visited by a boy who studies in class XII in her school. Her parents have gone out of the house for some work. She and the boy would be all alone in the house. Should she ask him to stay for a cup of tea, or ask him to leave immediately?
- A girl is waiting for a bus to go home. There is a sudden strike of bus drivers. A male acquaintance of a friend of hers passes that way on his motor-cycle. He offers her a lift. Should she go with him or politely decline the offer?
- There is going to be a party of youngsters, boys and girls but not adults. Alcohol will be served at the party. Should Shreya attend the party or should she decline?

Handout: Activity 2

I want to Learn How to Make Well-Informed Decisions

The three C's to good decision making

1. Challenge (or decision) you are facing:

.....

.....

.....

2. Choices you have:

Choice 1

Choice 2.....

Choice 3.....

3. Consequences and aspects of each choice:

Positive	Negative

Your decision is:

Major reason is:

Activity 3 : Johari Window

The 'Johari' Window

American psychologists Joseph Luft and Harry Ingham developed the 'Johari' Window model (named after them) in the 1950's, while researching group dynamics. Today the Johari Window model is especially relevant due to modern emphasis on, and influence of, 'soft' skills, i.e. Behaviour, Empathy, Cooperation and Interpersonal Development.



Time: 40 minutes

Objectives:



- To learn to understand relationships between individuals within a class/group.
- To acquire the skill of Self-Awareness
- To enhance the unique latent potential within oneself.

Mode: Individual

Life Skills Focused:

Self-Awareness, Empathy, Interpersonal-Relationships, Critical-Thinking, Decision-Making, Effective-Communication.

Values enhanced:

Truthfulness, Courage, Kindness, Compassion.



Process

1. Ask students to form pairs with persons well known to them.
2. Ask each pair member to complete columns A, B and C in the work sheet given below. Thus, each student lists out how he/she describes himself / herself under the given headings in column A; in column B how he/she would describe the partner; and column C those qualities written by the partner to describe him/her.

The Johari Window actually represents information about a person in relation to their partner, as described below.

Johari Window Work Sheet

A	B	C
<p>How I describe myself?</p> <ul style="list-style-type: none"> • Favourites (colour, food, etc) • Feelings related to important issues (e.g. subjects, friends, etc) • Experiences (achievements, failures) • Views • Attitudes • Skills • Intentions • Motivation • My Fear • My greatest strength • My weakness 	<p>How I describe my friend?</p> <ul style="list-style-type: none"> • Favourites (colour, food, etc) • Feelings related to important issues (e.g. subjects, friends, etc) • Experiences (achievements, failures) • Views • Attitudes • Skills • Intentions • Motivation • Fear • Greatest strength • Weakness 	<p>How my friend describes me? (fill this part from what the friend says about you)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Now ask them to transfer the points from the above activity work sheet to the format given below.</p> <ul style="list-style-type: none"> • Common points listed by student and his partner Column A and C - to be put in 'Open Self' • The qualities pointed out by the other person (not the student himself) - to be put in 'Blind Self' • The qualities pointed out by the students (Column A) but unknown to other person - to be put in 'Hidden Self'

Open Self	Blind Self
Hidden Self	Unknown Self

Teacher's Notes

1. The "Johari Window" explains how the self can be represented by a window that is divided into four quadrants.
2. The aim should always be to develop the 'Open Area' for every person, because when we work in this area with others we are at our most effective and productive.
3. The first quadrant is the **Open Self**- an area known to the self as well as others. It is the space where there is good communication, cooperation and no distractions, mistrust, confusion, conflict and misunderstandings. The size of the open area can also be expanded vertically downwards into the hidden space by the person's disclosure of information, feelings, etc about him/herself to the partner or by the partner asking the person about him/herself. The size of the open area can be expanded horizontally into the blind space by seeking and actively listening to feedback from the partner or the partner offering feedback, sensitively of course.
4. The **Blind Self** is the window that is unknown to self and known to the others. This blind area is not an effective or productive space for individuals. It could also be referred to as ignorance about oneself. By seeking or soliciting feedback from the partner, the aim should be to reduce this area and thereby to increase the productive open area, i.e. to increase self-awareness.
5. The **Hidden Self** is that area that is known to the self but unknown to others. The hidden area could also include sensitivities, fears, hidden agendas, manipulative intentions, secrets, etc. Typically, a lot of hidden information is not very personal, it is work or performance-related, and so is better positioned in the open area.
6. Lastly the **Unknown Self** is unknown to self as well as others. This 'Unexplored Self' can be brought into the 'Open Self' area by disclosure, which enables better understanding, cooperation, trust and productivity. Large unknown areas would typically be expected in younger people, and people who lack experience or self-belief.

(E.g. an ability that is under-estimated or un-tried through lack of opportunity, encouragement, confidence or training; a natural ability or aptitude that a person doesn't realise they possess; a fear or aversion that a person does not know they have; repressed or subconscious feelings; conditioned behaviour or attitudes from childhood)

Learning Outcomes

Students learn to:

- Understand relationships between individuals within a class/ group/ team.

- Realize the unexplored potential in them.
- To make proper use of the unexplored self.
- Improve Self-Awareness & personal development.

10. Use the slide below to recapitulate and highlight the Key Messages.

Key Messages

- There are many ways to solve a problem.
- Think about the options/choices, and the good and bad consequences that may follow as a result of each.
- It is important to be able to think of as many options as possible – even if they may not be very practical.
- Making the "Right Choice" is what is important! Some "Consequences" kill!

Review of Classroom Session 2 and Questions in the Question box



Time: 30 minutes

Objectives



To address questions of the Question Box (for Classroom Session 2).

Life Skills Focused

Critical-Thinking, Self-Awareness and Problem-Solving.



Preparatory Work

- Read the relevant section from the Reference Material.



Process

1. Open the Question Box and read out the questions one by one.
2. Ask the students in the class to respond to the questions.
3. Provide correct information when the students are unable to give the correct answers.
4. Repeat the process till all the questions have been answered. However, scan through the questions and, based on the sociocultural situation, use your discretion in choosing which ones to answer.

Review of RTIs/STIs and HIV/AIDS - Classroom Session 2

By the end of this Session the students would have:

- Gained knowledge about common RTIs/STIs and understood that early treatment is important.
- Understood the need for preventive education among young people about RTIs/STIs, and HIV/AIDS.
- Gained knowledge about the main routes of transmission of the virus, difference between HIV and AIDS and clarified the myths and misconceptions about HIV and STIs.
- Understood that HIV positive individuals may not show any external signs of the infection, he/she may continue to be healthy but can infect others.
- Understood that HIV does not differentiate according to economic or social status but is behaviour dependent.
- Realised that people living with HIV need just as much of our support and understanding as those afflicted with any other life threatening illness.
- Become aware of their personal beliefs and how they influence one's behaviour.
- Understood and practiced the process of Decision-Making.

Classroom Session 3

Preventing Substance Abuse

"Whatever the struggle, continue the climb, it may be only one step to the summit".

– Diane Westlake

Preventing Substance-Abuse

Minimum non-negotiable time: 5 hours

Note for Nodal Teachers

- Combined sessions for boys and girls to be conducted – both male and female Nodal Teachers should be present in the classroom at all times.
- Most of the activities are designed to be completed in two class periods.
- Each activity should be completed at one go and should not be split up.
- All the activities are compulsory, however, wherever possible, optional activities are given.
- Ensure the Question Box is placed in the classroom/school premises during the entire programme/academic year.
- **Review the relevant content from the Reference Material before conducting this session.**

Key Concepts and Ideas to be Assimilated in this Session

- Basic facts about Substance-Abuse.
- Styles of communication – passive, aggressive and assertive.
- Peer-Pressure and its effects.
- Dealing with negative Peer-Pressure.
- Coping with Stress and Emotions.

Topic 10: Substance Abuse – Basic Facts

Time: 60 minutes

Objectives

Through the topic, the students will be able to:

- Differentiate between Substance-Abuse and dependence.
- List reasons for Adolescents' vulnerability to Substance-Abuse.
- List the protective factors against Substance-Abuse.
- State facts versus commonly held myths regarding Substance-Abuse.

Method

Group-Discussion, Case Study Analysis, Presentation.

Activity 1: Know the Facts



Time: 60 minutes

Objective



To enhance the students' knowledge about Substances of Abuse, their symptoms, consequences and treatment.

Life Skills Focused

Critical-Thinking, Self-Awareness, Cooperation and Teamwork.

Preparatory Work



- One photocopy of Annexure 8 – Rahul and Simran case study.
- Write myths on a paper for Group 3.
- Prepare OHP slides to be displayed in the activity.

Process



1. Ask the students what they understand by the terms “Drug”, “Substance -Abuse”. Write the key points on the blackboard and use the slide to explain.

Drug

Slide 50

A drug is a chemical Substance that changes the way our body works. When a pharmaceutical preparation or naturally occurring substance is used primarily to bring about a change in some existing process or state, it can be called a 'drug'.

Substance Abuse

Slide 51

Substance-Abuse is "the use of illicit drugs or the Abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed."



2. Explain the term "illicit drugs"(illegal drugs such as heroin, marijuana, etc.) and "over-the-counter drugs" (drugs available at a medical store). Emphasise the criteria for abuse, i.e., "when a substance is used in a manner not directed or in more quantities than indicated".

3. Now ask, "What is substance dependence or addiction?", "Is there a difference between abuse and dependence?"

4. Note down the relevant points and explain the difference using the slide. Explain the terms tolerance and withdrawal and describe the signs and symptoms of substance dependence.

Substance Dependence

Slide 52

- Substance dependence is defined as "Compulsively seeking to use a Substance, regardless of the potentially negative Social, Psychological and Physical Consequences."
- Substance-Abuse leads to Substance-Dependence with the Development of Tolerance and Withdrawal.
- Tolerance is defined as a need for increased amounts of Substance to achieve the same levels of intoxication or desired effect.
- Withdrawal symptoms occur when the user who is dependent on a substance stops using it. They range from mild tremors to convulsions, severe agitation and sometimes death. Withdrawal symptoms vary depending upon the Substance-Abused, duration of the use of Substance and the quantity Abused.

Signs and Symptoms

Slide 53

Dependence on any Substance may include these general characteristics:

- Feeling that one needs the Substance on a regular basis to have fun, relax or deal with one's problems.
- Giving up familiar activities such as sports, homework, or hobbies.
- Sudden changes in work or school attendance and quality of work or marks.
- Doing things that a person normally wouldn't do to obtain the Substance, such as frequently borrowing money or stealing items from employer, home or school.
- Taking uncharacteristic risks, such as driving under the influence of alcohol or drugs.
- Anger outbursts, acting irresponsibly and overall attitude change.
- Deterioration of physical appearance and grooming.
- No longer spending time with friends who don't use Substances and/or associating with known users.
- Engaging in secretive or suspicious behaviours such as frequent trips to the toilet, keeping room and things locked, always going out of the house at particular hours, excessive resistance in giving an account of his/her movements, etc.
- Feel need to use increasing amounts of the Substance of choice to achieve the same effects.
- Talking about the Substance all the time, and pressuring others to use it.
- Feeling exhausted, depressed, hopeless, or suicidal.

5. Divide the students into four groups and ask each of the groups to discuss on the following topics. Let each group choose a representative to present a summary of their discussion.

Topics for Discussion

- | | |
|----------|---|
| Group 1: | Discuss which are the commonly Abused Substances that they know of, and their consequences. |
| Group 2: | Discuss why Adolescents are more vulnerable to Substance Abuse, and how they can protect themselves. |
| Group 3: | Discuss the myths and misconception related to Substance -Abuse (give a list to students to which they can add others, they might have heard of). |
| Group 4: | Rahul and Simran Case-Study (Annexure 8). |

6. After 10–15 minutes reassemble the groups and call one group representative at a time.
7. Note the important points and supplement them with accurate information using the slides below.

Substances of Abuse

Slide 54

- Cannabinoids (e.g., hashish and marijuana).
- Stimulants (e.g., amphetamines and cocaine, nicotine, tobacco).
- Depressants (e.g., alcohol, barbiturates, etc.).
- Narcotics (opioids and morphine derivatives, e.g., heroin, opium).
- Hallucinogens (e.g., LSD and mescaline).
- Other compounds (e.g., steroids and inhalants).

Gateway Drugs

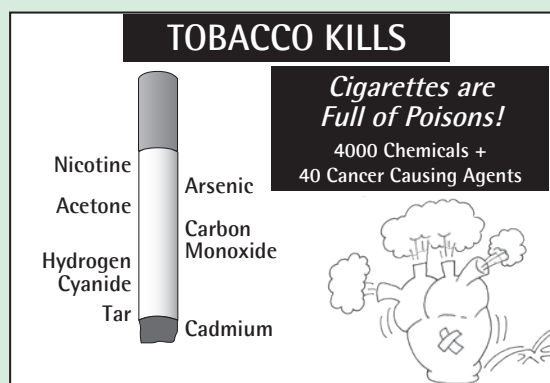
Slide 55

- The commonly abused substances among adolescents are tobacco and alcohol, which act as gateway to the use of other drugs.

Harmful Effects of Smoking Cigarettes

Slide 56

- Diminished or extinguished sense of smell and taste.
- Smoker's cough.
- Gastric ulcers.
- Chronic bronchitis.
- Increase in heart rate and blood pressure.
- Premature and more abundant face wrinkles.
- Heart disease.
- Stroke.
- Cancer of the mouth, larynx, pharynx, oesophagus, lungs, pancreas, cervix, uterus, and bladder.



Cigarette smoking is perhaps the most devastating preventable cause of disease and premature death. Smoking is particularly dangerous for teens because their bodies are still developing and changing, and the 4,000 chemicals (including 200 known poisons) in cigarette smoke can adversely affect this process.

Harmful Effects of Alcohol Abuse

Slide 57

Short-term effects	Long-term effects
<p>Distorted vision, hearing, and coordination.</p> <p>Altered perceptions and emotions.</p> <p>Impaired judgement.</p> <p>Bad breath.</p> <p>Hangovers.</p>	<p>Loss of appetite.</p> <p>Vitamin deficiencies.</p> <p>Stomach ailments.</p> <p>Skin problems.</p> <p>Liver damage.</p> <p>Heart and central nervous system damage.</p> <p>Memory loss.</p>

Harmful Effects of Other Substances

Slide 58

- **Cannabinoids:** Frequent respiratory infection, impaired memory and learning; increased heart rate, etc.
- **Stimulants:** Rapid or irregular heart beat; reduced appetite; weight loss; panic; paranoia; aggressiveness; damage to respiratory areas, etc.
- **Depressants:** Fatigue; confusion; impaired coordination; respiratory depression and arrest; death, etc.
- **Narcotics:** Nausea; unconsciousness; coma; death, etc.
- **Hallucinogens:** Persisting perception disorder; sleeplessness, etc.
- **Inhalants:** Unconsciousness; cramps; weight loss; memory impairment; damage to cardiovascular and nervous system, etc.

Psychosocial Complications of Substance Dependence

Slide 59

- **Financial:** Spending money on Substance instead of essential needs; exhausting savings; borrowing money, etc.
- **Occupational:** Inefficiency due to decreased performance; unpunctuality; fights, quarrels, thefts; absenteeism; accidents at work place; suspension, etc.
- **Familial:** Arguments over Substance use; neglect of family obligations; quarrels and physical violence; divorce; ostracisation by family, etc.
- **Social:** Peer alienation; arguments, fights; decreased social reputation, etc.
- **Legal:** Violation of rules; thefts and petty crimes; arrests and court cases.

Why Adolescents are more Vulnerable to Substance Abuse

Slide 60

Personal factors

- False beliefs and perceptions about the benefits of Substance use.
- Lack of knowledge of consequences.
- Feeling of enhanced self-efficacy.
- Personality factors, e.g., depression, low Self-Esteem.
- False sense of psychological well-being.

Behavioural factors

Adolescents:

- Tend to be heavier, more frequent users of Substances than adults.
- Often use more than one Substance.
- With poorer academic achievement are statistically at higher risk for Substance-Abuse.
- Tend to engage in more high-risk behaviours than adults.
- Often lack well-developed self-control and may behave more impulsively than adults.
- Experiment out of curiosity.

Environmental factors

- Attitudes and values of Parents and Peers in support of Substance Use.
- Parental, Sibling and Peer use of Substances.
- Advertising and media glamorisation of Substances.
- Easy accessibility of Substances.
- Social and cultural norms accepting Substance Use.
- Factors such as low Socio-Economic status are statistically related to the tendency to use Substances.

Physiological factors

- Developing brains and bodies are more sensitive to drugs.

Protective Factors

Slide 61

<i>Individual</i>	High Self-Esteem; high intelligence; optimistic about future; Coping Skills; belief in self, expectations, norms and values.
<i>Family</i>	Strong parent and youth attachment; consistent discipline and supervision; no family history of Substance-Abuse.
<i>Peer group</i>	Non-Substance Abusers; have conventional values and shared interests.
<i>Schools</i>	Connectedness; quality school with opportunity to succeed.
<i>Community and society</i>	Health, support and recreational facilities; safe neighbourhood; connectedness to culture, religion, etc.

Treatment and Rehabilitation

Slide 62

- Interventions are multimodal and planned.
- Treatment goals
 - Achieve and maintain abstinence from the drug.
 - Relieve him/her of adverse health and psychosocial consequences of Substance Use.
 - Prevent relapse into the habit.
- Adequate support and participation of family members is a must to help recovery and maintain a drug free lifestyle.

Common Myths about Drug Intake

Slide 63

Myths	Facts
There is no harm in trying drugs just once.	Almost all drug addicts start by trying just once. Drugs alter the metabolism of the brain and body. Once the drug is taken, the user is always at risk of increasing the drug intake, which becomes a part of his/her habit.
Alcohol promotes good sleep.	People dependent on alcohol cannot sleep well without alcohol. Those who do not use alcohol regularly may have disturbed sleep after consuming it.

Common Myths about Drug Intake (Contd...)	
Myths	Facts
Will power alone can help a drug addict stop taking drugs.	A person dependent on substances is suffering from a disease and not just a failure of will power. He/she requires medical and psychiatric treatment.
Alcohol helps people forget their problems.	This has become a 'truth' because regular and heavy alcohol users often use this excuse for their drinking. Very often the opposite is found to be true – people bring up forgotten problems only when they are intoxicated. Alcohol only adds on other problems.
Most addicts get their first dose of drugs from a peddler or a pusher.	Most addicts get their first dose of drugs from a friend or a close associate.
Beer is not 'hard liquor' and can be consumed safely.	Beer is an alcoholic beverage, although it contains less alcohol than 'hard liquor' like whisky or rum. Beer contains 4%–8% alcohol. One 12-ounce (285 ml) bottle of beer is equal to one peg of whisky; if somebody drinks six such bottles in an evening, he/she has consumed the equivalent of six pegs of whisky.

Activity 2 : Influence of Advertising Media on Drinking and Smoking



Time : 30 minutes

Objective :



- To develop skills of Critical-Analysis after close reading

Mode : Group

Life Skills Focused :

Critical-Thinking, Decision-Making

Value Enhanced :

Social-Responsibility, Determination



Process

- Tell students “Advertisement for alcohol and tobacco are banned in India. But still there are “indirect or surrogate” advertisements that sell the brand name of the company selling alcohol and tobacco.

2. Ask them to identify and list such advertisements and to bring in cuttings of such advertisements if available and pin them up on the board for the whole class to look at for the next class.
3. Divide the students into groups and ask them to answer the following questions about the advertisements.
 - a. What is the product they claim to sell and what is the hidden influence in them?
 - b. Where do you find these advertisements
 - c. What is it that attracts you in these advertisements?
 - d. What message seems to run through all the advertising?
 - e. Do these advertisements fail to tell us the negative aspects? If so what are they?
 - f. What influence might advertisements for alcoholic beverages have on you and other people?
 - g. Ask them to list situations in other media which have a similar influence.
 - h. How do you feel about the advertisements? Is it right to have such advertisements?
4. Get the groups back together and list the answers on the board.
5. Add to these if necessary from the answers given below.

Some possible answers to the questions above

Question 3. c. What is it that attracts you in these advertisements?
Anything else

- The setting
- The smart good looking people
- The crystal glasses and the sparkling ice-cubes
- The colour
- The actor

Question 3.d. What message seems to run through all the advertising?

- Drinking / smoking enhances social situations
- Drinking / smoking is equated with success
- Drinking / smoking is necessary in social settings

Question 3.f. What influence will such advertisements for alcoholic beverages or cigarettes have on you and other people?

- They make you feel like experimenting with alcohol and tobacco

Question 3.g. Examples of situations in other media which have a similar influence.

- Alcohol advertising is often associated with sporting events. Society tends to associate drinking with manly type activities.
- Some magazines do not advertise alcoholic beverages (eg. Some “Women’s” magazines), yet others (e.g. sports and “men’s” magazines) have many advertisements for alcoholic beverages
- Movies and TV programmes show the hero drinking and smoking.

Learning Outcomes

- Advertisers are attempting to get people to buy their product. To do this, they use the most attractive people and settings so that readers or viewers will feel good and associate the good feelings with the products.
- Just because this view is portrayed so widely does not mean that there is not another side to it.

We must learn to make informed decisions and not get carried away by superficial, non-realistic messages.

8. Use the slide below to recapitulate and highlight the key messages.

Key Messages

Slide 64

- The commonly Abused Substances among Adolescents are tobacco and alcohol, which act as gateways to the use of other drugs.
- Factors which make Adolescents vulnerable to serious Substance-Abuse are poor Self-Esteem, family history of Substance-Abuse, low achievement at school, family instability, history of Abuse and aggressive/impulsive personality.
- Substance dependence involves tolerance, withdrawal and the disruption of psychological, occupational and social functioning.
- There are severe financial, occupational, familial, social and legal consequences of Substance dependence.
- No one starts taking Substances with the aim of getting addicted. However, these Substances have such brain-altering properties that after a point of time, a person loses his control and becomes an addict.

Topic 11: Understanding and Coping with Peer Pressure

Time: 180 minutes

Objectives

Through the topic, the students will be able to:

- List the situations in which they face Peer-Pressure.
- State the difference between positive and negative Peer-Pressure.
- Be able to think of assertive responses to pressurising situations.
- List various methods to say 'No' to Peer-Pressure.

Method

Group-Game, Situation-Analysis, Role-Play, Group-Discussion.

Activity 1: Let's Know – Peer Pressure

Time: 60 minutes

Objective



To enable the students to understand different aspects of Peer-Pressure and modes of resistance.



Life Skills Focused

Critical-Thinking, Self-Awareness, Coping with Stress, Dealing with Emotions.

Preparatory Work

- Photocopies of the handout, one for each student.
- Prepare OHP slides to be displayed in the activity.



Process



1. Distribute the handout to the students and ask them to tick those situations where a young person can feel pressured by his friends.
2. Take the statements one at a time. Ask the students to raise their hands if they feel that young people can feel pressured by their friends in such a situation.
3. Randomly ask one or two students why they think so. Ask why people sometimes follow others without reasoning.
4. Ask the students what are the consequences of negative Peer-Pressure and how can one resist negative Peer-Pressure.
5. Ask what are the other situations where peer pressure influences our behaviour.

Handout: Activity

I feel Pressured by friends...

- To go to the beauty parlour.
- To engage in sports activities.
- To dress in the same manner as them.
- To try a cigarette.
- To be respectful to elders.
- To steal money from home.
- To use abusive language.
- To miss school for watching movies.
- To cheat in an exam.
- To speak the truth.
- To be physically intimate to prove my affection.
- To study harder.

