

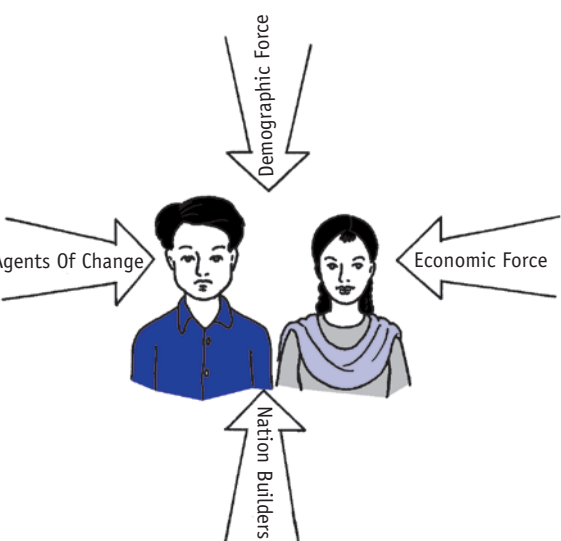
## Section I

# Introduction

*"We must become the change we want to see"*

– Mahatma Gandhi

# Introduction



## Adolescents

Adolescence is a period of rapid development when young people acquire new capacities and are faced with new challenges. They are in a stage which according to Sigmund Freud is marked with egos that leads to some level of superiority complex and inferiority complex as well. With greater levels of logical and critical thinking and problem solving they are involved in establishing social identity. It is not only a time of opportunity but also of vulnerability to risk behaviours which can have lifelong consequences, especially for health.

Adolescents are a **demographic force**. More than 22% of India's population is in the adolescent age group of 10–19 years; 12% are in the 10–14 year age group and 10% in the 15–19 year age group.

They are also an **economic force** and contribute significantly to their families and communities through paid and unpaid labour.

Adolescents and young people are **agents of change** in their societies. They are a resource to be nurtured, trained and developed into productive citizens and leaders of tomorrow.

**They have the right** to a safe and supportive environment, to accurate and age-appropriate information, to guidance in skills building and empowerment, to positive role models, and friendly health services and counselling.

They have the **right to participate** in all matters affecting them in accordance with their age and maturity. We just cannot afford to ignore them. Effective education in the 21st century must provide a harmonious balance between academic education and practical skills development, including technical and vocational education.

In order to prepare young people for life and work in a rapidly changing world, educational and training systems need to be re-oriented to impart and enhance range of Life Skills in the students. This will enable them to manifest their inner potential with confidence and competence and face the challenges of life.

Adolescents are at risk because often young people know very little about process of growing up, HIV/AIDS. They lack the social support to seek accurate information and services. Friends and other ill-informed sources

supply inaccurate and incomplete information. Those who are older, such as parents and teachers, are often uncomfortable with such topics, hence they rarely engage in frank discussions on these issues with young people; thus the risks increase.

Young women, too, lack information and services, and are at particular risk because of their biological vulnerability. Many social factors, like early marriage, early pregnancy, high maternal mortality rate, domestic violence and deprivation of educational benefits, compound the vulnerability of girls and young women.

Adolescent malnutrition is rampant in most parts of the country, which has an adverse bearing on their cognitive capacities and learning performance. Infants born to malnourished adolescent mothers are prone to higher mortality rates or are likely to be malnourished themselves.

Other significant issues that affect adolescents include substance abuse, including smoking and drinking; anxiety and depression; suicide; various abuses. Such issues impact not only individual adolescents, but also the social, economic and health indicators of the country as a whole.

### Common High-Risk Behaviours in Adolescents

- Tobacco, alcohol, cannabis and opioids can lead to major illnesses or even death. This behaviour is also related to accidents, violence, mental illnesses and loss of productivity.
- The estimated number of drug abusers in India is around 3 million and that of drug dependents is 0.5 – 0.6 million. Twenty-four per cent of drug abusers are in the age group of 12–18 years. (*National health survey, min. of social justice and empowerment and UNODC, 2004*)
- Studies on the spread of HIV indicate that the infection is moving out of high risk behaviour groups to the general population.
- Over 35% of all reported AIDS cases in India occur among young people in the age group of 15–24 years. (*National behavioural surveillance survey, 2001, NACO & UNICEF*)

Why is it that most adolescents grow up healthy, while some engage in behaviours that jeopardise healthy development? It has been found that certain risk and protective factors can explain these differences in adolescent behaviours and health outcomes.

Positive relationships with parents and teachers are **protective factors**. Adolescents require these for evolving into responsible and productive citizens. Informed and skilled adolescents are likely to make better decisions concerning their careers, relationships, habits and physical and mental health. They are also more likely to be socially adept, successful and an asset to the society.

## Addressing Adolescent Needs and Concerns

Every nation, society and community has to work towards promoting adolescent health. When adolescents acquire knowledge, attitudes, values and life skills, they benefit in a variety of ways. These Life Skills help adolescents to make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others and cope with and manage their lives in a healthy and productive manner. Such knowledge and skills can lead to behaviours that prevent disease and injury, foster healthy relationships and enable young people to play leadership roles.

Moreover, the knowledge and Life Skills education imparted to adolescents are likely to be passed on to their own children, thus influencing future generations. We therefore need to effectively address a wide spectrum of issues related to adolescence. It is this need which is being fulfilled with the Adolescence Education Programme (AEP), which has been devised for the holistic development and promotion of adolescent wellness.

## The Adolescence Education Programme

The Government of India has taken a decision to implement the Adolescence Education Programme (AEP) in all secondary and higher secondary schools.

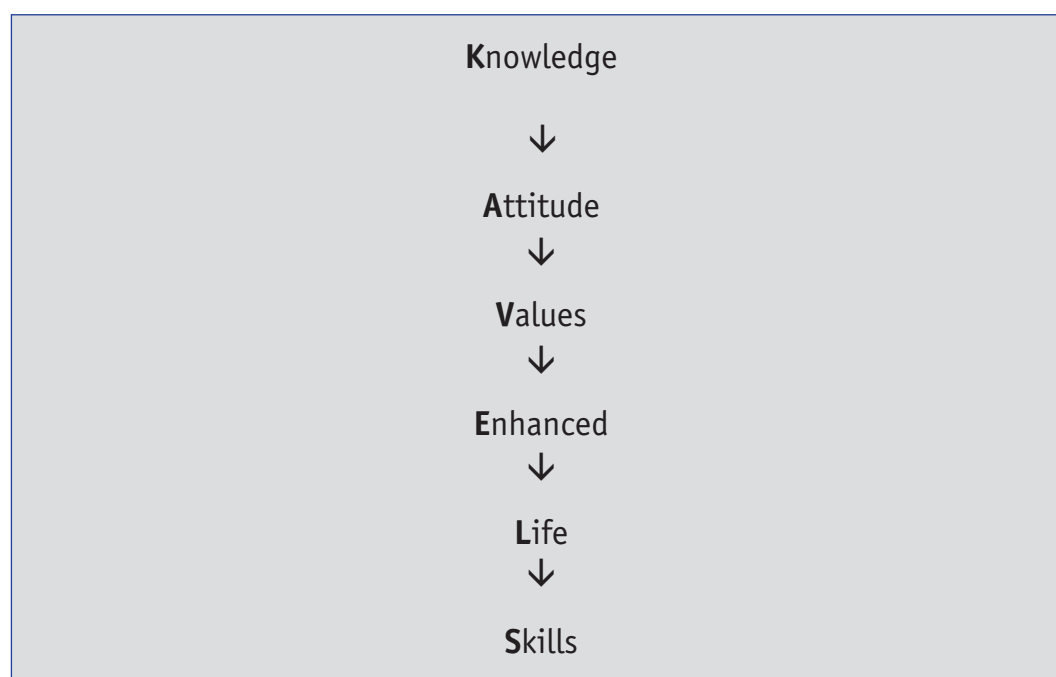
Global and Indian experiences have shown that educational interventions that focus on Life Skills development have proven very effective in empowering adolescents to manage their AHI and concerns, including avoidance of risky behaviours.

### Objectives of Adolescence Education Programme (AEP)

- To develop 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.

To give the initiative a structure and form, and to assist resource persons and nodal teachers to carry out effective activities in the classroom, it is imperative that they be provided with standardised material. It was decided to develop modules and sessions on issues of importance utilising the 'Life Skills Education' approach. Various factors like simplicity, clarity, available time, age and developmental level of the target audience, appropriate methodology, cultural and religious sensitivity and gender consideration have been kept in mind while developing these modules.

The approach that is being followed in the Manuals is to provide an accurate, objective and scientific knowledge keeping in mind that the content should be age –appropriate and directed towards the sensitive age of adolescents. The process of transfer is made simpler through the KAVELS approach given below:



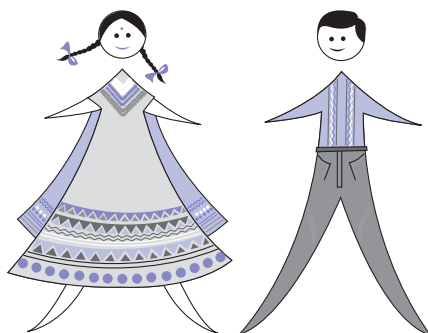
A positive attitude is essential to cope with the rapid changes which happen in the life of a young adolescent in the areas of body, mind and soul.

Values need to be experienced at different levels and internalized. Social skills are needed to use values throughout the day. The young people need to use, think about them, reflect on them and carry them into their personal and social lives. They need to be able to see the effect of their behaviour and choices and develop socially conscious decision making skills. The teacher, facilitator or counsellor may like to develop reflection points for value enhanced Life Skills such as **'Everyone in the world has the right to live with dignity and respect'** including myself. (Values – Respect – Life Skills – Critical Thinking – Decision Making). **'Tolerance is being open and receptive to the beauty of differences'**. (Value – Tolerance – Life Skills – Interpersonal Skills – Communicative Skills). One can also add sayings from the local culture, role models and historical figures.

**In addition to enhancing knowledge, the focus of the modules is on development of value enhanced life skills in students, which would help them in resisting peer pressure, taking informed decisions and making healthy choices.**

The AEP is being monitored at the National, State, District and school levels. Definite indicators have been developed to assess the impact of the programme.

No enterprise can succeed without the active assistance and involvement of all concerned. It is expected that the principals, education officers and



teachers who will be oriented to the initiative will guide the process and be able to iron out day-to-day difficulties. All the activities and sessions have been field-tested earlier, the Technical Support Team requests feedback and advice from students, parents and other stakeholders for adapting the school-based AEP package in accordance with their growing needs.

### **Vision**

Nurturing ...

Aware, Responsible and Empowered Adolescents

**We seek your active cooperation in making this vision a reality!**

## How the Facilitators' Handbook is Organised

*The Facilitators' Handbook for Training of Resource Persons and Nodal Teachers is divided into three main sections. It is necessary for all facilitators to go through all three sections because they cover the essential topics that will equip participants with the knowledge and understanding needed to achieve the overall objectives of the Adolescence Education Programme (AEP).*

### *Section One*      ***Corresponds to the Introduction.***

*This section gives a brief outline of Adolescent Health concerns and the need for Adolescence Education Programme.*

### *Section Two*      ***Focuses on the process of Facilitation.***

*This section highlights the tasks of a Facilitator and gives guidelines and training methods for effective facilitation.*

### *Section Three*      ***The third section of the Handbook deals with the content and methodology for conducting the Training of the Trainer (ToT) programme.***

*It gives details of the sessions and a step-by-step process of conducting the training activities of the five-day ToT schedule.*

*The modalities for conducting sessions and activities are only indicative. However, to ensure delivery of standardised and uniform messages, all training programmes should be conducted using the **Facilitators' Handbook for Training of Resource Persons and Nodal Teachers**.*

- *The content that is covered in the ToT is based on the principle that in AEP each nodal teacher (NT) will **conduct the three school sessions using a minimum of 16 – 18 hours with students.***
- *Although 16 hours is recommended as the non-negotiable minimum, it is recommended that where feasible NTs use more than this stipulated time. The entire process of internalising the content and reinforcing critical life skills needs continuous inputs, interactions, exercises and ongoing support. Therefore there are several optional exercises provided in the **Facilitators' Handbook for Training of Resource Persons and Nodal Teachers and the Teachers' Workbook for Student Activities**, to be used whenever the facilitators/nodal teachers have additional time allocated to the ToT/in-school programme.*

## Section II

# The Process of Facilitation

*The beginning is the most important part of the work*

– Plato



# The Process of Facilitation



All participants are strongly recommended to review this section because:

- Either they will be conducting training programmes for Nodal Teachers, or
- The Nodal Teachers will act as Facilitators while conducting classroom activities with students.

## Background

A Facilitator is a person who is proficient in the content area. He/she is willing to be challenged, has interpersonal skills and is able to encourage and communicate a sense of Self-Confidence, Informality, Enthusiasm, Responsiveness and Creativity.

## Facilitation vs Teaching

**Albert Einstein** said that 'The main concern of a teacher-educator (or Facilitator) essentially consists of stimulating the mind to think rather than just answering.' This is even more valid in Adolescence Education, where personal views and values can vary vastly from person to person within the same group.

## Tasks of the Facilitator

### Before the Session

1. Read the Reference Material before conducting the training programme.
2. Get to know about your participants, their background, education and attitude toward health issues.
3. At the core resource person and regional training levels, it is recommended that at least four Facilitators conduct the ToTs. For Nodal Teachers it is recommended that at least two Facilitators conduct the training.
4. Adequate representation of women should be ensured both at the Facilitators and participants level.
5. For familiarisation and successful implementation of the five-day training programme, Facilitators and participants should arrive a day in advance.
6. The training centre identified should have separate residential arrangements for male and female participants.

7. For smooth running of the sessions, the hall or room should be clean, well-ventilated or air conditioned and should comfortably accommodate 40–50 participants.
8. All Facilitators need to be prepared and familiar with the day's agenda and the resource material required for it.
9. One Facilitator should be put in charge of each day's agenda on a rotation basis. Such responsibilities would include the planning and implementation of all logistics for the day (such as school visits, material requirements for the day etc.).

## During the Session

1. Rapport with participants is critical.
2. Make a flip chart designated "Parking Lot". Issues not pertaining to the sessions, how-so-ever important, should be placed in the Parking Lot. Ensure that all Parking Lot issues are discussed before the end of the day.
3. ***Facilitators should use the same type of material and language, which he/she expects participants to use.***
4. Throughout the training, impress upon participants that the eventual beneficiaries are the students for whom the AEP has been designed.
5. Maintain a good rapport with the co-facilitator. If the co-facilitator has forgotten something or is saying something wrong, he/she should not be interrupted but corrected tactfully. Facilitators should have periodic eye-contact between themselves throughout the sessions.
6. Have the contact telephone number of a senior/technical resource person for advice on any issues during the training.

## After the Session

1. If something particular has not been understood by the majority, then that portion should be repeated.
2. Summarise each session and ensure that the objectives are achieved and contents are covered.
3. Carefully consider any suggestions made by participants and try to incorporate them, if possible, into subsequent sessions.

## Essentials of facilitation

While interacting with participants, the following points should be kept in mind.

1. ***Non-judgmental:*** Don't sit on judgement on the different views and choices of people. Participants neither want nor need moralising or accusing; what they do want and need is a compassionate and empathetic facilitator.

2. **Non-verbal communication:** Non-verbal communication is very important in dealing effectively with others. It contributes to about half of the communication, but is rarely given the importance it deserves. It is very important for a good facilitator to give attention to this aspect and both use it effectively himself/herself as well as measure responses through it during the training session and interaction with participants.

## What to do and when

Using your observation skills, you can assess the effectiveness of your session and how well information is being received. Based on these observations, you can adjust your questions, introduce a new activity or procedure, call for a break or deal with whatever is interfering with the success of the group. Observations collected over time can help you to decide whether to continue with a particular process or to modify it for responding better to the needs of participants.

## Common problems a Facilitator may face:

- **Someone disagrees and wants to argue with you:** Welcome disagreement, hear him/her with full attention and find common ground. Start further discussion from this common ground, elaborate on the points where disagreement exists.
- **Everyone looks bored:** Encourage participation and discussion from the group.
- **Some people monopolise the discussion:** Give recognition to their knowledge and enthusiasm and control them diplomatically.
- **Private conversation erupts:** Encourage them to share what they are talking about with everyone. In most of these situations, participants talk about the issues being discussed, but may hesitate to voice opinions openly.
- **Two participants start arguing with each other:** Do not take sides. Verbalise the positions of the participants and ask others in the group to give their opinion on the issue, then objectively summarise the discussion.
- **Controversial topic.** If any controversial topic is brought up, it should be left to the group to sort out or be answered collectively.
- **Personal questions.** If personal questions are asked, the facilitator should use his/her discretion in answering. If the question is unanswerable, just convey the difficulty calmly.

## Training methods

### 1. Group discussion (in small or large groups)

The group examines a problem or topic of interest with the objectives of

better understanding an issue or skill, arriving at the best solution, or developing new ideas and directions.

## 2. Brain-Storming

Brainstorming is a method used for problem solving or generating different possible solutions to a problem. The purpose of brainstorming is to come up with as many ideas as possible without regard to quality, with as many team members as possible contributing their thoughts.

## 3. Role-Play

Role-Play is an enactment or dramatisation in which people act out a suggested situation.

Participants can be encouraged to take on different roles. It is not necessary that the female characters will be played by women or the male characters by men.

## 4. Question Box

Question Box is an activity through which questions asked by learners are answered by teachers, facilitators or experts. The box is placed in a convenient location where participants can write their questions without revealing their identity.

## 5. Situation-Analysis and Case Studies

Situation analysis allows learners to think, analyse and discuss situations they might encounter.

Case-Studies may be based on real cases or hypothetical situations but should raise real issues. The purpose of a case study is to present learners with a situation, giving sufficient background information to analyse and compute the outcome of events, or to provide solutions to specific problems.



## 6. Visualisation in Participatory Programmes (VIPP) Exercises

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

## 7. Presentation

This method is effective when a substantial amount of information is required to be imparted in a short period of time. However, an effective presentation allows for interaction between the Facilitator and the participants. Presentations should follow a specified format, though a Facilitator may modify it if required.

## 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.

**While training adults, (State Resource Persons/Nodal Teachers) some of the special issues of adult learning need to be kept in mind.**

- Adults are people whose style and pace of learning has probably changed with increasing age. The reaction time and speed of learning may be slow, but age does not impair the ability to learn.
- Adults need to participate in small group activities to provide the opportunity to share, reflect on and generalise their learning experiences. They also prefer the usage of a variety of participatory techniques of learning.
- Adults need to receive feedback on how they are doing, and the results of their efforts.
- Adult learners come in with a wide range of previous experiences, knowledge, self-direction, interests and competencies that may include work-related activities, family responsibilities and previous education. Their diversity must be accommodated in the planning.
- As with younger learners, adults also need to be shown respect.
- Learning for adults is facilitated by layering information while learning. Give the most basic information first; then create exercises and experiences where people can use and practise its application.
- Learning increases in an atmosphere that is informal and the least reminiscent of any formal schooling.

## Section III

# Content and Methodology for Conducting the ToT

*"We can do no great things; only small things with great love"*

– Mother Teresa

# Training Schedule

## DAY 1

Time	Session	Activity	Material Required	Page No.
8:30 to 9:00 am	Registration		Registration and attendance sheet	
9:00 to 9:30 am	<b>Session I:</b> Introductory Session	Activity 1: Introduction Activity 2: Ground Rules Activity 3: Volunteers for Feedback Activity 4: Objectives of the Training Programme	OHP, Markers, Slides, Black board, Chalk	24
9:30 to 10:00 am	<b>Session II:</b> Setting the Context	1. Situation of Adolescent Health in India 2. Vision for Healthy and Empowered Adolescents 3. Introduction to AEP 4. Hopes and Challenges of AE Programme 5. Structure of the Training of Trainers – Learning through Participation and Interaction	Black board, OHP, Markers	30
10:00 to 11:00 am	<b>Session III:</b> Perspective Building on Life Skills Development	*Activity 1: Concept of Life Skills	Black board, OHP, markers, VIPP cards, Board pins	45
11:00 to 11:15 am	Tea			

\*This activity is only for training of resource persons and nodal teachers

**DAY 1** (Contd.)

Time	Session	Activity	Material Required	Page No.
11:15 to 1:15 pm	<b>Session III:</b> (cont.) Perspective Building on Life Skills Development	*Activity 2: Internalising and Applying Life Skills Activity 3: Developing Emotional Sensitivity (Empathy) Activity 4: Appreciating Oneself	Handouts, Role-Play, Situation, Slips	
1:15 to 2:00 pm	Lunch			
2:00 to 5:00 pm	<b>Session IV:</b> Healthy Growing Up – Understanding Adolescence	Activity 1: * R e m e m b e r i n g Adolescence Activity 2: U n d e r s t a n d i n g Health and Growing Up Activity 3: Analysis Of Advertisement For Developing Good Nutrition Practices. Activity 4: Self-Esteem Case- Studies Activity 5: Clarifying Personal-Beliefs Activity 6: Analysing Strength Weaknesses Opportunities Threats (SWOT) Activity 7: My Value System	Case study handout, OHP, Markers, Black board, Chalk	58
5:00 to 5:15 pm	Tea			
5:15 pm onwards	<b>Session V:</b> Preparatory Work for Practice Session			72

\*This activity is only for Training of Resource Persons and Nodal Teachers



## DAY 2

Time	Session	Function	Material Required	Page No.
8:30 to 9:00 am	<b>Session VI:</b> Reflections and Feedback			75
9:00 to 1:00 pm  Tea to be served in between	<b>Session VII:</b> Healthy Growing Up - Adolescent Health Issues (AHI)	Activity 1: Healthy Growing Up Activity 2: Let's Celebrate Abstinence Activity 3: Menstrual Hygiene Activity 4: Rights and Responsibilities Activity 5: Understanding Relationships and Building on Positive Traits Activity 6: The Person I Admire Activity 7: Positive-Strokes for Creating Zone of Happiness Activity 8: Johari Window Activity 9: Different roles -different expectations Activity 10: Let's Clarify Whose Job is it to... ? Activity 11: Understanding Gender Activity 12: Analysing Short Stories for Gender Stereotypes Activity 13: Gender - Discrimination Activity 14: Sexual-Abuse Awareness Building and Sensitising Activity 15: Sexual-Abuse What Can I Do?	Reference Material, News papers, Magazines, Chart papers, Sketch pen, Case-Study, OHP, Marker	76
1:00 to 2:00 pm	Lunch			

2:00 to 4:30 pm	<b>Session VIII:</b> Reproductive Tract Infections (RTIs)/ Sexually Transmitted Infections (STIs) and HIV/AIDS	Activity 1: RTIs/STIs basic facts – symptoms and prevention  Activity 2: Let's discuss – HIV/AIDS  Activity 3: Assessing the risk of HIV transmission  Activity 4: Crossing The Road  Activity 5: What If...?  Activity 6: Social Issues of HIV/AIDS  Activity 7: Who Discriminates?	OHP, Markers	105
4:30 to 4:45 pm	Tea			
4:45 to 5:45 pm	<b>Session IX:</b> Living Positively	Activity 1: Learning to be compassionate  Activity 2: Attitudes- AIDS, Creating Empathy	Handouts, OHP, Markers	123
5:45 pm onwards	<b>Session X:</b> Advance Preparation for Day 4 practice session			128



## DAY 3

Time	Session	Function	Material Required	Page No.
8:30 to 9:00 am	<b>Session XI:</b> Reflections and Feedback			130
9:00 to 10:30 am	<b>Session XII:</b> Enhancing Decision-Making Skills	Activity 1 : Make a bid Activity 2 : Let's do – Making Decisions	Handouts, OHP, Markers, Case-Study handouts	131
10:30 to 10:45 am	Tea			
10:45 to 1:00 pm	<b>Session XIII:</b> Preventing Substance Abuse	Activity 1 : Know the facts Activity 2: Influence of Advertising Media on Drinking and Smoking Activity 3: But This Is Not Fair! (Being Responsible) Activity 4 : Expressing what do you mean?	OHP, Markers, Handouts	137
1:00 to 2:00 pm	Lunch			
2:00 to 4:00 pm	<b>Session XIV:</b> Coping with Peer Pressure and Stress	Activity 1 : Let's know – Peer-Pressure Activity 2 : Resisting Peer Pressure Activity 3 : Practising Abstinence - 'How to Say No' Activity 4 : Coping with Stress	OHP, Markers, Handouts	153

\*This session is only for training of resource persons and nodal teachers

		Activity 5 : Colours of Life Activity 6 : Learning to Deal with Anger		
4:00 to 4:15 pm	Tea			
4:105 to 5:15 pm	<b>*Session XV:</b> Tips on Facilitation		OHP, Markers, Handouts, Chart paper	169
5:15 onwards	<b>Session XVI:</b> Advance preparation for Day 4 practice session			172

\*This session is only for training of resource persons and nodal teachers

## DAY 4

Time	Session	Function	Material Required	Page No.
8.00 to 8.30 am	<b>Session XVII:</b> Reflections and Feedback			174
9.00 to 1.30 pm.	<b>Session XVIII:</b> School Sessions	Participants take two sessions with students : i) Healthy Growing Up, Adolescent Health Issues; ii) RTI/STI and HIV/AIDS	As required	175
1:30 to 2:45 pm	Travel back to Training Centre and Lunch			
2.45 to 3.45 pm	<b>Session XIX</b>	Debrief of the school visit		177
3:45 to 4:00 pm	Tea			
4.00 to 6.00 pm	<b>*Session XX:</b> Teachers as Counsellors	Activity 1: Practising Counselling-Skills	OHP, Markers, Situation slips	178
6:00 pm onwards	<b>Session XXI:</b> Advance preparation for Day 5 practice session			181

## DAY 5

Time	Session	Function	Material Required	Page No.
8.00 to 8.30 am	<b>Session XXII:</b> Reflections and Feedback			183
9.00 to 1.00 pm	<b>Session XXIII:</b> School Sessions	Participants take sessions with students: Preventing Substance Abuse	As required	184
1:00 to 2:30 pm	Travel back to Training Centre and Lunch			
2.30 to 3.00 pm	<b>Session XXIV</b>	Debrief of the school visit		185
3.00 to 5.00 pm	<b>Session XXV</b>	Future Action-Plan Monitoring and Evaluation Responsibility of Participants	OHP, Slides, Markers	187
	<b>Session XXVI</b>	Guided Meditation and Creative Visualisation		190
5.00 to 5.30 pm	<b>Session XXVII</b>	Feedback and conclusion of the training programme	Photocopies of evaluation form	197



# DAY 1

*"Don't be afraid to take a big step if one is indicated; you can't cross a chasm in two small jumps"*

– David Lloyd George

### Facilitator's Checklist

- ☐ Registration materials, registration desk and all other supplementary reading materials are available.
- ☐ Participants' package of materials is ready.
- ☐ A functioning overhead/LCD projector, flip charts, posters around the room and other presentations related to the training programme are in place.
- ☐ Seating is arranged according to the requirements of the day.
- ☐ One wall is covered with brown paper to display the work of participants.
- ☐ A Question Box is ready and kept in the room where training sessions are being conducted.
- ☐ Required amount of stationery i.e. pencils, rubber, marker etc. available and arrange.

### Registration of Participants

#### *Time: 8.30 am - 9.00 am*

The purpose of registration is to have a listing/record (name, contact information, etc.) of all participants. This will enable Facilitators to verify adherence to criteria (e.g., adequate geographical and gender representation, etc.), and to maintain a record of all trained SRPs/NTs.

#### **During the lunch break on Day 1**

Facilitators should review the participant list and group participants into three groups –

**Group A :** Healthy Growing Up, Adolescent Health Issues (AHI)

**Group B :** RTIs/STIs and HIV/AIDS

**Group C :** Preventing Substance-Abuse

During group formation, ensure male/female balance and group according to geographical areas (these teams can be used for conducting the next level of ToT).





# Session I: Introductory Session

*Time: 9.00 am – 9.30 am*

## Activity 1: Introduction

**Time: 15 minutes**

### Objective

To familiarise participants with one another and know their expectations of the training programme.

### Preparatory work

Make slips containing the names of personalities as suggested below. The Facilitator should use the names of personalities specific to the geographical area.

### Process

#### Introduction

1. Give each participant a slip of paper containing only one name from the following name-pairs (names relevant to the group may be added).
2. Ask participants not to reveal what is written on the slip.
3. At the word “start”, ask all participants to move around and find the match to the name on their slip of paper.
4. Ask participants to introduce themselves to their pair partners, and learn more about each other, particularly their purpose of attending the training programme.
5. After 5 minutes reassemble the group and ask participants to introduce their pair-partner to the group. Explain that the introduction should be very brief: name, designation, place of work and his/her expectations from the programme.

### Suggested List for Partner Introduction

Sachin	– Tendulkar
Saurav	– Ganguly
Harry	– Potter
Humpty	– Dumpty
Jack	– Jill
Sania	– Mirza
Lata	– Mangeshkar
Asha	– Bhonsle
Rahul	– Gandhi
Priyanka	– Vadra
Amitabh	– Bachchan
Abdul	– Kalam
Rabindra Nath	– Tagore
Kalpana	– Chawla



## Expectations from the training programme

1. Write the heading “Expectations” and note participants’ responses on the blackboard/flip chart.
2. If any expectation is repeated, tick the point already noted, indicating that more than one person has the same expectation.

### Potential Expectations

- To understand why we are doing this programme in schools.
- To find solutions to adolescent problems.
- To understand adolescents and their behaviours.
- To be able to help adolescents better.
- To be able to clear their doubts and improve their potential.

3. Sum up these expectations by saying that most would be answered/resolved as the training progresses. At the outset, it is also important to disclose those expectations that will not be covered in the programme, so that participants do not feel disappointed at the end of the training.

## Activity 2: Ground Rules



**Time: 5 minutes**

### Objective



To identify a set of rules to enable smooth functioning of the training programme.

### Process



1. Explain to participants that any training needs a set of rules if it is to run smoothly.
2. Ask participants to brainstorm for suggestions of ground rules for the smooth functioning of the training.

### Some Indicative Ground Rules are Listed below

- Maintain confidentiality at all times. What is shared by the group remains strictly within it.
- Punctuality and time management. Mutual support in maintaining timings for the training.
- Compulsory attendance on all days.

### Some Indicative Ground Rules... (Contd.)

- Openness. It is important not to disclose others' personal or private lives. It is acceptable to discuss general situations without using names.
- No interruptions. It is better to raise hands so that the Resource Person can invite the individual's comment.
- Ask questions one at a time and also give others a chance to talk.
- Questions can also be asked by writing them down and putting them in the Question Box in the room.
- Non-judgemental approach. Do not laugh at any person.
- Respect each other's feelings, opinions and experiences.

## Activity 3: Volunteers for feedback



**Time: 5 minutes**

### Objective



To identify volunteers for informal feedback on the proceedings of the first day.

### Process



1. Request two participants (preferably one male and one female) to volunteer for collecting feedback from all participants on the day's proceedings.
2. The feedback should include the important learnings, their opinions and the methodology for every session.
3. Volunteers would have to present the collated feedback to the rest of the group in the first session of the next day.
4. Volunteers may use a variety of strategies to collate feedback, such as drop box, questionnaire or survey, discussions etc., and use any method for presenting the feedback (an open discussion, flip charts with findings, power point presentation etc.).

## Activity 4: Objectives of the Training-Programme



**Time: 5 minutes**

### Objective

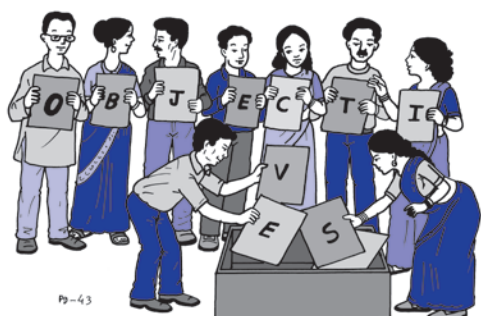


To share the key objectives of the five-day ToT and the Training Programme schedule.

## Process



1. Schools and teachers are the best resources to provide the opportunity of reaching out to millions of school-going young people across the country.
2. Highlight to participants that providing accurate information on growing up, the transmission and spread of HIV infection and Substance Abuse amongst young people is of utmost importance. (Add state or location-specific data in terms of Substance-Abuse and HIV infection among young people).
3. The Ministry of Human Resource Development (MHRD) and the Dept. of Education recognise the seriousness of the HIV/AIDS epidemic and its linkages with Substance-Abuse. They are committed to minimise the social, economic and developmental consequences of HIV/AIDS and Substance-Abuse through the Education Department.
4. The ultimate aim of the Adolescence Education Programme is to equip every student in Classes IX to XII with accurate knowledge and skills to protect themselves from HIV/AIDS and Substance Abuse.
5. Display OHP slides.



### Objective of the Training of Trainers

Slide 1

To train State Resource Persons (SRPs), District Resource Persons (DRPs) and Nodal Teachers (NTs) to conduct the Adolescence Education Programme in secondary and higher secondary schools for students in Classes IX to XII.

### Objectives of the Training Programme

Slide 2

This five-day training programme has been designed to:

- Provide the rationale and framework for the Adolescence Education Programme (AEP).
- Build the knowledge base of Resource Persons (SRPs, NTs) with accurate information on Growing Up, Adolescence, HIV/AIDS, Substance-Abuse, as well as the myths and misconceptions surrounding these issues.
- Train Resource Persons to transact training sessions by reinforcing skills essential for preventing HIV infections and Substance-Abuse.
- Empower Resource Persons in dealing with issues of Growing-Up.
- Ensure that each school has two trained Nodal Teachers who will conduct an in-school, skills-based Adolescence Education Programme (AEP) in the course of the academic year.

6. Share the schedule of the training and emphasise to participants that in its planning, efforts have been made to provide experiential learning within the constraints of time and resources.

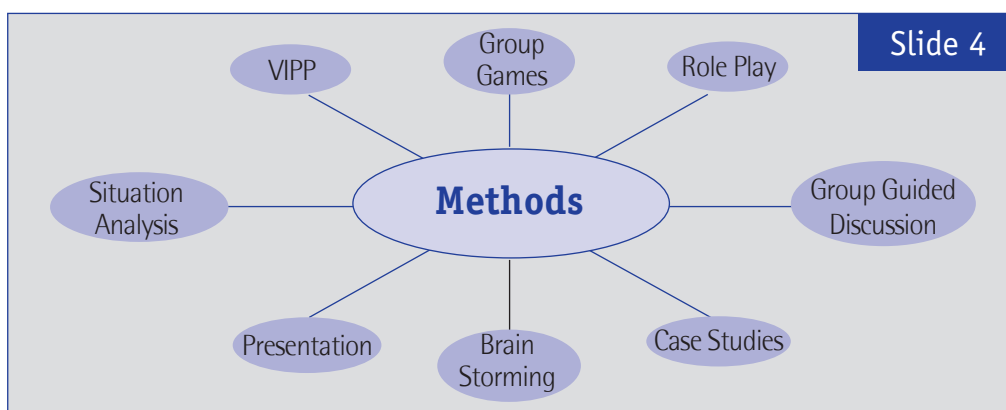
Schedule of Training Programme		Slide 3
Day 1	<ul style="list-style-type: none"> <li>• Introductory Session</li> <li>• Setting the context</li> <li>• Perspective building on Life-Skills development</li> <li>• Healthy Growing Up - Understanding Adolescence</li> </ul>	
Day 2	<ul style="list-style-type: none"> <li>• Adolescent Health Issues (AHI)</li> <li>• RTI/STI and HIV/AIDS transmission and prevention</li> <li>• Living positively</li> </ul>	
Day 3	<ul style="list-style-type: none"> <li>• Enhancing Decision-Making skills</li> <li>• Preventing Substance-Abuse</li> <li>• Understanding and Coping with Peer Pressure</li> <li>• Tips on Facilitation</li> </ul>	
Day 4	<ul style="list-style-type: none"> <li>• Classroom sessions with students on               <ul style="list-style-type: none"> <li>(a) Healthy growing up and Adolescent Health Issues</li> <li>(b) RTI/STI and HIV/AIDS</li> </ul> </li> <li>• Teachers as Counsellors</li> </ul>	
Day 5	<ul style="list-style-type: none"> <li>• Classroom sessions with students on               <ul style="list-style-type: none"> <li>(c) Preventing Substance-Abuse</li> </ul> </li> <li>• Future Action Plan, Monitoring and Evaluation</li> </ul>	

## Guidelines For Teachers

- Wherever OHP is not available blackboard can be used.
- Teachers must read pages 8–16 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.

7. Display the slide showing the methods being used in the ToT.



8. Show participants where the Question Box is placed. Remind them that it will be there throughout the training programme. All participants are free to make any queries, anonymously if they wish, regarding the training or content and place these in the Question Box.



# Session II: Setting the Context

*Time: 9:30 am – 10:00 am*

## 1. Situation of Adolescent Health in India

1. Initiate an open discussion with the group on their understanding of Adolescents – who are Adolescents?
2. Explain why we need to focus on Adolescents by showing slide below.

### Who are Adolescents?

Slide 5

- Adolescents: 10-19 years
- Youth: 15-24 years
- Young people: 10-24 years

### Growth Phases

- Early Adolescence: 10-13 years
- Mid Adolescence : 14-16 years
- Late Adolescence: 17-19 years

### Why Focus on Adolescents?

Slide 6

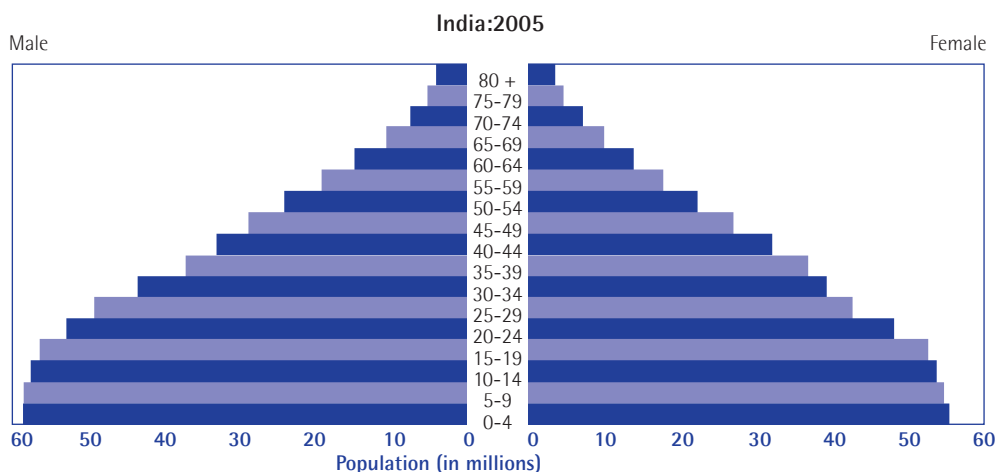
- Large Human Resource (22% population)
- Caring, supportive environment will promote optimum development – physical, emotional, mental.
- Their behaviour has impact on National Health Indicators
- Adolescents are vulnerable to STIs, HIV/AIDS and various other forms of abuse.
- Health of girls has inter-generational effect.

3. Display the slide below 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.
4. Display the slide in the next page showing the age structure and



## Age Structure of India's Population-2005

Slide 7



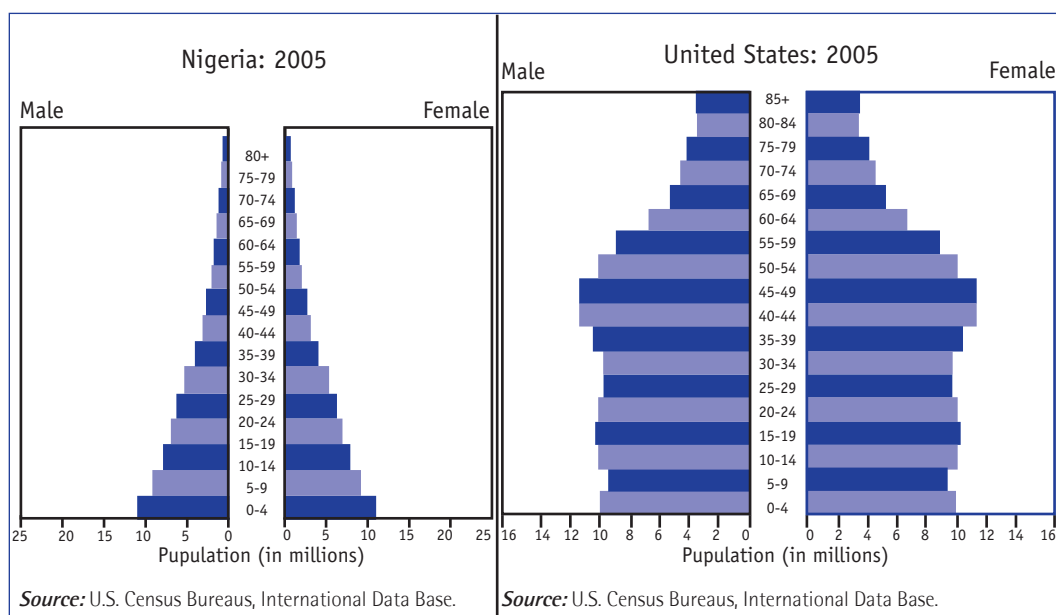
(Source; U.S. Census Bureau, International Data Base)

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. Display slide and explain that the population structure shows that

## Comparative age Structure of Population-2005 Nigeria and USA

Slide 8





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 9

- 'Window of Opportunity'.
- How can we make this a reality?

6. Ask them what they perceive as the concerns of Adolescents.

### Adolescent Concerns

Slide 10

- Growing Up concerns
- Developing an identity.
- Managing Emotions.
- Body image concerns
- Building Relationships.
- Resisting Peer-Pressure.

Categorise their responses according to psychological, health and other concerns. Display slides.

7. Inform participants that we have inadequate data from some states in India, especially related to their issues and health concerns. However, census data, research studies and some surveys provide information about a number of issues that directly or indirectly affect their health issues.

### Issue: Education

Slide 11

- Enrolment figures have improved but dropout rates are high – 68% from class I to X (*Source:* National Sample Survey Organisation, 55th round, 2001).
- 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 (*Source:* Census 2001, office of the Registrar General of India).
- Quality of education poor-students are not equipped with skills to face life challenges.

#### Please reflect on

- How can we make education useful in handling day-to-day issues?



**Issue: Marriage**

Slide 12

- Despite laws prohibiting marriage before 18 years, more than 50% of the females were married before this age.  
(*Source:* Census 2001, office of the Registrar General of India).
- Nearly 20% of the 1.5 million girls who were married under the age of 15 years are already mothers.  
(*Source:* Census 2001, office of the Registrar General of India).
- Choices are limited as to: whether, when and whom to marry; when and how many children to have.

**Please reflect on**

- How can you contribute to prevent early marriages?
- What can we do to equip young people to have children by choice, not chance?

**Issue: Health**

Slide 13

- Adverse sex ratio 10-19 years: 882/1000, 0-6 years: 927/1000  
(*Source:* Census 2001, office of the Registrar General of 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 on**

- How can we improve the nutritional status of Adolescents?

**Issue: HIV/AIDS**

Slide 14

- 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.
- 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 15

- 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 (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 on**

- How can we reduce the vulnerability of young people to Substance-Abuse?

