Appendices
Appendix 1
Questionnaire

Dear friend,

I am doing a study on the effectiveness of teaching interventions in sex and sexuality among teenagers. The following questionnaire is developed for the purpose of the study. Kindly go through the questionnaire and give your responses. Your responses will be kept confidential.

Thank you

PART I: SOCIO-DEMOGRAPHIC DETAILS

1. Name of the Student:
2. Class No:
3. Age:
4. Course of Study: Science /Arts/Commerce
5. School from which you completed SSLC: Convent School/ Govt. School/ AIDED school/ CBSE
6. Religion: Hindu/Christian/Muslim
7. Ordinal Position: Eldest/Middle/Youngest
8. Age of Father:
9. Educational Qualification of Father:
10. Occupation of Father:
11. Age of Mother:
12. Educational Qualification of Mother:
13. Occupation of Mother:
14. Type of Family: Nuclear/Joint
15. Monthly Income:
PART II: INTERPERSONAL RELATIONSHIPS AND INTERESTS

16. Are you a member in any organization/club? Yes/No
17. If Yes, how often do you participate in the programmes: Regularly/Occasionally/Rarely
18. Do you have any close friends? Yes/no
19. If yes, How many?
20. Do you have male friends? Yes/No
21. If yes, how many?
22. How comfortable are you with your male friends? Very comfortable/comfortable/uncomfortable/very uncomfortable
23. Do your parents know all your friends? Yes/No
24. Do your parents approve of your friendships?
   With girls: Yes/No
   With boys: Yes/No
25. Have you ever fallen in love? Yes/No
26. If yes, have you expresses your love to that person? Yes/No
27. Has any one told that he loves you? Yes/No
28. What kind of marriage do you prefer? Arranged marriage/love marriage
29. Whom would you like to spend your free time with? Parents/friends/siblings/others (specify)
30. Is there anyone in your life who likes you and understands you, the way you want? Yes/No
31. If yes, who? Father/Mother/Brother/Sister/Friends/Others (Specify)
32. The topics you usually discuss with friends?
   Studies/home news/hobbies/personal problems/achievements/social issues/sexual issues/….
33. To who are you close at home?
34. Do you think your parents understand you? Yes/No
35. Are your parents strict by nature? Yes/No
36. Are your parents expressive by nature:

A. Father:
   i. Affection, appreciation, encouragement: Always/ Some times/ Never
   ii. Scolding/ blaming/ criticizing: Always/ Some times/ Never

B. Mother
   i. Affection, appreciation, encouragement: Always/ Some times/ Never
   ii. Scolding/ blaming/ criticizing: Always/ Some times/ Never

37. Activities you do at home together:

   i. Supper: Regularly/ Sometimes/ Rarely
   ii. Prayer: Regularly/ Sometimes/ Rarely
   iii. Friendly talks/ Discussions: Regularly/ Sometimes/ Rarely
   iv. Visiting Relatives: Regularly/ Sometimes/ Rarely
   v. Going to religious places: Regularly/ Sometimes/ Rarely
   vi. Spending holidays: Regularly/ Sometimes/ Rarely
   vii. Watching TV/ movies: Regularly/ Sometimes/ Rarely
   viii. Birthdays/ festivals: Regularly/ Sometimes/ Rarely
   ix. Doing household works: Regularly/ Sometimes/ Rarely
   x. Agricultural Activities: Regularly/ Sometimes/ Rarely

PART III: SEXUALITY RELATED INFORMATION

38. Kindly √ mark the sexuality related issues you discuss with your friends:
   Growing up/ Body image/ love affair/ menstruation/ marital expectations/ male
   female relationship/ marriage/ pregnancy delivery/ sexual doubts/ sexual abuse/
   sexually transmitted diseases/ …………

39. Do you discuss sexuality related topics with your parents?

   i. Mother: Yes/ No
   ii. Father: Yes/ No
40. Do you think that your family atmosphere is conductive to discuss sexuality related issues?  
   Yes/ No

41. Have you received any information regarding sex and sexuality from your family members? Not at all/ Some information/ Enough information

42. Did you have any doubts regarding sexual matters?  
   Yes/ no

43. Whom did you consult to clear your doubts regarding sexuality?  
   Mother/ father/ siblings/ teachers/ friends/ no one

44. At what age did you first heard about sex?

45. From where did you hear about sex and sexuality?

46. Have you gone through any ex magazines?  
   Yes/ No

47. At what age did you attain menarche?

48. Were you informed about menarche?  
   Yes/ No

49. If yes, by whom? Mother/ father/ sister/ friends/ teachers/ other….

50. Place a √ mark next to all the sex related topics you have discussed with your parents or studied in your school:
   i. Personal Hygiene
   ii. Change during teenage
   iii. Menstruation
   iv. Sexual thoughts/ masturbation
   v. Love. Marriage
   vi. Reproduction related issues
   vii. STD
   viii. Sexual Abuse
   ix. Homosexuality, prostitution

51. Were you curious regarding sex related matters?  
   Yes/ No

52. How did you satisfy your curiosity?

53. At what age should a person be informed about following topics:
   i. Reproductive organs
   ii. Conception and child birth
iii. Contraception  
iv. Emotional changes during adolescence  
v. Moral Codes

**Sexual practices and experiences**

54. Have you gone through any sex magazine:  Yes/ No

55. Please put a √ mark on the activity in which you have participated

   i. Sexual fantasies
   ii. Sitting close to a male friend
   iii. Holding hands
   iv. Romantic talks
   v. Hugging
   vi. Kissing
   vii. Caressing
   viii. Masturbation
   ix. Sexual intercourse

56. Have you experienced any kind of sexual abuse listed below? Put a √ mark near those which you have experienced? Mention the place where you had the experience?

<table>
<thead>
<tr>
<th>Sexual Abuse type</th>
<th>Response (if yes put √ mark)</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eve teasing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulgar talks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staring at body parts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinching, touching, rubbing etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhibitionism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forcing touch their sexual organs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molesting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
57. Who was the abuser? Family member/ friend/ relative/ strangers/ others….
58. Have you discussed your experience with any one? Yes/ No
59. If yes, with whom? Mother/ father/ friends/teachers/ other….
60. Have they consoled you? Yes/ No
61. Do you think it is better to keep quiet about sexual abuse than to share it? Yes/ No
62. What kind of girls fall prey to sexual exploitation according to you?
PART IV: KNOWLEDGE REGARDING SEXUALITY

The following questionnaire consists of 50 statements regarding sexuality. Each statement has three options (TRUE/ FALSE/ DON’T KNOW) Kindly tick (✔) the option which represents your answer for each statement.

<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physically girls mature earlier than boys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The physical changes of puberty happens to different teenagers at different ages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Estrogen and Progesterone are the hormones in the body responsible for sexual urge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Sexual curiosities are a part of growing up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>During teenage, most teenagers develop interest in opposite sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>During their menstrual periods girls should not participate in sports or exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>During their menses girls have a normal monthly release of blood from uterus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Menstruation is the expulsion of bad blood from the body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Attaining pleasure by stimulating one’s sex organs is called Masturbation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>A woman can conceive any time during her menstrual cycle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>A week before and a week after periods is called the Safe period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Each month an egg matures and ripens in a female body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>It is possible for a woman to get pregnant the first time she has sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Sexual intercourse should be avoided during pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Sexually transmitted disease gets transmitted through sexual relationship only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>One can get infected with AIDS by hugging and kissing a person with AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Homosexuality is a sexual perversion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Statement</td>
<td>True</td>
<td>False</td>
<td>Don’t know</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------</td>
<td>------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>18</td>
<td>Rigorous physical exercises can damage a hymen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>There is a relationship between body size and size of the sex organ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Sexually active women have large breasts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Most men lose their sexual drive after the age of fifty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Close contact with opposite sex leads to pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Overindulgence in sex causes early ageing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Masturbation will lead to sexual problems in future</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Masturbation by a girl is abnormal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Masturbation causes mental illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Menopause terminates a woman’s sex life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Homosexuality is an illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>One can prevent AIDS by using a condom during sexual intercourse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Preoccupation with their physical appearance is normal among teenagers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Absence of hymen indicates that a woman is not a virgin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Sex hormones produced during puberty are responsible for physical changes in the body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>When girls have periods it is not advisable to do household work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Missing a menstrual period can be/is one of the reliable early indication of pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Masturbation is [attaining pleasure by stimulating one’s sex organs] a normal part of growing up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Safe period is the time during which a female cannot become pregnant even though she has sexual intercourse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Conception occurs when a sperm and egg unite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>It is illegal for a girl below 18yrs to undergo an abortion without her guardian’s consent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Any moisture from the vagina usually indicates a sexually transmitted disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>One can get infected with AIDS by having unprotected sex with someone who has AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Statement</td>
<td>True</td>
<td>False</td>
<td>Don’t know</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------</td>
<td>------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>41</td>
<td>An intact hymen is not necessarily a proof that a woman is a virgin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Strained interpersonal relationships are common among adolescents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Masturbation is a kind of sexual perversion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Masturbation will lead to frigidity in women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Sexual attraction between same sex people is called homosexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Adolescents generally experience frequent mood changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Presence of hymen is the only test of woman’s virginity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Exercise and hormone injections will help in breast development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Sexual fantasies will lead to sexual problems in future</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Sterilization reduces sexual desire and capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART V: ATTITUDE TOWARDS SEX AND SEXUALITY

Listed below are several statements that reflect different attitude towards sex and sexuality. For each statements there are five responses ranging from strongly agree (A), agree (B), undecided (C), disagree (D) and strongly disagree (E). Kindly tick (✓) the option which represents your answer for each statement.

<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>People should not have sex before marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Knowledge about sex and sexuality will lead to sexual indiscipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Men need to have sexual experience before marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>It is all right for two people to have sex if they are in love</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sex outside marriage is immoral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>One must prefer only one deep and intimate relationship in a lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Sex outside marriage is justified if love is involved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>There is nothing wrong in reading sexually explicit material</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Masturbation is sinful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Girls should not masturbate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Menstruation is impure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>When I menstruate I feel that I am normal and healthy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>When I am having my periods I am scared that others will find out</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Menstruation makes me resent being a girl</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>It is embarrassing to be in the company of boys during menstrual periods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Menstruation as a function makes me feel grown up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Existing school books have enough content on sex and sexuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>More people should be made aware of the importance of birth control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Premarital intercourse between consenting adults is acceptable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Women need to have sexual experience before marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Statement</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>21</td>
<td>Sex education in schools will lead to sexual experimentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Sex education must be provided just before marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>There is no need for sex education in schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Birth control is not as important as some people say</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>It is essential that sex education also should be given priority in schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Women who are raped are usually a little to blame for the crime</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Forcing a woman to have sex is equivalent to rape</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>A person who is sexually abused will not have sexual pleasure in future</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Disclosing about one’s experience of sex abuse will not be helpful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Sexual relationship provides an important and fulfilling part of life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>An adolescent daydreaming about sex is normal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Thinking or fantasizing about sex is not right</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Discussing about sex is wrong</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Most adults who contract AIDS get what they deserve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>AIDS is a punishment for immoral behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>It is wrong to prevent children with AIDS from attending the school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Sex is a very private thing and it should not be discussed with anyone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>I feel anxious when I think about the sexual aspects of my life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>I am scared of sexual relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>I am quite aware of my sexual feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>I wonder whether others think I am sexy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>I am concerned about the sexual appearance of my body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>I worry about what other people think about my sex appeal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>I do not worry about the sexual aspects of my life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>I feel that I don’t have an attractive figure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Statement</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>46</td>
<td>I can look at myself in the mirror &amp; see an attractive person looking back</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>I don't compare the way I look to the way my friends look.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>I am not comfortable being naked when alone.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>I feel that slim girls are more attractive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>I like my complexion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>I like my figure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>I feel that I am a pretty girl</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>I wish I had a good figure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>I can handle unnecessary sexual advances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Girls should be taught to handle sexual advances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>In order to gain knowledge on sexuality, it is essential for males to have more than one sexual experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>A sexual relationship is one of the best things a person can have</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>I wish I were a boy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART VI: SELF ESTEEM

Instructions: Below is a list of statements dealing with your general feelings about yourself. For each statements there are four responses ranging from strongly agree (SA), agree (A), disagree (D) and strongly disagree (SD). Kindly tick (✓) the option which represents your answer for each statement.

<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>On the whole, I am satisfied with myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>At times, I think I am not good at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I feel that I have a number of good qualities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I am able to do things as well as most other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I feel I do not have much to be proud of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I certainly feel useless at times</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I feel that I am a person of worth, at least on an equal plane with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I wish I could have more respect for myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>All in all, I am inclined to feel that I am a failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I take a positive attitude toward myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
20-10-04

ഭാരതനാടിയുടെ
ഐതിഹ്യസാക്ഷരത തുറന്ന്

താഴെപ്പറയുന്ന രാജാക്കളായിരുന്നു 50 വരെയായി മൂന്നു പ്രത്യേകിച്ച് അനന്ത്യേജരരുമില്ലാത്ത് പരമ്പരാഗതക്കുവട്ടത്തിൽ ഒരു വാനം 3 വലകളായി സ്ഥാപിതമാണ്. (എന്നാൽ, മാത്രം, അറിയിച്ചിട്ടുണ്ട്).

1. ഇഗ്ലോസ അമീസിനെയും എന്നതാണ് എന്നത് എങ്ങനെയും പ്രാഥമിക പ്രാഥമിക പുതിയ പുതിയ പുതിയ പുതിയ പുതിയ പുതിയ പുതിയ.

2. കെമാലഡേന്താണ് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത്.

3. ഇഗ്ലോസ എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത്.

4. ഇഗ്ലോസ എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത്.

5. ഇഗ്ലോസ എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത്.

6. ഇഗ്ലോസ എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത്.

7. ഇഗ്ലോസ എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത്.

8. ഇഗ്ലോസ എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത്.

9. ഇഗ്ലോസ എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത്.

10. ഇഗ്ലോസ എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത് എന്നത്.
11. കൃഷിശാസ്ത്രശാലയിലും സ്വദേശു പലപ്പോഴും വാദം വജ്ഞാനപാരംസ്ഥാനം ലോകരേഖകളും ജീവിതത്തിന്റെ അതിവേഗത പ്രകാരം.

12. മാത്രം വാസ്തവശാസ്ത്രശാലയുടെ അംഗങ്ങളുടെ വിദ്യാർത്ഥികളുടെ വിദ്യാഭ്യാസത്തിലേക്കു തന്നെയുള്ള കാലാവധിക്കാലത്തെ അവസ്ഥയുടെ.

13. മൃഗശാസ്ത്രമാസികയിൽ കെട്ടിയായിത്തുകടത്താൻ മറ്റ് മൃഗശാസ്ത്രമാസികകളിലെ.

14. പ്രായോഗികശാസ്ത്രശാലയിൽ കെട്ടിയായിത്തുകടത്താൻ തന്നെയുള്ള കാലാവധിക്കാലത്തെ അവസ്ഥയുടെ.

15. പ്രായോഗികശാസ്ത്രശാലയിലും പ്രായോഗികശാസ്ത്രശാലയിലും നന്നായ കാലാവധിക്കാലത്തെ അവസ്ഥയുടെ.

16. പ്രായോഗികശാസ്ത്രശാലയിലും പ്രായോഗികശാസ്ത്രശാലയിലും നന്നായ കാലാവധിക്കാലത്തെ അവസ്ഥയുടെ.

17. പ്രായോഗികശാസ്ത്രശാലയിലും പ്രായോഗികശാസ്ത്രശാലയിലും നന്നായ കാലാവധിക്കാലത്തെ അവസ്ഥയുടെ.

18. കൃഷിശാസ്ത്രശാലയിലും പ്രായോഗികശാസ്ത്രശാലയിൽ കെട്ടിയായിത്തുകടത്താൻ മൃഗശാസ്ത്രശാലയിലും.

19. പ്രായോഗികശാലയിലും പ്രായോഗികശാലയിലും കെട്ടിയായിത്തുകടത്താൻ മൃഗശാസ്ത്രശാലയിലും പ്രായോഗികശാലയിലും മൃഗശാസ്ത്രശാലയിലും.

20. പ്രായോഗികശാലയിലും പ്രായോഗികശാലയിലും കെട്ടിയായിത്തുകടത്താൻ മൃഗശാസ്ത്രശാലയിലും പ്രായോഗികശാലയിലും പ്രായോഗികശാലയിലും.

21. കൃഷിശാസ്ത്രശാലയിലും പ്രായോഗികശാലയിലും കെട്ടിയായിത്തുകടത്താൻ മൃഗശാസ്ത്രശാലയിലും പ്രായോഗികശാലയിലും.

22. പ്രായോഗികശാലയിലും കൃഷിശാസ്ത്രശാലയിലും കെട്ടിയായിത്തുകടത്താൻ പ്രായോഗികശാലയിലും.

23. പ്രായോഗികശാലയിലും കൃഷിശാസ്ത്രശാലയിലും കെട്ടിയായിത്തുകടത്താൻ പ്രായോഗികശാലയിലും.

24. പ്രായോഗികശാലയിലും കൃഷിശാസ്ത്രശാലയിലും കെട്ടിയായിത്തുകടത്താൻ പ്രായോഗികശാലയിലും.

25. പ്രായോഗികശാലയിലും കൃഷിശാസ്ത്രശാലയിലും കെട്ടിയായിത്തുകടത്താൻ പ്രായോഗികശാലയിലും.

26. പ്രായോഗികശാലയിലും കൃഷിശാസ്ത്രശാലയിലും കെട്ടിയായിത്തുകടത്താൻ പ്രായോഗികശാലയിലും.
27. കഥാപാതക്കേന്ദ്രത്തിലെ ഒരു സംവിധാനത്തിൽ സ്ത്രീയുടെ നാമകരണം ലഭ്യമായും പരിഹരിക്കാൻ നിർദ്ദേശമാണ്.

28. ക്യാനോക്ലിഡിലെ ഒരു ക്യാനോക്ലിഡിലെ നാമകരണം.

29. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം (Condoms) ചേർന്ന സ്ത്രീയുടെ പെൺ ആവിഷ്കാരവും സ്ത്രീത്വ സജ്ജീകരണവും.

30. മിത പരിപാലനത്തിൽ സ്ത്രീയുടെ നാമകരണം കുഴൽത്തെ നിർദ്ദേശം കുഴൽത്തെ നിർദ്ദേശമാണ് ലഭ്യമായും പരിഹരിക്കാൻ നിർദ്ദേശമാണ്.

31. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ്.

32. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ് നാമകരണം പിന്തുണയ്ക്കുന്നത്.

33. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ്.

34. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ് ക്യാനോക്ലിഡിക് പ്രജനനം.

35. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ്.

36. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ് ക്യാനോക്ലിഡിക് പ്രജനനം.

37. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ് ക്യാനോക്ലിഡിക് പ്രജനനം.

38. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ് ക്യാനോക്ലിഡിക് പ്രജനനം.

39. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ് ക്യാനോക്ലിഡിക് പ്രജനനം.

40. ക്യാനോക്ലിഡിക് പ്രജനനം നാമകരണം പ്രാഥമിക സജ്ജീകരണവുമായി നിർദ്ദേശം ലഭ്യമാണ്.
40. ചുരുക്കം ഭവനിക്ഷേപം കതാശാസ്ത്രജ്ഞന്മാരുടെ കൂട്ടായ്മയിൽ പുറത്തിറങ്ങുന്ന മൂലം അന്തിമത്തിൽ ശീതോഷ്ണ മുതലായ നിര പ്രയാണികരാണ്.

41. ആദ്യത്തെ ചടങ്ങിലെ, പിന്നീട് കായലാണാണ് സംഭവിക്കുന്നത് എന്ന മൂലായുധാരണം എന്നാണ്.

42. കായലാണ് പിന്നീട് ഭക്തിപ്രകടനം കൊണ്ട് ഉണ്ടാകുന്നത് എന്നാണോ.

43. കായലാണ് എന്ന അനുഭവിച്ചു ലഭിക്കുന്നത് എന്നാണോ.

44. കായലാണ് പിന്നീട് ലഭിക്കുകയും എന്നാണോ.

45. ചെറുപാകം കായലാണോ എന്നാണോ വേളയുടെ ലഭ്യതയെന്നാണോ പാരമ്പര്യ അംകുത്തം പ്രതികാരം നൽകുകയും എന്നാണ്.

46. കായലാണ് എന്നാണോ വേളയുടെ ലഭ്യതയെന്നാണോ പാരമ്പര്യ വേളയുടെ പ്രതികാരം നൽകുകയുമാണോ.

47. കായലാണ് എന്നാണോ വേളയുടെ ലഭ്യതയെന്നാണോ പാരമ്പര്യ വേളയുടെ പ്രതികാരം നൽകുകയുമാണോ.

48. പ്രതിജനികൂടാതെ ഭക്തി ചെയ്തിട്ടും നിദ്രാഗുന്നു എന്നാണോ പാരമ്പര്യ വേളയുടെ പ്രതികാരം നൽകുകയുമാണോ.

49. ലഭ്യതയുടെ പാരമ്പര്യം കായലാണ് എന്നാണോ പാരമ്പര്യ വേളയുടെ പ്രതികാരം നൽകുകയുമാണോ.

50. കായലാണ് എന്നാണോ വേളയുടെ ലഭ്യതയെന്നാണോ പാരമ്പര്യ വേളയുടെ പ്രതികാരം നൽകുകയുമാണോ.
1. \[\text{Iq}^\circ\text{-ambn tbmPn-jp-}\downarrow\text{jp.}\]
2. \[tbmPn-jp-\downarrow\text{jp.}\]
3. \[A\text{`n-}[]\text{m-b-an}\]
4. \[hntbm-Pn-jp-\downarrow\text{jp.}\]
5. \[\text{Iq}^\circ\text{-ambpw hntbm-Pn-jp-}\downarrow\text{jp.}\]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>13.</td>
<td>പ്രവൃത്തിയിലാണ് വിവരങ്ങൾ ഉപയോഗിച്ച് കാരണമായി സംസ്ഥാപനത്തിന് സേവനത്താണ് പ്രത്യേകം പ്രദാനമാകുന്നത്.</td>
</tr>
<tr>
<td>14.</td>
<td>യഥാർത്ഥത്തിലാണ് പ്രവൃത്തിയിലാണ് ഉയരെത്തിയെല്ലാം എന്ന് കണക്കാക്കാനുള്ള യഥാർത്ഥത്തിൽ പ്രവൃത്തിയിലാണ്.</td>
</tr>
<tr>
<td>15.</td>
<td>പ്രവൃത്തിയിലാണ് വിവരങ്ങൾ ഉപയോഗിച്ച് കാരണമായി സംസ്ഥാപനത്തിന് സേവനത്താണ് പ്രത്യേകം പ്രദാനമാകുന്നത്.</td>
</tr>
<tr>
<td>16.</td>
<td>തുടങ്ങിയ ഹാവുള്ള വിവരങ്ങൾ കാരണമായി ഉയരെത്തുന്നത് (പ്രവൃത്തിയിലാണ് എന്ന് പറഞ്ഞിട്ട് യഥാർത്ഥത്തിൽ).</td>
</tr>
<tr>
<td>17.</td>
<td>വിവരങ്ങൾ പ്രവൃത്തിയിലാണ് ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ ഉപയോഗിച്ച് വിവരങ്ങൾ കാരണമായി സംസ്ഥാപനത്തിന് സേവനത്താണ്.</td>
</tr>
<tr>
<td>18.</td>
<td>യഥാർത്ഥത്തിലാണ് വിവരങ്ങൾ ഉപയോഗിച്ച് വിവരങ്ങൾ കാരണമായി സംസ്ഥാപനത്തിന് സേവനത്താണ്.</td>
</tr>
<tr>
<td>19.</td>
<td>പ്രവൃത്തിയിലാണ് വിവരങ്ങൾ ഉപയോഗിച്ച് വിവരങ്ങൾ കാരണമായി സംസ്ഥാപനത്തിന് സേവനത്താണ്.</td>
</tr>
<tr>
<td>20.</td>
<td>പ്രവൃത്തിയിലാണ് വിവരങ്ങൾ ഉപയോഗിച്ച് വിവരങ്ങൾ കാരണമായി സംസ്ഥാപനത്തിന് സേവനത്താണ്.</td>
</tr>
<tr>
<td>21.</td>
<td>പ്രവൃത്തിയിലാണ് വിവരങ്ങൾ ഉപയോഗിച്ച് വിവരങ്ങൾ കാരണമായി സംസ്ഥാപനത്തിന് സേവനത്താണ്.</td>
</tr>
<tr>
<td>22.</td>
<td>വിവരങ്ങൾ ഉപയോഗിച്ച് വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ കാരണമായി സംസ്ഥാപനത്തിന് അടിസ്ഥാനമാണ്.</td>
</tr>
<tr>
<td>23.</td>
<td>പ്രവൃത്തിയിലാണ് വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ.</td>
</tr>
<tr>
<td>24.</td>
<td>പ്രവൃത്തിയിലാണ് വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ.</td>
</tr>
<tr>
<td>25.</td>
<td>പ്രവൃത്തിയിലാണ് വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ.</td>
</tr>
<tr>
<td>26.</td>
<td>വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ.</td>
</tr>
<tr>
<td>27.</td>
<td>തുടങ്ങി പ്രവൃത്തിയിലാണ് വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ.</td>
</tr>
<tr>
<td>28.</td>
<td>വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ.</td>
</tr>
<tr>
<td>29.</td>
<td>വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ.</td>
</tr>
<tr>
<td>30.</td>
<td>വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ.</td>
</tr>
<tr>
<td>31.</td>
<td>വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ ഉയരെത്തിയെല്ലാം വിവരങ്ങൾ.</td>
</tr>
<tr>
<td>32.</td>
<td>ഡോയോമിൽ കഠിനനരോപനം പ്രിയിക്കുന്നത് കഴുകുന്നത്.</td>
</tr>
<tr>
<td>33.</td>
<td>ഡോയോമിൽ കഠിനനരോപനം പിൻവയ്‌ക്കുന്നത് കഴുകുന്നത്.</td>
</tr>
<tr>
<td>34.</td>
<td>അധിവാസം സംവിധാനം തുടക്കം എന്ന കഠിനനരോപനം.</td>
</tr>
<tr>
<td>35.</td>
<td>സമുദായം കുട്ടികളുടെ ഹിന്ദുരാത്രികളിൽ അധിവാസം ആണോ പറഞ്ഞെന്ന് അറിയാൻ പ്രയാസം ഇഷ്ടിക്കുന്നു.</td>
</tr>
<tr>
<td>36.</td>
<td>അധിവാസം ചെയ്ത് പ്രബലമായ കഠിനനരോപനം പിൻവയ്ക്കുന്നത് ആവശ്യമാണ്‌ മാത്രമായി കഴുകുന്നത്.</td>
</tr>
<tr>
<td>37.</td>
<td>ഡോയോമിൽ കഠിനനരോപനം ലക്ഷ്യമാക്കിയത്.</td>
</tr>
<tr>
<td>38.</td>
<td>ഡോയോമിൽ കഠിനനരോപനം പ്രിയിക്കുന്നത് ലക്ഷ്യമാക്കിയത് എന്ന് സിദ്ധാന്തമാണ്‌.</td>
</tr>
<tr>
<td>39.</td>
<td>ഡോയോമിൽ മാംസാഹാര ലക്ഷ്യമാക്കിയത്.</td>
</tr>
<tr>
<td>40.</td>
<td>അധിവാസം ഡോയോമിൽ പിൻവയ്ക്കുന്നത് അതിന്റെ പ്രാമാണിക ശാസ്ത്ര എന്നു.</td>
</tr>
<tr>
<td>41.</td>
<td>ലക്ഷ്യം രാജാരിപ്പൊലികയാരുടെ പദ്ധതി കഠിനനരോപനം? അധിവാസം ലക്ഷ്യം എന്നത് ദൈവത്തിന്റെ.</td>
</tr>
<tr>
<td>42.</td>
<td>അധിവാസം മെയിജ്ജോയിതകളുടെ പ്രാമാണിക പിൻവയ്ക്കുന്നത് പൂർണ്ണം അതിന്റെ പ്രാമാണികശാസ്ത്ര.</td>
</tr>
<tr>
<td>43.</td>
<td>അധിവാസം രാജാരിപ്പൊലികയാരുകളുടെ പദ്ധതി കഠിനനരോപനം അതിന്റെ പ്രാമാണിക ശാസ്ത്രം ലക്ഷ്യം എന്നത് ദൈവനായാൻ പ്രയാസം ഇഷ്ടിക്കുന്നു.</td>
</tr>
<tr>
<td>44.</td>
<td>അധിവാസം ഇന്ത്യയിലെ പ്രാമാണിക പിൻവയ്ക്കുന്നത് ലക്ഷ്യം എന്നത് പൊതുവായി പ്രാമാണിക ശാസ്ത്രം.</td>
</tr>
<tr>
<td>45.</td>
<td>കുട്ടികൾക്ക് ഇവിടെ പൊതുവായി അക്കാഠിക്കുന്നത് ഇവിടെ തൊട്ടും എന്നാണോ പ്രയാസം ഇഷ്ടിക്കുന്നു.</td>
</tr>
<tr>
<td>46.</td>
<td>കുട്ടികളുടെ അധിവാസം ഇവിടെ പ്രാമാണിക പദ്ധതി കുട്ടികളുടെ പദ്ധതികൾക്ക് ലക്ഷ്യം അതിന്റെ പ്രാമാണിക ശാസ്ത്ര.</td>
</tr>
<tr>
<td>47.</td>
<td>അധിവാസം വിജയിക്കുന്നത് അധിവാസം നയാധിക്യവും നയാധിക്യവും ലക്ഷ്യം എന്നത് പ്രയാസം ഇഷ്ടിക്കുന്നു.</td>
</tr>
<tr>
<td>48.</td>
<td>അധിവാസം വിധാനയിലെ ലക്ഷ്യം എന്നത് പ്രയാസം ഇഷ്ടിക്കുന്നു.</td>
</tr>
<tr>
<td>49.</td>
<td>കുട്ടികളുടെ കഠിനനരോപനം കുട്ടികളുടെ പദ്ധതി കുട്ടികളുടെ പദ്ധതിശാസ്ത്രം അതിന്റെ പ്രാമാണിക ശാസ്ത്ര.</td>
</tr>
<tr>
<td>50.</td>
<td>അധിവാസം രാജാരിപ്പൊലികയാരുകളും</td>
</tr>
<tr>
<td>51.</td>
<td>അധിവാസം രാജാരിപ്പൊലികയാരുകളും</td>
</tr>
<tr>
<td>52.</td>
<td>ലക്ഷ്യം എന്നത് പ്രാമാണിക പദ്ധതി എന്നത് പ്രയാസം ഇഷ്ടിക്കുന്നു.</td>
</tr>
<tr>
<td>53.</td>
<td>കുട്ടികളുടെ അധിവാസം പ്രാമാണിക പദ്ധതി എന്നത് പ്രയാസം ഇഷ്ടിക്കുന്നു.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>54. അത്യുക്ത എണ്ണാകാണം പ്രമാണം ഇല്ലാത്ത പ്രധാന തൊഴുപ്പ് എണ്ണാകാണം കണ്ടെത്തുക.</td>
<td></td>
</tr>
<tr>
<td>55. അത്യുക്ത ലഘുനബ്യാംഭാവം വ്യാപാരപ്രദേശം പ്രതികരിക്കുകയും മാത്രമായി പ്രവാച്യക്കരിക്കുക</td>
<td></td>
</tr>
<tr>
<td>56. അത്യുക്ത പ്രാരംഭത്തെ എണ്ണാകാണം ഇത്തരം പ്രധാന തൊഴുപ്പ് അഭിമുഖം അത്യുക്ത ലഘുനബ്യാംഭാവം അനന്തരമെന്നു പ്രവാച്യക്കരിക്കുക എന്നുള്ളപ്രതികരിക്കുക</td>
<td></td>
</tr>
<tr>
<td>57. ഇന്ന് പ്രസ്താവണം രാജ്യമേഖലയിലെ പ്രാമുഖ്യം വിപ്ലവം നടത്താൻ പ്രതികരിക്കുക</td>
<td></td>
</tr>
<tr>
<td>58. സേവനത്തെ നഷ്ടനിർബന്ധിതാടുകയാണ് പ്രധാന പ്രാധാന്യം ഇന്ന് പ്രവാച്യക്കരിക്കുക</td>
<td></td>
</tr>
</tbody>
</table>
An Intervention Package for
Sex and Sexuality Education of
Adolescent Girls
AN INTERVENTION PACKAGE FOR SEX AND SEXUALITY EDUCATION
OF ADOLESCENT GIRLS

PREFACE

Session-1: Introduction to the Intervention Package

Session-2: Adolescence- An Introduction

Session 3 Interpersonal Relationships

Session 4 The Reproductive System

Session 5 Self Esteem

Session 6 Body image and Adolescent Girls

Session: 7 Life Skills:

Session –8 Menstruation

Session 9- Sexual and Reproductive Health

Session 10 Conception and Birth

Session: 11 Sexual Abuses

Session: 12- Sexually Transmitted Infection, Aids

.
AN INTERVENTION PACKAGE FOR SEX AND SEXUALITY EDUCATION OF ADOLESCENT GIRLS

PREFACE

Sexuality is a multi dimensional concept which involves sexual attitudes, behaviour, practices and its definition encompasses the whole person, including sexual thoughts, experiences and values being a male or female. Feelings about one’s sexuality define one’s role in society and influence one’s feelings about relationships. Sexuality is influenced by many factors including age, disease and hormones; it is shaped by parents, family, culture and society.

The World Health Organization (WHO) lists three key elements of sexual health as follows:

1. A capacity to enjoy and control one’s sexual and reproductive behaviour in accordance with a personal and social ethic culture of one’s society
2. Freedom from fear, shame, guilt, false beliefs and other psychological factors inhibiting sexual responses and impairing sexual relationships
3. Freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions

Despite our knowledge of the importance of developing a healthy sexuality, the topic of sexuality is frequently not discussed in terms of health promotion. Much of the literature on sexuality focuses on biological and psycho social dimension of sexuality. Sexuality education and educators need the capacity to make such education sensitive, interesting and open.

This package aims at addressing the issues related to knowledge, attitude, practices and values related to sexuality among adolescent girls. An effort has been made to make this gender sensitive.

The intervention package

The sessions that comprise this package are primarily derived from the materials already standardized and implemented by the following organizations:

1. Adolescent Education Programme (UNESCO 1991)
2. Education in Human Sexuality – A source book for Educators, Dhun pantaki (IPPF, 2005)
3. Adolescent Education program (SCERT, 2006-07)
4. Life skill education for plus two students (Child Development Centre, Trivandrum 2005)
5. Towards healthy adolescence (VHAI 2002)

The package consists of twelve sessions covering various aspects of sex and sexuality among adolescents so as to be as comprehensive and intense as possible within a brief period of time. Most of these modules have been adapted to approximate their suitability to the Kerala situation

This package was discussed and initially screened with the school authorities, for the purpose for selecting suitable lessons that are acceptable for teaching. If any school authorities find the conceptual framework for adolescence education suggested in this package acceptable and useful this package can be used as a basic reference material for a complete course for higher secondary girls. In case a separate course on sex education is not offered, the teacher can select appropriate lessons from this package to enrich the teaching of relevant concepts.

**General methodology adopted for the sessions**

Lectures as well as interactive methods are used to impart the intervention among the girls. Interactive methods were given more weightage because they would make learning meaningful, relevant, and interesting. These methods equip young people with necessary competence and confidence

Common methods used in the package are Brainstorming, Group Discussions, Role-Playing, Question Box, Case Studies, Games and Simulations.

**Games**

Games are used for breaking the monotony, for raising energy levels, and for letting people enjoy themselves. Popular games can be modified to give information on health risks. Games call for agility and alertness, and help in leading to discussions on sensitive issues and topics in a light-hearted way. An understanding of Personal-Strengths and
Weaknesses is promoted. Social Skills are enhanced through building Team Spirit and Sportsmanship.

**Instructions for the trainers were:**

1. Remind the Participants that the activity is meant to be enjoyed and that it does not matter who wins or loses.
2. Planning is important for meaningful learning.
3. Hold a brief discussion immediately afterwards to add value to the learning.
4. Ask learners to imagine themselves in a situation, or to play a structured game or activity, to experience a feeling that they might have experienced in another setting or situation.

**Group Discussion**

Group Discussions was organized as and when the sessions demanded it. The Group examined a problem or topic of interest with the purpose of gaining a better understanding of the subject, identifying the best solution, and suggesting new ideas and directions for the group.

**Instructions for the trainers were:**

1. Ask the group to designate a Moderator or Reporter;
2. Arrange the seating to facilitate interaction among group members;
3. Lay down specific terms of reference for group work in order to focus the discussion on Key-Issues;
4. Encourage a group member to summarise the discussion and present it to the others; and
5. Allow time for presenting group work and for offering clarification when group findings are presented.

**Brainstorming**

Brainstorming is a method used for solving problems or for generating possible solutions to a problem. For example, how to handle sexually abusive situations? The purpose of brainstorming is to come up with as many ideas as possible without regard to quality. As
many team members can possibly contribute their thoughts. The quantity of the suggestions and ideas is far more important than the quality and even the wildest ideas are accepted and recorded. Brainstorming helps to consolidate previous learning and allows learners to generate ideas quickly and spontaneously.

Thinking-Skills (Creative and Critical-Thinking) are enhanced by giving appropriate, spontaneous, and quick responses to the problem at hand. Communication-Skills are enhanced by expressing one’s views effectively and persuasively in front of others. Groups are encouraged to be tolerant and acceptable of ideas from all, without making any judgments.

**Instructions for the trainers were to:**

1. Arrange the seating so that the participants can see the ideas generated being written on a large board in bold letters in short sentences or one word.
2. State the issue or problem briefly, and ask the participants to respond spontaneously and immediately.
3. Ask one person to record the ideas. Accept all suggestions without comment or criticism.
4. After the ideas have been presented, review those suggestions, adding and deleting where appropriate. Then sort them into suitable categories.

**Role-Plays**

A Role-Play is an enactment or dramatization in which people act out a suggested situation. Participants are encouraged to take on different roles. Role-Play helps learners to understand the Roles-Played by different people in life, and thus enhances empathy. Role-Play promotes teamwork and Self-Awareness. It helps learners in understanding their own Attitudes, Feelings, and Behaviour. It encourages learners to change their negative attitudes. It is the gap between the player and the role that gives Role-Play, its creative potential.

**Instructions for the trainers were:**

1. The Role-Player chooses a name for his/her character and wears a name tag to remind everyone she is.
2. Begin the Role-Play with a clean slate, so that everyone knows when people are
involved in the Role-Play and are no longer themselves.

3. End the Role-Play with the same clarity. It is necessary to “derole“ which means
they now revert to their own identity and stop addressing each other as the
characters they had been playing. If you are using name tags, the act of removing
the tag shows clearly that the person is no longer playing a role. After people have
finished playing their roles, ask them what they thought about the characters they
portrayed.

4. Always maintain the rule that there will be no aggressive physical contact in a
Role-Play. Any display of physical violence should be stopped immediately.

Role play was found to be very effective during sessions on sexual abuse,
interpersonal relationships and life skills.

**Question Box**

The Question Box is an activity in which questions asked by learners are answered by
Teachers, Facilitators, or Experts. Adolescents can ask Questions freely without inhibition
as the identity of the questioner is not disclosed. Question Box activity creates an enabling
environment in the School/Centre for organizing learning experiences.

**Instructions for the trainers were:**

1. Make a slit opening in a box. Write ‘Question Box’ on it, and place it where
learners have easy access to it. The question and answer session can be designed
for a small group (one class) or for a larger group (school).

2. Sort and classify the questions into broad categories. The Teacher or Facilitator
may answer some questions, while other questions may be answered by Experts
(Doctors and Counselors).

3. Fix a convenient date and time for the question and answer session.

4. Make the sessions interactive in order to enhance the quality of Learner Participation.
During the sessions on reproductive health, sexual orientations physical changes of growing up etc., this method was found useful.

**Case-Studies**

Case-Studies or situation analysis allow learners to Analyse, Assess, and Discuss Situations that they might encounter in real life. The Case-Studies selected may be real cases or hypothetical situations but they should be based on real issues.

**Instructions for the trainers were:**

1. Select an appropriate case study or situation relevant to the group in order to highlight issues of concerns related to the topic.
2. Give adequate time for processing thoughts and responses and for Creative-Thinking
3. Ask guiding or leading questions that are useful for spurring Thinking and Discussion.
4. Emphasise the Key Points when the Case Study Analysis is presented.
5. Ensure that all aspects of the study are covered.
6. Avoid making value judgements.

The resource persons for the sessions were given the freedom to choose the methods they felt adequate for their session.

**STRUCTURE OF THE SESSIONS:**

Each session was of two and a half hours. All the sessions followed a common structure which is described as follows:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recap of the previous session</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Attendance</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Input sessions and activities on the prescribed topics</td>
<td>One hour 45 minutes</td>
</tr>
<tr>
<td>(including 10 minutes break in between the session)</td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Summarizing and concluding the session</td>
<td>10 minutes</td>
</tr>
<tr>
<td>A brief introduction to the next session</td>
<td>5 minutes</td>
</tr>
</tbody>
</table>
The resource persons were given the freedom to be flexible while conducting the sessions even though the structure of the sessions was explained to them.

Timing of the sessions

The intervention sessions were conducted on all the Saturday afternoons from 1.30 to 400 pm because Saturdays were half days for the higher secondary classes and the whole school premises can be used on Saturdays because other students will not be in the school. Moreover it will give the participants to participate in the games and role plays whole heartedly.

MATERIALS REQUIRED:

The intervention package was prepared for the government run higher secondary schools with limited facilities and infrastructure. Hence only locally available and low cost materials only were used for imparting sexuality education. Materials used were: Chart papers and sketch and marker pens, Black board and chalk, Paper chits, Notebook and pen/ pencil.

REFERENCES:

Session 1

INTRODUCTION TO THE PACKAGE

The facilitator should introduce himself/herself in detail (viz name, occupation, agency, objective of the package etc)

ICE BREAKING SESSION:

An ice breaking session was conducted to bring down their inhibitions, to develop we feeling and for generating interest among the group members’ to participate in the intervention sessions.

The participants were given a chit with a name of an animal or bird. Three animals or birds can be used for this purpose. Then the participants are asked to find out their group members by mimicking the voice of the particular bird or animal. Once the participants form into three groups, they are asked to express certain emotions like anger, sadness and happiness in the voice of the particular bird or animal their group belongs to.

Then after all the groups have finished, generated a discussion asking the following questions:

a. How did you feel?

b. What were the difficulties you faced while doing the exercise and expressing your emotions?

c. How has your communication patterns changed as compared to childhood?

d. What are the changes observed in other people’s communication with you?

Here the facilitator can introduce the topic of adolescence and the related changes briefly and described the sessions and the objective of all the forth coming sessions

SHORT DESCRIPTION OF ALL THE SESSIONS

Session -1: Introduction to the Intervention Package:

This particular session was constructed with the intention to introduce the participants to the intervention package.
Session -2: Adolescence- An Introduction:

The main focus of this session is to help the girls gain insight into the changes in the attitude of the participants towards themselves during the period of adolescence. This session highlights the psychosocial changes during adolescence.

Session- 3 Interpersonal Relationships:

This session aimed at helping them gain insight into the quality and change that has occurred in their interpersonal relationships and strengthening the interpersonal relationships during adolescence.

Session –4 The Reproductive System

This session deals with the male and female reproductive systems; the physical changes that occur during puberty and myths and misconceptions

Session 5  Self Esteem

The main aim of this session is to facilitate insight into the psychosocial implications of self esteem and help them to gain and awareness regarding their self esteem. The session also helped them to learn ways of improving their self esteem.

Session 6 and Body Image:

The main aim of this session was to make the participants aware of the issue of body image perception in adolescence, make them review their own perceptions and. to learn to improve / enhance it.

Session: 7- Life Skills:

This session intended to introduce the concept of “life skills” and explore the concept of life skills in day-to-day life. They were taught simple ways to enhance their life skills.

Session –8 Menstruation

This session was introduced to help them to learn more about the menstrual cycle, various problems associated with menstruation and the ways to ensure menstrual hygiene.
Session 9- Sexual and Reproductive Health:

This session was included to help the participants to understand sexual development, improve sexual health and gain insight into sexual orientation/behaviours/practices.

Session 10 Conception and Birth:

This session will help the participants to gain basic information regarding conception, pregnancy and delivery. It also aims at giving them a brief overview regarding family planning measures.

Session: 11 Sexual Abuses

The main objective of the session is to understand the various types of sexual abuse, how to react to sexually abusive situations and to learn to avoid sexual abuse. Various legal provisions to punish the abusers were also discussed.

Session: 12- Sexually Transmitted Infection, AIDS

This session aims to help the participants gain an understanding about the sexually transmitted infections. It also aims at teaching preventive measures and rectify myths and misconceptions against sexually transmitted infections.
Session 2  

ADOLESCENCE- AN INTRODUCTION

The objectives of this session are:

To impart knowledge regarding the characteristics of adolescence and to help them understand the physical, psychological and social changes during adolescence

Materials required:

Chart papers and sketch pens, Black board and chalk, Paper chits, Notebook and pen, and Question box

The general methodologies used for the session were lecture, group discussion, brainstorming, and role play.

WHAT IS ADOLESCENCE?

Adolescence is the transitional stage of development between childhood and full adulthood, representing the period of time during which a person is biologically adult but emotionally not at full maturity.

Transition during Adolescence:

Biological Transition: The biological transition of adolescence, or puberty, is perhaps the most observable sign that adolescence has begun. The timing of physical maturation varies widely. Menarche (onset of menstruation) typically occurs around age 12, although some youngsters start puberty when they are only eight or nine, and others when they are well into their teens. The duration of puberty also varies greatly: 18 months to six years in girls and two to five years in boys.

The physical changes of puberty are triggered by hormones, the chemical substances in the body that act on specific organs and tissues. In boys a major change incurred during puberty is the increased production of testosterone, a male sex hormone, while girls experience increased production of the female hormone estrogen. In both sexes, a rise in growth hormone produces the adolescent growth spurt, the pronounced increase in height and weight that marks the first half of puberty.
Perhaps the most dramatic changes of puberty involve sexuality. Internally, through the development of primary sexual characteristics, adolescents become capable of sexual reproduction. Externally, as secondary sexual characteristics appear, girls and boys begin to look like mature women and men. In boys primary and secondary sexual characteristics usually emerge in a predictable order, with rapid growth of the testes and scrotum, accompanied by the appearance of pubic hair. About a year later, when the growth spurt begins, the penis also grows larger, and pubic hair becomes coarser, thicker, and darker. Later still comes the growth of facial and body hair, and a gradual lowering of the voice. Around mid-adolescence internal changes begin making a boy capable of producing and ejaculating sperm.

In girls, sexual characteristics develop in a less regular sequence. Usually, the first sign of puberty is a slight elevation of the breasts, but sometimes this is preceded by the appearance of pubic hair. Pubic hair changes from sparse and downy to denser and coarser. Concurrent with these changes is further breast development. In teenage girls, internal sexual changes include maturation of the uterus, vagina, and other parts of the reproductive system. Menarche, the first menstrual period, happens relatively late in puberty. Regular ovulation and the ability to carry a baby to full term usually follow menarche by several years.

Characteristics of adolescence:

- Interest in one self and ones appearance.
- Interest in the opposite sex
- Mood changes without reason
- Viewing life more seriously
- Learning ability reaches peak.
- Intensely emotional.
- Strained interpersonal relationship with parents
- Urge to become self dependent. This is the chief need. (Child-parent conflicts hence increase).
- They resent being treated as children and hate being under watch by parents.
- Values start taking definite shape.
- Dress consciousness develops.
- Emotional support is needed.
- Become aware of social responsibilities & stress.
- Struggle for identity.

The Developmental Tasks Facing Adolescents...

The major undertaking facing adolescents is to establish a stable identity and become complete and productive adults. The changes that adolescents experience during puberty bring them new awareness of self and influence others’ reactions to them. For example, sometimes adults perceive adolescents to be adults because they physically appear to be adults. However, adolescents are not adults. They need room to explore themselves and their world.

1. Achieving new and more mature relations with others, both boys and girls,
2. Achieving a masculine or feminine social role.
3. Accepting one’s physique.
4. Achieving emotional independence from parents and other adults.
5. Preparing for marriage and family life.
6. Preparing for an economic career.
7. Acquiring a set of values and an ethical system as a guide to behavior; developing an ideology.
8. Desiring and achieving socially responsible behavior.

**Your thinking**

The way you think changes around this time. You're starting to choose your own standards and ideals, to form your own ideas, morals and values and rely less on your parents for knowledge about life and the world. You may be starting to think about some deep questions like "who am I?", "why am I here?" or "what is the meaning of life?"

You're developing your own identity as an individual rather than as a part of the family. This could mean showing your parents or the world that you have very different individual tastes through your personal style. Some young people choose to do this in wild ways while others take a more subtle approach.

You may be wanting more independence, while on the other hand, not wanting to give up the support of your parents just yet.

This can mean that one minute you feel quite adult and the next you're feeling like a child again. It may mean that you act impulsively at times and engage in some risk taking behaviour. Parents sometimes worry quite a lot when you want to go out on your own and do things independently.

- They may either know first hand or have heard of some people who take advantage of young people.
- They're probably quite aware of the risks that some young people take (they may have done it once themselves).
- What this means is that there can be a conflict between parents who want their child safe (at home?) and a young person who wants his or her independence (going out?).
- Try and sit down and work it out with your parents calmly working out safety plans together.
FOCUSSED GROUP DISCUSSION

The facilitator should generate a discussion on the various changes the participants have observed in:

1. Their own attitudes towards themselves and
2. Societal attitude towards them

2.3 EXERCISE: UNDERSTANDING IDENTITY CRISIS

Divide the participants into four group’s. Ask the participants to respond to the following situations and generate a group discussion:

1. You are sitting along with some elderly women in a marriage function. Your mother asks you to stay out saying that you are a kid and should not intrude when elders are talking
2. You are playing along with some children while attending some social function. Your mother stops you by saying “Stop acting like a kid. Behave like a grown up”
3. You hug your mother and she responds by shrugging you away and saying “stop being childish”
4. There is a discussion regarding some important issue in the home and you are asked to stay out as you are still a kid.

After each group responds to the situations given to them, discuss about the issue of the transitional nature of adolescence and identity crisis.
Session 3

INTERPERSONAL RELATIONSHIPS

During childhood, the family is the center of the child's life. But in adolescence, the peer group often begins to replace the family as the child's primary social focus. Peer groups are often established because of distinctions in dress, appearance, attitudes, hobbies, interests, and other characteristics that may appear profound or trivial to outsiders. Initially, peer groups are usually same-sex but typically become mixed later in adolescence. These groups assume an importance to adolescents because they provide validation for the adolescent's tentative choices and support in stressful situations. Those adolescents who, for various reasons, find themselves without a peer group often develop intense feelings of being different and alienated

Objectives of this session was to help the participants understand the nature of interpersonal relationships in adolescence, to improve interpersonal relationships and to learn to handle interpersonal problems

Materials required:
Chart papers and sketch pens, Notebook and pen,

The general methodologies used for the session were lecture, group discussion, and role play.

Activity 1: The participants are asked to list various relationships encountered in life in the order of significance. Discuss why certain relationships are more intimate than others

Social development

The social development of adolescents takes place in the context of all their relationships, particularly those with their peers and families. Key features of adolescent social development are summarized in the following table.
Table: Key Features of Adolescent Social Development

<table>
<thead>
<tr>
<th>Social Group</th>
<th>Early Adolescence (ages 9-13)</th>
<th>Middle Adolescence (ages 14-16)</th>
<th>Late Adolescence (ages 17-19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peers</td>
<td>Center of social world shifts from family to friends. Peer group tends to be same-sex. Strong desire to conform to and be accepted by a peer group.</td>
<td>Peergroups gradually give way to one to one friendships and romances. Peer group tends to be gender-mixed. Less conformity and more tolerance of individual differences.</td>
<td>Serious intimate relationships begin to develop.</td>
</tr>
<tr>
<td>Family</td>
<td>Increasing conflict between adolescents and their parents. Family closeness most important protective factor against high-risk behavior.</td>
<td></td>
<td>Family influence in balance with peer influence.</td>
</tr>
</tbody>
</table>

One of the greatest social changes for adolescents is the new importance of their peers. This change allows them to gain independence from their families. By identifying with peers, adolescents start to develop moral judgment and values, and to explore how they differ from their parents.

Young adolescents are very concerned with being accepted by a peer group. This great desire to belong can influence some to engage in activities that they normally would not consider. By middle adolescence, the intensity of involvement with a peer group gives way to more intimate friendships and romances.
The adolescent's new desire for independence leads to increasing conflicts between adolescents and their parents. Minor conflicts and bickering are considered to be normal as teens and their parents adjust to their changing relationship.

Majority of the adolescent undergo stress, whatever the sources may be internal or external it hampers the major functioning of the body.

Most of the youngsters confront with issues like Parent’s expectation, sibling’s rivalry, status issues, financial issues in which some problems are actually genuine and some are self-created. Most of the youngsters are reluctant to share their problems with their parents because they feel that their parents may not understand them. Parents usually tend to be critical and correcting and this leads to further gap between parents and adolescents.

**Peer Group**

- Around the time of puberty many young people feel very strongly that they want to be like all their friends.
- Peer groups are friendship groups, which can have supportive, positive influences on all the people in that group.
- Peer group pressure can be a positive or negative influence on the behaviour of the people in the group.
- Adults often use the words "peer group pressure" in reference only to the negative influences.

**Love and Romantic Relationships**

Love and romantic relationships, infatuations etc. are very common during adolescence. Many a time’s infatuation is mistaken by an adolescent girl for real love and she may fall into traps also.
**Getting through adolescence**

Adolescence can be an unsettling time. It can also be an exciting time as you move through from childhood to adulthood and take on all the rights and responsibilities of adulthood. It can be difficult both for parents and young people as you adjust to the changes. Everyone needs to have patience. Parents are learning too.

- If there are disagreements listen to what they have to say and let them know your point of view.
- Show them that you can take care of yourself in a mature and wise fashion.
- Letting them know where you are and letting them know if you have a change of plans are examples of what you can do to show your parents you are acting responsibly and safely.
- By handling situations with them calmly and maturely, they'll come to realise your capabilities in looking after yourself.

**Acquiring Interpersonal Skills- Strengthening Family Relations**

A major developmental task of adolescence consists of acquiring interpersonal skills necessary for healthy interactions with family, peers, and adults in the larger community. We learn most about how to interact with others from our earliest relationships within the family. This continues to be true during the teenage years. The critical issue regarding changes in family relationships during the teenage years is the degree to which adolescents are able to develop autonomy while remaining close to the primary support of parents and family.

The development of this autonomy creates a shift in family relations. Acquiring the interpersonal skills necessary to negotiate these shifts in family relations is a critical part of adolescent development, and shapes the ways we relate to people for the rest of our lifetimes.
**Generation Gap?**

Changes in family relationships during adolescence have led to the idea of the "generation gap". While most adolescents remain close to family members, sharing similar values, attitudes, and goals, it is in the arena of personal taste that the gap between generations becomes pronounced. Conflicts about clothing, music, and leisure time begin to occur more frequently. Not surprisingly, these are the areas of adolescents' lives over which peers have most influence.

**Closing the Gap**

How can families encourage the development of interpersonal skills at home, given that parents and children often may differ in their experiences and expectations? Most basically, parents and teenagers should try to understand each other's points of view. Learning to be a good Listener may be among the most important skills families can teach teenagers. When there are disagreements:

1. **listen** to each other,
2. come up with a **joint definition** of the problem, and
3. be willing to **compromise**

**Parents and adolescents- Different Definitions**

A good example of the different ways parents and their teens define the same problem is the conflict that is common in many families -- cleaning the bedroom. To many parents, keeping a clean room is simply the right thing to do. Also, there is often a sense of convention involved; it may be embarrassing to a parent for guests to see a child's messy bedroom. From the teen's perspective, it is a simple matter of personal choice: "it's my room, why should it bother you?"

Ultimately, this is a struggle over authority who controls the teenager's personal space, and who has authority in family relationships in general? It is critical for families to talk about and listen to each person's point of view. By listening to your child, you teach him or her to listen to you in return. Once each person understands the other point of view,
solutions may not be easy, but compromise will be possible. It is impossible to compromise if you are arguing about different things!

Why does arguing increase during the adolescent years? They often see themselves as adults, ready to explore life. What's standing in their way may be a parents' permission, money. No matter how reasonable parents' rules may be, the teen often sees them as barriers to the adult world.

**Acquiring Interpersonal Skills: The Healthy Role of Peers**

Peers have significant influence on **day-to-day values** - attitudes and behaviors relating to school, and tastes in clothing and music. Peers also play a central role in the development of sexual identities and the formation of intimate friendships and romantic relationships. The influence of peers is therefore **normal, expected, and healthy** for most adolescents.

**Activities:**

1. **Role play:** the participants are given different roles and conflict arising situations and are asked to enact the roles.

2. **Group discussions:** participants are divided into groups and the issue of parental relationships and how to improve it is given for discussion.
Session 4

THE REPRODUCTIVE SYSTEM

Physiology of the reproductive system refers to a study of the processes and mechanisms by which parts of the reproductive system function. It is extremely important for boys and girls to know about their bodies and how these function. Misinformation, or lack of information, often results in unnecessary worries and may cause serious problems.

The major objectives of this session are:

1. To provide information about the male and female reproductive system and their family, to enable the students to understand the physical changes taking place during puberty, to differentiate the physical changes and characteristics of girls and boys and to make the students aware about the various myths and misconceptions related to the physiology of the reproductive system.

Stages of Female and Male Sexual Development

<table>
<thead>
<tr>
<th>STAGE</th>
<th>FEMALE DEVELOPMENT</th>
<th>MALE DEVELOPMENT</th>
<th>AGE RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• No breast budding</td>
<td>• Prepubertal, small penis and testes</td>
<td>&lt;10 years</td>
</tr>
<tr>
<td></td>
<td>• No pubic hair growth</td>
<td>• No pubic hair growth</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>• Small breast buds</td>
<td>• Testes grow</td>
<td>10–13</td>
</tr>
<tr>
<td></td>
<td>• Fine, delicate, fuzzy pubic hair growth</td>
<td>• Scrotal skin becomes redder and coarser</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sparse, fine hair develops at the base of the penis</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>• Enlarging breast buds</td>
<td>• Penis lengthens, with small increase in diameter</td>
<td>12–14</td>
</tr>
<tr>
<td></td>
<td>• Increased pubic hair, mainly in the center and not extending out to thighs or upward; dark and coarser</td>
<td>• Scrotum and testes continue to grow</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pubic hair increases in amount and becomes darker, coarser, and curly</td>
<td></td>
</tr>
</tbody>
</table>
Male Reproductive System:

The male reproductive system consists of the testes and a series of ducts and glands. Sperm are produced in the testes and are transported through the reproductive ducts. The reproductive glands produce secretions that become part of semen, the fluid that is ejaculated from the urethra.

Testes: The testes (singular, testis) are located in the scrotum (a sac of skin between the upper thighs). Each testis is about 1 1/2 inches long by 1 inch wide. Testosterone is produced in the testes which stimulates the production of sperm as well as give secondary sex characteristics beginning at puberty.

Scrotum: The two testicles are each held in a fleshy sac called the scrotum. The major function of the scrotal sac is to keep the testes cooler than thirty-seven degrees Celsius. The temperature of the testes is maintained at about thirty-five degrees Celsius (ninety-five degrees Fahrenheit) below normal body temperature. Temperature has to be lower than normal in order for spermatogenesis (sperm production) to take place.
**Seminiferous Tubules:** Each testis contains over 100 yards of tightly packed seminiferous tubules. The seminiferous tubules are the functional units of the testis, where spermatogenesis takes place.

**Ductus Deferens:** Sperm duct carries the sperm from the testes to the urethra.

**Ejaculatory Ducts:** There are two ejaculatory ducts. Each receives sperm from the ductus deferens and the secretions of the seminal vesicle on its own side. Both ejaculatory ducts empty into the single urethra.

**Prostate Gland:** The prostate gland is a muscular gland that surrounds the first inch of the urethra as it emerges from the bladder. The smooth muscle of the prostate gland contracts during ejaculation to help the expulsion of semen from the urethra.

**Bulbourethral Glands (Cowper’s Glands):** The bulbourethral glands also called Cowper's glands are located below the prostate gland and empty into the urethra. During sexual intercourse, it secretes certain fluids which helps fertilization.

**Penis:** The penis is an external genital organ. The distal end of the penis is called the glans penis and is covered with a fold of skin called the prepuce or foreskin. Within the penis are masses of erectile tissue. Each consists of a framework of smooth muscle and connective tissue that contains blood sinuses, which are large, irregular vascular channels.

**Urethra:** The urethra, which is the last part of the urinary tract, traverses the corpus spongiosum and its opening, known as the meatus, lies on the tip of the glans penis. It is both a passage for urine and for the ejaculation of semen.

**FEMALE REPRODUCTIVE SYSTEM:**

- Produces eggs (ova)
- Secretes sex hormones
- Receives the male spermatozoa during sexual intercourse
- Protects and nourishes the fertilized egg until it is fully developed
• Delivers fetus through birth canal
• Provides nourishment to the baby through milk secreted by mammary glands in the breast

**External Genitals Vulva:** The external female genitals are collectively referred to as The Vulva. The term "vagina" is often improperly used as a generic term to refer to the vulva or female genitals, even though - strictly speaking - the vagina is a specific internal structure and the vulva is the exterior genitalia only.

**Mons Veneris:** The mons veneris, Latin for "mound of Venus" (Roman Goddess of love) is the soft mound at the front of the vulva (fatty tissue covering the pubic bone). It is also referred to as the mons pubis. The mons veneris is sexually sensitive in some women and protects the pubic bone and vulva from the impact of sexual intercourse.

**Labia Majora:** The labia majora are the outer "lips" of the vulva. They contain numerous sweat and oil glands. It has been suggested that the scent from these oils are sexually arousing.

**Labia Minora:** Medial to the labia majora are the labia minora. The labia minora are the inner lips of the vulva. They are thin stretches of tissue within the labia majora that fold and protect the vagina, urethra, and clitoris. The appearance of labia minora can vary widely, from tiny lips that hide between the labia majora to large lips that protrude. There is no pubic hair on the labia minora, but there are sebaceous glands.

**Clitoris:** The clitoris, visible as the small white oval between the top of the labia minora and the clitoral hood, is a small body of spongy tissue that functions solely for sexual pleasure.

**Urethra:** The opening to the urethra is just below the clitoris. Although it is not related to sex or reproduction, it is included in the vulva. The urethra is actually used for the passage for urine. Because the urethra is so close to the anus, women should always wipe themselves from front to back to avoid infecting the vagina and urethra with bacteria.

**Hymen:** A thin fold of mucous membrane called the hymen, and may partially cover the vaginal orifice. Because of the belief that first vaginal penetration would usually tear this
membrane and cause bleeding, its "intactness" has been considered a guarantor of virginity. However, the hymen is a poor indicator of whether a woman has actually engaged in sexual intercourse because a normal hymen does not completely block the vaginal opening.

**Internal Genitals**

**Vagina:** The vagina is a muscular, hollow tube that extends from the vaginal opening to the cervix of the uterus. It is situated between the urinary bladder and the rectum. It is about three to five inches long in a grown woman. The muscular wall allows the vagina to expand and contract. The muscular walls are lined with mucous membranes, which keep it protected and moist. A thin sheet of tissue with one or more holes in it, called the **hymen**, partially covers the opening of the vagina. The vagina receives sperm during sexual intercourse from the penis. The sperm that survive the acidic condition of the vagina continue on through to the fallopian tubes where fertilization may occur.

**Purposes of the Vagina**

- Receives a male's erect penis and semen during sexual intercourse.
- Pathway through a woman's body for the baby to take during childbirth.
- Provides the route for the menstrual blood (menses) from the uterus, to leave the body.
- May hold forms of birth control, such as an IUD, diaphragm, neva ring, or female condom.

**Cervix:** The cervix (from Latin "neck") is the lower, narrow portion of the uterus where it joins with the top end of the vagina. Where they join together forms an almost 90 degree curve. It is cylindrical or conical in shape and protrudes through the upper anterior vaginal wall.

**Uterus:** The uterus is shaped like an upside-down pear, with a thick lining and muscular walls. Located near the floor of the pelvic cavity, it is hollow to allow a blastocyte, or fertilized egg, to implant and grow. It also allows for the inner lining of the uterus to build up until a fertilized egg is implanted, or it is sloughed off during menses.
The uterus contains some of the strongest muscles in the female body. These muscles are able to expand and contract to accommodate a growing fetus and then help push the baby out during labor.

The uterus is only about three inches long and two inches wide, but during pregnancy changes rapidly and dramatically.

**Fallopian Tubes:** At the upper corners of the uterus are the fallopian tubes. There are two fallopian tubes, also called the uterine or the oviducts. The ovaries alternately release an egg. When an ovary does ovulate, or release an egg, it is swept into the lumen of the fallopian tube by the frimbriae. Once the egg is in the fallopian tube, tiny hairs in the tube's lining help push it down the narrow passageway toward the uterus.

**The Menstrual Cycle:** During the menstrual cycle, the sexually mature female body builds up the lining of the uterus with gradually increasing amounts of estrogen.

Follicles develop, and within a few days one matures into an **ovum**, or egg. The ovary then releases this egg, at the time of ovulation. The lining of the uterus, the endometrium, peaks shortly thereafter in a synchronised fashion. After ovulation, this lining changes to prepare for potential conception and implantation of the fertilized egg in order to establish a pregnancy.

If fertilization is unsuccessful, the uterus sheds the lining, culminating with menstruation, which marks the low point for estrogen activity. Menstrual cycles are counted from the beginning of menstruation, because this is an outside sign that corresponds closely with the hormonal cycle.

Common usage refers to menstruation and menses as a period. This bleeding serves as a sign that a woman has not become pregnant. However, this cannot be taken as certainty, as sometimes there is some bleeding in early pregnancy. During the reproductive years, failure to menstruate may provide the first indication to a woman that she may have become pregnant.
5.2 Activity:

**GROUP DISCUSSION**

Generate a group discussion on the reproductive system. Encourage the participants to discuss their concerns and doubts regarding the reproductive system. Clarify the myths and misconceptions as and when they arise.

**QUESTION BOX**
Session 5

SELF ESTEEM

Self-esteem is essentially a measure of self-worth and importance. When this assessment of oneself is level headed, reasonable and positive, the person has a strong self-esteem. When this self-assessment is a negative one, the person has a weak self-esteem. This individual feels that he is incompetent, worthless and unfortunate. During childhood, an individual’s feelings are respected, thoughts are valued and abilities recognized, his self-esteem gets strengthened. If his feelings are trampled, thoughts belittled and abilities criticized then self-esteem remains at low level of its development.

Objectives of the Sessions were to help the participants understand the concept of self esteem and to gain insight into the psychosocial implications of self esteem and to learn to improve and enhance self esteem

Think of self-esteem as a balloon. There are plenty of pins to pop it during adolescence. Ridicule from the peer group, early or late onset of menstruation, being short, or tall. Or the presence or absence of facial hair, criticisms comparisons, or putdowns from parents or elders, fights with siblings, scholastic underachievement, and negative thought about oneself (for eg.am not pretty) etc. are some of them.

Low Self- Esteem:

Low self-esteem is having a generally negative overall opinion of oneself, judging or evaluating oneself negatively, and placing a general negative value on oneself as a person.

Low self-esteem is destructive. It can affect all aspects of our lives: it can contribute to our fear of rejection (which causes us to avoid closeness); make us respond to loved ones with anger and defensiveness; keep us from communicating our true feelings; keep us isolated, unable to be vulnerable; and affect our physical health by causing digestive disorders or high blood pressure.
Characteristics of Genuinely Low Self Esteem

1. Social withdrawal
2. Anxiety
3. Lack of social skills and self confidence. Depression and/or bouts of sadness
4. Inability to accept compliments
5. Accentuating the negative
6. Exaggerated concern over what they imagine other people think
7. Self neglect
8. Treating yourself badly but NOT other people
9. Worrying whether you have treated others badly
10. Reluctance to take on challenges
11. Reluctance to trust your own opinion
12. Expect little out of life for yourself

Impact of Low Self Esteem:

A person with low self-esteem probably says a lot of negative things about themselves. They might criticise themselves, their actions, and abilities or joke about themselves in a very negative way. They might put themselves down, doubt themselves, or blame themselves when things go wrong. When compliments are given to them, they might brush such comments aside or say that “it was all luck” or “It wasn’t that big a deal.” Instead, they might focus on what they didn’t do or the mistakes they made. People with low self-esteem might expect that things would not turn out well for them. They might often feel sad, depressed, anxious, guilty, ashamed, frustrated, and angry. They might have difficulty speaking up for themselves and their needs, avoid challenges and opportunities, or be overly aggressive in their interactions with others.

Low self-esteem can also have an impact on many aspects of a person’s life. It can affect a person’s performance at work or at school. They might consistently achieve less than they are able to because they believe they are less capable than others. They might avoid challenges for fear of not doing well. They might work extremely hard and push themselves to do more because they believe they need to make up for, or cover up, their lack of skill. People with low self-esteem might find it hard to believe any good results
they get are due to their own abilities or positive qualities. People with low self-esteem might not engage in many leisure or recreational activities, as they might believe that they do not deserve any pleasure or fun.

They might also avoid activities where they could be judged or evaluated in some way, such as competitive sports, dancing, art/craft classes or participating in any type of competition or exhibition. Personal self-care might also be affected. They might not bother to dress neatly, wear clean clothes, style their hair or buy new clothes. On the other hand, they might try to hide any inadequacies by making sure that every detail of their appearance is attended to and not allow themselves to be seen by others unless they look absolutely perfect.

**High self esteem means:**
- Believing in oneself
- Accepting one’s weaknesses and strengths
- Respecting and liking oneself and others
- Trusting oneself
- Making one’s decisions based on what one feels is right for oneself

**Individuals with strong self esteem are:**
- Appreciative
- Goal-Oriented
- Contented

**People with low self-esteem are:**
- Critical
- Self-centered
- Cynical
- Anxious and unable to accept compliments and
- Diffident

**Strengthening self-esteem**

It is natural to have low self-esteem and self-esteem is a quality that can be strengthened at any point in life regardless of age, educational background and social standing. It is a slow process and requires patience and perseverance.
1. Give positive strokes generously- Appreciation in the form of words, facial expressions or actions are termed as positive strokes. It helps to strengthen both recipient’s and giver’s self-esteem. It is a healthy exercise. What you need to put is a little effort to identify the merit of the people around you. While giving positive stroke look at the eyes and be specific what you want to say, say it in a warm clear tone.

2. Do not give plastic strokes- complements which are exaggerated or not genuine are plastic strokes.

3. Accept positive strokes with grace- we are trained to feel uncomfortable while receiving positive strokes. Positive strokes are necessary to develop and maintain a high level of self-esteem. Accept positive strokes with grace and relish them and finally store them.

4. Reject unconditional negative strokes- unconditional negative strokes are generalized all encompassing negatively toned statements. They many create havoc for the recipient. We have the right to reject these negative strokes.

Why is Self-Esteem Important?
Self esteem is important for a girl because that makes you a healthy personality.

Reinforcing the Good
On a big sheet of paper write down all your good points and don’t let false modesty hold you back. Pin this list above the mirror in your room, read it regularly and update it. Take a good look at your list and imagine that someone else had all these traits. Would you like them? Would you want to be friends with them? Of course you would.

Steps toward Self- Confidence
The following helps you to move towards self confidence

- Self awareness
- Letting go of the past
- Understanding and planning.
- Positive new ways of looking at life
• Good things about myself and others.
• New behaviors
• Goal planning
• Self recognition
• Self encouragement

Activity 1: FOCUSSED GROUP DISCUSSION

The following activities can be practiced regularly with a group size of 6 to 8 members.

Divide the participants into groups of 6 to 8 members. The order of priority with which to apply these activities over the course of lessons is:

Step One

Circle-time:

Students are formed into a circle including the instructor. The instructor introduces the session as an opportunity for the students to voice their opinions (positive or negative) on anything concerning them. The only rules are, a) No laughing at anyone and, 2) No one may speak without first being directed by the instructor. The instructor also may not criticize and must keep the students' opinions confidential. It will necessary for the instructor to gently draw out any reticent members of the group in the beginning. However once the situation had been established as non-threatening to these students, they should feel free to participate on their own.

Trusting:

A good first exercise in any self-esteem enhancing program. The instructor introduces the concept that everyone displays behaviour that prevents others from trusting them, the group is then asked to compile a list of these behaviours, (e.g. unreliable, lying, being shifty etc.).
*Sharing fears, hopes and aspirations:*

Students within the group are asked to complete some of the following sentences in turn (either orally or in writing). Afterwards the group discusses the possible answers to each sentence.

a) I feel happy when……

b) I feel sad when……

c) I feel angry when……

d) I feel silly when……

e) I feel glad when……

f) I feel afraid when……

g) I feel proud when……

*Step Two*

**Empathising:** each member of the group is asked to secretly concentrate on a particular emotion (e.g. pleasure, disappointment, and anger) and display it through facial expression only. The other members of the group are asked to guess at the individual’s emotion. The children are asked to explain their answer, and discuss possible reasons of feeling that particular emotion.

**Showing pride:** each member of the group is asked to give an incident (this can be either an occasion, a possession or a person), that they feel proud of. And explain why they feel this way.

**Remembering good times:** the members of the group are asked to visualise, and then describe a time when they were particularly happy (e.g. a day out somewhere, or receiving a present).
Step Three

Thinking positive: the children are asked to relax and visualize themselves in the role of a hero or heroine, achieving some acclaimed event, e.g.: Becoming class first, giving a good speech or winning a competition..

Positive feedback: this exercise can become a simple competitive game, with each member of the group in turn becomes the object of praise and admiration for the rest of the group. The process is repeated until participants have exhausted their imagination of possible praises. The last person still praising is considered the winner.

Step Four

Role Playing: this exercise can follow on easily from positive thinking. Each member of the group selects an achieving role model (such as a champion footballer or local hero, etc.). The individual then has to take on the role of this person while being interviewed by the other members of the group (this can take the form of an imaginary press conference). Questions asked by the interviewers should be about who the role-model is, what they have done and why they are considered so good at it, etc.

Making a friend: the group discusses the qualities that one looks for in a close friend and why these qualities are valued. The aim of this exercise is for participants to recognise within themselves the positive qualities they themselves would seek in a friend.
Session 6

BODY IMAGE AND ADOLESCENT GIRLS

Body image is the dynamic perception of one’s body—how it looks, feels, and moves. It is shaped by perception, emotions, physical sensations, and is not static, but can change in relation to mood, physical experience, and environment.

Objectives of the Sessions:

To understand the concept of body image, gain insight into the psychosocial implications of self esteem and body image and to learn to improve / enhance body image perception.

The general methodologies used for the session were lecture, group discussion, games, and role play.

Body image concerns of adolescents

Because adolescents experience significant physical changes in their bodies during puberty, they are likely to experience highly dynamic perceptions of body image. Body image is influenced strongly by self-esteem and self-evaluation, more so than by external evaluation by others. It can, however, be powerfully influenced and affected by cultural messages and societal standards of appearance and attractiveness.

Going through puberty can amplify body image concerns. Puberty for boys brings characteristics typically admired by society—height, speed, broadness, and strength. Puberty for girls brings with it characteristics often perceived as less laudable, as girls generally get rounder and have increased body fat. These changes can serve to further enhance dissatisfaction among girls. Generally, early development for girls and late development for boys present the greatest challenges to healthy body image.

Contributing factors for negative body image perception

Media Messages

Strong social and cultural forces influence body image in young people. From childhood to adulthood, television, movies, music videos, toys, the Internet, and magazines convey images of ideal attractiveness, beauty, shape, size, strength and weight.
In childhood, popular toys such as action figures and dolls have similar body shapes: tall and slender for female figures and tall, slender, and muscular for male figures. The body shapes advertised by these toys, dolls and media sources are not realistic.

Magazines targeted at female adolescents are full of images of young, slim, attractive, blemish-free females with small waists, large chests and only ever-so-slightly-rounded hips, while magazines produced for males are full of strong, lean, attractive, blemish-free males, frequently displayed with the aforementioned females in close proximity. Beauty pageants continue to be a popular and avidly watched showcase of ideal societal beauty.

**Familial Messages**

Familial concerns and pressures may also contribute to increased body dissatisfaction and body image concerns. Socialization encourages males to strive to become stronger and more developed, while females are to make their bodies more beautiful. Parents tend to become more critical regarding their children’s appearance, eating and physical activity as they move into and through adolescence.

**CONSEQUENCES of poor Body image perception**

While the contributing factors may vary, the outcomes are similar.

- Poor body image often leads to dieting, which can lead to unhealthy weight control behaviors, disordered eating, and ultimately eating disorders.
- Poor body image is strongly associated with low self-esteem and low self-worth, both of which can severely limit the potential for youth to succeed.
- Teasing related to weight and shape is implicated as contributing to disordered eating.

**PROMOTING HEALTHY BODY IMAGE:**

In order to help youth experience healthy body image as the norm rather than the exception, adolescents and their parents need accurate information regarding healthy eating and the effects of media, society, culture, peers, and family on body image.

Beginning at a young age, adolescents need to understand that bodies come in many different sizes and shapes. They need to understand the physical and emotional changes that they will experience in puberty and be reassured that their development is normal. To cultivate a healthy body image, they need to develop skills to help them
navigate through all the messages they hear and see related to body image, appearance, and eating.

**Tips for Improving Your Body Image**

Some people think they need to change how they look or act to feel good about themselves. But actually all you need to do is change the way you see your body and how you think about yourself. Look in the mirror and focus on your positive features, not the negative ones.

- Focus on the parts of your body you like
- Dress to emphasis what you have and look good
- Stop comparing yourself to others
- Start an exercise program
- Eat healthy food and stay away from diets
- Play sports as often as you can
- Walk as much as you can
- Write down compliments you receive about how you look
- Straighten up, smile and look straight ahead - you'll look and feel more confident

The first thing to do is recognize that your body is your own, no matter what shape, size, or color it comes in. If you are very worried about your weight or size, check with your doctor to verify that things are OK. But it is no one's business but your own what your body is like — ultimately, you have to be happy with yourself. Next, identify which aspects of your appearance you can realistically change and which you can't. Everyone (even the most perfect-seeming celebrity) has things about themselves that they can't change and need to accept like their height, for example. If there are things about yourself that you want to change and can (such as how fit you are), do this by making goals for yourself. When you hear negative comments coming from within yourself, tell yourself to stop. Try building your self-esteem by giving yourself three compliments every day. While you're at it, every evening list three things in your day that really gave you pleasure. It can be anything from the way the sun felt on your face, the sound of your favorite song, or the way someone laughed at your jokes. By focusing on the good things you do and the positive aspects of your life, you can change how you feel about yourself.
Most of us focus on things we don’t like about our bodies. We tend to totally overlook the fact that we have good bits as well. If we say negative things often enough to ourselves we really start to believe them and in turn find it even harder to say something in praise of ourselves.

Seeing your body in a positive way, will improve your outlook and how you respond to other people. Remember, until you learn to respect your body as much as your mind, behaviour and attitudes, you will never wholly respect yourself.

**Activity 1: LOOKING AT MYSELF**

<table>
<thead>
<tr>
<th>LOOKING AT MYSELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT I LIKE ABOUT MYSELF (at least 8 things):</td>
</tr>
<tr>
<td>Physical Characteristics</td>
</tr>
<tr>
<td>WHAT I DON'T LIKE ABOUT MYSELF (at least 8 things):</td>
</tr>
<tr>
<td>Physical Characteristics</td>
</tr>
<tr>
<td>THINGS I WOULD CHANGE OR IMPROVE ABOUT MYSELF:</td>
</tr>
<tr>
<td>HOW I MIGHT DO THIS:</td>
</tr>
<tr>
<td>THINGS I AM PROUD OF DOING:</td>
</tr>
</tbody>
</table>
Activity 2: WHAT DO YOU FEEL?

Close your eyes and feel your body with your hands. What do you feel?

*Notes for the Facilitator:

Generate a discussion on how aware the participants are about their body. Help the participants describe their feeling related to their body.

Activity 3:

Draw a picture of yourself and name the body parts. This activity aims at making the participants comfortable with their bodies.

Activity 4: DESCRIBE YOUR BODY PARTS

Here is a list of parts of the body and common reactions to these parts. Think about your body, and how you feel about these parts. Place a check mark in the column which best describes how you feel.
<table>
<thead>
<tr>
<th>Sl No.</th>
<th>PART OF THE BODY</th>
<th>VERY OK</th>
<th>SORT OF OK</th>
<th>DEFINITELY NOT OK</th>
<th>NEVER THOUGHT ABOUT IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Face</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Hair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Eyes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Ears</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Nose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Teeth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Voice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Arms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Hands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Feet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Waist/stomach</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Hips/buttocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Legs/thighs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Body hair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Height</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Session 7
LIFE SKILLS FOR ADOLESCENT GIRLS

Life-Skills are defined as ‘the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life’ (WHO).

The objective of the session was to make the girls aware of the concept of life skills, help them evaluate themselves regarding life skills and help them improve their life skills.

The general methodologies used for the session were lecture, group discussion, brainstorming, and role play and games.

WHAT ARE LIFE SKILLS???

Life-Skills include Psychosocial Competencies and Interpersonal Skills that help people to make Informed Decisions, Solve Problems, Think Critically and Creatively, Communicate Effectively, Build Healthy Relationships, Empathize with others, and manage their lives in a Healthy and Productive manner.

Essentially, there are two kinds of skills: those related to thinking, called Thinking Skills, and those related to dealing with others, called Social Skills. While Thinking Skills relate to reflection at a personal level, Social Skills relate to Interpersonal Skills and do not necessarily depend on logical thinking. It is the combination of these two types of skills that is needed for learning assertive behaviour and negotiating effectively.

Thinking-Skills are the abilities that govern a person’s mental process and help the individual to make sense out of experiences. They comprise Knowledge, Comprehension, Application, Analysis, Synthesis, and Evaluation.

Social-Skills are the abilities needed for initiating and maintaining relationships with others both within and outside the family.
Negotiation-Skills are the outcome of Thinking-Skills and Social-Skills. Rational Thinking leads to Informed Choices, and Effective Communication helps one to get one’s ideas accepted by others.

Why are these skills essential?

Because without having developed them, you will always feel that something is missing in your life. What good is all the success in the world if you don’t love yourself, knows yourself, know what you really want or what you're doing here? We've all witnessed many outwardly successful and famous people who have not been able to find personal happiness. No amount of fame or fortune could fill the void they felt inside.

Therefore, in order to enjoy the fruits of any achievement we must first be happy with ourselves and possess a healthy Self-Concept, which includes the ability to Know Yourself, Love Yourself, and be True To Yourself.

The ten core Life-Skills as described by WHO are:

1. **Self-Awareness** means the recognition of ‘self’ and of our character, our strengths and weaknesses, our likes and dislikes. Developing Self-Awareness can help us in recognising when we are stressed or feel under pressure. It is often a prerequisite to Effective-Communication and Interpersonal-Relations, as well as for developing Empathy for others.

2. **Empathy** is the ability to understand what life is like for another person, even in a situation with which we may not be familiar. Empathy can help to accept others who may be very different from us. This can improve Social Interactions, Especially in situations like conflicts with elders, teachers, parents etc. Empathy can also encourage the adoption of a nurturing attitude towards people in need of care and assistance, or tolerance and understanding.
3. **Critical-Thinking** is the ability to analyse information and experiences in an objective manner. It can contribute to healthy living by helping us in recognising and assessing the factors that influence attitudes and behaviour, such as values, Peer-Pressure, and the media.

4. **Creative-Thinking** is a novel way of seeing and doing things. It consists of four components— Fluency (generating new ideas), Flexibility (shifting perspective easily), Originality (conceiving something new), and Elaboration (building on other ideas).

5. **Decision-Making** helps us in deal constructively with important issues in our lives and take appropriate action. This can have consequences for Healthy-Living. It teaches us how to be proactive in Making-Decisions about our life in relation to a Healthy-Assessment of the different options available and in determining what effects these different decisions are likely to have.

6. **Problem-Solving** helps us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause Mental-Stress and give rise to accompanying physical strain.

7. **Interpersonal-Relationship** skills help us to relate in positive ways with the people with whom we interact. This means being able to maintain friendly relations with family, friends, and colleagues, which can be of great importance to our mental and social well-being as well as an important source of Social Support. Interpersonal-Relationship Skills also mean being able to end relationships constructively without bitterness and anger.

8. **Effective-Communication** means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express our opinions and desires, and also our needs and fears. It means being able to ask for advice and help in times of need.

9. **Coping with Stress** means recognising the sources of Stress in our lives, recognising how Stress affects us, and acting in ways that help us control these levels of Stress, by changing our environment or lifestyle and by learning how to relax.
10. **Dealing with Emotions** means recognising our Emotions as well as those of others, being aware of how Emotions influence behaviour, and being able to respond to Emotions appropriately. Intense Emotions like Anger or Sadness can have negative effects on our Health if we do not respond appropriately.

**Interaction between Life-Skills**

The process of categorising the various Life-Skills may inadvertently suggest distinctions among them. However, many Life-Skills are interrelated, and several of them can be taught together in a learning activity.

- **Getting To Know Yourself** = Self-Awareness + Critical-Thinking
- **Working Towards Your Goal** = Self-Awareness + Critical-Thinking + Creative-Thinking
- **Effective-Communication** = Critical-Thinking + Empathy + Creative-Thinking
- **Interpersonal-Relationship** = Self-Awareness + Effective-Communication + Empathy
- **Decision-Making** = Self-Awareness + Critical-Thinking
- **Problem-Solving** = Creative-Thinking + Critical-Thinking
- **Self-Awareness** = Coping with Stress + Coping with Emotion

<table>
<thead>
<tr>
<th>THINKING-SKILLS</th>
<th>SOCIAL-SKILLS</th>
<th>NEGOTIATION-SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Awareness</td>
<td>Interpersonal-relationships</td>
<td>Managing Feelings/Emotions</td>
</tr>
<tr>
<td>Problem-Solving</td>
<td>Effective-Communication</td>
<td>Resisting Peer/Family Pressure</td>
</tr>
<tr>
<td>Decision-Making</td>
<td>Cooperation and Teamwork</td>
<td>Consensus-Building</td>
</tr>
<tr>
<td>Critical-Thinking</td>
<td>Empathy</td>
<td>Advocacy-Skills</td>
</tr>
<tr>
<td>Creative-Thinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning and Goal setting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Communication and Interpersonal Skills

Interpersonal communication skills

- Verbal/Nonverbal communication
- Active listening
- Expressing feelings; giving feedback (without blaming) and receiving feedback

Negotiation/refusal skills

- Negotiation and conflict management
- Assertiveness skills
- Refusal skills

Empathy

- Ability to listen and understand another's needs and circumstances and express that understanding
Cooperation and Teamwork

- Expressing respect for others’ contributions and different styles
- Assessing one’s own abilities and contributing to the group

Advocacy Skills

- Influencing skills & persuasion
- Networking and motivation skills

Decision-Making and Critical Thinking Skills

Decision making / problem solving skills

- Information gathering skills
- Evaluating future consequences of present actions for self and others
- Determining alternative solutions to problems
- Analysis skills regarding the influence of values and attitudes of self and others on motivation
Critical thinking skills

- Analyzing peer and media influences
- Analyzing attitudes, values, social norms and beliefs and factors affecting these
- Identifying relevant information and information sources

Coping and Self-Management Skills

Skills for increasing internal locus of control

- Self esteem/confidence building skills
- Self awareness skills including awareness of rights, influences, values, attitudes, rights, strengths and weaknesses
- Goal setting skills
- Self evaluation / Self assessment / Self-monitoring skills

Skills for managing feelings

- Anger management
- Dealing with grief and anxiety
- Coping skills for dealing with loss, abuse, trauma

Skills for managing stress

- Time management
- Positive thinking
Relaxation techniques

Creative thinking Skills:

Activity
What skills do I have?

Objective: To explore the concept of life skills, to know the life skills used by the participants in their day-today life.

Materials: Flash cards, markers, flip charts, gum/tape.

Time 45 minutes

Process

Invite the participants to sit in a circle. Ask them if they have heard of the term “life skills”? What do they know about it? Explain that all of us possess certain skills that allow us to live our lives. For example, the skill to write, work with others or make a decision. Pass out one flash card to each participant, and ask him/her to write the most important skill he/she possesses. Allow the participants 5 minutes to do this exercise. Invite the participants to display their cards on the floor. Ask them to group similar cards. Ask if the cards represent most of the skills required for leading a healthy and productive life. If not, ask them to add the remaining skills. While the participants are busy doing their work, prepare three flash cards with the headings – “All of us have”, “Some of us have” and “None of us have”. After the participants finish writing and grouping the flash cards, ask them to arrange the flash cards in a horizontal line on the floor. Place the three cards, which you have prepared, in a vertical line next to the horizontal line of cards. Once this is done, you should be able to draw a matrix of rows and columns on the floor.

You should have 4 rows and as many columns as there are skill cards. Now, ask the participants to start from the top and fill the matrix. Move from the left to the right. Once the matrix is complete, ask the participants to discuss the reasons for its outputs. For
example, why is it that only some people have certain skills, and why are certain skills absent? Request volunteers to copy the matrix on a chart, and put it up on the wall. Summarize and close the discussion by using the WHO definition of life skills.

What Use are Life Skills? Activity 1

Expected Outcomes: Participants will understand why life skills are critical for a healthy and productive life.

12.3. ANALYZING THE MATRIX

Objective is to learn about the importance of life skills in our lives.

Materials: The matrix from the previous exercise, flip charts, markers.

Time: 30 minutes.

Process

Ask the participants to take the matrix chart off the wall, and place it on the floor. Invite the participants to divide into three groups – communication/interpersonal skills group, decision making/critical thinking skills group, and coping/self management skills group. Ask the three groups to look at the matrix and record the skills pertaining to their group. Explain the task to the groups as follows:

Discuss and list the benefits of possessing the life skills that have been noted by each group.

Discuss and list the problems one would face if s/he did not have these life skills?

Then, ask the three groups to sit in three different locations. Give them flip charts and markers. Allow 20 minutes to do this exercise. Invite the groups to display their work and make presentations. Encourage discussion and cross questioning in the groups. Summarize and close the exercise by emphasizing the importance of life skills.
Menstruation is a normal and healthy part of growing up. The discharge of blood and tissue from the lining of your uterus each month is often called the menstrual period. Menstruation can begin as early as age 8 years or as late as age 15 years, but it most often begins around age 11 or 12 years.

OBJECTIVES OF THE SESSION:

This session will help to learner to know more about: the menstrual cycle, how to cope effectively with the problems associated with it and how to ensure menstrual hygiene.

The Menstrual Cycle

The start of menstruation is one of many signs that a girl is becoming a young woman. It means that it is now possible for a girl to get pregnant and have a baby. As you mature, your brain signals your body to produce hormones. These hormones serve as messengers to trigger your menstrual cycle. A part of that cycle is the monthly period.

An average menstrual cycle lasts 28-30 days, counting from the first day of one period to the first day of the next. Normal cycles can vary from 21 to 35 days.

Each month, after day 5 of your cycle, the lining of the uterus (endometrium) begins to grow and thicken. If a woman were to become pregnant, that extra-thick lining would help to nourish the developing fetus (a baby growing in the woman's uterus).

Around cycle day 14, an egg is released from one of your ovaries. This is called ovulation. The egg moves into one of the two fallopian tubes connected to the uterus. If the egg is fertilized by a man's sperm, it moves into the uterus, where it attaches to the lining, and begins to grow into a fetus.

Around cycle day 28, if an egg is not fertilized, the endometrium is shed by bleeding. The menstrual blood (a mix of blood and tissue from the inside of the uterus) flows from the uterus through the cervix into the vagina and out of the body. This bleeding is your menstrual period. Your period may last for 3-5 days. Some last as long as 7 days. The process then starts again in the next cycle.
When Your Period Will Start?

Many girls have their first period around age 11 or 12 years. But periods can begin as early as age 8 years or as late as age 16 years. In most cases, the first period is very mild—only a few drops of blood or spotting may occur. Some girls have regular, monthly menstrual periods. Other girls might miss a period or have two periods in 1 month. This can be normal when a girl is first starting to menstruate. It can take some time for periods to become regular.

How to Keep Track?

It is a good idea to use a calendar to keep track of your periods. Mark the first day your period starts on your calendar with an "X." Count the first "X" as day 1. Keep counting the days until you have your next period. If you do this every month, you will be able to tell how many days there are between your periods. It will help you learn when your next period should start.

Personal Care

During your period, you can use pads, panty liners, or tampons to soak up the menstrual flow. You may want to use several of these products. Some girls like to use tampons on heavy-flow days, and pads or panty liners on lighter days. Some girls like to wear tampons during the day and pads at night. Some use products together.

When Your Period Hurts

Many girls have mild cramps in the lower abdomen or pain in the lower back when their periods start. Cramping gives you a feeling of tightness and pain. This is normal. Some girls also go through other changes in the days or weeks before their menstrual periods start. The most common symptoms are:

- Bloating—a feeling of fullness in the abdomen
- Tender breasts
- Headache
- Feeling tired
- Mood swings
• Food cravings

There are ways to relieve your cramps and other symptoms. You can:

• Take over-the-counter pain medicines, like ibuprofen, acetaminophen, or aspirin

Exercise

• Place a heating pad or hot water bottle on your stomach

Problems associated with menstruation

Dysmenorrhoea:

Dysmenorrhoea is a painful condition of the female body around menstruation or period time. The pains are cramp-like or a steady dull ache. These can start from between 24 to 48 hours before menstruation and can persist for differing periods of time. Approximately 50% of women suffer from Dysmenorrhoea.

Diet tips

- Aim for a diet rich in fresh fruits and vegetables.
- Restrict meat and animal products.
- Include whole grains, saffron, soy, legumes (beans, peas, lentils etc) and seeds.

Severe Cramps.

Mild cramping with your period is normal. If you have severe cramps, nausea, or pain so intense that you cannot do your usual activities during your period or pain medication does not help, see your doctor.

Your doctor may be able to help relieve your symptoms. The first step is to note when the cramps or back pain occurs. Mark on a calendar when symptoms occur and when they are most severe. Show your calendar to your doctor and describe how you feel. Your doctor may want to do an exam or tests.

Amenorrhea.

Some girls do not menstruate during their teenage years. For instance, some girls' periods may never start or they may stop having periods completely. This is called
amenorrhea. There are many other reasons for a missed period. The most common reason is pregnancy. Other reasons you might miss your period include:

- Sudden change in weight
- Illness
- Stress
- Extreme exercise (such as running long distances each day)
- Hormone problems
- Taking certain medicines

A young woman should see her doctor if she has not started having periods by age 15 years or if she has not had a period for 3 months. (If you have had sex and think you might be pregnant, see your doctor right away.).

**Heavy Bleeding:** Some girls have heavier bleeding than others. If your periods are heavier than usual or go on for longer than a week, they may not be normal. In most cases, this is caused by problems with hormones. If bleeding occurs often or at the wrong time in your cycle, it could be a sign of a problem. See your doctor so that he or she can check for the cause of heavy bleeding.

**Menstrual Hygiene:**

Bathing daily with warm water if essential.

- Menstrual fluid gives out a distinctive odour when the blood comes in contact with air. Hence washing the genital region daily with mild soap and lukewarm water is essential.
- The diet should consist of ample vegetables and fruits which give nourishment and help clear the bowels. Constipation can add to the discomfort experienced during menstruation.
- Sanitary napkins need to be changed at least once a day or more depending on the menstrual flow and on the extent of body perspiration between the thighs.
- The thigh region should be kept dry or dusted with powder.
• Carry a spare napkin during menstrual period or in anticipation of menstruation.
• Moderate exercise and sufficient rest are also important during menstruation.

**Menopause** is the physiological cessation of menstrual cycles associated with advancing age. Menopause is sometimes referred to as "the change of life" or climacteric. Menopause occurs as the ovaries stop producing estrogen, causing the reproductive system to gradually shut down. As the body adapts to the changing levels of natural hormones, vasomotor symptoms such as hot flashes and palpitations, psychological symptoms such as increased depression, anxiety, irritability, mood swings and lack of concentration. The average onset of menopause is 50.5 years.

**Premenstrual Syndrome (PMS)**

Most women experience some unpleasant or uncomfortable symptoms during their menstrual cycle. For some women, the symptoms are significant, but of short duration and not disabling. Other women, however, may have one or more of a broad range of symptoms that temporarily disturb normal functioning. These symptoms may last from a few hours to many days. The types and intensity of symptoms vary in individuals. This group of symptoms is referred to as premenstrual syndrome, or PMS. Although the symptoms usually cease with onset of the menstrual period, in some women, symptoms may last through and after their menstrual periods.

**Who is affected by PMS?** As many as 85 percent of women, during their reproductive years, experience some of the common symptoms associated with PMS.
What are the symptoms of PMS?

The following are the most common symptoms of premenstrual syndrome. However, each individual may experience symptoms differently. Symptoms may include:

<table>
<thead>
<tr>
<th>symptoms of PMS</th>
<th>gastrointestinal symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• irritability</td>
<td>• abdominal cramps</td>
</tr>
<tr>
<td>• anger</td>
<td>• bloating</td>
</tr>
<tr>
<td>• difficulty in concentrating</td>
<td>• constipation</td>
</tr>
<tr>
<td>• lethargy</td>
<td>• nausea</td>
</tr>
<tr>
<td>• depression</td>
<td>• vomiting</td>
</tr>
<tr>
<td>• forgetfulness</td>
<td>• pelvic heaviness or pressure</td>
</tr>
<tr>
<td>• emotional hypersensitivity</td>
<td>• backache</td>
</tr>
<tr>
<td>• crying spells</td>
<td></td>
</tr>
<tr>
<td>• moodiness</td>
<td></td>
</tr>
<tr>
<td>• sleep disturbances</td>
<td></td>
</tr>
<tr>
<td>fluid retention</td>
<td>skin problems</td>
</tr>
<tr>
<td>• edema (swelling of the ankles, hands, and feet)</td>
<td>• acne</td>
</tr>
<tr>
<td>• periodic weight gain</td>
<td></td>
</tr>
<tr>
<td>• breast fullness and pain</td>
<td>neurologic and vascular symptoms</td>
</tr>
<tr>
<td></td>
<td>• headache</td>
</tr>
<tr>
<td></td>
<td>• numbness, prickling, tingling, or heightened sensitivity of arms and/or legs</td>
</tr>
<tr>
<td></td>
<td>• easy bruising</td>
</tr>
<tr>
<td></td>
<td>• heart palpitations</td>
</tr>
<tr>
<td></td>
<td>• muscle spasms</td>
</tr>
<tr>
<td></td>
<td>other</td>
</tr>
<tr>
<td></td>
<td>• painful menstruation</td>
</tr>
<tr>
<td></td>
<td>• appetite changes</td>
</tr>
</tbody>
</table>

The symptoms of PMS may resemble other conditions or medical problems. Consult a physician for diagnosis.
**Preventing premenstrual syndrome symptoms:**

Making simple lifestyle changes helps to reduce the occurrence of PMS symptoms. These changes may include:

- regular exercise (3 to 5 times each week)
- a well-balanced diet. It is generally recommended that women with PMS increase their intake of whole grains, vegetables, and fruit, while decreasing their intake of salt, sugar, caffeine, and alcohol.
- adequate sleep and rest

Menstruation is a normal, healthy process. In most cases, it does not affect your day-to-day activities. If you have any concerns about your menstrual cycle, discuss them with a trusted adult or your doctor.
Session 9

SEXUAL AND REPRODUCTIVE HEALTH

Reproductive health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system and not merely the absence of disease or infirmity.

Objective of the session: is to help the girls understand sexual development, improve sexual health and to give information regarding sexual orientation, behaviours, and practices.

Sex and Sexuality

Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean “sexual activity”.

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

CHARACTERISTICS OF A SEXUALLY HEALTHY ADOLESCENT

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. The characteristics of a sexually healthy adolescent are the following:

Appreciates own body , Views pubertal changes as normal , Practices health-promoting behaviors, such as abstinence from alcohol and other drugs and undergoing regular check-ups.
**Takes Responsibility for Own Behavior.** Identifies own values, Decides what is personally "right" and acts on these values, Understands consequences of actions, Understands that media messages can create unrealistic expectations related to sexuality and intimate relationships, Is able to distinguish personal desires from that of the peer group, Recognizes behavior that may be self-destructive and can seek help.

**Knowledgeable About Sexuality Issues :** Enjoys sexual feelings without necessarily acting upon them ,Understands the consequences of sexual behaviors ,Makes personal decisions about masturbation consistent with personal values,Understands own gender identity ,Understands effect of gender role stereotypes and makes choices about appropriate roles for oneself, Understands own sexual orientation ,Seeks further information about sexuality as needed ,Understands peer and cultural pressure to become sexual involved, Accepts people with different values and experiences

**Relationships with Parents and Family Members,** Communicates Effectively with Family about Issues, Including Sexuality ,Maintains appropriate balance between family roles and responsibilities and growing need for independence ,Is able to negotiate with family on boundaries, Respects rights of others ,Demonstrates respect for adults

**Understands and Seeks Information about Parents’ and Family’s Values, and Considers Them in Developing One’s Own Values :** Asks questions of parents and other trusted adults about sexual issues ,Can accept trusted adults’ guidance about sexuality issues, Tries to understand parental point of view

**Interacts with Both Genders in Appropriate and Respectful Ways**

- Communicates effectively with friends
- Has friendships with males and females
- Is able to form empathetic relationships
- Is able to identify and avoid exploitative relationships
- Understands and rejects sexual harassing behaviors
- Understands pressures to be popular and accepted and makes decisions consistent with own values
Expresses Love and Intimacy in Developmentally Appropriate Ways

- Believes that boys and girls have equal rights and responsibilities for love and sexual relationships
- Communicates desire not to engage in sexual behaviors and accepts refusals to engage in sexual behaviors
- Is able to distinguish between love and sexual attraction
- Seeks to understand and empathize with partner

Have the Skills to Evaluate Readiness for Mature Sexual Relationships

- Talks with a partner about sexual behaviors before they occur
- Is able to communicate and negotiate sexual limits
- Differentiates between low and high risk sexual behaviors
- If having intercourse, protect self and partner from unintended pregnancy and diseases through effective use of contraception and condoms and other safer sex practices
- Knows how to use and access the health care system, community agencies, religious institutions, and schools and seeks advice, information and services as needed

Sexual rights

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services; seek, receive and impart information related to sexuality; sexuality education; respect for bodily integrity; choose their partner; decide to be sexually active or not; consensual sexual relations; consensual marriage; decide whether or not, and when, to have children; and pursue a satisfying, safe and pleasurable sexual life.
The responsible exercise of sexual rights requires that all persons respect the rights of others.

**Activity: The Circles of Human Sexuality**

**Sensuality**
Awareness, acceptance of, and comfort with one’s own body; physiological and psychological enjoyment of one’s own body and the bodies of others; awareness and enjoyment of the world as experienced through the five senses: touch, taste, feel, sight, and hearing.

**Sexualization**
The use of sexuality to influence, control, or manipulate others.

**Intimacy**
The ability and need to experience emotional closeness to another human being and to have it returned.

**Sexual Health and Reproduction**
Attitudes and behaviors related to producing children, care and maintenance of the sex and reproductive organs, and health consequences of sexual behavior.

**Sexual Identity**
A sense of who one is sexually, including a sense of maleness or femaleness.
Purpose: To develop and understand a broad definition of sexuality

Materials: Newsprint and markers, board and chalk, Leader's Resources on Circles of Sexuality, An Explanation of the Circles of Sexuality and Sexual Development through the Life Cycle; one copy of the handout, Circles of Sexuality, for each participant; pens or pencils

Time: 45 minutes

Planning Notes: Review the Leader's Resource, Circles of Sexuality, and draw a large version of it on newsprint or the board.

An Explanation of the Circles of Sexuality

Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes all the feelings, thoughts, and behaviors associated with being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Circle 1—Sensuality

Sensuality is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies’ look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others. This part of our sexuality affects our behavior in several ways. Sensuality includes:

Body image—Feeling attractive and proud of one's own body and the way it functions influences many aspects of life. Adolescents often choose media personalities as the standard for how they should look, so they are often disappointed by what they see in the mirror. They may be especially dissatisfied when the mainstream media does not portray
or does not positively portray physical characteristics the teens see in the mirror, such as color of skin, type or hair, shape of eyes, height, or body shape.

**Experiencing pleasure**—Sensuality allows a person to experience pleasure when certain parts of the body are touched. People also experience sensual pleasure from taste, touch, sight, hearing, and smell as part of being alive.

**Satisfying the need for physical intimacy** - Adolescents typically receive considerably less touch from their parents than do younger children. Many teens satisfy their need for physical intimacy through close physical contact with peers. Sexual intercourse may sometimes result from a teen's need to be held, rather than from sexual desire.

**Feeling physical attraction for another person**—the center of sensuality and attraction to others is not in the genitals (despite all the jokes). The center of sensuality and attraction to others is in the brain, humans' most important "sex organ." The unexplained mechanism responsible for sexual attraction rests in the brain, not in the genitalia.

**Fantasy**—the brain also gives people the capacity to have fantasies about sexual behaviors and experiences. Adolescents often need help understanding that sexual fantasy is normal and that one does not have to act upon sexual fantasies.

**Circle 2—Sexual Intimacy**

Sexual intimacy is the ability to be emotionally close to another human being and to accept closeness in return. Several aspects of intimacy include

**Sharing**—sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness.
Caring—Caring about others means feeling their joy and their pain. It means being open to emotions that may not be comfortable or convenient. Nevertheless, an intimate relationship is possible only when we care.

Liking or loving another person—Having emotional attachment or connection to others is a manifestation of intimacy.

Emotional risk-taking—to have true intimacy with others, a person must open up and share feelings and personal information. Sharing personal thoughts and feelings with someone else is risky, because the other person may not feel the same way. But it is not possible to be really close with another person without being honest and open with her/him.

Vulnerability—to have intimacy means that we share and care, like or love, and take emotional risks. That makes us vulnerable—the person with whom we share, about whom we care, and whom we like or love, has the power to hurt us emotionally. Intimacy requires vulnerability, on the part of each person in the relationship.

Circle 3—Sexual Identity

Sexual identity is a person's understanding of who she/he is sexually, including the sense of being male or of being female. Sexual identity consists of three "interlocking pieces" that, together, affect how each person sees him/herself. Each "piece" is important.

Gender identity—knowing whether one is male or female. Most young children determine their own gender identity by age two. Sometime, a person's biological gender is not the same as his/her gender identity—this is called being transgender.

Gender role—Identifying actions and/or behaviors for each gender. Some things are determined by the way male and female bodies are built or function. For example, only women menstruate and only men produce sperm. Other gender roles are culturally
determined. In the United States, it is considered appropriate for only women to wear dresses to work in the business world. In other cultures, men may wear skirt-like outfits everywhere.

There are many "rules" about what men and women can/should do that have nothing to do with the way their bodies are built or function. This aspect of sexuality is especially important for young adolescents to understand, since peer, parent, and cultural pressures to be "masculine" or "feminine" increase during the adolescent years.

Both young men and young women need help sorting out how perceptions about gender roles affect whether they feel encouraged or discouraged in their choices about relationships, leisure activities, education, and career.

**Gender bias** means holding *stereotyped opinions* about people according to their gender. Gender bias might include believing that women are less intelligent or less capable than men, that women cannot be analytical, that men cannot be sensitive. Many times, people hold fast to these stereotyped opinions without giving rational thought to the subject of gender.

**Sexual orientation**—whether a person's primary attraction is to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality) defines his/her sexual orientation. Sexual orientation begins to emerge by adolescence although many gay and lesbian youth say they knew they felt same sex attraction by age 10 or 11. Between three and 10—percent of the general population is probably exclusively homosexual in orientation. Perhaps another 10 percent of the general population feel attracted to both genders.

Heterosexual, gay, lesbian, and bisexual youth can all experience same-gender sexual attraction and/or activity around puberty. Such behavior, including sexual play with same-gender peers, crushes on same-gender adults, or sexual fantasies about same-gender people are normal for pre-teens and young teens and are not necessarily related to sexual orientation.
**Circle 4—Reproduction and Sexual Health**

These are a person's capacity to reproduce and the behaviors and attitudes that make sexual relationships healthy and enjoyable such as factual information about reproduction, feelings and attitudes, sexual intercourse, reproductive and sexual anatomy and sexual reproduction.

**Circle 5—Sexualization**

Sexualization is that aspect of sexuality in which people behave sexually to influence, manipulate, or control other people. Often called the "shadowy" side of human sexuality, sexualization spans behaviors that range from the relatively harmless to the sadistically violent, cruel, and criminal. These sexual behaviors include flirting, seduction, withholding sex from an intimate partner to punish her/him or to get something, sexual harassment, sexual abuse, and rape. Teens need to know that no one has the right to exploit them sexually and that they do not have the right to exploit anyone else sexually.

**Procedure:**

1. Explain that when many people see the words "sex" or "sexuality," they most often think of sexual intercourse. Others also think of other kinds of physical sexual activities. Tell the group that sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who every person is. It includes all the feelings, thoughts, and behaviors of being female or male, being attracted and attractive to others, and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity.

2. Write *sexuality* on the board and draw a box around the letters *s-e-x*. Point out that *s*, *e*, and *x* are only three of the letters in the word *sexuality*.

3. Display the five circles of sexuality and give each teen a handout. Explain that this way of looking at human sexuality breaks it down into five different components: *sensuality, intimacy, identity, behavior and reproduction*, and *sexualization*. Everything related to human sexuality will fit in one of these circles.
4. Beginning with the circle labeled *sensuality*, explain each circle briefly. Take five minutes to read the definition of the circle aloud, point out its elements, and ask for examples of behaviors that would fit in the circle. Write the examples in the circle and ask participants to write them on their handouts. Continue with each circle until you have explained each component of sexuality.

5. Ask if anyone has any questions. Then conclude the activity using the discussion questions below.

**Discussion Questions:**

1. Which of the five sexuality circles feels most familiar? Least familiar? Why do you think that is so?

2. Is there any part of these five circles that you never before thought of as *sexual*? Please explain.

3. Which circle is most important for teens to know about? Least important? Why?

4. Which circle would you feel interested in discussing with your parent(s)?

5. Which circle would you feel interested in talking about with someone you are dating?
Session 10

CONCEPTION AND BIRTH

This session will help the participants to gain basic information regarding conception, pregnancy and delivery. It also aims at giving them a brief overview regarding contraception.

The general methodologies used for the session were lecture, group discussion, and question boxes.

The Menstrual Cycle and Ovulation Prediction

The menstrual cycle is divided into two parts: pre-ovulation and post-ovulation. The ovarian cycle refers to the cyclical development and expelling of the egg from the ovary. Though the length and regularity of a menstrual cycle may differ, the average duration of a complete menstrual cycle is 28 days (though healthy cycles can run from 21-36 days).

Pre-Ovulation

"Day 1" of the menstrual cycle is the day bleeding begins. Bleeding - or "menstrual flow" - last about three to five days. By the seventh day of the cycle, eggs in the ovaries begin to ripen due to various hormonal changes. Between the seventh and the eleventh days, the lining of the uterus begins to thicken and it is possible to observe changes in the presence and consistency of cervical fluids. After the eleventh day, luteinizing hormone cause the egg that is most ripe to be released from the ovary and begin its travel down the fallopian tubes to the uterus. For women with a 28-day cycle, ovulation (the release of the egg) should take place on about the 14th Day - or the very middle - of the menstrual cycle.

Post-Ovulation

The period after ovulation is called the luteal phase, and it is marked by a slight, but clearly measurable, increase in body temperature. Following ovulation, the egg travels the fallopian tube toward the uterus. If the egg is fertilized by a sperm (conception), then “implantation” should take place in the uterus. Pregnancy begins if "implantation" occurs. If the egg is not fertilized, it will "expire" in about 24 hours. Without fertilization, levels of
certain hormones will decrease, causing the lining of the uterus to break down and shed - otherwise known as menstruation, or a woman's "period". The first day of bleeding is "Day 1" of the next menstrual cycle.

The first part of the cycle, from menstruation to ovulation, may vary from 14 to 20 days in length. The length of the pre-ovulation phase is often different from one woman to another.

Post-ovulation (from ovulation to menstruation), is generally the same length for most women - averaging about 14 days. As a rule, the egg is released 10 to 16 days before menstruation, or the start of the next menstrual cycle.

**Sexual Intercourse**

Typically, when people say "sexual intercourse" they mean when a man’s penis is inserted into a woman’s vagina. But sexual intercourse can mean other kinds of intercourse too, like oral or anal intercourse between two men, two women or a man and a woman.

**The Dynamics of Fertility** A woman’s fertile period during her menstrual cycle, on average, lasts about 7 days.

**Hormones and Ovulation: The Release of the Egg**

During ovulation, a number of different hormonal changes take place. Early in the menstrual cycle, a hormone called Follicle Stimulating Hormone - or FSH - enables your ovaries to nurture eggs. By definition, ovulation is the process of an ovary releasing an egg from the follicle - permitting the egg to float down the fallopian tubes.

Once released from the ovaries (post-ovulation), the egg can survive for about 24 hours. This means that sperm (which can live several days, under ideal conditions) must be present to fertilize the egg. Following ovulation, the egg enters the fallopian tube and continues toward the womb. Typically, conception - the uniting of the egg and the sperm - will take place in the fallopian tube, and then the fertilized egg will continue its passage to the uterus and implant in the uterine wall. For pregnancy to take place, fertilization of the egg must be followed by a successful implantation.

Within 24 hours, if the egg has not been fertilized, it will simply disintegrate after reaching the uterus. Without fertilization - and implantation - the levels of others hormones
will ultimately drop during the luteal phase, causing the lining of the uterus to break down and shed - referred to as menstruation, or a woman's "period".

**How Conception Happens**

Given the number of things that must fall into place in order to start a baby, it's a wonder it ever happens at all. The creation of a human being requires the right environment, the right ingredients, the right timing, and a great deal of luck.

The first step occurs when an egg cell from a woman unites with a sperm cell from a man to form an embryo -- the beginnings of a human being. This process is called conception.

**Fertilization**

In order for conception to occur, sperm cells from a man must be present in the woman's reproductive tract at the time the egg enters the fallopian tube. This can happen in several ways. If the woman has intercourse with a man during the week preceding ovulation, then he may deposit semen (a fluid containing sperm cells) into the woman's vagina. Some of the sperm can make their way through the cervix (the opening of the uterus, located at the end of the vagina), into the uterus, and on up into the fallopian tubes. There, one of them may meet with the egg as it travels down one of the tubes toward the uterus.

Intercourse is not the only way to get sperm in position. Another way is for a doctor to place sperm cells directly into the woman's uterus at the right time in her cycle, a technique called intrauterine insemination. These sperm can also swim up the fallopian tubes, seeking the egg.

When sperm meet the egg, they attempt to penetrate the egg's outer layer. When one succeeds, the egg's outer surface forms a barrier to prevent other sperm from penetrating. The union of the sperm and egg is called fertilization.

The fertilized egg is the first cell of a new human being. It contains a complete set of the genetic information necessary for the development of a baby. Half of that genetic material comes from the mother, carried in the egg; the other half comes from the father,
carried in the sperm cell. That means the baby will have a combination of characteristics from both parents.

**Critical next steps**

Conception is only the first step; once the egg and sperm unite to create a fertilized cell, that cell must go through many more steps to grow into a baby.

As it floats down the fallopian tube toward the uterus, the cell starts multiplying. In a week or so after fertilization, the growing cluster contains about 100 cells. It then attaches itself (implants) in the wall of the uterus, where it settles down to grow.

Some of the cells in the cluster form the embryo, the part that will eventually develop into a baby. Other cells multiply to form an organ called the placenta, which connects with the uterine lining to draw nourishment and oxygen from the mother's blood to sustain the developing embryo. The placenta also produces hormones, which enter the mother's bloodstream and spread through the body. These hormones alert the body that a baby is growing in the uterus, and they signal the uterus to maintain its lining rather than shedding it. That means the woman does not have a period that month. This may be her first sign that she is pregnant.

Over the next few weeks, the embryo grows and develops at a rate faster than at any other point in its existence, including all childhood and adulthood. By about seven or eight weeks after conception, the embryo has formed all its vital internal organs and its external structures, and it is called a fetus. Over the remaining months of pregnancy, the fetus grows from less than an ounce to about seven or eight pounds in size and its organs develop to prepare it for life after birth.

**The stages of childbirth**

Compared with nine months of pregnancy and a lifetime of parenting, the hours spent delivering a baby doesn’t seem like a lot. As well they should — they represent the uniquely transforming in-between hours that separate a expecting mothers life Before from After.

Delivering a baby is the challenge of a lifetime, but it's also an emotional, mental, and physical rush like no other. It's an experience that one may be looking ahead to with
trepidation (or even dread), but that you'll likely look back on with nothing but the purest joy (and maybe a little relief).

**The stages of child birth are as follows:**

Labour is divided into first, second and third stages. The first stage of labour results in the neck of the womb - the cervix - dilating to a full ten centimetres and consists of early, active, and transitional phases.

**Early phase**

The early phase is sometimes called the latent period or pre labour. The uterus starts to contract or tighten regularly. The contractions gradually become more painful. Each woman has her own rhythm and pace of labour. Some may not even be aware of the very early contractions and are several centimeters dilated before they realize they're in labour.

It softens and effaces which means that it gets thinner and springier. Feel your nose: it's firm and muscular. Now feel you lips: they're soft and stretchy. Your cervix starts out firm like your nose, and has to become soft and stretchy like your lips.

**Active phase**

Midwives and doctors say you are in active labour when the cervix has dilated, or opened, to three to four centimetres. The contractions will be getting stronger and more frequent. They're also getting longer. Eventually they may be coming as frequently as every three to four minutes and lasting 60 to 90 seconds - and feel very tense indeed.

**Transition**

During the transitional phase, the cervix dilates from eight to ten centimetres. Contractions may last as long as one to one-and-a-half minutes and occur every two to three minutes. The delivering women might feel shaky, shivery and sick. Many women report that this phase is so intense they feel as if they're having an out-of-body experience.
Second stage

Once the cervix has dilated to ten centimetres, the work and excitement of the second stage begin. This is the stage of labour when the womb pushes the baby down the vagina (sometimes called the birth canal) into the world and, at long last,

Third stage

In the third stage, the placenta is delivered - the baby's life-support system that has supplied the baby with nutrients, and taken waste products away, as it has grown inside you. After the baby is born, contractions resume after a few minutes, but at a much lesser intensity. These contractions cause the placenta to peel away from the wall of the uterus and drop down into the bottom of your womb.

Understanding contraception better

There are various types of contraceptives used as birth control methods. However, not all are equally effective. Depending on their convenience, it is for the couple to decide on the type of contraception. Importantly, the pregnancy or failure rate is the primary consideration for choosing a contraceptive.

Natural forms of contraception

These methods are based on the principle that conception can be avoided by abstaining from sex during the woman’s most fertile period. Withdrawal method, a natural form, works on the assumption that sperms do not enter the vagina. However, they are efficient only when combined with other forms of contraception such as condoms, otherwise they have high failure rate. Natural forms are withdrawal, temperature method, rhythm method and mucus method.

Barrier methods

These methods mechanically block the sperm from entering the uterus. These include condoms, diaphragms (soft rubber cup-like devices used with sperm-killing cream, inserted into the woman’s vagina before intercourse), female condom etc. In addition to contraception, the advantage of these barrier methods is that they prevent the spread of AIDS and other sexually transmitted diseases.
**Oral contraceptive pills**

Birth control pills, also called oral contraceptives, contain hormones like estrogen and progesterone. Birth control pills are specially designed to control the hormone levels of the woman. These pills need to be taken daily, for the entire duration that the woman is sexually active and does not wish to conceive. If taken correctly and daily, success rate is close to 100%.

**Intrauterine devices (IUD)**

The insertion of this device results in 99% prevention of pregnancy. However, a skilled person is required to insert it and there exists a slight risk of infection. Especially, the risk of STD increases following sexual intercourse if the partner is infected.

Of all these, natural family planning and barrier methods have no side effects but increase the risk of an unwanted pregnancy. On the other hand OC pills and IUDS are very effective but may have some side effects than some of the other methods mentioned. The primary goal should be to balance benefits versus side effects or risks in choosing a contraceptive.
Session 11
Sexual abuse and how to handle it

Sexual abuse can include: exposure, indecent phone calls, fondling, voyeurism, persistent intrusion of a child’s/adolescent’s privacy, penetration, rape, incest, involvement with pornography etc

Objectives of the session: to understand the various types of sexual abuse, to learn how to react to sexually abusive situations, To learn to avoid sexual abuse

The general methodologies used for the session were lecture, group discussion, brainstorming, and role play, case situations and question box.

Eve-Teasing
This is a legal term for sexual harassment of a mild nature that is directed towards a woman. It is punishable under Section 509 of the Indian Penal Code. It includes

- Uttering words, showing gesture or exhibiting any object that would insult the modesty of a woman
- Intrusion upon privacy

Dealing with eve-teasing:
- If you are being followed, enter a building or a shop to avoid the pursuer and to be near other people
- If you are being harassed in the bus by someone leaning against you or pressing against you, you should try moving to a new place or inserting a handbag between yourself and the troublemaker. Requesting the person politely yet firmly to move away may also help
- Violence in retaliation is not advised
- A physical pushing away of the intrusive body part, or any other defensive action may be called for

Obscene Phone Calls
The obscene caller uses the telephone, which is normally an instrument of security and communication, to invade the safety of the home. Some anonymous callers indigenously
build up a story and get the receiver of the call talking to them. When the latter is lulled into a sense of security they suddenly dive into their obscene talk. Some come to the point more quickly while others of the ‘silent caller’ or the ‘heavy breather’ type.

**Dealing with Obscene Phone Calls:**
The result is the same – a sense of vulnerability and helplessness, a feeling of being mentally raped. However there is very little positive action that can be taken.

- ✔ Ticking off the caller only gives him (usually a male) the satisfaction and excitement of having made you angry.
- ✔ Laughter may not always deter the caller
- ✔ Not saying anything and putting down the telephone each time you hear the caller can sometimes help
- ✔ In serious cases changing the telephone number is one solution which works up to some point since the obscene caller may find out the new number.
- ✔ Having a man answer the telephone or installing an answering machine may ward off the obscene caller.
- ✔ You can report it to the police and they will be able to track the number of the caller and get to the person

**Sexual Harassment:**
Sexual harassment is any unwanted sexual attention which a girl experiences. Some examples include:

- ➢ Openly leering at a girl as she passes by
- ➢ Passing offensive remarks such as ‘Hi baby’ or ‘Hi sexy’
- ➢ Touching, leaning over, brushing pastor putting an arm around a girl
- ➢ Relating sexually explicit jokes or stories with double meaning words

**Dealing with Sexual Harassment:**

- ➢ Sexual harassment is imposed sexual attention Remember that you are not to blame.
- ➢ Tell about it to a trustworthy friend as well as a trust worthy adult such as parent/teachers/ elders
Generate support for yourself before you take action: Ask for help in working out a response
You may discover others who have been harassed who can act with you. Collective action strengthens your position
Let the harasser know as clearly, directly, and explicitly as possible that you are not interested in his attentions. Do this in the presence of someone who will vouch for you later.

**Sexual Molestation**
Molestation is behaviour that will annoy, harm, or torment a person. Sexual molestation covers a large range of behaviours from kissing, hugging, petting, stroking, or squeezing parts of the body, thus making the victim very uncomfortable.

**Exhibitionism:**
Also termed ‘indecent exposure’, this refers to the exposure of one’s genitals to a non-consenting individual, usually with the intent to achieve sexual self-stimulation. Exhibitionists are mentally ill and should be ignored.

**Pornography**

Pornography refers to the wide range of sexually explicit picture, literature, films, and today video games and computer games, whose sole purpose is to titillate an increasing readership and viewership (of men especially) through the graphic, sexually explicit subordination of women and children.
Though it has been termed a victimless crime, it is not the harmless outlet for sexual frustrations made out to be.

- Pornography portrays women and children as obedient sexual objects who are ready to provide for male desires, however abusive they may be
- It seems to validate and authorize violence in sexual activity
- It often portrays women as wanting and enjoying violation and violence
- It also implies that only one sort of woman—young, shapely, and sexually cooperative—is physically acceptable. It thus reduces women to the lowest common
denominator of male fantasies. This infringes on the rights of women who do not (and might not wish to) fit that stereotype. Some men find the violence depicted in the pornographic material to be sexually arousing and are erroneously led to believe that women typically enjoy being abused.

- It often preys on vulnerable. The women and children depicted in pornographic material are those that usually do not have any choice in participating in this manner. This vulnerability is either due to age or due to lack of financial resources. Very few people do it of their own free will. This leads to great deal of entrapment practices which range from enticement to blackmail.

Thus pornography offends women by stereotyping them and then forcing them to live up to that stereotype by having to mimic these acts in real life to please their men partners. It also debases and damages me by creating barriers which prevent them from having satisfying and equal relationships with women.

**Sexual Abuse of Children:**

Unlike sexual abuse of an adult, child sexual abuse often begins gradually with non-sexual touch like pinching, patting and hugging. This is permitted by the child since it is non-threatening and even pleasurable. Gradually the abuser moves on to the more sexual touches. The child is told by the abuser that the activities should be kept a secret between them. Children are lured with gifts and sweets or are threatened to comply.

Child sexual abuse Includes Touching and Non-Touching Behaviors

*Touching behaviors include:*

- Touching a child’s genitals (penis, testicles, vulva, breasts, or anus) for sexual pleasure or other unnecessary reason.
- Making a child touch someone else’s genitals, or playing sexual (“pants- down”) games.
- Putting objects or body parts (like fingers, tongue or a penis) inside the vulva or vagina, in the mouth, or in the anus of a child for sexual pleasure or other unnecessary reason.
Non-touching behaviors include:

- Showing pornography to a child.
- Exposing a person’s genitals to a child.
- Photographing a child in sexual poses.
- Encouraging a child to watch or hear sexual acts either in person or on a video.
- Watching a child undress or use the bathroom, often without the child’s knowledge (known as voyeurism or being a “Peeping Tom”).

Incest:

This is a sexual abuse where the perpetrator is a close family relative of the victim or a member of the extended family. This abuse generally involves sexual intercourse. The incest victim be it a male or a female, will suffer guilt, pain and intense fear of continued abuse. Incest is a crime. In most of the cases, the victim is not believed and is forced to suffer in silence.

Rape:

Rape refers to forced sexual relations often with actual or threatened violence. According to Section 375 of the Indian Penal Code (IPC) a man is said to commit “rape” who has sexual intercourse with a woman under any of the following six circumstances:

1. Against her will
2. Without her consent
3. With her consent, when her consent has been obtained by putting her or any person in whom she is interested in fear of death or of hurt.
4. With her consent, when the man knows that he is not her husband, and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.
5. With her consent, when, at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by him personally or through another of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent.
6. With or without her consent when she is under sixteen years of age.
Certain important tips to be kept in mind in dangerous situations is to:

- Train yourself to be assertive
- Learn simple self defense techniques
- Learn to recognize and avoid dangerous situations

If a woman has been raped, dealing with harassment:

- Go to a hospital to get herself examined even if there are no obvious injuries
- Call a trusted friend for emotional support and comfort; someone who will not blame her but would instead act as an advocate on her behalf at the hospital
- Understand that rape was not her fault and the emotional turmoil she is experiencing is all natural reaction to the rape.

**Guidelines for Preventing Sexual Abuse**

Prevention of sexual abuse training is built on conveying the following ideas effectively early on:

- Your body belongs to you.
- Reject food and favours from strangers
- You have a right to say who touches you and how.
- If someone touches you in a way you don't like, in a way that makes you feel funny or uncomfortable inside, or in a way that you think is wrong, it's okay to say no.
- If the person doesn't stop, you say, "I'm going to tell" and then you tell, no matter what.
- If you're asked to keep a secret, you say, "No, I'm going to tell."
- If you have a problem, keep talking about it until someone helps you.

**Your body belongs to you**

You should know where your "private zones" are. A person's private zones are the parts of your body a bathing suit covers. Your body belongs to you and you have the right to say no to anyone who touches them. You can touch yourself there in private times, but others shouldn't, except if you're sick or hurt or at the doctor. It's not okay for someone older than
you to touch your private parts or to ask you to touch their private parts, especially if they ask you to keep it a secret."

**The right to say who touches you and how**

You have the right to like or dislike about another person touching you.

**It's okay to say no**

Find your ways to sat “NO”. Here are some examples:

- "Stop. I don't like that."
- "That's not fun anymore, and I don't want you to do it."
- "You shouldn't be asking me to do that. Leave me alone."
- "I'm not allowed to do things like that. Please take me home."

**I'm going to tell / No secrets**

Then you need to learn to say, "I'm going to tell if you don't leave me alone: immediately if your first request is ignored. You need to tell your parents or someone you trust anytime you want someone to stop touching you. No matter how scared you feel, you need to know who can help you. And you must know that you will be believed and supported no matter what the abuser has said. You may adopt a family agreement not to keep secrets. Then you can say, "We don't keep secrets in our family. I'm going to tell."

**Keep talking about it until you get help**

An abuser can be anyone. You need to make your own decisions about whom you trust to tell. It is important to keep telling until someone hears you and helps with your problem. You might not always be clear in the ways you try to tell. If someone does not understand what you have tried to say, it is important that you try to tell someone else until you are understood and helped.

**RECOGNIZE** the different ways that the child sexual abusers use to meet their ends. Distinguish between a good touch and a bad touch
**RESIST** attempts of child sexual abusers since resistance will stop most abusers.

**REPORT** individuals who attempt to sexually abuse a child.

**Activity: SAY NO:**
Close your eyes. Imagine that someone is about to touch you inappropriately. Loudly protest against it by saying “NO” or “GET AWAY”. How did you feel?

**Activity: ROLE PLAY.**
The group is divided into three groups and asked to enact a sexually abusive situation:
- Eve teasing
- Sexual harassment
- Sexual molestation
Session 12
SEXUALLY TRANSMITTED INFECTION, AIDS

Reproductive Tract Infections are the various kinds of infections that can occur in the reproductive system of males and females. Their effects are many and are unpleasant.

The objectives of the session is to impart information regarding sexually transmitted infections, to teach preventive measures against sexually transmitted infections and to rectify myths and misconceptions regarding Sexually transmitted infections

The general methodologies used for the session were lecture, group discussion, and question boxes.

Modes of Transmission of Sexually Transmitted Diseases
STIs spread, if a person has unprotected sexual intercourse with an infected partner. The sexual act can be vaginal, anal or oral. STIs require direct contact of mucus membranes or open cuts/sores with infected blood or other body fluids (semen, vaginal secretion)

Some STIs can also be transmitted by
Sharing of contaminated needles (Syphilis, Hepatitis B/C and HIV)
Transfusion of infected blood (Syphilis, Hepatitis B/C and HIV)
Infected mother to child (Syphilis, Gonorrhoea, Hepatitis B/C and HIV)

Signs and Symptoms of STIs General (male and female)
- Burning/pain during urination, increased frequency of urination
- Blisters/sores (ulcers) on the genitals - painful/painless
- Swollen/painful glands in the groin
- Itching in the groin
- Non-itchy rash on the body
- Warts in the genital area
- Sores in the mouth
- Flu like syndrome -fever, body ache, headache
**Females**
- Unusual vaginal discharge (yellow, frothy, curd-like, pus-like, foul smelling, blood tinged)
- Lower abdominal pain
- Irregular bleeding from the genital tract
- Burning/itching around the vagina
- Painful intercourse

**Males**
- Discharge from the penis

**Note:** Some STIs do not produce any symptoms, particularly in females. Therefore, they are carriers of the disease.

**STIs Can Not Spread By**
Using a public latrine, insect bites, sins of past life, masturbation, eating “hot” food, bad blood or working in a hot atmosphere.

**STIs Can Not Be Cured By**
Eating certain types of food, application of certain oils, having sex with a virgin girl/boy.

**Relationship between STIs and HIV**
Transmitted by the same route, STI increases the chances of transmission of (HIV 10% genital ulcers, 5%). Same modes of prevention and same target group. STI may be more severe and more resistant to treatment in HIV patients. STI prevention is one of the main strategies to prevent HIV / AIDS.

**Knowing about STIs:**

**Table of commonly contracted STIs and their symptoms**
This table should be used to make the cards for the game, and it can also be given as a handout.
<table>
<thead>
<tr>
<th>Name of the STI</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>Hard, painless, single, clean, ulcer/lesion on the penis/vaginal area, inside rectum or mouth Persistent fever Sore throat Patches of hair loss Rashes on palms, soles, chest and back (bacterial infection)</td>
</tr>
<tr>
<td>Cancroid’s</td>
<td>Ulcers – painful, multiple, soft Painful swelling of nymph nodes (one side) (bacterial infection)</td>
</tr>
<tr>
<td>Herpes Genitalis</td>
<td>Multiple ulcers, shallow erosions, incurable, severe pain, fever, difficulty urinating, tenderness on the inside of the legs (viral infection)</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Thick yellow discharge from penis/vagina, pain urinating and, or, during sex (bacterial infection)</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Abnormal discharge from the penis/vagina, infertility, bleeding/pain during intercourse, pain while urinating (bacterial infection)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Severe infection shows: Loss of appetite, nausea/vomiting, fever, joint pains, jaundice symptoms, dark urine, pain in abdomen (viral infection)</td>
</tr>
<tr>
<td>Urethritis</td>
<td>Mild/sever pain while urinating, pus/mucous discharge from penis/vagina (bacterial infection)</td>
</tr>
<tr>
<td>Proctisis</td>
<td>Itching/burning around anus, pus/mucous discharge in stool, mild/severe pain during bowel movement, occasional diarrhoea or fever (3 out of 10 men show no symptoms) (bacterial infection)</td>
</tr>
<tr>
<td>Genital warts</td>
<td>External warts around anus or penis/vagina (viral infection)</td>
</tr>
<tr>
<td>Crabs</td>
<td>Lice in the hairy parts of the body, itching (mostly) at night (parasite)</td>
</tr>
<tr>
<td>Scabies</td>
<td>Itchy red spots or rash on wrists, ankles, hands, penis/vagina, chest and back (parasite)</td>
</tr>
<tr>
<td>HIV</td>
<td>Damages immune system, incurable, leads to AIDS</td>
</tr>
</tbody>
</table>
Acquired Immune Deficiency Syndrome (AIDS)

AIDS is a fatal illness caused by Human Immunodeficiency Virus (HIV). It is a serious illness that slowly attacks and destroys the body’s immune system (or to put it simply the body’s defense mechanism) making it vulnerable to infections and cancers which normally do not affect healthy people.

What is the Meaning of AIDS?

AIDS means:

**Acquired**: Not hereditary, that is not inherited by a person through the genes of his or her parents.

**Immune**: The body’s defense against diseases.

**Deficiency**: Lack

**Syndrome**: A disease characterized by a number of symptoms occurring together.

Why do we need to Know about AIDS? We need to know about AIDS because:

- AIDS can affect anyone irrespective of gender or age.
- An HIV Positive person looks normal
- The virus that causes AIDS can be transmitted without the person knowing about it.
- It is fatal and has no cure yet.
- Ignorance causes fear, anxiety and prejudice.

On an average a person stays HIV+ve for a period of 7-8 years without showing any signs and symptoms. But he has the ability to spread the disease to another person. HIV is very fragile. If outside the body in a dry form, it dies immediately. Even in a wet form, it can live for few hours. However it cannot survive heat and detergents.

Where does HIV live in the body?

- Blood
- Semen
- Vaginal Discharge
• Cerebrospinal fluid

Though there is some evidence of the presence of HIV in tears, sweat, and mother’s milk, the concentration of HIV is low that it usually does not infect others.

What are the Signs and Symptoms of AIDS?
• Weight loss, at least 10% of body weight
• Chronic diarrhea for more than one month
• Persistent severe fatigue
• Generalized dermatitis
• Generalized lymphadenopathy
• Oro-pharyngeal candidiasis

You cannot get AIDS By:
• Playing together
• Shaking hands
• Using common toilets
• Mosquito bite
• Sharing plates, cups etc
• Hugging or kissing
• Coughing or sneezing

Activity: Winning a Point

Objectives
• To understand the prevalent knowledge/beliefs/misconceptions in the group about STIs.
• To give information on the types of STIs.

Materials
Flip charts, markers, box with questions, answer sheet.

Time: 45 minutes.

Process
The participants are divided into 2 groups. They will play a game to gain understanding about STIs. The groups decide on a leader who will choose the question for the team. Also,
they choose a name for their group. The two groups to sit facing each other. The box of questions is placed in the centre of the two groups. The question and answer sheet is kept with the facilitator. The decision of the facilitator regarding the scores will be final. A flip chart is put up to keep scores on. It is then divided it into 2 columns using the names of the groups.

**Rules of the game:**
Each group will alternatively be asked a question. If a group fails to answer correctly, the question will be passed to the other group. Each team will have 2 minutes to produce the correct answer. Each correct answer will be worth 10 points. If the question is passed to the other group and correctly answered, it will receive 10 bonus points (10+10). The scores will be added after the final question has been answered. The winners will receive a reward. The facilitator will provide the correct answer if both groups fail to give the correct answer.

The following questions are used to facilitate a group discussion after the game:

1. Did you know as much about sexually transmitted diseases as you thought you did? Why/Why not?
2. How would you start a conversation with your friends/peer group on STIs? What would you say?
3. Did the exercise clarify your misconceptions or beliefs about STIs? Do you still have some beliefs that require clarification?
4. What are the best ways of avoiding STIs? Why?
5. Can you be sure who the source of the infection is? Why /Why not?

**Questions and answers that can be used for the exercise are the following.**

**What is a STI / STD? Give a correct description.**
STIs are sexually transmitted infections. Previously they were known as sexually transmitted diseases. These are passed on through sexual intercourse and intimate body contact, especially if exchange of body fluids takes place.

**What is another name for sexually transmitted infections?**
Venereal diseases and or STDs.
Name 4 sexually transmitted infections.
Gonorrhea, Syphilis, Herpes, HIV/AIDS, Genital Warts, Chancroid.

Are all STIs curable?
No, most are curable, but the exceptions are the viral STIs such as herpes, HIV/AIDS and Hepatitis B.

Do you know immediately that you have a STI?
Not always. You may have a STI but may have no symptoms for a long time (e.g., Chlamydia for both sexes, Gonorrhoea for women).

Give 3 possible symptoms of an STI.
Burning sensation while urinating. A clear or creamy discharge from the penis. Blisters, ulcers or swelling on or around the genitals. Warts around the penis, vagina or anus.

Why are some STIs dangerous?
If not detected and treated, the infection can spread and can, for example, cause sterility in women. Syphilis can lead to death. The presence of an STI also facilitates HIV transmission.

Is HIV/AIDS an STI?
Yes, when the virus is transmitted by sexual intercourse.

Name the 3 most effective ways to protect yourself from STI infection.
1. Abstinence (no sex),
2. Being faithful (mutual monogamy),
3. Correct condom use (ABC of prevention).

What is the first thing you should do when you think you have a STI?
See a doctor to get proper diagnosis and treatment. Inform your sexual partners that you may be infected.