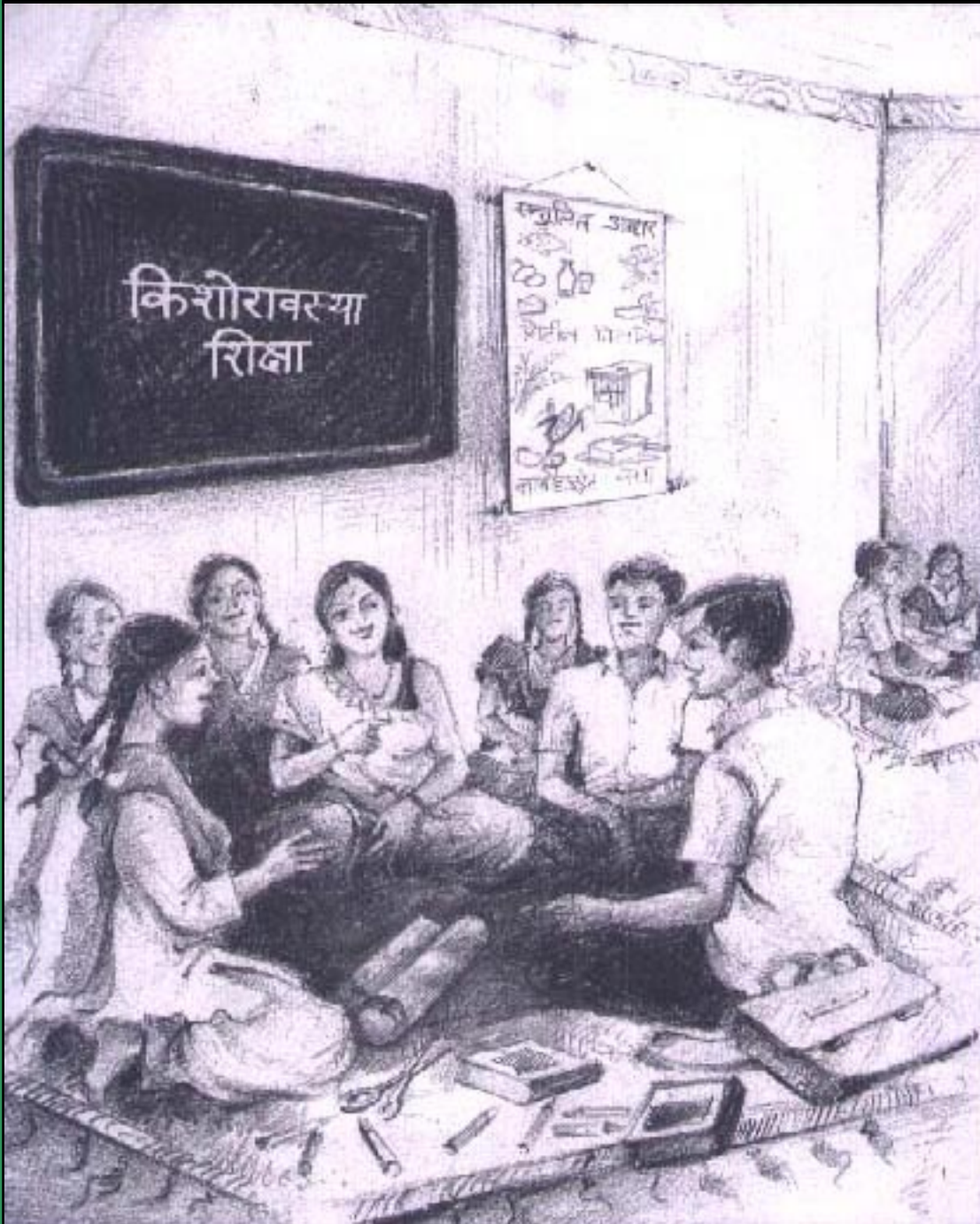


Population Education In Vocational Training Programme

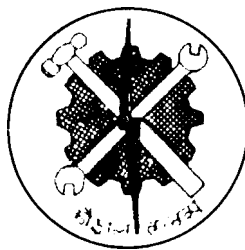
Part 1: Manual for Instructors



Directorate General of Employment and Training
Ministry of Labour, Government of India, New Delhi

POPULATION EDUCATION IN VOCATIONAL TRAINING PROGRAMME

Part 1: Manual for Instructors



Directorate General of Employment and Training
Ministry of Labour
Government of India
New Delhi

Title

**POPULATION EDUCATION IN
VOCATIONAL TRAINING PROGRAMME**

Part 1: Manual for Instructors

First Edition

**April, 2000
2500 copies**

Developed by



**PRERANA
(Associate CEDPA)
J-332, Sarita Vihar, New Delhi**

For



**Directorate General of Employment and Training
Ministry of Labour
Government of India
New Delhi**

Sponsored by



**United Nations Population Fund (UNFPA)
New Delhi**

Nodal Agency



**Department of Family Welfare
Ministry of Health and Family Welfare
New Delhi**

This Manual is an adaptation of the **instructor's Handbook on Population Education under Vocational Training programme** developed by **NCERT, New delhi, 1998.**

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FOREWORD

The trainees of the Industrial Training Institute (ITIs) are mainly adolescents and, by and large hail from the weaker sections of the society. They form an important segments of educated youth who are at the threshold of their careers and family formation. Most of the trainees of the ITIs live in rural areas where tradition of early marriage still persists. Often a young mother goes straight from childhood to motherhood, totally missing the vital period of adolescence. Early marriage and pregnancy are dangerous for adolescent girls as they are not fully mature sexually, emotionally and physically.

The psycho-social needs of adolescents governed by the biological demands, if handled effectively would result in a healthier and happier adulthood. These young adults would also contribute substantially to the health of the society as a whole.

Ministry of Labour has considered family life education as one of the most important topics for the well being of the society. Accordingly, Population Education has been integrated in the Social Studies Subject under vocational training scheme way back in 1982 but could not be implemented effectively on account of various constraints. DGE&T took meaningful initiatives by collaborating with UNFPA in providing training to about 1030 instructors of ITIs on Population Education from 1988 to 1992 under the UNFPA assisted Project "Population Education in Vocational Training Programme". To further strengthen the gains of Phase-I of the Project, Phase-II of the Project with UNFPA assistance started in July 1996. Under this Project, one instructor each from 1500 ITIs are to be imparted Population Education. In order to overcome the difficulties experienced due to non-availability of proper instructional material during the first phase of the project, it was felt necessary to develop a Training Package for the Instructors and Trainees. This will serve as a base instructional material and help in standardising the training package on the subject.

DGET, in collaboration with UNFPA, has made this attempt and a Training Package has been developed. Due care has been taken to cover the subjects on Population Education based on the recommendations of The International Conference on Population and Development (ICPD) held in Cairo in 1994, such as empowerment of women, awareness of HIV/AIDS, substance abuse, etc.

It is hoped that the Training Package will be of great help to all those engaged in the training activities related to Population Education.

19th Jan., 2000



(S. KRISHNAN)

Director General of Employment & Training/
Joint Secretary to the Government of India

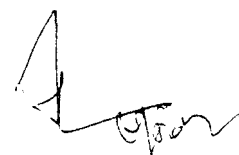
PREFACE

The Directorate General of Employment & Training (DGE&T) in the Ministry of Labour have conceptualised the Phase-II of the Project “Population Education in Vocational Training Programme” keeping in view the lessons learnt during the implementation of the Phase-I. The Phase-II of the Project with UNFPA assistance commenced in July 1996. Under this Project, a Training Package on Population Education for the Instructors of ITIs has been developed on the basis of the recommendations of The International Conference on Population & Development (ICPD) held in Cairo in 1994. Simple language has been used in writing the sessions of the Training Package so that the Instructors of ITIs could deliver lectures with ease and confidence.

This Training Package at the draft stage has been reviewed by experts in a Workshop held at UNFPA, New Delhi in May 1999. Further, it was pre-tested in the two training courses organised one each for State Government Coordinators and Instructors at ITI Sirifort, New Delhi and ITI Dharamshala, Himachal Pradesh, in June 1999 respectively. The suggestions/observations made during the Workshop and the training courses have been incorporated in the Training Package.

The approach used in the Training Package is participatory, and involves trainees in activities that help them reflect on and analyse their experiences.

19th Jan., 2000



(S.I. SIDDIQUI)

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New Delhi

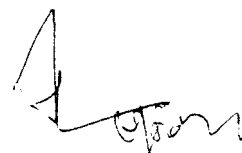
ACKNOWLEDGEMENTS

The development of this training package on Population Education in Vocational Training Programme has been made possible by the support of UNFPA (India), New Delhi. This package is based on the Instructor's Handbook on Population Education developed by National Council of Educational Research & Training (NCERT), New Delhi.

I extend my gratitude to Dr. Mridula Seth, Technical Advisor, UNFPA, New Delhi, Shri S.P. Malick, Deputy Asstt. Commissioner, Ministry of Health and Family Welfare, Government of India, Shri Dinesh Nijhawan, Deputy Director of Training, Directorate General of Employment and Training, Ministry of Labour, Shri Y.R. Verma, Training Officer, Directorate General of Employment and Training, Ministry of Labour D.G.E.T. and the panel of learned reviewers for their support and valuable inputs.

The training package has been developed by M/s. PRERANA, New Delhi. We acknowledge the efforts of Shri Z.H. Qureshi, Shri Ashraf A. Khan and Shri Abrar A. Khan for developing and field testing the Package. We also acknowledge the efforts of Ms. Aparna Verma for cover designing, Shri Tarun Kumar and Ms. Nishat P. Sherwani for designing the illustrations; and Dr. R.N. Shukla for the Hindi translation.

I also wish to extend my special thanks to the Participants and Resource Persons of the Pre Test Training Courses held in ITI (Women), Siri Fort, New Delhi, and ITI (Women), Dharamshala, Himachal Pradesh, where the training package was pre tested and comments/suggestions offered during pre-test by the participants/resource persons were found useful in editing the training package.



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INTRODUCTION

Rapid growth of population in India has become a matter of concern for one and all. At the beginning of this century, India's population stood at 23.8 crore (Census 1901). The present century has witnessed a four-fold increase in India's population which stood at 84.3 crores in 1991 (Census 1991) and will reach 1 Billion on 11th May, 2000. Growing population is not an issue of numbers alone. But it is an issue which is intimately related and has implications for socio-economic development, environment and quality of life of our citizens. In order to slow down population growth and accelerate the process of improving the quality of life of our citizens, multi-pronged initiatives are being taken. Integration of Population Education in all sectors of Education (i.e. formal and non-formal) is one such initiative. The purpose of this initiative is to educate the present generation about population, development and environment for a better quality of life of their own and at their future generations.

Therefore, on the recommendations of National Council for Vocational Training, the Directorate General of Employment and Training, Ministry of Labour, Government of India, introduced Population Education as an integral component of compulsory paper of Social Studies in National Vocational Training System in India. The project was supported by United Nations Population Fund (UNFPA), the Nodal Agency of the Project is The Department of Family Welfare, Ministry of Health and Family Welfare, Government of India, New Delhi.

In the light of the recommendations of International Conference on Population and Development (ICPD) held at Cairo, Egypt in 1994, the course contents of Population Education have been revised. The detailed revised course contents of Population Education under Vocational Training Programme have been prepared by The National Council of Educational Research and Training (NCERT), New Delhi in the form of a Instructor's Handbook on Population Education under Vocational Training Scheme. Based on this Handbook, the present training package has been developed by **Prerana** (Associate CEDPA), New Delhi.

The training package on "**Population Education in Vocational Training Programme**" comprises of three parts as described below.

Part 1: Manual for Instructors

This Part contains the detailed course contents of Population Education to be taught by the Instructors as part of the Social Studies Paper to the trainees/students of the vocational training programme. The course contents have been divided into three **Units**. Units have been further sub-divided into **Sessions**. There are **fourteen Sessions** in all, each of 50 minutes duration.

Each Session has detailed contents of the topic to be taught to the trainees/students and the method of teaching. Each Session has been designed in such a manner that its contents can be delivered within a period of 50 minutes duration which is normally the length of a period/ class at Industrial Training Institutes/Industrial Training Centres.

In most of the Session designs, ‘Participatory’ methodology of teaching/training has been used in order to make the learning process more participatory and interesting for the trainees/students. While designing the Sessions, profiles of the teachers and the trainees/students, minimum use of costly aids, expected size of the class etc. were kept in mind.

Though the Manual is meant to be used primarily by the Instructors to teach Population Education, it is also intended to be used by the Resource Persons for conducting Induction and Refresher Training Programmes of the Instructors.

The Manual for Instructors is only a guide. Its users have the freedom to add further information or adapt methods given in this Manual to enrich their Session/teaching. But they should ensure that the information added is correct, reliable and not against the purpose of the given course contents, and the methodology adopted is participatory.

Guidelines on “How to Use the Manual” have been given in the next chapter of this Part.

Part 2: Guidebook for Resource Persons

This part of the training package is the **Guidebook for Resource Persons**. It contains Sessions and Activities for the Resource Persons for organizing and conducting a six days Induction Training Programme for Refresher Training Programme for Instructors of Industrial Training Institutes/Industrial Training Centres.

This six days Induction Training Programme has been designed to develop capacities of Instructors for conducting Course Content Sessions given in **Part 1: Manual for Instructors**.

Sessions of the Guidebook include Participants Introduction, Population Education under Vocational Training Program, Role and Tasks of Instructors in Population Education, Planning and Preparation for Practice, Training Program Evaluation etc. Apart from the Sessions, this section also contains Activities which have to be conducted practically everyday or at different points of time during the training e.g. Climate setting for training, Warm-ups, Recap, Pre and Post Tests of the three Units etc.

Therefore, it is important for every Resource Person of the Induction Training Programme to read selected portions of Part 2, relevant for the task entrusted to him/her along with Part 1 of the training package.

Part 3: Handbook for Trainees

The Handbook for Trainees is based on Part 1: Manual for Instructors. It contains information and messages related to all the fourteen topics of Population Education course contents of ITIs/ITCs. Trainees may find this Handbook as a ready reference. It will help to reinforce what they have learned in the class. They may also find it useful for preparing for their examinations.

Part 1, Part 2 and Part 3 of the training package are available in separate bindings.

HOW TO USE THE MANUAL

Part 1 - Manual for Instructors contains three Units and fourteen Sessions. Sessions have been assigned numerical numbers 1 to 14. Each Session follows the sequence given below.

- **Session Title** This identifies the main topic of the Session. This must be shared with the trainees/students at the beginning of the Session.
- **Session Objectives** It describes what participants will be able to do by the end of the Session in order to demonstrate increased knowledge, improved skills or changed attitudes. Objectives should be written on the flip chart/blackboard before the Session. The trainer should start each session by presenting the Session Objectives. The trainer should try to re-read the Session Objectives towards the end of the Session to enable participants to assess whether the Session Objectives have been accomplished or not.
- **Course Contents** These are the suggested core points of discussions. It is expected that discussion around the given points will enable the participants to accomplish Session Objectives. However, if time and situation permits, you can add more points. For this, matter given in Annexures in some sessions can be used or, the Resource Person/Instructor can use information from other reliable sources. You can also supplement locally relevant issues and examples but without bias or changing the core contents or the direction of the messages.
- **Time** It indicates approximate duration of the Session. Resource Person/Instructor is expected to stick to the time allotted for each Session and activity/task (where prescribed). Instructor/Resource Person should try to conclude the Session within the given time frame. Incomplete Session will be of no use. However, if a lot of interest is generated during some Session and it is not completed within the allotted time, the Session may be continued in the next class.
- **Material Required** It lists all the materials required for successfully conducting the Sessions. Instructor/Resource Person is expected to procure/prepare the suggested material much before starting the Session.

- **Pre-Session Preparations** It indicates preparation or arrangements that the Instructors/Resource Person needs to do prior to the Session.
- **Session Steps** These provide specific instructions to the Instructor/Resource Person to conduct the Session. Apart from sequential instructions, some Session Steps also have material given in the '**Box**'. These are either the tasks to be assigned to trainees or information in final shape to be shared with the trainees. Some Steps contain questions or statements which have to be asked or posed for their responses. In most cases, alternate questions have been provided. If students are unable to understand or respond to given questions/statements, you may give clues/examples or frame your questions. Session Steps also contain '**Notes**'. These Notes are only for the guidance of the trainers and not to be shared with the trainees. Therefore, it is very important to read, understand and if possible rehearse the Session Steps before taking the Session.
- **Annexures** These are attached at the end of most of the Sessions. References of these Annexures have been given in specific Session Steps wherever used. Annexures are very important. Therefore, you must study these before conducting the Session..

The Instructors and Resource Persons must read the next chapter on 'Training Techniques'. This will help in better understanding and use of techniques while conducting the Sessions.

TRAINING TECHNIQUES

This chapter gives a brief description of the different training techniques used in the Sessions of this Manual. Study of this chapter will help the Instructors as well as the Resource Persons in better understanding and use of the training techniques while conducting the Sessions.

Different training methods and their techniques have been given below.

1. Brainstorming

Brainstorming is a practical exercise to stimulate creativity in a group and is a very useful training technique. The aim of Brainstorming is to collect from the training participants as many ideas as possible on a specific topic within a given time, in an uninhibited way. Once you have presented the topic to the group invite them to call out ideas, comments, phrases or words connected to it. Write all responses on the blackboard or flip chart as they come up, without comment or questions. The process of Brainstorming demands discipline in order to overcome the temptation in most people to pass judgement on ideas as soon as they are revealed. The subject of the session having been decided, the members are required to commit to paper as many ideas as possible for dealing with the problem, without attempting to evaluate them. They should let the ideas flow freely and write them down even if they seem impractical. After a suitable period of time, each member reads out his list and the other members are asked not to criticize, however wild they feel a suggestion may be. A combined list is produced and the group is then encouraged to evaluate each item. The cross-fertilization that takes place at this stage leads to the development of new ideas which may or may not be directly related to the original ones. Brainstorming can be a good way of starting off an activity on a new topic.

2. Small Group Activity

This is a very common method which can be combined with other methods in one activity. Discussions in small group is useful for learning from the experiences of all the members of the group/s. Many of the activities in this Manual require the participants to be divided into smaller groups of three to six people for discussion or to complete a task. Often a spokesperson from each smaller group will report back to the full group for further discussion. Trainees can find it easier to share experiences in pairs or small groups, and to relate through subject under discussion their own views, especially as small groups also enable less confident people to participate

more fully in the Session, and to build up confidence for speaking in the primary Session.

Groups can be formed on considerations like age, experience, background, gender etc. In some situations these considerations are immaterial. In such situations, groups are formed simply by random method.

3. Presentation

This is a method whereby the facilitator imparts information, knowledge or ideas to the trainees by lecturing or delivering a talk. This is more effective in a situation where more information is required to be passed on in a short time. There are many types of presentations ranging from straight lecture form to participants involvement through questions and discussion. Presentations depend more on the trainer for content than any other training technique. Presentations should be followed by more participatory techniques to involve the trainees and for better intake. This technique is used to:

- Introduce a new subject.
- Provide an overview or synthesis.
- Convey facts and statistics.
- Address large groups.

4. Case Study

This method involves analysis of case studies which may be a real case or situation or it may be hypothetical case or situation but based on real issues. In either case, they provide participants an opportunity to practice their analytical skills. The objective of the case study is to present trainees with realistic situation, giving a considerable background information from which they are expected to analyse the outcome of series of events or provide solutions to specific problems. Case studies also stimulate the participants' critical faculties. Case studies should always be carefully designed with specific objectives in mind tailored to fit the concepts or problems they are intended to address. Case studies need careful preparation and testing out. Case studies are normally examined in small groups.

5. Quiz

This is more suited to the trainees belonging to the schools and college going age groups. It is aimed at imparting information with an element of entertainment. This technique generates a feeling of competition and better performance among the members of competing teams. Different questions

are then posed to the participating teams (one team at a time) and correct answer (information) is sought. If team fails to give correct answer (information), question passes to the other team or the trainer himself /herself answers it. Here the trainer frames questions based on the session contents alongwith their correct answers.

6. Question Box

This method is more suitable for topics involving sensitive issues where participant's inhibitions may work as a barrier to come out with questions or participate in discussions. Therefore, in this method the facilitator/trainer asks the participants to write down their queries/questions on slips of paper without disclosing their identity and put these slips in a question box kept in one of the corners of the room. This way the facilitator collects all the slips with question written on them and addresses these questions individually or by grouping together similar questions keeping intact the anonymity of the trainees.

7. Games

Games are used for breaking monotony raising energy levels and letting people enjoy themselves. Games may help in dealing the sensitive issues/topics in a lighter mood. Games also help in ice breaking among the members of the group as well as between the group and the facilitator/trainer.

8. Sharing Guided Experience

This technique is generally used by the facilitators/trainers to enable the shy or hesitant participants to come out and participate to the best of their potential. Here the facilitator asks all the participants to write down the answers raised by him/her and then share it first in small groups and then in the larger group. The facilitator also tries to help individuals lacking confidence on one to one basis to raise their level of confidence.

9. Role Play

Role plays or simulation games imitate reality by giving a situation and assigning roles to participants to act out. Each person in a Role Play needs to have a clear idea of the role he/she has been assigned. Objectives of the Role Play should be well-defined. The aim of a Role Play is to make attitudes, situations and experiences come to life in a dramatic and enjoyable way. The aim is also to help people learn through experiencing and feeling. Role Play can be based on real-life case carefully designed to bring out certain roles and attitudes. In some cases, the participants may bring their own situations to be acted out.

ORGANISATION OF COURSE CONTENTS

The later portions of this Manual contain Sessions on course contents of Population Education to be taught to the Trainees of Vocational Training Programme as part of the Social Studies Paper.

The total course contents have been divided into three Units:

- **Unit-1: Population and Sustainable Development**
- **Unit-2: Reproductive Health of Adolescents and Young Adults**
- **Unit-3: Gender Equality and Empowerment of Women**

These Units have been further sub-divided into Sessions of 50 minutes duration each. In all, there are 14 Sessions which are expected to be conducted with the trainees in the classes at ITIs/ ITCs. Overview of these Units and the detailed designs of Sessions in it, have been given in the forthcoming parts of the Manual.

UNIT-1

POPULATION AND SUSTAINABLE DEVELOPMENT

This Unit contains three Sessions. The first Session attempts to develop an understanding of the concept and meaning of Population, Development, Environment and Quality of Life. Session-2 enables the trainees to establish relationship between Population, Development, Environment and Quality of Life. Session-3 deals with the phenomenon of Migration and Urbanization, their trends and effects. An overview of these Sessions is given in the table below and is followed by a detailed designs of the Sessions.

Session Number and Title	Course Contents	Method	Time (in minutes)
Session-1 Population, Development, Environment and Quality of Life	<ul style="list-style-type: none">• Definition of Population Education• Importance of Population Education for Trainees• Concept and Meaning of Population, Development, Environment and Quality of Life	<ul style="list-style-type: none">• Subgroup Exercise	50
Session-2 Linkages between Population, Development Environment and Quality of Life	<ul style="list-style-type: none">• Linkages between Population, Development, Environment and Quality of Life• Effects of Over Population on Development, Environment and Quality of Life• Concept of Sustainable Development• India's Population and Growth Rates (1901-1991)• Need to Control Population Growth	<ul style="list-style-type: none">• Game• Presentation	50
Session-3 Migration and Urbanization	<ul style="list-style-type: none">• Concept, Streams, Causes and Consequences of Migration• Concept, Trends and Consequences of Urbanisation	<ul style="list-style-type: none">• Brainstorming• Presentation	50

SESSION 1

Population, Development, Environment and Quality of Life

Time

50 minutes

Objectives

By the end of the Session, participants will be able to -

1. Define Population Education and appreciate its importance.
2. Understand the Concept and Description of Population, Socio Economic Development, Environment and Quality of Life.

Course Contents

- Definition of Population Education
- Importance of Population Education for the Trainees
- Concept and Meaning of Population, Socio-Economic Development, Environment and Quality of Life

Material

Blackboard, Chalk and Duster
or
Chart & Marker Pens

Pre Session Preparations

1. Read Annexure-1A carefully to develop your own conceptual clarity about the subject of the Session.
- ii. Arrange material required for the Session.
- iii. Prepare charts of matter given in the boxes as suggested in Session Steps.
- iv. You may make your own notes before taking the Session or simply use this Manual on the spot.

SESSION STEPS

Step-1 Share the Title and Objectives of the Session either by writing on the blackboard or with the help of chart already prepared by you.

Step-2. a. Write the word “**Population Education**” on the blackboard and ask the following questions to 5-6 trainees:

“What do you understand by the term Population Education?”

or

“What is the meaning of Population Education?”

b. You may expect the following responses:

“It is the study of:

Size of population

Increasing population

How to keep family small

Family Planning

Population and unemployment

Population and cutting of jungles

When to marry and produce a children”

Note: *There is also a possibility that there may not be any response from the trainees/ students. In that case, give some cues or examples from your side, elicit responses and then go over to Step-2. c.*

c. Tell the trainees/students that -

- This was your understanding of “Population Education” (if the students have given responses to the questions asked in Step 2. a.
- There is no single definition of “Population Education”. Different individuals and conferences have given different definitions of “Population Education”.
- For your purpose, I will share three definitions.

d. Write on the black board (or use the chart already prepared by you) and read the following definitions of Population Education.

Definitions of “Population Education”

“Population Education is the process of developing awareness and understanding of population situations as well as national attitude and behaviour toward those situations for the attainment of quality of life for the individual, the family, the community, the nation and the world”.

or

“Population Education is the process of understanding **population issues** and **enhancing life skills** for **empowerment** to improve the **quality of life** of self and others”.

or

“Population Education is an educational programme which helps **learners** to **understand the inter-relationship of population dynamics** and other factors of quality of life and to make **informed and rational decisions** with regard to population related behaviours with the purpose of **improving the quality of life of himself, his family, community, nation and the world**”.

e. Explain to the students that -

- In all the definitions, the common objectives/purposes of Population Education are to -
 - i. Understand the prevailing population situation, the dynamic forces that have shaped it and the effect it will have on the present and future welfare of the people, their families, the communities and the world.
 - ii. Make conscious and informed decisions based on people’s understanding and evaluation of situations in their interest and that of the others.

Step-3. a. Tell the trainees/students that -

“You and other trainees like you are in the age when life goals are set, values are formed, self image and identity are developed, entry to a new phase of life i.e. adulthood is to be made. Some of you might be getting married and establishing your families in the next 4-5 years. Therefore, Population Education is important for you from the following angles:

Share the points given in the following box by writing on black board or using the chart already prepared by you.

Importance of Population Education for the Trainees

Population Education will help the trainees to:

1. Develop awareness and understanding about population issues-
 - Population situation at the national and global level;
 - Process and causes of population change;
 - Concept of quality of life in different socio-cultural settings;
 - Inter-relationship between population change and different aspects of life at the micro and macro level;
 - Relationship between population change and consumption of resources now and in future; and
 - National concerns and priorities.
2. Understand the physiological and emotional changes during the process of growing up.
3. Acquire correct information about sexuality and reproductive health.
4. Acquire information about marriage and responsible parenthood.
5. Form right attitudes about gender roles and family responsibilities.
6. Adopt responsible reproductive behaviour.
7. Develop rational attitudes, values and skills for taking responsible decisions and actions regarding population related issues and quality of life.

Step-4 Tell the trainees that -

- The main concepts involved in Population Education are Population, Socio-economic Development, Environment and Quality of Life. We will now attempt to understand these concepts.

Step-5 Divide the class into four equal groups and name them as -

1. Population Group
2. Socio-Economic Development Group
3. Environment Group
4. Quality of Life Group

Step-6. a. Give the following task to the groups by writing on the blackboard-

Task

Each Group has to discuss and describe in writing the underlined term of its name in terms of its components/ elements/characteristics.

Note: You can explain the task by giving the following example-

“The term Women Empowerment” can be described in terms of -

- *Increasing their literacy & educational level.*
- *Imparting vocational training.*
- *Providing employment opportunities and economic independence.*
- *Improving their nutritional and health levels.*
- *Facilitating greater say in decision making in private and public life and so on.*

- b.** Similarly each group has to discuss and describe the underlined term associated with its name.
- c.** Give the following instructions to the trainees -
- Each Group shall discuss the description of its name and prepare a report in writing.
 - While discussing, all the Group members shall give their views.
 - While discussing, only one member should write the points of the report. Everybody should not write.
 - Each Group has to work on the task simultaneously.
- d.** Allow 10 minutes time to the Groups to complete the task.

- Step-7.**
- a.** Once the Groups have finished the task, ask one member of the Population Group to read out the report loudly for the benefit of the other Groups.
- b.** Record all the points of the report on the blackboard.
- c.** Ask the other Groups if they would like to add, delete or amend anything from the list on the blackboard. Incorporate their suggestions in the list. You can also add, delete or amend the list.
- d.** The final description of the term “Population” shall be similar to the one given in the following box.

Population can be described in terms of -

- Number of people (Size)
- Rate of increase/decrease in their number (Growth Rate)
- Number of children born (Birth Rate)
- Number of people die (Death Rate)
- Number of infants die (Infant Mortality Rate)
- Average number of people living per unit area (Population Density)
- Number of people coming in and going out (Migration) etc.

- e.** Ask one trainee to read out the list for the benefit of the class and reinforce by saying that this is The description of the term ‘Population’.

- Step-8.**
- a.** Adopt the same procedure as given in Step-7. a-e for the report of other three Groups, one a after another.

- b. The final description on the blackboard of the term **Socio-Economic Development, Environment and Quality of Life** should be similar to the ones given in the boxes below.

“Socio-Economic Development” can be described in terms of production/creation/development of-

- Food (more food production, no one sleeps hungry)
- Shelter (every one has house, children have parks to play etc.)
- Clothing (there are enough good clothes for everyone)
- Health Facilities (free government hospitals and dispensaries for people)
- Education Facilities (good schools, colleges etc. for all children)
- Jobs/Employment (more jobs, loan schemes for people, more industries savings) etc.
- Infrastructure (good roads, more buses and trains, electricity, drainage system etc.)

“Environment” can be described in terms of -

- Flora (Plants)
- Fauna (Animals)
- Air
- Water
- Land and Land Resources (soil, stones, minerals etc.)

”Quality of Life” can be described in terms of -

- Access to Food, Shelter, Clothing, Health, Education, Employment and Entertainment as per the needs of the people
- Access to Safe Drinking Water, Natural Resources, Sanitation and Non-Polluted Air.

Note: Versions expected of trainees have been given in brackets.

Step-9 Sum up the Session by -

1. Briefly recalling the Contents of the Session and to what extent, the Objectives have been met.
2. Sharing with the trainees that we will try to establish a relationship among Population, Socio-Economic Development, Environment and Quality of Life in next Session.
3. Giving reading references.

ANNEXURE-1A

Population, Socio-Economic Development, Environment and Quality of Life

Introduction*

Human beings conduct activities to meet their needs. They produce goods according to their consumption needs. Various kinds of activities are conducted by them for economic growth and social development. They make use of natural resources for production, for raising their standard of living and for making the quality of life better. What will be the level of production and use of resources depend on the population situation of a country and the consumption pattern of people. More people and higher level of consumption require more production and greater use of resources. This is what has been happening for many decades. Population in developing countries like India has been growing at a fast rate. Although the growth rate has been declining since the recent past, the total number being added regularly is substantial. The consumption level of the growing population has been much beyond the desirable level, leading to depletion of resources and environment degradation.

Population and Socio-Economic Development*

It has been realized that there is a close relationship between population situation, resources, environment and development. There is an urgent need to have a balance between these factors. Unless the goal of population stabilization is attained and the consumption level is rationalized, the environment will continue to be adversely affected. These goals can be attained by adopting an approach for economic growth and social development in the context of sustainable development. Sustainable development means that the development should meet the needs of current generations but it should also take care the level of use of resources so that future generations are able to meet their own needs.

It is generally agreed that human beings and not human number should be the center of all population and development activities. Apart from food, shelter and clothing, two traditionally identified basic needs are health and education. Other primary needs now identified are employment and assets which provide certain degree of economic security.

Health includes issues like nutrition, expectation of life at birth, maternal and child health care especially care of the girl child, immunization and reproductive health.

Education includes literacy for all, increase in enrolment, steps to reduce dropouts, compulsory education between 5-14 years of age-group, skill formation to improve economic productivity of an individual, and reduce gender disparity in education.

*Source: Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, New Delhi, 1998.

Economic security means an assured source of income by being employed in an economically gainful activity. It also includes certain degree of asset formation to bank upon during the periods of extra need for resources (i.e. for higher education of children or during eventualities (i.e. during illness or old age).

Providing services to the people to ensure health, education and economic security for all, calls for certain achievements in the socio-economic development. However, a high population-growth rate, especially in developing countries, like India, has retarded the socio-economic development. The states find it difficult to meet the demands of the entire population in terms of health, education, employment. In the urban areas, there is shortage of basic services like drinking water, electricity, indoor toilets, housing, forcing nearly one third of the population to live in unhealthy conditions in squatter settlements, and on pavements. They are well below the poverty line. Wide spread poverty remains the major challenge to development efforts.

The International Conference on Population and Development (ICPD) held at Cairo in 1994 suggested the strategies of integrating population issues into overall development planning, policies and programme. The Conference laid emphasis on maintaining a balance between population growth and use of natural resources, emphasized on suitable development so as to preserve the natural assets for future generations, and at the same time improve the quality of life of the on-going population. It also stressed the need for a wholesome approach to health including reproductive health care and family planning; gender equality and empowerment of women. Implementation of such a program of population and socio-economic development shall enhance the quality of the people.

Population and Environment*

The three components of natural environment available to the mankind are land, water and air. Land contains forests, minerals, diverse flora and fauna and is used for shelter, agriculture and other human activities. Water is needed for drinking and other domestic uses, irrigation, industry including transport. The role of water-bodies in the rhythm of seasons and climate is crucial. Similarly, the importance of atmosphere and the air that we breathe is well known for the evolution and survival of living species. The importance of fresh and clean drinking water and clean air is emphasized in maintaining good health.

The natural resources of land and water, though abundant, are limited and exhaustible. Some of the natural resources (like minerals) are non-renewable. The renewable resources (like forests) too get depleted unless accompanied by a sound policy of afforestation simultaneously.

With the rise in population, there has been a tremendous pressure on environment especially on resources. The availability of these resources is going to decline further with future population-growth. The per capita availability of cropland will continue to decline. The availability of fresh water which is renewed annually will also decrease during the coming decades.

*Source: Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, New Delhi, 1998.

People affect environment through the use of natural resources. The number of people, their distribution over space, consumption pattern and the technology they use influence the environment.

The industrially developed countries, on account of their high production and high consumption levels, have had a major impact on environment. Their demand on the natural resources for raw material to their industries has depleted the resource base of developing nations. Urbanization led by industrialization and higher consumption patterns have caused acid rains. Scientists have found that Ozone depletion and global warming are caused by large scale emission of carbon dioxide. In the developing countries high concentration of population and high growth-rate have led to large production of waste, and air, water and noise pollution in the urban areas. Urbanization led by industrialization is also responsible for growth of slums and squatters.

The unplanned process of industrialization and the increasing number of automobiles have been the primary causes of large scale emission of carbon dioxide. It has been a major source of air pollution.

The industrialized countries have been in a position to reduce environmental degradation to some extent by introducing environment friendly technologies. The developing countries are also trying to switch over to better technologies. Efforts are on to conserve and preserve the resources and put them to sustainable use.

In India, environmental conservation and protection form an important component of all development programmes. Our National Forest Policy (1988) has set a goal of having at least 33 percent of total land area of the country under forest cover. It also aims to preserve and protect different aspects of environment in India. The National Water Policy (1987) aims at the development of appropriate water resource with drainage basin as the basic unit of planning. River Action Plans are prepared to clean up the river water of its pollution through positive and preventive measures.

Concept of Quality of Life*

Quality of life is a very complex concept and is perceived and interpreted differently by different people depending upon their socio-cultural and religious background, personal preferences and their philosophy of life. Perceived qualities of life depend on culture and internalized values and vary like other human requirements. For one society collective life patterns may rank higher. Some societies prize tradition and continuity as important aspects of social quality whilst others place a high premium on innovation and modernity. Some Muslim countries have opted for a renaissance of its Islamic culture, whilst other countries have sought their qualitative goals in different ways. Developing nations may need strong assertion and acceptance of their cultural and political identity as a prerequisite for their qualitative development.

*Source: R.C. Sharma, An Overview of Population Education in C. Seshadri, J.L. Pandey (Ed.), Population Education: A National Source Book (Volume-I), NCERT, New Delhi, 1991, p. 13-14.

It would be impossible to set standards of quality for human beings in absolute terms. But one can suggest that people should have access to a range of opinions and alternatives which would allow them to select those particular qualities they desire. Various attempts have been made to define the quality of life, ranging from individual subjective evaluations to large-scale cross-national surveys. The quality of life is the sense of being pleased (happy) or satisfied with those life-elements that are most important to a person. In addition, quality is the sense of being pleased with what one has. Although satisfaction, happiness or pleasure is the central element in this definition, it should not be seen as a momentary state of happiness or pleasure but rather a long-run sense of happiness. It is perhaps best expressed as a sense of fullness or completeness of life. The quality of life involves the satisfaction of the emotional needs and social aspirations of the community or society as well as the society's ability to meet the basic needs of food, energy, space, housing, etc. by itself.

One of the criteria which can be applied to assess the standard of living or the quality of life may be the degree to which a society is stable or can live in harmony with nature without endangering itself or the environment for an indefinite period of time. One could identify four principal conditions of a stable society, a society that to all intents and purposes can be sustained indefinitely while giving optimum satisfaction to its members. These are (i) minimum disruption of ecological processes; (ii) maximum conservation of material and energy or an economy of stock rather than flow; (iii) a population in which the recruitment equals the loss; and (iv) a social system in which the individual can enjoy, rather than be restricted by the first three conditions.

SESSION 2

Linkages between Population, Development, Environment and Quality of Life

Time 50 minutes

PART A Linkages between Population, Development, Environment and Quality of Life30 minutes

PART B India's Population and Growth Rates20 minutes

Objectives By the end of the Session, participants will be able to -

1. Understand and appreciate the relationship between Population, Development, Environment and Quality of Life.
2. Understand the concept of Sustainable Development.
3. Have the knowledge about population and its Growth in India between 1901-1991 and its implications for development.
4. Recognize the need for limiting the present Population Growth.

Course contents

- Linkages between Population, Development, Environment and Quality of Life
- Ill effects of Over Population on Development, Environment and Quality of Life
- Concept of Sustainable Development
- India's Population and Growth Rates: 1901-1991
- Need to control Population Growth: Examples of resources required to meet the needs of growing Population

Materials Blackboard, Chalk and Duster
or
Charts and Marker Pens

Pre-Session Preparations

- i. Read and understand Session Steps along with Annexures-2A and 2B.
- ii. Prepare charts or posters if suggested in Sessions Steps.
- iii. Arrange the materials required for the Session.
- iv. Prepare your own notes or you can directly use the Manual.

SESSION STEPS

PART A: Linkages between Population, Development, Environment and Quality of Life

Time: 30 minutes

Step-1 Share the Title and Objectives of the Session with the trainees either by writing on the blackboard or with the help of a chart already prepared by you.

Step-2 Tell the students that -

- In this class, we are going to establish the relationship between Population, Development, Environment and Quality of Life.
- To establish this relationship, some of the trainees will play a game in the classroom and others will observe, what is happening in the game.
- After the game is over, those observing the game, as well as those playing the game, will share their experiences to establish the relationship and draw the conclusions.

Step-3. a. Choose an open space, adequate enough to accommodate at least 25 students in a standing position.

b. Ask two students to stand in the chosen space (Annexure-2A, Fig. 1)

Name them as **“Population”**

c. Ask another two trainees to form a circle by holding their hands around these persons standing at the centre i.e. “Population” (Annexure-2A, Fig. 2).

These two should make a circle in such a way that their arms are not fully stretched and at the same time there is enough space between them and the two standing in centre i.e. Population (Annexure-2A, Fig. 2).

Name this circle of two persons as **“Development Circle”**.

Name the empty space between Population and Development Circles as **“Quality of Life”**.

d. Ask three more students to make outer most circle around the earlier circle of two trainees i.e. **“Development Circle”**, This again should be made in such a way that the arms of all the three are not fully stretched and at the same time there is enough space between the outer most circle and the Development Circle (Annexure 2A, Fig. 3).

Name this outer most circle as **“Environment Circle”**.

e. Explain again to the class that -

- Trainees standing at the centre represent, **“Population”**.
- Space between these trainees standing at centre and the first circle of two trainees represents **“Quality of Life”**.

- The first circle of two trainees represents, “**Development Circle**”.
- The outer most circle of three trainees represents “**Environment Circle**”.

Step-4 a. Now ask the other trainees to observe and answer the following question-
”Are all these persons standing comfortably?”

” Answer in all probability will be ‘yes’.

b. Write the following questions on the blackboard -

- What has happened to the **Population** - has it increased or decreased?
- What has happened to **Quality of Life** - has it increased or decreased?
- What has happened to **Development Circle?**
- What has happened to **Environment Circle?**

c. Tell the trainees that -

I will start adding people to “**Population**” (with two standing at the centre)
 and

Every time I increase the Population, you have to observe and write answers these four questions (pointing towards the blackboard) in your note book.

Step-5. a. Invite two more trainees and ask them to join the “**Population**” i.e. the two trainees already standing at the centre (Annexure-2A, Fig. 4).

and

Ask the trainees/students to observe and write their answers to the questions written on the black board as explained earlier in Step 4c.

b. Keep on increasing the ‘Population’ by adding on trainees to the “Population” till-

- The ‘**Development Circle**’ breaks i.e. it is impossible for two trainees forming the circle to hold each other’s hands (Annexure-2A, Fig. 5 & 6) and next
- The ‘**Environment Circle**’ breaks i.e. it is impossible for three trainees forming the outer most circle to hold each other’s hands (Annexure-2A, Fig. 7)

Note: Keep repeating the questions for observations as mentioned in Step 4c, whenever you increase the Population.

c. When all the Circles break down, stop the game and ask the trainees participating in the game to return to their seats.

Step-6 Now ask the trainees who were observing to consult their notes and answer the following questions and draw the conclusions. (You may draw conclusions as given below or facilitate trainees to arrive at it)

Question-1 What happened to the space “Quality of Life” when Population was increasing?

Answer Quality of Life was decreasing.

Conclusion With the uncontrolled increase in Population, the Quality of Life suffers (Give examples from daily life: more the Population- lesser the share of income, food, shelter, clothing, education, health etc. per person).

Question-2 Why did the Development Circle break?

Answer Because the Population was increasing.

Conclusion In a country like ours, Population Growth is much faster than development. Therefore, if Population increase is not controlled, development suffers, and beyond a point, it cannot be stretched and it breaks down. Ultimately, it affects every body.

(Give examples from daily life: more people - smaller houses, smaller agricultural land holdings, crowded buses, crowded hospitals and dispensaries, price rise etc.).

Question-3 Why did the Environment Circle Break?

Answer Because the Population was increasing and the Development Circle was putting pressure on the Environment Circle.

Conclusion Increase in demand of development puts pressure on environment. Beyond a point, the environment is unable to meet the demands of rising population and increasing development. Hence it gets adversely affected and breaks down.

(Give examples from daily life: more people - more deforestation, more waste generation, more air and water pollution, more mining, bad weather conditions etc.)

Step-7. a. Now draw the final conclusion by saying that -

“It means if Population growth keeps pace with Development and Environment people have better Quality of Life”.

b. Ask the following question to the class -

“If in our country we want a better Quality of Life of our people, what should we do”?

Draw (or share) the following answers from the trainees -

- We have to check the Population Growth.
- Increase the Development.
- Preserve our Environment.

- We have to achieve a balance between Population, Development and Environment to give better Quality of Life to our people and our next generations.

Step-8. a. Tell the trainees that-

“This is the concept of **Sustainable Development**.”

b. Write the matter given in following box on the blackboard.

Meaning of Sustainable Development

“The development should meet the needs of current generations and it should also take care of the level of use of resources (including natural resources) so that future generations are able to meet their own needs”.

PART B:India's Population and Growth Rates

Time 20 minutes

Step-1. a. Explain to the trainees that -

“Just now, we have understood the relationship between Population, Development, Environment and Quality of Life. In this background, let us see what is the Population and Development situation in our country. With the help of some data, we shall try to understand it.”

b. Share and discuss the data given in Annexure-2B.

c. Share the following facts with the students (if time permits by writing on the blackboard).

- India has only 2.4% land area of earth whereas it supports more than 16% of world's population.
- India is the second most populated country in the world after China.
- Presently, 1.7 crore people are increasing every year (estimated figures for 1991-2001) in our country. To meet some of their needs, each year, we require additional -
 - a. 16.43 tons of Food;
 - b. 1.66 lakh Schools;
 - c. 4.88 lakh Teachers;
 - d. 52.40 lakh Jobs;
 - e. 32.86 lakh Houses; and
 - f. 24.73 crore meters of Cloth.

Source: Training Handouts, FPAI, New Delhi, 1999.

d. Pose the following question to the trainees -

“Now you the young generation have to think what should we do about our Population as individuals and responsible citizens?”

Step- 2 Sum up the Session by -

- Briefly recalling the Contents of the Session.
- Asking the trainees, to what extent its Objectives have been achieved.
- Giving reading references.

ANNEXURE-2A

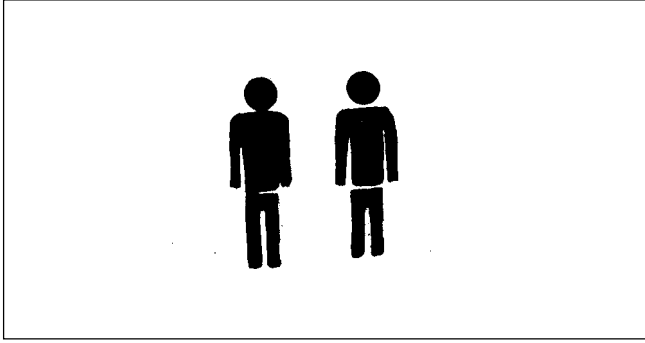


Figure 1

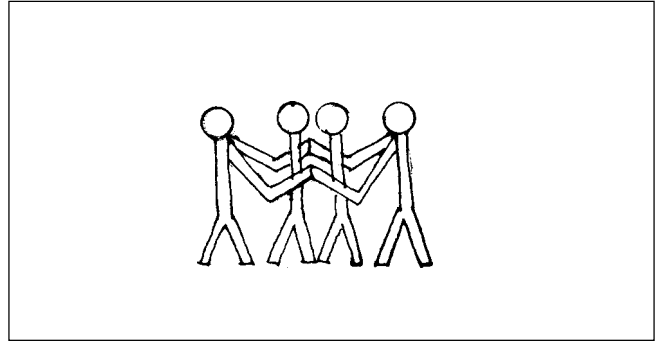


Figure 2

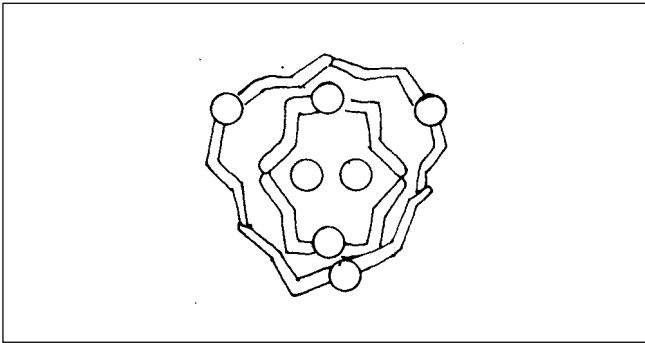


Figure 3

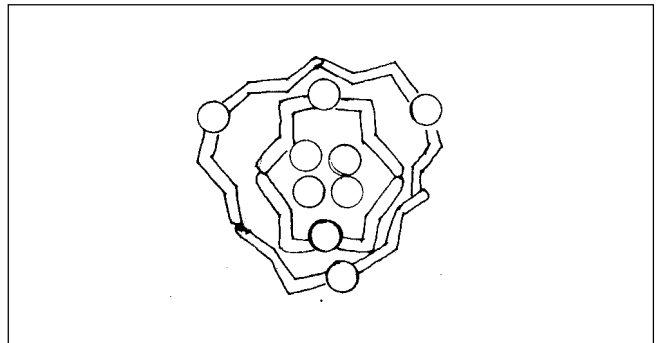


Figure 4

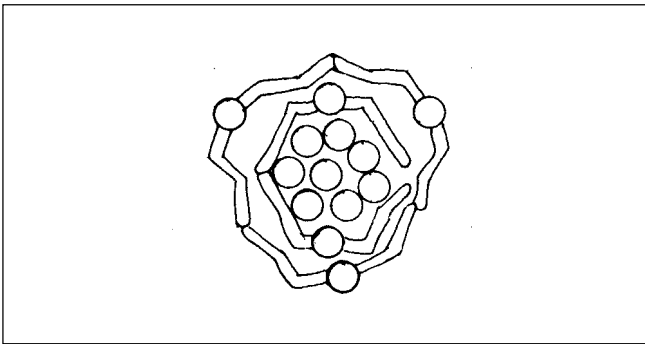


Figure 5

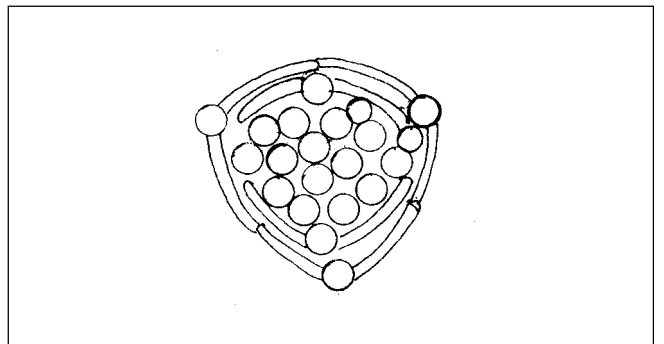


Figure 6

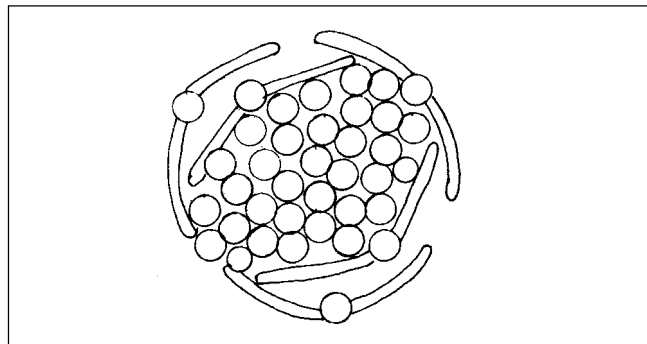


Figure 7

ANNEXURE-2B

INDIA'S POPULATION AND GROWTH 1901-1991

Year	Population (in crores)	Decadal Growth (in percentage)
1901	23.83	-
1911	25.20	+ 5.75
1921	25.12	- 0.31
1931	27.89	+11.00
1941	31.86	+14.22
1951	36.10	+13.31
1961	43.92	+21.51 ,
1971	54.81	+24.86
1981	68.33	+24.66
1991	84.63	+23.85

Source: Census of India, 1991.

**SESSION
3**

Migration and Urbanization

Time 50 minutes

PART A Migration..... 25 minutes

PART B Urbanization..... 25 minutes

Objectives By the end of the Session participants will be able to -

1. Understand the meaning and concept of Migration and identify the types of Migration.
2. Identify the causes of Migration.
3. Develop appreciation of the consequences of Migration (rural to urban)
4. Understand the meaning and concept of Urbanization.
5. Have the knowledge of trends of Urbanization in India and appreciate its consequences.

Course Content

- Concept of Migration
- Types of Migration
- Causes of Migration
- Consequences of Migration
- Concept of Urbanization
- Criteria of Census for identification of Urban settlements
- Trends of Urbanization
- Consequences of Urbanization

Material

Blackboard, Chalk and Duster
or
Flip Chart and Marker Pens

Pre-Session Preparations

- i. Read and understand the Session Steps.
- ii. Arrange the material required.
- iii. Prepare charts as suggested in Session Steps.
- iv. Prepare your own notes or you may use this Manual directly during the Session.

SESSION STEPS

PART A:Migration

Time: 25 minutes

- Step-1.** a. Share the Title and Objectives of the Session with the trainees either by writing on the blackboard or with the help of a chart already prepared by you.
- b. Ask the trainees the following question by writing on the blackboard -

“What is Migration?”

- c. Write down the responses of the trainees on the blackboard and try to frame the definition of “Migration” which should be similar to the one given in the box below or you may share the definition given in the box below.

Definition of Migration

Migration is the change of residence from one settlement to another with a view for permanent settlement. It is one of the major factors responsible for population change in any area.

- Step-2.** a. Ask the trainees -

“What are the possible types of Migration?”

- b. Write down the responses of the trainees on the blackboard.
- c. Sum up on the basis of the responses and ensure that the following types of Migration are brought out.

Types of Migration

- 1. Rural to Urban Migration:** from village to town/city.
- 2. Rural to Rural:** from one village to another.
- 3. Urban to Rural:** from town/city to village.
- 4. Urban to Urban:** from one town/city to another.

- Step-3.** a. Divide the trainees into two sub-groups and name them as

- **Group -1**
- **Group -2**

- b. Assign the following tasks to the trainees by writing on the blackboard -
- **Group-1 will discuss the causes of Migration.**
 - **Group-2 will discuss the consequences of Migration.**
 - **Each Group shall prepare a report in writing.**
 - **Time allowed is 10 minutes.**

- Step-4.** a. Ask the trainees to come back after the group discussion is over and ask Group -1 to present its report.
- b. If time permits, write down the responses in brief on the blackboard and ask other trainees to add or delete anything from the list.
- c. Sum up on the basis of the responses of the trainees ensuring that the following points are covered.

Causes of Migration	
Economic	- Employment, business or in search of job in the urban areas.
Social	- a) Education (mainly higher education). b) Family movement - head of the family transferred, entire family undergoes change of residence. c) Marriage - particularly in case of women.
Political	- Migration due to political instability like civil unrest, wars etc.
Other Reasons	- Sometimes due to natural calamities like floods, earth quakes, typhoons etc.

- Step-5.** a. Repeat the process given in Step 4.a for the report of Group-2.
- b. Sum up on the basis of the responses of trainees ensuring that the following points are covered.

Consequences of Migration could be:	
<ul style="list-style-type: none"> • Positive <p>Positive consequences are: provides jobs to jobless, better educational opportunities - this way the migrants improve not only their life-style but also improve the quality of life of their family members. Migration on account of natural and political disasters brings relief to the grief stricken families.</p>	OR
<ul style="list-style-type: none"> • Negative <p>Negative effects of Migration are quite serious. The current pattern of migration shows an excessive concentration of population from rural to urban areas. This has resulted in the creation of:</p> <ul style="list-style-type: none"> - Slums and squatter settlements i.e. poor housing, sanitation and other civic amenities. It is estimated that nearly 30 to 40% of the population in the Class 1 cities of India live in slums or squatter settlements. - Shortage of public transport system. 	

- Shortage of safe drinking water, electricity, sewage and garbage disposal services.
- Imbalance of needs and services available in the areas of health, education and institutions of learning.
- There is a general fall in the moral and ethical values resulting in overall degradation of the quality of life in cities.

Note: *You can also reinforce the consequences of Migration from rural to urban areas by sharing the two illustrations given in Annexure-3A and asking the trainees to point out the differences.*

PART B: Urbanization

Time: 25 minutes

- Step-1.**
- Write down the term “**Urbanization**” on the blackboard and ask the trainees what do they understand by this term?
 - Write down the responses of the trainees on black board (encourage at least 7-8 responses).
 - Sum-up on the basis of responses and ensure that the following definition/aspects are covered.

Definition of Urbanization

Urbanization is the process of becoming urban i.e., moving to cities, changing from agriculture to other pursuits common to cities and corresponding behaviour patterns.

- Step-2.**
- Share the following criteria laid down by the Census of India to identify a settlement as urban with the help of a chart (prepared by you in advance).

Criteria for Urban Settlement

Following criteria are laid down by the Census of India to identify a settlement as “**Urban**”:

- It should have a population of 5000 and above.
- At least 75% of the male working population should be engaged in non-agricultural activities.
- The density of population should be at least 400 persons per sq. km. Besides, all settlements with an urban form of administration like cantonment, notified area, committee, municipality are treated as towns.

Urbanization a process which involves the following aspects:

- Movement of people from rural to urban areas.
- Expansion of the urban area boundaries.
- Growth in the number of towns, cities, etc.

- Explain to the trainees that -

“The process of Urbanization is an on going one in India. Over the years, there has been a general gradual increase in the number of towns and the percentage of urban population. Since 1901, the number of towns have gone up from 1827 to 3768. So also the percentage of urban population has increased from 10.8 in 1901 to 25.7 in 1991.”

Step-3. a. Share with the trainees the following table on trends of Urbanization in India with the help of a chart prepared by you in advance.

**Table
Trends of Urbanization in India**

Census Year	Number of Towns/ Urban Areas	Total Populations in millions	Urban Population in millions	% of Urban Pop. to Total Pop.
1901	1827	238.4	25.8	10.8
1931	2072	278.9	33.5	12.0
1961	2364	439.2	78.9	18.0
1991	3768	844.3	217.2	25.7

Source: Urban-Rural Population, Paper-3, Census of India, 1991

- b.** Explain to the trainees that the data indicates the following facts -
- Number of Towns/Urban areas is continuously increasing since 1901.
 - There is an eight fold increase in the urban population between 1901-1991.
 - Percentage of urban population has increased from 10.8 million in 1901 to 25.7 million in 1991.

Step-4. a. Ask the trainees -

“What are the consequences of Urbanization?”

- b.** Write down the responses of the trainees on the black board.
c. Sum up on the basis of responses and ensure that the following aspects are covered.

Consequences of Urbanization

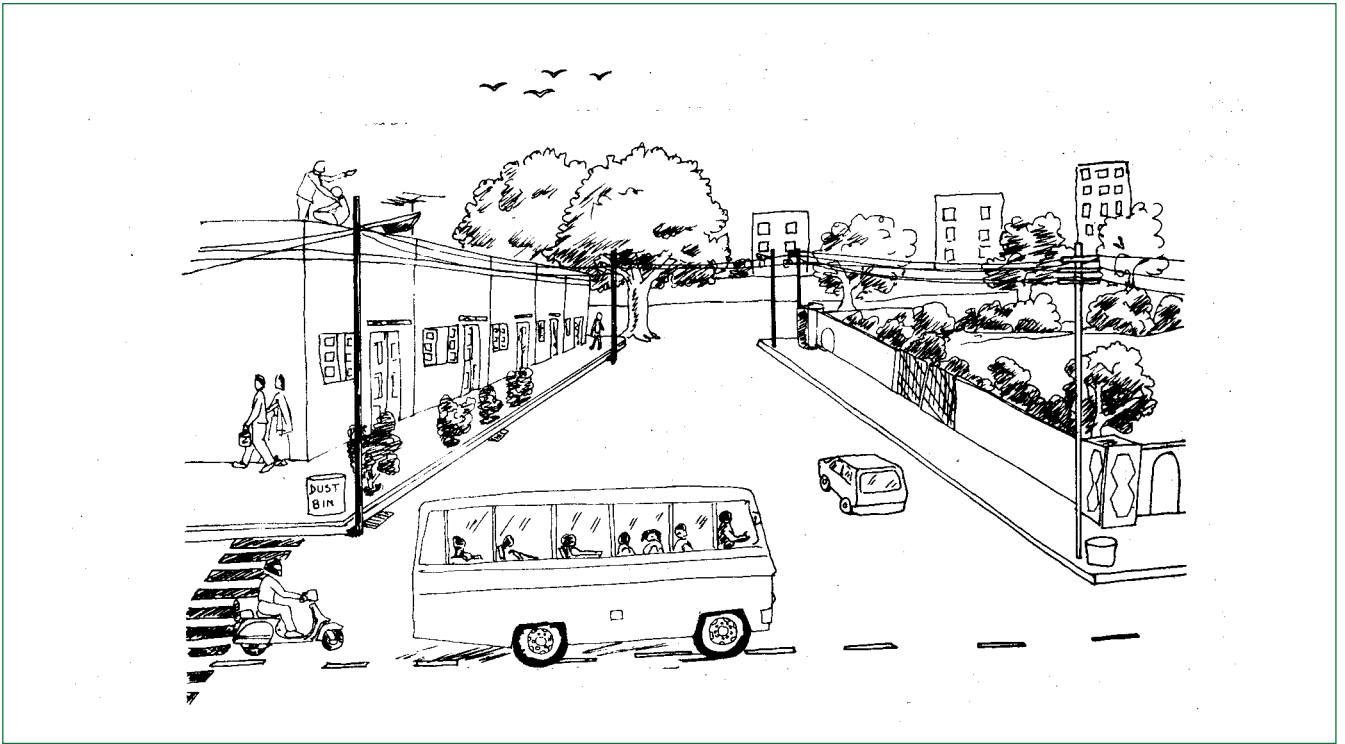
1. Surplus rural workforce can settle in centres where non-agricultural job opportunities are available. If -
 - Job opportunities are productive and lead to gainful employment-Urbanization becomes a means of economic development.
 - Otherwise -
 - Urbanization is merely a process of transfer of rural poverty to an urban environment resulting in concentration of misery.
2. Urbanization can be -
 - An indicator of socio-economic development and modernization; or can also become
 - the cause of several problems such as growth of slums, and pressures on educational, health, sanitation and other essential public welfare amenities.

Step-5 Conclude the Session by -

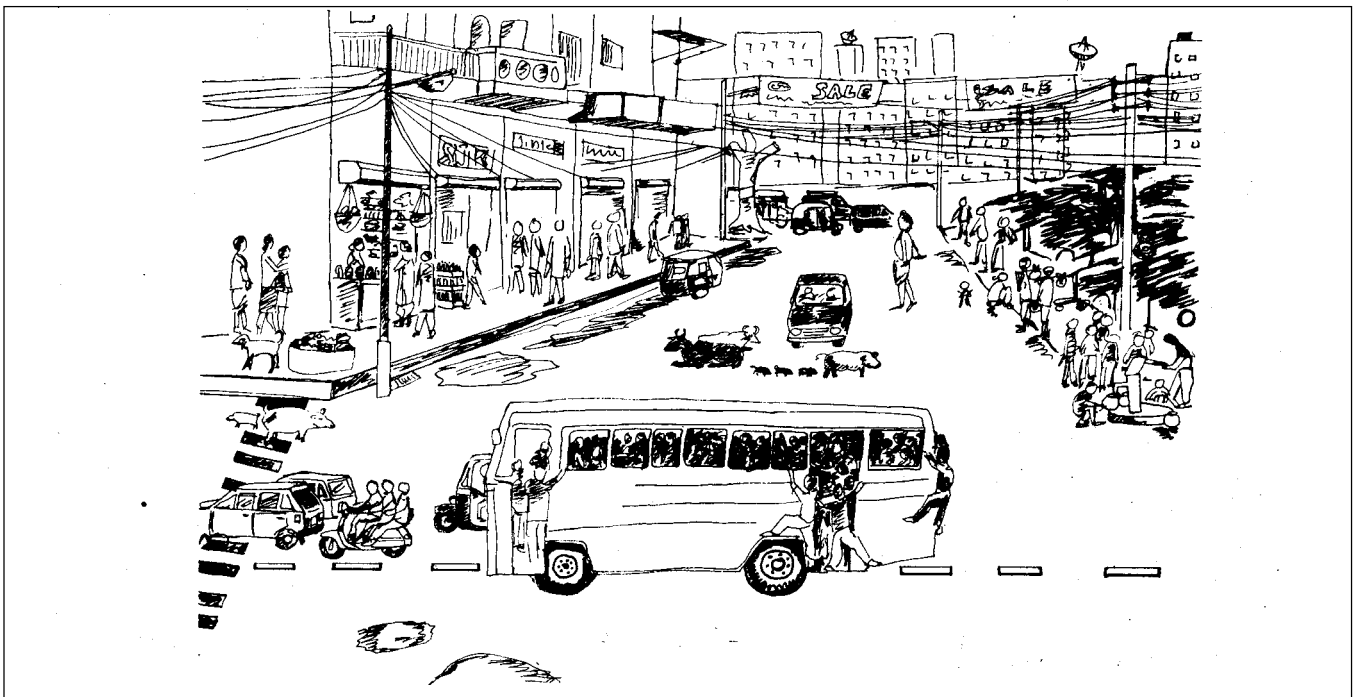
- Briefly recalling the Contents of the Session.
- Asking the trainees to what extent its Objectives have been achieved.
- Giving reading references.

ANNEXURE-3A

CONSEQUENCES OF MIGRATION FROM RURAL TO URBAN AREAS IN INDIA



Before Migration



After Migration

UNIT-2

REPRODUCTIVE HEALTH OF ADOLESCENTS AND YOUNG ADULTS

This Unit has eight Sessions (number 4-10). Session-4 establishes the concept and definition of Adolescence, Physical, Emotional and Social changes during Adolescence and explains Reproductive Organs and their functioning. Other Sessions of this Unit deals with subjects like: Body Image and Sexuality related Concerns; Building Life Skills, Nutrition and Hygiene; Safe Motherhood and Integrated Child Development; Conception and Fertility Management; HIV/ AIDS and STDs; and Substance Abuse.

This Unit is expected to develop knowledge and skills among the trainees to deal with adolescence and early adulthood period of their life. Trainees will find this Unit interesting and of immediate relevance to their lives. Introductory information of each Session under this Unit has been given in the table below which is followed by detailed Session designs.

Session Number and Title	Course Contents	Method	Time (in minutes)
Session-4 Adolescence and the Process of Growing -up	<ul style="list-style-type: none"> • Definition • Physical, Emotional and Social Changes • Male and Female Reproductive Organs 	<ul style="list-style-type: none"> • Brainstorming • Experience Sharing • Presentation 	50
Session-5 Body Image and Sexuality Related Concerns of Adolescents	<ul style="list-style-type: none"> • Body Image and changes and their explanations • Sexuality related concerns and their explanations • Myths /Misconceptions and Facts about Sexuality 	<ul style="list-style-type: none"> • Question Box Exercise 	50
Session-6 Building Life Skills	<ul style="list-style-type: none"> • Concept of Life Skills • Areas of Life Skills • Purpose of Life Skills • Enhancing Life Skills 	<ul style="list-style-type: none"> • Sub Group Exercise • Presentation and Discussion 	50
Session-7 Primary Health Care: Nutrition and Hygiene	<ul style="list-style-type: none"> • Balanced Diet • Importance of Nutritional Requirements during Adolescence • Personal Hygiene • Personal Care during Menstruation • Environmental Sanitation and Safe Drinking Water and their importance 	<ul style="list-style-type: none"> • Brainstorming • Presentation 	50

Session Number and Title	Course Contents	Method	Time (in minutes)
Session-8 Primary Health Care: Safe Motherhood and Integrated Child Development	<ul style="list-style-type: none"> • Safe Motherhood Ante Natal, Natal and Post Natal Care • Child care: Preventable Diseases, Immunization, Breast feeding, Weaning etc. 	<ul style="list-style-type: none"> • Quiz 	50
Session-9 Conception and Fertility Management	<ul style="list-style-type: none"> • Puberty • Menstruation • Conception and Pregnancy • Risks involved in Adolescent Pregnancy • Contraception or Birth Spacing 	<ul style="list-style-type: none"> • Presentation • Discussion 	50
Session-10 HIV/AIDS and STDs	<ul style="list-style-type: none"> • Full form of HIV and AIDS and difference between the two • How HIV/AIDS affects human body and Symptoms of AIDS • HIV/AIDS - Modes of Transmission, Myths and Prevention • STDs 	<ul style="list-style-type: none"> • Presentation • Case study 	50
Session-11 Substance Abuse	<ul style="list-style-type: none"> • Definition of Drugs, Substance /Drug Abuse & Substance/Drug Addiction • Short term and Long term effects of Substance /Drug Abuse / Addiction • Measures for Prevention of Substance /Drug Addiction as a Parent, Teacher and a Citizen • Hazards of Tobacco Consumption • Alcoholism 	<ul style="list-style-type: none"> • Brainstorming • Presentation 	50

SESSION

4

Adolescence and the Process of Growing Up

Time 50 minutes

PART A **Defining Adolescence and Understanding Associated Changes 30 minutes**

PART B **Female and Male Reproductive Organs and their Functions..... 20 minutes**

Objectives By the end of the Session participants will -

1. Have an understanding of the term 'Adolescence'
2. Be able to explore and understand the Physical/ Emotional and Social changes occurring among girls and boys during Adolescence.
3. Have scientific knowledge about the parts and functions of male and female Reproductive Organs.

Course Contents

- Definition of Adolescence
- Physical, Emotional and Social Changes during Adolescence
- Anatomy of Female and Male Reproductive Organs and their Functions

Material

- i. Charts and Marker/Sign Pens
Or
Blackboard, Chalk and Duster
- ii. Optional: Overhead Projector, Transparencies and Transparency Pens

Pre Session Preparations

- i. Read Annexure-4D carefully to develop your own conceptual clarity about the subject of the Session.
- ii. Read and understand the Session Steps.
- iii. Arrange materials required.
- iv. Prepare charts of matter as suggested in Session Steps.
- v. Prepare charts of Annexure-4B and 4C (must to do).
- vi. You may make your own notes before taking the Session or simply use this Manual on the spot.

SESSION STEPS

PART A: Defining Adolescence and Understanding Associated Changes

Time: 30 minutes

- Step-**
- a. Share the Title and Objectives of the Session with the help of the chart already prepared by you or by writing on the black board.
 - b. Write the word '**Adolescence**' on the black board and ask the following question to 5-6 trainees.-

“What is the meaning of Adolescence?”

or

“What do you understand by the word Adolescence?”

You can expect the following responses –

- It is the 'Youth' period of life.
 - It is a period of changes (physical, emotional, social).
 - It is the age between 14-18 years.
 - It is a period of sexual attraction towards the opposite sex.
 - It is a phase of anxieties and worries.
 - There is a lot of inquisitiveness in this age etc.
- c. Share with the trainees by writing on the black board the following definition of Adolescence.

Definition of Adolescence

“Adolescence is the period extending from puberty* to full reproductive maturity”

- A period generally between 10-19 years of age.
- A period marked by physical, emotional and social changes.

**Puberty means first external signs of sexual maturation i.e. menstruation in females and first seminal emission in males.*

- Step-2.**
- a. Tell the trainees that -
 - As mentioned in the definition, during this period, three types of changes take place i.e.
 1. Emotional Changes
 2. Social Changes
 3. Physical Changes
 - You must also have experienced these changes. Let us recall and understand these changes.

- b.** Share the following list of some of the emotional changes occurring during Adolescence (either by writing on the black board or with the help of chart already prepared by you or orally).

Emotional Changes

- Attraction towards opposite sex.
- Concerns and worries about body changes and consequently, the emotional stress.
- Frequent changes in moods.
- Crying over small matters.
- Increased irritability restlessness and anger.
- Positive body image.
- Development of self esteem, self image and self confidence.
- Confusion about values, morals and ethics.

- c.** Share the following list of some of the social changes occurring during Adolescence (either by writing on the black board or with the help of chart already prepared by you or orally).

Social Changes

- No more considered as a child.
- Not fully recognized as an adult.
- Defining of relations with peers and opposite sex.
- Inquiries/inquisitiveness.
- Setting goals.
- Finality in choice/making decisions.
- Realistic view of the outside world.
- Peer group take special meaning and friends are selective.

- d.** Tell the trainees that -

- The emotional and social changes taking place during this phase are generally similar in boys and girls but some of the physical changes occurring during this phase are different in boys and girls.

- e.** Share the following physical changes that occur during adolescence in boys and girls (either by writing on black board or with the help of chart already prepared by you or orally).

Physical changes	
Girls	Boys
<ul style="list-style-type: none"> • Breasts develop. • Growth of pubic hair. • Growth of hair in the armpits. • Enlargement of sex organs i.e. Vagina (birth passage), Uterine Tubes, Ovaries, Vulva (external genitals). • Increase in height. • Production of Ova. • Skin problems (Acne can occur). • Attraction towards opposite sex. • Hip bone enlarges. • Menstruation begins. 	<ul style="list-style-type: none"> • Broadening of shoulders. • Deepening of voice. • Increase in height. • Enlargement of penis. • Enlargement of testicles. • Growth of pubic hair. • Growth of body hair. • Growth of facial hair. • Erection of penis in the morning. • Production of sperms. • Acne often occurs. • Attraction towards opposite sex. • Sexual emission/wet dreams

Note: You can supplement this matter with the help of illustrations given in Annexure-4A.

f. Explain to the trainees that -

- These physical, emotional and social changes are natural and have to be understood and handled instead of getting confused or worried about.

Step-3 Tell the trainees that -

- This is the phase when the sex organs of girls and boys become capable of adult functioning and reproduction. Therefore, it is important for us to understand these organs and their functions.

PART B:Female and Male Reproductive Organs and their Functions

Time: 20 minutes

Step-1 Display the chart copied from Annexure-4B showing the Reproductive Organs of females and explain the chart with the help of the following description.

The parts of the female body that are involved in pregnancy and child-bearing are called Reproductive Organs. They include:

1. Internal Organs

- **Ovaries**- oval shaped structures containing egg cells, produce female sex hormones-Estrogen and Progesterone. An ovum or egg is about the size of a pin-head.
- **Fallopian Tubes** - passage way for the egg to travel from the ovary to the uterus. This is where the man's sperm meets and fertilizes the egg.
- **Uterus (Womb)** - where the fertilized egg grows to become baby before the birth.
- **Cervix** _ also called as the neck of the womb. It connects the womb to the vagina and normally has a small opening.
- **Vagina** - it is the channel between the womb and outside of the body. It is the canal through which the baby passes during child birth; passage way for the menstrual flow outside the body; place where man inserts his penis during sexual intercourse.

2. External Organs

- There are three openings in the genital area: the **Urethra**, the **Vagina and the Anus**. **Urethra** is for the passage of urine. **Vaginal** opening is the outlet for the menstrual flow. The **Anus** (not a part of Reproductive System) is the outlet for the expulsion of the feaces.
- **Labia Majora and Labia Minora** - they are two sets of folds on either side of the Vagina. They protect the clitoris and the Urethral and Vaginal openings.
- **Clitoris** - is the small structure located above the Urethral opening at the point where the Labia meet; focal point for stimulation; brings pleasurable feelings when stimulated.

- Step-2. a.** Display the chart copied from Annexure-4C showing Male Reproductive Organs and explain the chart with the help of the following description.

The parts of the male body that are involved in Reproduction are called the Reproductive Organs. They include -

1. Internal Organs

- **Vas Deferens (sperm tube)** - is the passage way for sperms, from testicles to the urethra. Sperms are male sex cells - too small to be seen without a microscope. Production begins between age 12-24 years. Total number per ejaculation is 200-500 million but only one can fertilize the egg. Semen is the sperm containing fluid that passes out of the penis at the time of ejaculation.
- **Urethra** - is the tube inside the penis which carries semen (sperms + other fluids) for ejaculation outside the male body.

2. External Organs

- **Penis** - It places sperms in the woman's vagina during sexual intercourse. When a man is sexually aroused or his penis is stimulated, his penis becomes enlarged (erection) and ejaculation of semen can occur. If sperms meet the egg in the uterus, she becomes pregnant.
- **Scrotum** - It is the pouch located below the penis which contains the testicles. It protects the testicles, controls the temperature necessary for sperms production and survival of the sperms.
- **Testes** - These are two round glands which descend into the scrotum following birth. During puberty, they start producing and store sperms. Also, produce male sex hormone-Testosterone.

- b.** Tell the trainees that -

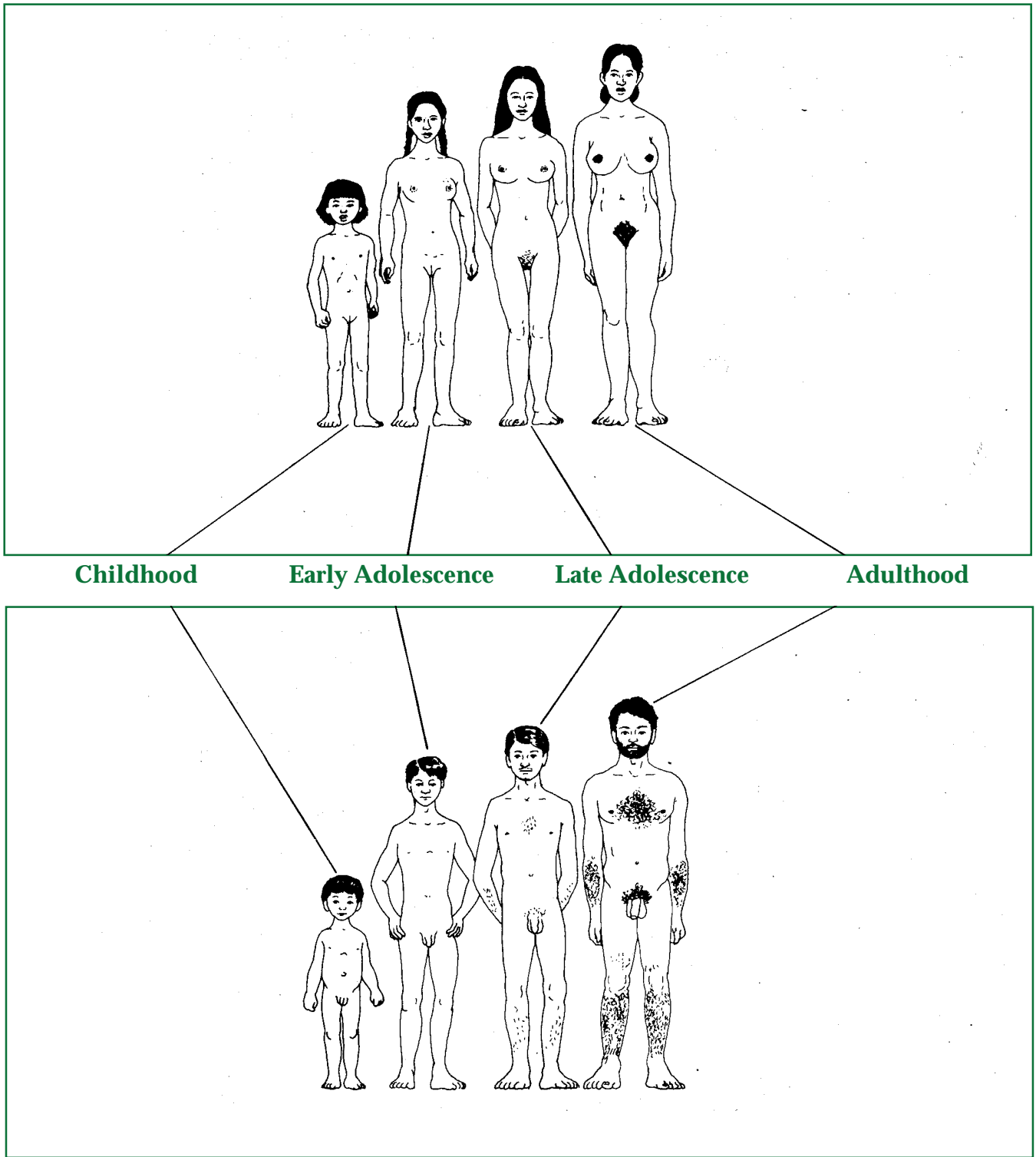
- Information of other reproduction related issues i.e., intercourse and conception etc. will be covered in another Session at a later stage.

- Step-3** Sum up the Session by -

- Briefly recalling the Contents of the Session.
- Asking trainees to what extent Objectives of the Session have been achieved.
- Giving reading references.

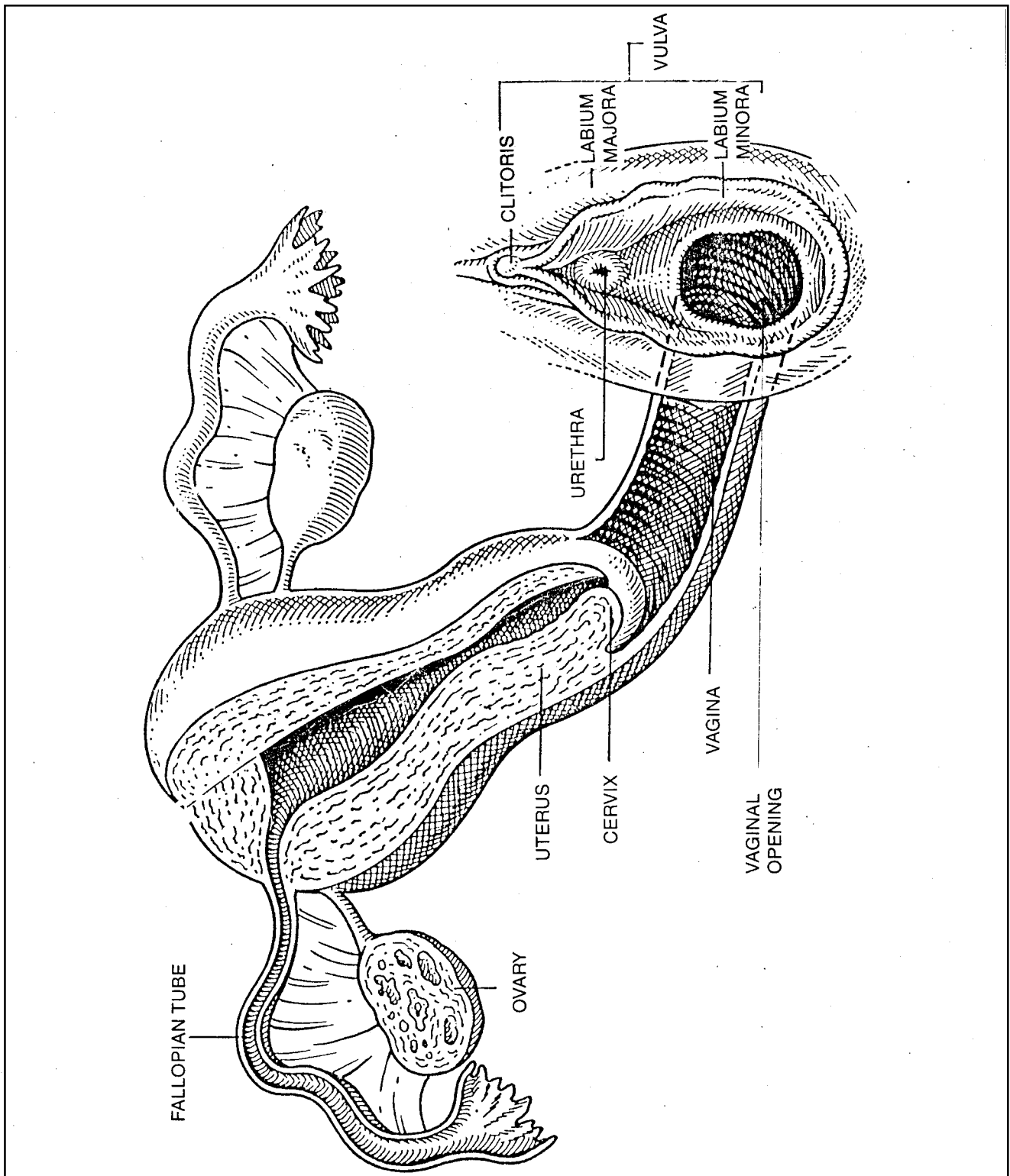
ANNEXURE-4A

PHYSICAL CHANGES IN DIFFERENT STAGES OF GROWTH

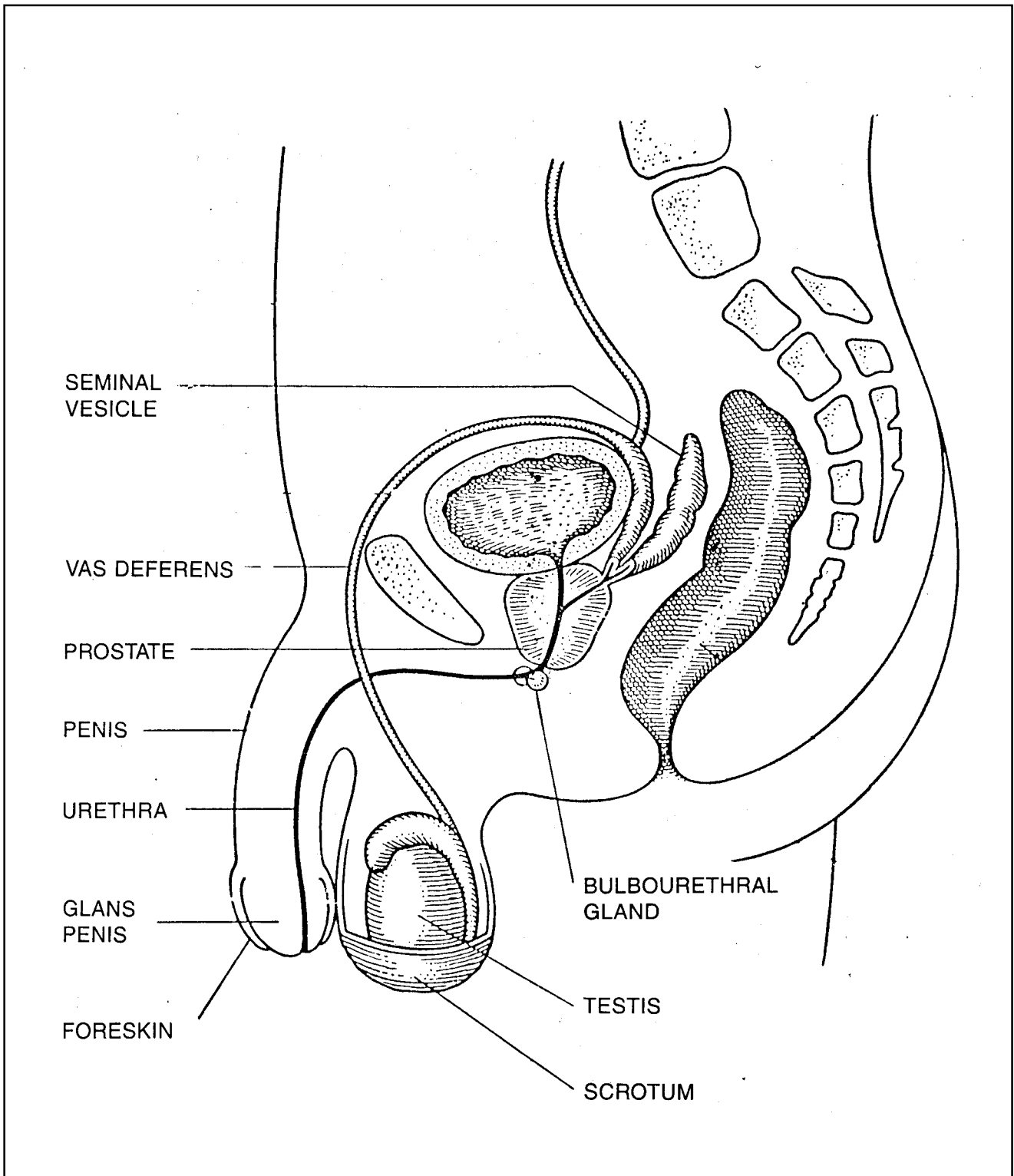


Source Chose a Future : Issues and Options for Adolescent Girls, CEDPA, Washington D.C.,1996.

ANNEXURE-4B
THE FEMALE REPRODUCTIVE ORGANS
EXTERNAL AND INTERNAL ORGANS



ANNEXURE-4C
THE MALE REPRODUCTIVE ORGANS
EXTERNAL AND INTERNAL ORGANS



ANNEXURE-4D

ADOLESCENCE, ASSOCIATED CHANGES AND IDENTITY FORMATION

Growing up is a natural and normal process. Human beings undergo certain changes at various stages of their life-span which are known as developmental stages. These developmental stages are - Infancy, Childhood, Adolescence, Adulthood and Old Age. Amongst these, Adolescence is a critical stage of growth and development.

Definition of Adolescence

Adolescence is a period, generally between 10 to 19 years of age, which is marked by certain physical, emotional and social changes extending from puberty to full reproductive maturity. Puberty means the first external sign of sexual maturation i.e., menarche in females and the first seminal emission in males.

The age at which these developmental changes take place varies from individual to individual. These changes are caused by hormones or chemicals produced by the pituitary glands situated at the base of the brain. These hormones activate sex glands to develop and produce sex hormones. The female produces two hormones - estrogen and progesterone and the male produces one hormone known as testosterone. The hormonal changes result in the development of secondary sexual characteristics among both males and females.

Phases of Development

Adolescence is usually divided into three phases - Early Adolescence, Mid Adolescence and Late Adolescence. It must be noted here that there is a great deal of overlapping among these three phases as development rarely take place in strict conformity with a set of norms.

Early Adolescence

- Age 9-13 years.
- Spurt (faster rate of) in physical growth.
- Girls are slightly taller and heavier than boys.
- Rapid social development.
- Sexual development gathers momentum.
- Friends become important - boys form groups and girls have just one or two friends.
- Sexual fantasies and other sexual manifestations start.
- General confusion and pre occupation with body wonders.

*Source: Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, New Delhi, 1998.

Mid-Adolescence

- Age 14-15.
- Secondary sexual characteristics continue to develop.
- Reproductive organs become capable of producing ova (in girls) and sperms in (boys).
- Phase of experimentation and adventure.
- Defining of relations with peers and opposite sex.
- Emotions become deeper and more intense.
- Finality in choices.

Late Adolescence

- Age 16 and above.
- Sexual organs capable of adult functioning.
- Set body image.
- Realistic view of outside world.
- peer group become less important and selective about friends.
- Ability to define life goals.
- Consistent framework of values, morals and ethics.

Physical Changes during Adolescence

Girls	Boys
<ul style="list-style-type: none">• Breasts develop.• Growth of pubic hair.• Growth of hair in the armpits.• Enlargement of sex organs i.e. Vagina (birth passage), Uterine Tubes, Ovaries, Vulva (external genitals).• Increase in height.• Production of Ova.• Skin problems (Acne can occur).• Attraction towards opposite sex.• Hip bone enlarges.• Menstruation begins	<ul style="list-style-type: none">• Broadening of shoulders.• Deepening of voice.• Increase in height.• Enlargement of penis.• Enlargement of testicles.• Growth of pubic hair.• Growth of body hair.• Growth of facial hair.• Erection of penis in the morning.• Production of sperms.• Acne often occurs.• Attraction towards opposite sex.• Sexual emission/wet dreams.

Emotional Changes

- Sexual excitement.
- Concerns and worries about body changes and consequently, the emotional stress.
- Frequent changes in moods.
- Crying over small matters.
- Increased irritability, restlessness and anger.
- No more considered as a child.
- Not fully recognized as an adult.

- Defining of relations with peers and opposite sex.
- General inquisitiveness.
- Setting goals.
- Finality in choices.
- Positive body image.
- Development of self esteem, self image and self confidence.
- Confusion about values, morals and ethics.

Identity Formation

During the process of growing up, Adolescents try to define themselves and establish their personal identity. As they mature physically, they normally form a stronger sense of personal identity during early childhood. They tend to assert and take their own decisions about their needs, interests, abilities and vocations. During this phase of experimentation, Adolescents are expected to develop a gender role identity, a positive body image and a sense of self-esteem and self-confidence. The society has defined roles for children and adults, not for Adolescents. This provides a background in which Adolescents tend to assert their identity and try to define their role.

Tips for Coping with Adolescence

Normally the period of Adolescence with prominent physical and emotional changes does not appear to be so stressful as is ordinarily assumed. Most Adolescents manage changes and developments without making those appear like problems. If they are given authentic knowledge about these changes and developments, and if parents, teachers and other adults share the concerns of Adolescents and extend their support to them, it will be easier for them to cope with these changes. There is a need to avail opportunities for Adolescents to express their emotions by providing them a healthy emotional climate at home, in the school and in the community.

SESSION 5

Body Image and Sexuality Related Concerns of Adolescents

Time 50 minutes

Objectives By the end of the Session participants will have -

1. Scientific knowledge and understanding about Body Image, Body Changes and Sexuality related Concerns during Adolescence.

Course Contents

- Body Image and Body Changes during Adolescence and their scientific explanations (colour, shape, size etc. as part of normal growth and development process during Adolescence).
- Sexuality related concerns during Adolescence and their explanations. Myths/Misconceptions and facts about sexuality.

Materials

- i. Blackboard, Chalk and Duster
or
Chart and Marker Pens
- ii. Used shoe box or a similar item

Pre Session Preparations

- i. Read Annexure-5A and 5B (a must do),
- ii. Arrange the material mentioned above.
- iii. Prepare charts or other items as suggested in Session Steps.
- iv. Make notes of your own or you can directly use the Manual while conducting the Session.

SESSION STEPS

Step-1 Share the Title and Objectives of the Session either by writing on black board or with the help of chart already prepared by you.

- Step-2**
- a. Take the used shoe box(or a similar item), cut a slit in its lid and write “Question Box” on it (if it is already prepared simply use it as suggested).
 - b. Keep the box in one corner of the class room (preferably at the back).

- Step-3.**
- a. Explain to the trainees the following instructions by writing on the black board -
 1. Write your personal concerns or questions or clarifications related with body image, body changes or sexuality on a slip of paper (in clear hand writing) and put it in the Question Box.
 2. Use separate slips for separate concerns or questions.
 3. Take 10 minutes to do it.
 4. Do not write your name on the slip.

Note: It may be possible that the trainees are being given this opportunity to ask questions on such a personal and sensitive issue for the first time. Therefore, socio-cultural factors will play their own role. Hence you may expect hesitation and apprehensions (normally expressed in the form of stunned silence or concealed giggling or exchange of glances or elbow hitting communication).

- b. Therefore, build confidence of the class by explaining to trainees that -
 - These questions naturally arise in the mind of Adolescents and there is nothing unnatural or bad about it.
 - It is better to ask these questions rather than not ask them and remain worried or concerned.
 - It is better to have correct information about your concerns, rather than having incomplete or wrong information from unauthentic sources.

Note: In order to provide further opportunity for free expression you may leave the room. But do inform the trainees about the purpose of leaving the room. You may return after the allotted time for exercise is over.

or

Alternatively, you may give instructions of Step-2 and Step-3 a day before the Session and leave the Question Box at a secure and confidential place. Trainees may deposit their questions as and when they like but before starting of the Session.

- Step-4.**
- a. After the assigned task is over, open the Question Box, take out all the slips and study them carefully one by one.

Note: Apart from genuine questions, you may find some irrelevant questions or even personal comments on your personality (see Annexure-5A). Just delete them without getting upset or irritated or biased about them.

b. Classify the genuine questions into three categories:

Category-1 Questions for which you do not have readily available answers or explanations (see Annexure-5A).

- Keep such questions separately.
- Take them up at the end of the Session.

Category-2 Questions which are personal, can not be answered/explained in a group situation but could only be discussed during individual counselling (see Annexure-5A).

- Keep such questions separately.
- Take up these questions towards the end of the Session.

Category-3 Questions which can be answered/explained in the class (see list in Annexure-5A and detailed explanations in Annexure-5B).

Step-5. a. Classify the **Category-3 Questions** in two subgroups i.e.:

Group-1: Body Image and Body changes related Questions/Concerns.

Group-2: Sexuality related Questions/Concerns.

(Refer Annexure 5A & 5B)

Note: 1. *As you know body image and body changes related questions/concerns are lighter and can be answered with little or no hesitation. Answering/explaining them first will set the pace of the class.*

2. *Sexuality related Questions/Concerns are slightly heavier in mood. Normally they are not to be talked or discussed openly or publicly as per our cultural norms. Therefore, take extra-precautions while dealing with such questions. The best way is to explain them in an “impersonal” manner as a subject of teaching and not as individuals’ personal questions.*

3. *In a mixed class of boys and girls, handle the Session very carefully from Step-5 onwards. If possible, take this Session with boys and girls separately.*

b. Take-up Group-1 i.e. Body Image and Body Changes related Questions/Concerns first. Read one slip at a time and answer the question with the help of Annexure-5B.

c. Next, take-up Group-2 i.e., Sexuality related Questions/Concerns. Read one slip at a time and answer the question with the help of Annexure-5B.

Step-6. a. Once you have answered the questions of Category-3, take-up the slips of Category-2 questions.

b. Do not read them in the class, as they are very personal and could be discussed on individual basis only.

c. Tell the trainees that -

- You have some questions which you are not sharing in the class because they

are very personal. Trainees asking these questions can contact you individually at a mutually convenient time after the class.

Note: You may handle these questions yourself during individual meeting or guide the trainees during this meeting to consult the medical officer at PHC on an individual basis.

Step-7 Now take-up the Category-1 questions.

Read only a few questions from these slips (for giving an idea to the trainees) and explain to the trainees that you do not have readily available answers/explanations for such questions, You shall answer/explain these questions in some other class after consulting relevant books/professionals or the trainee concerned can seek advice of the doctor at the PHC”

Note: You can also arrange a guest lecture of medical officer of your PHC to answer/explain these Questions/Concerns.

Step-8 Sum-up the Session by -

- Briefly recalling the Contents of the Session.
- Asking trainees to what extent its Objectives have been achieved.
- Giving reading references.

ANNEXURE-5A

BODY IMAGE, BODY CHANGES AND SEXUALITY RELATED CONCERNS OF ADOLESCENTS

Categories of Expected Questions/Concerns

1. Irrelevant Questions/Comments

Whenever an opportunity of free expression with a guarantee of confidentiality is provided, some students ask weird/irrelevant questions or pass irrelevant comments, either for the thrill of it or to take out their grudges. Therefore, you may expect the following types of questions also in your 'Question Box'.

- Sir/Madam, please help me in developing an affair with 'x' girl/boy.
- Sir/Madam, you are having an affair with trainee or Sir/Madam you are very beautiful/sexy.
- You may expect any other sort of irrelevant slips/questions.

Treatment: Ignore them as suggested in **Step-4a**.

2. Relevant Questions/Concerns

Category-1: Questions/Concerns for which you do not have readily available answers/explanations. Such questions can not be anticipated in advance because the capacity to answer such questions really depends on your educational background, previous training in the subject and preparation you have done for the present session. Therefore, before responding to such questions you may need to consult relevant literature or subject expert.

Treatment: Separate out of the questions of this category and deal with them as suggested in **Step-4b** and **Step-7**.

Category-2: Questions/Concerns which cannot be explained in a group situation but can only be discussed during individual counselling.

These questions also, cannot be anticipated and listed here in advance. Therefore, you will have to categorize them only after studying the slips from the Question Box.

However, an example of such a question is being given here:

"I am having an affair with a married man/woman. Is it right or wrong"?.

Treatment: Deal with these questions as suggested in **Step-4b** and **Step-6a-c**.

Category-3: Questions/Concerns which can be answered/explained in the class.

Treatment: As suggested in **Step-4** and **Step-5a-c**.

Some common concerns are being listed below with explanation of each given in Annexure-5B.

1. Body Image and Body Changes related Questions/Concerns:

a. Common to Boys & Girls

- Height
- Pimples/Acne/Acne scars
- Overall Body Look
- Body Hair
- Body Odour

b. Boys' specific

- Size and Shape of Nose
- Deepening of the Voice
- Moustache and Beard

c. Girls' specific

- Obesity
- Height and Weight
- Hips and Waist

2. Sexuality related Questions/Concerns:

a. Common to Boys & Girls

- Attraction towards Opposite Sex
- Masturbation
- Getting Pregnant by Kissing, Touching/Hugging
- Child Birth and Pregnancy

b. Boys' specific

- Erection of Penis and Nocturnal Emission/Wet Dreams
- Size of Genitalia

c. Girls' specific

- Shape and Size of Breasts
- Menstruation

ANNEXURE-5B

Category-3: Questions/Concerns and their Answers/Explanations which can be addressed in the class.

Group-1: BODY IMAGE AND CHANGE RELATED QUESTIONS/CONCERNS

a. Common to Boys & Girls

Question

Why my height is not increasing like others?

Or

Why am I getting so tall?

Explanation

Rate of increase of height varies from person to person. It is affected by many factors like heredity, diet, exercise, race, natural environment growth hormones in the body etc. One can not possibly change or alter these factors to increase or regulate one's height. However, with some appropriate exercises and diet, it can be increased a little bit.

However, the point to understand here is 'not to compare' and 'not to worry' about it.

For example: Amitabh Bachhan has his own personality and Govinda has his own despite differences in height.

Question

Why have so many pimples/acne come up suddenly? Are they because of body heat? (traditional explanation) Will they leave scars on my face? What to do about them?

Explanation

Sudden appearance of pimples during adolescence in some cases is a natural phenomenon. Their appearance is caused by body hormones. Therefore, it is difficult to stop their appearance. According to allopathic system of medicine, pimples are not caused either by 'body heat' or 'upset stomach'.

Scars of pimples can be taken care of if one takes proper skin care. One should always consult a doctor before using some skin care ointment or lotion.

Question

How does my body appear to others?
How do I look?
Why am I not so attractive/handsome like others?

Explanation

No two individuals look alike (except for twins). The colour, height, features, body image are influenced by socio-cultural factors. One cannot change these factors. However, one should not be worried about one's body image. An attractive personality does not depend simply on physical appearance but depends more on one's abilities, character, attitude, traits, actions etc. Therefore, these later mentioned factors together with a healthy body and mind are more important than physical appearance.

Question

Why have so many hair grown on my body?
Why are my body hair becoming thick?

Explanation

Growth of body hair especially on arms, legs, armpits and around genital area in cases of boys and girls and growth of moustache and beard in case of boys, during Adolescence is a natural phenomenon. This growth is caused by the release of sex hormones in the body during Adolescence. This growth varies from person to person.

Question

Why has my body/sweat started smelling ?

Explanation

During Adolescence, oil and sweat glands are activated and this leads to the development of body odour. This is very normal.

b. Boys' specific

Question

Why does my nose look swollen?
Why is my nose taking an odd shape?

Explanation

Nose looking swollen or taking an odd shape in some cases is also a part of natural growth during Adolescence. There is nothing unusual about it. From birth to adolescence, the shape and size of the nose changes at different stages. But after adolescence, it stabilizes.

Question

Why has my voice become hoarse?
Why is my voice deepening/breaking?

Explanation

Voice becoming hoarse during Adolescence is due to the changes which occur in the 'voice box' during this period. These changes in the voice box are caused by release of the male sex hormones and are natural.

Question

Why is my beard/moustache so thin/thick?
Why is it not like others?
Will it grow faster, if I shave regularly?
How will my parents react, if I start shaving?

Explanation

Growth of beard/moustache(its thinness/thickness) mainly depends on secretions of certain hormones in the body which varies from person to person. Therefore, this growth cannot be altered. Hence, one should not worry about it. Shaving more frequently also does not help. Parents reaction on shaving really depends on socio-cultural environment of your family and community. Therefore, you must understand your environment and decide accordingly.

c. Girls specific

Question

Why I am getting so fat or obese?

Explanation

Some people grow obese or fat during adolescence. This is a natural phenomenon. One should not worry about it. Little diet control and exercise can help but only on the advice of a doctor.

Question

Why is my height and weight increasing?
Why my hips have broadened and waist has narrowed?

Explanation

These changes are the part of natural growth during Adolescence. In this period the body of a girl starts taking a feminine shape.

Group-2 SEXUALITY RELATED QUESTIONS/CONCERNS

a. Common to Boys & Girls

Question

What does Sexuality mean?

Explanation

Sexuality has 4 components -

- a. biological sex.
- b. gender identity (sense of being male/female).
- c. social sex role (adherence to cultural norms for feminine and masculine behaviours).
- d. sexual orientation - homosexual, heterosexual, bisexual.

Question

Why am I attracted towards that particular girl/boy (opposite sex attraction)? Is it abnormal to get attracted towards the opposite sex?

Explanation

Attraction towards the opposite sex is part of the natural growth during Adolescence. It is caused by sexual changes occurring in boys and girls during Adolescence. There is nothing wrong about it. These attractions are regulated by socio-cultural factors which differ from society to society.

Question

What is masturbation?

Is masturbation harmful for health?

Does masturbation affects sex life/performance?

Explanation

Masturbation is the manual manipulation of sex organs or other parts of the body for sexual arousal or release of sex drives/tension.

As per the scientific explanation, masturbation is not harmful for health provided body parts are not injured in the process or are exposed to unhygienic objects or conditions.

Masturbation does not affect the sex life/performance.

Question

Can a girl get pregnant by holding hands/kissing/hugging? Can pregnancy be caused by holding of hands/kissing/hugging?

Explanation

A girl does not get pregnant by holding hands/kissing/hugging.

Note: Pregnancy will be discussed in details in another session.

Question

Why a child is born after marriage only?

How does pregnancy takes place?

How can pregnancy be prevented?

Explanation

These questions will be discussed in details in Session-9 on “Conception and Fertility Management”.

Question

Is homosexuality abnormal?

Explanation

No. Homosexuality is not an illness, mental disorder or emotional problem. It reflects ones sexual orientation that emerges for most people in early adolescence without prior sexual experience.

b. Boys' specific

Question

Why is my penis erect when I wake-up?

Why do I get wet dreams/nocturnal emission, is it abnormal or harmful?

Explanation

Erect penis on waking-up (especially in the morning) and discharge of semen during sleep and dreaming are very normal. These are the signs of healthy physical growth and development and are not harmful. However, physical growth and development may be healthy in those cases also who do not experience these wet dreams.

Question

Why is the size of my penis and/or testicles so small or so big?

Does the size of penis and/or testicles matter in sexual intercourse or for making a woman pregnant?

and

Other questions related to reproductive/sex organs of male and their functions.

Explanation

Size of the penis and testicles vary from person to person. The size of the penis or testicles does not affect performance during sexual intercourse or making a woman pregnant.

Note: Other questions will be discussed in details in Session-9 on “Conception and Fertility Management”

c. Girl’s specific

Question

I am worried about my breasts?

Why have they grown?

Why their shape and size is like that (proportionate/disproportionate or not to my liking)?

Explanation

Development of breasts in girls is the part of normal growth process during Adolescence.

One should not be worried about the asymmetry of breasts as this is corrected by the time development is complete. However, just like natural differences between body colour, shape and size of two individuals, the shape and size of the breasts of two individuals also cannot be compared.

Question

What is menstruation?

Why it is happening to me?

Is it a disease/Am I injured?

I feel guilty/unclean during menstruation?

and

Many more questions related with it and reproductive/sex organs of women and their functions.

Explanation

Menstruation is part of the normal growth of girls during Adolescence.

It happens to practically every girl.

It is not a disease or injury.

One should not feel guilty or unclean about it.

Note: We will discuss and understand about it in detail in Session-7 and Session-9.

SESSION

6

Building Life Skills

Time

50 minutes

Objectives

By the end of the Session, the participants will be able to -

1. Know the meaning and concept of Life Skills.
2. Understand the importance of Life Skills in one's life.
3. Learn ways to enhance skills to build positive social relationships.

Course Contents

- Concept of Life Skills
- Areas of Life Skills
- Purpose of Life Skills
- Enhancing Life Skills

Materials

Blackboard, Chalk & Duster
or
Charts and Marker Pens

Pre-Session Preparations

- i. Read and understand the Session Steps.
- ii. Arrange the materials required.
- iii. Prepare charts etc. as suggested in Session Steps.
- iv. Make notes of your own or you can directly use the Manual in the class.

SESSION STEPS

Step-1 Share with the trainees the Title and Objectives of the Session either with the help of chart already prepared by you or by writing on the black board.

- Step-2**
- Write the term 'Life Skills' on the board and ask trainees to explain what they understand by the term. List down their responses on the board/chart.
 - Ensure that the following concept of Life Skills is brought out during the discussion.

Life Skills are the abilities for adaptive and positive behaviour that enable individuals to deal effectively with The demands and challenges of everyday life.

- Discuss the words underlined. Find out their perception about adaptive and positive behaviour, what are the abilities that are required to face the challenges of life?
- During the discussion ensure that the following areas of Life Skills emerge.

Areas of Life Skills	Abilities
Thinking Skills	Self awareness, social awareness, problem solving, decision making, goal setting.
Social Skills	Establishing relationships, listening, valuing, communicating effectively.
Negotiating Skills	Saying 'no' to oneself, saying 'no' to peer pressures, mutual compromises.

- Step-3.**
- Ask participants why is it that some people are able to take decisions while others are not?
 - Write down the responses on the board and discuss - ensuring that the following points are brought out.

We need to negotiate with ourselves and others to make decisions. For negotiating effectively with others, we need thinking and social skills



People who are able to negotiate effectively have the following qualities

a. Thinking Skills

- Understand their own strengths and weaknesses.
- Are better informed.
- Have self esteem.
- Have self confidence.

b. Social Skills

- Able to establish positive relationships.
- Good listeners.
- Good communication skills.
- Able to judge others correctly.
- Take initiative or have leadership qualities.

- Step-4.** a. Ask 5-6 trainees- What is the importance of Life Skills in one's life?
b. Write down the responses on the black board/chart
c. Respond to the responses, ensuring that the following points are covered

Importance of Life Skills

- Raising self esteem.
- Building self confidence.
- Making use of informed choices.
- Enhancing productivity.
- Developing negotiating skills for personal and social interests.
- Becoming 'proactive' change agent.

- Step-5.** a. Divide the trainees into 2-3 sub groups and ask them to discuss within a time period of ten minutes, different ways of enhancing Life Skills.
b. After 10 minutes, ask the groups to present their group reports.
c. Summarise the group reports ensuring that the following points are covered.

Enhancement of Life Skills

a. Thinking Skills can be enhanced through:

- i. Self awareness by -
 - understanding self/one's strengths and weaknesses;
 - recognizing opportunities available;
 - remaining prepared to face threats;
 - raising self esteem;
 - building self confidence; and
 - readiness to learn.
- ii. Social Awareness by -
 - understanding problems and situations within and outside the family; and
 - awareness of social problems.
- iii. Goal setting by -
 - identifying short term and long-term goals; and
 - being in control of one's body and mind.
- iv. Problem solving by -
 - identifying problems;
 - exploring alternatives; and
 - making rational decisions.

- v. Decision Making by -
 - weighing pros and cons of alternatives;
 - accepting responsibility for consequences of decisions; and
 - helping others to make decisions.

B. Social Skills can be enhanced through:

- i. Establishing relationships by -
 - appreciating/understanding other people's point of view;
 - working with others; and
 - understanding roles and constraints of others.
- ii. Listening by -
 - understanding difference between hearing and listening; and
 - understanding importance of listening in inter-personal communication.
- iii. Communicating effectively -
 - verbal and non-verbal communication.

C. Negotiation Skills can be enhanced through:

- learning to say 'no' to oneself;
- saying 'no' to peer pressure;
- learning to be assertive and not aggressive or passive; and
- making mutual compromises.

- Step-6.** Conclude the Session by -
- Briefly recalling the Contents of the Session.
 - Asking the trainees to what extent the Session Objectives have been achieved.
 - Giving reading references.

ANNEXURE-6

What are Life Skills?

Life skills have been defined as “the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life” (WHO, 1993 p. 1). Life skills, from this perspective, are essentially those abilities that help to promote mental well-being and competency in young people as they face the realities of life.

Core set of life skills areas identified by WHO (1994: p3) for promotion of health and well being of children and adolescents are:

- Problem Solving
- Critical Thinking
- Communication Skills
- Self-Awareness
- Coping with Stress
- Decision Making (including goal setting)
- Creative Thinking (including value clarification)
- Interpersonal Relationship Skills (including Assertiveness)
- Empathy
- Coping with Emotions

Effective acquisition of skills can influence the way we feel about ourselves and others, and will in equal measure influence the way others perceive us. These skills can enhance our productivity, our self-efficacy, self-esteem and self-confidence. Life skills can give us the tools and techniques to improve interpersonal relations.

Life Skill Areas

a) Thinking Skills

Thinking skills include: a) problem solving; b) thinking critically; c) making decisions and d) setting goals. Decision making is the crux of managing resources. Information is important for making informed choices, therefore, any intervention programme for adolescents should be based on providing information and education which is relevant, timely, comprehensible and given in a form that is interesting to them. When faced with day to day problems, adolescents need to face challenges boldly. The skills to think critically can be developed by providing opportunities and making them realise the consequences of hasty, unplanned decisions. Involving them in situations demanding critical thinking can enable them to develop their thinking skills.

Adolescents are dreamers. They need to translate their dreams into realistic goals which can provide direction. Setting goals based on assessment of their strengths, weaknesses, opportunities and threats requires guidance and role models.

b) Social Skills

Social skills include: a) appreciating/validating others; b) building positive relationship with friends and family; c) listening and communicating effectively; d) taking responsibility; and e)

coping with stress. Social skills enable adolescents to be accepted in society and to accept social norms which provide the foundation for adult social behaviour. Due to generation gap, there are conflicts which can be resolved amicably.

c) Negotiating Skills

Adolescent need to learn to be assertive including learning to say “no” to drug use and other harmful behaviour. Assertiveness without aggressiveness is a skill that in the long run is of immense value to the adolescent in negotiating various aspects of personal and social interests.

Importance of Life Skills

Acquisition of Life Skills can influence

- The way we feel about ourselves.
- The way others perceive us.
- Our productivity.
- Self esteem.
- Self confidence.
- Interpersonal relationships.

Improvement in Life Skills can result in -

- Individuals making informed choices to serve the interests of self and others.
- Becoming “proactive” and change agents.
- Resolving conflicts and coping with stress.
- Developing negotiating skills for personal and social interests.

Enhancing Life Skills

Conditions for Skill Development

- *External conditions* for skills development are related to the environment; skill instruction; and information. The environment must provide opportunities, be warm and caring, predictable, consistent and safe. Skill instructions refer to the enhancement of thinking and social skills. Adolescents need information in order to practice skills and make wise and healthy decisions.
- *Internal conditions* of adolescents that influence their behaviour are; self-perception; motivation; and cognition. Self-perception is the perception of oneself as capable, worthy and in control of situation. Motivations of young people are influenced by the needs, interests and relevance of activities planned for and by them. Cognition is an important factor for information gathering and critical thinking. Memory, understanding and reasoning determine not only individual perspective, but also contribute towards development of social understanding and “prosocial” behaviour.

How to improve Life Skills?

a) Thinking Skills

- Self awareness - understanding one's strengths and weaknesses; recognising opportunities available; being prepared to face threats; raising Self Esteem; building Self Confidence; Learning to learn.
- Social awareness - understanding others within and outside the family; awareness of social problems.
- Goal setting - identifying short term and long term goals.
- Problem solving - identifying problems, exploring alternatives, making rational decisions.
- Decision making - weighing pros and cons of alternatives; accepting responsibility for consequences of the decisions; helping others to make decisions (pro active role).

b) Social Skills

- Establishing relationships - working with others; understanding roles and constraints of others.
- Listening - understanding difference between hearing and listening; understanding importance of listening in inter-personal communication.
- Communicating effectively - verbal and non- verbal communication.

c) Negotiating Skills

- Saying "no" to oneself.
- Saying "no" to peer pressure.
- Learning to be assertive and not aggressive or passive.
- Making mutual compromises.

Values

Skills in adolescent should incorporate a set of values that can promote healthy growth of young people. Although these values are not taught explicitly, they provide a moral and ethical framework for the program. These include the following:

- Self discipline
- Respect and concern for others
- Good judgement
- Responsibility
- Honesty
- Family cohesion
- Trustworthiness
- Involvement in one's family, community

Being “Proactive” and Assertive

It is unfortunate that the young today do not have many role models. How can they play a role in shaping not only their own future but that of others as well? Can they become PROACTIVE? Being proactive means the ability to act based on principles and values rather than reacting based on emotion or circumstance. The ability to do that comes from the development and use of five unique human gifts which animals do not have. What are these unique human gifts? Self awareness, conscience, imagination, independent will and humour. These gifts reside in the space we humans have between what happens to us and our response to it. Nothing is more exciting, empowering than the awareness of these gifts and how they can combine together to bring about fundamental personal and social change.

Being assertive is a skill that requires both thinking and social skills. One has to learn to differentiate between aggressive and assertive behaviour.

Behaviour patterns		
<i>Passive</i>	<i>Aggressive</i>	<i>Assertive</i>
<ul style="list-style-type: none">• No eye contact• Looks down• Talks softly or not at all• Puts self down• Inaudible	Looks angry Glares and frowns Pushes or uses physical force Is insulting Speaks loudly	Maintains eye contact Stands up straight Speaks clearly Speaks respectfully Sounds confident

SESSION

7

Primary Health Care: Nutrition and Hygiene

Time 50 minutes

PART A Nutrition and Balanced Diet25 minutes
PART B Personal Hygiene and Personal Care during Menstruation15 minutes
PART C Environmental Sanitation and Safe Drinking Water..... 10 minutes

Objectives By the end of the Session participants will be able to -

1. Acquire knowledge about the concept and components of a Balanced Diet.
2. Understand the importance of special Nutritional Requirements during Adolescence.
3. Understand the concept of Personal Hygiene.
4. Become familiar with Personal Care during Menstruation.
5. Acquire knowledge about Environmental Sanitation and Safe Drinking Water and its importance in one's life.

Course Contents

- Concept and Components of a Balanced Diet
- Importance of Special Nutritional Requirements during Adolescence
- Personal Hygiene
- Personal Care during Menstruation
- Environmental Sanitation, Safe Drinking Water and their importance

Material

- i. Blackboard, Chalk and Duste
or
Chart and Marker Pens
- ii. Charts as suggested in Session Steps

Pre-Session Preparations

- i. Read and understand the Session Steps.
- ii. Arrange materials required.
- iii. Prepare charts of matter as suggested in Session Steps.
- iv. Prepare your own notes or you can use the Manual directly.

SESSION STEPS

PART-A: Nutrition and Balanced Diet

Time: 25 minutes

Step-1. Share the Session Title and Objectives with the trainees, either by writing them on the blackboard or with the help of a chart prepared in advance.

Step-2. a. Ask the trainees -

“What do you understand by the term “Balanced Diet?”

- b.** Encourage at least 5-6 trainees to respond and write down the responses on the black board.
- c.** Ask the rest of the trainees if they would like to add or delete from the responses written on the blackboard.
- d.** Ensure that the following concept of “Balanced Diet” is brought out during the discussion.

A Balanced Diet is one which contains all the nutrients in proportion according to the requirement of the body i.e. it has the requisite number of calories and nutrients for a person.

Step-3. a. Ask the trainees -

“What are the elements of Balanced Diet?”

- b.** Encourage 4-5 trainees to respond and write down their responses on the black board.
- c.** Ask rest of the trainees to add or delete from the list written on the blackboard.
- d.** Ensure that the following elements of Balanced Diet are brought out during the discussion.

Balanced Diet comprises Proteins, Fats, Carbohydrates, Vitamins, Minerals and Water

Step-4. Share with the trainees the information about the elements of Nutrition and their sources either by writing on the blackboard or with the help of a chart already prepared by you.

One should take a variety of foodstuffs in sufficient quantity according to one's age and body requirements. There are energy giving foods, body building foods and protective foods in the form of **Carbohydrates, Proteins, Vitamins, Minerals and Fats**. The food sources of these elements are as follows:

1. Wheat, Maize, other Cereals, Potatoes, Gur and Sugar are rich sources of **Carbohydrates**.
2. Milk, Curd, Paneer, Pulses, Gram, Egg, Meat and Fish are rich sources for **Proteins**.
3. Green Leafy Vegetables, other Vegetables, Fruits, Milk etc. are rich sources of **Vitamins**.
4. Vegetables, Fruits and Milk are rich sources of Minerals.
5. Cooking Oil, Ghee and Butter are rich in Fats-

Note: In addition, Adolescent girls require additional intake of Iron as well, which is available in green leafy vegetables, besides cereals, millets and pulses.

Step-5. a. Ask the trainees -

“What are some of the methods to improve the nutritive value of foods?”

- b. Encourage 5-6 students to respond and write down their blackboard.
- c. Ask rest of the trainees if they would like to add or delete from the the blackboard.
- d. Ensure that all methods given in box below are covered.

Some Methods to Improve Nutritive Value of Food

- Wash vegetables before cutting/slicing. Never wash after cutting/slicing.
- Do not remove too many peels.
- Cut into medium sized pieces and not very small ones.
- Do not discard soaking or cooking liquids.
- Cook quickly and at lowest possible temperature.
- While cooking, cover the utensil with a lid.
- Soak in as little water as necessary to cover.
- Pulses or grains should be used in sprouted/germinated forms.
- Eat mixed variety of foods.

Step-6. a. Ask the trainees -

“Do Adolescents have special nutritional requirements?”

The answer in all probability will be ‘Yes.’

If the trainees/students are unable to respond or say ‘No’, then go to **Step- 4.c.**

b. Explain to the trainees/students that -

- Rapid body growth needs more nutrients.
- Adolescents have special nutritional requirements because adolescence is a phase of rapid growth.
- Due to concerns for body size and shape, increased social activity and other distractions, eating habits and schedules are disturbed during this phase.

Therefore, special attention should be given to nutrition during adolescence to pave a way for healthy adulthood.

PART B: Personal Hygiene and Personal Care during Menstruation

Time: 15 minutes

Step-1. a. Tell the trainees that -

- In your school you must have studied or learned that besides Balanced Diet, Personal Hygiene is also important to maintain good health.
- You must have also studied or learned that Personal Hygiene includes keeping body parts clean specially skin, hair, nails, teeth, eyes, ears, nose, hands and feet.
- You must also be aware of how to keep these parts clean.

b. Further tell the trainees that -

- Today we will discuss one area of Personal Hygiene which is not talked about and which adversely affects the health of millions of girls and women in our country.
- This is Personal Care during Menstruation.

c. Share the following tips of Personal Care during Menstruation with the trainees, either by writing on the blackboard or with help of chart already prepared by you.

Personal Care During Menstruation

- Bathe daily.
- Eat healthy food.
- Change pads or cloth frequently.
- Wash menstrual cloth with soap and dry in the sunshine. If cloth is washed without soap and dried in dark damp conditions, bacteria can grow in it and can cause infections.
- If pads or cloth are not available, identify other local alternatives that are clean and replaceable.
- Get adequate rest.
- Continue normal activities.
- Some girls are little uncomfortable during their periods. They may experience cramping pains or pains in their lower abdomen or back. There are several things a girl can do if she experiences cramps: take a warm bath; take a walk; rub the abdomen; lie on the back with knees up - move the knees in small circle.
- Exercise speeds up circulation and helps ease tension.
- The body may retain more water at this time. Cutting down on salty food will help to prevent water retention.

PART-C: Environmental Sanitation and Safe Drinking Water

Time: 15 minutes

Step-1. a. Tell the trainees that -

Only by keeping one's body clean we cannot ensure good health for every one.

b. Ask the trainees -

“What in addition to Personal Hygiene is important to keep every one in the family and community healthy?”

c. Write down the responses of the trainees on the black board.

d. Sum up ensuring that the following points are covered.

Besides Personal Hygiene, **Environmental Sanitation and Safe Drinking Water** are important for good health in the family and the community.

For **Environmental Sanitation** we must ensure that :

- i. All the household refuse/garbage should be disposed off properly, away from the dwelling place.
- ii. Waste water from the households should not be allowed to stagnate around the houses, instead it should be channelized into the pit specially made for this purpose.
- iii. No open defecation: encourage sanitation/pit latrines for safe disposal of excreta.

For **Safe Drinking Water** we must ensure that :

- i. Water source should be properly covered.
- ii. Wells should be chlorinated regularly.
- iii. At homes, drinking water should be stored in clean covered pots/containers.
- iv. A container should be used for drawing water from the pot and transferred to one's drinking glass or there should be a small tap attached to the container.
- v. Hands or dirty mug etc. should not be dipped into the drinking water.
- vi. If the drinking water is suspected to come from a contaminated source, it should be boiled for at least 15 minutes cooled and filtered through a clean thin cloth before use or add chlorine tablets about 15-20 minutes before using the water.

Step-2. Sum up the Session by -

- Briefly recalling the Contents of the Session.
- Asking the trainees to what extent the Objectives of the Session have been achieved.
- Giving reading references.

SESSION 8

Primary Health Care: Safe Motherhood and Integrated Child Development

Time 50 minutes

Objectives By the end of the Session/ participants will have -

1. The knowledge about Safe Motherhood including Ante Natal, Natal, and Post Natal Care.
2. Knowledge about Child Care including Preventable Disease, Immunization, Breast Feeding and Weaning.

Course Content

- Safe Motherhood: Ante-Natal, Natal and Post Natal Care
- Child Care: Preventable Diseases, Immunization, Breast Feeding, Weaning etc.

Materials

- i. Chalk, Blackboard and Duster
or
Chart Paper and Sketch Pens
- ii. Paper slips with questions and answers (copy from Annexure-8A)
- iii. Score Sheet (Annexure-8B)
- iv. Stop/Wrist Watch

Pre Session Preparations

- i. Read and understand Session Steps.
- ii. Arrange materials required.
- iii. Transfer each question and its answer on a separate slip of paper from Annexure-8A.
- iv. Prepare a score sheet like the one given in Annexure-8B. You may also draw the same on the blackboard.

SESSION STEPS

Step-1 Share the Title and Objectives of the Session with the trainees either by writing on the black board or with the help a chart already prepared by you.

Step-2 Tell the trainees that -

“We will have an Inter Group Quiz Competition in this Session”.

Step-3 Divide the trainees into groups of 4 each, so that there are 5 to 6 teams. Number the teams as Team-1, Team-2, and so on.

Note: In case of more number of trainees, you may increase the size of each team suitably. Step-4

Step-4 Ask the teams to sit at a little distance from one another.

Step-5 Share with the teams the following rules to be followed during the Quiz Competition.

Rules of Quiz Competition

- Each team will be asked a question by rotation to give answer in 60 seconds.
- If the team gives a Correct answer it will get 3 points*.
- If the team fails to answer or gives incorrect answer then the question will pass on to the next team. If that team gives the correct answer they will get 1 bonus point.
- The answer for the pass question has to be spontaneous.
- The team scoring maximum points will be the winner.

**1. You may note that some answers are short whereas others have more bits of information. In later type of answers, you may give full marks even if the team is not able to tell all the points. You may use your discretion while doing so. You may keep in mind that the purpose of this quiz is not winning or loosing. The main purpose is to share the information. Therefore, as a Quiz Master you may share the information listed under the answer if it has not been answered by the participants.*

2. Under some answers additional information has been given. Do share this information with the participants after they give their answer.

Step-6.

- a.** Ask question-1 to Team 1 and give them sixty seconds to answer. If Team-1 gives the correct answer, give 3 points to Team-1 on the score-sheet.
- b.** If Team-1 fails to give the correct answer, pass the question to Team-2, then to Team-3 and so on, till the correct answer is received from one of the teams. Give one bonus point for this correct answer.
- c.** If all teams fail to give the correct answer, you share the correct answer.

Step-7.

- a.** Ask question-2 to Team-2 and follow the sequence of Steps-6a to 6c.

- b. Adopt the same process for all the questions you have copied from the Annexure-8A.

Step-8 Stop asking questions five minutes earlier to the closing time of the Session.

Step-9 Sharing the scores of each team and congratulate the winning team before closing the game.

Step-10 Sum up the Session by -

- Briefly recalling the Contents of the Session.
- Asking the trainees to what extent the Objectives of the Session have been achieved.
- Giving reading references.

ANNEXURE-8A

QUESTIONS AND ANSWERS

Question 1 What is Safe Motherhood Programme?

Answer Safe Motherhood Programme aims at preventing pregnancy related death and disability. The long term objective is to improve the health status of mother and child.

Question 2 What simple measures are essential to ensure Safe Motherhood?

Answer Following simple measures can prevent most of the pregnancy related deaths and disabilities:

- good and adequate nutrition;
- hygienic practices;
- regular check-up;
- TT immunization, and
- supplementary iron.

Question 3 What is the period of pregnancy?

Answer The period of pregnancy extend from the time of conception to 42 days after delivery.

Question 4 What are the broad categories into which total period of pregnancy is divided?

Answer The total period of pregnancy has been divided into three periods: the ante- natal, the natal and the post-natal period.

Question 5 What are the risk factors during pregnancy?

Answer The risk factors during pregnancy are:

- Pregnancy before 15 years of age
- First Pregnancy and the fourth pregnancy onward
- Previous abortion
- Unwanted pregnancy

Question 6 What precautions need to be taken in case of existence of risk factors during pregnancy?

Answer Pregnant women at 'risk' must visit sub-centre or any other health centre more often as desired by the ANM or the doctor.

Question 7 What are the signs of danger during pregnancy?

Answer Signs of danger during pregnancy are:

- Bleeding
- Loss of movements of foetus
- High blood pressure
- Swelling of feet and face
- Hemoglobin less than 7%*
- Previous cesarean operation
- Previous still birth

Question 8 What special care is required in case of signs of danger appearing during pregnancy?

Answer All women with signs of danger must ensure regular checkup during pregnancy and go to hospital for the delivery.

Question 9 What is Anemia ?

Answer Anemia is a condition in which concentration of Haemoglobin in the red blood cell is reduced.*

Following supplementary information may be shared with trainees.

- *More than 50% of the pregnant women suffer from anemia.*
- *One in five of all natural deaths are due to Anemia during pregnancy.*

Question 10 What is Ante Natal Care?

Answer This is the care provided to a woman during her pregnancy i.e. from conception to the onset of labour.

Question 11 What type of care is necessary during Ante Natal period?

Answer

- Rest and do not do heavy work.
- Take one extra meal everyday.
- Do not take tea within one hour of taking the meal.
- Do not observe fast.
- Take two tetanus injections with a gap of at least one month.
- Take Iron tablets for 100 days.

Question 12 Why Ante Natal Care is important?

Answer To ensure good health of both mother and the new born at the end of the pregnancy.

Question 13 What is the duration of the Natal period?

Answer Natal period starts from the onset of labour till the delivery is complete.

Question 14 What do you understand by Natal Care?

Answer* It is safest to have delivery in an institution with appropriate medical facilities. Delivery in a hospital also ensure new born care and therefore, can reduce the incidence of infant mortality substantially. In such an institution emergency conditions like bleeding, obstructed labour requiring operation can be promptly attended. Such events may not be predicted in advance and also cannot be attended at home. In case delivery in an institution is not possible, the second best option is to conduct the delivery by a trained health person like an ANM or LHV or a Trained Dai.

Question 15 What types of supports are necessary for complete restoration of the health of the mother and proper care of the new born during Post Natal period?

Answer The following supports are necessary for complete restoration of the health of the mother and proper care of the newborn.

- Breast-feeding
- Nutrition
- Hygiene
- Rest and exercise

Share with trainees addition information given below:

Mother, however, should be desisted from strenuous work for at least six. weeks. It is advised to follow abstinence during Post Natal period.

Question 16 What precautions are necessary during pre-pregnancy period for healthy outcome of pregnancy?

Answer

- Avoid pregnancy below 19 years of age.
- Avoid unspaced or too many pregnancies.
- Take proper care of food and nutrition.
- Take Iron tablets.
- Maintain personal hygiene during menstruation to avoid urinary and Reproductive Tract Infections which may persist during pregnancy and can pose danger to the mother and foetus.

Share with trainees addition information given below:

It is important for all women in reproductive age to ensure good health during the pre-pregnancy period for healthy outcome of pregnancy.

*award full marks if 2-3 points from the description are given by the team.

Question 17 What is Post Natal Care?

Answer It is the care of the mother and the newborn after delivery. The post natal period starts from the delivery onto 42 days after the delivery.

Question 18 What is colostrum?

Answer Colostrum is the thick yellowish milk produced by the mother in the first few days after birth of the child

Question 19 Why is colostrum so important?

Answer Colostrum gives the baby the much needed immunity against diseases and protects the infant from micro-nutrient deficiency disease such as Anemia.

Question 20 Why breast feeding is recommended?

Answer For infants, breast milk is the ideal food, it contains all the nutrients required by the body.

Question 21 What are other advantages of breast milk? Give any three.

Answer Breast milk is -

i) Safe.

ii) Clean.

iii) Hygienic.

iv) At optimum temperature.

v) Easily digestible.

vi) Having anti microbial factors which protects the child from many diseases.

Question 22 What is Weaning?

Answer Weaning is the process of a gradual and progressive transfer of the baby from breast milk to usual family diet.

Question 23 Why is Weaning necessary for the child?

Answer Because for an infant above 4 months of age, mother's milk alone is not sufficient.

Question 24 When the child should be put to the breast?

Answer The child should be put to the breast within half-an-hour of delivery.

Share with trainees the following additional information

Children delivered by caesarian section should be put to the breast within 4 to 6 hours as soon as condition of the mother stabilizes. This early initiation is important for successful breast feeding as suckling induces milk formation.

Question 25 What do you mean by Exclusive Breast feeding?

Answer Exclusive breast feeding means that except for breast milk no other food or fluids including water and prelacteal feeds, should be given to a child from birth to 4 months.

Share with trainees addition information given below:

Breast milk has enough water in it to meet the hydration requirements of babies under 4 months of age even in hot and dry conditions. Feeding anything other than breast milk, including water is not only unnecessary but also harmful. It decreases milk intake and increases risk of infections. Exclusive breast feeding gives babies the best start in life.

Question 26 Should breast feeding be continued even if the child or the mother is not well?

Answer Yes, breast feeding must be continued even if the child is not well so that the child gets adequate nutrition.

Question 27 Why breast feeding must be continued even if child or mother is not well?

Answer A malnourished child has a higher risk of death from infections. Moreover, the act of breast feeding will comfort the baby.

Question 28 Why bottle feeding is not recommended?

Answer Bottle feeding is not safe because of difficulties in sterilizing the feeding bottle or lack of clean water supply.

Share with trainees addition information given below:

Bottle fed infants are at 14 times higher risk of Diarrhea. It will also be difficult to breast feed subsequently if the baby gets used to a bottle.

Question 29 What is a good Weaning Food?

Answer A good weaning food is one that provides as many calories as possible in small volumes.

Share with trainees addition information given below:

Desirable Qualities of Weaning Foods:

- High in energy.
- Easy to digest.
- Semisolid in consistency.

- Low in bulk and viscosity (not too thick).
- Fresh and clean.
- Affordable and easy to prepare.

Question 30 What weaning food can be given?

Answer The food that the family normally eats must be given to the child.
Breast feeding should be continued as long as possible.

Share with trainees addition information given below:

Cereals, legumes, oils and fats, sugar and jaggery, vegetables and foods of animal origin can be given. These can be mixed with the staple food (rice, wheat or millet). Nutritive value can be greatly enhanced by mixing different types of food.

Question 31 What is full form of IMR?

Answer Infant Mortality Rate

Question 32 What do you mean by Infant Mortality Rate (IMR)?

Answer Infant Mortality Rate (IMR) is defined as the number of deaths below one year of age per thousand live births in a year.

Question 33 What is present level of IMR in India and developed countries?

Answer IMR for India was 71 in 1997. In developed countries, IMR is 15 or below.

Question 34 Define Child Mortality Rate (CMR)?

Answer Child Mortality Rate is defined as the number of deaths of children in the age group 0-4 years per thousand population in the same age group.

Share with trainees addition information given below:

At the national level CMR was 24.2 in 1995 while the goal is to bring it down to 10 per 1000 children in age group 0-4 years.

Question 35 What are the major causes of IMR and CMR? Name any two (Share rest of the causes also after awarding the marks)

Answer The major causes of infant and child mortality are:

- Prematurity due to inadequate Maternal Care and Nutrition during pregnancy.
- Inadequate New born Care.
- Acute Respiratory Infections (ARI).
- Diarrhea diseases.

- Vaccine Preventable Diseases.

Question 36 What are the six killer diseases which can be prevented through timely immunization?

Answer These are Measles, Poliomyelitis, Diphtheria, Pertussis (Whooping Cough), Tetanus and Childhood Tuberculosis (T.B).

Question 37 What is Whooping Cough?

Answer This is one type of respiratory infection in which the cough has a characteristic whooping sound at the end.

Question 38 What is Diphtheria?

Answer It is an entire infection of the respiratory tract caused by a bacteria.

Question 39 How many doses of Tetanus Toxide should be given to a pregnant woman?

Answer Two.

Question 40 When should the Tetanus Toxide dose be given to a pregnant woman?

Answer Between 16th to 36th week of pregnancy with at least one month difference between the two injections.

Question 41 For what DPT vaccine is given?

Answer Diphtheria; (ii) Whooping Cough; and (iii) Tetanus.

Question 42 Which vaccine is given to children to prevent Tuberculosis?

Answer BCG.

Question 43 What causes Anemia in girls & women?

Answer Folic acid deficiency.

Question 44 What causes Night Blindness?

Answer Vitamin A deficiency.

Question 45 What is the best source of Vitamin A?

Answer i) Fresh dark green leafy vegetables

- ii) Carrots, pumpkins and yellow fruits like papaya and mango.
- iii) Egg, liver, butter, cheese, whole milk and fish.

Question 46 Who should conduct the delivery?

Answer The delivery should always be conducted by qualified/trained persons.

Question 47 What is Diarrhea?

Answer It is a condition when the sufferer passes loose motions more than three times a day. Vomiting may or may not be there.

Question 48 Why is Diarrhea dangerous?

Answer The loss of fluids from the body leads to dehydration - which could be fatal.

Question 49 How can one manage diarrhea at home?

Answer By taking the following step immediately:
Giving the patient plenty of fluids to drink, preferably ORS (Oral Re-hydration Solution). This solution should be given frequently at small intervals.

Question 50 What are the ingredients of ORS (Oral-Rehydration Solution)?

Answer ORS is a mixture of Water, Sugar and Salt.

ANNXURE-8B
SCORE SHEET FOR QUIZ COMPETITION

Questions No.	Scores				
	Team	Team	Team	Team	Team
1					
2					
3					
4					
5					
Total of Round-I					
6					
7					
8					
9					
10					
Total of Round-II					
11					
12					
13					
14					
15					
Total of Round III					
16					
17					
18					
19					
20					
Total of Round IV					
21					
22					
23					
24					
25					
Total of Round V And so on...					
Total score					

**SESSION
9**

Conception and Fertility Management

Time 50 minutes

PART A	Puberty and Menstruation.....	20 minutes
PART B	Conception and Risks involved in Adolescent Pregnancy.....	15 minutes
PART C	Fertility Management.....	15 minutes

Objectives By the end of the Session, the participants will be able to -

1. Understand the meaning of Menstruation.
2. Gain knowledge on the process of Conception.
3. Understand the risks involved in Adolescent Pregnancy.
4. Understand the concept and importance of Methods of Birth Spacing.

- Course Contents**
- Puberty
 - Menstruation
 - Conception and Pregnancy
 - Risks involved in Adolescent Pregnancy
 - Contraception or Birth Spacing

- Materials**
- i. Blackboard, Chalk & Duster
or
Chart Paper and Markers
 - ii. Charts of matter given in Annexures-9A, Annexure-9B, and Annexure-9C

Pre-Session Preparations

- i. Read and understand the Annexures.
- ii. Read and understand the Session Steps.
- iii. Arrange the material required.
- iv. Prepare charts of the matter as suggested in Session Steps.

SESSION STEPS

PART A: Puberty and Menstruation

Time: 20 minutes

Step-1 Share the Title and Objectives of the Session with the trainees by writing on the blackboard or with the help of chart already prepared by you.

Step-2. a. Tell the trainees that -

During one of the earlier Sessions, we have discussed the term Puberty.

b. Ask the trainees if they can recall and tell the meaning of this term.

c. Using the responses of the trainees, explain the term Puberty by sharing the matter given in the box below.

Puberty

Puberty is the time when a girl develops into a woman and a boy develops into a man and they become physically capable of reproducing children . Puberty related changes usually start at 9-12 years of age and continue until about 16 or 17 (girls usually begin puberty a year or two earlier to boys). Some of the changes are externally visible and some are internal. These changes happen to all girls and boys. They are normal and natural.

Step-3. a. Tell the trainees that -

A major change that occurs amongst girls during puberty is the start of “**Menstruation**”.

b. Explain to the trainees the meaning of Menstruation by sharing the matter given in the box below.

Menstruation

Every month, when one egg ripens in the ovary of the girl/woman the inner lining of the uterine cavity starts becoming thick and spongy (due to increased blood supply) as it prepares for the “fertilized egg”. However, after ovulation, if the egg does not get fertilized, it dies and the uterus sheds its inner lining and blood, which comes out of the woman’s body through vagina as menstrual flow. This cycle is repeated every month. It may occur every 21 to 35 days and lasts for 3 to 7 days. Menstruation begins at puberty and continues until menopause around age 45 to 50 years. Then it stops forever because the ovarian function stops at that stage.

Note: It will be better if you explain the matter given in the box with the help of diagram of Menstrual Cycle given in Annexure-9A.

PART B: Conception and Risks involved in Adolescent Pregnancy

Time: 15 minutes

Step-1. Display the diagram copied from Annexure-9B and explain to the trainees the process of Conception with the help of the matter given in the box below.

Process of Conception

- Sexual intercourse is the insertion of the penis of the male into the vagina of the female. During intercourse, millions of sperms are ejaculated from the penis of the male into the vagina of the female. The ejaculated sperms swim up through the vagina, into the uterus and through the fallopian tubes seeking an egg. If a mature egg is present, fertilization can take place. Although millions of sperms may be present, only one sperm can fertilize the egg.
- The fertilized egg moves through the Fallopian Tube and implants itself in the uterus where it grows into a foetus. If the egg is not fertilized, Menstruation will occur.
- A girl or woman has the chances of becoming pregnant at every sexual intercourse including the first time.

Step-2. Explain to the trainees the Risks involved in Adolescent Pregnancy with the help of the matter given in the box below.

Risks involved in Adolescent Pregnancy

- Once the male and female attain puberty, they become capable of reproducing children. But the Reproductive Maturity is reached only when adolescents are physically fully developed. Therefore, if pregnancy and motherhood occur before the Reproductive Maturity is attained, it exposes adolescents to serious health risks and other problems. Early marriage continues to be the norm in several regions of India in spite of laws stipulating legal age of marriage as 18 years for girls and 21 years for boys. The early marriage and the pressures on young married women to prove their fertility result in high rates of adolescent pregnancy.
- Whether within or outside marriage adolescent pregnancy leads to the following serious health risks and problems.
 1. Adolescent pregnant mother is more likely to suffer from anemia.
 2. There is a greater likelihood of prolonged labour which multiplies the hazards to the mother and her child.
 3. Pregnancy at an early age can result in severe damage to the Reproductive Tract.
 4. Adolescents who begin child bearing in their early reproductive years increase their available period for child bearing. On an average they can have higher number of births than those who begin child bearing late.
 5. Adolescent pregnancy increases the risk of maternal and child mortality.
 6. The adolescent mother is not mentally prepared to play the role of a Mother.
 7. Adolescent pregnancy severely curtails educational and employment opportunities and is likely to have long term adverse impact on the quality of life of the family.

PART-C: Fertility Management

Time: 15 minutes

Step-1 Share with the trainees the concept of Fertility Management with the help of the matter given in the box below.

Conscious use of different methods by couples in their reproductive ages in order to avoid or space pregnancies and achieve the desired family size is termed as **Fertility Regulation/Family Planning or Fertility Management**. It is a means of enhancing the quality of families, which includes regulating and spacing child-birth, helping sub-fertile couples to beget children and providing counseling for parents and would be parents. It is in other words, a way of promoting the welfare of the family. It ensures that every child is a wanted child and protects the health of the mother, children and the entire family.

The methods used to prevent pregnancy are termed as **Contraceptive Methods**. They include permanent and temporary methods. There are various methods. However, one method which is suitable for one, may not be so for the other. One may choose a method according to one's needs, wishes, culture or situation. Each method has its own advantages and disadvantages.

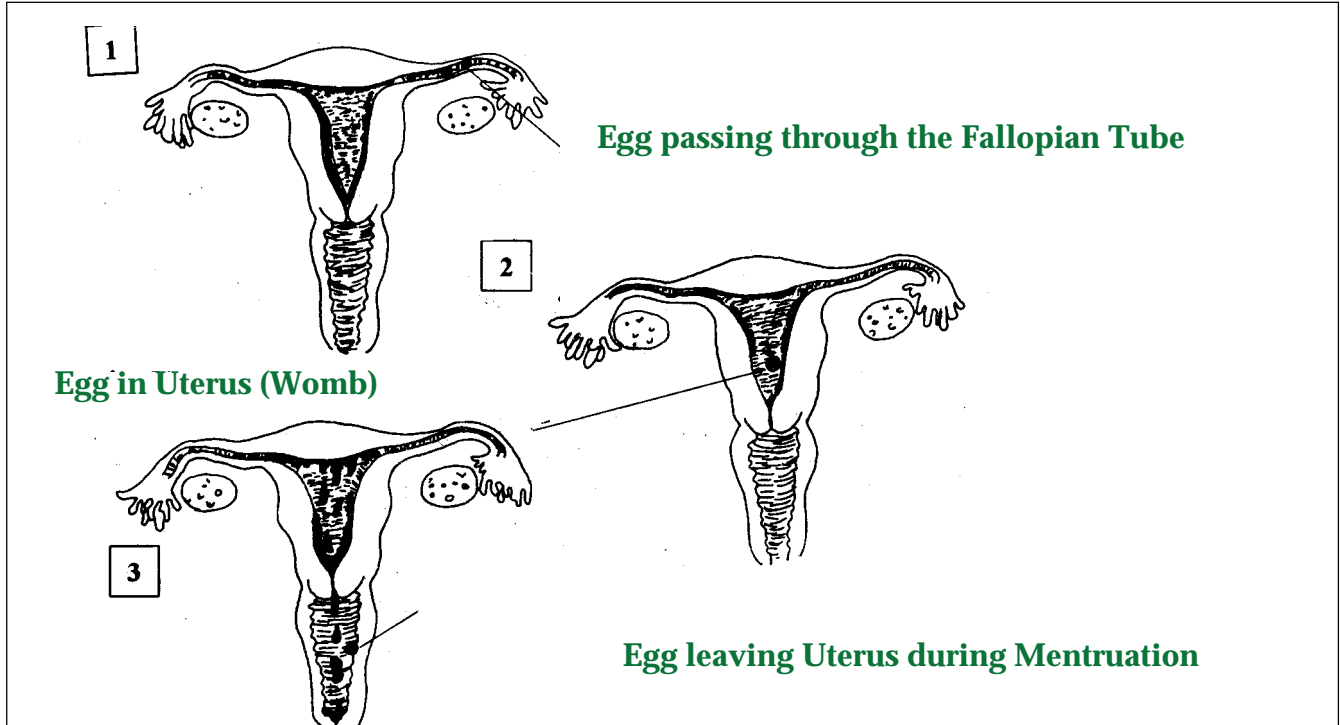
Step-2 Display the charts copied from Annexure-9C and Annexure-9D and explain the **Contraceptive Methods**- their advantages, disadvantages and other details if time permits.

Step-3 Conclude the Session by -

- Briefly recalling the Contents of the Session.
- Asking the trainees to what extent the Objectives have been achieved.
- Giving reading references.

ANNEXURE-9A

MENSTRUAL CYCLE

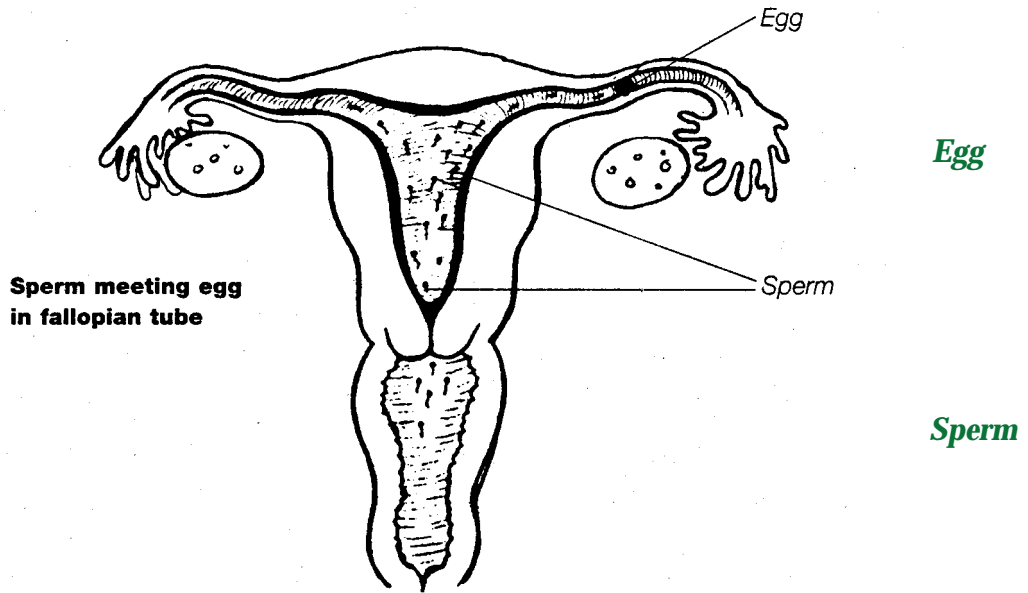


Menstruation (also called 'Periods' because they occur every month) marks the onset of sexual maturity in girls. Menstruation, is the periodic shedding of blood and tissue from the female Reproductive Organ called the Uterus. The Uterus is located in the lower part of a female's abdomen. Beginning to menstruate means a girl is capable of becoming pregnant and having a baby.

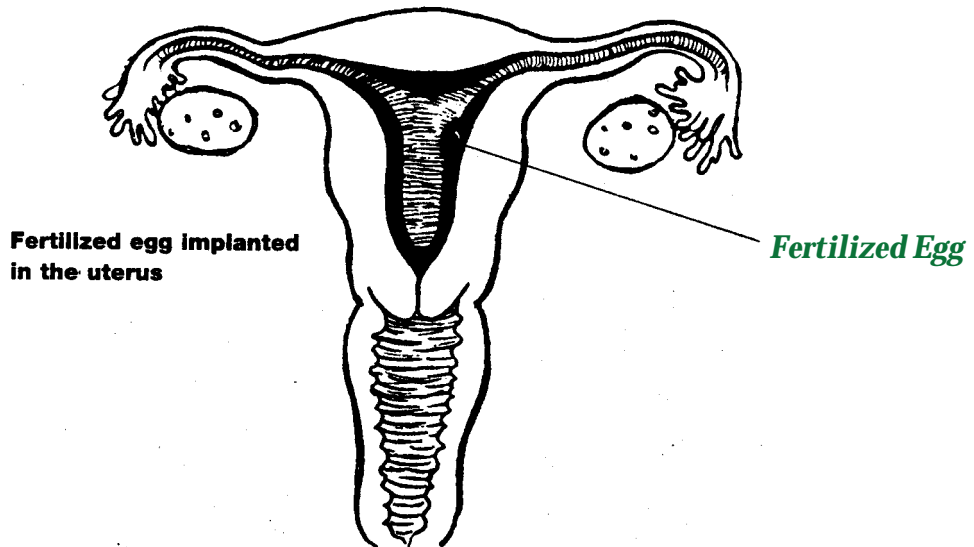
EXPLANATION OF MENSTRUAL CYCLE (read with diagrams on next page)

1. A girl has thousands of egg cells or ova in her two ovaries. Each egg is the size of one grain of sand. The tiny dots in the two balls are the eggs. The two balls are the ovaries. Each month, one egg - the big black dot - ripens and leaves the ovaries. This is ovulation. The egg is picked up by the broad end of the fallopian tube and it starts moving towards the uterus, the "v" shaped area. At the same time, the uterus starts getting ready for the egg by thickening its inner lining.
2. An egg can grow into a baby only if it meets a sperm cell from a male. If the sperm and egg meet, a woman becomes pregnant. The fertilized egg attaches to the thick lining of the uterus. This lining nourishes and supports the baby until birth.
3. If the egg is not fertilized by a sperm, the lining is not needed and it breaks down. The lining, tissue and the egg flow out of the uterus through the vagina and leave the body. This is Menstruation. Menstruation occurs approximately 14 days after ovulation, if the egg is not fertilized. Menstrual Periods may last 2-8 days; the average Menstrual Period lasts 4-6 days. The Menstrual Cycle occurs about every month until a woman goes through Menopause. It also stops during pregnancy and starts again after the baby is born.

ANNEXURE-9B
PROCESS OF CONCEPTION



Sperm meeting the egg in fallopian tube



Fertilized egg implanted in the uterus

ANNEXURE-9C

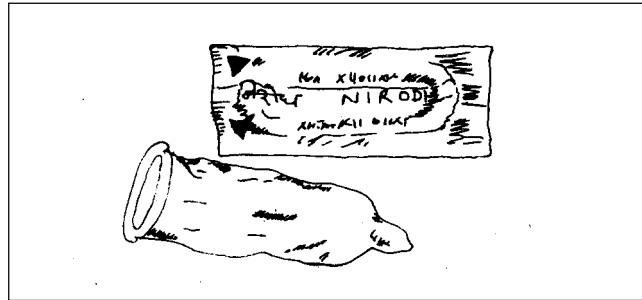
CONTRACEPTIVE METHODS

(See also diagrams on next page)

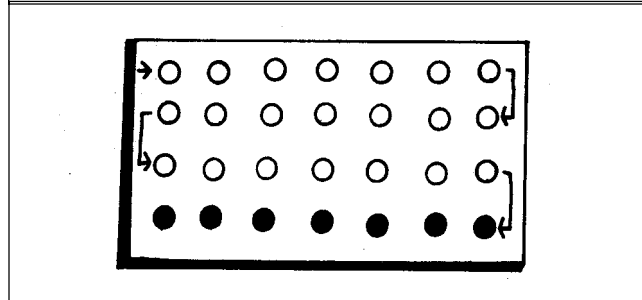
Method	Mechanism	Who is responsible	How and when to use	Advantages	Disadvantages
Condom	Prevents sperms from entering the vagina.	Man	Wear over erect penis just before sex	Easily available, inexpensive.	May burst or slip off.
Copper T	Prevents implantation of fertilized egg.	Woman	Inserted in uterus. Effective for three years.	Once inserted, stays in.	Doctor's consultation and regular check ups required to insert and assess.
Oral Pill	Prevents ovulation.	Woman	To be swallowed every day of the month.	100% effectiveness if used properly and regularly.	Woman must remember to take it every day.
Vasectomy	Vas is cut so that the sperms cannot come out.	Man	Involves a small operation under local anesthesia.	Simple and permanent.	None
Tubectomy	Fallopian tube is tied or cut.	Woman	Involves an operation by an expert under local and general anesthesia.	Permanent	None

ANNEXURE-9D CONTRACEPTIVE METHODS

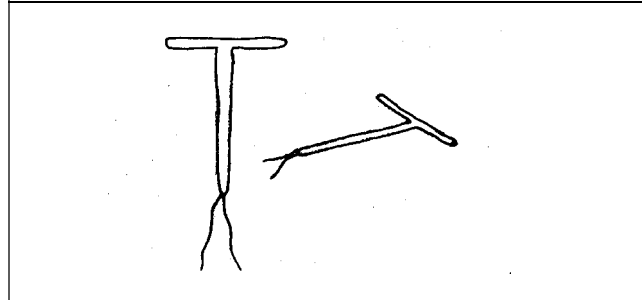
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CONDOM

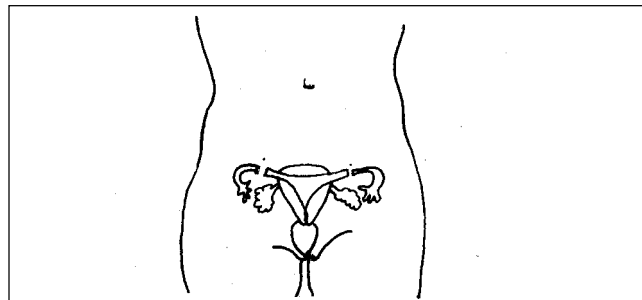


ORAL PILLS

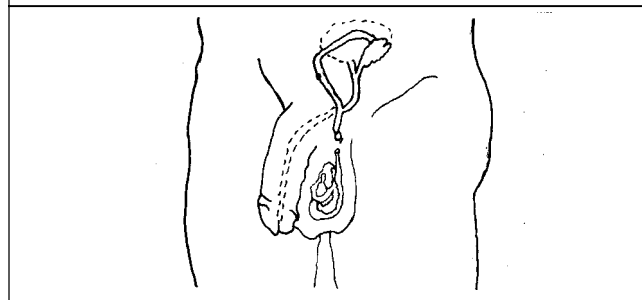


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TUBECTOMY



VASECTOMY

SESSION 10

HIV/AIDS and STDs

Time 50 minutes

Objectives By the end of the Session participants will be able to -

1. Know what HIV/AIDS stands for.
2. Understand how HIV/AIDS affects human body and the symptoms of AIDS.
3. Develop awareness about modes of transmission of HIV/AIDS and myths related with it.
4. Develop an understanding about high risk behaviour and prevention of HIV/AIDS.
5. Acquire information about STDs.

Course Contents

- Full form of HIV and AIDS and the difference between the two
- How HIV/AIDS affects human body and symptoms of AIDS
- HIV/AIDS - Modes of Transmission, Myths and Prevention
- STDs

Material Blackboard, Chalk and Duster
or
Chart and Marker Pens

- Chart of matter given in Annexure-10A
- Copies of Case Study-1 and Case Study-2 given in Annexure-10B

Pre-Session Preparations

- i. Read and understand Annexures.
- ii. Read and understand Session Steps.
- iii. Prepare charts or other aids as suggested in Session Steps.
- iv. Arrange material required.
- v. Make your own notes or you can use the Manual directly.

SESSION STEPS

Step-1 Share the Title and Objectives of the Session with the trainees either by writing on the blackboard or with the help of a chart already prepared by you.

Step-2. a. Write on the blackboard the words -

- HIV
- AIDS

and ask 5-6 trainees -

“What do you understand by these words?”

or

“What do you know about these words?”

Note: Responses could be that they do not know anything or have never heard about these words. In that, case go directly to Step 2. c.

b. Write down only the correct or partially correct responses on the black board.

Note: You may expect the following responses -

- Human Immuno Deficiency Virus.
 - Acquired Immuno Deficiency Syndrome.
 - It is an incurable disease.
 - It is a disease found in prostitutes/people visiting prostitutes/drug addicts etc.
 - This is a viral disease transmitted through sex.
 - It is a viral disease spreading very fast in our country.
 - It is a disease reported/advertised on Television/Radio frequently,
- c.** Write on the blackboard, the matter given in the following box to explain the full form of HIV and AIDS.

HIV stands for -

Human (Human beings)

Immune deficiency (weakness of natural strength of the body to fight with disease)

Virus (disease causing virus)

AIDS stands for -

Acquired (not present in body but one gets it from someone)

Immune (natural strength of body to fight with diseases)

Deficiency (shortage of immunity)

Syndrome (a group of diseases or their symptoms and not one disease or its symptoms)

- Step-3.** a. Display the HIV-AIDS chart copied by you from Annexure-10B.
- b. Share and explain the following information with the help of displayed chart.
- Normal human body has an Immune System. This Immune System defends the body against infections by disease causing foreign bodies (Fig. 1 and 2, Annexure-10B).
 - The Human Immune System cannot defend the body against HIV. Therefore, once HIV enters the body it remains there. (Fig. 3, Annexure-10B).
 - HIV starts multiplying in body without any visible symptoms of illness (Fig. 4, Annexure-10B).
 - HIV keeps multiplying in the body and start destroying the Human Immune System (Fig. 5, Annexure-10B).
 - Other disease causing germs enter the body and the Immune System is no more able to defend the human body against them. Therefore, more than one diseases are caused which cannot be cured any longer. This stage is called AIDS or Acquired Immune Deficiency Syndrome. (Fig. 6, Annexure-10B).
- c. Further, share with the trainees that -
- There is no cure for AIDS at present.
 - It may take from few months to 10 years to reach from the stage in Fig. 3 to stage in Fig. 6. It varies from person to person.
 - One can infect the other person by HIV anytime between the stages mentioned in Fig.3 to 6.

- Step-4.** a. Tell the trainees that -

We will learn more about HIV/AIDS by discussing the two Case Studies.

- b. Divide the class into two groups.
Note: If the number of trainees are more you may form more groups.
- c. Give Case Study-1 to one group and Case-Study-2 to the other group copied from Annexure-10C.
Note: If the number of groups are more, you may give one Case Study to more than one group.
- d. Give the following instructions to the trainees -
- Read, understand and discuss the given Case Study in your group.
 - Discuss the answers of each question given at the end of given Case Study and prepare a written report of your answers.
- e. Allow them 15 minutes time to complete this task.

- Step-5.** a. Once the groups have completed the assigned task, ask one trainee from Case Study-1 group to read out the story and the report (of the answers) prepared by them, loudly for the benefit of the whole class

B. If the report indicates appropriate answers, then appreciate the group.

Note: *Appropriate answers in brief are that -*

Ramesh might have got AIDS through professional sex workers because of unprotected sex. Meena got HIV infection from Ramesh and transmitted it to her child.

C. Tell the trainees that -

These and some other ways of getting HIV infection are (share with them the matter given in the box below) -

One can get HIV infection by -

- Unprotected sex.
- Infected razors, syringes etc.
- Infected mother to unborn or breast feeding child.
- Infected needles (tattooing, ear piercing etc.).
- Infected blood.

Note: *You may also use the illustrations given in Annexure-10D, to explain the matter given in the box above.*

D. Further inform the trainees that -

Keeping in view the methods of spreading of HIV/AIDS, one can prevent the infection by -

- Having one sex partner.
- Using a condom.
- Using sterilized (properly boiled or disposable) needles and syringes for injections, not sharing razors and blades, using only sterilized needles for tattooing and ear-nose piercing.
- Taking only HIV/AIDS tested blood.
- If either partner (husband or wife) is infected, never have sex without condom.
- Avoid producing a child after getting infected (either partner).
- Avoid breast feeding, if mother is infected.

Step-6. a. Now, ask one member from the other group, to read out the report of the answers for the benefit of the class.

b. If the report contains appropriate answers, then appreciate the group.

Note: *Appropriate answers being- behaviour of Arun's family was unwarranted. One cannot get AIDS by sharing utensils, towels, toilets with HIV/AIDS patient or by living with an HIV/AIDS patient.*

c. Explain to the trainees that -

One cannot get HIV/AIDS infection by -

- Living with HIV infected patient.
- Sharing bathroom or towels.
- Sharing toilets.
- Shaking or holding hands.
- Common flies, mosquitoes, rats, cats, dogs etc.
- Hugging and kissing.
- Coughing and sneezing.

Note: You may also use the Figures given in Annexure-10E to explain the information given in the box above.

d. Further explain to the trainees that -

HIV/AIDS -

- Has no symptoms of its own.
- Becomes visible in the form of symptoms of common diseases like diarrhea, fever, oral and genital infections, TB etc.
- Presence of symptoms of more than one common disease and their persistence for a long period indicates the presence of AIDS.

Step-7 Explain to the trainees that -

- AIDS is also classified as one of the sexually transmitted disease.
- There are other Sexually Transmitted Diseases (STDs) also like Gonorrhoea, Syphilis, Herpes, Chlamydia etc.
- Some common symptoms of STDs are:
 - Yellow/green discharge;
 - Pain/burning sensation while urinating;
 - Small painless ulcer at the site of infection, usually around the sex organs or the mouth followed by red rashes all over the body;
 - Small painless ulcers on or around genital organs;
 - Small blisters on mouth or genital organs, accompanied by fever and general aches or pains; and
 - Warts on and around sex organs.
- Persons having STDs have greater chances of transmitting or receiving AIDS infection.
- STDs can also become chronic and cause complications. Therefore, adequate and effective treatment is necessary by a qualified doctor.

Step-8 Sum up the Session by -

- Briefly recalling the Contents of the Session.
- Asking the trainees to what extent the Objectives of the Session have been achieved.
- Giving reading references.

ANNEXURE-10A

HIV/AIDS: BASIC INFORMATION*

What is AIDS?

AIDS stands for : Acquired Immune Deficiency Syndrome

Acquired : not genetically inherited but one gets it from somebody.

Immune : weakness or inadequacy of the body's main defense mechanism, the immune system

Syndrome : not just one disease or symptom but presents as a group of diseases or symptoms

AIDS is a condition caused by a virus called HIV

AIDS cannot be diagnosed on the existence of one sign or symptom. All the symptoms of AIDS can be symptoms of other diseases too. Therefore, a person cannot tell whether he/she has AIDS or not unless he/she has been examined at a hospital or health center and diagnosed as such.

What is HIV?

**HIV stands for : Human
Immuno-deficiency
Virus**

HIV is a virus which causes impairment to the immune system of humans. It is also called the AIDS Virus. It is tiny, a thousand times smaller than the thickness of a hair, and it looks like a sunflower in full bloom.

What does HIV do in the human body?

HIV destroys the immune system of the body and the affected person loses his resistance or immunity to disease. The destruction of the immune system by the virus means that infectious organisms can invade the body unchallenged and multiply to cause disease. So far, there is no real cure for this disease

*Source: Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, New Delhi, 1998.

Signs and Symptoms of HIV/AIDS

Most people those who are affected with HIV show no symptoms of the disease for many years. These people may remain completely healthy and free from symptoms of a disease but they have the virus in their blood and are at the risk of developing AIDS at any time in future. Once a person is infected with HIV, he/she can transmit the virus to other people even through he/she may appear perfectly healthy and may not know that he/she has been infected with HIV.

There is no way of knowing whether a person is infected with HIV except by having a blood test. Some people with HIV infection develop one or more of the signs and symptoms which make up AIDS. These can be easily mistaken for those of many other illnesses. They include persistent fatigue, severe weight loss, night sweats or fevers lasting several weeks, persistent diarrhea lasting over one month.

The length of time taken for people with HIV to develop AIDS varies widely from person to person.

How is HIV transmitted?

HIV is known to be transmitted through four main routes/through sexual intercourses with an infected person because of breaks in skin or mucous membranes, through infected syringes and needles, through the transfusion of infected blood and from infected mother to the child in the womb.

How is HIV not transmitted?

We know that HIV is not passed on in these ways:

- Shaking hands.
- Kissing and hugging.
- Sharing cups, plates and other eating utensils.
- Sharing toilet and bathroom facilities.
- Through coughing or sneezing or through the air we breathe.
- Sitting in the same classroom or canteen.
- Sharing work instruments or machinery.
- Swimming together or playing together.
- Donating blood to the Blood Bank (with sterilized needles).
- Bites by insects, e.g. mosquitoes, bed bugs, etc.

One cannot get HIV/AIDS through everyday social contact with a person infected with HIV.

SEXUALLY TRANSMITTED DISEASES (STDs)

There is strong evidence that Sexually Transmitted Diseases (STDs) put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STDs. There are various types of sexually transmitted diseases. AIDS is only one of the sexually transmitted disease and knowledge about others is important for understanding AIDS.

What is a sexually transmitted disease?

STDs are those disease which are transmitted during sexual intercourse. Most STDs if they are detected can be treated early. If they are not detected and treated early, the infection may spread and cause various complications. However, as yet there is no cure for AIDS.

Some common STDs are Gonorrhoea, Syphilis, Herpes, Chlamydia, etc. Some of the symptoms of STDs are:

- Yellow/green discharge;
- Pain/burning sensation when urinating;
- A small painless ulcer at the site of infection - usually around the sexual organs or the mouth, followed by a red rash all over the body;
- Small, usually painful ulcers on or around the genital organs;
- Small blisters at the site of infection - the mouth or the genitals accompanied by fever and general aches and pains; and
- Warts on and around sex organs.

It is important that sexually transmitted diseases are adequately treated. If not, they can become chronic and be the cause of serious complications. For adequate and effective treatment it is necessary to go to a qualified doctor. Self-treatment or treatment by quacks is not advisable. One should not feel ashamed to go to a doctor. It is the doctor's duty to maintain strict confidentiality.

HIV/AIDS: ITS PREVENTION AND CONTROL

How to prevent and control HIV/AIDS is a very difficult question. There is no preventive vaccine or cure. The only option available today is to prevent it by observing practices that are safe.

Sexual Intercourse

In most cases, HIV infection is caused by unsafe sex practices. A healthy attitude towards sex and observing responsible sexual behaviour can reduce the chances of getting HIV infection. Abstinence from sex, sticking to one uninfected life partner and not having multiple sexual relations (or not having pre-marital and extra-marital sexual relations) constitute responsible sexual behaviour which are the best guarantees against HIV/AIDS.

Use of Condom

Sex plays a very important role in a person's growth into adulthood and in his/her subsequent life. Decisions regarding sex must be based on careful and mature consideration. References to sexual behaviour have been made here only in the context of pregnancy but also as a 'protection, it should be remembered that it does not make sex 100 per cent safe.

Sterilized syringes and needles

Great care should be taken to ensure that instruments which draw blood and are used in activities such as circumcision, tattooing or ear piercing, are sterilized after use if they are to be used again.

Do not take 'injection' from an unqualified doctor. The needles and syringes used by such practitioners are not sterile.

If an injection is needed, one must ensure that the syringe and needle are disposable or properly sterilized. There should never be any sharing of needles and syringes while taking an injection.

Blood Transmission

HIV Zonal Board Testing Centers have been set up in many cities and towns of the country. While taking blood transfusion it should be ensured that the blood free from HIV only is used for the transfusion.

Mother to Child

A women who is infected with HIV may wish to consider carefully the pros and cons of pregnancy in the light of a 30% chance of the child getting AIDS.

No Preventive Vaccine or Cure for AIDS

Although there is no preventive vaccine or cure for AIDS, there are various steps people with HIV can take to safeguard their health. In order to maintain good health and delay the onset of the disease syndrome, it is important for people with HIV to:

- Seek early medical treatment for health problems such as oral infections and Pneumonia;
- Eat a varied balanced diet;
- Have regular sleep and rest;
- Relax and enjoy leisure time;
- Take good physical care of the body;
- Practice good hygiene; and
- Maintain morale and a positive self-image.

It is also important for people with HIV to:

- Avoid further HIV infection through unprotected sex;
- Avoid smoking;

- Avoid becoming overtired;
- Reduce stress and worry; and
- Avoid other infections.

These are all practical steps that people can take as individuals

We know that HIV is not contagious. It is not transmitted through normal everyday contact. But perhaps because the sensitive issue of sex and death are interwoven around AIDS, the negative reaction from the general public to AIDS has been unprecedented.

When you deal with HIV/AIDS patients:

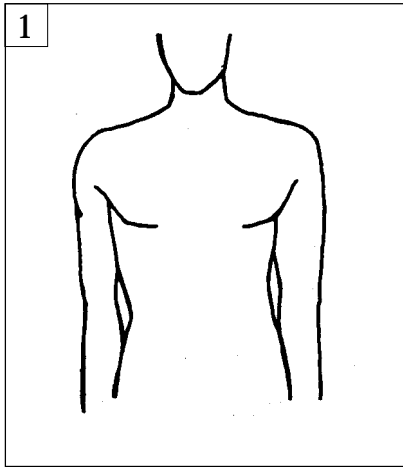
- Do not give them the feeling of neglect;
- Do not show any discrimination;
- Show Sympathy and Empathy;
- Do not deprive them of their present jobs, education and other facilities;
- Give them due care; and
- Look upon them as any other normal person and do not attach any stigma to them.

ANNEXURE-10B

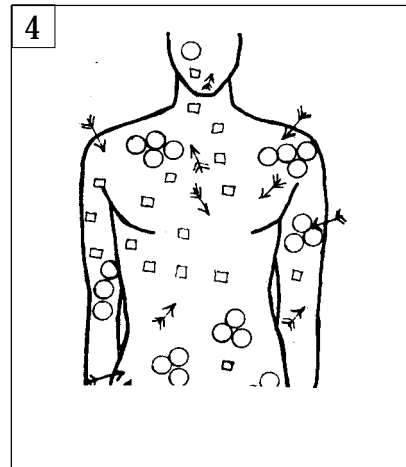
WORKING OF HIV VIRUS IN HUMAN BODY

KEY OF SYMBOLS

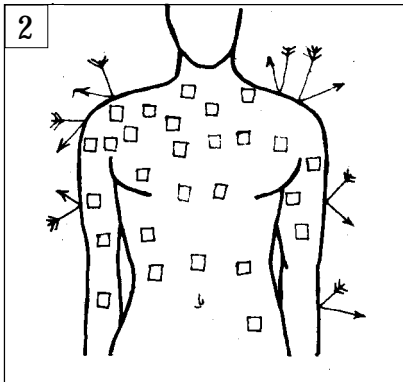
- Immune System
- ⇒ Infections
- HIV



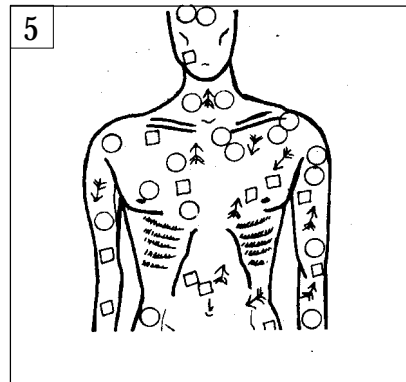
Normal Human Body



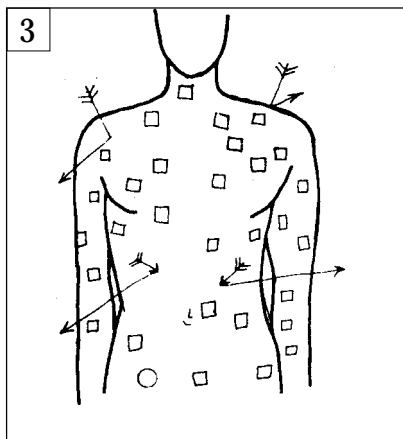
HIV destroying the Natural Immune System



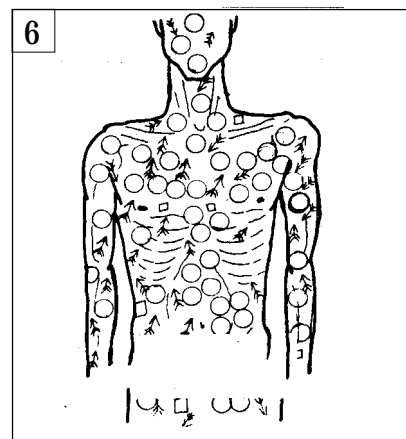
Natural Immune System defending the body against Infections



HIV multiplying, weakening the immune system which is unable to defend against Infections



HIV enters the body



Full blown AIDS: Immune System almost destroyed, Infections attacking the body

ANNEXURE-10C

CASE STUDY-1

Being a salesman, Ramesh often had to go on tours. He used to be away from his family for long periods of time. In order to avoid loneliness while travelling, Ramesh started visiting professional sex workers. Despite the advice from his friends, he never used condom during these visits.

Last year, Ramesh died of prolonged illness. Till the time of his death, he did not allow the certain blood tests which were being recommended by the doctor fearing that the results may reveal his past. It seems he had the intuition that he was not going to live long. Therefore, he insisted on his wife Meena to have a child so that his generation may go on. His wife also sensed his condition. Therefore, she agreed to have a child thinking that she will have someone with her to pass her life. Therefore, a couple of years before his death, he and his wife Meena had a child. The baby born developed some complications quite early and the doctors recommended some tests for the baby and the mother. The results of the tests revealed that both the mother and the child were HIV positive. Doctors had a tough time explaining to Meena the possibilities of how she and her child might have got infected with HIV.

Prepare a written report of the answers of the following questions -

Question 1: What could be the possible illness because of which Ramesh died?

Question 2: What could be the possible source from where the child got HIV infection?

Question 3: Why did doctor recommend Meena and her child to undergo tests for AIDS?

Question 4: From whom could Meena have possibly got HIV infection and why?

Question 5: What are the other ways in which a person can get HIV infection?

CASE STUDY-2

Arun is a sick and an isolated person today. He and his wife are living a lonely life. His family members have turned him out of their house. All this started last year when Arun started feeling weak and losing weight. He did not take this seriously, but when he started having night sweats and persistent fever he consulted the local doctor. Despite the treatment and medicines, his condition kept on deteriorating. Since he was not responding to any medicine, the doctor advised him to go for several tests including the blood test for HIV/AIDS. The result of the blood test showed that Arun had AIDS.

Despite counseling by the doctor, his family members (except his wife) started distancing and isolating themselves from him. It began with having separate utensils for his food and a separate place for his clothes. Later they started cooking separate food for him which he ate alone. Nobody now talked to him and he was confined to an isolated and separate room. Finally, his family members asked him and his wife to leave the house and live separately.

Arun is unable to understand the behaviour of his family members as he has become an out caste for them.

Prepare a written report of the answers of the following questions.

Question 1: On what basis did the doctor advise Arun to undergo the blood test for AIDS?

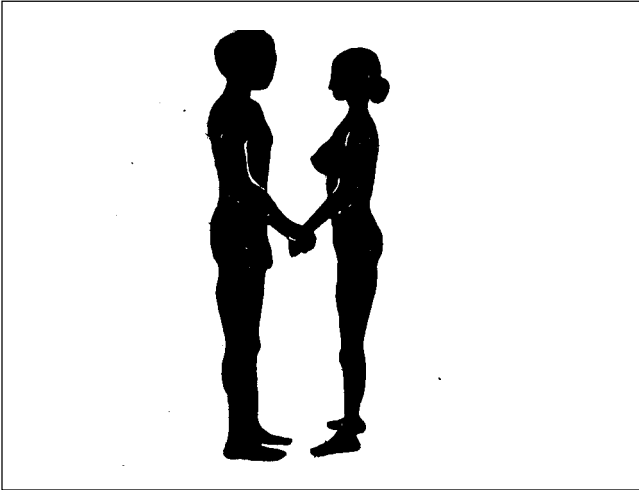
Question 2: Does AIDS has symptoms of its own?

Question 3: List out the actions taken by the family members of Arun to gradually isolate him?

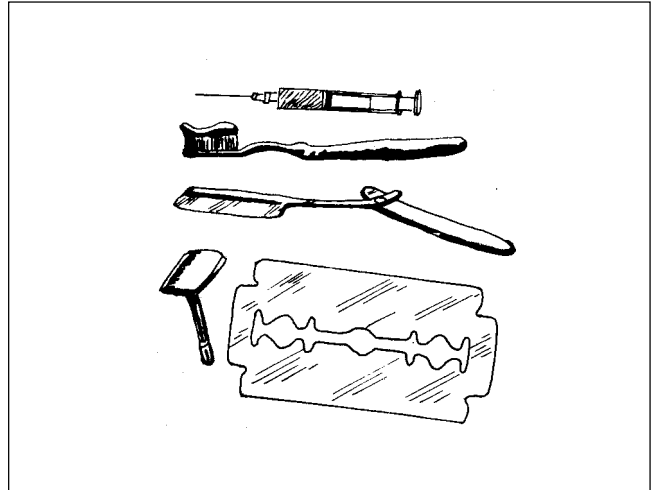
Question 4: Do you think that by being in contact with Arun, his family members could have contacted AIDS? Give reasons for your answers.

ANNEXURE-10D

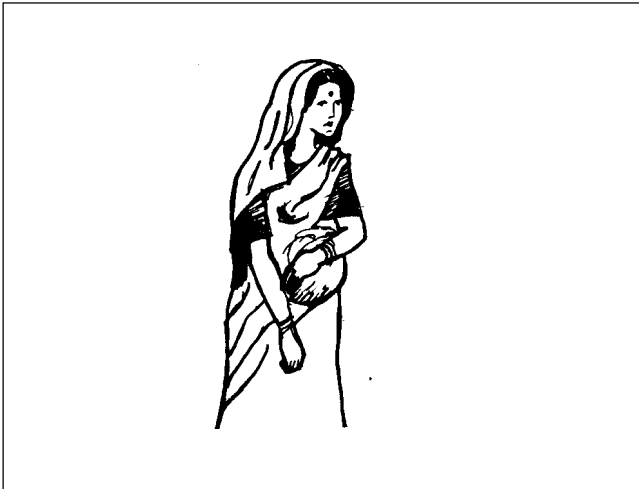
HIV/AIDS CAN BE TRANSMITTED THROUGH



Unprotected sexual intercourse



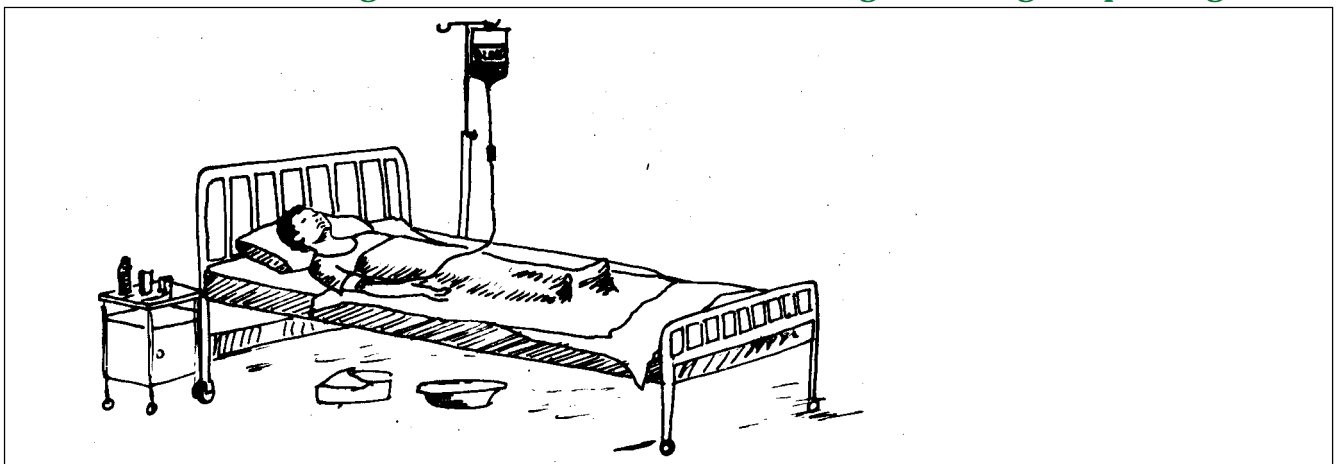
Infected razors, syringes etc.



Infected mother to unborn or breast feeding child

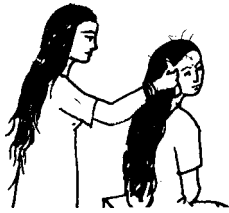


Infected needles (e.g. Tattooing, ear piercing etc.)



Infected blood

ANNEXURE-10E
HIV CANNOT SPREAD THROUGH



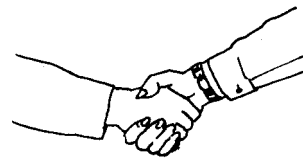
Living with HIV infected patient



Sharing bathroom or towels



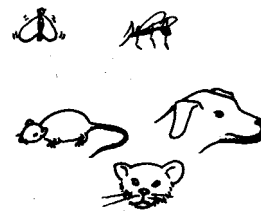
Sharing toilet



Shaking or holding hands



Sharing food and utensils

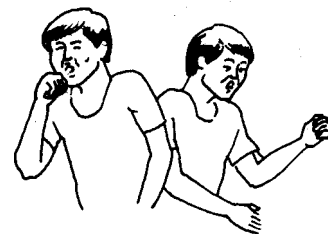


**Common flies, mosquitoes,
rats, cats and dogs etc.**

Hugging & Kissing



Hugging and Kissing



Coughing and Sneezing

SESSION 11

Substance Abuse

Time 50 minutes

Objectives By the end of the Session, participants will be able to -

1. Understand the concept and meaning of Substance, Substance Abuse and Substance Dependence/Addiction.
2. Develop awareness about short term and long term effects of Substance Abuse.
3. Understand and know their role as a Citizen, Teacher and Parent in the prevention of Substance Addiction.
4. Become familiar with hazards of Tobacco Consumption and Alcoholism

Course Contents

- Definition of Substance / Drug, Substance / Drug Abuse, Substance / Drug Dependence/Addiction
- Short term and long term effects of Substance/Drug Abuse/Addiction
- Measures for prevention of Substance/Drug Addiction as a Parent, Teacher and
- Citizen and Student
- Hazards of Tobacco Consumption
- Alcoholism.

Materials

- i. Blackboard, Chalk & Duster
or
Chart and Marker Pens

Pre Session Preparations

- i. Read and understand Annexure-11A.
- ii. Read and understand Session Steps.
- iii. Arrange materials required.
- iv. Prepare charts of matter as suggested in Session Steps.
- v. Prepare your own notes or you can directly use the Manual.

SESSION STEPS

Step-1 Share the Title and Objectives of the Session either by writing on the blackboard or with the help of chart already prepared by you.

Step-2. a. Write on the blackboard the following words:

- **Drug/Substance**
- **Drug/Substance Abuse**
- **Drug/Substance Addiction/Dependence**

Tell the trainees that -

- You must be familiar with these words.

or

You must have heard or read these words somewhere.

- Let us try to understand their meaning.

b. Write on the blackboard (or use the chart already prepared by you) and share with the trainees the definitions of each word given in the box below.

Definition of Drug/Substance, Drug/Substance Abuse & Drug/Substance Addiction/Dependence

- **Drug/Substance** - is a chemical compound that changes the way our body works or alters the physical or mental functioning of an individual.
- **Drug/Substance Abuse** - means taking drug/substance for reasons other than medical in an amount, strength and frequency or the manner that it damages physical or mental functioning of an individual.
- **Drug/Substance Addiction/Dependence** - means regular excessive use of drug/substance leading to physical and psychological tolerance and dependence for it.

Step-3. a. Tell the trainees that -

- Now we will study a few short term and long term effects of Drug Abuse.

And

Write the matter given in the box below on the black board (or put up the chart already prepared by you).

Effects of Drug Abuse

Short term effects

May appear a few minutes after the drug -

- a sense of well being;
- a pleasant drowsiness; and
- feeling high (calm or excited).

Long term effects

- Loss of interest in sports and daily routine.
- Loss of appetite/weight.
- Reddening and puffiness of eyes and unclear vision.
- Slurring of speech.
- Nausea, vomiting and body pain.
- Drowsiness or sleeplessness, lethargy and passivity.
- Acute anxiety, depression, profuse sweating.
- Changing moods, temper tantrums.
- Depersonalization and emotional detachment.
- Impaired memory and concentration.

b. Explain to the trainees that -

- Consequences of Drug Abuse include ill health, economic loss (due wasteful expenditure to purchase drugs), social disapproval and alienation in family, friend and work place, increased chances of accidents and crimes.

Step-4 Tell the trainees/students that -

- There are some myths and facts associated with drug addiction.

And

Share with them the myths and facts given in the box (you can also add some known to you) below either by writing on the blackboard or with the help of chart already prepared by you.

S.NO.	Myths	Facts
1	One can try taking drugs just once and then stop.	Almost all drug addicts start by trying just once.
2	Most of the addicts get their drugs from a peddler or a	Most of addicts get their first drug from a friend or associate
3	Drugs increase creativity.	Drug addicts loose clarity of coherence in action.
4	Will power alone can help a drug addict to stop taking drugs.	Addiction becomes a disease which requires treatment on a scientific basis.
5	Drugs sharpen thinking leading to greater concentration and increased sexual behaviour	Drugs may remove inhiibitions temporarily but ultimately they in step fall in normal functioning

- Step-5.**
- a. Tell the trainees that -
 - In order to prevent Drug Abuse/Addiction the parents, teacher, citizen and students can take several measures. Let us share these measures.
 - b. Divide the participants into four smaller groups and give each of them the task of writing down the role of parents, teachers, citizens and students in preventing Drug Abuse (one group- one topic only) in their sub groups. Allow 10 minutes time to complete the task.
 - c. Once the group have completed their task, ask a representatives of each group to present their report one by one. Ensure that the points given in box below are covered.

Measures to Prevent Drug Abuse/Addiction

As a Parent

- Communicate openly with your child.
- Be a patient listener to his or her problems/explanations.
- Show interest in your child's activity and his/her friends.
- Talk about your child's problems, teach him/her to handle them.
- Do not abuse alcohol or drugs yourself. Set an example.
- Keep track of prescribed drugs in your home.
- Learn as much as you can about drugs, be informed.

As a Teacher

- Talk to your students informally and openly.
- Discuss with them dangers of drug abuse.
- Keep yourself interested in your students interests and activities.
- Encourage them to volunteer information of any incident of drug abuse.
- Talk about the problems of adolescence. Guide your students on how to handle them.
- Help them examine career options, set goals.
- Learn as much as you can about drugs before hand.

As a Citizen

- Remain alert to requests to keep/carry narcotic drugs.
- If you notice poppy or cannabis plants/crops, inform the nearest law enforcement authority.
- If you come across anything suspicious, inform the police, even anonymously.
- Advice addicts to seek treatment from government hospitals or counselling/ de-addiction centres funded by the Government.

As a Student

- Communicate with your Peers.
- Do not abuse alcohol or drugs yourself .
- Advice addicts to seek treatment from counselling/de-addiction centres.
- Inform the family of the addict about his addiction.
- Direct the addict's mind when he gets strong urges to take drugs.
- Boost his self-confidence by being supportive.

Step-6. a. Tell trainees that -

- Tobacco is also a drug. Consumption of tobacco in the form of Cigarettes, 'Bidi', with Paan', 'Surti/Kheni' or any other form is the foremost single biggest drug problem in our country. Though tobacco is a "socially acceptable" drug, still it has very serious ill effects especially on health. Let us learn some facts about Tobacco Consumption

b. Share by writing on the blackboard or with help of chart already prepared by you the matter given in the box below.

Some Facts about Tobacco Consumption

- It is the foremost preventable factor for disease, disability and death in our country.
- About 8 lakh people die every year and many more suffer from tobacco related diseases like heart respiratory and urine problems and cancer.
- Tobacco's worst health risks appear 20-30 years after starting smoking.
- 2.3 lakh people develop tobacco related cancers every year.
- Tobacco smoking reduces the life of a person by 10 years if he/she start smoking from teen age and continues through out his life.
- Smoking by pregnant women increases the chances of still birth or lowweight baby.
- Tobacco habit results in economic loss. Loss is much greater when measured in terms of disease, disability and health related to tobacco.

c. Sum up the discussion by telling trainees that -

- Consuming Tobacco in any form is harmful.

Step-7 Tell the trainees/students that -

- Alcoholism is another major problem of Substance Abuse in our society. Let us know some facts about it also.

And

Share with them the facts given in the box below either by writing on the blackboard or with the help of a chart already prepared by you.

Some facts about Alcoholism

- Alcoholism is a disease and not merely a habit or a behaviour.
- It affects both the addict and the people immediately around him.
- Family members of alcoholics experience guilt, anger, shame, fear and isolation.
- Children of alcoholics have higher risks of emotional, physical and mental problems.
- Apart from risks of economic, physical, emotional and social problems, alcoholics become more prone to violence, crime and accidents.
- Alcoholism is a problem which in most cases cannot be solved by the alcoholic or his family alone. The problem can be resolved only with professional help.

Step-8 Sum up the Session by -

- Briefly recalling the Contents of the Sessions.
- Asking trainees to what extent the Objectives of the Session have been achieved.
- Giving reading references

ANNEXURE-11A

DRUG ABUSE : BASIC INFORMATION*

What is a 'Drug'?

A drug is a chemical substance that changes the way our body works. That is, any chemical that alters the physical or mental functioning of an individual, is a drug.

What is 'Drug Abuse'?

When drugs are taken for reasons other than medical in an amount, strength, frequency or manner that damages the physical or mental functioning of an individual, it becomes 'drug abuse'. Any type of drug can be abused. Drugs with medical uses can also be abused.

With medically prescribed drugs, 'drug use' and 'drug abuse' can be differentiated. Drugs with medical uses can be abused in the following ways:

- **Too much:** Taking an increased dosage without medical advice.
- **Too often:** Taking small doses frequently e.g. taking the drug during day-time when a bed time dosage alone has been prescribed.
- **Too long:** Taking the drug for an extended period of time that is, longer than the prescribed period.
- **Wrong use:** Taking a drug without medical advice.

Illegal drugs like brown sugar and ganja have no medical use at all. With these drugs, there is no 'drug use.' To use them is to abuse them. From the very outset, it is drug abuse. There are certain other drugs taken by young people. These are SD, Bhang, Hashish, Mandrax, Vallium, Librium, Heroin.

What is Drug Dependence?

Drug abuse leads to drug addiction with the development of tolerance and dependence. Tolerance' refers to a condition where the user needs more and more of the drug to experience that same effect. Smaller quantities, which were sufficient earlier, are no longer effective and the user is forced to increase the amount of drug intake. In short, regular excessive use of drugs leads to physical and psychological dependence.

*Source: Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, New Delhi, 1998.

A person who has developed dependence on drugs requires medical and psychological treatment.

Effects of Drug Abuse

Drug Abuse leads to -

- a) **Short-term effects:** These are the effects that rapidly appear a few minutes after taking the drug. These effects include a sense of well-being and a pleasant drowsiness.
- b) **Long-term effects:** These are the damages that occur due to constant excessive use of drugs or drug addiction. The damages include both physical and mental illness. The symptoms of drug addiction are:
- Loss of interest in sports and daily routine.
 - Loss of appetite/weight.
 - Reddening and puffiness of eyes, unclear vision.
 - Slurring of speech.
 - Fresh/numerous injection sites on body and blood stains on clothes.
 - Presence of needles, syringes and strange packets at home.
 - Nausea, vomiting and body pain.
 - Drowsiness or sleeplessness, lethargy and passivity.
 - Acute anxiety, depression, profuse sweating.
 - Changing moods, temper, tantrums.
 - Depersonalization and emotional detachment.
 - Impaired memory and concentration.

Some common Myths about taking of drugs

Myth

Fact

One can try drugs just once and then stop.

Almost all the drug addicts start by trying just once.

Most of the addicts get their drug from a Peddler or a pusher.

Most of the addicts get their first drug from a friend or an associate in the form of a favour.

Drugs increase creativity.

Drug addicts lose clarity of coherence in action.

Will power alone can help a drug addict to stop taking drugs.

Addiction becomes a disease which requires treatment on a scientific basis.

Drugs sharpen thinking, lead to greater concentration and increase sexual pleasure.

Drugs may remove inhibitions temporarily but ultimately they result in a steep fall in normal functioning.

Measures to prevent Substance/Drug Addiction -

As a Parent

- Communicate openly with your child. Be a patient listener.
- Keep yourself interested in your child's activities and his/her friends.
- Share problems at home. Talk about your child's problems, teach him to handle them.
- Do not abuse alcohol and drugs yourself. Set an example.
- Keep track of prescribed drugs in your home.
- Learn as much as you can about drugs-be informed.

As a Teacher

- Talk to your student informally and openly.
- Discuss with them dangers of drug abuse.
- Keep yourself interested in your students' interests and activities.
- Encourage them to volunteer information of any incident of drug abuse.
- Talk about the problems of adolescence. Guide your students on how to handle them.
- Help them examine career options, set goals.
- Learn as much as you can about drugs-be informed.

As a Citizen

- Remain alert to requests to keep/carry narcotic drugs.
- If you notice poppy or cannabis plants/crops, inform the nearest law enforcement authority.
- If you come across anything suspicious, inform the police, even anonymously.
- Advise addicts to seek treatment from government hospitals or counseling/de-addiction centers funded by the Government.

Tobacco Consumption

Tobacco consumption is the foremost preventable factor for disease, disability and premature deaths in our country. About 8 lakh persons die every year due to their habit of consuming tobacco. And several lakhs suffer from heart diseases, respiratory and urinary problems and cancer.

The worst health risks of tobacco use appear 20 to 30 years after starting to smoking. The effect of tobacco use is very insidious and the long lag between developing the habit and getting its effect makes people underestimate the tobacco's health hazards. The substance called nicotine present in tobacco causes addiction and, therefore, it develops a dependence on tobacco. Tobacco use also leads to wastage of money. In view of the disease, disability and premature death resulting from tobacco use, the costs of tobacco are much higher than what smokers think.

Smoking is a major cause of chronic lung disease due which the smoker's respiratory capacity is either reduced or crippled. Smoking is the number one risk factor for heart attacks. Smoking is also an important cause of insufficient blood supply to the legs often resulting in amputation

of the limb. About 2.3 lakh persons develop tobacco related cancers every year such as cancer of the mouth, throat, larynx (voice box), oesophagus (food pipe from mouth to stomach), lung. The risk of developing lung cancer increases with the duration of the smoking habit and through number of cigarettes smoked everyday. Bidis and cigars are as harmful as cigarettes.

If an individual starts smoking when he is a teenager and continues throughout his life, he may reduce his life span by 10 years or more. Further, smoking reduces one's vitality and vigour. Non-smokers who inhale the smoke emitted by the smokers that is, passive smokers are also greatly harmed. Women smokers are likely to have menstrual problems including missed periods and irregular bleeding. Pregnant smokers run the risk of delivering still born or low weight babies. Tobacco use in any form, not only smoking, is harmful. Therefore, one should not be tempted to use of tobacco and should discourage others from smoking and chewing. One should avoid passive smoking by moving away from the smoker or by making the smoker to stop smoking.

Alcoholism*

Alcoholism is a disease which affects both the addict and the people immediately around him. The individual will be unable to carry out his daily chores because he will be physically and psychologically dependent on alcohol. Grandiose and aggressive behaviour, justification, degenerating social relations, and a sense of guilt are some of the characteristics that arise out of addiction to alcohol. Their impact is felt by the whole family. The family of a dependent is a cluster of socially hurt and confused people. They experience guilt, grief, anger, shame, fear and isolation; they struggle vigorously to solve their problems. They tend to withdraw from the social mainstream. As the alcoholic goes through different stages such as blackout, loss of physical control, and ethical breakdown, members of his family unconsciously respond in certain patterned ways to cope with familial, societal and occupational problems created by the addict. They justify the abnormal behaviour of the alcoholic as normal, firstly to themselves, and later to others, "He works hard, he is tense and hence drinks". They tend to protect him at work by arranging for leave of absence, settling debts, and bringing him home from places where he lies unconscious. Within the four walls of the home, members of the family try to control his drinking behaviour through actions such as breaking the alcohol bottle or emotional threat of suicide.

Members of the family seldom realize that such efforts to regulate drinking are invariably unsuccessful. Dependence on alcohol by the abuser has set in. In the Indian context in particular, the family does not understand that alcoholism is more a disease than a mere deliberate behaviour.

Immediate relatives of the alcoholic suffer and their trauma is transmitted to the children. Adults become helpless only emotionally, while minor children get caught in the whirlpool as they are dependent both emotionally and physically. The innocence blended with beauty and bubbling energy of childhood are not seen in the family of an alcoholic. The playfulness of

*Source: *Social Strains of Globalization in India*, Merlin Taber, Sushma Batra, 1996.

children disappears. The child, like the adults, tends to withdraw from his friends' circle. Continuous stress of this nature leads children to severe physical and mental problems. Hyperactive child syndrome, depression and predisposition to alcohol are some of the common problems among the children of alcoholics. Indian culture has a rather peculiar dimension. If a person (invariably, a man) takes to alcohol, and turns an alcoholics, then the wife and parents need to take the blame and shoulder responsibility. There is a need for professional guidance in the form of counseling and medical help to overcome this problem.

UNIT-3

GENDER EQUALITY AND EMPOWERMENT OF WOMEN

In this Unit, there are three Sessions. Session-12 highlights the important aspects related to Family and Family Life. Session-13 is aimed at developing understanding about differences between Sex and Gender followed by Gender Discrimination practices against Women in day to day life in our society. The third Session (No.14), is directed at familiarizing the trainees with strategies for Empowerment of Women and Laws Related to Women.

These Sessions will help the trainees to develop more rational attitude and behaviour towards women. The introductory information of the Sessions is given in the table below and detailed Session design in the next few pages.

Session Number and Title	Brief Contents	Method	Time (in minutes)
Session-12 Family, Marriage and Responsible Parenthood	<ul style="list-style-type: none"> • Family and Types of • Marriage and Age at Mariage • Responsible Parenthood: Right Age for Child Bearing and Spacing • Male Participation in Family 	<ul style="list-style-type: none"> • Presentation • Case Study 	50
Session-13 Gender Issues	<ul style="list-style-type: none"> • Differences between Sex and Gender • Gender Discrimination Practives against Women in day to day life 	<ul style="list-style-type: none"> • Presentation • Case Study 	50
Session-14 Women Empowerment and Legal Provisions for Women	<ul style="list-style-type: none"> • Situatiof women: Sex Ratio, Health, Education, Employment • Some Women Empowerment Strategies • Some Legal Provision for Women Empowerment 	<ul style="list-style-type: none"> • Presentation 	50

SESSION 12

Family, Marriage and Responsible Parenthood

Time	50 minutes
PART A	Family and Types of Family15 minutes
PART B	Marriage and Responsible Parenthood.....35 minutes

- Objectives** By the end of the Session participants will be able to -
1. Identify and describe the types of Families in our society.
 2. Develop knowledge about important factors in taking decision for Marriage.
 3. Develop knowledge about Minimum Legal Age of Marriage.
 4. Understand the concept of Responsible Parenthood, Right Age of Child Bearing, Spacing of Children and Responsibilities of Parents.
 5. Appreciate the changing Gender Roles in Family and need for Male Participation.

- Course Contents**
- Family
 - Types of Family
 - Marriage and Age at Marriage
 - Responsible Parenthood including Right Age for Child Bearing, Spacing of Children and Responsibilities of Parents
 - Male Participation in Family

- Materials**
- i. Blackboard, Chalk and Duster
or
Charts and Marker Pens
 - ii. Photocopies/Handwritten copies of Case Study-1 and Case Study-2 from Annexure-12A

Pre Session Preparations

- i. Read and understand Session Steps.
- ii. Read Annexure-12B and-12C carefully.
- iii. Arrange the material mentioned above.
- iv. Prepare charts or other items if suggested in Session Steps.
- v. Make notes of your own or you can directly use the Manual in the class.

SESSION STEPS

PART A: Family and Types of Family

Time: 15 minutes

Step-1 Share the Title and Objectives of the Session with the trainees/students, either by writing on the blackboard or with the help of the chart already prepared by you.

Step-2. a. Write the word '**Family**' on the blackboard and ask 5 to 6 students -

“What does the word Family convey to you”?

or

“What is the meaning of the word Family”?

b. Write all the responses of the trainees on the blackboard.

c. Try to frame the definition of Family based on these responses. For your guidance, the definition of Family has been given in the following box. You may use this as well.

Definition of Family

Family commonly means a group of individuals who are related by blood, marriage or adoption, who share a home, extend cooperation to each other and feel ties of affection.

d. Write the definition on the blackboard and ask one student to read it loudly for the benefit of the class.

Step-3. a. Explain to the trainees by writing on the board that there are 3 types of families -

- **Nuclear**
- **Joint**
- **Extended**

b. Use the information given in the following box to explain these terms.

Types of Families

- i. **Nuclear Family:** consists of mother, father, child/children or only couple who share a home and companionship.
- ii. **Extended Family:** consists of married children and their off springs living with parents.
- iii. **Joint Family:** consists of uncle, aunts, cousins and all such relatives along with grand parents and grand children.

Step-4 Conclude this part of the Session by emphasizing that -

- Family is the basic unit of our society. Each individual has roles and responsibilities to perform in a family. We learn these roles and responsibilities which vary from culture to culture.
- Both males and females are equally important in a family. Traditionally males and females have been assigned different roles. But these are not fixed. These can and shall be changed according to the needs or changing family structures.
- The traditional family structures and values in our society are changing. These changes call for changes in roles and responsibilities of different members.

PART B: Marriage and Responsible Parenthood

Time: 35 minutes

Step-1. a. Divide the class into 2 equal groups and name them as :

- **Case Study-1 Group**
- **Case Study-2 Group**

b. Instruct the Groups that -

- i. You will give one Case Study to each Group.
- ii. Members of each Group will have to read their Case Study carefully and discuss amongst themselves.
- iii. Each Group has to then answer the questions, given at the end of their Case Study. These answers should be in the form of a written report.
- iv. Allow 15 minutes to the Groups to complete this task.

Step-2. a. Once the Groups have finished their task, ask one member of Case Study-1 Group to read out Case Study and the report prepared by the group.

b. Ask the members of the other Group, if they would like to add, delete or supplement the report of Case Study 1 Group.

You can also add, delete or amend this report based on the information given in Annexure-12C.

Note: *If time permits, it is desirable if you selectively write the highlights of this report on the blackboard; otherwise, you may analyze the report by verbal exchange.*

Step-3 Repeat the process of Step-2.a and 2.b again for the report of Case Study- 2 Group.

Step-4 Sum up this part of the Session by sharing the following information with the trainees/ students with the help of a chart already prepared by you or by writing on the blackboard.

Important Considerations for Marriage

- Age of the boy should not be less than 21 years and that of the girl 18 years.
- Marriage must be entered into with free and full consent.
- Spouse should be physically, mentally, socially mature before entering into marriage.
- Spouses must have knowledge and understanding about the role and responsibilities of married life.

Responsible Parenthood includes the following:

- Pregnancy (first pregnancy and spacing).
- Ante natal care, child birth and post natal care.
- Child rearing and growth and development of child.
- Parents sharing and respecting each other's roles and responsibilities.

Note: You may further reinforce the concept of Responsible Parenthood and Male Participation by sharing the illustration given in Annexure-12B and asking the trainees to point out the differences between the two families.

Step-5 Sum up the Session by -

- Briefly recalling Contents of the Session
- Asking trainees to what extent the objectives of the Session have been achieved.
- Giving reading references.

ANNEXURE -12A

CASE STUDY-1

At the age of 20 years, Ashok had just started his career after completing the course of scooter repair from ITI. Disregarding his tender age and limited income, his parents got him married to Anju without consulting him. Anju was 17 years old at the time of marriage. Anju and Ashok both were not aware of the responsibilities of marriage and family. Soon after their marriage, at the age of 18, Anju gave birth to their first child. In the next three years, Anju and Ashok had three more children. Early and unspaced pregnancies adversely affected the health of Anju and their children. Anju became anemic and constantly felt weak.

The whole burden of rearing the four children and looking after the family was on Anju. Ashok never helped her in taking care of the children or the household chores; he had seen in his family that looking after the children and all other domestic chores were the responsibilities of his mother, and his father's responsibility was only the earning of money for the family.

In these conditions and circumstances, Ashok and Anju were not able to meet the physical, educational, health, and emotional needs of their children. Unable to manage the family responsibilities, the husband and wife both become very irritable and often kept blaming one another for the situation.

Write down the answers to the following questions.

Question-1. Do you think Ashok and Anju got married at the right age? Give reasons for your answer.

Question-2 What is the minimum legal age of marriage for girls and boys in our country?

Question-3 Do you think Ashok and Anju were following the concept of Responsible Parenthood -

- a. At the time of marriage?
- b. After the marriage?

Question-4. What is medically prescribed -

- a. Minimum age at which a women may bear the first child?
- b. Minimum time gap between two pregnancies?

Question-5. Did Ashok act right by not helping Anju in taking care of children or the household work? Give reasons for your answer.

CASE STUDY-2

After completing his senior secondary, Madan, with the financial help of his father, started a grocery shop. His mother hinted that he should get married. Madan however, opposed the move because he was not yet prepared to shoulder the responsibility of marriage and family.

By the time he was 23 years, Madan was earning a reasonable income. Around the same time, the old issue of marriage was once again raised in his family. This time, Madan agreed. His mother suggested a pretty girl, 16 years old who had never been to school. But Madan and his father decided in favour of Veena, who was not so pretty but had studied upto class VIII and was 19 years old.

After marriage, Veena and Madan had their first child when Veena was 21 years old. Madan and Veena then decided not to have another child for the next two years. They consulted a doctor at the Mother and Child Health Centre and adopted the contraceptive method to prevent the next pregnancy. Two years later they had their second child.

Sensing the responsibility of two children and the household work, Madan started helping his wife in taking care of children and other domestic chores. This invited occasional comments from his friends and mother that 'a man doing a lady's work does not look dignified'. But Madan did not pay much attention to these comments. He felt that the children and household work were the joint responsibilities of both husband and wife.

With limited family size, sharing of family responsibilities, reasonable income and better knowledge, Veena and Madan were able to meet most of the physical, emotional and other needs of their children and could also responsibly shoulder and carry out other social obligations.

Write down the answers to the following questions.

Question-1. Do you think Madan and Veena were following the concept of Responsible Parenthood -

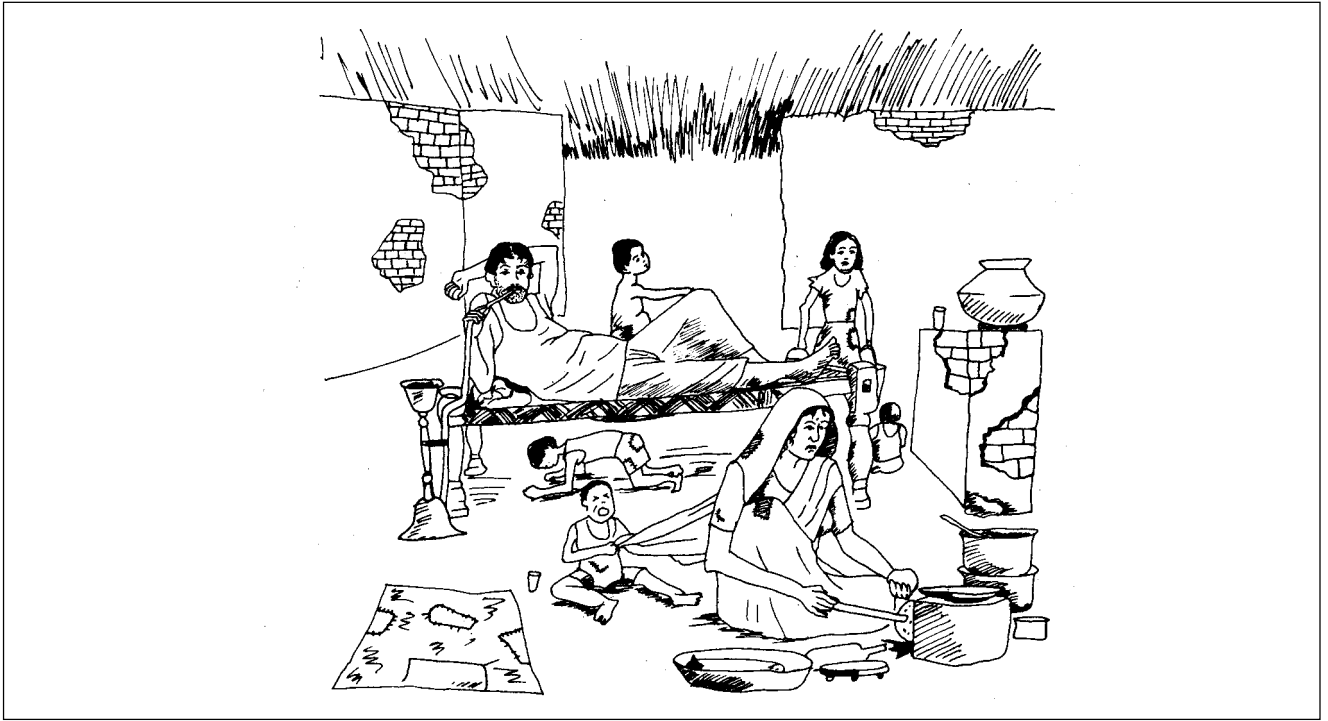
- a. At the time of marriage?
- b. After the marriage?

Give reasons for your answers

Question-2: Did Madan act rightly by helping Veena in sharing household work and in looking after the children? Give reasons for your answers.

ANNEXURE-12B

RESPONSIBLE PARENTHOOD AND MALE PARTICIPATION IN FAMILY



Family - 1



Family - 2

ANNEXURE-12C

THE FAMILY LIFE*

Definition of Family

The Family is one of the oldest and most common human institutions and the basic unit of society. It has been an important organization in the society since prehistoric times. Most individuals grow up in a family and as adults, establish a family of their own. We all are very familiar with the institution of the family. But it is difficult to define the family in a way which is universally acceptable. It is so because various forms of the family exist in different social, cultural and legal systems.

The term family commonly means a group of individuals who are related by blood, marriage or adoption, who share a home, extend cooperation to each other and feel ties of affection. The smallest family is composed of a husband and a wife and their child or children. A family thus consists of at least two adults of the opposite sex living in a socially approved sexual relationship. They may also have one or more of their own or adopted children. At times, there may be a single parent family because of divorce, separation or death of a partner.

Types of Families

There are different types of family structures. As stated above, the smallest family unit consists of a mother, a father and a child or children, or only a couple who share a home and companionship. This is known as a **nuclear family**. If married children and their offspring live with the parents, the family may also include aunts, uncles and cousins. When a family consists of all such relatives along with grand parents and grand children, it is known as a **joint family**.

In India, generally we have two types of family structures:

- i) **Joint Family and**
- ii) **Nuclear Family.**

Traditionally, **joint families** had been predominantly present in the Indian society. The joint family structure was very useful in the context of agricultural economy. But with the advent of urbanization, industrialization and modernization, this system started declining. It has been increasingly replaced by the nuclear family system. The compulsions of urban and industrial societies encouraged people to break away from the joint families and live in nuclear families. This change has given birth to multi-faceted psycho-social problems.

Perhaps because of these reasons, joint family system is staging a comeback in urban situations. Though the members of the **nuclear family** live in urban areas, their relationship with the joint

*Source: Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, New Delhi, 1998.

family continues and they are very often emotionally disturbed. They miss the cooperation which they were receiving as members of the joint family. If both the partners in the family are working and they have a child or children, they suffer emotionally. Even the nuclear family system is weakening because of various reasons. If the institution of the family loses its existence, it will be disaster for the Indian society.

Roles and Responsibilities of Family Members

Each individual member of the family is expected to behave and perform certain functions. These roles and responsibilities to be performed by different members are influenced by social norms. These roles and responsibilities are learnt in the family, the individual behaviour in consonance with the social norms. If there is a conflict between the expected and the performed roles of members of the family, disharmony prevails. Every member enjoys certain rights and privileges and has also certain duties. While every child has a right to parental love, affection and care, he/she has also to perform certain duties and responsibilities.

Both male and female members of a family are equally important. Traditionally, certain roles have been assigned to females and certain others to males only. It is observed that household activities are conducted only by female members of the family. The mother is supposed to perform all roles of bearing and rearing up of the child. But these roles are not fixed. Both males and females can interchange their roles according to the needs. The healthy growth and development of children can be ensured only when both the parents share responsibilities of looking after them. The father is expected to share the parental responsibilities of child care. When male members join female members in performing household responsibilities including child-rearing, it leads to the improvement of the quality of life in the family.

The elderly members of the family in their old age need special care and emotional security. If there are some handicapped members in the family, they also need extra support from others. All the family members are supposed to take care of such members and respect their individuality. They are as valued members of the family as others.

Marriage and Family

Generally, a family comes into existence when a man and a woman formally declare their decision to live together as husband and wife. The occasion of a formal declaration of this solemn resolve by the two, which is celebrated in the society, is known as *marriage*. It takes place through a religious and a cultural process. Marriage, thus, is a union of two persons, a male and a female, a union sanctioned by religious and cultural customs and law. It is primarily a relationship of love and is based on trust between partners. The decisions that individuals take in this regard -who they marry, when they marry, how many children they will have and when and how to rear children and look after the welfare of the entire family, are very crucial for family life.

It is essential that marriage must be entered into with the free and full consent of the individual spouses. The practice of arranged marriage in the Indian society promoted the system of early

marriage. Child marriage even now is very common in some parts of the country. But in early marriages, if the partners are not physically, mentally and socially mature, the quality of their family life will be adversely affected. It is not without reason that the legal minimum age for marriage in India is 18 years for girls and 21 years for boys.

A happy married life depends on a number of factors. Both the spouses who consent to become life partners must understand the importance of marriage and responsibilities involved in it. Their mutual relationship needs to be based on trust between the two and respect for each other. There should be a continuous realization that both are equal partners and each one of them has a right to grow as an individual and not as a subordinate. There must be spontaneous communication between the two and an inclination to share household responsibilities. Both of them are to understand that differences of opinion are bound to occur when two minds interact. And hence, there is need to appreciate and accept each other's differences and deal with disagreements in a constructive manner.

Responsible Parenthood

Responsible parenthood means sharing the responsibilities of parents. One of the basic purposes of entering into marriage and founding the family is that of procreation. Parents bear and rear children. It is a joint responsibility of both the parents to plan things before hand and make every provision for the future. Parental responsibilities relate to pregnancy, antenatal care, child birth, post-natal care, child-rearing and growth and development of the child. Both the parents have to respect each other's roles and responsibilities.

Have you noticed how do the male and the female birds build their nest together before the family lays eggs? Have you observed how do they hatch eggs by sitting on them turn by turn and how do both of them feed their young ones? They provide an appropriate example of responsible parenthood.

Child Care

Bringing a child into the world means making a commitment for its proper upbringing. Parents, therefore, have to decide how many children they would have and when. The decision has to be taken by both the spouses together in the interest of the health of the mother and the growth and development of the child.

Parents have to provide opportunities for children to grow and develop as a useful and responsible member of the society. Every child has a right to get the love and care of the parents. Without discrimination based on gender, the parents have to take care of the health and nutritional needs of the children. One of the most important tasks of parents is to get the child immunized strictly according to the immunization schedule. Each child has a right to get education to become a productive and enlightened citizen. There is an urgent need to treat the girl child equally, as parents take care of their son. Healthy growth of the child to a great extent depends on the health of the mother. When the size of the family is small and there is adequate spacing between child births, the mother is most likely to be in a good state of physical, mental and social health.

SESSION 13

Gender Issues

Time 50 minutes

Objectives By the end of the Session the participants will be able to -

1. Understand the concept, meaning and difference between Sex and Gender.
2. Identify Gender related Discrimination Practices against Women in day to day life.

Course Contents

- Difference between Sex and Gender.
- Gender Discrimination Practices against Women in day to day life.

Materials

- i. Blackboard, Chalk & Duster
or
Charts and Marker Pens
- ii. Copies of Case Study-1 and Case Study-2 (given in Annexure-13A).
- iii. Chart of Annexure-13B (optional).

Pre Session Preparations

- i. Read and understand the matter given in Annexure-13B.
- ii. Read and understand the Session Steps.
- iii. Arrange the material required.
- iv. Make copies of Case Study-1 and Case Study-2 given in Annexure-13A.
- v. Prepare your own notes or you may directly use this Manual during the Session.

SESSION STEPS

Step-1 Share the Title and Objectives of the Session either by writing on the blackboard or with the help of chart prepared by you.

Step-2. a. Write on the blackboard the following words -

- Sex
- Gender

b. Ask 5-6 trainees the following questions about each word, one after another.

What is the meaning of these words?

or

What do you understand by these words?

c. Write all the responses of the students on the blackboard against the respective word. The expected responses may be as given below -

- Sex: Sex is sex, male-female, sex of person, boy or girl etc.
- Gender: A word read in grammar; masculine gender feminine gender, male-female etc.

Note: It is possible that students may be able to tell something about “Sex” but nothing about “Gender”. Do not worry about this situation.

d. Write on the blackboard, the definition given in the following box.

Sex: refers to the biological differences between men and women which are generally permanent and universal.

And

Explain to the trainees that -

- Men and women differ in their biological function of procreation.
- Sex or reproductive function is inborn.
- Sex or procreation function cannot be changed easily.
- Sex or procreation function remains unchanged throughout the life e.g. men do not become women in old age.
- Different procreation function of men and women are found in all societies.

e. Write on the blackboard the definition given in the box below.

Gender: refers to the socially-constructed roles and responsibilities assigned to women and men according to the situation in which they live.

And

Explain to the trainees that -

- Society has constructed/prescribed different roles and responsibilities of men and women.

- These roles and responsibilities are not inborn.
- These roles and responsibilities keep changing from society to society and time to time.
- Gender roles and responsibilities can be changed.

f. Conclude by saying that -

- In our society in comparison with men, women are often at a disadvantage, because of these gender prescribed roles, e.g. girls are not sent to school or withdrawn from school after certain age, because of social customs.
- Because of gender discrimination, women in our society are at a disadvantage and their situation is not so good in many areas like Literacy and Education, Jobs and Employment, Treatment in Family etc.

Step-2. a. Divide the class into two groups -

- Case Study- 1 Group
- Case Study- 2 Group

b. Give copies of Case Studies already prepared by you (from Annexure-13A) -

- Case Study-1 to Case Study-1 Group
- Case Study-2 to Case Study-2 Group

c. Give the following instructions to both the Groups by writing on the blackboard

- Group will read and discuss the Case Study given to it.
- Answer the questions given at the end of the Case Study.
- Make a written report of the answers.
- Time allowed is 20 minutes.

Step-3 Once the groups have finished the task assigned to them -

a. Ask one member of the Case Study-1 to read the story and their report loudly for the benefit of the class.

b. While the trainee is reading the report, write down on the black board (point-wise) the areas or situations in which Laxmi was discriminated.

c. Repeat the Step 3.a and 3.b for the report of Case Study-2 Group also.

d. Now you will have on the blackboard a list of areas or situations where the females in the Case Studies experienced discrimination in comparison to their male counterparts. For your ready reference a list is given in box below. You may add the missing points on the blackboard from this list.

Discrimination with the females in -

Case Study-1

1. On her birth - Her grandmother had teased her mother and no 'laddoos' were distributed.
2. Education - She studied upto class III whereas her younger brothers are studying in class V & VI.
3. Household work - She draws water from the well for her brothers to take a bath. She helps her mother in other domestic chores. She has to take care of her brothers' school bags and uniforms.
4. Food and Eating - She, her mother and her sister did not take food with father and brothers and ate the left-over food.
5. Rest and Leisure - She starts working at 5 a.m. but her mother is more worried about her brothers' being tired when they return from the school.

Case Study-2

1. Achievement of Life Aspirations - She wishes to go to school like her brothers and wants to become a doctor or a teacher.
2. Education - Parents are not in favour of her studying because of social customs.
3. Mobility - Her parents restrict her mobility outside the house because of disapproval of neighbors.
4. Marriage - Parents have started thinking about her marriage at the age of 15 years only.
5. Sharing Family Income or Assets - She is considered a burden . She herself thinks that 'ultimately I have to go to the other family and her brothers are the right inheritors of her father's assets'.

Note: You may share the illustrations given in Annexure-13B, with the trainees and ask them to point out the differences in gender practices in two families.

e. Conclude the discussion by saying that -

- These are some areas of life in which girls and women suffer discrimination. Because of this discrimination, their condition is not as good in many areas of life. We will learn more about this in the next class.

Step-4 Conclude the Session by -

- Briefly recalling the Contents of the Session.
- Asking the trainees to what extent Objectives of the Session have been achieved.
- Giving reading references.

ANNEXURE-13A

CASE STUDY-I

Laxmi is the eldest amongst all her sisters and brothers. Fifteen years back when she was born, her grandmother had taunted and ill treated her mother and did not distribute 'laddoos' because she had given birth to a girl. Her mother would have continued to bear the ill treatment and taunts if, she had not given birth to her younger brother on whose birth the grandmother had distributed sweets to the entire village.

Today, Laxmi is 15 years old and has studied upto class III only. She has two younger brothers and one sister. Elder brother is in class VI and the younger one is in class V. The youngest sister (who is 6 years old) is still not going to school as the parents have not yet taken a decision to send her to school.

Laxmi gets up at five in the morning and cleans up the house. After that, she goes to fill water for her father and brother to take a bath. Then she cooks the food for everyone. After the father and brothers get ready, the mother serves them food. The father then goes to work and the brothers to school. Then, according to the tradition/norm of the family, the mother and two daughters eat the remaining left over food.

Laxmi and her younger sisters then help their mother in the household chores. When the brothers come back from school in the afternoon, they throw their school bags and clothes in the room. Laxmi collects and puts all things in the proper place, for if she does not do so, her mother scolds her by saying - "If you won't do it, then who will do it? Can't you see your brothers have come from school they must be tired. After some time, they have to start their homework. Their teacher gives so much of work that they are not even able to play properly and rest properly".

Prepare a written report of the answer to the following questions.

Question: What kind of discrimination Laxmi, her mother and sister have to face in their daily life.

CASE STUDY-2

Meera is 14 years old and she could study only till class III. Now she wishes that she can go to school like her brothers, study and become a Doctor or a teacher. Her father doesn't say anything but her mother does not want her to study. She says - "In our community there is no tradition of girls studying so much. If you study more, it will become difficult for us to get a boy for your marriage". Her father also doesn't say much on this issue because of the views of her mother and the community. He tries to make Meera understand-"You are now grown up. If you go out of the house to study what will people in the neighbourhood say. Moreover, you should now stop/avoid moving out of the house, as we are looking out for a boy to get you married".

Meera doesn't want to get married so soon but her mother says that they have to remove the burden of her marriage fast and then think of the future of the family.

Meera wonders why all this is happening to her, but at time consoles herself by thinking that whatever decision her parents are making for her, are correct and for her benefit. "I and my sister have to marry and some day leave this family and go to another family. Then why should I be such a burden on my parents. My brothers will eventually look after the family business and will support my parents in their old age. Whatever my parents have, will rightly be of my brothers".

Prepare a written report of the answer to the following question.

Question: In this story, on being a girl, in comparison to her brothers, what kind of discrimination did Meera face?

ANNEXURE-13B
GENDER PRACTISES



Family- 1



Family- 2

ANNEXURE-13C

SEX AND GENDER*

The concepts “**Sex**” and “**Gender**” may be defined as follows:

“**Sex**” refers to the biological differences between women and men which are generally permanent and universal.

“**Gender**” refers to the socially-constructed roles and responsibilities assigned to women and men, according to the specific situations in which they live. These are influenced by perceptions and expectations arising from cultural, political, environmental, economic, social and religious policies and also customs, laws, class, ethnicity, individual or institutional bias, and other factors. Gender attitude and behaviour are learned and can be changed.

What are some of the situations in which we see Gender differences?

- **Social** Difference in roles women and men play in interpersonal relationships (e.g. the men as head of the household; the woman as nurturer and caregiver.)

- **Political** Difference in the ways in which women and men assume and share power and authority (e.g. men are more involved in national and higher-level politics; women are more involved at the community level where their roles are associated with their perceived domestic capacities).

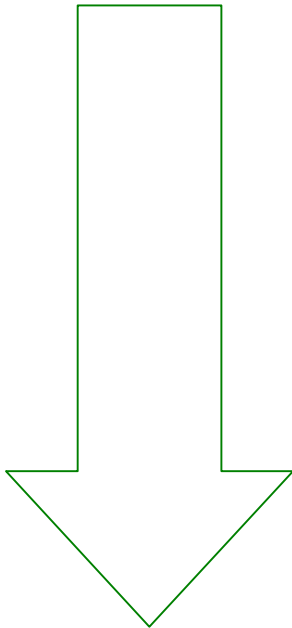
- **Educational** Difference in educational opportunities and expectations of girls and boys, e.g. most of the family’s resources are spent on boy’s education, while girls are un-or-poorly educated; wider and more economically lucrative career choice for boys; girl’s career choice restricted to their domestic roles.

- **Economic** Difference in women’s and men’s access to and control of, financial and other productive resources e.g. credit and loans; land ownership.

*Source: Gender and Development the CEDPA Training Manual Series, Volume III, 1996.

GENDER AND SEX

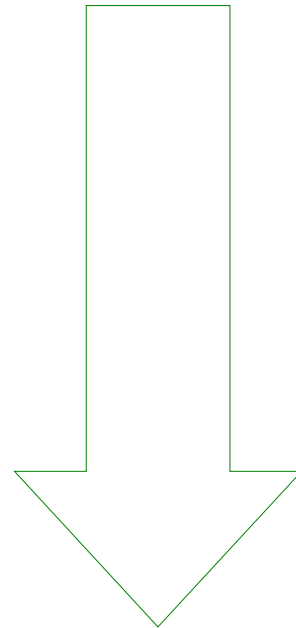
Sex
Biological – Born with



Therefore
Cannot be Easily Changed

- 1. Only women can give birth**
- 2. Only men can supply sperm.**

Gender
Socially Constructed–
Not born with



Therefore
Changeable

- 1. Women can do traditionally male jobs as well as men.**
- 2. Men can take as good care of children as women.**

COMMON GENDER STEREOTYPES

Below are lists of common female and male stereotypes which are reflected in our attitudes and behaviour.

Women are:

Dependent
Weak
Incompetent
Less important
Emotional
Implementers
Housekeepers
Supporters
Fickle
Fearful
Cautious
Flexible
Warm
Passive
Spectators
Modest
Subjective
Soft-spoken
Secretaries
Nurturing
Gentle
Cheerful
Caretakers
Cooperative

Men are:

Independent
Powerful
Competent
More important
Logical
Decision makers
Breadwinners
Leaders
Consistent
Brave
Adventurous
Focused
Self-reliant
Active
Doers
Ambitious
Objective
Outspoken
Bosses
Assertive
Strong
Forceful
Achievers
Competitive

**SESSION
14**

Women Empowerment and Legal Provisions for Women

Time	50 minutes
PART	A Women's Situation in India and Empowerment Strategies..... 30 minutes
PART B	Legal Provisions for Women Empowerment..... 20 minutes

- Objectives** By the end of Session, participants will be able to -
1. Acquire information on low Participation of Women in National Development due to Gender Discrimination Practices.
 2. Appreciate the need for Women Empowerment and identify Strategies for Intervention.
 3. Become familiar with selected Legal Provisions relating to Women's Empowerment

- Course Contents**
- Situation of Women: Sex Ratio, Health,
 - Education, Employment, Decision Making and Marriage
 - Some Women Empowerment Strategies
 - Some Legal Provisions for Women Empowerment

- Materials**
- i. Blackboard, chalk, duster
or
Charts and Marker Pens

Pre-Session Preparations

- i. Read and understand Annexure-14B.
- ii. Read and understand Session Steps.
- iii. Arrange the materials required.
- iv. Prepare Charts of matter as suggested in Session Steps.
- v. Prepare your own notes or you may use this Manual directly.

SESSION STEPS

PART A: Women's Situation in India and Empowerment Strategies

Time: 25 minutes

Step-1 Share the Title and Objectives of the Session with the trainees either by writing on blackboard or with the help of chart already prepared by you.

a. Explain to the trainees that-

- In an earlier Session they have studied how girls and women experience discrimination throughout their lives starting from birth because of social norms and customs in our society.

or

Girls and women experience discrimination throughout their lives starting from birth because of social norms and customs in our society.

And further emphasize that -

- Due to this gender discrimination, their situation/position as compared to boys and men is low in many areas of life.

and

- In the present Session, selected national data will be shared to understand more about the situation of women.

b. Share the data given in the box below either by writing on blackboard or with the help of chart prepared by you.

Situation of Women in India Population

Population

- For every 1000 men there are only 927 women in our country (Census, 1991).
- This difference is continuously increasing since 1941.
- Whereas fact is that biologically females are stronger at the time of their birth.

Education

- Only 50% females are literate as compared to 73% males, image group +7 years¹.
- Drop out rates of girls is higher than boys in education.²
- Only 40% girls reach upto middle school level and 36% upto higher school level and 38% upto graduation level. Only 16% girls are enrolled in polytechnics.²

Health³

- Out of 1.2 crore girls born every year, nearly 30 lakh do not survive beyond the age of 15 years.
- 3 lakh more girls die every year than boys.

*Source:1. National Sample Survey Organisation, 1997.

2. Sixth All India Education Survey, NCERT, 1995.

3. Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, 1998.

Employment ⁴

- Only 22% women are workers in comparison with 52% men .
- Out of total working women, 94% are in the unorganized sector where there is no job security, no wage differentiation and no protection of labour laws.

Decision Making⁵

- There are 8% seats held by women in Parliament.
- Only 2.3% Administrators/Managers are women.
- Only 20.5% Professional and Technical persons are women .

Age at Marriage⁶

- 55-60% of girls are married between the age of 10-19 years. This adversely affects the women especially their health.
- In age group 15-24 years, 46% women die due to child birth and pregnancy.

- c. Sum up this data presentation by telling to the trainees that -
- These are a few facts. There are other areas also where Women's performance or participation or condition is low.

Step-2. a. Explain to the trainees that -

- If we have to improve the condition of Women we have to 'empower' them and then share the definition of Women Empowerment given in the box below.

“Women Empowerment” means providing opportunities to women equivalent to that of men in all spheres of life - social, political, economic, education, health including Reproductive health etc.

- b. Share with the trainees the strategies for Women Empowerment given in the following box either by writing on the blackboard or using the chart already prepared by you.

Some Strategies for Women Empowerment

- Education and training of girls/women.
- Improved health and nutritional status of the girl child.
- Gender education to parents.
- Self awareness through mass media and curriculum.
- Provide positive role models.
- Reservation for women in employment.
- Gender awareness in community at large.
- Equal sharing of domestic responsibilities.
- Rest for biological and social roles.
- Gender sensitivity training on a large scale.

*Source:4. Census of India, 1991.

5. Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, 1998.

6. Ditto

- Role should be assigned based on needs and aspirations of the girls and not on the basis of sex only.
- Strict implementation by Government of existing laws with regard to women.
- Social and economic placement should be based on capabilities and not on sex.
- Equal social/education/employment/training/political and cultural opportunities for women through policies, programs and legislations.

Note: You may share the illustrations given in Annexure 14A, to reinforce some of the strategies for. Women Empowerment.

- c. Ask the trainees to -

List out practical actions which they can take in their life to check Gender discrimination.

- d. Write down the responses of the trainees, read out the list and sum up this part of the Session.

PART B: Legal Provisions for Women Empowerment

Time: 25 minutes

Step-1. a. Explain to the trainees that -

- One of the strategies of Women Empowerment is to give them Legal Rights and protection.
- Despite the existence of many laws, women do not avail them because they are not aware about these laws. Therefore, **Legal Education for Women is important.**
- In this class we will discuss in brief some Legal Provisions for Women Empowerment.

Step-2. a. Share the following laws by -

- Writing on blackboard their name/aspect of life they deal with
- Sharing the contents of each as given against their name below.

1. Constitution of India

Prohibits discrimination on the grounds of sex in matters of education, employment legal rights etc. Positive discrimination for the benefit of women e.g. reservation of seats in Panchayat is allowed. But negative discrimination is not allowed.

2. Laws Relating to Marriage and Divorce

- Prohibits second marriage while first exist.
- A girl given in marriage before the age of 15 years with or without her consent can reject the marriage after attaining the age of 15 years but before the age of 18 years. This rejection renders the marriage as “void”.
- A girl of 18 years of age can marry a person of any caste, community or region.
- A widow or divorcee has the legal right to marry again.
- Child (i.e. girl below 18 years of age and boy below 21 years of age) marriage is prohibited by law.
- Women also have the right to divorce their husbands on several grounds including physical and mental cruelty.
- Wife can claim maintenance from her husband for herself and her children while living separately from her husband even without a separation or divorce case.

3. Dowry Related Law

- Giving dowry or taking dowry is an offence.
- Harassing a women because of dowry is a punishable offence.

4. Succession, Maintenance and Adoption

- Under succession law, the daughter of a Hindu family has equal right in her father's property and wife in her husband's property.
- A widow has the right to claim maintenance from her earning sons and daughters.
- An unmarried girl even if she is a major, has the right to claim maintenance till she gets married.
- Unmarried, widowed or divorced daughter has the right of residence in her father's home.
- Women can acquire property (including house, land, jewelry, cash etc) in her name and is free to sell mortgage or give it away according to her wish.
- An unmarried, widowed or divorced women has the right to adopt a child.

5. Eve Teasing, Rape and Other Crimes

- Under Indian Penal Code, Eve Teasing is a crime. Eve Teasing could be by obscene gestures, words, body touching, squeezing or pinching or obscenely exhibiting the body.
 - Rape is also a crime. In rape cases, the accused person has to prove that he has not committed rape. Whereas in other offences, the public prosecutor has to prove that person has committed the crime.
 - If a women commits suicide due to harassment by husband or the in-laws family within 7 years of marriage then it is considered as a murder and husband or in-laws are prosecuted or both.
- b.** Sum up the discussion by sharing with students that women can approach following agencies for help-
- Special Cells for Crime against Women in big cities.
 - Voluntary Organizations working for Women's Rights in some cities and Districts.
 - Legal Aid Cell at the District Head Quarter.

Step-3 Conclude the Session by -

- Briefly recalling the contents of the Session.
- Asking the trainees to what extent Objectives have been achieved.
- Giving reading references.

ANNEXURE-14A
STRATEGIES FOR WOMEN EMPOWERMENT



Economic Independence



Education



Political Participation



Vocational Training

ANNEXURE-14B

GENDER EQUALITY AND EMPOWERMENT OF WOMEN*

Gender system and sex ratio in India

In a society, roles are attributed for specific functions. In the existing patriarchy system, roles are allocated not only in accordance with the biological function of procreation but also according to the values prescribed to males and females - dominating and controlling social functions are prescribed for the male, whereas supportive functions are considered to be the responsibilities of the female.

The practice of the male-female differentiation forms the core of our gender system. Though the Indian Constitution prohibits any discrimination on the grounds of sex, the girl child is discriminated right from the womb till she grows old. Due to discriminatory practices at every stage, male/female ratio(i.e. number of female per thousand males) has declined.

Table: Sex Ratio in India (1941-1991)

Year	Sex Ratio
1941	945
1951	946
1961	941
1971	930
1981	934
1991	927

The sex ratio which stood at 972 females per 1000 males in 1901 has come down to 927 per 1000 males in 1991.

The need for gender equality arises due to the fact that the full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household. In all parts of the world, particularly in India, women are facing threats to their lives, health and well being as a result of over burdening with work and of their lack of power and influence.

Broad Areas of Discrimination of Women

Education

Gender disparities are conspicuous in regard to school enrollment and education. Even though

*Source: Instructor's Handbook on Population Education under Vocational Training Scheme, NCERT, New Delhi, 1998.

over the years the female literacy rate has gone up, as comparison to males it has remained much lower.

Table: Sex-wise percentage of Literates in India (1951-1991)

Year	Male	Female
1951	27.16	8.86
1961	40.40	15.34
1971	45.95	21.97
1981	56.37	29.75
1991	64.13	39.29

The dropout rates of girls at primary as well as the upper primary stage are higher than those of boys. Only 8% girls reach up to middle school level, 2% up to high school level and around 2% up to graduation. Rural women are most neglected in education. The higher dropout rate of girls is due to her role in the family as the caretaker of younger brothers and sisters and due to her domestic responsibilities like cooking, washing, etc.

Health

Out of every 12 million girls born in India every year, 25% do not survive beyond the age of 15. About 3 lakh more girls die annually than boys. Until the age of 35 years, more women in India die at every stage of life: as infants, as children, as married women. In the age group of 15 to 24 years, around 32% women die due to burns. In spite of a prohibitory law in the Indian Constitution, thousands of female babies are killed either before or after they are born. Before birth, the sex of the child is ascertained with the help of medical test and many parents decide to get rid of the unborn child if it happens to be a female.

The Age at Marriage

The Child Marriage Restraint Act 1978, has prescribed the minimum age of marriage for girls as 18 years. Even today, 55-60% of girls, both rural and urban, are married between the ages of 10 and 19 years. Early marriage seriously affects the health and future of a young girl who has to go through a cycle of child bearing and child rearing. In the age group of 15-24 years, 46% of women die due to child birth and pregnancy.

Employment of Women

Though women have always played a very significant role in the economic development of society, their contribution is hardly recognized. When there was a shift from simple to machine oriented production, women were pushed to the background.

Percentage of Non-Workers (1991 Census)

Females	Males
77.73%	48.39%

Thus, only 22% of all females are workers in comparison with around 52% males. Out of these, only 16% work as main workers and the remaining 6% are only marginal workers as compared to males who are mostly main workers (51%). Out of the total working women, only 6% are in the organized sectors of economy where there is job security, no wage differentiation and protection from labour laws. The remaining 94% are in the unorganized sector where there is neither job security nor wage protection.

Women in Decision Making

Even though there is no legal barrier to participate in country's decision making process, in reality women are fewer in number than their male counterparts. The provision of 33% reservation for women in local bodies such as Panchayats and Municipalities is an effort to bring them into the main stream of decision making, but in reality many of them are forced to abide by the decision made by their husbands, brothers or fathers. In many cases, the actual decisions are made by the males and not by elected females. The following figures show women at the decision making level (even in public life).

1. Seats held in Parliament	8.0%
2. Administrators/Managers	2.3%
3. Professionals and Technical Women	20.5%

Property Rights

In most families, women have been denied their rightful share and their ancestral property. Rather, most women are totally unaware of their rights. In certain families where marriage expenses are steadily increasing, parents justify their actions of denying daughters their rightful share in ancestral property by saying that a heavy expenditure has already been incurred for their marriage. When women get their rightful share in property, a number of problems linked to economic dependence, helplessness and vulnerability could well be solved.

Violence against women manifests in many forms. In spite of an increase in laws curbing violence against women, violence appears to be increasing. The following statistics furnished by the National Crime Records Bureau (1992) points to the grim situation existing in our country.

- One rape every 54 minutes.
- One molestation every 26 minutes.
- One act of eve teasing every 51 minutes.
- One dowry death every one hour and 42 minutes.
- One act of cruelty every 33 minutes.
- One criminal offense against women every 7 minutes.

Besides the above forms of violence, abuse of girl children and women at the work places, cruelty within marriage, physical and mental harassment in the family, are all examples of violence against girls/women. In most rural households, girls start working at a very tender age sacrificing their childhood.

B. Legal Education For Women

Laws with regard to marriage

Some people hide the fact of their marriage and get married again. Such a marriage is a fraudulent union and can be challenged under law.

Law

The law treats this kind of second marriage while the first exists, null and void. No marriage is considered solemnized in the absence of witness. Legal action can be initiated against such fraudulent marriage. Establishing a physical relationship with a women on false promise of marriage is also a legal offense mounting to breach of promise and fraud.

Right

A woman of 18 years and above is free to marry a person of any caste, community and region.

A widow can of her choice get married again. A woman wishing to retain her maiden name and surname after marriage can do so under law.

Eve Teasing and Rape

Incidents of Eve Teasing are on the rise, especially in urban cities. Rape of minors and women is becoming quite common. The responsibility for the safety and security of every citizen rests with the government and law.

Under Section 350,354,and 509 of the Indian Penal Code, violating the modesty of a women by use of obscene gestures, words, body touching, squeezing or pinching or obscenely exhibiting the body is an offence.

Section 375,376, a.d.c.d. cover different categories of rape committed on women. These include gang rape in custody, sexual relations with the wife by a husband who is judicially separated from her, sexual relationship with any woman against her wishes or with a girl under 16 with or without her consent. Different kinds of rape are punishable with sentences ranging from 2 years to 10 years of imprisonment.

Dowry related offences

The last two decades have witnessed a spurt in cases of women harassed for dowry. Gradually, the custom of “streedhan” took the ugly form of “dowry” demanded by the in-laws.

Law

Dowry was declared an offence in 1961. Amendments were introduced in 1984 and 1986 to

make the law more stringent. Sections 2,3,4,5,6 or 7 of the Act make both taking and giving of dowry an offence. To harass a woman, to torture her physically and mentally or to compel her to commit suicide, is an offence punishable with imprisonment and fine.

Divorce and Maintenance (Hindu Marriage Act 1955)

Cases of men deserting their wives, marrying another woman or maintaining illicit relations with other women or beating their wives are quite common. Under these circumstances, women can take a divorce. Or if it becomes difficult to continue in a marital relationship, a woman can live separately and legally demand maintenance from the husband. She can also seek divorce. If she has children, she can also ask for their legal custody with the husband agreeing to their maintenance.

A women can oppose her husband's application for divorce on grounds of economic hardship.

A women can divorce her husband -

- If the husband commits physical or mental cruelty.
- If the husband marries again.
- If the husband is found guilty of rape.
- If the husband maintains illicit relations with another women or has a mistress.
- If the husband suffers from an incurable mental illness.
- If the husband gets converted to another religion.
- If the husband is missing for 7 years.
- If the woman was married before she was 18 years.

Other Laws Concerning Women

In addition to the above laws, there are certain laws which are also directly related to women. For instance, law gives single, unmarried or widowed woman the right to adopt a child.

Succession Rights

Daughters, sisters, mothers and daughters-in-law in our society are rarely given their share of the family property even though the law recognizes such a right. The social customs do not favour women's right to family property. In most cases, women themselves do not exercise their legal right to property. Most girls would not know that a daughter or a wife has an equal share in the property of the father or husband or that a widow has a right of maintenance vis-a-vis her earning sons and daughters.

The various sections of the Hindu Succession Act 1956, lay down the Laws governing succession.

- On the death of a male, his sons, daughters, wife and mother have a first and equal share in his property.
- If a daughter dies before her father, then her children are entitled to her share in her father's property.

- If at the time of her husband's death, a woman is pregnant, then the unborn child would also have an equal share in the property as those living.
- Unmarried, widowed or divorced daughter has a right of residence in her father's home.
- A woman is recognized as a legal owner of her property and is free to sell it, mortgage it or give it away, if she wishes.
- A woman's property includes land, house, shop, jewellery, cash, utensils, gold, silver etc. She may have inherited this or received it as a gift during marriage or otherwise, or may have acquired it through her own earnings.
- A widow continues to retain her share in the property of her husband even after she remarries.
- On the death of a salaried man, his widow is legally entitled to the money due to him from the Government or the employing company including his insurance dues, and not his mother, father, brothers or sisters.

Child Marriage

Child Marriage is still prevalent in some parts of India. In "Rajasthan" during a certain festive season "Akhatteej", hundreds and thousands of very young children are married off.

Child Marriage was prohibited in 1929. Under what was popularly called the Sharda Act, the age of marriage for girls was 14 years, later amended to 15 and now it is 18 years. Marriage of a boy below 21 years and that of a girl below 18 years of age is an offence for which parents, and priests who are party to such marriage can be punished. All these legal rights would be meaningful only if in the first place, the women know about their existence and use legal provision when necessary.

The first agency involved in implementation of laws is the police. The First Information Report (F.I.R.) of any crime should be filed with the police. Only after personally reading or hearing the contents of the FIR, should it be signed. Make sure to ask for a copy of the FIR for the record. Special women cells in police stations in big cities have been set up and most of these cells have provision for counselling in addition to legal assistance.

Women can also seek the help of the nearest voluntary organization. Many such organizations provide free legal aid and have lawyers to help them to produce this service. A number of women's organizations are also active in this direction. Some organizations have also set up shelters for harassed women.