



Facilitator Guide for School Health Programme

Under the aegis of School Health Programme of
Ayushman Bharat

विद्यया ऽ मृतमश्नुते



एन सी ई आर टी
NCERT

राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद्
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FOREWORD

The Ministry of Human Resource and Development and Ministry of Health and Family Welfare assigned National Council of Educational Research and Training (NCERT) the task to prepare curriculum and training material and facilitator guide related to health and wellness of school going children as part of Ayushman Bharat, which is a flagship programme of the Government of India.

The School Health Programme is builds on a cascade training approach that will create a pool of key resource persons who in turn will train teachers as health ambassador. The present Facilitator Guide on School Health Programme prepared by NCERT is to help the facilitator to implement this programme effectively in schools. In this area , the facilitator besides training of teachers as health ambassador ,has to contribute to other crucial components of the programme implementation such as selection of master trainer, role of different stake holder, monitoring and evaluation etc.

This Facilitator Guide includes the rationale, vision, objectives of School Health Programme. It also discusses in brief the eleven themes covered in the Training and Resource Materials, suggested methods and activities to facilitate the transaction of life skills based education by the teachers to children of upper primary to secondary stage using interaction methodology in schools. Road map for the implementation of this programme, role of various stake holders, agenda for training of teachers and feedback in terms of pre and posttest are also part of this Facilitator Guide.

I take this opportunity to express my sincere thanks to Prof. Saroj Yadav, Dean (Academic) and Project Coordinator, NPEP/AEP and her colleagues Dr. Bijaya Malik and Mr. Harish Meena of the National Population Education Project for this material.

I hope this Facilitator Guide will be useful in enabling all the stake holders to implement this programme effectively in schools.

NCERT welcomes comments and suggestions, which will enable us for further revision and refinement.

New Delhi

Prof. Hrushikesh Senapaty
Director,
NCERT

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The Training and Resource Material of Health and Wellness of School-going The Facilitator Guide on School Health Programme for Children has been prepared to enable Resource Persons and teachers to implement this programme effectively in schools. The material related to planning implementation and guidelines have been taken from Training and Resource Material on Adolescence Education in schools and Training and Resource Material on School Health Programme published by NCERT.

We express sincere thanks to all the academic faculty members, national and state level institutions, UN agencies especially UNFPA for their contribution in the development of above materials from where the material of Facilitator Guide has been taken.

We gratefully acknowledge the contribution of MHRD and MoHFW for constant support to bring out this material.

We gratefully acknowledge the generous support received from all the agencies that have participated in several workshops and given inputs on each theme for transaction in the schooling system.

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FACILITATOR GUIDE

INTRODUCTION

The Training and Resource Material meant for teachers from upper primary to secondary stages, as part of the school health component, was launched by the Honourable Prime Minister on 14 April 2018. This is a joint programme of the Ministry of Human Resource Development (MHRD) and Ministry of Health and Family Welfare (MoHFW) to enhance the health and well-being of school-going children.

In order to achieve the objectives of school health and wellness programme, a Curriculum Framework with focus on life skills enhancement with relevant themes, learning outcomes, content outline and a roadmap for implementing the initiative has been developed for all stages of school education beginning with pre-primary to Senior Secondary stages.

The process of developing the curriculum framework and the training and resource material has been coordinated by NCERT in collaboration with MHRD, MHFW.

Rationale for School Health Programme

Health and well-being are universal pursuits at individual, community, national and global levels. World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. Well-being is a combination of physical, mental, emotional and social health factors and is strongly linked to happiness and life satisfaction.

While health is an important goal for all age groups, investments in the health and well-being of children and adolescents are particularly cost effective and yield multiple benefits. These include /improvements in the health of current cohorts of children and adolescents, their future adult health trajectories, as well as the health of next generation of children. India is home to 47.3 crore children (0-18 years) comprising 39% of the total population (Census 2011). If India has to achieve the sustainable development goal of good health and well-being for everyone at all ages, the unique needs of this substantive proportion of the population cannot be ignored. These investments will not only have an immediate and positive impact on India's health goals, but also help the country to realize its demographic dividend, support

effective social functioning and inclusive development, including economic development.

Childhood and adolescence are critical life stages that are developmentally primed to absorb and process new information and ideas that make it easier for them to modify their behaviours. Hence, it is extremely rewarding to work with these age groups and huge public health gains can be realized by investing in them.

Health and well-being of School going children

Investment in the health of children is an important priority for health programmes supported by the government. In comparison to National Family Health Survey (NFHS-3, 2005-06), data from the recent survey (NFHS-4, 2015-16) demonstrate promising trends such as decline in the prevalence of stunting (low height for age) and underweight (low weight for age) from 48 per cent to 38 per cent and 43 per cent to 36 per cent, respectively, for children under the age of five years. However, these numbers remain unacceptably high and suggest that a large proportion of children are malnourished as they start school. These children are also more prone to infections and are likely to get trapped in a vicious cycle of disease and malnutrition that interferes with their ability to learn and has far reaching negative consequences for individuals, their families, and the country at large. Findings from the Study on Child Abuse commissioned by the Ministry of Women and Child Development in 2007 indicate that in the age group of 5-12 years, 69 per cent reported physical abuse; of these 55 per cent were boys. More than 50 per cent children also reported some form of sexual abuse. These findings are worrisome and challenge the notion that boys are safer than girls.

Approximately 54 per cent of girls and 29 per cent of boys in the age group of 15-19 years are anemic in India. Only 58 per cent girls in the age group of 15-24 years use hygienic methods during menstruation (NFHS-4, 2015-16). Substance misuse among children is an emerging problem that needs urgent attention. Findings from Global Youth Tobacco Survey-India (2009) show that 19 per cent adolescent boys and 8 per cent adolescent girls in the age group of 13-15 are currently using tobacco products.

The findings from Census 2011 suggest that 84 per cent girls and 86 per cent boys in the age group of 12-14 years and 70 per cent girls and 73 per cent boys in the age group of 15-16 years are in schools. In terms of absolute numbers, these translate into 40.7 crore school-going children. The Government of India recognises the centrality of education in enabling children to realise their true potential. With the focus on school enrollment as well as retention, these numbers will consistently increase, making schools a critical venue for promoting health and well-being.

The School Health Component of Ayushman Bharat

School Health Component of Ayushman Bharat is envisaged as an educational initiative that builds on experiences of children to enhance their health and support their holistic development to enable them to respond to real-life situations effectively.

A joint initiative of the Ministries of Human Resources Development (MHRD) and Ministries of Health & Family Welfare (MoHFW), this programme is uniquely positioned to provide a comprehensive package of information, psychological support, commodities and services to school going children. It is noteworthy, that the programme is envisaged for all school going children from pre-primary to senior secondary. However, to begin with, it will be initiated from upper primary stage and will be expanded to earlier years of schooling in a phased manner.

VISION OF THE PROGRAMME

The school health programme, envisions to equip, motivate and support children to actively contribute towards the development of self and society.

OBJECTIVES OF THE PROGRAMME

The objectives of the programme are to increase knowledge, inculcate positive attitudes and enhance life skills in order to promote informed, responsible and healthy behaviour among school going children.

GUIDING PRINCIPLES OF THE PROGRAMME

- Uphold that children are a positive resource and are trusted, appreciated, and respected.
- Anchor in a rights-based perspective. Recognise that children are heterogeneous. There is diversity in terms of urban, rural, caste, class, religion, region, language, cultural beliefs, disability, gender, marital status, working status, and so on.
- Leverage transformational potential of education, based on principles of equity and social justice.
- Respond to diverse and dynamic needs of the learners at every stage of development through flexibility in terms of content, context, and processes.
- Create an open, non-threatening, and nurturing environment to facilitate joyful learning.
- Enable the learners to understand, adapt, and negotiate existing and constantly changing realities.
- Empower the learners through participatory and non-judgmental approaches.

- Build on the learners' experiences and provide them with opportunities to think critically, analyse, and draw inferences.
- Contribute towards enhancing the physical, mental, emotional, and social well-being of the learners that takes a strength-based approach rather than a deficit perspective.
- Integrate with the content and process of school and teacher education.
- Support educational functionaries, school administrators and teachers to unlearn and learn with respect to content, attitudes, and pedagogy.
- Partner with different stakeholders, particularly parents, community and media to enable them to understand and respond to needs and concerns of children in positive ways.

ABOUT TRAINING AND RESOURCE MATERIAL ON SCHOOL HEALTH AND WELLNESS

This training and resource material is meant for teachers from upper primary to senior secondary stage as part of the school health component of *Ayushman Bharat* launched by the Honourable Prime Minister on 14 April 2018. This is a joint programme of the MHRD and MoHFW to enhance the health and well-being of school going children.

In order to achieve the objectives of school health and wellness programme, a curriculum framework with focus on life skills enhancement with relevant themes, learning outcomes, content outline and a roadmap for implementing the initiative has been developed for all stages of school education beginning with pre-primary to senior secondary stages. The present training and resource material has been developed for resource persons and teachers from upper primary to senior secondary stages. The training and resource material for primary stage will be taken up shortly.

The process of developing the curriculum framework and the training and resource material has been coordinated by NCERT in collaboration with MHRD and MOHFW.

The material used, like the comic strips, are contributions made by students and teachers who had participated in the material development workshops organised by NCERT across the country. The essence of joyful learning comes through these materials. Several participatory learner-centric activities including games, quizzes, case studies and role plays that can be transacted in school spaces are included. Further, comics have been introduced as a medium to enable the students and facilitators to express their issues and concerns as well as to find solutions. The comics are a powerful communication tool that lends to teaching and learning in several formats like, developing thematic exhibitions, organising rallies

and discussions on different aspects of a theme as well as encouraging the learners to develop comics to highlight their concerns. It is noteworthy that the students and teachers were encouraged to express themselves without language and/or grammar barriers. Hence, the comics may have minor language issues but communicate effectively. These material can also be used for a range of facilitators, including, officials in the education and health departments, school administrators, principals, master trainers, and nodal teachers. The activities pertain to different themes organised according to different stages of growing up such as upper primary, secondary and senior secondary.

THEMES OF THE MATERIAL

The Training and Resource Material is organized in 11 modules on the theme that deal with needs and concerns of the different age groups. These are shown in illustration:



Growing Up Healthy



Emotional Well-being and Mental Health



Interpersonal Relationships



Values and Responsible Citizenship



Gender Equality



Nutrition, Health and Sanitation



Prevention and Management Substance Misuse



Promotion of Healthy Life Style



Reproductive Health and HIV Prevention



Safety and Security Against Violence and Injuries



Promotion of safe use of Internet and Social Media Behaviors

Each theme has been treated meticulously keeping in mind the learners and has sub-themes with activities for transaction in the classroom. Every activity has clearly defined learning outcomes, instructions for the facilitator to run the activity, resources required and Summary and take away messages that help reinforce the learning. You may contextualize the themes as per your context, audience be sensitive to cultural and social context. Further gender concerns may be taken into consider along with all themes. Children with special needs may face difficulty to understand many things, it is necessary to explain them separately in detail (if required).

Theme 1 - Growing up Healthy

This theme deals with development of awareness around changes that take place during adolescence and to build skills such as critical thinking, problem solving and decision making

to manage the changes, and counter myths and misconceptions associated with adolescence. In the upper primary modules, we focus on building knowledge on the various changes that take place during adolescence and social taboos associated with these changes. We also build their skills on critically questioning social taboos associated with adolescence. In the Senior Secondary sessions, we continue to focus on building a positive self-concept and skills to counter stigmas and stereotypes that adolescents may encounter during this period. The sessions also attempt to promote an attitude of sensitivity towards peers when there are concerns about changes in their bodies during adolescence and knowledge and skills to access youth friendly services that are available.

Theme 2 - Emotional Well-being and Mental Health

The focus of this theme is to develop in the learner awareness about mental health; skills around developing emotional wellbeing in self and fostering and supporting one another in developing positive attitudes and accessing help when required. In the modules for Upper primary the emphasis is on building awareness around various emotions and their expressions, identifying their own and their peers personal strengths and skills to reach out for help if and when required. In the Secondary session knowledge about mental health is built and the emphasis is on identifying and using their strengths to cope with stressful situations and seek help when required.

Theme 3 - Interpersonal Relationships

The emphasis of the theme is to develop among learners interpersonal skills in building and nurturing relationships with friends, family and community and dealing with unhealthy relationships. At both levels of upper primary as well as secondary the emphasis is on building the skills of empathy, empathetic communication that help nature relationships and skills required to deal with unhealthy relationships in an assertive manner. . In this module learners also are taught skills on how to work as a team. While the themes and skills are same in Upper primary and secondary modules the context is built as per the development needs of adolescents at that level.

Theme 4 - Values and Citizenship

The thrust of this theme is to help learners to reflect on what constitutes their values and align them with Constitutional values for responsible decision-making. At the Elementary level, this is done by the learners reflecting on their actions and daily life-situations to identify the embedded values. They learn to recognize that values influence their decisions and learn to prioritize them. The learners here also initiate action on the values that align to the constitutional values. At the Secondary and Higher Secondary level, the learners step

beyond themselves and reflect on the society around them. They begin to identify conflict and its underlying value clashes. They reflect on their own behaviour and values to establish harmony between personal and constitutional values and more informed decisions. They also implement active citizenship objects to internalize some constitutional values and learn to balance and negotiate between their personal and civic values.

Theme 5 - Gender equality

The theme encourages learners to develop knowledge and skills to counter gender based stereotypes, discrimination and violence, practice positive gender roles, and promote gender equity and rights in all situations. At upper primary level, learners will develop basic understanding of gender identity, including transgender; question gender stereotypes and negative constructs of masculinity and femininity; and begin to practice/promote positive gender roles and gender equity – at home, school, society and in media. At secondary and higher secondary level, learners will further analyse gender norms and recognize power dynamics, identify strategies to challenge gender based discrimination and violence, and uphold equality in all interactions. They will also examine consequences of child marriage, and demonstrate ability to make informed choice, access support and services against child marriage.

Theme 6 - Nutrition, Health and sanitation

This theme is to develop positive attitude and to enhance knowledge of the learner to be able to demonstrate healthy nutritional and hygienic practice and its connection with good health. At the Primary level the module introduces the learner to the nutritional needs of adolescents. It explains different food groups, locally available sources and their importance for maintaining good health. The learner is also introduced to the concept of balanced diet. At the secondary level, the learner will be able to identify and challenge nutritional discrimination and the myths related to nutrition. The module also helps enhance the knowledge of the learner on the causes, prevention and management of Anemia.

Theme 7 - Prevention and management of Substance Misuse

This theme addresses understanding and prevention of habit for addiction; creating awareness on adverse consequences of commonly misused substances and developing skills to negotiate pressure from peers, family and popular culture to resist substance misuse and give up on harmful practices. The learner is able to distinguish personal beneficial habits from harmful ones and take informed decisions and is able to identify support systems for self and others for prevention and management of substance misuse. At the Senior secondary

level, the learner is able to identify one's agency in substance misuse; counter common myths and misconceptions related to substance misuse and is able identify and access support to prevent and manage substance misuse and addiction. Conducts advocacy for Tobacco-free schools.

Theme 8 - Promotion of healthy life style

The themes and skills in the module are same for upper primary and secondary levels but are contextualized differently as per the development needs of the adolescents at the two levels. It focuses on building self-awareness and critical thinking in the learner. The module for the upper primary level helps create awareness in the learner on how life style choices contribute towards long term health and well-being. It demonstrates how physical activities are important for healthy lifestyle and how the learner can seek support and services to keep healthy. At the secondary level, the learner is made aware of healthy life style choices and practicing them in their daily routine. It demonstrates effective ways to cope with stress and other mental health concerns.

Theme 9 - Reproductive Health and HIV prevention

The content for upper primary emphasises on developing awareness on symptoms and ways to prevent RTIs and ways to maintain personal hygiene. It focuses on making learners demonstrate comfort in sharing concerns about their reproductive health and in accessing services without shame and guilt. Knowledge is built on meaning of HIV and AIDS, transmission modes, symptoms, prevention and its management. The module for the secondary lays emphasis on the learner understanding vulnerability of adolescents and women to HIV, services for testing counselling and treatment of HIV – AIDS, ways to protect self and others from HIV and countering myths and misconceptions related to it. It explains importance of respectful relationships between partners, consequences of adolescent pregnancy and ways to avoid it and services that adolescents can access for positive reproductive health. Through case studies it enhances in the learners the skills of decision making, empathy and effective communication.

Theme 10 - Safety and security against violence and injuries

The theme help each learner to develop the knowledge and skills to keep oneself safe from violence and injuries, as well as promote safe environment, for all. The learner at upper primary level will develop basic understanding of violence, abuse, and unsafe situations, and effective ways to respond and seek help to keep self and others safe, including the role of assertive

communication. At secondary and higher secondary level, the learner will develop greater understanding of different forms of abuses, violence, and risky behaviour, demonstrate responsible behaviours, promote collective response to violence and abuse, and advocate for safe environment, encouraging dignified and respectful treatment of all.

Theme 11 - Promotion of safe use of internet and social media behaviours

In this theme the learners develop the knowledge and skills to use media and internet effectively and safely. At the elementary level, the module introduces the media and internet to the learners along with prompting ways to seek clarification in the information and identify false from correct information. The learners also reflect on themselves and the time they spend on using media. At the Secondary and Higher Secondary level, the learners further analyze critically the various media platforms and the messages they propagate. They identify situations that may be unsafe and demonstrate ways to keep themselves and others safe. The learners also reflect deeper and analyze the time and content they access on media and identify ways to regulate their behaviour.

Keeping in view that learners have different learning styles, each theme has a maximum of 4-5 activities. Care has been taken to keep the duration of each activity to one period and depending on additional time available, the facilitator has the flexibility of clubbing 2-3 activities and conduct it in a workshop mode. These activities can also be organised as a part of teaching different subject areas as all schools may not be endowed with the facility of a computer screen or have good internet connectivity to enable use of technology, the resources proposed in each activity are kept to a minimum and which are easily available, e.g., paper, blackboard, chalk and pens. Where there are case studies to facilitate learning, the facilitator is encouraged to write on the blackboard, instruct learners to read aloud and seek help from learners to prepare permanent charts/cards that can subsequently be used as a resource. There are activities that make reference to resources like PPTs, films, white board, markers etc., but these are introduced as 'optional resources'.

The guidance to the facilitator indicates that the module should begin with the Conceptual understanding of the topic (not every activity may require this). The facilitator should then focus on mind set and attitudes, if needed (some activities may require reiteration). The facilitator is advised to cover all the pre- preparations including logistics instructions required before transacting the activity.

While beginning transaction, the facilitator is expected to recap the earlier conducted activity or the message/s or

suggested activities in 5 minutes. In order for the learner to retain the learning objective and the activities undertaken, brief summarising by the facilitator is recommended.

SUGGESTED METHODS AND ACTIVITIES

Transaction approaches *primarily* focussing on experiential modes of learning are considered effective for life skills development. Hence, the curriculum framework recommends participatory, learner-centric methods rather than didactic, non-interactive ones that focus mainly on transmission of information and imparting knowledge to the learners. Some of the recommended participatory methods are briefly described below. A combination of these methods will help to improve knowledge and attitudes, and enhance life skills. You may take special care of children with special needs while using these methods so that they may be included in the process of transaction of this module.

Case Studies/Situational Analysis allow students to analyse situations drawn from real life from different perspectives and enable them to provide context-specific recommendations to manage each situation. It is expected that this simulation will enable the learners to deal with similar situations in their own lives.

Brainstorming is generating multiple ideas to solve a given problem. It is especially useful in getting diverse opinions on value laden issues.

Audio Visual is an interesting tool because children learn best when sensory experiences, like senses of hearing and sight are stimulated. These include pictures, slides, radios, videos and other audio-visual tools.

Social Action Projects engage students as volunteers in activities, groups, or on individual basis. These prepare students to identify, plan and work towards solutions to problems within their school, community and beyond. These projects help in building active citizenship.

Role Plays help students to understand real life situations by engaging with other participants while enacting these situations. They help in developing diverse perspectives regarding any situation and also in understanding alternate ways to deal with it.

Guided Group Discussions allow students to share their perspectives on significant topics with others and also to appreciate others' point of view. These discussions encourage students to become more confident about asking questions and speaking up.

Comics, Stories and Picture Books Comics as a transacting

methodology assist in the development of innovation and flexibility. Stories and picture books enable students to learn complex issues in an interesting and engaging manner. When images are paired with text, it leads to better learning and retention.

Yoga and Meditation is highly beneficial as the learners derive many benefits from age appropriate yoga activities. Yogic activities help to enhance concentration, relaxation, reflection and calmness, making them more self-aware.

Sports help in building physical strength, stamina and flexibility. It also helps in developing the abilities to get along with others, accept failure, while building confidence and team spirit.

Theatre is a powerful method to teach life skills and prepare students to face real life challenges. Students learn to think creatively and behave confidently by enacting different roles, script-writing, and collaborating with others.

Art—Self Expression activities enable students to deep dive and understand nature and humanity better by taking a deeper look at the scenery, person or a situation. A work of art can be extremely engaging and interesting in helping students to learn how things look from others' perspective.

Interactive Games is a teaching method that allows the learners to explore different issues, and their own selves, in playful, enjoyable, and interactive ways. Games as a form of learning also help to build interpersonal skills through teamwork.

Quizzes validate students' information, understanding, and knowledge of various issues, including those related to their health and wellness.

Puppetry can be a powerful way to stimulate imagination, encourage creative play and bring interesting stories to life in an engaging manner. Puppetry helps in positively building students' confidence and critical thinking ability while learning complex topics.

Expert Talks, is an effective way to impart knowledge, by inviting experts who can engage with the students on various themes like growing up healthy, sexual and reproductive health, emotional well-being and mental health, value education, safety and security, etc.

Exposure Visits are an effective method to introduce the learners to a variety of different places and situations. These enable the learners to understand and build diverse perspectives around situations and people.

Reflective Exercises enable the learners to critically examine their own thoughts, emotions and actions. This is a very

important learning, leading to improved understanding, attitudes and behavioural modifications.

Parent Engagement in various activities to build their understanding of the needs and concerns of children to respond in a responsible and positive manner through Parent, Teachers, Associations, Meetings and School Management committees.

Debates help in analysing different perspectives on the same themes. The learners build their skills of critical thinking, and ways to deal with different points of view, through reasoned discussion.

Demonstration and Practice help in learning by doing.

Observation of Special Days with participatory activities add to the focus on the objective of a particular theme. It helps bring collective attention to the theme, and its various manifestations.

ROAD MAP FOR IMPLEMENTING THE HEALTH AND WELLNESS INITIATIVE

- The programme will foster partnerships with relevant Ministries and Departments, Ministries of Health and Family Welfare, Women and Child Development, Youth and Sports and Civil Society.
- The Health, well-being and life skills programme will be implemented in a phased manner across different stages of schooling, right from pre-primary to senior secondary stages. It will be initiated with children from age of 3 years through 9 years. As adolescence starts at age 10 and continues upto age 19; the programme will be evolved further for upper primary, secondary and senior secondary stages of school education. The resource materials has been built on existing materials from both Government and Non-Government agencies to address the varying needs across developmental stages.
- Senior officials in the Departments of Education and Health in the national level and states will be sensitized to the purpose of this initiative and their specific roles in achieving the programme goals.
- The programme will also invest in sensitizing school administrators and functionaries, including Principals, non-teaching staff, School Management Committees (SMCs)/ School Development Management Committees (SDMCs) and parents.
- The programme will be implemented by harnessing the capacities and mandate in the existing institutional structures in the school system, including National Council of Educational Research and Training (NCERT), State Council of Educational Research and Training (SCERTs), ,

District Institutes of Education and Training (DIETs), Block and Cluster Resource Centers (BRCs/CRCs).

- Teachers' (designated as Health, Wellness and Life Skills Ambassadors) capacities will be enhanced to organize and transact learner-centric activities in classrooms and use other school spaces (for example, school assembly, PTA meetings) creatively to reinforce learning. The professional development will focus more on mind set of the school administrators and teachers and on introducing participatory and learner-centric pedagogies.
- The programme will be implemented through twin approaches: An integrated approach and a stand-alone approach. In the integrated approach, relevant content will be integrated in the scholastic subjects at appropriate stages of learning to ensure that over a period of time life skills curriculum is well integrated into the processes of school education so that the culture of responding to needs and concerns of school going children can be truly embedded and deepened with in the school system on a sustained basis. This will be achieved at the time of revision of textbooks by NCERT as well as State Boards of Education will be advised to integrate the Health, Wellness and Life Skills curriculum focusing on the life skills and content in the textbooks revisions initiated in the states. A stand-alone approach: Guided by the curriculum framework, resource materials will be collated/developed for different stages of learning.
- To implement the stand alone curriculum, it is recommended that 24 hours be allocated to the programme in the school timetable in an academic year.
- It would be ideal to orient all school teachers to implement Health, Wellness and Life Skills curriculum. However, given the large number of school teachers and the resources required to achieve this, it is recommended that one teacher is oriented for every 250 learners enrolled in a school. In the interim, at least two teachers/school should be oriented. Given the reality of single teacher schools; the teacher should be oriented on Health, Wellness and Life Skills curriculum in these settings.
- Different modalities of capacity enhancement will be made available: i) Face-to-face, ii) E-learning and iii) a blended model that combines e-learning and face-to-face approaches. There are advantages of e-learning approaches in terms of increasing the outreach of standardized content in a qualitative manner. However, all teachers may not be able to access and use technology. Also, there may be merit in building certain skills in face-to-face settings. States will

make these choices based on their unique contexts and resources.

- It is also recommended that refresher trainings be organized at an optimal frequency (suggested once every two years). In this regard, virtual learning could serve as an efficient and effective mechanism. In addition, it is proposed to create a community of teachers who could share learning, good practices and finding solutions to common challenges on moderated electronic platforms supported by NCERT.
- To provide a head start to the programme, Health, Wellness and Life Skills curriculum should be mandated in the pre-service training of teachers so that teachers are well equipped to empower their learners and their skills are further enhanced through the induction and in-service teacher training programs.
- Teachers and school principals will be encouraged to network and access support from relevant institutions and professionals, such as, Adolescent Friendly Health Clinics, helplines, Youth Information Centers, Environment Friendly Projects.
- The design, implementation and evaluation of this initiative should be determined by the concerns and active contributions of young people.
- It will be reinforced in all spaces and structures of school education, including classroom transactions, school assembly, PTA meetings, school events, school inspections and monitoring protocols.
- Sensitize different stakeholders, particularly parents, community and media, to the needs and concerns of children and young people and respond to them in positive ways.

GUIDELINES FOR FACILITATORS

These training materials are designed to be used for training different stakeholders from both the health and education sectors. Eventually, this training package will be used to organise learning experiences for the final target audience—the children. To ensure that this package is appropriately and adequately used, it is necessary to articulate certain essential guidelines for the facilitator.

Recently, the Government of India has enacted a central scheme to designate teachers as Health and Wellness Ambassadors in every government school across the country. Under this project, teachers would be trained to educate children on preventive healthcare.

Who is a Facilitator?

A facilitator may be perceived in a variety of ways. The dictionary states that a facilitator is a person or object that helps to bring about an outcome by providing indirect or unassuming assistance. Generally, a facilitator is regarded as a person/object that contributes to the fulfillment of a need or furtherance of an effort or purpose, and enables something to happen efficiently and systematically. In the context of education, a facilitator is:

- A person who is proficient in the concerned educational area and makes it easier for the learners to develop needed competencies through activities of the educational programme.
- The person is willing to be challenged, has interpersonal skills and is able to encourage and communicate a sense of self-confidence, enthusiasm, responsiveness and creativity.
- The Person is preferably young and energetic and willing to take up responsibility of facilitator and as a mentor.
- The Persons perform the roles that contribute to effective organisation of various kinds of activities. The success of the programme is heavily dependent on the different facilitators who transact the material with young people. Hence, it is important that these individuals are chosen carefully. These facilitators could be grouped under two categories:
 - I. Master Trainer (Teacher educators and teacher, educationist and health professionals)
 - II. Nodal Trainers (Teachers and health workers in education and health departments)

Tips for Facilitator

For smooth and effective conduct of activities during the training programme and classroom transactions, the facilitators could keep the following tips in mind.

Before the Session

- Read the reference material before conducting the training programme/classroom transaction.
- Get to know about your learners.
- For the training programmes for Master Trainers, it is recommended that three resource persons facilitate the training programme. For Health and Wellness Ambassadors, it is recommended that two facilitators should conduct the training.
- Adequate representation of women should be ensured, both at the facilitator and the learner level.

- For familiarisation and successful implementation of the residential training programme, facilitators and teachers should be at the venue a day in advance.
- The identified training centre should have separate residential arrangements for male and female participants.
- For smooth running of the sessions, the hall or room should be clean, well-ventilated and should comfortably accommodate 40 participants.
- All facilitators need to be prepared and be familiar with the day's agenda and the resource material required for it.
- The facilitator will try to integrate the relevant content and interactive activities of this material in the scholastic subjects wherever feasible.
- It is recommended that two periods per week be allocated to the programme in the school timetable for approximately 20 weeks in an academic year.
- The facilitator may organise age-appropriate and context-specific activities for transaction from this material.
- The facilitators can prepare relevant power points and arrange for AV clips from movies, commercials, story books, you tube etc. that may be relevant and appropriate for the students to make learning more meaningful and interesting.

During the Session

- Rapport with participants is critical.
- Make a separate flip chart to write down issues not pertaining to the sessions. If important, ensure that all those issues are discussed before the end of the day.
- Facilitators should use the same type of material and language, which they expect the participants to use.
- Throughout the training, impress upon learners that the eventual target audience is the adolescent students for whom the curriculum has been designed.
- Maintain a good rapport with the co-facilitator. Facilitators should have periodic eye-contact between themselves throughout the sessions.
- Have the contact telephone number of a senior/technical resource person for advice on any issues during the training.

After the Session

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

Essentials of Facilitation

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

Non-judgmental

Don't be judgmental on the differing views of the participants. Participants neither want nor need moralising or accusing. What they do want and need is a compassionate and empathetic facilitator.

Non-verbal communication

This is very important in dealing effectively with others. The facilitator should be able to use non-verbal communication, or body language, as it is a powerful tool to connect with others, express what one means, and build better relationships.

What to do and when

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

Common Problems a Facilitator May Face

Someone disagrees and wants to argue with you

Welcome disagreements, hear them with total attention and find common ground. Start further discussion from this common ground, elaborate on the points where disagreement exists.

Everyone looks bored

Encourage participation and discussion from the group.

Some people monopolise the discussion

Give recognition to their knowledge and enthusiasm and control them diplomatically.

Private conversation erupts

Encourage them to share with everyone what they are talking about. In most of these situations, participants talk about the issues being discussed, but may hesitate to voice opinions openly.

Two participants start arguing with each other

Do not take sides. Verbalise the positions of the participants and ask others in the group to give their opinion on the issue. Then objectively summarise the discussion.

Controversial topic

If any controversial topic is brought up, it should be left to the group to sort out or be answered collectively.

Personal questions

If personal questions are asked, the facilitator should use discretion in answering. If the question is unanswerable, just convey the difficulty calmly.

Role of Master Trainers

Master Trainers are considered experts who engage the learners in sessions on topics of their interest and specialisation. They should be able to train the next level of facilitators (these could include teachers, principals, officials from the education department, peer educators and officials from the health department at state and district levels, service providers at the various levels).

Generally, health and wellness curriculum addresses the concerns of children that also includes those issues of development that are easily subject to misinterpretation. Often, this happens as the adults perceive these themes based on their experiences and concerns that are very different from those of the children. Hence, the importance of sensitising the various stakeholders, including all the school teachers, school officials, health officials, parents, people from the media, and the political leadership cannot be overemphasised. Master Trainers, therefore, have an important role to contribute to advocacy-related activities for a proper appreciation of the needs of children and the significance of AEP.

Selection Criteria for Master trainers

The following criteria are recommended for the selection of master trainers:

- Sensitive to concerns of children
- Non-judgmental
- Experienced in imparting participatory training in education and development related issues.
- Comprehensive experience of school education is a bonus.
- Sensitive to cultural sensibilities
- Excellent communication skills (English and Hindi) both written as well as verbal
- Graduates/postgraduates in any discipline
- Should be able to attend residential training programmes
- Willingness to travel, as per requirement for any state/district level training
- Should have the time and commitment to be associated with various activities of the programme
- Preferably below 50 years of age

Role of Principals

The School Principals play a critical role in the implementation of the SHP. How they receive the programme and how much weightage they give to this programme will affect how the programme is implemented in her/his respective school.

Before the Health and Wellness Ambassadors are trained a two-day sensitization workshop shall be conducted with the principals from the participating schools and the expectations from them under the SHP. It is expected that the School Principal shall:

- Making the School Environment conducive for SHP.
- Supporting the functioning of Trained Teachers (Health and Wellness Ambassadors) and the group of Peer Educators (Health and Wellness messengers).
- Encouraging participation of students in planning, designing and implementation of activities.
- Selecting and supporting Health and Wellness Ambassadors for trainings.
- Advocating with Parents, other Teachers and Community Leaders.
- Encouraging the incorporation of curriculum themes into various Co-Curricular activities such as Debates, Contests, Essay Writing, Morning Assembly etc.
- Extend support in organizing the Adolescent Health Day in the school.

Role of Health System

- Help to create a list of existing Health Facilities
- Projects to identify nearby Adolescent-Friendly Services in Community Health Centres/Primary Health Centres.
- Advocate for a wide array of Services—Preventive, Curative and Counselling.

Role of Community Mobilisation

- Project work to students involving advocacy with community members.
- Creating powerful messages related to the issue of Adolescent Health.
- Advocacy with parents.
- Community celebration on particular days such as World AIDS Day, International Youth Day, Yoga Day, Women's Day, etc.
- Advocacy with the village panchayat.

Role of Teachers as Health and Wellness Ambassadors

Health and Wellness Ambassadors constitute the second layer of resource persons, who are key to effective implementation of the school health component.

Selection Criteria for Health and Wellness Ambassadors

The following criteria are recommended for the selection of Health and Wellness Ambassadors.

- Interested in such subjects and sensitive to issues related to children
- Non-judgmental
- Amiable with students
- Should have good rapport with the students
- Should be aware of local culture
- Can be from any discipline
- Should be able to attend residential training programme
- At least one male and female Health and Wellness Teacher should be deputed from each school
- Should be able to understand and speak the local language
- Preferably below 50 years of age

After receiving training from the Master Trainer, the Health and Wellness Ambassadors will transact the activities in the classroom, which are participatory in nature. They play an important role in planning and organising training programmes for other teachers in the school.

AGENDA FOR TRAINING OF HEALTH AND WELLNESS AMBASSADORS

Agenda for 5 days Health and Wellness ambassadors Training

Venue:

Date:

Day One

Time	Activity
9:30 AM	Registration & Pre Test
10:30 AM	Inauguration and Introduction
11:30 AM	Tea
12:00 PM	Introduction to School Health Programme (SHP)
	Life skills development: core objective of SHP
	Understanding Transaction Methods
1:30 PM	LUNCH
Growing up Healthy	
2:30 PM	Physical changes during Adolescence
3:30 PM	The Beauty that Matters
4:15 PM	Tea
Emotional Well-being and Mental Health	
4:30 PM	Managing Challenging Emotions
5:30 PM	Wrap & Instructions for the following day

Day Two

Time	Activity
9:00 AM	Recapitulation and Feedback of Day 1
Growing up Healthy	
9:30 AM	My Core Strengths- 'I have, I am, I can'
10:30 AM	Interpersonal Relationships
Understanding Other's Emotions	
11:30 AM	TEA
12:00 PM	Nurturing Positive Relationships
1:00 PM	LUNCH
1:45 PM	Dealing with Unhealthy Relationships (Include working Tea)

Gender Equality	
2:30 PM	Gender Roles and Discrimination
3:45PM	Gender Stereotyping and Advertisements
4:30 PM	Tea
4:45 PM	Dealing with Gender-Based Discrimination
5:45 PM	Wrap Up

Day Three

Time	Activity
9:00 AM	Recapitulation and Feedback of Day 2
Values and Citizenship	
9:30 AM	Active Citizenship Project: My Pledge for better society
10:15 AM	Active Citizenship Project: Waste Audit
11:00 AM	Tea
11:15 AM	Active citizenship Project: Developing Sensitivity towards Disability
Reproductive Healthy and HIV Prevention	
11:30 AM	Quiz on HIV
12:15 PM	Leading Life Positively
01:00:PM	LUNCH
Safety and Security against Violence and Injuries	
1:45 PM	What is Violence?
2:30 PM	Violence within schools and its effects
3:00 PM	Violence, Injury and Seeking Help
Safety and Security against Violence and Injuries	
3:45 PM	Clarifying Myths and Misconceptions about Substance Misuse
4:30PM	TEA
4:45 PM	Promoting tobacco-free schools
5:30 PM	Wrap up with Instructions for Teach Back Sessions by Health & Wellness Ambassadors

Day Four

Time	Activity
9:00 AM	Recapitulation and Feedback of Day 3
9:30 AM	Facilitation skills & Fielding Difficult Questions
10:00 AM	Group 1: I am changing
10:45 AM	Group 2: Attaining Puberty
11:30 AM	TEA
12:00PM	Group 3: Healthy Habits Quiz (Healthy eating and Food hygiene)

12:45 PM	Group 4: Sanitation and Health
1:00 PM	LUNCH
1:45 PM	Promotion of Safe use of Internet and social Media behaviours
2:30 PM	Real and `Reel`Life
3:15 PM	Insights into Media and Internet
Promotion of Healthy Life Style	
3:00 PM	Healthy life choices within our reach
3:45 PM	Risk Factors for Non-Communicable Diseases
4:00 PM	TEA & Wrap up

Day Five

Time	Activity
9:00 AM	Recapitulation and Feedback of Day 4
9:30 AM	Group 5: My Habits and My Health
10:15 AM	Group 6: Insights into Media and Internet
11:30 AM	TEA
11:45 PM	Group 7: Anaemia: Causes, Prevention and Management
12:00 PM	Group 8: Gender Power Walk
1:00 PM	LUNCH
Safety and Security against Violence and Injuries	
1:45 PM	Locating violence
Reproductive Healthy and HIV Prevention	
2:30 PM	Responsible Sexual Behaviours
Prevention and Management of Substance Misuse	
3:30 PM	Accessing Support for Prevention and Treatment: Safety Net

REPORTING/REPORTING PROFORMA

The reporting forms for the schoolhealth program are annexed below. The reporting forms are for Class, School and Block or district level.

REPORTING FORMAT: CLASS

Name of the School:
 DISE Code:
 Class:
 Complete Address (including district, State):
 Reporting Month/Year:

Indicator	Numbers in reporting Month								Remarks
	Girls		Boys				Total		
No. of children enrolled in the class									Please mention the name of session (out of 11 sessions)
Session organized									
Total no. of sessions organized till date/11								
No. of weeks where session organized	Week 1		Week 2		Week 3		Week 4		
	Yes	No	Yes	No	Yes	No	Yes	No	
No. of children in class who attended the session	Week 1		Week 2		Week 3		Week 4		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Number of children who underwent medical check-up through RBSK teams									RBSK data
Number of children referred to AFHCs									

Reporting Format: School

Name of the School:
 DISE Code:
 Category of School:
 Primary/Upper Primary/Secondary/Senior Secondary
 Complete address (Including district, State):
 Reporting Month/Year:
 Number of teachers trained:

Indicator	Numbers in reporting Month								Remarks
No. of children enrolled in the class	Girls		Boys				Total		Please mention the name of session (out of 11 sessions)
Session organized									
Total no. of sessions organized till date/11								
No. of weeks where session organized	Week 1		Week 2		Week 3		Week 4		
	Yes	No	Yes	No	Yes	No	Yes	No	
No. of children in class who attended the session	Week 1		Week 2		Week 3		Week 4		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Number of children referred to AFHCs									

Reporting Format: Block/District/State

Name of the State/District/Block:
 Reporting Month/Year:
 Total number of Schools in State/District/Block:
 Category of Schools in the State/District/Block:

Primary	Upper Primary	Secondary	Senior Secondary

Number of children enrolled in the State/District/Block:

Primary	Upper Primary	Secondary	Senior Secondary

Indicator	Number in reporting Month		Cumulative till date		Remarks
Block resource person trained					
No. of teachers trained					
No. of children in primary schools imparted session in the reporting month	Girls	Boys	Girls	Boys	
No. of children in upper primary schools imparted session in the reporting month	Girls	Boys	Girls	Boys	
No. of children in secondary schools imparted session in the reporting month	Girls	Boys	Girls	Boys	
No. of children in senior secondary schools imparted session in the reporting month	Girls	Boys	Girls	Boys	
Number of children who underwent medical check-up through RBSK teams	Girls	Boys	Girls	Boys	
Number of children referred to AFHCs	Girls	Boys	Girls	Boys	

FEEDBACK AND COMMENTS

The present training material developed is a growing and evolving process, NCERT welcomes your comments and suggestions which will enable us to undertake further revision and refinement for finalization. Feedback form is attached at the end.

FEEDBACK / COMMENTS / SUGGESTIONS FOR

TRAINING AND RESOURCE MATERIALS ON HEALTH AND WELLNESS

The National Council of Educational Research and Training has developed the training and resource materials on Health and Wellness of School Going Children under the School Health Programme of Ayushman Bharat. We need your feedback / comments / suggestions to further improve the material to respond to concerns and needs of children effectively.

Your feedback / comments / suggestions are extremely valuable to us and will be considered at the time of finalisation of the material. The final version of this material will be available by end of April, 2019.

Please send us your feedback/ comments / suggestions to:

Email: schoolsayushmanbharat@gmail.com

Mailing Address:

Prof. Saroj Yadav,

Dean (Academic) and Project Coordinator, NPEP/AEP, National Council of Educational Research and Training, Sri Aurobindo Marg, Hauz Khas New Delhi 110016.

FEEDBACK FORM

Name	
Organisation	
Contact Details	
Feedback/Comments/suggestions	
Theme	
Page No.	
Feedback/Comments/suggestions	
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Feedback/Comments/suggestions	

SCHOOL HEALTH PROGRAMME PRE/POST TEST QUESTIONNAIRE

Date :

Vanue:

Dear Students,

As you may be aware, School Health and Wellness aims to respond to concerns and questions that children may have as they develop a sense of identity and prepare for adulthood. It is important to emphasize that as teachers you have an important role in providing young people with accurate, age appropriate and culturally relevant information, promoting healthy attitudes and promoting skills to enable them to respond to real life situations effectively.

The questions below are an effort to simulate real-life situations that you may face and provide options for you to make informed choices. Please provide your honest opinion without any hesitation as these responses will help the program planners to enable you to address children's concerns more effectively. Please be assured that your responses will remain confidential. Hence, you are not required to write your name anywhere on the questionnaire.

Thank you for your cooperation

PRE AND POST TEST

Please circle the correct option/options:

1. Adolescence spans from:

- a. 15 – 19 years
- b. 13-19 years
- c. 11-18 years
- d. 10-19 years

2. Children, mainly adolescents, are more likely to listen to the advice from parents and teachers if:

(You may circle more than one option)

- a. Parents and teachers thrust their opinion on young people
- b. Parents and teachers listen to the young people's viewpoint
- c. Parents and teachers think that they always know what is best for the young people
- d. Parents and teachers share their viewpoint but encourage young people to take their own decisions

3. A teacher's job ends with teaching the students the subject they are allotted to teach and nothing beyond that:

- a. Agree
- b. Disagree

4. In your opinion which of the following best describes the experience of adolescence?

(You may circle up to 4 options)

- a. Crisis
- b. Curiosity
- c. Danger
- d. Stress
- e. Bad Habits
- f. Maturity
- g. Anxiety
- h. Joy
- i. Self-Expression
- j. Seeking Independence
- k. Major bodily changes
- l. Trouble with parents
- m. Lots of interest in looks
- n. Attraction to others
- o. Mood swings

5. Mark which of the following changes generally take place during adolescence

(You may tick (✓) more than one option for each change)

Changes	Girls (1)	Boys (2)	Both (3)	Don't know (4)
1. Increase in height and weight				
2. Menstruation				
3. Nocturnal emissions (wet dreams)				
4. Change in voice				
5. Growth of hair on private parts				
6. Widening of shoulders				
7. Broadening of hips				
8. Development of breasts				

6. What is a nocturnal emission (wet dream)?
(Circle one option only)

- a. Release of semen because of sexual arousal
- b. Passing urine in the bed when sleeping
- c. Pus coming out of the genitals
- d. A natural overflow of semen from the body while sleeping
- e. Sexually arousing oneself

7. Which of the following statements about menstruation do you agree with?

(You may circle more than one option)

- a. It is a normal process for adolescent girls and women of childbearing age
- b. During menstrual periods a girl/ woman can continue with sports activities
- c. During menstruation a girl/woman should not visit sacred places
- d. During menstruation a girl/woman should not touch pickles
- e. During menstruation a girl/woman should not be isolated
- f. Don't know

8. Is experiencing physical attraction a normal part of growing up?

(You may circle more than one)

- a. Yes, experiencing physical attraction is normally a part of growing up
- b. Only some young people experience physical attraction
- c. Most persons experience physical attraction only after marriage with one's partner
- d. Don't know

9. A woman can suspect that she is pregnant if she

(Circle one option only)

- a. Finds that her thighs are enlarged
- b. Observes loss of weight
- c. Misses her periods
- d. Has constant itching on abdomen

10. If you notice one of your students smoking in the market, what will you do?

(You may circle more than one option)

- a. Try and talk to him/her in a friendly way
- b. Scold him/her
- c. Do not react immediately but keep an eye on the student
- d. Report to parents
- e. Ask a close friend of the student to counsel him/her

11. Rajan likes to do housework like cutting vegetables, washing dishes and cleaning. But when his friends come home, he hides this from them. He fears that the boys will tease him and call him a 'sissy' or a girl. Which of the following statements do you agree with?

(You may circle more than one)

- a. Rajan should stop doing housework
- b. Rajan is right in hiding the house work from his friends

- c. If he tells his friend Rajan might be a good influence on them
- d. Rajan should feel proud that he does housework and not hide it

12. The following are some statements related to boys and girls that you may have often heard. Some of these statements are based on biological difference, while others are not true, as these are based on people's mind-sets. Give your opinion, on each statement. (Choose only one option for each statement)

S. No.	Statement	Based on people's mindsets	Based on biological difference
1.	Girls find mathematics difficult. They are better suited for Home Science		
2.	The voice cracks in a majority of boys in growing up years		
3.	Boys can handle technical abstract things much better than girls		
4.	Women are better care givers than men.		
5.	Boys are stronger and more muscular than girls		
6.	Women give birth to babies		
7.	Men are better than women at controlling their emotions and therefore do not cry		
8.	Girl's bodies mature earlier than boys of their own age		
9.	Girls begin to menstruate during adolescence		
10.	Girls are interested in cooking, decorating and managing the home		

13. Boys are especially to prone risky behavior during adolescence. The peer pressure to prove "manhood" is often done in the following ways. (Choose the correct option)

- a. Street Racing
- b. Multiple sex scores
- c. Joining gangs/ Fighting
- d. Binge Drinking
- e. All of the above

14. Which are the circumstances where you think a man is justified in beating his wife? (You may circle more than one option)

- a. She argues with him or the family
- b. She dresses in a manner to attract attention of others
- c. She is unfaithful to her husband

- d. She cooks food badly
- e. She spends money without permission
- f. She gives birth only to daughters
- g. She neglects her children
- h. None of the above

15. One of the main predictors of domestic violence is _____.

(Choose the correct option)

- a. Personal bankruptcy
- b. Second marriage
- c. Tobacco use
- d. Marital dissatisfaction

16. Any act in which a person is sexually intimate with another person without the person's consent is :

(Choose the correct option)

- a. Sexual penetration
- b. Aggravated rape
- c. Sexual assault
- d. Sexual harassment

17. Societal attitudes that contribute to sexual violence include

(Choose the correct option)

- a. pressure on men to act "macho" through aggressive behaviour
- b. pressure on women to be part of a committed relationship
- c. fashion trends that favour revealing clothing for young women
- d. lack of stigma attached to substance abuse rehabilitation programs

18. Some parents hit or slap their children. In your opinion, this is:

(You may circle more than one option)

- a. A form of domestic violence and hence it most not happen
- b. Necessary to keep the child in control
- c. An expression of the parent's love and concern for the child
- d. Harmful for the child

19. Ritu and Sona go to see a film. On the way out of the hall, they are teased and harassed by a man who passes obscene comments. Your advice to Ritu and Sona would be to:

(You may circle more than one option)

- a. Confront the man and warn him
- b. Seek support from others around
- c. Not go to see films in cinema halls
- d. Go with parents or brothers, who can protect them
- e. Complain to the cinema manager and insist that they act to make the hall safe for women

- 20. Sharada and Vishal used to walk home from school and talk a lot. Recently Vishal sent a letter expressing his interest in Sharada. Sharada likes Vishal as a friend, but is not interested in becoming his girlfriend. Sharada should ...**
(You may circle more than one option)
- Talk to Vishal and explain to him that she is not interested in becoming his girlfriend
 - Stop talking to Vishal and ignore him
 - Complain to his parents about his letter
 - Suggest that they continue as friends
 - Agree out of fear as he might say or do nasty things about her if rejected
- 21. Which of the tasks that teens are dealing with?**
(Choose the correct option)
- Overcoming insecurities with the changing body
 - Adjusting to new intellectual abilities
 - Achieving new and more mature relations with age-mates of both sexes
 - All of the above
- 22. Friendships during the teen years:**
(Choose the correct option)
- Are not to be encouraged
 - Often become as or more important than being with family
 - Are nice, but not necessary for teens social development
 - Should be chosen by the teen's parents
- 23. What should you do in order to maintain a healthy relationship?**
(Choose the correct option)
- Don't be afraid to spend time with new people.
 - Always be agreeable and keep the peace
 - If a situation makes you uncomfortable, stay and see how it progresses
 - Watch for signs of subtle abuse and control.
- 24. Which of the following are true about romantic relationships?**
(Choose the correct option)
- You must both be at the same level in the relationship so that there is no pressure from one individual
 - Relationships cannot be serious in high school
 - Relationships require skills so that one person is not taken advantage of
 - Both A and C
- 25. Mohit is ten years old. His uncle comes over to stay quite frequently. He brings lots of toffees and biscuits for him. He also insists that he will sleep in Mohit's room. At times he tries to touch him in ways Mohit does**

not like. Mohit's parents notice that he has become very quiet and withdrawn. Which of the following statements in your opinion are correct?

(You may circle more than one option)

- a. Mohit is misunderstanding his uncle's affectionate behaviour
- b. Mohit's uncle is trying to sexually abuse him
- a. Mohit's parents should talk to him and try to understand why he is so quiet
- b. Mohit's parents should keep quiet and not ask any questions as this could upset the uncle.

26. *If parents decide to get their son/daughter married against their wishes, what will be your advice to the young man or woman?*

(You may circle more than one option)

- a. Follow the decision made by parents
- b. They try and convince the parents of their wishes
- c. They request help from other family members to convince the parents
- d. They ask their friends to help and think of how to convince the parents
- e. They refuse to marry even if it means going against their parents' wishes

27. *How can you make good choices and stay healthy?*

(Choose the correct option)

- a. Consult health professional when things don't seem right
- b. Use internet to diagnose and treat yourself.
- c. Know that all over the counter medicines are safe and reliable
- d. All of the above.

28. *When students choose comfort food over nutritious alternatives it may be for what reason?*

(Choose the correct option)

- a. Lack of education
- b. Increased stress
- c. Increased hunger
- d. None of the above

29. *Which of the following statements regarding anemia do you agree with?*

(You may circle more than one option)

- a. Anemia patients have low hemoglobin count in their blood
- b. Anemia is not a serious health concern
- c. Majority of Indian adolescents suffer from anemia
- d. It is important to include green leafy vegetables and other iron-rich vegetable in the diet of anemia patients
- e. Anemia patients should take iron tablets, and not bother about nutritious diet

- 30. Young people who are informed about the reproductive system, and family planning will.**
(You may circle more than one option)
- a. Get distracted and not focus on their studies
 - b. Become too aware of the opposite sex
 - c. Be responsible in their behaviour
 - d. Build their self-confidence to deal with difficult situations
 - e. Become too self-conscious about their bodies
 - f. Have fewer fears and confusions about their body
 - g. Get encouraged to experiment
- 31. What are Reproductive Tract Infections (RTIs)?**
(Circle one option only)
- a. Infection in reproductive organs
 - b. Skin infection
 - c. Infections that spread through sexual contact
 - d. Itching in private body parts
 - e. Don't know
- 32. Reproductive Tract Infections may show in the following symptoms:**
(You may circle more than one option)
- a. White/colourless discharge
 - b. Burning sensation while passing urine
 - c. Abnormal/foul smelling discharge from genitals
 - d. Boils/Sores in genital area
 - e. Lower abdominal pain
 - f. Wet dreams/nocturnal emission
 - g. Don't know
- 33. What are Sexually Transmitted Infections (STIs)?**
(Circle one option only)
- a. Infection in reproductive organs
 - b. Skin infection
 - c. Infections that spread through sexual contact
 - d. Itching in private body parts
 - e. No obvious symptoms
- 34. What do you think is the difference between Human Immuno-deficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS)?**
(Circle one option only)
- a. HIV and AIDS are same
 - b. HIV is the virus and AIDS is the stage (syndrome) where multiple infections can be seen in a person
 - c. HIV is the syndrome and AIDS is the virus
 - d. HIV and AIDS both are different types of diseases
 - e. Don't know
- 35. HIV can spread in the following ways:**
(You may circle more than one option)

- a. Having sex with HIV infected person without a condom
- b. From mosquito bites
- c. From HIV infected mother to her baby
- d. Sharing food with a person infected with HIV
- e. Sharing toilet with person infected with HIV
- f. Transfusion of infected blood
- g. Sharing HIV infected syringes and needles
- h. Hugging people infected with HIV
- i. Kissing persons living with HIV

36. Roshan consented for HIV testing and was found to be HIV positive. Should Roshan's HIV status be disclosed to his colleagues?

(Circle one option only)

- a. Definite yes
- b. Maybe Yes
- c. Don't know
- d. Maybe No
- e. Definite No

37. In your opinion, should Roshan continue working in the company?

(You may circle more than one option)

- a. No, because he is risking the health of others.
- b. Yes, because it is his right to continue working in the company
- c. Yes, because he is not a threat to the health of his colleagues
- d. No, because he will be too weak to work

38. In the school where Roshan's children are studying people get to know about Roshan's HIV positive status. What do you think the school authorities should do?

(Circle one option only)

- a. Suspend Roshan's children from the school
- b. Assure Roshan that school will ensure that his children continue schooling
- c. Arrange separate seating arrangement and tuition classes for Roshan's children
- d. Cannot do anything

39. Which of the following in your views are the most powerful influences that encourage young people to take intoxicants (e.g. tobacco, alcohol, etc.) for the first time?

(You may circle more than one option)

- a. Print media like magazines, billboards, newspapers etc.
- b. Electronic media like TV, radio, internet etc.
- c. Friends
- d. Family members
- e. Acquaintances
- f. Any other (specify)

- 40. What do you think are the different symptoms associated with cigarette smoking, and gutka/tobacco chewing? (You may circle more than one option)**
- a. Smokers' cough
 - b. Breathlessness
 - c. Chronic bronchitis
 - d. Premature and abundant face wrinkles
 - e. Heart disease
 - f. Sleeplessness
 - g. Cancer of mouth, lung,
 - h. Tuberculosis
 - i. Any other (specify)
 - j. Don't know
- 41. Why do some young people in your view, try different types of intoxicants? (You may circle upto three options)**
- a. Helps to work better
 - b. Increases concentration
 - c. Cool thing to take or to do
 - d. Pressure from friends
 - e. Someone in the family takes it
 - f. Natural instinct
 - g. Easily available
 - h. Cheaper cost/affordability
 - i. Better acceptance among friends
 - j. Increases stamina
 - k. No effects
 - l. Don't know
- 42. Radha is a class X student in your school. Her parents got divorced recently. She now stays with her mother and spends weekends with her father. She is extremely unhappy about her parents' divorce. She has lost interest in studies and her grades are falling. What do you think you can do? Encircle the options (more than one)**
- a. Call Radha and talk to her
 - b. Nothing, she will get over it
 - c. Call her parents and talk to the
 - d. Refer her to a psychologist at the District Hospital
 - e. Talk to her friends about it
- 43. Depression is a bad mood, a state of mind, not a medical illness.**
- a. True
 - b. False
- 44. Learning to express fear, anger, and disappointment can have what effect? (Choose the correct option)**

- a. Lessening the negative stress from carrying those feelings
- b. Lower appetite and eventual weight loss
- c. Maintaining closer social ties
- d. All of the above.

45. Tanmoy and Mini have been friends since Class 6. After the Class X Board exams, Mini's mother got a new job and they were relocating to a new city. Tanmoy tells Mini that he will miss her and would like a photograph of hers. Mini shares some photographs with him over the phone. The next day, another friend of mini's calls her up asks her about her photo's circulating on a social networking site. The photographs on the site showed Mini without any clothes. Her parents are very angry and she has started getting crank call from many people. What should Mini do?

Encircle the options (more than one)

- a. Just let it pass as she is relocating anyway
 - b. Report to police
 - c. Time is the best healer, people will forget
- 46. Shiv loves playing on games on the computer. He plays with whoever is on line. After a gaming session, he receives an email from someone on his registered email id., asking him to meet him at the local mall as he found his gaming skills very exciting and they can team up for a gaming event with a big cash prize. Shiv gets excited and is making plans to meet this person who he has never seen, met or talked to. Should Shiv go and meet this person?**
- a. Yes, he understands Shiv's gaming skills
 - b. No, he is a stranger

47. What do you understand by life skills?

(You may encircle more than one option)

- a. Abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life
- b. Psycho-social abilities that enable people to respond to real-life situations in positive and responsible ways
- c. Life skills may include communication and interpersonal skills, decision making and critical thinking skills, coping and self-management skills
- d. All of the above
- e. None of the above

48. Do you use participatory, learner-centric methodology/ies (such as role play, case studies, games, demonstrations, surveys, exposure visits etc) in your day-to-day classroom teaching?

(Encircle only one option)

- a. Yes, but very rarely
- b. Yes, once in every 3-4 months
- c. Yes, once in every 2-3 weeks
- d. Yes, regularly
- e. Never
- f. Don't Know

49. Do you think that participatory, learner-centric methodology/ies can be integrated in classroom teaching?

(Encircle only one option)

- a. Yes, participatory methodologies improve the quality of learning
- b. Yes, but they slow us down and we may not be able to complete the syllabus on time
- c. No, participatory methodologies should be used outside the classroom
- d. Don't Know

50. What kind of support will you need to effectively use participatory, learner-centric methodology/ies in your day-to-day classroom teaching?

(You may encircle more than one option)

- a. Training in effective use of participatory, learner-centric methodologies
- b. Resource materials and text books that provide the opportunities for participatory, learner-centric methodologies
- c. Participatory/learner-centric methodologies should not be used in classroom teaching
- d. Don't Know

