



PEER EDUCATOR WORKSHOP ON

PROJECT


Creating environment for Young people reproductive and Sexual
Health Rights with Special Focus on Early Marriage and Early
Pregnancy
2005-2008

6th - 9th January 2006
at

Jamuna Resort, Jhunjhunu

Organized By:
Shikshit Rojgar Kendra Prabandhak Samiti
Jhunjhunu

Supported & Funded by:
MAMTA-Health Institute for Mother and Child, Delhi
The John D. and Catherine T. Macarthur Foundation, USA



Background:

The project revolves around arresting the ever-increasing trend of early marriage and consequently early pregnancy. Keeping in view the traditional aspect of EMEP, it was quite inevitable to include the concept of Peer Education in the project strategy. Peer Educators is considered to be the most important part of the ongoing project. Few questions emerge automatically in the mind when the word PE is spelled. "Who are these Peer Educators?" "How are they selected?" "What do they do?" "How will they do?" & "Why will they do?". It is a noticeable fact that these PE's are not given any financial remuneration, still the project banks on them.

Peer Educators are those who voluntarily come forward to work towards disseminating complete and correct information on young people reproductive and sexual health among their peers.

The need of PE was felt keeping in mind the restricted penetration of the implementing agency in the community. Answering the above questions in it encompasses the wide horizon of the concept. Peer Educators are selected from other "willing" youths, who have dynamism, courage & determination to do something meaningful. A PE should be aged between 14-19 yrs. He/She should be educated at least up to 6th standard. He/She should have a good communication skill. In case of girls, if they are married, it is ensured that they don't have any plans for gauna for next 2-3 years. It is highly recommended to add in those who are active members of any voluntary groups at village levels.

Peer Educators themselves are from that section of the society, which largely remains ignorant towards their reproductive and sexual health. They have fallen prey to the pariah & traditional rules of the society. It was thus planned to hit the direct beneficiary rather than acting indirectly. Youths are the main target of the project. However, we have taken others as stakeholders of the project. Stakeholders of the project include parents, young couples, Health service providers & elected representatives along with the adolescents themselves. Role of PE is to mobilize people at village level to act against the social evil of child marriage. They are also responsible to make their peers aware on RH & SH with complete information.

PE needs to get help from the project staff in organizing village level meetings. Their role is to sensitize people about youth's health requirements. The last question is the most remarkable one. Why will they do it? They will do because they are the stricken one.

Need of the Workshop:

Keeping in view the important role played by the Peer Educators, they need to be trained so as to gain complete and correct information about young people reproductive and sexual health. They are from villages and have lots of misconception in their mind. They are the one responsible to counsel their peers in future. They are projected as a resource person among their peers. The youths will look upon them for any information related to health. Thus, the PEs should be able to perform the entire above task. For this, a need was felt to train them on the entire episode.

Objective of the Workshop:

The objective of the workshop was to

1. To equip peer educators with full knowledge of Adolescent's Reproductive & Sexual Health Rights.
2. To form a district level youth forum to advocate against EMEP.

The most important point is to equip them with complete and correct knowledge about ARH & SH. Incomplete information is detrimental for their well-being.

The Beginning...

Thus a 4-days residential workshop was organized at Jamuna Resort, Jhunjhunu from 6th to 9th January 2006. It provided an opportunity to the PEs to be informed and sensitized on the issues related to young people & early marriage and early pregnancy for performing sound and effective actions at village level. The methodology of the training was largely participatory and gave enough space to the participants to speak up and present their views. Energizers and icebreakers were kept handy to break the monotony if any. The workshop was so planned to keep them involved and invoke thought process. The focus was not the group but the individual.

35 adolescents attended the workshop from all different project villages. Remarkably, there were more girls than boys. Being a winter season, the workshop started a bit late on 6th. Most of the girls came in from remote project villages. It was our utmost task to ensure that the girls stay at the venue. Earlier experience made us to plan the whole programme in above ways.

Day-1

Session I: Introduction and Ice Breaking

The participants were welcomed to the workshop by the organization secretary. They were asked about their mood and to be mentally present during the sessions. At the start, Mr. Bhaskar Purohit, MAMTA-Jaipur, carried out an Introduction game¹ in order to break their hesitance. The game included common questions of daily nature. The participants were asked to fill it up and get signature of any two persons who fits in the answers. This game required intermingling of the groups. It was a good game to break the initial hesitation among the participants. They were seen persuading each other for the question's answer. Two winning participants were selected as fastest and were promised to be awarded at the end of the workshop. The winners of the game were Mrs. Samita and Mr. Dinesh Kumar. Earlier he made them to play a game know as morning mood. The participants were asked to write down what they were feeling this morning. They were free to write in negative moods too. It was an icebreaker, which helped the participants to break the informal atmosphere.

Session II: Their Expectations

After introduction and the game, Ratna Gaekwad, MAMTA-Jaipur praised the work done by the SRKPS team during last days. She expressed her happiness over the high turnover of girl participants. She further encouraged and thanked the girls. She further went on to ask the participants about their expectations. In this session Mr. Rajan Choudhary, Secretary, SRKPS said the participants to speak out their expectations from the workshop. He further suggested them to take full advantage of the opportunity bestowed on them. He then tried to create an atmosphere by saying them to keep their homely tensions and bothering aside for all the days of the workshop. One PE, Mr. Arvind Kumar from Hansasari said that there is a need to incorporate youths in all the programmes and encourage them to come forward. In return Ratna Gaekwad gave an overview about the project. She said that the project EMEP is being run 9 villages of 4 gram Panchayats of the Alsisar block of Jhunjhunu district. She further said that the project talks about adolescent reproductive and sexual health. Few of the expectations listed are as follows:

1. Sexual & Body health.
2. To have complete information about Menstruation.
3. What is adolescence?
4. Lack of blood i.e. anemia.
5. Sexual relations at low age.
6. To know about reproductive health.
7. To know about RTIs and STIs.
8. To know about process of pregnancy.
9. Methods to avoid pregnancy at early age.
10. What is HIV-AIDS?

¹ Kindly see the Introduction game sheet in annexure.

11. What is HPS?

The participants were quite enthusiastic to know about the above topics. They went in to explain the questions and area of their interest, which they wanted to explore. Girls were quite ignorant about the fooding habits during pregnancy. They even wanted to know about various method of Family Planning. Each participants put their expectations forward and requested the trainers to deal with all the issues in great details. Later on the session was followed by a tea break.

Session III: Rules & Regulations for the Workshop

After the tea break, Ratna Ji briefed the participants about various rules and regulations regarding the smooth sailing of the workshop. She advocated the formation of various management committees among the participants. According to her it was quite essential to install a sense of discipline among the participants. They should get involved in the process rather than being a spectator. Later on she listed down the rules & regulations for the workshop. They are as follows:

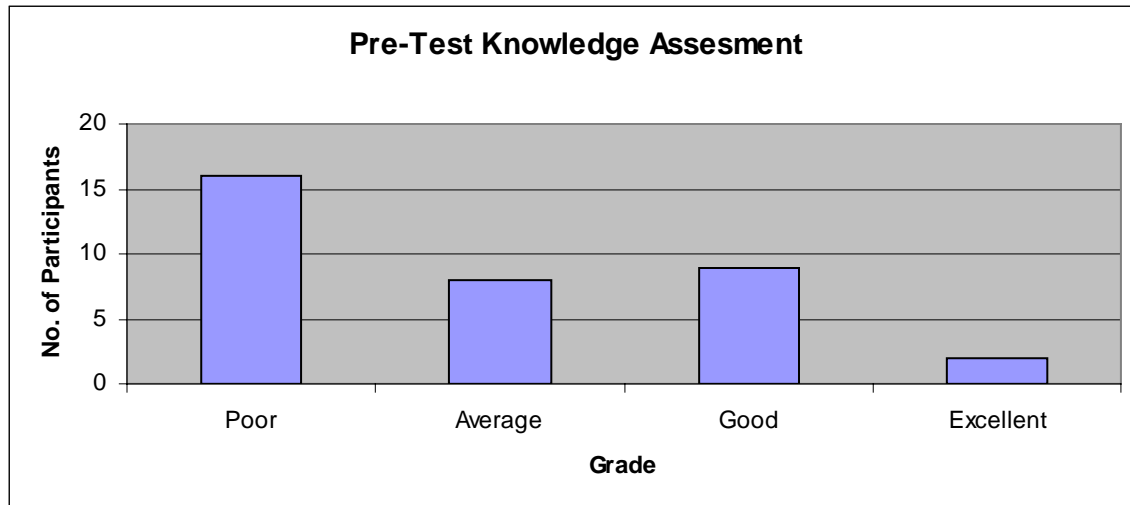
- Participation
- Time management
- No carouse but to ask question with due permission.
- Listen patiently and speak gently
- A feeling of solidarity
- Readiness to help and have sensitive attitude.
- Don't make mockery of anyone

Apart from the specified rules and regulations, she also encouraged the participants to rise up questions on various topics. A question box was installed for their convenience. It was done in order to maintain secrecy if any. The participants must feel secured while asking questions. Moreover the point is to have their doubts cleared irrespective of who asked what. She said that the participants could write down their questions on a small piece of paper and slip it inside the box. Later on the questions will be answered. Following her earlier concept of dividing the group into different committees, she went on form a team of 6 participants comprising 3 male and 3 females. She specified the following groups viz. fooding, conference hall, discipline and management. Students were asked to voluntarily join in any groups they wanted. Later on they were briefed on their jobs as a group responsibility.

Session IV: Pre-test Knowledge Assessment

A pre test to ascertain the knowledge level of different participants was carried out. For the above, a questionnaire² comprising of 10 general questions were given to them. The participants were asked to complete the sheet in 15 minutes. The questions were related to adolescents, menstruation, gender, masturbation, HIV-AIDS and Family planning methods. The questions were carefully chosen in order to determine their thoughts on some of the most pressing myths and misconceptions in rural areas.

² *Kindly see the Pre-Post test questionnaire as an annexure.*



The initial knowledge level of the participants has been explained in the graph. The grades has been given on the %age of the scores i.e. 0-25%=Poor, 25-50%=Average, 50-75%=Good, 75-100%=Excellent. The above activity was quite inevitable to determine the knowledge level of the participants. Basically the whole training programme revolves round the level of information they have. Efforts are made to make them equip with more and more information so that they develop a matured understanding on the topics that are considered to be most sensitive in the society.

After the previous topic, Ratna Gaekwad briefed the participants about the objectives of the workshop. The objectives were as follows:

- To sensitize youths about young people reproductive and sexual health rights and the social menace like early pregnancy and early pregnancy.
- To disseminate the above information in their local area and bring about an attitudinal change in the mindset of the people.

Keeping in view the inquisitive tendency of the participants about the sponsoring organization, she further briefed them about MAMTA and the Mac Arthur Foundation. She made the point simple by saying that there are people living in different states and even abroad who worry for their health and well being. They want the youths to be sensitive about their health rights. Although they are blatant to the participants but they support any endeavor for youth's betterment. She also said about the project that it is being implemented in 4 districts of the state and they have already attended a similar workshop in which youths took participation with great enthusiasm. She further said that MAMTA is working in partnership with SRKPS in Jhunjhunu district of Rajasthan. SRKPS has been associated with MAMTA for past 4 years and its work as an implementing organization has been quite commendable. She concluded her remarks by asking for youth's support and participation to make this project a success.

She further said that the term "Peer Educator" comes from the same concept in which youths disseminates the information among their peers. She hoped that the organization will work to link the dropouts and left outs with the education mainstream. She also said that they have earlier formed a state youth forum and a vibrant PE has already gone abroad to represent youths of the country.

She also gave her concern for the wide spreading HIV-AIDS and requested the youths to create awareness about it at every level. She pressed on the need to reach the un-reached section of the society to enlighten them with the safe practices so that no family gets in the clutch of this monster. HIV-AIDS is the most talked about "disease" among the community. In spite of its widespread discussion, it is still a plethora for the policy makers that HIV-AIDS has the highest myths and misconception at village level. Complete information is the only key for this lock. She further wrote a line to sum up the concept.

"MAMTA + SRKPS + Youths = Awareness at all levels"

Session V: Their Experiences...their roles

The participants were divided into 4 groups for a group activity. It was ensured that the group are mixed in nature for quick intermingling of participants. They were asked to pen down their experiences that they might have earned during last few years. They were asked to write down what they talk about when they are in peer groups. Participants were encouraged to write down anything free of any hassles. Few of the points, which they wrote down, are as follows:

- About career and future scopes.
- About health and diseases.
- About Sex and its practices.
- About girls and friendships.
- About local news and some gossips.
- Body changes and the problems.
- Various family planning techniques.
- HIV-AIDS.
- About foods.
- Gender discrimination and personality.

Participants wrote down all the issues, which they generally talk about in their peer groups. Afterwards Ratna Ji said them the meaning of the term "Peer Educator". She said that Peer Educator is a person who is trained as an active and participating member of a group and plays an important role in effective transformation of attitudinal change in his/her peers through diligent & consistent use of acquired knowledge and information vested in him/her.

She further said that adolescence is a golden opportunity for the youths to build up their understanding and shape their own personality and attitude. She said that rural youths are quite hesitant to express out their feelings. It is the need of the hour to break the traditional & naïve chains and come out for new-fangled life. Taking on the seat, Bhaskar asked the participants what they have learned till now. Having briefed about the meaning of the term "Peer Educator", he asked them to speak out the qualities that an effective Peer Educator should have. The participants spoke about many traits that a PE should have. Few of them are:

- Should be of same age.
- Should be calm and a good listener.
- He should be well behaved.
- Able to use local dialect.
- Should have correct and complete information.

- Must have counseling ability for sex related problems.
- Should have leadership quality.
- Should give ears to all the peers.

Having penned the participants view, Ratna Ji wrote down the essential traits that a PE should have to perform effective job. Few of them are:

- Leadership and determination.
- Influential personality.
- Clear, correct, & complete information.
- Self-motivating.
- Voluntarism.
- Same community.
- Friendly.
- Maintain secrecy with dignity.

A PE should have the above traits. It helps them to perform their job diligently. She said that a PE would be seen as a resource bank for the other adolescents. Some may even see them as a role model and would take their information with utmost seriousness. At the end she requested all the participants to take full advantage of the workshop. They should take full advantage of the opportunity to equip them of all the information they want. The session later broke for the Lunch.

Session VI: "Meena"

After the lunch, all the participants were ready to watch an educational movie "Meena" made by UNICEF. The film was all about sanitation, cleanliness and best practices. The objective to show this film was to instill a sense of sensitivity towards education, health, knowledge and social betterment. Social messages of the film were as follows:

- Prevent water pollution.
- Use clean and pure water for drinking and foods.
- Water resource is limited.
- Every house should have good sanitation facility (Latrine).
- People shouldn't do it in open.
- Should wash their hand after using the bathroom.
- Should fight diseases by keeping the environment clean.

After the film was over, participants were asked about the crux of the movie. They were asked whether they caught the messages or not. The participants told about the messages and concluded that "Health is of paramount importance" for all living being on earth. They were showed another documentary filmed on a workshop followed by entertainment movie "Swadesh". Participants were told to watch the movie with great care, as they would be asked the next day about the message and storyline.

Day-2

Recap:

The participants were asked to share their first day's viewpoint and experience. Some of the points that came from the participants were the following:

- Ice breaking sessions were interesting.
- They feel confident after the first days exercise.
- They liked the movie *Meena* and the messages instilled in it.
- *Swadesh* was quite lengthy and they failed to catch the message.

The participants were then taken out for an icebreaker to break their dizziness.

Session I: Defining Gender

Ratna Ji asked the group to play a game. Her objective was to make the participants themselves think about the issue of gender. She knew that the issue is of daily pattern but difficult to make them understand. She then briefed the participations about the rules of the game. She marked 2 places as "agree" and "disagree". The participants were asked to move either side after hearing the statement. Later on they will be asked the reason for opting that answer. She then asked the following questions:

- Boys shouldn't cry
- Female should be a part of cremation ceremony.
- Boys should cook foods.

For the 1st question, 70% of the participants moved towards the "agree" area while rest moved towards the "disagree" section. Ratna Ji later on asked the participants the reason of opting such an answer. Few of the participants moved to the area just for the sake of friendship while few put forward their views strongly. For the 2nd question 40% moved toward "agree" and rest 60% towards "disagree" section. For the last question all the participants moved towards the "agree" area leaving only 2 students towards the "disagree" area. When asked, some of the reasons cited are as follows:

- We shouldn't break traditional rules.
- Work has been divided for boys & girls in the society and we shouldn't encroach other's area.
- It's the base of successful household.
- Girls are feminine and shouldn't do heavy works.
- Boys can't manage a house.
- Girls are emotional and thus they break down easily.

Having analyzed the activity, Ratna Ji further went on to describe what gender is. She said that gender is something, which is ascribed from the society. It is those actions that are expected from the individual. These actions are defined by the society. Society has marked a very strong difference in a man and woman. This is what is known as gender. Difference between gender and sex is –Sex is biological and cannot be changed but gender is socially constructed and can be changed. The marked role of man and woman in the society results in giving a lower status to the

women at large. The rights related to fairness, Justice and Equality becomes different in case of man and woman. Society at large has identified the role of men and women, the things required to be carried out by a man and a woman. It results in giving back seat to the women and limiting their role in every aspect. Hence they could not contribute economically in the development of the country. There are many myths related to the term "Gender". It is often seen as against man. However gender does not see man and woman differently. It sees both men and woman as human being.

The reason gender is seen as against man because it questions the power. Hence it is considered and reversal of role. But gender is not about reversal of role. Gender says that except reproductive role, all the activities can be carried out by male and female. Like making a man and woman economically independent. It provides a scope of double income, better avenues for life. Even now people make their houses when they retire, the reason being the single bread earner of the family. Later on Ratna Ji gave examples of some of the most successful women like –Kiran Bedi, Kalpana Chawala, Indra Gandhi etc. The opportunity, access and freedom provided to these women have made them successful.

She further said that it is the same gender which reserves lower strata for the women in the society. Because of this they don't find themselves at a negotiating position. They have lost the power to demand better health and subsequently access to all resources. Gender roles have a result on early marriage and early pregnancy. Many times girls get married to boys older to them, once married men are supposed to earn and look after the family. Girl is not provided enough opportunity to contribute in the growth or development of herself and her family.

Later on Mr. Pankaj Verma added on that the youths must get themselves in the process of reversal and think what is good for them. No one else will come for the rescue. The world is changing fast and we need to maintain the speed or we loose the race. He advocated identifying those traditional rules that are detrimental for future of the youths. He called in the youths to come forward for a joint effort to do away with social evils that are inhibiting for development.

Many of the participants then shared their experiences when they felt discriminated on the ground of gender. They said that it is a common process and now they realize the fact. They have developed an understanding on the above. Majority of the boys told that they are taught not to interfere in kitchen as it is being considered as an area of female excellence. Females on the other hand complained about they being restricted to go out freely, watch televisions, wear shirt & trousers, talk with boys etc. It was thus evident that every one of them had already experienced gender discrimination in some form or other.

Session II: Gender roles & Expectations

The participants were divided into three groups (2 of girls, 1 of boys) and were asked to discuss and write down what they do during Sundays. Ratna Ji told them to write down the activities in chronological manner mentioning actual times for it. She pressed on the need of mentioning the duration of the activities. The groups were given 20 minutes to discuss and pen down the activities.

After the completion of the time, each group was asked to present it before all the groups. After the activity, it was focused that girls generally spend 2 hours for entertainment and rest while boys spent around 10-11 hours for entertainment, rest, gossips etc. It was quite remarkable to note that girls had more jobs to do on Sunday rather than other working days. In spite of being so busy the whole day, they reserved 4 hours for studies while boys didn't had a single hour for it. Although it was a game but it showed a grim situation. Boys were less serious with their responsibilities and careers. Girls remain busy in their household works. They are even not allowed to move outside to meet their friends.

There is a need to ignite the hidden & dormant potentials of girls. Since they are not allowed to move out of the house, their families need to be counseled. Our main task is to facilitate their access to resources. We have to make them understand that there is no difference between a boy & girl. There logic of girl being a burden can be tackled by suggesting them to avail the girls with free education. Girls are making their way out in every fields and walking shoulders with male counterparts. Government is committed to provide girls with all possible facilities free of cost so as to reduce the burden of a family. Boys should stop acting irresponsibly and help girls with the household works. They can play an important role to reduce drudgery on girls. Later on Ratna Ji asked the boys their view. Boys complied with whatever she said and said that it is not tough to share the burden. They can play a small part but still can reduce effective amount of burden from their head. It is their responsibility to share some amount of task and thus help built an encouraging environment for their accessibility to resources.

Then they had a small game to break the monotony of the session followed by the lunch break.

Session III: Defining Adolescence

Brainstorming

The participants were asked to define the nature during adolescence. He initiated the session by providing them with some examples. Later on the participants poured in many attributes of adolescence. Some of them are as follows:

- Loneliness: remain aloof
- Brave: shows courage
- Self conscious: spends more on himself/herself
- Anger: "I m right"
- Carefree: "Who cares?"

- Annoyed
- Attraction: "I like you"
- Enjoyment: "Lets freak out"
- Inquisitive: "What's inside"
- Jealous: "I hate you"
- Anxiety: "Please...say it"
- Calm
- Self confident: "I can do it"
- Friendly
- Romance
- Competition
- Influential
- Independence

The session was a brainstorming one and the above attributes itself defined what adolescence is. Mr. Bhaskar said that this age is something different in which an individual goes through lot of changes. Those changes are physical, mental and social. The participants were asked to divide themselves in four groups and write poems on adolescence. They were given some time to discuss and create a poem describing the adolescent age and its thoughts. Later on the groups were asked to present their poems to all the participants. The poems were diligently made and expressed the free and carefree mind of an adolescent.

The groups were again divided into 3 groups viz. 2 of girls and 1 of boys. They were asked to discuss and write down various physical, mental and social changes occurring during adolescents. Later they were asked to present their work to all the participants. Changes as listed down by the participants are as follows:

Physical Changes:

- | Boys | Girls |
|------------------------------|-------------------------------|
| - Broadening of chest | - Broadening of hips |
| - Moustache | - Narrow waist |
| - Heavy voice | - Soft Voice |
| - Prominent Adam's Apple | - Breast development |
| - Hairs on chest, armpit | - Hairs in armpit |
| - Pubic hairs | - Pubic hairs |
| - Sperm production/Nightfall | - Egg Production/Menstruation |
| - Increase in height | - Increase in height |

Emotional Changes:

- | Boys | Girls |
|------------------------------|------------------------------|
| - Adamant | - Adamant |
| - Depression | - Depression |
| - Carefree | - Carefree |
| - Attraction to opposite sex | - Attraction to opposite sex |
| - Hormonal Changes | - Hormonal Changes |
| - Day dreaming | - Shy |
| - Identity Crisis | - identity Crisis |

Further it was discussed that, attraction during adolescence is an infatuation that is very short term. At times adults get quite strict to the fact and often it has harmful results. Infatuations should not be taken too seriously. It was also shared that an exercise of body mapping helps in explaining the adolescent changes as well the reproductive organs of man and woman. It acts as an icebreaker and helps them to participate in understanding the sensitive issues.

Session IV: Growth & Development in Girls and Boys

The participants were quite inquisitive about few of the body developments occurring during adolescence. They were menstruation among girls and nightfalls among boys. These were also the most blatant one that generally creates the basis of innumerable myths and misconception at village level. It happens to all but none talks about it. This gives adolescents nothing but to step down to some other impish mode of information. Thus Ratna Ji & Bhaskar briefed the participants about the mechanism of the above two processes. They gave a brief overview of the process. Menstruation is absolutely a natural and normal process in girls. It is the most important aspect of female reproduction process that ultimately leads to motherhood. The participants were taught that blood oozing out during period is not impure but very much pure. Girls should take extra care of themselves during periods. They should bathe regularly in order to maintain cleanliness. They should perform their daily routine without any fear and should avoid any guilt feelings. They should either use sanitary pad or a clean cloth during these days. Cloths should be regularly changed and properly rinsed & kept in the sunlight. They were further said that various myths and misconceptions regarding menstruation should be properly dealt with. It is the responsibility of youths to develop sensitivity among the community towards this issue.

Session V: "Udaan"

In continuum of the above session, they were shown an audio film "Udaan". The audio film was well documented which basically talked about the following issues:

- Menstruation: Myths & its rectification.
- Nightfall: A natural & normal process.
- Masturbation: No effect on health.
- Keep away from addiction viz. drugs, cigarettes, wine etc.
- About sexual relations and related diseases.
- Attraction towards opposite sex.

The participants were asked the messages instilled in the film. The film had clear & simple dialogues. They were conversed keeping in mind the general atmosphere. Regarding menstruation, it came as a big surprise for the girl. She started feeling guilty that she has done something wrong. Later on her mother consoled her that, it is natural process and every girl on earth goes through the process. Nightfall is considered as something abnormal. Why does it happen? Does it cause impotency? The participants were explained that semen gets manufactured 24x7 in the body and becomes inevitable to get "spilled" out. Masturbation though doesn't have any side effects but is not considered a good habit. Youths should avoid the practice but at the same time shouldn't have a guilt feeling after doing it. It is considered as a method of self-satisfaction and thus is not encouraged. Addiction for anything is

detrimental for the well being of the individual. Addiction to tobacco products, alcohols eats up the body from inside. Participants were encouraged to say "NO" to any provocations from peers. Apart from the above issues, discussions were made about sex and related diseases. They were briefed about safe sex and best practices. One thing, which is most common during these ages, is attraction towards opposite sex. The participants were explained that this happens due to change in hormones. It is quite obvious for both sexes getting attracted towards each other. Although they were told to concentrate on their career rather than spending time bluffing.

Day-3

Recap:

Bhaskar asked the participants about the last day's experience. He was quite anxious to know their feedback. He asked what new information did they have from the workshop. Most of the participants were enjoying the sessions and requested to increase the days of workshop. Some of the points that came from the participants were as follows:

- Understanding gender.
- Changes during adolescents.
- Menstruation cycle
- Night Falls

Session I: Reproductive Organs

Mr. Bhaskar divided the groups into two parts i.e. girls and boys. The groups were then asked to pen down the bodily changes in the form of pictures on the charts. The groups were asked to draw pictures of male & female reproductive organs for a 9 year and 19 years old girl/boy. The agenda was to invoke a thought process of comparison among the pictures. This will ultimately result into prominent changes occurring. Ratna Ji assisted the female group while Mr. Pankaj & Bhaskar assisted the male groups.

The participants were first told to draw the pictures. After wards they were explained about each part with details. Males begin to produce Sperm during Puberty, the adolescent stage of development when changes in the body make reproduction possible. Puberty begins with a change in the Hypothalamus, the part of the Brain that regulates the secretions of the Pituitary Gland. This change causes the Pituitary Gland to produce increased Levels of TWO Hormones – Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH). The testes develop within the Abdominal Cavity; just before birth the Testes descend through a canal into an external sac called the scrotum. As the Pituitary Gland begins to release FSH and LH, these Hormones stimulate the Testes to make the Principal Male Sex Hormone Testosterone.

The testis contains numerous sperm. Mature sperm consist of –head, mid piece and tail. Developed sperm travel from the seminiferous tubules into the epididymis. Within each epididymis, a sperm matures and gains the ability to swim.

Duct that extends from the Epididymis is called Vas Deferens. Each Vas Deferens enters the Abdominal Cavity, where it loops around the Urinary Bladder and merges with the Urethra. In a Male, both Urine and Sperm exit the body through the Urethra. In the Urethra, Sperm Mix with Fluids that are secreted by three glands. The fluid secreted by glands is called produce seminal fluid -which Protects and Nourishes the Sperm. The Combination of Sperm and Seminal Fluid Is Known as Semen. Semen provides sperm an energy source. It also helps the sperm to move through the Female Reproductive system. The Penis is the Male Reproductive Organ that makes it possible for Sperm to be delivered to the body of the Female. When the Male is Sexually Excited its penis erect and Sperm are ejected. It is called ejaculation. Life span of sperm is 72 hours.

During the session it was also ensured that the participants get appropriate knowledge about the existing myths and misconceptions. They need to know the facts and thus they were asked to put forward any myths they have heard. As per there points it was later explained that; Size of penis has no effect on the sexual life of a human being. It is a misconception that if the penis size is large the man is more sexually active. Similarly breast size in women has not effect of the sexual life. Nightfall or nocturnal emissions is not a deformity. It does not lead to any weakness or loss of semen, because semen is produced continuously. Semen cannot be stored in the body at the rate at which it is produced. Very tight clothing damage sperm production as the temperature in the testes is raised due to tight clothing. The reason why testes remain in the Scrotum & outside the body is that the temperature is about 3 degrees C Cooler than the body internal temperature. It requires a cooler temperature to produce sperms.

Female reproductive system is far more complex than male counterparts. The External Structures of the Female Reproductive System are collectively called the vulva. The vulva includes outer lips, inner lips, clitoris and vagina. The clitoris is a tiny structure, above the urinary opening, hidden within the folds of the inner lips. It is extremely sensitive to touch and when stimulated gently becomes firmer and slightly bigger. The primary reproductive organs of the female are the ovaries. The Ovaries are located in the Lower Abdominal Cavity; the Ovaries usually produce only one egg or ovum per month. The Ovum is swept from the Ovary into one of the TWO fallopian tubes. The Fallopian Tubes provide a way for an egg to travel from the Ovary to the Uterus. The lower entrance to the Uterus is called the cervix. Leading from the Cervix to the outside of the body is a muscular tube called the vagina or Birth Canal.

What always remained the most talked about was the process of menstruation in girls. The participants took great interest to clear out various doubts regarding menstruation. Menstruation is a part of female reproductive cycle, which takes an average of about 28 days. Each Ovary contains about 400,000 Primary Follicles, which are clusters of cells surrounding a single ovum (egg). The function of a Follicle is to prepare a Single Ovum for release into the part of reproductive system where it can be fertilized. Ova mature within their follicles. The Egg Matures, and the Lining of the Uterus grows thicker, many tiny Blood Vessels grow into the thickened lining, in preparation for receiving a Fertilized Egg. The development of an Egg in this stage of the Cycle takes about 14 days. When a follicle has completely matured, the ovum (egg) is released. This process is called ovulation. The Egg has enough stored nutrients to survive about 48 hours. After that there is high secretion of two hormones –Estrogen and progesterone. Progesterone .The lining of the Uterus to become even thicker. Progesterone causes the lining of the Uterus to become even

thicker. This process last for fourteen days. If fertilization takes place the Lining is prepared to receive the Embryo. If fertilization does not take place the secretion of Estrogen and Progesterone become less which results in shedding off the lining through the vagina as bits of lining, blood, and clots and mucous. It last for six to seven days.

There has always been a considerable number of myths and misconception associated with Menstruation. Participants were explained in details about the facts of such myths. It usually begins in women between the ages of 9-16 years and stops around 45-55 years. If there is a delay after 16 years it is important to show to the doctor. Irregularities in the menstruation cycle are quite common amongst young girls who have just begun to menstruate. One of the important reasons is also due to anemia. Penetrative sex during menstruation cycle does not protect from pregnancy. One can get pregnant even if have intercourse during menstruation. Regular contraction of uterus during menstruation results in pain during periods. The blood during menstruation is not impure. It is the blood, which provides nourishment to the child. Not going to temples or eating cold things is all myth. Pads/napkins must be changed regularly. Regular bath is most important during menstruation, it very important for maintain good hygiene. If a cloth is reused during menstruation, it should be washed thoroughly and disinfected by drying it in the sun. This helps kills any germs and prevent infection. A girl has been considered more prone to infection because of large surface area of the vagina. Moreover, inner walls of the part are moist thus proving to be a paradise for germs. It can only be prevented by cleanliness and safe practices.

Introduction with Dr. R. B. Singh, CMHO, Jhunjhunu:

The Chief Medical & Health Officer of Jhunjhunu district, Dr. R. B. Singh came over for the PE workshop to see the progress, participant's enthusiasm and grace the occasion by providing few guiding tips to the organizers as well as trainees. Mr. Rajan Choudhary, Secretary SRKPS introduced the participants with Dr. R.B.Singh. He then asked Ratna Ji to take over the stage and brief the CMHO about the workshop. She welcomed him and briefed him about the Organization i.e. MAMTA. She said that MAMTA has been working in collaboration with SRKPS for past 4 years on the issue of prevention of early marriage and early pregnancy. She said that the issue of EMEP is quite pertinent in Rajasthan. The state has high incidence of early marriages and consequent early pregnancies. She vowed the objectives of the project to arrest the ever-rising count of EMEP. She hoped that the objectives would be met due to constant effort and cooperation.

Referring Peer Education concept as one of the most important component of the project, she pressed on the need of selecting PEs from project villages and later training & equipping them with all possible relevant knowledge. She hoped that these PE would be the building blocks for the changing new environment. Dr. R.B.Singh was quite anxious to hear from the participants themselves. Thus a PE Mr. Arvind Kumar from village Hansasari shared his experience with the CMHO. He said that he is finding this workshop extremely helpful & full of knowledge. He cited about the existing gender disparity & discrimination in villages. He said that the responsibility is on the shoulders of youths to curb such social menace. Ms Kiran from village Kharkhari shared her experience about the workshop. Mrs. Samita from village Kharkhari told that being a PE, she feels a sense of responsibility to work for

the existing problems in the society. She also told few of the qualities a PE should have for effective service at grass level.

Dr. R.B.Singh C.M.& H.O. Jhunjhunu addressed the participants and focused on the myths and misconceptions. He said that myths are nothing but a misleading "fact" that turns up at a dead end. He said that he personally advocates sex education to students. He said that youths should be given complete and correct information about one's health and safe practices. He explained about HIV-AIDS, Hepatitis B and sexual relationships but at the same time pressed on the need to make such issues mandatory at school level. He warned participants about the myths. Mentioning about masturbation, he said that the practice has no side effect or any ill effect on health but it does on mind. Youths get into a guilt feeling soon after committing the act. He however said that these acts should be discouraged. He said the participants to think positive and prevent from indulging into any addiction. At the end Mr. Pankaj Verma gave a formal vote of thanks to the CMHO for coming and showing his support and concern for the issue. He also hoped similar support in future with sensitivity.

Later on Mr. Bhaskar & Pankaj explained the male participants about vaccination and immunization for pregnant and children. The participants were quite curious to know about different vaccinations done. A pregnant women needs 2 T.T. injections during her pregnancy. The first is given as soon she detects her pregnancy. Second (booster) is given after one months of previous. Apart from these two injections, she is subject to three ANC during her 9 months pregnancy. Children are immunized against 6 deadly diseases. They are immunized with BCG, DPT, Polio, and Measles etc. First dose is given between 0-1^{1/2} months. It contains BCG+DPT1+Polio1. Second dose i.e. DPT2+Polio2 is given after one month of the first dose. Similar is the third dose. Measles is given at 9 months along with Vitamin A.

Session II : RTI , STI & HIV-AIDS

After the lunch, the participants were divided into 3 groups. They were asked to write down such points that they came across during peer talks. The points should be related to some sexual problems they have. After discussions, the groups came across the following points:

- Blisters around private parts.
- Pain in stomach during menstruation.
- Itching effect in vagina/penis.
- White discharge from vagina.

The participants were briefed about the most well known disease called HIV-AIDS.

H	-	Human
I	-	Immune
V	-	Virus
A	-	Acquired
I	-	Immuno
D	-	Deficiency
S	-	Syndrome

HIV is called Human- present in human, Immune –weakens the immune system of the body and virus. It is a very small micro-organism that causes infections eg cold, flu and herpes. Two Strains of HIV : HIV- I : Common in most countries around the world Discovered in 1983. HIV-II: Mainly in west Africa . Discovered in 1986. HIV-II is less easily transmitted and those infected with HIV-II seems to experience less severe damage to their immune system and may stay healthier than those infected with HIV-I. AIDS is called – Acquired –Have to get it from someone infected, Immune- It is about our immune system that protects us from and/or helps us to get well from an infection or disease, Deficiency-Shortage of something, Syndrome-Group of diseases.

HIV is the virus that can be transmitted from one person to another and AIDS is the disease developed after the virus entered into the body.

HIV can be transmitted with the exchange of body fluids-blood, semen, and breast milk. After a person has been infected with HIV it can take up to three months for antibodies to develop to a level where they will be detected-Window Period

In the normal case without ART it takes 5 years in the poor part of the world and 8-10 years in the rich part of the world on average to develop AIDS from the time of infection

There are four stages, which the body undergoes once virus has entered the body. Stage-I- Symptoms like heavy cold or flu with fever, headache, night sweats, and muscle pain and so on -occurs about two weeks after the infection. Stage II- A period with no symptoms and when the infected person feels healthy. Antibodies to the virus are keeping the virus load to a low level. Stage III-The immune system is breaking down and the virus load is going up e.g. pneumonia and TB, fungus infections and other opportunistically Infections. Stage IV: Weight loss more than 10% of body weight, chronic diarrhea for more then one month and fever-WBC count less.

HIV can be transmitted through: Having vaginal, anal or oral sex without a condom with someone who is HIV positive,-Sharing needles, syringes or other going injecting equipment with someone who is infected with HIV,-An HIV positive mother to her baby during pregnancy, delivery or while breastfeeding-Blood transfusions, blood products or organ transplants in countries where screening is not mandatory or common practice,-Tattooing and or piercing with improperly sterilized equipment;- Sharing drug snorting equipment,-A needle stick injury involving blood tainted with HIV

Test for HIV can be done through –ELISA test and once the test shows the positive result it can be confirmed with another test –Western Blot.

Treatment for HIV: Anti Retroviral Treatment cant cure the infected person, but it is slowing down the process and keeps the virus load at a low level for a long time. ART is a heavy treatment with sometimes, lost of side effects that demands other drugs against the side effects

Later on the participants were told about the preventive measures for HIV-AIDS. They are as follows:

- Use condoms.
- Abstains
- Loyal to wife/husband
- Tested Blood transfusion
- New/Boiled syringe

There are now about 51 lakhs people in India who are HIV infected. Rajasthan has 90, 000 cases. Around 8000 people get infected everyday in world. First case in India was found in 1986 at Madras (now Chennai). He further said that there is VCTC (Voluntary Testing & Counseling Center) at district hospital and people can make use of that for any queries.

Sexual transmitted infections (STI) are the part of a broader group of infections known as Reproductive tract infections (RTI) that includes all the infection of reproductive tract including those, which are not transferred sexually. RTI is infection caused by the germs in the reproductive organ. A woman can get RTI during or after child-birth (if delivery is not done in proper care), unsafe abortion or IUD insertion, dirty water or not maintaining the proper hygiene of genitals.

Sexual transmitted infections are infections primarily passed from person to person through sexual contact. It can be passed to a baby during pregnancy, delivery or breastfeeding producing fatal results. STI and STDs are term used interchangeably. The difference in infection and disease is –disease has symptoms but infections may not. So there are some STIs, which have no symptoms but still present in the body. There are different types of infections. Different infections were categorized in three ways. Bacterium and parasite can be cured through antibiotic treatment, whilst virus cannot be medically treated but only immunized.

Usual symptoms in both men and women are- Blisters and ulcers in mouth, pain during urination, itching and tingling in genital areas, bumps on genitals. In women – Unusual vaginal discharge, genital itching, abnormal or heavy vaginal bleeding, bleeding or acute pain after intercourse, lower abdominal pain. In men –urethral discharge and itching and swollen testacies.

The repercussions of STIs could be disastrous – damage of sex organs, death through heart disease or brain damage, retarded or infections in child, ecotopic pregnancy and higher risk of getting HIV.

Proper treatment can cure the STIs. Both partners should visit to the doctor and get treated. Proper medication is essential until the problem is cured, using condom is best way to prevent getting STIs.

Few of the ways to prevent it is as follows:

- Cleanliness of private parts.
- Proper hygiene & foods during menstruation.
- Drying up the pads/cloths in sunlight.
- Safe sex
- Regular check up and counseling with doctors
- Use of condom
- Delivery by trained midwives
- Safe abortion

Session III : Family Planning Methods (Contraception)

The participants were asked to brainstorm about what FP method they know. Method of contraception was explained in details.

Permanent Methods:

- Male Vasectomy
- Female tubectomy

Temporary methods:

- Male condoms
- Female condoms
- IUD- Copper T
- Contraceptive pills
- ECP (Emergency Contraceptive pills)
- Diaphragm /cervical cap
- Tampon
- Vaginal Contraceptive – Today
- Injections

Male and female sterilization: In male the vas deference tube is cut and tied. This does not provide a chance for the male sperm to travel and the semen of the person has no sperm in it. Some precautions need to be taken after undergoing male sterilization i.e. use of condom for almost 30 days every time having intercourse (at least ten times). In female sterilization, the fallopian tubes and tied with a ring; this does not provide a chance for the sperm to meet the egg.

Female Condoms: It's a condom to be used by female. It is made up of plastic polyurethane, 17 centimeters long (about 6.5 inches) and has a flexible ring at each end of the sheath. The inner ring at the closed end is used to insert FC and to hold it in place inside the vagina. The outer ring at the open end is soft and remains on the outside of the vagina during intercourse. It covers the area around the opening of the vagina (the vulva). It is not available in India. Its only male and female condoms, which protect against HIV and STIs, rest of the contraceptives are used for avoiding pregnancy.

Oral Contraceptive Pills: The pill contains chemicals called hormones. One type of pill called the combined pill has two hormones called estrogen and Progesterone. The combined pill stops the release of an egg every month - but doesn't stop periods. The other type of pill only has Progesterone in it. It works by altering the mucous lining of the vagina to make it thicker. The sperm cannot then get through, and as the sperm can't meet the egg, the girl can't get pregnant.

Injectable Hormone contraceptive: The most popular form of this type of contraception, Depo-Provera, involves the girl having an injection once every twelve weeks. The injection is of the hormone Progesterone. The injection works in the same way in the body as the Progesterone only pill

IUD/ Copper T: A T shaped plastic device which has a copper wire lined to it. It is placed at the center of uterus .The two side of the IUD prevent the sperm to meet the egg. Those women who have not undergone any delivery cannot use it.

Emergency Contraceptives: Uses a high dose of combined oral contraceptives (OCs) to prevent conception. The OC method is effective if used within 72 hours after unprotected intercourse. It should not be used more than once in a month.

Vaginal Contraceptives: The brand "Today" manufactures this contraceptive. It is a pill placed inside the vagina five minutes before the intercourse. It dilutes and produces a liquid, which kills the sperm at the time during intercourse.

Session IV: "Ghunghat Ki Aar Se"

The participants were shown a movie in which a girl is married off at an early age. She gets pregnant at tender age and later goes through deadly pain to end up with being impotent and a stillbirth.

The film invoked a thought process among the participants.

Session V: "Matribhoomi"

"A solution for today can become a problem for tomorrow."

A family was expecting a male child but they got a female child. They wanted to get rid off her so they "murdered" her by drowning it into milk. The father asked god to grant him a male child next year. This wasn't a story for that family but for every family who got a girl child. They killed them no sooner did they came into the world. It was then the easiest solution for the problem.

Many years after, boys were loitering in search of girls. Not a single girl was left in the village. They remained unmarried. At last they found a girl, bought them for 5 lakhs and "used" her as an object of satisfaction.

The film raised serious concern about declining girl child sex ratio.

Recap:

The participants were asked about the last days sessions as usual. They said about the following points:

- Contraceptives.
- HIV-AIDS, RTI & STI
- Complex reproductive system

Session I: Consequences of EMEP

The participants were asked to divide into four groups. Each of the groups was asked to write down the consequences of early marriage and early pregnancy. Later on each of the group was asked to present the charts. The points were as follows:

- No appropriate body development.
- Weak reproductive organs
- Denial of education
- Early responsibility of family
- Chances of child being under nutrition
- Fear of abortion

Early marriage has an impact on both boys and girls, but it has more profound impact on girls. Early the girl marries; higher are the chances of her to deliver number children. It is one of the main factors of increasing population. Denial of Education is one of the significant repercussions of early marriage. Most of the time girls are not given enough opportunity to study further it results in giving no scope for improvement of her personality or learning new skills. There is wide gap of age in bride and bridegroom under this cultural practice of early marriage. Most of the times the bridegroom is double the age of girls. This leads to many situations of sexual abuse and domestic gender violence. A girl under her shell is not allowed to raise her voice, and most of the time it's the other male members of the family who molest her sexually. Another significant point is the cases of early widowhood. Times when husband of the girl dies, she becomes a widow at very early age. This custom of early marriage has another brutal effect –Child Trafficking. Most of the times especially in the western Rajasthan like Jaisalmer, the girls are married and sold in other states or at times the men buy them. This results in forcing the girls to enter into prostitution. The immediate consequence of early marriage is early pregnancy. Early pregnancy is life threatening for both mother and the child. Women of 15-19 years are twice as likely to die from pregnancy and childbirth related to causes compare with older women. High MMR and IMR have many collective reasons. Low access to information especially related to reproductive health, improper antenatal care, low nutrient intake-anemia, underdeveloped uterus and pelvic bone, unskilled delivery and no proper natal and postnatal care are the reasons, which adds up to the high deaths of mother and child. As the age gap of the bride and bridegroom is

very wide, it often result that the groom is already sexually active before marriage. In some cases he may be carrying some kind of STI or HIV due to high-risk behavior. The vaginal lining of the adolescent girl is thinner than that of adult; hence it provides more scope of getting the infection at a faster rate. That is why the early-married girl is more vulnerable to HIV/AIDs and STI/RTIs.

Premature and obstructed labor is one of the major results of early pregnancy. As in adolescent, the pelvic area is not fully developed; it does not give enough space for the baby to come out during delivery. It results in painful obstructed delivery. Adding to the misery, the delivery by an unskilled attended (dais) put the lives of both mother and child on risk. Due to the obstructed or prolonged labor, the lining between the urinary bladder and the vagina or rectum and vagina breaks, it is called fistula. Fistula results in inability of woman to control the urine urge. Fistula makes a woman socially outcast and often results in breaking of marriages. At times there are spontaneous abortions or miscarriages happen if an adolescent girl is pregnant.

Session II : Sexual Abuse

Ratna Ji asked the participants to get divided into 2 groups. They were asked to write down how they feel and what will they do if they are sexually abused. There is no any place where sexual abuse doesn't happen. In house women are unsafe. There are misconceptions that dressing sense of a woman results in such kind of abuses, but it is not true. Many cases of rape happen to a woman who is fully and sensibly dressed.

It was explained that the difference in an experience of man and woman about this type of sexual abuse is wide. Most of the time girl does not say anything or revolt back. There could be many cases of such abuse in the fields also. Hence it is important to explain the adolescent girls how to protect or fight back against the abuse and also telling adolescent boys about sensitive and respecting girls. An exercise could be done with both boys and girls group. Boys should be asked what they would feel if some older man touches their genitals, and to girls asking what they would feel if a man touches their genitals. It would come out with a common list of experiences. This would provide an opportunity to sensitize young boys about the experiences of a girl going through sexual abuse.

Later on Ratna Ji proclaimed that they should stand firm against any sexual abuse and act strongly.

Session III : Roles & responsibilities of PE + Action Plan

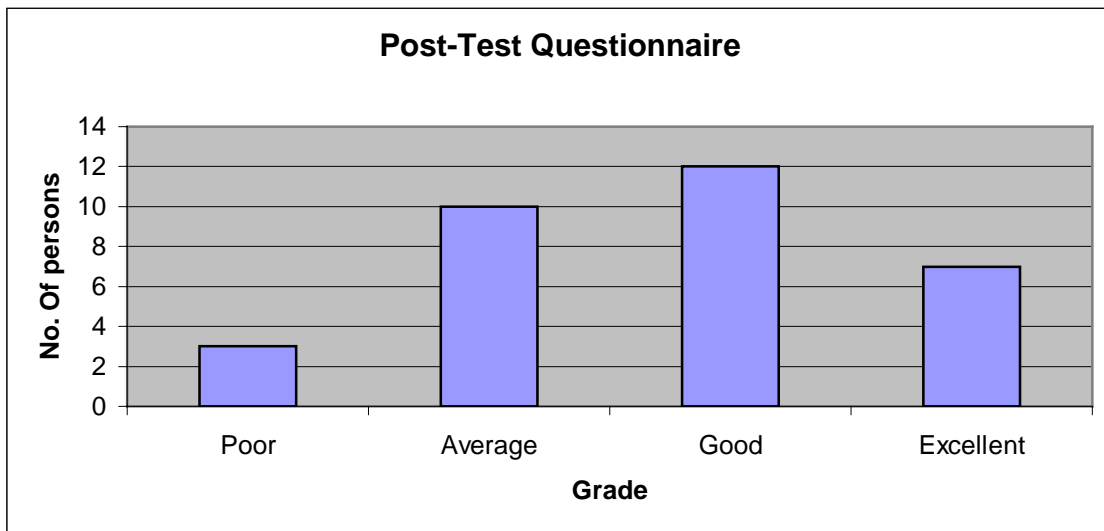
The PEs' were asked to write down roles and responsibilities. Afterwards they were needed to prepare an action plan for next 6 months. Few of the roles & responsibilities as cited down are as follows:

- To disseminate information about consequences of early marriage and early pregnancy.
- To aware people about RTI and STI.
- To aware youths about adolescent changes i.e. physical & mental.
- To make youths aware about menstruating facts.
- To advertise about HIV-AIDS preventive & safe measures.
- Effort to abolish gender disparity

- To do away with myths related with menstruation, masturbation and nightfall.
- To advertise about different family planning techniques.
- To stop sexual violence.
- Village level meetings with all peers

They took a pledge to work in coordination and planned manner to bring about a change in the mindset of the community so that they accept the issue as a social menace. Afterwards all the participants made an action plan for the next 3 months.

Later on the participants were asked to fill up the post-test questionnaire & Feedback question³ forms.



End of the training...Certificate distribution

Mr. Bhimaram Choudhary, CEO, Zilla Parishad JJN came over as special guest to look over the closing of the function and award the participants with certificates. Mr. Bhaskar welcomed the CEO and thanked him to have his presence her to mark it a day. Mr. Bhimaram Choudhary distributed the IEC & learning materials among the participants. He also looked through the charts prepared by the participants. In his address to the house, Mr. Bhimaram Choudhary thanked the MAMTA & SRKPS family for inviting him to the ceremony. He said that the need of the hour is sex education. He said that every youth must be sensitive toward this issue. He applauded the efforts of SRKPS as an implementing organization and said that they will certainly achieve their objectives. He further said that child marriage is still a curse on educated district like Jhunjhunu. He congratulated the organization to bring about such a novel thought of peer education. He said that peers are the best medium of information dissemination. He pressed on the need to bring about an attitudinal change among the community. He said that the message should not only be inside

³ Kindly see the form in annexure.

the four walls but must travel the darkest path of the village. The message should be so profound that it gets heard to all. He hoped that all the PEs' trained during these days would do justice to their responsibility. At last he extended his support to this noble cause of eradicating a social evil like EMEP.

At last Ratna Ji thanked the SRKPS staff for such a hard work. She felt content with the work progress of the staff. She was happy for the turnover of girls and said that it would always be a moment to cherish for her. At last she hoped and requested the PEs' to be active at fields and contribute towards the job.

Detailed List of Participants (PE):

S.No	Name	Father's Name	Village	Sex
1.	Subhita	Mainpal	Alsisar	F
2.	Kavita	Vinod	Malsisar	F
3.	Sunita	Hemraaz	Charanwasi	F
4.	Sangeeta	Bhaguram	Alsisar	F
5.	Samita	Ramkumar	Hansasari	F
6.	Savita	Hemraaz	Charanwasi	F
7.	Rajesh	Ramkumar	Alsisar	M
8.	Babita	Ramkumar	Hansasari	F
9.	Krishna	Jagdish Prasad	Alsisar	F
10.	Raajbala	Rohitaas	Laadusar	F
11.	Mamta	Sitaram	Malsisar	F
12.	Kiran Kumari	Keshar Deb	Kharkhari	F
13.	Usha	Gopal Prasad	Alsisar	F
14.	Sarita	Ramchandra	Alsisar	F
15.	Alka	Heeralal	Alsisar	F
16.	Sangeeta	Ramkumar	Alsisar	F
17.	Indra	Birbal	Loona	F
18.	Geeta	Kurraram	Loona	F
19.	Prakash	Birbal	Loona	F
20.	Suman	Ramkumar	Loona	F
21.	Jamna	Ramswaroop	Loona	F
22.	Mukesh Kumari	Phoolchand	Loona	F
23.	Ashok	Avataari Lal	Charanwasi	M
24.	Sandeep	Harlaal Singh	Charanwasi	M
25.	Dharampal	Pokaram	Charanwasi	M
26.	Naresh	Hanuman Singh	Loona	M
27.	Manoj	Shyamlal	Loona	M
28.	Baalchand	Banwarilal	Alsisar	M
29.	Arvind	Pratap Singh	Loona	M
30.	Prahlad	Leeladhar	Alsisar	M
31.	Dinesh Kumar	Surendra Singh	Charanwasi	M
32.	Arvin Kumar	Jagdish Prasad	Hansasari	M
33.	Sunita*	--	Alsisar	F
34.	Daleep Singh*	--	Malsisar	M
35.	Sandeep Kumar*	--	Malsisar	M
Organization Staffs				
36.	Ratna Gaikwad	SPM, MAMTA Jaipur		
37.	Bhasker Purohit	PO, MAMTA Jaipur		
38.	Pankaj Verma	PC, SRKPS Jhunjhunu		
39.	Suresh Kumar	CO, SRKPS Jhunjhunu		
40.	Ajay Chahar	CO, SRKPS Jhunjhunu		
41.	Manju Nyol	CO, SRKPS Jhunjhunu		
42.	Saroj Ranawa	CO, SRKPS Jhunjhunu		
43.	Vikas Bhalotia	Staff, SRKPS Jhunjhunu		

* Unable to attend all days. Left earlier.

Pre-Post Test Questionnaire:

1. What is the defined age group for Adolescents?

- a) 9-13 Yrs.
- b) 10-16 Yrs
- c) 10-24 Yrs
- d) 10-19 Yrs

2. Write any four changes that occur during Adolescence?

3. At which age do girls start menstruating?

- a) 8-10 yrs.
- b) 11-13 yrs
- c) 14-15 yrs
- d) 10-16 yrs

4. Why does MC Comes? (Check the right one).

- a) When egg comes out.
- b) It occurs due to rupturing of the egg.
- c) When sperm occurs.
- d) Don't Know.

5. Does your family do gender discrimination? Which type?

6. HIV-AIDS spreads due to:

- a) Unsafe sex.
- b) Infected blood.
- c) From an infected mother to her child.
- d) All above.

7. Which FP method can save us from AIDS?

8. Masturbation affects one's adult life?

- a) Yes
- b) No
- c) Can't say

9. Nightfall is a normal and natural process.

- a) Yes
- b) No
- c) Can't say

10. On which topic do you talk with your peers? Prioritize it.

- a) Health issues
- b) Education
- c) Cinema/Films
- d) Entertainment/Enjoyments

Introduction Game

ifjp; eyk

<p>Were you married at an Early Age?</p> <p>.....</p> <p>.....</p>	<p>Do you like traveling?</p> <p>.....</p> <p>.....</p>	<p>Do you have your birthday in December?</p> <p>.....</p> <p>.....</p>	<p>Do you like Laloo Prasad Yadav?</p> <p>.....</p> <p>.....</p>	<p>Do you like drinking lot of tea?</p> <p>.....</p> <p>.....</p>
<p>Can you (male) make good food?</p> <p>.....</p> <p>.....</p>	<p>Do you like old filmy songs?</p> <p>.....</p> <p>.....</p>	<p>Do you like being reserved?</p> <p>.....</p> <p>.....</p>	<p>Do you like old films?</p> <p>.....</p> <p>.....</p>	<p>Do you like eating chocolates?</p> <p>.....</p> <p>.....</p>
<p>Do you like being busy always?</p> <p>.....</p> <p>.....</p>	<p>Do you like rainy season?</p> <p>.....</p> <p>.....</p>	<p>Do you like sweets?</p> <p>.....</p> <p>.....</p>	<p>Do you like gossiping?</p> <p>.....</p> <p>.....</p>	<p>Are you short tempered?</p> <p>.....</p> <p>.....</p>

Feedback Questions:

1. What new information did you get from this workshop?

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2. What did you like most in this Workshop?

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3. What did you hate most in this Workshop?

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4. Give your suggestions to make this Workshop diligent & more effective.

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Peer Educator Workshop

6-9th Jan. 2006- JHUNJHUNU

Objective: To sensitize participants on the issue of YRSHR and EMEP for enhancing their participation in raising awareness about the issues among the young people in their respective areas.

Day I

Time	Session
10.00-10.30 A.M	Registration and Inauguration
10.30-11.00 A.M	Ice breaking –Introduction of Participants
11.00-11.15 A.M	Tea Break
11.15-11.45 A.M	Expectations from Participants, Objective of the workshop Ground Rules - Ratna
11.45 A.M- 12.15 P.M	Pre-test questionnaire Project introduction
12.15 P.M - 1.30 P.M	Becoming a peer educator
1.30-2.15 P.M	Lunch
2:15-2:30 P.M	Meena CD
2:30-3:00	Why Peer Education?
3.00-3:15	Tea Break
3.15-3.45	Characteristics of Peer Educator
4:15-5:00	CD Sumitra
5:00-5:30	Open Sessions- Question Box
7.30-10.30	Film: Swadesh

Day – II

Time	Session
9.30-10.00 A.M	Morning Moods and Recap
10.00-11.00 A.M	Defining Gender
11.00-11.15 A.M	Tea Break
11.15-12.15 A.M	Gender Roles and Expectations
12.15 A.M-1.30 P.M	Defining Adolescence
1.30P.M –2.00 P.M	Lunch
2:15-3.30 P.M	Growth and Development in Girls and Boys
3.30-3.45 P.M	Tea Break
3.45-4.30	Audio – Udaan
4.30-5.00 P.M	Film Badalte Din
5.00-5.30	Questions answers
7.30P.M-10.30 P.M	Maturbhoomi Film

Day III

Time	Session
9.30-10.00 A.M	Morning Moods and Recap
10.00-11.00 A.M	Reproductive organs Female and Male Reproductive organ
11.00-11.15 A.M	Tea Break
11.15-1.30 P.M	Female Reproductive organ Menstruation Cycle – Myths
1.30P.M –2.00 P.M	Lunch
2:15-3.30 P.M	What is STI and RTIs?
3.30-3.45 P.M	Tea Break
3.45-4.15 P.M	HIV/AIDS
4.15-5.00 P.M	Contraception
5.00-5.30	Questions answers
7.30P.M-10.30 P.M	Gunghat ki Aad se and Lajja

Day- IV

Time	Session
9.30-10.00 A.M	Morning Moods and Recap
10.00-11.00 A.M	Cause and Consequences of Early Marriage and Early Pregnancy
11.00-11.15 A.M	Tea Break
11.15-12.15 A.M	Sexual Abuse
12.15 A.M-1.30 P.M	Roles and Responsibilities of Peer Educators Action Plan
1.30P.M –2.00 P.M	Lunch
2:15-3.30 P.M	Open Discussion Learning from the workshop Post Test Questionnaire Certificates issue
END OF TRAINING	

Mr. Bhiwa Ram Choudhary, CEO Zilla Parishad, Jhunjhunu addressing participants during last day of the Workshop.

Mr. Bhasker Purohit, PO, MAMTA-Jaipur briefing the CEO about the Workshop

Ms. Ratna Gaekwad, SPM, MAMTA-Jaipur giving away prize to winning participants

Dr. R.B.Singh, CMHO, Jhunjhunu having a chat with the participants

Girls using apron for better understanding of female anatomy.

Mr. Bhasker Purohit elaborating the participants on Male Reproductive Organ

Ms. Ratna Gaekwad elaborating the participants on Female Reproductive Organ

PEs presenting their group activity work

Participants being welcomed the first day of Workshop

Ms. Ratna Gaekwad answering the queries of participants

Participants during an ice breaking exercise

Participants busy during a group activity