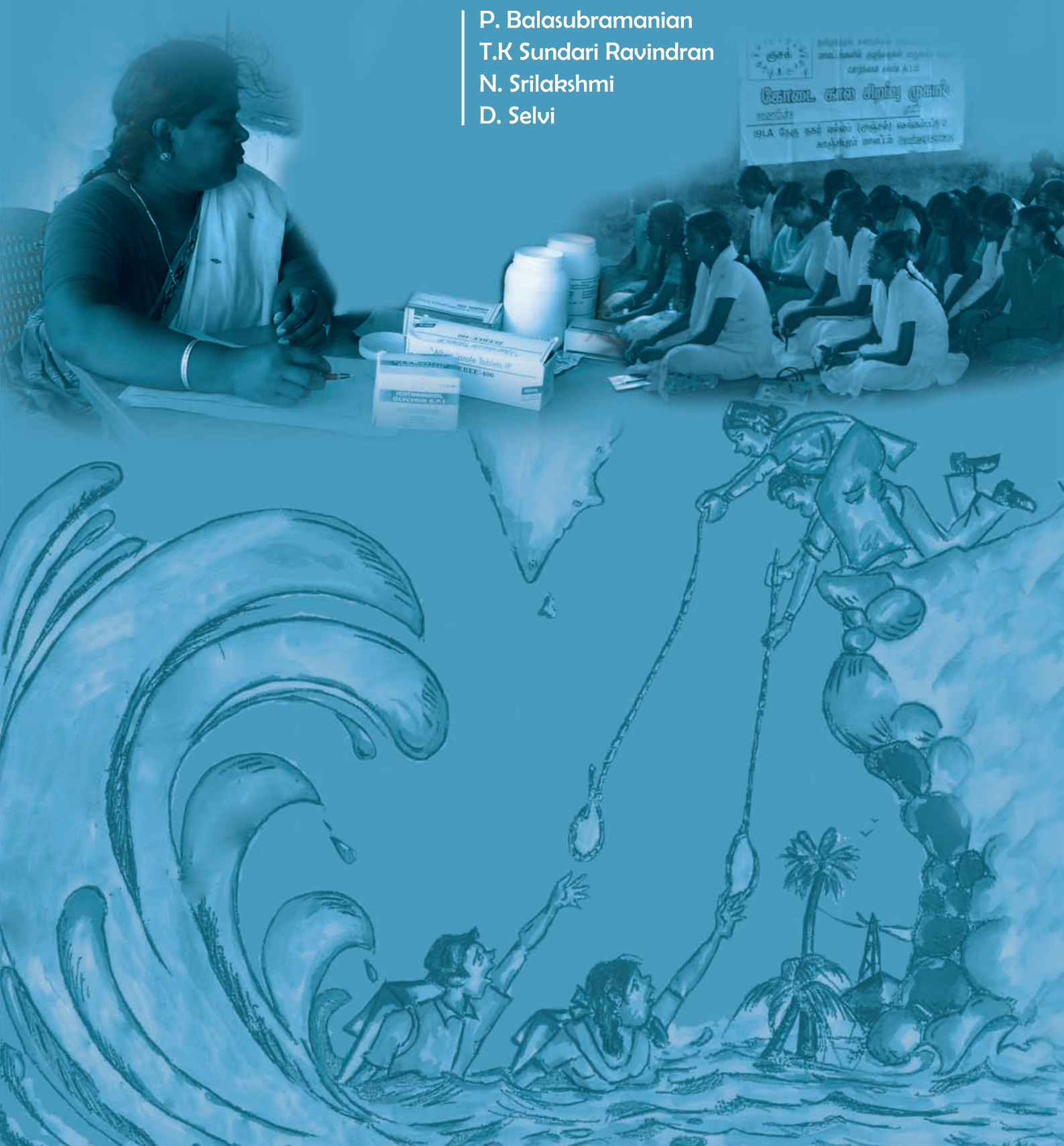


Life Skills Education Programme for Tsunami-Affected Children in Coastal Districts of Tamil Nadu

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ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
ANC	-	Ante Natal Care
CBWs	-	Community-Based Workers
CSA	-	Child Sexual Abuse
HIV	-	Human Immune Deficiency Virus
ICDS	-	Integrated Child Development Scheme
JIPMER	-	Jawaharlal Nehru Institute of Post Graduate Medical Education and Research
NGOs	-	Non-Governmental Organisation
NYKS	-	Nehru Yuva Kendra Sangathan
OHP	-	Over Head Projector
PHC	-	Primary Health Centre
RUWSEC	-	Rural Women's Social Education Centre
SHG	-	Self-Help Group
TANSACS	-	Tamil Nadu State Aids Control Society
UNCRC	-	United Nations Convention on Child Rights
UNICEF	-	United Nations Children's Fund
VHK	-	Voluntary Health Association of Kanyakumari
YMCA	-	Young Men's Christian Association

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RUWSEC TEAM

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REPORT OF FIELD ACTIVITIES

1.1 Introduction

Executive Summary

Rural Women's Social Education Centre (RUWSEC) is a non-governmental organisation with a track record of 28 years in promoting women's reproductive health and rights through their empowerment. To meet the objective of women's empowerment, we have carried out a wide spectrum of activities ranging from comprehensive community-based reproductive health education and promotion, to reproductive health research with a women-centred perspective. We do carry out innovative work with adolescent girls and young women on reproductive/sexual health and rights education; among men on gender and reproductive health; and we also run a reproductive health services clinic.

In June 2006, RUWSEC entered into a project cooperation agreement with UNICEF, Chennai to start life skills education programme for children in tsunami-affected 60 coastal villages in Cuddalore, Nagapattinam, and Kanyakumari districts of Tamil Nadu.

The project focussed on imparting life skills education for children within a framework of protecting the rights of children. Initially, 60 Nehru Yuva Kendra Sangathan [NYKS] volunteers (20 each from these districts) were selected as community-based workers (CBWs)/volunteers to conduct community-level workshops for children aged between 5 and 18 years. Additionally, two supervisors (Support Staff) were appointed in each district to support and monitor the programme activities. In total, 60 CBWs and 6 supervisors were selected in August 2006 for the programme.

During September-November 2006, the selected 66 workers were given eight days of intensive and two days follow-up trainings on different components of life skills, child rights and child protection. The trainings were conducted through a participatory methodology with practical sessions on how to conduct workshops for children in the community. In addition to RUWSEC training team, external resource persons were invited to cover specific topics. For Nagai and Cuddalore district workers, the training was held in Annamalai University Campus, Chidambaram and for the Kanyakumari district workers it was conducted in YMCA campus, Kanyakumari.

Following the first round of intensive training, project introductory meetings in all the villages were conducted in September 2006 with the children who enrolled in the project. In the introductory meeting along with children, school teachers, elected panchayat members and other key individuals in the villages also participated and extended their cooperation for smooth implementation of the project. Then, weekly workshops in the community for children started. The workshops were held in the first and third weeks of each month for children between 5 and 12 and in the second and fourth week workshops were held for those between 13 and 18. The first workshop was on the introduction of the project objectives and activities followed by preliminary need assessment with the children. The last workshop was an end line assessment of what they learnt. The sessions they liked the most and also the aspects they did not like.

Each workshop for children was planned in a systematic way; every month the supervisors took part in the planning meeting in RUWSEC office, Chengalpattu, and shared the activities completed in the previous month and prepared and collected training materials in "Tamil" language for conducting the workshops. Following these planning meetings, supervisors and CBWs in each district had a detail planning every month on incorporating simple methodology and tools for the

smooth conduct of the workshop in their respective districts. Each CBW submitted monthly report of activities carried out in their respective centres and the supervisors collected the CBWs' reports. Then, after going through the CBWs' reports, each supervisor wrote a monthly consolidated report of activities carried out in his/her 10 villages. Finally each supervisor submitted all the reports to RUWSEC office for review.

In total, 21 community-level workshops were conducted separately for the two age groups of children. A minimum of 25 and a maximum of 60 children took part in each of these workshops. Thus, in total about 3800 children directly benefited through the community workshops (57 per cent of them were girls).

In May 2007, special camps were conducted in six places (one for 10 villages), 10 children from each village were brought to the camps. The topics covered in the camps were child rights and protection, reproductive health and anti-substance abuse. 604 Children [327 boys and 277 girls] attended the summer camps conducted in three districts. The camp provided them an opportunity to interact with their friends in their neighbouring villages and it was a forum for discussing their problems and concerns freely without any hesitation.

A two-day medical camp was organised in the month of May 2007 in all the three districts with the help of the local doctors almost all of whom were in the government service. Our medical team visited all the 60 villages and examined the health condition of the children covered through the sessions. 1,577 children participated in these medical camps, among them 752 were boys and 825 were girls. Among them in the less than 12 years age group category 47.07% were boys and 52.93% were girls. Among the 13-18 years age group, 50% were girls and 50% were boys. Children who had health problems had basic check-up and medicines were given to them. Children who need follow-up treatment were referred to the local PHCs and health centres. The children were followed up by CBW in their village.

Finally at the end of the programme, a valedictory function in the form of annual day was conducted in all the 60 villages. This was mainly to know about what they learnt through the workshops and also to express their individual skills and talents. Endline assessment and case studies were collected from the children and were documented. The impact of the programme is more evident from the results of baseline and endline assessments. It clearly states that there is an increased level of awareness and knowledge among children about personal and public hygienic practices, gender, health and nutrition and child rights issues. Information on reproductive system and its functions have reached well among the adolescents. The following sections give us a detailed report of different activities carried out in the project.

1.2 The Broad Objectives and Strategies of the Programme

To build the capacity of community-based workers to plan and implement a life-skills education programme for 5-18 year old children.

The life skills education programme aimed at:

Helping adolescents/children develop a positive self-image and become more expressive and assertive in relationships with their peers and others and making and implementing decisions within those relationships.

Facilitating the acquisition of knowledge and development of attitudes and skills that will help adolescents understand the physical and emotional changes they are experiencing; feel at ease with their sexuality; and make informed and responsible decisions concerning sexual behaviour, marriage and child-bearing through adolescence and thereafter.

Creating gender awareness to help change harmful behaviour patterns between boys and girls, develop behaviour patterns and values that promote egalitarian gender relations, discourage violence against children and sexual abuse.

Developing critical and analytical thinking, leadership and organising skills that enables them to act creatively and bring about positive changes in their lives.

Preventing substance abuse and suicide; imparting knowledge of HIV/ AIDS prevention and good child care practices.

Creating awareness on child protection and rights issues and empowering them to demand their rights.

Protection for children who are vulnerable to child-labour, sexual exploitation, as well as promoting an enabling environment for addressing protection issues.

Setting up support groups for children who need special care and attention.

We proposed to do the following activities:

- ❖ Selection of 60 Nehru Yuva Kendra Sangathan (NYKS) volunteers and 6 supervisors and training them on life skills and child protection issues for conducting community level workshops for children.
- ❖ Selection of 60 tsunami-affected villages and conducting weekly life skills education workshops in the villages for children and adolescents on health, gender, rights and child protection through the trained workers (CBWs and Supervisors).
- ❖ Organising follow up trainings, planning and review meetings with the workers for effective implementation of the programme.
- ❖ Doing a baseline and end line assessment with children before and after conducting weekly workshops, and documenting the same.
- ❖ Conducting special workshop/camp on specific themes for 5-12 years children and adolescents separately and also conducting a community-level medical check up cum exhibition on health problems of children.

1.3 Preparatory, Planning and Monitoring Work

1.3.1 Collection of Secondary Data on Tsunami-Affected Villages

The project work started in June 2006, initially by collecting secondary data on tsunami-affected villages in Cuddalore, Nagapattinam, Kanyakumari districts. Data was collected through web and also through NGOs working in the affected areas. This enabled us to prepare a list of tsunami-affected villages in each of these three districts. There were 51, 72 and 33 villages in Cuddalore, Nagapattinam and Kanyakumari districts respectively. Later by using the 2001 census data of Tamil Nadu we made attempts to tabulate basic demographic data of each of the affected villages but did not succeed, because most of the affected villages are hamlets that come under a census village. But the census data available was panchayat and village wise. We tried to tabulate this information for having an idea about population of children, and to select villages having poor socio-economic indicators. Then we decided to collect primary data on the villages through field visits by supervisors.

1.3.2 Selection of Supervisors and Villages Identification

In July 2006, we sent call letters to universities and some colleges in the affected districts seeking application for the post of supervisors. NGOs working in the region and individuals were also contacted for the same. As a result, we got 23 applications for Nagai and Cuddalore districts, and eight applications from Kanyakumari district. Then the applications were short listed.

The short listed candidates from Cuddalore and Nagapattinam districts were called for an interview at Annamalai University, Chidambaram. There, we interviewed 16 persons, in a more systematic way and selected 4 persons (2 male and 2 females). In Kanyakumari district, we shortlisted the applications through telephonic interview and three were selected preliminarily. Then after explaining the project nature and informing them about the extent of travel involved in the project areas and also about travelling to Chengalpattu for planning meetings and trainings, only two of them gave their consent and they were selected for the Kanyakumari district. Including our team members, two external experts were involved in the interview panel. Based on the performance and qualification, finally, we selected 3 male and 3 females; one male and female for each district. The selected persons were appointed as supervisors from July 27, 2006.

Following this, in the end of July, we organised a project introductory meeting, with supervisors in RUWSEC campus, Chengalpattu. In the meeting, we oriented them about our project objectives, proposed activities, how we are going to implement the project etc. The roles and responsibilities of the supervisors and community-based workers (CBWs) in the project were clearly discussed. In the meeting, we planned activities for the month of August. The criteria for the selection of villages and the CBWs were discussed in the meeting. The criteria evolved for selection of villages were

- ❖ *Tsunami affected; preference to people in resettlement areas / Temporary Shelters.*
- ❖ *Backward villages, preference should be given to fishermen and dalit/ backward caste population living in hamlets.*
- ❖ *Having children (5-18 years) of more than 75 in number. If we need to select a small hamlet with lesser number of children nearby settlement should be combined with it.*

During the first two weeks of August, supervisors visited affected villages in each district. First hand information was collected about the villages, using a set of criteria that we developed. During the visits they had also ascertained the feasibility of starting our work in these villages. They met village leaders, ward members, school teachers, youth groups and other key influential people in the area. A letter of introduction with project objectives and proposed plans was given from RUWSEC to the key influential people in the villages through supervisors. This enabled them to get full support in providing the information about the village. On an average each supervisor visited 15 affected villages in each district.

From the provisionally selected list of 25 villages in each district, we selected 20 backward villages/ settlement for our project implementation in due consultation with selected volunteers of the districts and supervisors. The list of villages is attached in annexure - 1. Following this, we collected data about each of the selected villages using our village questionnaire.

1.3.3 Selection of Community-Based Workers

We proposed to select 20 Nehru Yuva Kendra Volunteers in each district and to train them as community-based workers. Towards this, in July, we wrote a formal letter to youth coordinators

of three districts for seeking their support in identifying NYKS volunteers. Along with the letter we provided them a brief write-up about our project activities and a copy of our publications.

Criteria evolved for the selection of community-based workers.

- ❖ *NYKS Volunteers - if we don't get NYKS volunteers in the selected village, can select persons from nearby villages. If we don't get volunteers in both the cases, we could consider an active youth in the area.*
- ❖ *Should have studied +2 or above so that they could conduct classes easily and submit clear reports.*
- ❖ *Active youth with good communication skills and social commitment.*
- ❖ *Preference should be given to volunteers from poor caste, fishermen groups and also those who have previous work experience with children.*
- ❖ *Equal number of men and women volunteers should be selected. At least 40 per cent of our community workers should be women. This is taking into account that for conducting classes for 13-18 years female children we need female volunteers.*

As we decided in the meeting with supervisors, we approached district coordinators of NYKS to get a list of their volunteers in the affected villages.

After getting the list of volunteers in each district from The Zonal Director of NYKS and with the support of youth coordinator of the district concerned, we selected 20 persons for our project. We proposed to select equal number of male and female volunteers. But in the affected coastal areas, men go for fishing and they were not ready to come for this kind of project work. The situation led us to the selection of more female volunteers in Kanyakumari district. Finally 60 volunteers — 20 each for three districts — were appointed as community-based workers in September. Following this, our supervisors met them directly and briefed them about the project objectives and plans.

In a few villages, we did not get qualified volunteers and we recruited a volunteer from nearby village for that particular village. But these volunteers were clearly informed about the nature of our work and it was stressed that we would not be able to provide them travel allowances for visiting the nearby villages to conduct the workshops.

1.3.4 Developing Need Assessment Tools

All our programmes start with a preliminary assessment and end with an endline assessment, this is to ascertain the impact of our interventions. We had comprehensive plans for this project too, to measure the impact of our training workshops. Towards this direction, in the month of August we developed three preliminary assessment tools to ascertain the knowledge and attitudes of volunteers and children on different components of life skills including self-confidence and assertiveness, gender, reproductive health, relationship with others, child rights and protection along with needs and issues of children. The preliminary assessment questionnaires were for the following groups:

- ❖ Community- based workers and supervisors
- ❖ Children in the 5-12 years age group
- ❖ And 13-18 years age group of adolescents

1.4 Field Implementation

1.4.1 Training for Community-Based Workers and Supervisors

The selected 60 NYKS volunteers and six supervisors were given ten days training; eight days intensive and two days follow up trainings on gender, life skills and child rights and protection. A detailed report of the three rounds of training with content and methodology used with participants' feedback is attached in Chapter – 2

1.4.2 Community Level Workshops

1.4.2.1 Project Introductory Meetings in the Community

Introductory meetings in the community were started immediately after the orientation training. In each village a “letter of Introduction” with a brief note about our project objectives and activities was given to 2-3 key influential members. Then they were asked to participate in the inaugural meetings. In the meetings, ward members, president, SHG leaders, youth leaders, teachers from schools, ICDS staff, parents and children participated. In most of the meetings, supervisors presented the project activities and sought public support for the effective implementation of the programme. The place and timings of the children's workshops were decided at the meetings.

Following the introductory meetings, enrolment of children for the life skills programme started. In all the villages, introduction meetings with children and administering of need assessment tools for 5-12 years children started in the first part.

In each and every month four workshops were planned and conducted in the community (two each for 5-12 years and 13-18 years children). About 25-45 children participated in each of the workshops. Even though the topics for the first four-five workshops were similar for 5-12 and 13-18 years, the methodology of conducting the workshops and contents are different according to their age group. For example for the children aged between 5 - 12 years, the sixth workshop was on me and myself and the children aged between 13 - 18 was on our body functions with a stress on reproductive system. The session was dealt separately for boys and girls. Menstruation and menstrual hygiene was dealt in detail for the girls. For children aged between 5 – 12 years, the session on violence that happens to children was covered and for the children aged between 13 - 18 years the session covered aspects like child trafficking and sexual exploitation. The average duration of each workshop was about two hours. The workshops were conducted in a participatory method involving games, stories and narratives, drawings etc. Attendance was maintained in all the villages and children attending each workshop were recorded. The number of children who attended each of the 21 workshops is given in the end of the chapter table 1.4

Due to the annual exams, revision of subjects was done as a class in the month of March and April, 2007. An attendance register was maintained for the workshops. Mostly, the classes were conducted during Saturdays and Sundays. The community workers who got permission from schools conducted sessions after the school hours in the respective schools. The community-based workers submitted a detail worksheet wherein they mentioned the day and place of these workshops. Any change in the worksheet was intimated to the supervisors and also to the RUWSEC office.

Staff from RUWSEC and district project officers of UNICEF monitored the programme and provided suggestions then and there.

1.4.2.2 Details of the Life-Skills Education Workshops Conducted

The Table below gives details on the workshop conducted in the villages.

The duration of these workshops were around two hours. The workshops are further elaborated upon.....

Table - 1.1 Topics Covered in the Community Level Workshops		
Month	5-12 years children	13 – 18 years children
October - 2006 Workshop -1	Introduction to RUWSEC, Project objectives and importance of Life skills education	Introduction to RUWSEC and importance of Life skills Education skills Education
Workshop - 2	Baseline assessment	Baseline assessment
November: Workshop - 3	Knowing about self, Assertiveness and Assertiveness in all kinds of relationships,	Knowing about self, Assertiveness and relationships with opposite sex, Peer pressure
Workshop - 4	Speaking before a Group, Future plans and life path	Speaking before a Group, Future plans and life path
December Workshop - 5	Group consciousness and Team Building	Group consciousness and Team Building
Workshop - 6	Me and my body Friendship and other relationships and other	Our body and its functions Reproductive health, Friendship relationships
January 2007 Workshop - 7	Food and Nutrition	Food and Nutrition
Workshop - 8	Gender	Gender
February Workshop - 9	Child rights	Child rights
Workshop - 10	Violence that happen to children and child trafficking	Violence that happen to children, child trafficking and sexual exploitation of children
March Workshop - 11	Types of fever	Relationship with opposite sex
Workshop - 12	Revision for school exams	Revision for school exams
April Workshop - 13	Revision for school annual exams	Revision for school annual exams
Workshop- 14	Self care and infectious diseases	Self care and infectious diseases
May Workshop-15	Road safety	Road Safety
Workshop-16	Substance abuse	Substance abuse
Work shop 17	Creative session	Creative session
June Workshop-18	Creativity development [Drawing and painting]	Creativity development [Drawing and painting]
Workshop-19	HIV/AIDS	HIV/AIDS
Workshop-20	Revision – Picture manual	Revision – Picture manual
Workshop-21	End line assessment	End line assessment
Workshop 22	Annual day	Annual day

Workshop 1 and 2

Project Introduction and Need Assessment with Children

During the first two weeks of October 2006, Introduction to RUWSEC, Project objectives and importance of Life skills Education were conducted in the villages. Then, need assessment with children was completed in the second and third weeks of October. We administered two different questionnaires for 5-12 and 13-18 year old children and using this tool preliminary assessment was completed. The collected data was thoroughly scrutinised in the field by the community workers and supervisors. All the data was entered into the computer for further analysis.

Workshops 3 and 4

Self-Confidence and Assertiveness, Speaking before a Group

The session on knowing about self, dealt with an activity. The children were asked to list out the good qualities and bad qualities in them. Later through stories, games and activities they were suggested alternatives to change the bad qualities in them.

The session on assertiveness dealt with a story in the flash card on how a frog escaped from the curd pot by its continued efforts to make the curd into butter milk and came out of it by swimming. In Nagai district centres, an additional story of rabbit and tortoise was also shared. A tortoise was living close to a lake and a rabbit came to the lake one day. It looked at the atmosphere and the nice garden there. It wished to stay there for some time. It saw a tortoise and teased it, as it walked very slowly. The rabbit wished to mock the tortoise and invited the tortoise for a race. The tortoise agreed for the race. The rabbit ran fast and looked back. It saw that the tortoise was walking slowly. The rabbit thought it could sleep for some time and started to sleep a few miles away from the reaching point. The tortoise walked slowly and reached the target. When the rabbit woke up, it saw that the tortoise had reached the reaching point and won the race. Through this story, the children were explained the moral of the story that “slow and steady wins the race.”

After the session, a girl child named Gomathi of Kadambadi village Nagapattinam said “now I have learnt the secret to success. The frog and curd story will remain in my mind forever”.

The children were explained about the story of Gajni Mohammad. After Gajni Mohammad was defeated in the battle, he lived in a den. While he was in the den he observed a spider falling down many number of times before it completed making its web. It did not stop its attempts till it completed spinning its web. Gajni observed this process and then he fought the battle and won the battle. From the spider, he learnt not to loose heart because of defeat, but to make strong attempts and be successful.

After the story session, the children were encouraged to draw the tail of a cat on the black board by tying up their eyes. In spite of various attempts, the children were unable to draw the tail. Few children drew the tail after 3, 4 attempts. For instance,

Jagadesan from Akaraipettai village of Nagai district drew the tail in the second attempt. He said that he calculated the distance and with confidence and assertiveness he could win in the second attempt.

For the children aged between 13-18 years, the session on knowing about self dealt with making them to write their strengths and weakness, opportunities and obstacles in a four-column paper. They were asked to play a game wherein they were given stages to go ahead in a triangle. In each level some of the children came out because they could not be accommodated. As they could not give answers to the questions, they did not fit in the criteria to stand in the space provided. Through

the activity, the children were explained that there they may face lots of hurdles in the society and they should try and equip themselves with knowledge and skills to have a comfortable living in the society. There were many hurdles. At last only one can reach the top most position.

Workshop – 4

Team Building and Future Plans

The workshop had an activity. The community workers had prepared small cards with topics in it. Children were encouraged to pick up a card and speak about the topic for 2 minutes. For example, national leader, sea, the vehicle I prefer, the person I like the most etc. The children felt happy and they talked about whatever came in their mind. The children were creative in expressing their views and ideas and they liked the session very much. Through this activity, the concept of fear and hesitation to talk in front of others was curbed.

A girl in Pazhbayaru village named Diya stated “In the earlier workshop on assertiveness you said to express our views freely. Keeping that in mind I spoke about the topic given to me frankly and openly.”

At the end of the session, all the children expressed that the workshop curbed their fear and promoted self-confidence in them.

The workshop on team building started with a game “flood”. Lists of items were given to the group and the community worker gave the following instruction: Imagine a flood is entering your village and your village is under red alert, all the people are asked to take their belongings and escape from the disaster. How will you react and lead the villagers and come out of the village?

In the activity some children were asked to act like people with different abilities, elderly, small children and pregnant women. All the children acted well. Among the belongings, high priority was given to saving mats, utensils, certificates, jewellery, cash and books. The children also shared how they made attempts to make everyone join together in achieving the goal of saving all the people in the village. They also shared their view that time should be allotted for completing tasks and should make things happen within the stipulated time with the support of all. Through the activity, the community workers stressed that through unity, one can achieve wonders in the world.

The workshop on future plans was conducted with an activity wherein children were encouraged to dream about their future — how they would be at the age of 20, 25 and 30 years. The session continued with an activity wherein children were encouraged to share the joyous and sad events in their life.

A boy from Cuddalore district said, “I will be a District Collector then”.

A girl from Nagai district said, “I would have completed my course on teachers training and will be working as a teacher at the age of 25.”

Deepan from Kanyakumari district said, “I will be a police officer at the age of 25.”

The children shared their happy and sad moments in their life.

8-year-old Senthil Kumar of Nagapatinam shared the joyous moment during their family trip to Kodaikanal. About the sad part, his brother died in front of his eyes while connecting the television cable. He started to cry and the supervisor and the community worker consoled him. It took him a long time to come out of it.

Many children shared their plight about tsunami and loss of the dear ones as the saddest part in their life.

Workshop – 5

Our Bodies and its Functions

The topics on “me, my body, and myself” and friendships were planned and conducted for the children in all the villages. For the children aged between 13 and 18 years, our body functions with a stress on reproductive system was conducted separately for boys and girls.

The workshop started with an energiser. Children were asked to stand in the shape of a triangle. A triangle was drawn inside. Children in the outer triangle wore caps and the children inside the triangle were tied up with balloons to their legs. The children inside the triangle should try to take the caps from the children who are standing in the outer triangle and at the same time they should protect their balloons. All the children enjoyed this game.

The community worker gave a paper to all the children and asked them to write the parts of their body they liked and the part they disliked. They all wrote the body parts they liked which included eyes, ears, nose mouth and other external parts. The children disliked their body if their skin was dark, they were stout, they were short and they were thin.

The community worker made the session interesting by posing a question if God appeared before them and gives them a single boon to change a particular part in their body which part would they choose

Responses of two children in Singaranthooppu centre – Kanyakumari

“I study well and revise my lessons but at the time of exams I forget everything. I will ask god that I should not forget anything and everything in my memory should always be there” - A boy

“My hair keeps falling and see it is very thin now, I would ask god to make my hair long and thick” - A girl

Responses of two children in Subauppalavadi centre – Cuddalore

My teeth are very big and I would ask god to change it” - A boy

“External beauty is not very essential. I would ask god to give me power to make me do creative things” - A girl

Responses of children in Viludamavadi – Nagapattinam

“I wish to become stout and strong and I would ask for this boon from god” - A boy

“I wish to grow taller and I would ask for this boon from god” - A girl

The community worker concluded the session by stating that we give importance to external looks but instead of that we need to care for our internal health and take steps to keep ourselves fit and healthy. The community worker stressed that body complexion like dark or fair does not matter, but one needs to be healthy.

The session was concluded with a story of a deer. The deer did not like its legs and it considered its horns as a symbol of beauty. One day a lion chased the deer. It ran fast but unfortunately its horns got stuck in the net in a tree, which was kept by bird capturers. It tried to get out of the net but its attempt failed. The lion captured the deer and killed the deer. While the deer was about to die, it realised the importance of its legs and felt bad about its thoughts on the symbol of beauty. From the story it was concluded that all the parts in the body are useful and one should not hate any part in the body. Moreover, each and every part joins together to make us perform various activities. The functioning of our body is a gift of god.

The community worker made a chart displaying the functions of the body and made a chart presentation about taking steps to maintain personal care and hygiene. The same topics were covered for the 13-18 year old children. Besides, they were explained in detail about the reproductive system. For this, separate sessions were planned and conducted for boys and girls.

Children should be educated about the functions of the reproductive system as they have lots of questions about the functioning of the reproductive system. The community worker explained the functions of uterus and ovaries through charts and aspects of menstruation were dealt in detail.

The community workers stressed that each and every girl should follow hygienic practices during menstruation. The community workers gave a quote that menstruation is a sign of womanhood and girls should not consider it as a polluting activity. They can continue to do their normal routine activities during menstruation. It was also explained the reasons for vaginal discharge and how girls should protect themselves. The community workers gave questionnaires on aspects with regard to reproductive health, got the responses of the children and gave clarification for the doubts raised by them.

After the session the girls raised various questions like

My friend has attained puberty but I have not yet. Will there be any problems in my body? Should I consult a doctor?

One side of my breast is small and the other side is big. Does this mean that I have cancer?

A sticky substance comes out of my vagina what is this? Others say that I have white discharge? Is it dangerous?

The supervisors and volunteers answered the queries of the children in private. Some girls even whispered these questions in the ears of the volunteers and supervisors.

The supervisors and volunteers used songs, historic stories and energisers to make the sessions interesting. It was evident from the field monitoring that the children have grasped the sessions very well and they could answer the questions raised by the Executive Director through informal discussions and field inspection.

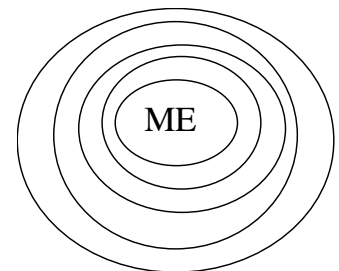
Workshop - 6

Friendship

The community worker put the following question: “What do you mean by friendship?”

Views of the children

- ❖ My dear most friends.
- ❖ I can play with my friend.
- ❖ I can go and swim with my friend
- ❖ I can play with my friend and have fun.
- ❖ I can have a jolly good time with my friend.



Following this an activity was continued. The trainer gave 3 questions to the children and asked them to give their responses.

1. How will you know that a person is your friend?
2. What do you expect from a friend?
3. Are there different classifications in friendship? Give examples?

Responses of the children

A friend would help us always. When we have problems he/she would try to solve it. We need not expect anything from a friend, he/she knows what we need and see to that we get it. There are different friendship groups but they all have love and affection as common. For example people travelling in the same bus to school join together as friends. People who have common ideas join together as friends.

The community worker made a chart presentation for the criteria of a good friend. Two stories about friendship were shared with children.

King Koperum Cholan and poet Pisirandaiyar were very close friends. The beauty is they had not seen each other. Once Pisirandaiyar wished to meet Cholan. When he tried to meet him people said that the King has become a pauper and he is fasting to end his life. Hearing this, the poet decided to start fasting to end his life and hoped that he will meet his friend in the heaven.

There were two friends. One day when they were walking in the forest they saw a bear. One friend climbed up the tree and he did not try to care for his friend and tried only to safeguard his life. The other friend lay down by inhaling his breath. The bear thought that he is dead and went away. The friend came down and asked what the bear whispered. He said not to trust the friend who would not help in need.

The volunteers used these two stories and other stories like “Dove and Ant”

“Wise goats” and other stories to explain how a friend should be and how a friend should not be.

For the children aged between 13 and 18 years, the concept of peer pressure and assertiveness in friendship was covered.

Two stories — one on how Murugan reacted when his father scolded him for failing in exams and another story on how Shanthi a brilliant student in school reacted when her mother asked her to stop studies — were given to the children for analysis. The volunteers and supervisors gave examples on how children should be assertive when they were in that position.

An activity on who they are very close with and who they like and the reason for the same was collected from the children through the following circle game. Children were asked to mark the names/relationships, whom they are close with; through this the children’s relationship with the rest of the world was ascertained.

Many of the children said that they like their mother, father, uncles and heroes like Rajinikanth and Vijayakanth. Views of the children aged between 13-18 years:

I like actor Rajinikanth. He has a dark complexion and is bald but he is always considered as the superstar in Tamil film industry and people respect him.

For the growth of a person, more than his/her physical appearance and mental stability his/her confidence and struggle in achieving momentum is important.

The session finally concluded that each and every person has one kind of problem or the other. But one should try to achieve something in our life and should take role models like Mother Teresa, Indra Gandhi, Rani Lakshmi Bai of Jhansi, Dr. Abdul Kalam and Mahatma Gandhi.

Views of the children 5-12 years

"I like my mother very much. She gets me the things I ask for, she will not scold me when I commit mistakes; instead tries to change my action by explaining the positive and negative points; she gives me good food, tends to me when I am sick and stays with me always. I love her very much. She is very close to me" - A girl

"I like my father very much he gets me new dresses, pays my school fees and takes me for a ride in his motor bike. I like him very much" - A boy

"I like my uncle. He takes me out and plays with me daily. When I ask him foodstuffs he would get for me" - Another girl

Workshop – 7

Food and Nutrition

The sessions started with a game. To differentiate from the regular energiser game, the session had a memory game. Each child was given a small card to write their village name and was asked to remember it. The game started with an example. The community worker informed the children that when he/she said that a postal letter has come to Cuddalore from Chennai, the children whose villages were so should change their cards. If they failed to do so they were removed from the game. Names once used should not be used again. While playing this game, the children concentrated keenly. They were very active and they all liked the game very much.

A song, which stressed the need of Vitamins, was sung and all the children were taught and encouraged to sing the same song. The community worker made a presentation about the food and its different energy value. The food we take in can be classified into three categories:

- ❖ Food as a source of energy
- ❖ Food for growth and development
- ❖ Food for protection

Each and every food articles and its use in terms of giving energy, promoting growth and protection were explained in detail to the children. The trainer stressed that when a person has all these food stuffs in his/her regular diet they can be healthy. There are certain blind beliefs related to intake of food. The scientific reason was explained and the children were encouraged to eat and stay healthy. For example, there is a belief that "there is more fat content in potatoes but potatoes are rich in protein".

The importance of washing vegetables before cutting and cleaning and how the vitamins are removed was explained. Some children avoid certain greens and vegetables. The trainer stressed that each and every food product has an energy, growth and protection value which is essential for body building and they were asked to add vegetables and pulses in their regular diet. The children were encouraged to stand in a circle. The trainer drew 3 circles inside the circle and wrote as energy, growth and protection. When the trainer called for a food item, the children should stand in the appropriate place, which describes the food value immediately. When they stand in the wrong place they would be removed from the game. The winner was given applause. The food stuffs and its vitamin value were explained and the lack of vitamins, which leads to deficiency, was explained.

Views of children

My grandfather has night blindness and he cannot see, till now I did not know the reason, now I came to know that lack of vitamin - A leads to night blindness.

I came to know that if I consume food stuff rich in Vitamin - A, B, C, D, E, K. I won't get any health problems.

If we eat fruits, vegetables and greens it will build our immune system. We should try to include green vegetables; if we take in greens diseases will not enter our body. We should not only eat fish and meat but also include vegetables and greens in our diet.

Workshop – 7

Gender Relationship

An energiser game was played to make the children brisk. In the initial activity, the children were asked to list out the differences between boys and girls in a chart. Following this exercise, small cards on work of both men and women were given to boys and girls. Three circles were drawn in front of boys and girls. One circle was for men, one for women and one common for both.

Discussion on Roles and Tasks

A list of cards on roles or tasks was prepared. The list included

Police, Chief Minister, acting, family responsibility, conductor, cooking, “sani thelithal” [Cleaning the front of the house with cow dung and water before putting ‘rangoli’ on the floor, cow dung is also considered as an disinfectant.] teacher, nurse, scientist, doctor, collector, driver, washing utensils, mason, sweeping, constructing houses, acting, taking care of children and ploughing. Each card was read out, and the children had to choose whether it was a role of a man, woman or both.

When the word cooking was read out, the children said it was the duty of women. But this led to an argument among themselves that in hotels and during marriages men cook and it was concluded that it was the duty of both. The above-mentioned work and who should perform was discussed in detail and it was concluded that both of them can perform all the tasks. It was concluded that none of these tasks are biologically determined (other than giving birth and breast feeding — part of taking care of children) and the rest can be performed by both men and women. It was stressed that the factors such as upbringing, social controls and misbeliefs are the reasons for disparity in boys and girls. Then the differences between biological sex and socially constructed gender were dealt in detail.

Biological differences between males and females are few (genital organs, ability to menstruate and give birth) and are difficult to change. Majority of differences between men/boys and women/girls that we see in society are socially constructed, and can be changed. They vary across cultures, time and are maintained to keep women in a subordinate position and stifle the creativity of men and boys.

A picture of boy and a girl was drawn in a chart and was cut. Two separate pictures of boy and a girl were shown. When the boy's picture was kept in the right hand and the girl's picture was kept in the left hand, it seemed that the boy's picture was big; likewise when the girl's picture was kept in the right hand it seemed that the girl's picture was big. The picture was circulated to all the children and they kept in their hands and looked at it. It was explained that there are no differences between boy and girl children at the time of birth. Due to the opportunities and economic facilities, they improve and it becomes their strength.

Discussion on Gender Stereotypes

The children were asked to form a circle and stand. Two circles were drawn in one it was written as agree and in another it was written as disagree and cannot decide. 15 statements that prevail only for women in the society were read out.

The statements were

1. Boys should study more than girls.
2. Men and women have equal role in cooking.
3. Men cannot take care of the children.
4. Women should not work in night shifts.
5. Women should get up early but it is not so for boys/men.
6. Men are intelligent and women are emotional.
7. When compared to women, men should earn more.
8. Women should not spend money as they wish.
9. Women should not laugh loud.
10. Men can come back home whenever they wish but women should come back to home before sun set.
11. Men should not cry.
12. The head of the family should be a man.
13. Men are physically strong and women are not.
14. Property share is only for women.
15. Only men should occupy higher posts.

If the children agreed they should stand in the 'agree' circle and if they disagree they should stand in the 'disagree' circle. After that they were encouraged to discuss the reasons for their agreement and disagreement and if their opinions changed they can change their position. There were lots of discussions on the above statements and the children were asked for their conclusion. One should not conclude that a man should be like this and a woman should be like that. The trainer stressed that men and women are equal.

Discussion on Gendered Proverb

The proverbs that prevail in the society for women were read out and the children gave a sensitised statement to counter the proverb.

Proverbs

- ❖ Women should wake up early.
- ❖ Women should eat less.
- ❖ Why women should get education as she blows fire to cook?

- ❖ A wife is a person who does not cross the border of the house without the permission of the husband/elderly person.
- ❖ Even if he is a small child he is a boy.

For example the proverb, which states that women should eat less, the children, said that it, was due to that statement that women were unable to eat healthy food. In Nagai district there for the proverb “why should women be educated as they blow the fire to cook”? The children in response stated that as women now use gas stove they surely need education. Further, they do much other work outside the home and also they market fish. The new statement for proverbs that was said by children was appreciated. The trainer explained that most of the proverbs insult women and many proverbs are for women. But the proverbs for men are a source of encouragement for them.

It was requested that the children should not use the proverbs that de-motivate the women but use new statements that encourage the women. Children were asked to use statements that are gender sensitive. The session was concluded by stating that both boys and girls should be united and work for promoting gender equality in the community.

Views of the children

A 13 year old girl said, “During earlier days there were specific jobs for men and women but it is not the same now. Women cook at home and men also sometimes cook at home. Women sweep the house and maintain the house in a neat manner and men clean and fetch water for drinking in the place of work”.

A 12 year old boy said, “Men and women are equal by birth, but society views one as superior and the other as inferior. I came to know that gender is socially constructed and it can be changed.”

Workshop – 9

Child Rights

10 children were called as volunteers and divided into two groups. Both the groups were asked to stand in such a way that they face one another. The children in the first group were given small stones to hold it in their hands. While giving the stone, the trainer informed that the stone belongs to them and they should not give it to others. The opposite group was informed to make out a way to get the stone from them through all sources. 2 minutes was given for each group to carry out the activity. After the game was over the views of the children while playing the game were collected.

When 5 children had the stone in their hand they faced various problems and when their opponent tried to take the stone from them the stone went to others. It is the same with the rights. When a person tries to assert his/her rights, he/she would face lots of problems. One should overcome all the hurdles to assert his/her rights. No one will give rights to a person but one should assert his/her rights.

What are rights and what are the basic rights? The trainer asked the children the question and elicited the views of the children. The trainer explained the 4 types of rights to the children. They are as follows 1) Right to live 2) Right for protection 3) Right for growth 4) Right for participation. The above points were explained in detail to children and the trainer clarified the doubts raised by the children.

The snake and ladder game was played. All the children were divided into small groups and all were encouraged to play. When the child climbed the ladder, the statement given in the box was read out loudly by the trainer; likewise the statements in each box were read loudly. Even when the children came to the lower numbers through the snake, they were encouraged. The children were asked to get to know about all the information given in the box. The winners were given a good applause.

Views of the Children

Through this session we came to know about the 4 rights namely right to live, right for development, right for protection and right for participation. More over we all liked the song 'anbulam konda ammarukku' very much and it touched our heart.

Through the snake and ladder game, we came to know about our rights and the stone game was exciting.

Workshop – 10

Violence that Happens to Children and Child Trafficking

For the children aged between 5 and 12 years, the session on violence that happen to children and child trafficking were dealt. For the children aged between 13 and 18 years, the session on child rights, violence against children, child trafficking and sexual exploitation of children were dealt. The trainer posed a question on different kinds of violence that happens to children. They listed the following forms of violence:

- ❖ Beating, kicking and hurting them
- ❖ Sexual assault
- ❖ Making children get addicted to cigarette, 'ganja' and alcohol
- ❖ Verbal assault

The trainer concluded the activity by stating that any act that is carried out against the welfare of the child, when the needs of the child are not met and when the rights and desires are not satisfied it is considered as violence. When the needs of the child are not fulfilled, it's violence to children. The violence that happens to children can be classified under 4 categories

- ❖ Physical violence
- ❖ Sexual violence
- ❖ Psychological violence
- ❖ Desertion [non fulfilment of basic needs by parents and society]

These four categories were written in small cards and given to the children who were divided into 4 groups and were asked to express their views with regard to the above. The trainer summed up the session by compiling the views of the children and filling in the gaps left by them.

Through a chart presentation, the trainer briefed about the problems faced by children due to the four types of violence cited above. A song about the letter conversation between a mother and her daughter about poverty, denial of basic needs of a child and related problems was sung to the children. The song is attached in annexure – 2.

The concept of child trafficking was explained to the children. Generally children are trafficked for personal benefits, by force and by cheating, from one place to another or from one country to another in the form of sale or purchase. Illegal transportation of children from one place to another is trafficking.

Children are abducted for

- ❖ Performing manual work
- ❖ Sexual activity
- ❖ To sell drugs
- ❖ To get them involved in theft and other illegal activities
- ❖ Sex tourism
- ❖ To entertain guests
- ❖ Children are also abducted in the name of marriage and adoption.

The problems that happen to children through trafficking were briefed to the children.

- ❖ Threatening
- ❖ Forcing
- ❖ Cheating
- ❖ Denial of education
- ❖ Loss of their childhood joy
- ❖ Psychological disturbances
- ❖ Misguidance

In addition to the above aspects for the 13 - 18 years children the concept of sexual violence was also dealt. The children were asked to list out the perpetrators of sexual violence

- ❖ The close relatives of children.
- ❖ Family friends
- ❖ People who stay in the same house
- ❖ Elders make use of their elderly looks, power and physical strength and force the children to gain sexual pleasure.
- ❖ Unknown persons

What is sexual violence?

When children are looked as a form of sexual pleasure or when a person tries to use a child to get sexual satisfaction or forces a child for sexual activity it can be termed as sexual violence. For the easy understanding, children were given the following explanation.

- ❖ Touching specific parts or the body unwantedly.
- ❖ Standing nude in front of a child.
- ❖ Making the child nude.
- ❖ Asking the child to touch the genitals of elders.
- ❖ Making the child to perform sexual activities.
- ❖ Making the child perform sexual activity and taking a video coverage.
- ❖ Sexual contact with a child.

The trainer mentioned about the above activities and explained the concept of sexual violence.

Views of the children

A boy named Karnan in Tarangambadi village in Nagapatinam said, "Children like me are being sent to work but it should not be so, they should go to school safely. Some children get addicted to drugs but someone should take steps to rehabilitate these children so that they can lead a normal life as they are also children and they have a right for safe living."

10-year-old Sonmya and Revathi of Kumarapettai village in Cuddalore district said, "Children are abducted, their bodies are disabled, their eyes are sold, kidnapped and even asked to beg, these activities should be strictly punished."

Workshop – 11

The 11th workshop covered both types of fever and relationship with opposite sex.

Types of Fever

The trainer through the lecture method facilitated the session on types of fever. The average body temperature of a human body is 98.4* F. Through the use of a thermometer one can check temperature. When the temperature is more than 98.4*F, then the person is having fever. Fever is not a disease but is a symptom for an outbreak of disease. The session dealt with the four types of fever. They are 1) Malaria 2) Typhoid 3) Pneumonia 4) Brain fever.

In this session the children were explained about the normal body temperature and how diseases spread. Symptoms of various types of fever, how it can be diagnosed, treatment procedure and how it can be prevented were dealt.

It was stressed in the session that fever is not a disease but it is a symptom of an outbreak of disease was explained to the children.

Views of the children

The session was very informative as we came to know about the types of fever and the reasons for fever.

We came to know that fever is not a disease and it is a symptom for a disease and we came to know the symptoms for various types of fever.

Relationship with Opposite Sex

The trainer prepared an instruction list and asked the children to follow the instruction. The activity was concluded by stating that there might be differences in response among the children,

but it does not mean that one response is superior to the other. Though there may be differences in response between boys and girls, it should not lead to inferior and superior feeling in them. Through this activity the trainer explained the concept of understanding the essence of good relationship between boys and girls. The following question was next posed to the children. How does one know how a boy and girl should behave?

- ❖ From parents, teachers and elders.
- ❖ Movies and songs.
- ❖ Friends and peer groups.

The trainer gave two examples,

1. A boy and a girl are friends? How will they behave? What will they avoid?
2. A boy and a girl are very much attached towards each other? How will they behave and what will they avoid?

Children's opinion for good relationship

- ❖ Respect each other.
- ❖ Avoid double meaning words.
- ❖ Help each other in growth and development.

An energiser game was played. Participants were divided into two groups. Each one was asked to stand one behind the other. They were asked to keep their hands on each other's shoulders. After a clap, they were asked to move front and back by hopping. All the children liked this activity very much.

Two stories were narrated - In one story, a boy and a girl were in love and they decided to wait with regard to planning their future life. The boy and girl planned not to take any fast decision till the completion of their studies and decided to marry after getting a job. In the other story, a boy and a girl were in love and they married while studying and suffered a lot. Both stories were kept for discussion. The children analysed the reasons and expressed that one should not fall in love and decide about marriage in a hurry as it would disrupt the future career while studying. Moreover when they get married at an early age, they will not be mentally and physically fit for marriage and family life. They too felt that one should plan about future and then think of marriage later after settling down in life.

Views of the children

The activity on difference among us was very nice and we have never played such a game in our life. The game was a good source of energiser.

We learn a lot from elders and parents and we came to know about the trustful relationship among friends. We feel that we should share all our views among our parents.

Due to the annual exams in schools, workshops 11, 12 and 13 were spent on revising for the exams for both the age groups

Workshop – 14

Self Care and Spread of Infectious Diseases

Before the conduct of the sessions, the children were asked to bring anyone of the following items found in their house like shampoo, soap, nutmeg powder, blade, turmeric, nail cutter, comb, coconut oil, tooth powder, tooth brush and powder. The children were asked to place the items in a circle. Then they were asked to explain the particular use of each item.

Answers of the children were:

Nail cutter is used to cut nails and it is bad to bite nails. When we bite nails, the dirt in the nails enters the stomach leading to 'loose motion'.

Likewise each part was explained and the consequence of it was dealt in detail.

Game

To encourage the children, they were given chocolates and were asked to eat them. After eating the chocolates, they were asked to keep a stone in the chocolate paper and roll it like a chocolate. The child who finished the process first was considered best. The winners were given a good applause.

After eating the chocolate, certain particles would be found between the teeth, so one should brush the teeth properly. One should brush the teeth both in the morning and also before going to bed. One should not brush teeth using clay and brick powder as it leads to damages in the gums. Gums protect the teeth and hold the teeth. Calcium is very much essential for teeth, so paste rich in calcium should be used to clean the teeth.

Likewise each and every body part should be well maintained for protection from infection. In continuation to this, a story "Kundu paravai kudathamma" [which means it is not idle for a bird to remain in a cage always] was shared with the children. There was a man in a village. His old uncle left a 'will' in his name and died. As per the will, the man got a big bungalow. He felt very happy as he got the bungalow. When he opened the door of the bungalow, he saw a bird in a big cage. The bird was humming, singing and flying inside the cage. He got irritated and felt that his uncle has left the bird in his care. He believed that birds should be beaten and not brought up. Whenever the bird started to sing, he would beat the bird badly till it became silent. He told the bird that he did not wish to see it free and transferred the bird to a deserted room. The bird felt sad as it was lonely. He would feed the bird rarely. When the bird cried out of hunger, he would feed the bird with foreign liquor, which he drinks and forced the bird to drink. As days passed by, due to lack of food the bird became "bone and skinny". He forgot about the bird and one day when he realised that there is no sound of the bird he went to see it. He found the bird had died in the cage.

There was another person in the village. He liked birds very much. He wished to keep a singing bird as his pet. He went to a bird shop and got a bird. The bird had a good voice and it sang well. He decided to provide the best to the bird from his side. He felt that whatever he likes the bird will also like. He made a dress for the bird in silk material. He ordered his cook to serve 'briyani, parrota' and other food varieties. Besides, he also ordered 'pizza' and 'burger' for the bird. He felt that the bird should be well versed in Carnatic music and Western music. So he appointed a music teacher for the bird to teach music. But the bird stopped singing as it felt hard to breathe in the silk dress. The bird was unable to eat the food which he served. When the bird tried to eat the food he served, it got stuck in its throat. The bird could not understand the teaching of the music teacher.

The man got angry with the deeds of the bird and shouted at the bird as “thankless creature” as he gave the bird everything. He was very upset as the bird failed to fulfil his wish. The bird was unable to speak and felt that the man would never realise the needs of the bird. With hunger the bird was very tired and it did not have enough strength to argue with the man and one day it died.

There was a third person in the village. He also loved birds. He felt that he should learn about birds then only he can care for the birds. So he read about the rights of birds, bird psychology, and growth stages of birds and healthy diet for birds. He got all the books on birds and started to read sentence by sentence and finished reading all the books. He practised what he read. He got a good cage for the bird, hung a small swing in the cage, and checked whether there is clean water for the bird in the cage always. He served the bird with a balanced diet. He provided a nutritious diet with vegetables, fruits, seeds and pulses. He placed the cage where there is enough sunlight and air. He encouraged the bird to sing and appreciated it. The bird bathed in sun and water, ate happily and all its basic needs got fulfilled. This is a healthy bird. The man and bird lived happily.

I forgot to narrate about a girl in the village. She too loved the birds but she respected the birds. When the girl was walking in the street she observed that a small sparrow being carried away by big birds. She shouted and drove away the big birds. She rescued the injured bird from the tree and brought it down. She decided to take care of the bird and help the bird grow. On the way back home, she got pulses, fruits and seeds for the bird. She too got books about birds but she did not buy a cage for the bird. Instead she converted her house into a safe place. She removed the fans in her house. She also taught the bird on safety mechanism and self-protection. She read all the books she got and after reading the books she moved the books and started to speak with the bird. They both started to talk for hours together about various things, the ones they liked and the ones they disliked. Their discussion was elaborate. They both planned about life. Each listened to the views of the other. They respected each other's views on decision making and arrived at a final conclusion.

The sparrow decided that all other birds should live happily like him and decided to help other birds who did not have a caretaker like him. The sparrow started to talk with other birds and they all joined together and decided to improve their condition. They too decided to help one another. The girl too joined with ‘like-minded’ persons and started to talk about the ‘welfare of birds’. This joint action worked well. The sparrow and the girl helped each other and they also counselled each other. They also shared their views on dreams, fears, happiness and worries. The sparrow and the girl lived as friends for ever happily. The story concluded with a question, whom would you like to stay with if you were a bird and why?

Story Adapted from ‘Kunduparavai’ Published by Shakthi Vidiyal - Madurai

The children said that they would like to live with the girl as they the bird had freedom, its rights were recognised and its views were respected.

Views of children

“I learnt how infection spreads and how one can protect ourselves from infection” - A boy

“Through the ‘kundu paravai’ story, I could think of each and everyone are ‘kundu paravai’. The information is very useful to us; this should be informed to all the villages in the form of a camp” - A 13-year-old girl

Workshop 15

Road Safety

Children go to school by bus or by walk and they need to cross the road and follow safety signs to avoid accidents and injuries. To address the session, charts and songs were used, so that it remains in the mind of the children forever.

Activity -1: The session started with a game ‘Tari keetu tirithal’ [Which means movement without control/not following rules and regulations]. A game was played wherein children were asked to volunteer and asked to ride vehicles like lorry, auto, bus, cycle, bike and few children were asked to walk in the road and in pedestrian pathways. When the children followed the rules and traffic signals they could move in the road easily. But when they failed to follow the rules and signals they hit one other and fell down. Through this game, the children realised how accidents occur and how one should go about on the road.

Activity -2: In a chart the traffic light was drawn and using the chart the trainer explained the procedure of crossing the road. The children were shown the traffic signal light and the trainer explained that one should stop when the light is red, get ready when the light is yellow and go when the light is green. This made it easy for the children to understand the concept.

Activity - 3: Children were encouraged to sing the song ‘niluda niluda’ which stresses the importance of following traffic signals.

Views of the children

When we cross the road, we should watch both the sides and then cross the road. If the signal shows red light, we should stop and when the signal shows green light we should cross the road. We should wear helmets while driving two wheelers and should not talk over cell phone while driving – 11-year-old girl from Sonakuppam village, Cuddalore.

We should not get in or get out of a bus when it is moving, we may get injured. We should not keep our head or put our hands out of the window when the bus is moving. – 9-year-old boy from Villuthamavadi village, Nagapatnam.

Workshop – 16

Substance Abuse

This session was conducted only for children aged between 13 and 18 years.

Activity - 1: The story of an alcoholic, which is present in the life skills manual prepared by RUWSEC, was given to the children and they were asked to enact it in the form of a skit. After the skit performance, the trainer briefed the children about the effects of alcohol on family, society, village and self.

Activity - 2: The common opinions of substances were written on a chart and children were asked to give their opinion whether they agree or disagree.

- ❖ If we smoke within limitation it won't affect our health.
- ❖ Even after advice and guidance if people do not stop alcohol consumption, they were considered cowards.

- ❖ We should not say that I do not drink or smoke when we spend jolly good time with friends. It would affect the happiness of all.
- ❖ People drink to forget their worries. If their worries are not solved, we cannot change their habit of alcohol.
- ❖ We cannot help the drug addict in any way. Whatever we say they won't listen to us. What can we do for them?

The views of the children were elicited for the above statements. The harmful effects of substances were explained to the children. The health and social consequences were explained to the children.

Activity - 3: A tongue twister energiser game was played to encourage the children. The game was called as 'King Ashok and Minister Mashok'. The children were asked to tell numbers and two persons were selected as the King and the minister. The game started with King Ashok calling the minister Mashok and the number of any child. It was a tongue twister. Everyone was asked to remember their number, and that of others? When it went fast many got out of the game. The children enjoyed a lot while playing this game.

Views of the children

We should help the alcohol addicts and drug addicts. Many do not realise the harmful effects of it and we should make them understand it – An 11-year-old boy from Kanyakumari district.

There are many ways to be jolly and a person should not opt for using substances to be happy. I realised that it is a bad way in life – A 13-year-old boy from Cuddalore district.

When a person smokes it not only affects his health but also the health of other people who are around him – A 12-year-old girl from Nagapattinam district.

Workshop 17 and 18

Creative Skill Development - Drawing and Painting

The main objective of this session was to develop the creative skills of the children. Children generally hesitate to draw and paint. So to make them participate the following session was dealt, by following certain instructions.

This session was dealt to both the age group of children 5 - 12 years and 13 - 18 years.

Activity - 1: A chart was cut into 4 pieces. Children were asked to close their eyes and scribble from left to right. Then they were asked to open their eyes and colour the picture they drew.

Activity - 2: Children were given ink and paper, they were asked to blow the ink in a particular direction they liked and then asked to colour the picture.

Activity - 3: Children were given charts and thread. By dipping the ink in thread they were asked to roll the thread on the chart and create impressions.

Views of children

We have never thought of drawing a picture like this in our lives. I thank RUWSEC and UNICEF for creating an opportunity for expressing our talents. This session was very interesting. Small children like me gained confidence that we can also draw well.

The facilitator asked us to draw lines in the chart by closing our eyes. When I opened my eyes, I could not believe as the picture was amazing. The facilitator asked us to give a light colour at the top of the chart and give a bright colour at the bottom. I kept changing the colours and when I completed the picture, it was like eight men standing in a row. I could not believe my eyes. I too drew well.

The teacher asked us to blow the ink and spread the ink with a twine. After completing the activity, the picture looked like a parrot sitting on a tree. It was beautiful. I thank RUWSEC for making all the children draw interesting pictures.

Workshop - 19

HIV and AIDS

This session was conducted only for the children aged between 13 - 18 years.

Activity - 1: The session started with the abbreviation of HIV/AIDS.

HIV - Human Immune Deficiency Virus , AIDS - Acquired Immune Deficiency Syndrome.

The children were also oriented about the differences between HIV and AIDS. The HIV virus destroys the cell CD4 in the human body and reduces the white blood cells in the body, which reduces our immunity power and leads to AIDS. When the CD4 cell enters the blood level and reduces the blood count to 200mg, it would cause AIDS. Hence, the victims should take proper medication and safety precautions to avoid AIDS. The children were briefed about the importance of this session as India has many AIDS victims. Even the percentage of HIV positive children is gradually increasing in India.

Activity -2: Children were explained how HIV/AIDS spreads [i.e.] through unsafe blood transmission, from mother to child, through unsafe sexual practices and using unsterile injections. The community workers stressed that HIV does not spread through mosquitoes, talking with a person, going out with a person, using common plates, bath area and clothes.

Activity - 3: At the end of the session children were oriented about behaving with the HIV positive people

- ❖ Providing care for them
- ❖ Talking to them softly
- ❖ Providing love and affection.

Views of the children

I came to know that HIV spreads through using non sterile injections and through unsafe blood transmission.

One for one relationship is the best way to protect us from HIV. This leads to avoiding death due to HIV. AIDS patients need love and affection.

Workshop – 19

Picture Manual

In order to recollect the topics covered during these workshops and to make them connect the aspects learnt with the pictures, a picture manual was developed. The picture manual was developed using pictures and statements about the topics dealt in the life skills sessions.

The topics included were

- ❖ Self-confidence and gender
- ❖ Self-care, public hygiene and nutrition
- ❖ Reproductive health
- ❖ Child rights and protection
- ❖ Road safety, substance and HIV/AIDS

The children relished looking at the pictures and statements. They thanked the initiative of RUWSEC for developing the manual.

Views of the children

The spider web story and Gajni Mohammad was nice to see in the picture. It made us to recall the self-confidence session.

It was nice to see all the topics that were covered to us in the form of pictures.

Workshop - 20

Endline Assessment

In the baseline survey we came to know the expectations of the children and what they needed out of the life skills sessions. Similarly, we did an endline assessment to know how the extent of information reached, the topics/ sessions/ game/ methodology/message that they liked more and enjoyed. A structured survey tool was used for the purpose. Then the data was computerised and compared with the preliminary report and documented. Additionally, to support the quantitative assessment and get a depth of information that reached the children, case studies were conducted and documented.

Workshop 21

Annual Day

To bring out the skills and talents and what they learnt through these workshops, an annual day activity was conducted in all the villages. Sports activities and various competitions were conducted in all the villages. The winners were given prizes as a mode of appreciating their talents. The parents, key leaders and teachers in the community attended this event. Village leaders, school teachers and other key influential leaders were invited to give away the prizes.

Views of the children

We all expressed our talents and all the prize items like pencil, plate and geometry box were useful. They gave pens to all the children, which we can use for writing. I am very happy.

There were competitions like musical chair, quiz, drawing competition and running race. The winners were given prizes like plate, geometry box, pencil and pen. I felt very happy. The prize items will be used by us in our daily life.

1.5 Review Meetings in RUWSEC and Planning Meetings in the District Headquarters

Every month the supervisors attended a monthly review meeting in the RUWSEC campus. At the meeting they submitted the reports of the volunteers and their consolidated activity reports. They also submitted the accounts. They shared information about the workshops that were conducted in the villages and shared about the hurdles they faced. They were also given suggestions for the better implementation of the programme.

The training coordinator would prepare the materials, tools, games and charts for the conduct of workshops in the villages and she would hand over the copies to them. The supervisors discussed the aspects that need to cover in the workshop and did a mock presentation; they also gave their suggestions if any.

Every month planning meetings were conducted by the supervisors for volunteers in the district headquarters wherein they shared the activities carried over in the previous month and plan for the activities that need to be carried out in the present month. They planned about the conduct of workshop and made all kinds of preparations that are essential for the smooth conduct of the workshops in the villages. Staff from RUWSEC attend these planning meetings at periodic intervals.

For the sustainability of the programme, books, publication and life skills manuals and the picture manual were kept in the schools, youth clubs and libraries in all the 60 villages where the life skills education session was imparted.

1.6 Medical and Summer Camps in the Villages

1.6.1 Medical Camp

In order to promote the health status of the children and to treat the deficiency diseases particularly vitamin and iron deficiency, we conducted medical camps for all the children who attended the life skills sessions. A two-day medical camp was organised in each district during April - May 2007 with the help of the local doctors. Our medical team visited all the 60 villages and diagnosed the health condition of the children covered through the sessions. Tablets and tonics were given free to children who had health problems. De-worming tablets were given to most of the children with vitamin tablets as they complain about it.

In Kanyakumari district, 294 children sought treatment in the camps, whereas in Nagai and Cuddalore districts 719 and 564 children benefited through the camps. The following table gives the details of children who underwent treatment in the camps. More than three fourths of the children treated in the camps were aged 12 or below and only 21 per cent were adolescents aged over 12 years. While looking the sex composition of the children treated in the medical camps, a little more than half (52 per cent) were girls. Common cold and cough with 28 per cent was the top most cause of sickness reported followed by general weakness (17.6%), aches and pains 15 per cent and about one tenth of the children treated had non-specific fever.

Table – 1.2			
Profile of the Children who Underwent Treatment in the Medical Camps			
	Sex		
Age	Male	Female	Total
< = 12 years	586	659	1245
	47.07 %	52.93 %	78.95 %
13 -18 years	166	166	332
	50.00 %	50.00 %	21.05 %
District			
Cuddalore	286	278	564
	50.71 %	49.29 %	35.76 %
Nagapattinam	335	384	719
	46.59 %	53.41 %	45.59 %
Kanyakumari	131	163	294
	44.56 %	55.44 %	18.64 %
Reported Health Problem			
Cold and Cough	219	232	451
	48.56 %	51.44 %	28.60 %
Fever	77	67	144
	53.47 %	46.53 %	9.13 %
Aches and Pains	77	162	239
	32.22 %	67.78 %	15.16 %
Skin diseases	39	37	76
	51.32 %	48.68 %	4.82 %
General Weakness	149	129	278
	53.60 %	46.40 %	17.63 %
Digestive problems	73	108	181
	40.33 %	59.67 %	11.48 %
Wound and Injury	43	32	75
	57.33 %	42.67 %	4.76 %
Others	75	58	133
	56.39 %	43.61 %	8.43 %
Total	752	825	1577
	47.69 %	52.31 %	100 %
<i>Numbers in bold and italics denote percentages</i>			

Children who need follow-up treatment were referred to the local PHCs and health centres. Children who had serious health problems were taken to the health centre accompanied by the volunteer. For example two children who had heart problems in Cuddalore district were escorted by the volunteer to the JIPMER hospital, Puducherry, who were treated there.

Views of the children about the medical camp

The syrup given for cough at free of cost was very useful for children like us. Otherwise we should buy this syrup from the medical shop.

The doctor gave me medicine for worms and syrup for cough. It was very helpful for my health problem. I had the medicine as per the advice of the doctor.

Moreover the doctor came to my village and checked my health problem; I thank RUWSEC for conducting this medical camp.

1.6.2 Summer Camp

In all the three districts, summer camps were planned and conducted for both the age groups — children 5-12 and 13- 18 years. The supervisor who takes care of ten villages was asked to bring in 5 children randomly [both boys and girls] from each village for the camp. The summer camp was conducted in 2 places for each district, thus the summer camp was conducted in 6 places in all the three districts.

The topics on child rights and detailed session on sexual abuse and child trafficking were dealt to children aged between 5-12 years and sexual and reproductive health and child rights were dealt to children aged between 13-18 years. These sessions were conducted to clarify the doubts of the children and also to explain the concepts in an elaborate manner. Children felt comfortable in camp and got clarifications for their doubts. The sessions were conducted through chart display, games, story analysis, group discussion and role play. Staff from the central unit and federation of RUWSEC conducted these camps for the children. The number of children attended the camp in each district is given below. In total, more than 600 children participated in summer camps. As the girls were restricted from going out of the village, the girl participants were lesser compared to boys.

Table - 1.3 Beneficiaries Through Medical Camp			
District	Boys	Girls	Total
Cuddalore	104	103	207
Nagapattinam	103	96	199
Kanyakumari	120	78	198
Total	327	277	604

Views of the children

“They taught us about body functions. The sessions were handled for boys and girls separately. I got my doubts clarified. All the body functions were explained in detail. No one has taught us like this before” - A 14-year-old girl

“I liked the summer camp very much because children from various villages played together. I thank Balu sir and Selvi madam of RUWSEC on behalf of my village, as they explained in detail about the functions of the body” - A boy of 12-year

Another boy “We went to the camp in a van along with children from other villages. On the way we kept singing all the songs taught to us in the life skills sessions. We enjoyed a lot on the way. In the camp, the sessions on rights and trafficking was dealt in detail, I thought I should be careful in all situations.”

1.7 Monitoring Evaluation and Reporting

We appointed six supervisors; one for ten villages/workers. They made regular field inspection visits to the villages and interacted with the children, parents and community leaders. They submitted a monthly report of their activities with notes on their field visits. During their visits they have

overseen the attendance, reports and have assessed the performance of each CBW. The CBWs submitted the monthly activity report and workshop report every month. The supervisors consolidated the volunteers' report and also reports about their field monitoring activities. Their activities are also monitored by taking a look at their attendance sheet, monthly report and workshop report.

The Executive Director made periodic field inspection visits to the 57 project villages, interacted with the children and parents and collected their views about the programme. During his visit, it was found that the workshop topics were changed in certain centres. It was suggested to cover the left out topics in the following month and follow the workshop schedule. At a few centres, the content of the workshop had not reached the target population, so he asked the community workers to 'redo' the sessions with more creative play way methods. In some places, the venue for the workshop was not suitable and it was suggested to change the venue. In total his observation was, children welcomed the project and they have gained self-confidence, assertiveness and they have promised to develop the skills within them.

In all the centres, the children appreciated the participatory methodology with games, stories and group activities. They felt if the same method were opted in the regular schools, it would be easier for them to understand the subjects. Preliminary and end line assessment data was computerised, the electronic data was analysed thoroughly and documented. Case studies were collected in all the villages to substantiate the results of quantitative data. 120 case studies were done. [From each village two children were selected] Supervisors transcribed the studies in local language "Tamil" and then it was translated and documented. The copy of the translated case studies is available at RUWSEC.

Difficulties

There were frequent changes in the NYKS volunteers, as they work for a few days a month and when they get a better job they opt for it. Similarly as many were involved in other works they were unable to involve themselves fully in this programme. We had a stringent monitoring system and when we came to know that the work was not one properly we issued a 'memo' to those few who resigned. We thought that all the NYKS volunteers would stay in the same village. But a few came from a far off place and due to travel and the nature of work they were unable to continue. As the result of the above mentioned reasons, the selection and training of new workers continued throughout the project period.

We planned to conduct the medical camp in the month of March. Due to the delay in receiving the second instalment amount of the grant, we were unable to conduct the camp and then due to the school annual exams we could not conduct in April. So, we conducted the summer and medical camps in May 2007 in all the three districts.

Impact of the programme

In order to document the impact of the programme, a preliminary and end line assessment was carried out. A comparative analysis of preliminary and end line assessment data was made and documented. A detailed report of the evaluation is presented in Chapter 3 and 4. The results of the assessment clearly indicate improved life skills awareness and knowledge on gender, health, nutrition, child rights and protection. The impact of the programme is more evident from the case studies where they describe how it promoted their individual skills, confidence and health practices. The main findings of the qualitative and quantity assessment with children are presented in the chapter 3 and 4.

Table 1.4 Number of Children Attended the Community Level Workshops in Each District									
	Nagapattinam		Cuddalore		Kanyakumari		Total		
	Male	Female	Male	Female	Male	Female	Male	Female	Total
Workshop-1									
Group -1	336	348	295	297	299	423	930	1068	1998
Group- 2	253	343	230	250	195	429	678	1022	1700
Workshop-2									
Group- 1	288	326	288	269	270	443	846	1038	1884
Group- 2	230	324	204	199	150	390	584	913	1497
Workshop-3									
Group- 1	298	327	260	251	285	442	843	1020	1863
Group- 2	219	312	197	226	164	390	580	928	1508
Workshop-4									
Group- 1	282	308	237	212	303	510	822	1030	1852
Group- 2	224	297	198	225	201	427	623	949	1572
Workshop-5									
Group- 1	310	328	237	246	308	495	855	1069	1924
Group- 2	216	283	243	250	161	438	620	971	1591
Workshop-6									
Group- 1	175	328	246	243	293	489	714	1060	1774
Group- 2	190	312	209	216	144	435	543	963	1506
Workshop-7									
Group- 1	264	228	165	251	379	440	808	919	1727
Group- 2	237	242	134	216	191	383	562	841	1403
Workshop-8									
Group- 1	203	184	195	243	341	450	739	877	1616
Group- 2	186	211	103	211	187	403	476	825	1301
Workshop-9									
Group- 1	262	244	244	270	357	455	863	969	1832
Group- 2	227	233	143	240	177	392	547	865	1412
Workshop-10									
Group- 1	233	220	231	279	337	467	801	966	1767
Group- 2	225	244	142	255	159	419	526	918	1444
Workshop-11									
Group- 1	266	268	289	324	333	387	888	979	1867
Group- 2	249	234	165	248	176	374	590	856	1446
Workshop-12									
Group- 1	224	228	188	217	*	*	412	445	857
Group- 2	210	202	162	208	*	*	372	410	782
Workshop-15									
Group- 1	311	330	250	254	323	416	884	1000	1884
Group- 2	241	289	268	312	**	**	509	601	1110
Workshop-16									
Group -1	442	406	365	396	355	428	1162	1230	2392
Group- 2	269	325	227	243	267	229	763	797	1560
Workshop-18									
Group- 1	325	218	241	250	224	196	790	664	1454
Group- 2	324	360	269	286			593	646	1239
Workshop-20									
Group- 1	309	300	321	295	*	*	630	595	1225
Group- 2	166	279	286	375	*	*	452	654	1106
Workshop-21									
Group- 1	184	156	260	227	291	299	735	682	1417
Group- 2	191	272	235	186	*	*	426	458	884
Workshop-22									
Group- 1	317	325	267	286	302	411	584	611	3103
Group- 2	213	280	214	256	176	364	427	536	2466

Group -1 and group 2 refer to 5-12 years and 13- 18 years children respectively.

Note: These information were calculated from CBW's report and centre Attendance registers. But attendance was not taken in the following workshops. Workshop Numbers 13 and 14 were revision of school subjects during annual examination. Numbers 17 and 19 were creativity session on drawing and painting and workshop 23 was annual day. * Date not available

TRAINING SESSIONS FOR COMMUNITY-BASED WORKERS AND SUPERVISORS

2.1 Orientation Training

During July-August 06, we finalised the trainers training curriculum for Community - Based Workers (CBWs) and developed material for the first round of orientation training. Initially, we planned to have the first round of training during the third week of August, but postponed to September due to a delay in the process of selecting the workers (CBWs). The first round of orientation training for Cuddalore and Nagapattinam district workers was held in Annamalai University, Chidambaram between September 10-14. Then, for Kanyakumari district workers, the training was conducted between September 16-19 on YMCA campus, Kanyakumari.

The first round of training, which held both in Chidambaram and Kanyakumari, focused more on imparting skills required for trainers and basic concepts on life skills and child rights. It was a four-day residential training. All the community-based workers and supervisors (60 CBWs and 6 supervisors) participated in the training. Besides our organisation's training team, external resource persons were invited for taking special sessions like disaster and children, disaster management, child rights and protection.

2.1.1 Introduction of the project; Aim and Objectives of the Trainings

The training session started with participants' introduction followed by brief introduction about RUWSEC and the project activities. Each participant was asked to pick a chart card with a word like mountain and trees, sea and waves etc. Then, they were asked to find their pair and asked to share their personal details with their partners. Later, each one of them was introduced by their partners; they shared their name, village name, age and educational qualification and sweet memories of their childhood days. Only very few participants were known to one another before the training. So, the introduction session created a forum for them to get familiar with one another and to interact in a friendly manner. The activity concluded that each one of us has good and bad memories. But the tsunami that struck the coastal villages of Tamil Nadu in December 2004 was an unforgettable event in their life.

Our organisation's training coordinator; D. Selvi gave an overview of RUWSEC and its growth towards a 'support' organisation. Then, RUWSEC Executive Director, P. Balasubramanian, presented the aim of the project and its objectives with proposed activities. The time-frame for each of the activities proposed was clearly outlined. Following the project introductory session, the trainer shared the objectives of the orientation training programme. Then expectations of the participants for the orientation training were collected. Their major expectations were that the training should be more of participatory nature and should have games in the activities. A few wanted to know about new methods to teach children. The trainer said they would try to meet all their expectations. At the end of the session, the ground rules for the four-day training were evolved. A preliminary need-assessment tool was administered in the pre-lunch session. This provided an opportunity for the workers to think about the issues and problems of children. Additionally, we also got their insights and knowledge on assertiveness, gender, health and child rights.

The post-lunch session began with exploring qualities and skills required to work with children. Then a brainstorming session to identify problems and issues of children was conducted. The team was divided into four groups to explore the needs and issues of the children. Team A discussed the needs of 5-12 year children and Team B brought out issues. Similarly, the other two teams worked for needs and issues of 13-18 year children.

5-12 Years Children	
Needs	Issues
<ul style="list-style-type: none"> • Love and affection • Nutritious food • Education • Good habits and cleanliness • Good friends • Good guidance and support • Self confidence; and assertiveness • Expect elders should respect their values and thoughts. • Relationship with elders • Observing the views of elders • Lack of basic facilities in schools 	<ul style="list-style-type: none"> • Inferiority complex • Psychological fear due to natural calamities • Lack of time to interact with their parents • Sexual harassment and abuse • Child Labour • Not respecting their needs • Problems between parents leads to mental depression • Depression

13-18 Years Children	
Needs	Issues
<ul style="list-style-type: none"> • Education • Self confidence • Respecting their needs • Freedom to express their thoughts and ideas • Care, affection and love • Guidance to select good friend • Helping them to develop their skills • Transparency with regard to information • Understanding mental, emotional and psychological well being 	<ul style="list-style-type: none"> • Denying their basic rights; education and freedom of expression • Unable to cope with their physical and emotional changes • Lacking in decision making during adolescence • Lack of smooth relationship with parents • Dropping out of school due to family situation • Substance use and extramarital relations of father • Unable to express their skills and talent due to social controls • Craze to cinema/media • Inferiority complex • Child labour. Particularly boys in coastal area are asked to accompany with their parents in the fishing work. <p>For girl children:</p> <ul style="list-style-type: none"> • Gender inequality • Early marriage and dowry • Sexual harassment and abuse • Eve teasing • Lack of freedom to come out of home

The concept of life skills was introduced through brainstorming and followed by presentation of UNICEF definition on life skills. Following the previous session, the importance of adolescent life skills education for children was shared with some statistics.

In the evening, the participants were divided into four groups and asked to enact role plays on the problems and issues of children in their area. Each team was given 30 minutes for preparation.

Then each team enacted a skit on different themes for 10 minutes. The major themes of their play were

Play 1: How poverty and father's drinking habit force children to drop out of school. In Kanyakumari, the role play exclusively focused on the plight of adolescent boys in fishing community.

Play -2: Child sexual abuse, how a child was sexually harassed by her relative (Maternal uncle).

Paly-3: Peer pressure and substance use. Impact of media also came out in the play. Parents' ignorance in child development also came out well in the skit.

Play- 4: Age at puberty and dropping out of school, followed by early marriage and dowry problems were highlighted in the play.

The issue that came differently in Kanyakumari and Chidambaram trainings was on sex differences in education. In Kanyakumari, particularly in the fishing community girls are educated more than boys. It was also reported that school drop out among boys is high.

After the role play, major points / issues that emerged were listed. They are

- ❖ Peer pressure and substance use
- ❖ Relationship with opposite sex, eve teasing
- ❖ School dropout and child labour
- ❖ Early age at marriage
- ❖ Lack of self-confidence and assertiveness
- ❖ Child sexual abuse

The second day training began with reading the minutes of the previous day. Then recollecting the points that came out in the role play and need assessment sessions. The following components of life skills education were evolved.

- ❖ Child rights and protection
- ❖ Peer pressure and Substance use
- ❖ Sexual harassment, relationship with opposite sex and elders
- ❖ Status of Women
- ❖ Gender
- ❖ Self-confidence and assertiveness
- ❖ Relationship, friendship and love
- ❖ Group consciousness
- ❖ Reproductive systems and its functions

The second session of the day was on self-awareness, everyone was given a white sheet and asked to write their strength, weakness, challenges and opportunities in the four corners of the paper. It was concluded that everyone has weaknesses and strengths, if we convert our weakness as strength

we would succeed in our life. Similarly, we plan to overcome obstacles and for that we should cultivate courage and self-confidence in ourselves to overcome the difficulties. The participants felt the session gave them a chance to think about their positive and negative points. They felt the exercise gave them time to think about their own qualities.

The next topic was on self-confidence. There were three exercises in the session.

Exercise -1

The trainer drew a triangle of 6 feet on the floor and divided it into 4 parts. At the bottom of the triangle many can stand and at the top only one can. All the participants were asked to stand at the bottom of the triangle and come forward towards its slope in steps when the trainer asked. In each step, five - six persons got out of the game. Finally only one reached the top. The loser of the game in each step was asked why he didn't come forward. Similarly, those who came up to the final step spoke about how they succeeded. Then this game was compared with sharpening our goals towards vision and self-confidence.

Exercise -2

A game was conducted to explain the concept of social control, values and wrong beliefs. Three volunteers were asked to play the game. Certain things were placed on the floor and the participants were asked to cross the things and reach the other side with their eyes open. In the second round, the participants' eyes were closed and the things were removed without their knowledge but they crossed the area as if the things were there. Through the game, it was explained that if we try and make attempts, we can overcome the hurdles and come up in life. The participants also felt that certain wrong beliefs and social controls disturb their confidence.

Exercise- 3

A picture was given to a group and asked to interpret what it conveys. The picture was about how a small and big elephant were tied in different sizes of ropes. Their responses were: since the elephant and its small daughter were together they tied the mother elephant with a thin rope; two others said it conveyed the affection of the mother and the daughter for each other. The most important fact is that, we normally get worried about unnecessary things and get accustomed to the situation. But in the real life, growth is open and those who have will power and practice continuously would definitely win.

The trainer explained the definition of self-confidence and how to improve a person's confidence. She also explained how a person who is assertive would behave. A list of qualities/conditions usually a person has when he/she does with confidence was explained through an activity. Participants were very much attracted towards the session stating that it was entirely new to them, and it promoted their confidence. It was concluded in the session that we should sharpen our objectives and plan our activities to reach our goal. So, by regular practice and faith in us we could develop our self-confidence.

Self assertiveness: Three different situations were given and the group was asked to respond assertively. The situations were:

- ❖ A young man compelled an adolescent girl to accompany him, late in the evening on her return from a tuition class. She knew that he was not a good person. If you were the girl what could you do?

- ❖ Shantha, a school going girl, was repeatedly compelled by her dear friend to accompany her in meeting her lover. If you were Shantha, how do you react?
- ❖ During quarterly examination, four friends of Ramesh demanded him to show them his answer paper. They all were good friends. If you were the Ramesh, what could you do?

It was concluded that we should not bend our decisions or lose our self-confidence but our concrete decisions should be expressed in such a way that it does not lead to further problems.

The next session was speaking in front of a group. Each participant was given a card with a topic for a spontaneous talk. The topic for the talk was in general like education, status of women, importance of books etc. The participants said though it was a common topic, they find it difficult to talk in front of a group. It was concluded in the exercise that when we speak in front of a group, we should plan well how to present our ideas, most importantly if we were given 2 minutes time, we should arrange our ideas and thoughts in 20-30 seconds and begin our talk. Though, it is a well known subject, we should prepare well in advance to deliver a talk. In the same way, for conducting classes for children we should plan well in advance.

The last session of the day was on leadership qualities. This session had brainstorming, group exercises and explored the qualities of a good leader. The session on leadership started with a game. The participants were divided into 4 groups and were given various shapes of cards. When they all tried to join the pieces they got different shapes.

The session on group building and leadership was initiated through a group activity wherein how people who are physically challenged try to reach the shore with one another's help when the boat they travelled sank. In a team of nine members, only one had good health and others had different disabilities like dumbness, deafness and walking disability due to paralysis. It was suggested that they should come out of the situation. They made a wooden boat and escaped from the situation. Each one did the work according to his ability and the person with good health co-ordinated the entire activity. It was concluded that, overall, efficient leadership is necessary to achieve our common goal.

There participants were divided into 3 groups and were asked to list down the qualities of a good leader. All the participants wrote down the qualities on their own and also their group's opinions. After their presentation, the types of leaders were explained. Based on their responses three types of leaders were identified: democratic, autocratic and confused leader.

The concept of leadership and qualities of a leader were explained. When asked about who a good leader is, all the participants unanimously replied "as a guide" and the trainer explained them that a guide can be self driven or the people may choose him/her to be the guide. Finally the trainer explained the concept of TEAM with related words. **TEAM: T** – Together: **E** – Everyone: **A** – Achieve: **M** – More.

The third day's session began with consolidation of previous day's learning. The first session of the day was on communication. Defining communication and its components, types of communication followed by effective communication were dealt in the session. The session had group exercises, conveying messages through oral and body languages. An exercise on visual communication was also conducted. Six volunteers were called for the exercise. These volunteers were made as pairs. In each pair one was asked to be a guide and the other drew the picture. The three who agreed to draw a diagram based on his/her partner's help was asked to stay away for a short while. During the time, the guides were asked to observe the picture the trainer drew on the black board. Then the three guides directed their partners to draw the diagram as the trainer did.

Even though they all attempted well, none of them succeeded in the exercise. Actually it is triangular picture with one inverted small triangular inside and a circle over them.

The day continued with the session on child rights and child protection. After brief brainstorming on child rights, the participants were divided into three groups and were asked to present their views on the following questions. They were given 15 minutes to prepare and present their views.

1. *What do we mean by child rights violation?*
2. *What are the reasons for it?*
3. *How and what can be done to control this?*

The views were presented in a larger group. The basic child rights issues 1). Right to live 2). Right for development 3). Right for protection and 4). Right to participate, were clearly explained with suitable examples. Historic development of the rights of the child in the world and in India was presented. Following this, the Convention on the rights of the child - UNCRC was presented. Incidents of child sexual harassment were presented and the punishment for the same was also explained.

The trainer spoke on human rights and child rights. She explained that children should not be beaten up at any stage and gave incidents that took place in the villages. The child rights session had more questions and answers. There were heated exchanges of ideas in Chidambaram training where some of the participants raised repeated gender sensitive questions.

On the fourth day, the first session of the day was on report writing. The session focused on what is reporting, how we write good training and monthly activity reports. A format for writing training / workshop reports and monthly reports was issued and explained with its components. The second session was on explaining roles and responsibilities of community-based workers.

In the post-lunch session, we did planning for how to conduct introductory meeting in the community and mobilise children for the workshop. Secondly, we clearly explained how to fill 5-12 years and 13-18 year children's need-assessment questionnaires. Then the second round of training dates were finalised. At the end we asked the participants for open feedback about the four-day training. The participants expressed that....

- ❖ *Overall the content and methods employed in the training get high appreciation and they were new to us.*
- ❖ *The trainings were more in participatory nature and we were involved in all the sessions, we enjoyed a lot.*
- ❖ *Training was very helpful for our personal life and we will also explain to children in the villages.*
- ❖ *The participatory methodology and various explanations through games were interesting and easy to understand.*
- ❖ *The conclusion given in each session is very important and we appreciate it.*
- ❖ *The topics on self-confidence, communication and speaking before a group, team building is very interesting and we will take them to children, and share with our friends.*
- ❖ *Accommodation and food arrangements were highly appreciated. We were provided first aid medicines in the training. This is entirely new and we have never heard about it anywhere.*
- ❖ *This is the first time we have residential training of four days and we were afraid at the beginning. Now, we realise how our four days have gone.*

- ❖ *We know how to interact with children and the rights of the children. Importantly we got new friends.*
- ❖ *When I spoke with my family members about my trip to Annamalai University, they said I was a school dropout and what I was going to study in the University. This made me afraid but the training was more participatory and I really enjoyed the session.*
- ❖ *No one gave importance to children; everyone was interested in relief after tsunami. But this training helped us to think on permanent solutions. Instead of providing us fish, you have taught us to fish.*
- ❖ *Thanks to RUWSEC the organisation for providing training with care and information. Rather than for children the training was more useful to my personal life.*
- ❖ *I have attended so many training sessions in my life none of them was like this training that I had in the last four days.*
- ❖ *The special lectures on disaster management, disaster and children and importance of life skills education programme were very informative.*

2.1.2 Second Round of Intensive Training for Supervisors and Community-Based Workers

The second round of the intensive training for Cuddalore and Nagapattinam district CBWs and supervisors took place on the Annamalai University campus, Chidambaram from 16th October to 19th October 2006. It was a four-day residential training. Thirty-eight community workers and four supervisors attended the training. For Kanyakumari district workers, the training was conducted between 24–27 October 2006 in YMCA Kanyakumari. 20 community workers and two supervisors participated in the training in Kanyakumari.

The sessions were delivered by the trainers from RUWSEC and their federation. External resource persons were invited for handling special sessions.

The topics covered during the second round of intensive training were as follows:

- Day – 1 Health, determinants of health and illness
- Day – 2 Friendship, Love and marriage.
- Day – 3 Our body and its functions, reproductive health and rights.
- Day– 4 Status of women and violence that are caused to children, Gender and Health

The major contents of the earlier trainings were recalled and there was a brief discussion over the various topics covered in the past trainings. The participants remembered all the aspects and the trainer appreciated them. The following session gives us a detail description of how the trainings were conducted with participants' feedback.

The session started with a brainstorming of what is 'Health'. Then the trainer explained the definition of health, "Health is a state of complete physical, mental, social well-being and not merely the absence of disease". The trainer expressed that now the concept of spiritual rights is also included in the present scenario.

Determinants of health and illness were explained: Through the case study analysis method, the participants were given five case studies for analysis. They were asked to analyse the case studies and list out the reasons for ill health. The reasons for ill health vis-à-vis social, physical well-being and psychological state were listed out by the participants. They also suggested the remedies for ill

health. Through this activity, the participants got insights about the health, well-being and the various factors pertaining to illness. The exercise helped them to understand social determinants of health like caste, class, gender and education. The interconnection of the variables with one another and its impact on health was stressed by the trainer in the conclusion part. Following this, the trainer made a chart presentation about the ways of being healthy and happy.

- ❖ Health education
- ❖ Using local treatment and practices for health problems
- ❖ Prevention of diseases
- ❖ Clean/safe drinking water and basic health
- ❖ Sufficient nutrition
- ❖ Mother and child care
- ❖ Treatment
- ❖ Essential drugs

The trainer explained that one might expect a huge amount of money to fulfil these basic needs. Nations feel that they need to spend their major part of their revenue on these. But in reality it is not so. We only need 2/3 of the amount that people spend on cigarettes globally or 1/3 of the amount that people spend on alcohol globally or 1/15 of the amount that countries spend on defence.

The trainer made a chart presentation about the Government's budget allocation for health care services. It was concluded that where there is a need the budget allocation is less and where the need is more the investments are less. That is, the fund allocated for PHCs and sub-centres are proportionately very low as compared to taluk and district hospitals. But, these centres are the major sources of healthcare service for rural mass. Through a picture presentation, the difference in the budget allocation and needs of the people was explained.

Health problems arise due to various factors. The social and economic inequities in health was discussed via Mariam's story through a spider web exercise. The trainer read out the story by giving short breaks to list out the causes for the ill health of Mariam. When the participants started to list out the problems they were given a thread to pass to the next person who states the reason. Thus listing out the reasons made a web. They listed out fear, lack of care and support, family problems, social causes, gender and the economic factors as the major reason. Later, the suggestions with regard to care and treatment were also suggested by the participants and the thread was cut. The participants stated that the activity made them to correlate and have a clear picture of various reasons for ill health.

Miriam's Story

Miriam is 36 years old and the mother of six children. She grew up in a village 400 kilometres away from the capital city of her country. She stopped schooling after her second grade. Her parents were poor, and the school was three kilometers away from the village. Her father believed that educating a girl was like 'watering the neighbour's garden'.

When she was 12, Miriam was circumcised, as was the custom in her tribe. At 16, she was married to a man three times her age. Her father received a substantial lobola. The very next year, she gave birth at home to a baby boy. The baby was stillborn. The health centre was 10 Kilometres away, and anyway, did not attend deliveries. Miriam believed that the baby was born dead because of the repeated beatings and kicks she had received all through her pregnancy. Instead, she was blamed for not being able to bear a healthy baby.

Miriam's husband considered it his right to have sex with her, and regularly forced himself on her. Miriam did not want to get pregnant again and again, but had little choice in the matter. She had not time to go to the health clinic, and when she went sometimes because her children were sick, she was hesitant to broach the subject of contraception with the nurses.

Her life with her husband was a long saga of violence. Miriam struggled to keep body and soul together through her several pregnancies and raising her children. She had to farm her small plot of land to feed the children, because her husband never gave her enough money. She approached the parish priest several times for help. He always advised her to have faith in God and keep her sacraments.

One day her husband accused Miriam of 'carrying on' with a man in the village. He had seen Miriam laughing and chatting with the man, he claimed. When she answered back, he hit her with firewood repeatedly on her knees saying 'you whore! I will break your legs'. Miriam was badly injured; she thought she had a fracture. For weeks she could not move out of the house. But she did not have any money to hire transport to go to the health centre. Unable to go to the market to trade, she had no income and literally starved.

Miriam was terrified of further violence. She had had enough. As soon as she could walk, she took her two youngest and left the village. She now lives in a strange village, a refugee in her own country, living in fear of being found by her husband and brought back home.

Source: Ravindran TKS (ed) *Transforming health systems: Gender and rights in reproductive health*, Geneva, World Health Organisation, 2003.

The afternoon session was started with a special lecturer on health and nutrition followed by discussion on good health practices. A chart display was made on child milestones and diet chart for children. The participants were explained the differences between mortality and morbidity. The participants gave a feedback that all this information would be helpful for them to work among the children. It would help them to implement the programme in the field in a better way and can tend to the queries of the target population.

The second day of the training was on friendship, love and marriage. The session started with an energiser. The trainer started the session with a brainstorming activity on who a friend is? What are the qualities of a good friend? After sharing views, the trainer explained the criteria of good

friendship and how a good friend should be? The participants were given a tool to ascertain their mindset and think about the differences between love and friendship. After getting the responses from the participants, the trainer listed out the problems [family and social] that occur due to love. The trainer made a detailed presentation about the differences between love and platonic relationship. One need to assert their rights and the trainer stressed the importance of being assertive in all kinds of relationships.

As the number of teen-age pregnancies and illegal abortions are on increase, the trainer felt that it should be addressed. The trainer explained the functions of uterus through picture demonstration. Women face lots of problems due to unwanted pregnancies and abortions. This aspect was explained through a real story named “Erukam Kucchi Emangal”(A stick used to abort the foetus in the back street abortion). The trainer also explained about back street abortions and the consequences of abortions (i.e.) infections, prolapse and delay in begetting children in their later years.

The participants had a brainstorming session on marriage, what they call as marriage and their expectations from their life partner. The session concluded with the societal concept of marriage.

In the post-lunch session, the participants were given a pamphlet “oru navina neethi kathai”(A Morden parable). After they read the story, the participants discussed the reasons for accidents in factories and what the management can do to avoid this? It was concluded that if the management takes care of safety devices, major accidents could be avoided in factories.

The third day of the training was on “Our body and its functions, Reproductive health and rights”. Two participants were called as volunteers and were asked to lie down. The rest of the participants were asked to outline the sketch of their bodies and mark the body parts.

The session continued with the physiology and anatomy of human body through chart display and models.

The trainer gave importance to the reproductive system as participants had many questions related to it and they cannot get answers to these questions elsewhere. The male and female reproductive systems were explained through pictures and models. The functions of each and every part in the reproductive organs of male and female were explained through models and drawings. Menstruation, conception and baby birth were explained in a natural way.

The participants were given Tamil pamphlets on ANC care, vaginal discharge, urinary track infection, reproductive track infection and contraceptives for reading and better understanding. They were also given books on our body functions and growth stages of girls [‘kulandai kumari agiral’]. The participants expressed that these pamphlets and books are informative and can be used to clarify their doubts and conduct workshops in the field. A chart presentation on reproductive health rights was presented.

The function of the family welfare department was briefed. The trainer made a power point presentation on the functions of hormones. The role of hormones is very vital during adolescence as during this period changes occur in boys and girls both internally and externally.

Through lecture method, the trainer explained the growth stages from the age of 1 to 14 years and associated physical and emotional changes. The trainer stressed the adolescent need to be assertive at this stage. The trainer explained how boy and girl babies are born and gave statistics on female infanticide. Even now female infanticide is practised in Dharmapuri, Salem and Madurai districts.

Following the detailed explanation of growth of male and female children with physiological changes, the participants had raised lots of questions in the session particularly on the reproductive organ and its functions.

How twins are born?

What is abortion?

What is miscarriage?

Will there be any health consequences when there is sexual intercourse when a woman is pregnant?

Why do women get stomach pain during menstruation?

When do the sperms develop in men?

What are the reasons for infertility?

The facilitator patiently answered all the questions. Even after the session, some participants approached the trainer during the lunch break and got cleared their doubts. Overall, the participants felt that the session was very informative and important for them. The session enhanced their knowledge base and made them understand the importance to work with adolescents on reproductive health matters.

The fourth day of the training dealt with “Status of women and violence that are caused to children especially for female children”. The session started with an energiser. The trainer asked the participants to list the status of girl children and women in the present society. In their list, the harassment women face in day-to-day life was highlighted by everyone. The participants were given a group activity, wherein they need to discuss the problems faced by women in the family, society and how women are treated culturally. The participants were divided into four groups and were asked to write the problems of 0 –14 years, 15 – 21 years, and 21 – 40 years and above 41 years women. The trainer requested the participants to have an in-depth insight while discussing. After they listed out the problems it was concluded that women have lots of restrictions in all ages, they are forced to follow religious and cultural rites, and they face harassment within the family and also at workplace.

As the participants work among the age group 5 – 18 years the trainer made a presentation on how children are treated and especially how female children are discriminated both in the family and in the society. The trainer narrated incidents that took place involving girls from villages who attend schools in nearby urban areas. Young and older men try to humiliate these girls and misuse their ignorance.

The day continued with a session on “Social controls on females”. The session started with a group activity. A volunteer was called for and asked to sit in a chair. All the participants were asked to write down a proverb describing the plight of women. The participants should tell the proverb and tie a ribbon on the body, which is described in the proverb. For example if the participant writes that women should not laugh, he/she should tie the mouth of the volunteer with the ribbon. Likewise all the proverbs that are commonly used one way or the other cause hindrance to the women’s growth. At the end of the activity, it was obvious that all the body parts of the volunteer were tied up. The facilitator suggested alternative to these proverbs, which gives a good feeling to women in terms of both physical and mental well-being. For example, instead of women should eat less, we should stress that women should have a nutritious diet for her well-being and also to beget a healthy baby.

The trainer posed a question: what do they mean by violence?

The responses were damaging public property, hurting mentally and physically. The trainer explained that acting against one's wish is violence. The participants listed out the violence that happens to women, place of violence and perpetrators. The participants said that women face violence in the family, in the society and also in the workplace. The trainer made an OHP presentation on 1) what is domestic violence? 2) What are the reasons for it? 3) What steps need to be taken to avoid it?. It was concluded that when there are problems between husband and wife, children are the worst affected. Both the women and the children suffer physically and mentally due to domestic violence.

The trainer started the session with an activity. The trainer raised the following question and asked the participants to give their views.

Situation: You are married for 10 years and you do not have a child. God appeared before and grants you a boon. You can opt for one child and you should state the reason for opting that particular child.

The participants' views were:

I would opt for a girl baby as I have only brothers.

I would prefer a boy baby as there is tough competition for boys. Birth of girl children result in expenditure to the family.

Boys would take care of us in older age.

I would prefer boys as women face lots of problems in the society.

I would prefer girls, as they would listen to us.

I would prefer boys as only they can perform religious and cultural rites. Only they can light the funeral pyre.

I would prefer a boy because if it is a girl baby I need to pay a hefty dowry.

I would prefer a girl as I can dress her up well.

I would prefer a girl, as I am a girl.

After listening to the views of the participants the trainer explained that girls can also perform cultural and religious rites but the society does not accept it and she said that this should be changed in the society.

The trainer kept lots of cards in a place and allotted two spaces — one for boys and another for girls. The participants were asked to take a card and keep it in the space as they pursue for girls and boys.

The participants had few doubts regarding the position and after discussion they all put it under common for boys and girls expect the reproductive organs and functions, which is different for boys and girls. The trainer gave an example that generally weightlifting is considered a man's activity but Karnam Malleswari — a brave woman — won gold medal for India in the Olympic weightlifting competition. The qualities and role of boys and girls are based on the opportunities and differ based on how they are brought up.

The trainer explained the biological differences between boys and girls and made a presentation about the differences between sex and gender. It was concluded that gender is socially constructed.

The concept of gender was explained through a ball game. The trainer stated that with proper goal and confidence one can achieve great things in life. During the training programmes in the night, the participants planned for the workshops on life skills education workshops in the villages and mock presentations were made.

Feedback about the four-day trainings

- ❖ *The training was like a natural process; you spoke about the reproductive health freely; we felt like we have become teachers and doctors at the end of this training.*
- ❖ *You taught us that there is only biological difference between boys and girls. I am sure that if we teach this to children mistakes can be reduced.*
- ❖ *The session on reproductive health was new to us and now we have a better understanding about our body and its functions.*
- ❖ *Nobody has ever taught us in detail about the physiology and anatomy of human body like this. It was highly informative.*
- ❖ *My mother had prolapse and I did not know much about it then and she would keep it covered. Now after the training I came to know about the suffering of my mother. Moreover through the training I came to know how it can be prevented.*
- ❖ *The sessions were dealt naturally and freely. We did not feel hesitant to get our doubts clarified.*
- ❖ *We came to know that the birth of girls and boys is in the hands of men.*
- ❖ *I came to know where the uterus is. Moreover I came to know that the urinary passage and the menstrual fluid passages are different.*
- ❖ *Even doctors do not give us such explanations; we came to know about the functions of the body and also about the reasons for reproductive health problems.*
- ❖ *I feel that I got all this information very late. If I had got this before I would have given better care for my wife and children.*
- ❖ *The pamphlets that supplied in the sessions give us valid information in a simple capsule form.*
- ❖ *The teaching tools you gave us to conduct the sessions in villages made our job easier.*

2.2 Follow Up Trainings

The follow-up training took place on 18th and 19th of November 2006 in Annamalai University for Cuddalore and Nagapattinum district CBWs and supervisors. Thirty nine community workers and four supervisors attended the training. For the Kanyakumari district batch, the training took place in YMCA, Youth Hostel campus on 25th and 26th November 2006. Twenty two community workers and two supervisors participated the training. Ten workers from the VHK - an NGO-based in Kanyakumari working with children also participated in the training.

Topics covered during the session included

Day 1: Personal hygiene and Public Hygiene, Substance abuse and its problems

Day 2: HIV / AIDS, Child Sexual Abuse

In the introductory session, the participants shared their experiences in conducting workshops for the children aged between 5 – 12 years and 13 – 18 years in the villages. This was followed by a brief roundup of topics covered in intensive trainings. The trainer started the session with a brain storming on what is personal hygiene? And what is public hygiene?

The participants gave different answers ranging from keeping oneself clean to clean environment. Then she said personal hygiene refers to keeping our body clean from head to foot. The trainer explained how to take care of eyes, ears, head and nose. As children are prone to put stones and sticks in their nose and ears, it was suggested that all the body parts should be taken care of. One should take care of one's eyes and should not put local oils in the eye. Eyes should be cleaned with clean water only. The trainer also made a chart presentation on nutrition deficiency and diseases related to it. Finally, to end the session a list of healthy habits that one should follow in one's life was shared and discussed.

The session on "Substance Abuse" had questions and interactions. The trainer explained how one gets addicted to alcohol through lecture method. In the year 1985 if 10 members consumed alcohol 4 would be addicts. In 2006, it's 6 to 7. Earlier people had fear and they hesitated to drink alcohol in public but now they take it as easy and justify that they can be under control even if they drink. People who drink cannot recall their past and they tend to be absent minded. If they get treatment in the initial stages, they can be cured else it would lead to death. When people drink, the blood flow to the brain gets reduced and leads to health problems.

The participants were asked to conduct three role-plays; Group – 1 how substance-use in the family especially fathers drinking habit affects children's mental health and future. Group – 2 Effects on one's own health. Group - 3 how an alcoholic is treated in the society.

The trainer gave an example that normally it takes 8 hours for the stomach to digest the food but it takes 16 hours to digest alcohol. The trainer explained about 3 stages in alcohol. The stages of addiction; occasional drinkers, social drinkers, regular users and addiction were explained. The trainer explained how alcoholism creates problems physically, mentally, emotionally and socially. One should take steps to come out of it. The trainer shared real incidents of people who suffered problems after consuming alcohol.

The trainer shared that in the present day youngsters tend to drink alcohol more due to peer pressure and media influence, so they need to be educated about the after effects of alcohol. The trainer informed that to treat an alcohol addict, cooperation of friends and family is very much essential and the person need to be assertive and confident that he can come out of it.

The participants had lots of queries about various treatment procedures available for coming out of alcoholism. Few examples,

Is there alcoholic content in homeopathic medicines?

In villages people say that when they drink alcohol after delivery it eases pain? Is it true?

The second day of the training was on HIV / AIDS. The trainer gave the explanation for HIV. She made a power point presentation on the status of HIV rates in India. The trainer said that India is in the second position with regard to the number of HIV infected persons. The difference between HIV and AIDS was explained.

The participants were divided into 3 groups and were asked to list out how HIV spreads? How it cannot spread? How to control it? After the participants shared their views the trainer summed up the session. The ways of spreading and preventive measures were discussed and clearly explained.

In the Chidambaram training we had experience sharing session on substance use and HIV. The trainer introduced 2 people — one person is a HIV positive person and the other person is an alcohol addict. Both of them shared their life experiences on how did they become victims, the problems faced by them and other societal pressures faced by them. After this, the participants expressed that the methodology was nice and they appreciated the two people for sharing their personal experience openly. A video film on HIV/AIDS produced by TANSACS was shown at the end of the session.

The session of child sexual abuse started with an activity. The trainer asked to list out the guidelines one need to follow for a successful training programme. After hearing the views of the participants, the trainer requested the participants to follow all they said till the end of the training programme.

As an energiser “fruit salad” game was played. The trainer asked the participants to share the name of the participant, reasons if any behind their name and aspect they feel proud of in their life with their neighbour and they both should share about each other in the common group.

The trainer asked the participants what they mean by child abuse? The answers were,

Misusing a child

Kidnapping

Sexual harassment

Violence

Beating

Killing

Misusing their rights

After eliciting the views from the participants, the trainer gave the definition for child abuse.

“Any activity that is done against the wish of a child is abuse” and the trainer remained that there is no specific concept behind abuse.

Through various questions the views of the participants were listed out; What means a child is sexually abused? and How a child is physically abused?

The participants had a brainstorming session on how a child faces problems physically. Treatment in education and problems related to mental and psychological well-being were discussed and the trainer gave conceptual clarity to the aspect.

The trainer explained about the basic rights and made a power point presentation on basic rights

Right to live

Right to grow and develop

Right to participate

Right for protection

All the four basic rights were explained in detail with suitable examples. The session continued with brainstorming activity on how children are abused? Who are the abusers and how the child suffers due to it? The trainer clarified the difference between kidnapping and child trafficking. The trainer also suggested steps that one need to follow to avoid child trafficking. The trainer stressed that children should be educated about abuse and they should not be deserted if they face any abuse.

Feedback about the follow-up training sessions

- *Energiser games boosted up and made us to participate actively in the sessions.*
- *After the group activity, the trainer appreciated the groups and even in between the trainer said good and very good for the answers this encouraged us very much.*
- *The sessions were not like lectures with notes and it was more participative and made us feel fresh.*
- *We came to know about the harmful effects of alcohol. The real life experiences shared by 2 volunteers from freedom foundation made us raise our eyebrows.*
- *We got clarity with regard to HIV and AIDS and how to protect oneself from it.*
- *The way the trainer presented vis-à-vis physical, mental, social and economic factors regarding HIV was thought provoking.*
- *We came to know about how children are sexually abused and how one should safeguard the children.*
- *When a child is sexually abused we should take steps to make the child come out of it and not to remind her about the incidence.*

REPORT OF BASELINE AND ENDLINE EVALUATION - A QUANTITATIVE ASSESSMENT WITH CHILDREN

3.1 The Objective and Methodology

The main objective of the assessment was to measure the extent of life skills information that had reached children and awareness and knowledge promoted among children through the programme; and importantly to compare and document the awareness and knowledge levels of children on important themes of life skills before and after the intervention.

To meet the above said objective, research tools were developed separately for 5 to 12 year and 13 to 18-year-old children according to their age and based on different inputs given in the programme.

The questionnaires of 5 to 12-year-old children have two parts. 1) Background information about the children and their family, 2) Awareness and opinion on gender, health, nutrition, child rights and other societal issues.

The questionnaire for the 13 to 18-year-old children, in addition to No. 1 above, included questions to understand and measure the awareness and knowledge on specific issues pertaining to societal issues, self-confidence and reproductive health. The tools used for 5 to 12-year and 13 to 18-year-old children are attached at the end of this report as Annexure - 3.

Community-Based Workers (CBWs) who conducted workshops in the villages collected both the baseline and end line data. Background data on the 5 to 12-year-old children was collected individually. Then the core data on awareness and opinions on different matters was collected through an exercise. Three circles were drawn on the floor and labelled them as Right, Wrong and Don't Know. Then each statement in the questionnaire was read aloud and the children were asked to stand inside the circle according to their answers. Then the number of children who stood in each circle was counted and the figure was written into the tools.

But, for the 13 to 18-year-old children, the tools were administered to them and collected. For illiterates and those who found it difficult to write in the questionnaire, the CBWs helped them in writing.

The baseline assessment was conducted in the month of October 2006 and the endline in June 2007.

3.2 Findings on Pre and Post Training Awareness among the 5 to 12-Year-Old Children

3.2.1 Social Characteristics of 5 to 12-Year-Old Children

2,107 children participated in the baseline assessment. Of them, 1,128 were girls (53.5%) and 979 boys (46.5%). About three fifths of the children were aged 9-12 and the remaining 40 per cent belonged to 5-8 year age.

Table -1 provides the background characteristics of the children. About 60 per cent of children were Hindus, 38.5 per cent Christians and only 50 children (2.37%) were Muslims. While looking into the caste composition, we find 60 per cent belonged to most backward castes and another one third to other backward caste. The rest (6 per cent) were 'dalits'. All the children enrolled in the programme were in school. About a majority of 62 per cent of the children were primary school students and the rest 28 per cent studied in middle schools.

Nearly four fifths of the children belonged to fishing community. 78 per cent of participants' fathers were fishermen, and another 16 per cent of the fathers were wage labourers. Only 2.04 percentage of fathers were engaged in other occupations (cultivation, employed for salary, driver, business etc). About three fourths of the children's mothers were not working outside home and 15 per cent mothers were wage labourers.

About one fourth of the children aimed to become a teacher followed by another one fourth who wanted to become doctors or nurses. As compared to boys (11.3%), girls in higher proportion (35%) preferred teaching profession. The proportion of children who aspired to be policemen and engineers was high among both boys and girls. Of the 2,107 children enrolled in the programme, 91 dropped out (4.32%) because of families shifting to permanent houses and so 2,016 children participated in the end line assessment.

3.2.2 Improvement in Awareness and Opinions about Gender, Health, Nutrition and Child Rights

There is more evidence from the baseline and endline comparative analysis data (Table-2) that awareness and opinions on personal and public hygienic practices, gender, and nutrition and child rights have improved substantially after the intervention.

An overwhelming majority of children (90%) participated in the programme have now clearly understood the public health problems of using open toilets (open places) as against 64 per cent at the beginning. Similarly for a statement, "Is it okay to drink water taken from open wells and reservoirs" the percentage of children who answered wrong was 68 at the beginning which rose to 89 per cent. Similarly, the awareness and importance of dental hygiene have improved substantially.

As an impact of the programme, gender attitudes and values have changed proactively for gender equality. Before the intervention, only one third of the children replied 'No' to the statement "Men should study higher than women" but at the endline assessment about three out of four children said 'No'. Generally there is a custom in patriarchal society that women should not eat before the men in the family had eaten. This is more common in rural areas and it was reflected in the study also. About 46 per cent of the children said at the beginning it is correct practice but after the programme implementation 80 per cent opined it is wrong. Likewise, for the other statements on gender, the proportion of children who favoured equality has increased two-fold after the intervention.

The children's knowledge on health and nutrition has improved during the programme. The percentage of children who are aware of the importance of vitamins and minerals has increased 1.4 times by the end of the programme as compared to children's responses at the beginning. For e.g., information on how parasites and infections spread through semi-cooked meat has reached well. However, the participants' response indicates that the information on "A Person with fever should be allowed to sleep in a well aired room" has not reached well to the children.

The proportion of children aware of child rights and child abuses has also increased well after the project implementation. 63 per cent at the beginning as against 91 per cent at the end opined it is wrong to send children below 15 years to work.

3.3 Findings on Pre and Post Training Awareness Among the 13-18 Year-Old Children

3.3.1 Socio-Demographic Characteristics of 13 to 18-Year-Old Adolescents

There were 1,693 adolescents who enrolled in the programme and had participated in the baseline assessment. A majority (63.5 per cent) of them were girls and only 36.5 per cent were boys. About three fourth of the children belonged to early adolescence (13 to 15 years age) and the remaining 26 per cent fall between 16 and 18 years. While looking into the social characteristics of the children, a majority of adolescents — 65 per cent (61 per cent of girls and 73 per cent of boys) belonged to Hindu religion and another one third were Christians. Only 41 (2.42 %) adolescents were Muslims. Here it must be noted that we have selected 60 worst-affected tsunami villages; 20 each from three districts, so it was a purposive sample. A little more than two third of the children belonged to most backward caste group, followed by 28 per cent other backward class. Only the rest of 5 per cent belonged to *dalit* community. A little more than half of the children had nine and above years of schooling, followed by another 44 per cent who had 6-8 years of schooling and the remaining four per cent were either illiterates or primary school dropouts. (Table -3)

A majority of the children belonged to the family household size five and above and the average house hold size was 5.16 persons. A large majority — 82 per cent — of children had two siblings and another 18 per cent had 3 or more siblings. Only seven had no or one sibling. More than four fifth of the children's fathers were fishermen and one tenth were farmers. The remaining 5 per cent were wage labourers or involved in other occupations.

When we asked the children their ambition, we found higher proportion (26.4%) preferred teaching followed by health services (23.8%). Here, we noticed a gender differential in ambition: teaching and nursing were preferred by girls as compared to boys. Other professional jobs like lawyer, collector and engineer were aimed by 6-9 per cent of the adolescents of both sexes.

Of the 1,693 children enrolled, only 1,534 participated in the endline assessment. There were dropouts from the programme in four villages of Nagapattinam and Kanyakumari districts. During the project period, a few families in these villages were shifted from temporary shelters to permanent houses and the children who had moved were not able to participate in all the sessions.

Of the different topics taught in the community workshops, self- confidence and assertiveness, personal and public hygiene, gender relations, child rights, nutrition, our bodies and ourselves, reproductive system and its functions, HIV/AIDS, and substance use were most liked. As compared to boys, girls in higher proportion preferred reproductive health topics.

3.4 Improved Awareness and Knowledge on Gender, Health, Nutrition, Child Rights and Reproductive Health

It was more evident from the comparative analysis tables (Table No 4-10) that there had been noticeable changes among adolescents' knowledge and attitudes on gender, health, nutrition, and reproductive health and child rights. Importantly their health and rights knowledge has improved noticeably. The main findings are,

- ❖ *Awareness about legal and best age at marriage of boys and girls had increased substantially among adolescents. The percentage of children reported the correct age at marriage of males had increased from 27 at the baseline to 69 at the end. Similarly, the percentage of children who mentioned the correct age at marriage for girls has increased from 58 per cent to 89 per cent. Importantly, they all were well aware of the problems arising out of early age at marriage at the end of the programme.*

- ❖ *Unlike the 5 to 12-year-old children, adolescents had some basic understanding on gender and health issues well before the programme implementation. Even then, the percentage of adolescents who were aware of gender equality, child rights and nutrition had increased noticeably after the intervention. The proportion of adolescents who disagreed with the statement “Men should study higher than women” rose to 76 at the end line from 67 per cent at the beginning of the project. Again for the statement “Eve teasing is common and acceptable during adolescence”, only 57 per cent answered it is false at the end while 78 percent opined it is false in the beginning. There is also noticeable improvement in the level of awareness on child rights issues and health.*
- ❖ *Improved knowledge on physical changes that occurred during adolescence, reproductive systems and its functions: the proportion of adolescents who were aware of one or more physical changes occurring during adolescence raised by 30 percentage points. It was 68 per cent at the beginning and rose to 98 per cent at the end line assessment.*

Initially only four girls (less than one per cent) answered correctly the question of where uterus is. But at the end, 80 per cent of the children located the correct position of uterus in a woman’s body. In the baseline, only 31 per cent mentioned that a woman has two ovaries but at the end of the programme 78 per cent of the adolescents stated it is two. Similarly about 67 per cent of adolescents – 68 per cent girls and 64 per cent boys — reported that they have learnt that men’s chromosomes are responsible for the sex of the child.

The impact of the programme is more evident from the results of baseline and endline assessments. The study clearly found an increased level of awareness and knowledge among children about personal and public hygienic practices, gender, health and nutrition, child rights issues. Information on reproductive system and its functions have reached well among the adolescents.

Table – 1			
Background Characteristics of Children Aged 5-12 Years (Preliminary Assessment)			
	Sex		Total
District	Male	Female	
Kanyakumari	321	437	758
	42.35 %	57.65%	100%
Nagapattinam	353	350	703
	50.21%	49.79%	100%
Cuddalore	305	341	646
	47.21%	52.79%	100%
Age			
5-8 Years	400	445	845
	47.34%	52.66%	40.10%
9-12 Years	579	683	1262
	45.88%	54.12%	59.90%
Religion			
Hindu	609	636	1245
	48.92%	51.08%	59.09%
Muslim	17	33	50
	34.00%	66.00%	2.37%
Christian	353	459	812
	43.47%	56.53%	38.54%
Caste			
Schedule Caste	54	77	131
	41.22%	58.78%	6.22%
Most backward caste	585	682	1267
	46.17%	53.83%	60.13%
Others	340	369	709
	47.95%	52.05%	33.65%
Class Studying			
1-3 rd std	397	422	819
	48.47%	51.53%	38.87%
4-5	307	390	697
	44.05%	55.95%	33.08%
6th and above	275	316	591
	46.53%	53.47%	28.05%
Father's Occupation			
Fisher man	752	887	1639
	45.88%	54.12%	77.79%
Wage labourers	159	172	331
	48.04%	51.96%	15.71%
Agriculture	15	19	34
	44.12%	55.88%	1.61%
Salaried employment	11	12	23
	47.83%	52.17%	1.09%
Others	25	18	43
	58.14%	41.86%	2.04%
Not Reported	17	20	37
	45.95%	54.05%	1.76%
Mother's Occupation			
Fish Vending	168	150	318
	52.83%	47.17%	15.09%
Household work	697	859	1556
	44.79%	55.21%	73.85%
Wage labourers	90	96	186
	48.39%	51.61%	8.83%
Cultivation	14	15	29
	48.28%	51.72%	1.38%
Salaried Employee	10	8	18
	55.56%	44.44%	0.85%
Total Children	979	1128	2107
	46.46%	53.54%	100%

Number in bold letters denoted percentages

Table – 2

Awareness and Opinion on Health, Gender and Child Rights Issues

		Preliminary N= 2107			End line N=2016		
		Response in Percentages					
Sno	Opinion about the following Statements	Y %	N %	DK %	Y %	N %	DK %
1	We need to brush twice a day	77.64%	14.70%	7.66%	85.74%	11.12%	3.14%
2	We should wash our hand before and after having food	82.97%	12.42%	4.95%	82.13%	15.76%	2.11%
3	We should walk on the left side in the road	63.75%	19.03%	16.89%	83.32%	14.57%	
4	Children below 15 years should not be send for work	63.23%	25.59%	11.13%	90.94%	5.05%	4.02%
5	Malaria spreads through mosquitoes	71.98%	13.65%	14.65%	88.52%	5.30%	6.18%
6	One should wear slippers while going out	82.97%	11.37%	5.52%	92.64%	4.69%	2.68%
7	‘Kirai’ Greenleafy vegetables and vegetables have good nutrients	68.41%	15.94%	14.56%	90.78%	4.07%	5.15%
8	Child trafficking and abuse is against law	78.78%	10.32%	10.75%	91.92%	5.97%	2.16%
9	Eating un-boiled meat leads to infection	54.14%	19.60%	26.02%	77.03%	17.71%	5.25%
10	We should not eat the food sold in open places	75.50%	14.84%	7.99%	81.87%	15.24%	2.88%
11	It is okay to drink water from uncovered sources	24.26%	67.75%	7.99%	9.17%	87.54%	3.30%
12	It is okay to use open toilets	26.12%	64.32%	8.23%	8.91%	89.55%	1.54%
13	Person with fever should remain in a closed room	44.48%	37.30%	17.94%	44.75%	50%	5.25%
14	Men should be highly educated than females	53.09%	34.35%	12.32%	21.83%	73.27%	4.89%
15	Women should perform the household chores	49.67%	40.49%	9.42%	24.41%	71.42%	4.17%
16	Women should eat only after men finish eating	45.67%	42.96%	10.66%	16.63%	79.56%	3.81%
Y: Yes, N: No and DK: Don't know							

Table -3

Socio- Demographic Characteristics of 13-18 Years aged Children (Preliminary Assessment)

Sex						
	Male	%	Female	%	Total	%
Age						
13-15	485	78.48%	773	71.91%	1258	74.31%
16-18	133	21.52%	302	28.09%	435	25.69%
Religion						
Hindu	450	72.82%	653	60.74%	1103	65.15%
Muslim	16	2.59%	25	2.33%	41	2.42%
Christian	152	24.60%	397	36.93%	549	32.43%
Caste						
Scheduled Caste	40	6.47%	42	3.91	82	4.84%
Most Backward Caste	447	72.33%	687	63.91	1134	66.98%
Others	131	21.20%	346	32.19	477	28.17%
Education						
Illiterate	20	2.33%	25	3.24%	45	2.66%
1-5 years of schooling	7	1.67%	18	1.13%	25	1.48%
6- 8 years of schooling	297	42.23%	454	48.06%	751	44.36%
Secondary and above	294	47.57%	578	53.77%	872	51.51%
House Hold size						
1-4	227	36.73%	355	33.02%	582	34.38%
5-6	281	45.47%	537	49.95%	818	48.32%
7& above	107	17.31%	177	16.47%	284	16.77%
NA	3	0.49%	6	0.56%	9	0.53%
<i>Average house Hold Size</i>	5.11		5.19		5.16	
Number of siblings						
No and one	3	0.49%	4	0.37%	7	0.41%
Two	502	81.23%	886	82.42%	1388	81.98%
Three and above	113	18.28%	185	17.21%	298	17.60%
Average	2.16		2.18		2.17	
Father's occupation						
Fisherman	505	81.72%	918	85.40%	1423	84.05%
Wage labourer	20	3.24%	36	3.35%	56	3.31%
Cultivation	70	11.33%	86	8.00%	156	9.21%
Others	23	1.94%	35	1.40%	58	1.59%
District						
Cuddalore	256	29.12%	313	41.42%	569	33.61%
Kanyakumari	142	36.65%	394	22.98%	536	31.66%
Nagapattinam	220	34.23%	368	35.60%	588	34.73%
Ambition of the Children						
Teacher	70	11.33%	377	35.07%	447	26.40%
Doctor and Nurse	131	21.20%	273	25.40%	404	23.86%
Police	85	13.75%	66	6.14%	151	8.92%
Engineer	78	12.62%	52	4.84%	130	7.68%
Collector	54	8.74%	46	4.28%	100	5.91%
Religious work	24	3.88%	74	6.88%	98	5.79%
Others**	160	25.89%	140	13.02%	300	17.72%
Not reported	16	2.59%	47	4.37%	63	3.72%
	618	36.50%	1075	63.50%	1693	100%
Others : Government staff, Artist, lawyer, Engineer, Foreign Job ectColumn Percentage						

Table -4

Physical Changes During Adolescence –						
Girls			Boys		Total	
Responses before the workshop			Preliminary			
Mentioned one or more Physical changes**	740	68.84%	421	68.12%	1161	68.58%
Not mentioned any	335	31.16%	197	31.88%	532	31.42%
Total	1075	100%	618	100%	1693	100%
Responses after the workshop			End line			
Mentioned more than one changes**	937	96.55%	559	98.12%	1496	97.52%
Not mentioned any	18	3.45%	20	1.88%	38	2.48%
Total	955	100 %	579	100%	1534	100%
** Voice changes, Growth of reproductive organs, growth of hair in genital area and armpit						
Awareness about age at marriage for men and women						
Preliminary						
Men age at marriage						
	Girls	%	Boys	%	Total	%
Known correctly	267	24.84%	188	30.42%	455	26.88%
Not known	792	73.67%	428	69.26%	1220	72.06%
Not reported	16	1.49%	2	0.32%	18	1.06%
Total	1075	100%	618	100%	1693	100%
Men age at marriage						
End line						
Known correctly	676	65.46%	379	70.79%	1055	68.77%
Not known	271	33.68%	195	28.38%	466	30.38%
Not reported	8	0.86%	5	0.84%	13	0.85%
Total	955	100%	579	100%	1534	100%
	Preliminary					
Women age at marriage						
Known correctly	650	60.47%	326	52.75%	976	57.65%
Not known	419	38.98%	289	46.76%	708	41.82%
Not reported	6	0.56%	3	0.49%	9	0.53%
Total	1075	100%	618	100%	1693	100%
	End line					
Women age at marriage						
Known correctly	505	87.22%	857	89.74%	1362	88.79%
Not known	69	11.92%	90	9.42%	159	10.37%
Not reported	5	0.86%	8	0.84%	13	0.85%
Total	579	100%	955	100%	1534	100%

Table - 5

Problems of Early Age at Marriage						
Responses		Preliminary				
Misunderstanding/ dispute between the Couples	371	34.51%	184	29.77%	555	29.32%
Women become weak	304	28.28%	166	26.86%	470	24.83%
Not reported	235	21.86%	163	26.38%	398	21.02%
Affect individual development	75	6.98%	47	7.61%	122	6.44%
Maternal Health Problems	50	4.65%	40	6.47%	90	4.75%
Be get a weak children	40	3.72%	18	2.91%	58	3.06%
Total	1075	100%	618	100%	1693	89.43%
		End line				
Woman body become very weak	449	52.33%	303	47.02%	752	49.02%
Family dispute and mis understanding	170	12.95%	75	17.80%	245	15.97%
Lead to Abortion	85	10.88%	63	8.90%	148	9.65%
Affect mother's health	74	5.70%	33	7.75%	107	6.98%
Mental maturity is low	52	8.12%	47	5.45%	99	6.45%
Be get a weak children	67	3.28%	19	7.02%	86	5.61%
Not reported	58	6.74%	39	6.07%	97	6.32%
Total	955	100%	579	100%	1534	100.00%

Table -6

Awareness on Gender, Child rights and Nutrition Related Matters						
	Preliminary N=1693			End line N=1534		
	Percentage			Percentage		
Statements	R %	W %	DK %	R %	W %	DK %
Men should be highly educated than women	32.25%	66.92%	0.83%	24.19%	75.42%	0.59%
Women should have equal rights in property 0.39%	89.60%	10.28%	0.12%	89.83%		9.58%
Smoking and drinking are the characteristics of manhood	16.07%	83.76%	0.18%	10.17%	89.44%	0.39%
A boy and a girl can be good friends	90.08%	9.86%	0.06%	94.18%	5.43%	0.39%
Women should eat after male members in the family finish eating	25.69%	74.19%	0.12%	14.17%	85.18%	0.65%
Eve teasing is common and acceptable during adolescence	42.82%	56.76%	0.41%	22.03%	77.64%	0.33%
Sending children below 15 years for wage work/ bonded labour is correct	16.18%	83.64%	0.18%	11.34%	88.14%	0.52%
Kidnapping, teasing and bonded work are against the law	81.39%	18.43%	0.18%	83.31%	16.17%	0.52%
A person with fever should not remain in a aired room	57.89%	41.94%	0.18%	37.00%	62.54%	0.46%
Iron deficiency leads to Anaemia	91.26%	8.68%	0.06%	94.24%	5.30%	0.46%
Night blindness is caused due to the deficiency of vitamin A	92.20%	7.62%	0.18%	95.44%	4.04%	0.52%
R: Right, W: Wrong ; DK: Don't Know						

Table - 7

Where is uterus in a woman body						
	Preliminary					
Response	Male	%	Female	%	Total	%
Lower abdomen	0	0	4	0.37%	4	0.24%
In stomach	343	55.50%	637	59.26%	980	57.89%
Left or right side stomach	1	0.16%	10	0.93%	11	0.65%
Not reported	274	44.34%	424	39.44%	698	41.23%
Total	618	100%	1075	100%	1693	100%
	End line					
Response	Male		Female		Total	
Right or left side stomach	33	5.70%	56	5.86%	89	5.80%
Middle stomach	21	3.63%	56	5.86%	77	5.02%
not reported	77	13.30%	70	7.33%	147	9.58%
Lower abdomen	448	77.37%	773	80.94%	1221	79.60%
	579	100%	955	100%	1534	100%
Number of ovaries in the uterus						
	Preliminary					
Response	Male		Female		Total	
Two	179	28.96%	353	32.84%	532	31.42%
one	17	2.75%	45	4.19%	62	3.66%
3 and above	36	5.83%	93	8.65%	129	7.62%
NR	386	62.46%	584	54.33%	970	57.29%
Total	618	100%	1075	100%	1693	100%
	End line					
Response						
Two	433	74.78%	761	79.69%	1194	77.84%
More than two	146	25.22%	194	20.31%	340	22.16%
Total	579		955		1534	100%

A REPORT OF QUALITATIVE ASSESSMENT WITH CHILDREN

4.1 Introduction

As part of the endline assessment of the programme, case studies were conducted with children in all the 60 villages to substantiate the results of quantitative data collected from all the children. This qualitative study primarily aims to assess the depth of knowledge and information reached among the children and how it was applicable and relevant to their daily lives; especially in promoting their individual skills and well being. The specific objectives of the case study were:

- ❖ *To know what the topics were and themes most liked or relevant to their practical needs*
- ❖ *To measure the depth of information/ knowledge gained and skills developed through the programme and*
- ❖ *To document how children apply their knowledge and skills that they gained in the programme to their personal lives.*

The study was conducted at the end of the programme. Three supervisors and one community-based worker in Cuddalore district who had sound experience in qualitative data collection were involved in the data collection process.

An interview guideline was developed for the purpose and data was collected from 120 children in the 60 villages. In each village, two children were selected randomly from our attendance register. The supervisors interviewed the children according to the children's convenience through oral consent. They collected the information and transcribed it in the local language. We then translated all the 120 case studies in to English. Finally the data was thoroughly analysed and documented.

This section describes the characteristics of the children who participated in the life skills programme, their aspirations, the contents they liked best, the methodologies they liked the best, the differences they see between the methodology adopted in their schools and in the life skill programme and their recommendations for the future.

4.2 Characteristics of the Case Study Participants

There were 120 children; 64 girls and 56 boys. Sixty children – 26 boys and 34 girls belonged to 5 to 12-year age group and the other participants – 30 boys and 30 girls were adolescents of 13 to 18-year age category. In the 5 to 12-year children, a little more than two third (41/60) were studying in middle schools and the remaining 19 children studied in primary schools. Whereas among adolescents 39 children (21 girls and 18 boys) were studying in secondary schools, 20 children were in middle schools and the remaining one girl was a primary school dropout.

4.3 Aspiration of the Children

It was very interesting to note that more than three fourth of the children who participated in the study had an ambition to work for social development. They aimed to become teacher/ doctor/ nurse/police officer /priest/nuns.

One out of four children who participated in the study (16 in the 5-12 and 14 in the 13-18 years age group preferred to become a doctor with a motto of serving the community. There is a substantial variation in their preference by sex — 11/16 in the 5-12 and 9/14 in the 13-18 — were girls. In other words as compared to boys, girls in higher number preferred the profession.

I like to become a doctor. As poor children would suffer like me, I will give them injections free of cost. When I grow big, I will build a hospital and provide treatment for my village people - A boy of 15 years - CG2S9

I want to become a doctor. There are no doctors in my village. When people fall sick, they need to travel six kilometres to consult a doctor. So I want to become a doctor - A 12 years old girl - NG1S14

I want to become a nurse and help people. People face difficulty when they need health care. I will provide them care and medicines. My father is a drug addict and he is now coming out of it. A nurse can help these kinds of patients also - NG1S17

A 13-year-old girl, who belonged to Muslim community said,

I want to become a doctor. In our community women doctors are few in number, so I want to become a doctor. KG2S2

25 children preferred to become teachers, most of them girls. These girls opined that the teaching profession is considered as good position in society and feel they could be path finders for social development.

A 14-year-old boy said, "In future I want to become a teacher. The job of a teacher is better than becoming a doctor, lawyer and collector as only teachers teach for all." KG1S1

A 13-year-old girl said, "I would like to be a teacher in future, because teaching is a good profession and we can serve the society. So I will become a teacher for sure." NG2S12

Fifteen participants (2 girls and 13 boys) aimed to become a police officer and their reasons for the ambition were,

12-year-old Amala Arun Toni said, "I wish to become a police officer. Like they show in movies I should take action to arrest bad people." KG1S10

13-year-old boy Anish Kumar said, "I want to become a police officer and protect people from rowdies and robbers." KG2S6

12-year-old Selva said, "I want to become a police officer. The thief should be sent to jail. I will not be like other policemen, and I would do good for the society. I would settle all the problems in the village and safeguard the village." CG1S8

A 14-year-old girl whose brother was in jail and whose family was excluded from all the social affairs felt:

I would like to become a police officer in future, so that I can punish those who produce 'arrack' illegally. Due to this practice, my family is ruined and also the lives of many people in the village. NG2S13.

Thirteen out of 20 children — 6 girls and 8 boys in the 5-12 years age and another four in the adolescent age group (two boys and two girls) of Kanyakumari district preferred to become priests and nuns.

When I grow up I would like to become a 'nun'. No one in my family has become a 'nun', so my mother has asked me to become a 'nun'. My mother has not asked my sister to become a 'nun'. My mother would say that my sister is unfit to become a 'nun', she has only asked me to become a 'nun' and I do not know the reason behind it - Mamtha, a 11-years-old girl. KG1S3

*A 11-year-old boy named Arokyasubelruth, said, When I grow up I want to become a 'father' in the church and serve for the god. No one has asked me to become a 'father' but I have decided on my own. **KG1S5***

There others - mainly boys - preferred jobs that help improve their family's economic prosperity.

*I would like to be a software engineer in future, so that I can earn more money and lead a comfortable life. Now, I am attending computer classes in private and developing my knowledge base. - Sathish Kumar, 15 years old boy. **NG2S11***

*I wish to go abroad and earn more money. My uncles are abroad and I want to go there and earn money – Jeniba, 12 years old girl. **NG1S6***

4.4 Topics and or Themes Most Liked by the Children and their Application

4.4.1 Personality and Self-Confidence

Of the different components of life skills, topics related to personality development and self-confidence were the most liked ones. The information on confidence had reached clearly to the children. The sessions had promoted their confidence level and created enthusiasm to participate in different activities.

56 out of 120 children who participated in the qualitative study said they very much liked the topics on self-confidence and assertiveness. 26 out of 44 boys and 30 out of 64 girls stated that the topic was very helpful for their individual lives. Greater proportion of boys than girls liked this topic.

This session on self-confidence was conducted through different methodologies. One was a story with pictures in a flash card and a real life story of Gajini Mohammed.

Thirty two children – 19 children in the 5-12 years and 12 adolescents —stated that the frog story and self-confidence message would ever remain in the minds.

*An 8-year-old boy said, I liked the session on self- confidence very much. In the session, the teacher told us the frog story with two different pictures in the flash card. Two frogs fell into two curd pots, one frog thought that it is the end and without making any attempts, it died in the pot. The other frog made kicked its legs and hands, churned the curd into buttermilk and came out of the pot. Likewise if we have confidence and make attempts we can be successful in life. **NG1S1***

*A 14-year-old boy said, From the frog story I realised that one should not give up when one has a problem. I also learnt that 'One should not lose heart while struggling for successes'. **KG1S1***

The following two were the expressions of two adolescents how they related the story with their life.

*13-year-old Arul Raj said, we should perform all the activities with self-confidence. If we do not take any efforts we will die like the frog. **KG2S1***

*13-year-old Mullai Kodi said, I learnt from the frog story that through making constant efforts and self-confidence we can be successful in life. **CG2S6***

A 12-year-old girl child compared the frog story with her ambition:

*I said that I wanted to become a doctor. For that I need to study well. By making constant efforts like the frog, I can achieve what I plan for. I realised these through this session. **CG1S5***

The following was the expression of an adolescent girl, who was a primary school dropout.

After attending the life skills sessions, I gained self-confidence that even if I am not educated I can educate my children. If I had attended these sessions 10 years ago, it would have been of much use in my life.
NG2S6.

Twelve children - six boys and six girls - commented about the second story used for educating self-confidence. The following were the expressions of two boys and a girl.

*The teacher narrated the life story of Gajni Mohammad. He was sad after his continuous defeat in the battlefield. Then he hid himself in a den. In the den he observed a spider making many attempts to spin its web. He realised that by making constant efforts one can be successful. Keeping the spider's attempts in his mind, he fought the next battle and won. Through the story I learnt that one should make constant efforts and need self-confidence to be successful in life. – 12-year-old Rajesh. **CG1S7***

*Through the picture manual, the teacher explained self-confidence. She explained it through the picture of Gajni Mohammed and the spider. Likewise if we make constant efforts without losing heart we can be successful in life – 14-year-old **CG2S5***

*The teacher taught us many stories. Even if we lose in our attempts, we should not lose hope but should keep trying to achieve success. I realised this through the frog story and Gajni Mohammed story – 17-year-old Sagaya Membal Bibija. **KG2S3***

4.4.2 Personal and Public Hygiene

Next to the topics on personality development, the information on personal and public hygiene was the second most preferred topic. Thirty eight children — 25 girls and 13 boys — were of the opinion that the session was most relevant to their life and have started to practice the good habits in their daily life. Young children in the 5-12 year group liked the topic more than the adolescents (23:18)

*I came to know that food items should be closed properly, not to consume food sold in unhygienic conditions and one should not eat the sweets that are kept in the sweet stall openly. We should have food after washing our hands properly. One should wash hands with soap after passing stool to avoid spread of infection. – 12-year-old Selva **CG1S8***

*The sessions were very useful for us. We should wash our hands thoroughly before having food, we should not consume unclean food and food stuffs, which are surrounded by flies – 12-year-old Jeniba. **NG1S6***

*On self-care, they taught us about toilet habits and brushing teeth daily. We should not control urine, if we control urine it would lead to infection. We should drink plenty of water. Rathisha Female **KG1S12***

*I practice self care and hygiene. When I come home, I wash my face, hands and legs and have my food after that. L.Vilson Arokiyadass 14 year boys in Nagai district **NG2S17***

*The teacher taught us to burn the garbage, which is piled up in front of the house. She also stressed the importance of washing the genitals daily. J. Nithya an adolescent girl **CG2S10***

All body parts are important, appearances are not important. Another insight the children liked and recalled was that all the body parts are important and appearances are not important. Forty one children — 24 girls and 17 boys — liked the deer story and the message conveyed through the story was more useful for promoting their positive skills.

*I liked the deer story very much. The deer thought its horns were beautiful and its legs were ugly. A hunter came one day. It tried to escape but its horns got stuck in a tree. Its legs were ready to run but it could not move. Then it realised its mistake. I learnt that all the body parts are beautiful through this story. Twelve year old boy Rajesh **CG1S7***

*After attending the session on 'me and my appearance', I learnt that all the body parts are good and one should not feel bad for dark complexion. Mathivanan aged 9 yers **NG1S12***

*People say that their eyes, hands, legs and teeth do not look good but they fail to realise the inbuilt talents in them. I realised all these through the deer story. R.Bharath 14 old boy **NG2S8***

4.4.3 Speaking before a Group

Thirteen children – 9 girls and 4 boys — liked the workshop on speaking before a group. The following were the expressions of children on how the session was conducted and how the session supported them in promoting their public speaking skills.

*The teacher kept a box and there were lots of chits in it. Each child was asked to pick up a chit and talk about what was written in the chit for two minutes. The topic given to me was the place I like. I stood in front of the group and said that I like Chennai very much, as I can visit many places. My relatives stay in Chennai and that too makes Chennai special. I talked in front of the group and all the children clapped. I learnt to talk without any hesitation and I did not feel scared – A girl child named Lakshmi, (12). **CG1S1***

*In the session on talking in front of a group, I talked first about cycle. I said that I go on cycling all round the village, buy things that mother asks for, cycle does not need petrol, it only needs air and it is the car for the poor. This helped us to overcome the shy factor in us and speak boldly what we want to say. All the children gave a good applause. Another girl from the Cuddalore district) **CG1S10***

*I have a stuttering speech and I cannot speak continuously. I always felt shy to speak in front of everyone. After attending the session, sister asked me to talk with confidence and I started to practice speaking alone. Now I sing the prayer song in the assembly and express my views of the students to the teacher. I do not stutter much, even if I stutter I do not worry. Sagaya Jestin, 14-year-old boy. **KG1S1***

*I liked the session on addressing the group very much because the girls in my village do not play with boys, but now we talk with one another without any hesitation and play together. Raj Kumar, 16-year- old boy. **CG2S8***

*I liked the session on addressing a group because many have the talent to express their views but due to shyness they hesitate to talk. Earlier I was also scared of talking in front of all but now I have gained confidence to express my views clearly. Sagayamembal Bibija, 17-year-old. **KG2S3***

4.4.4 Goal Setting and Self-Confidence

Ten children in the 5-12 year age group and three from the 13-18 group liked the theme on goal setting and the exercise used in the session.

*A 12-year-old girl said the teacher kept a bucket and gave us a small ball. She asked us to aim and throw the ball inside the bucket, at that time the ball did not fall inside the bucket. We made attempts and threw the ball inside the bucket. Through the game, the teacher briefed us that when we want to achieve something, we will need to aim correctly with confidence and make attempts to become successful. **CG1S1***

*A 10-year-old boy said, the teacher gave us a ball and asked us to throw in a bucket. Through the activity the teacher said that we need to work hard with correct aim to achieve the goal in our life. **CG1S4***

4.4.5 Team Building

A good number of children felt the team building exercise was a good lesson for them.

Through the flood game, I came to know that we should carry the land documents, jewels, certificates and cash and keep them safe. During an emergency situation, we cannot perform all the tasks alone and we should work as a group and carry our belongings and stay in a safe place — T.Anusha, 12-year-old girl. KG1S14

I liked the flood game very much as we all could understand the importance of taking the essential things we need along with us during flood and tsunami. A boy of 12 year. KG1S9

4.4.6 Child Rights and Protection

Sixteen girls and twelve boys who participated in the study liked the topic on child rights and protection. The topic was ranked third by the study participants. Like the other sessions, the topic on child rights was also conducted with different tools and methodologies. The following were the expression of the children with narration of methodology used and how it was useful to them.

A 10-year-old boy said, the teacher kept flowers in a big circle and asked us to take the flowers with a stick, but we could pick up only a few petals. From the exercise we understood that the rights of many children are abused like this. CG1S4

11-year-old girl Kirthika said, I liked the snake and ladder game very much. We five children played the game. For each and every move we were asked to read out the phrases given in the box. It was all about rights. We would climb up on the ladder and we would come down the snake. The winners were given the title 'best citizen'. CG1S6

11-year-old Mamtha said, they gave us stones and said that it is our right and not to give to others. Others tried to take it from us by force but we kept it with us and won the game. Through this game I realised that we have certain rights and we should not let them go. The teacher also taught us about the four basic rights, 1) Right to live 2) Right for protection 3) Right for growth 4) Right for participation. KG1S3

They gave us various inputs through games and stories. It made us raise our eye brows. They taught us about self-confidence, child rights and I came to know that there are four basic rights. I liked the snake and ladder game very much. I took part in all the sessions. 14-year-old Prathap CG2S20

13-year-old Piyanesa Fatima said, in the stone game the teacher said the stone is our right and when others come to grab it from us we should not give it to them. If we give the stone to others, we would loose the game. Through the game I realised that we should not forfeit our rights. KG2S2

15-year-old M. Suganthi said, I shared two examples of child marriages in my villages. When I was studying 8th standard, a girl named Vijila was studying with me. She was only 13. Her parents conducted her marriage but she did not like it. When I was studying in 9th standard, so many 'tsunami marriages' were conducted. One girl named Vijayanthi didn't like to get married so early. But her parents threatened her and conducted her marriage. At that time we did not know that we can complain about these kinds of marriages but now we will never allow such marriages to happen. I clearly talked about this with my family. NG2S12

13-year-old Sivabalan said, any harassment or abuse towards children can be reported and the person involved in the process would be punished. Children can call 1098 toll free number to report any complaint about children. Even parents do not have the right to scold children using bad words. CG2S3

14-year-old Dinesh Kumar said, We have the right to live, right for growth and development, right to participate and right for protection. These are all the basic rights. In case of any problem or any violence happens to children we can immediately call 1098, no money needs to be paid for that call and it is toll free. CG2S2

Eleven children – 8 adolescents and three young children — stated that information on child abuse was useful to them.

A 12-year-old girl said, I learnt about sexual harassment, child trafficking and rights from the life skills class. NG1S7

A 10-year-old girl said, I came to know that touching one's body, making children sit on elders' lap etc should be intimated to mother or father. I also came to know that beating, kicking, hurting, isolating and neglecting children and scolding — are all different forms of violence against children. CG1S10

A 14-year-old girl said, we learnt a lot. During the sessions they taught us about sexual harassment and child sexual abuse. Relatives and unknown persons may keep their hands on us or even try to feel our body. We thought that they were just playing with us but after the sessions we felt that we should be very careful and realised that this can also be a form of child sexual abuse. CG2S1

4.4.7 Road Rules

Twenty five children — 13 boys and 12 girls — opined that information given in the session and methodology used was very easy to understand the basic rules. The topic on road rules was dealt with through a role play and followed by a song. A 9-year-old child narrated how the topic on road rules was taught to them.

On the road there would be movement of autos, buses, lorries and children were asked to enact the scene. A child was asked to cross such a road. The teacher explained that we should obey the traffic rules and go ahead on the road; else it would lead to accidents.

Through this exercise we were taught how to cross the road and follow road safety guidelines. A song was also taught to us to stress this. The song 'niluda niluda tambhi' emphasises road safety. The line in the song 'go in the left hand side' reminds us important rules. KG1S11

11-year-old Murugan summing up what he learnt said, In the session on road safety the teacher taught us a song 'niluda niluda thambi neeyum niluda' — this song will remain in my mind forever. NG1S11

4.4.8 Gender Relations

About one out of five children (23 children — 15 girls and 8 boys) liked the exercises used in the workshop on gender relations. They felt that the exercises and games used in the session made them understand the gender imbalance in our society and the importance of creating gender equality. This is also clear from the fact that as compared to boys more girls felt that the topic is very important for them. The following were the expressions of two young girls who were less than 12 years.

Through a game, I came to know that boys and girls are equal. The teacher wrote play items on the board, I said that cooking utensils, clay and toys are for girls and train and ball is for boys. But the teacher said that boys and girls are equal and the differences come up during bringing up a child. The growing up process decides their life pattern. CG1S6

Through the life skills sessions, I learnt that there are only a few biological differences between men and women, the rest are socially constructed. CG1S3

Two adolescent boys from Cuddalore and Kanyakumari district said,

I liked the session very much because the girls in my village do not play with boys, but now we talk with one other without any hesitation and play together. CG2S8

The teacher taught us that boys and girls are equal. She showed us two pictures — one was a girl and the other was a boy. She kept the boy picture in the right hand and the girl's picture in the left hand. When she showed us the picture, we found that the picture in the right hand [boy] appeared bigger, when she changed the picture the girl's picture appeared bigger. We got confused, later the teacher placed the picture one above the other, and we realised that both were of the same size, they also looked equal. This made us understand that boys and girls are equal. The teacher said the proverbs for women in the society and we rephrased them, the activity gave us a fresh feeling. KG2S6

4.4.9 Reproductive Health

15 adolescents — 9 girls and 6 boys — felt that the session on reproductive health was very much useful concerning their age. They also felt that they cannot get this scientific and sensitive information from anywhere else.

The following are the views of three adolescent girls

I personally feel that girls should attend the life skills sessions compulsorily. Certain aspects cannot be discussed openly with everyone and even with trusted people but we came to know about all these in the life skills sessions. Boys and girls were separated into two groups and explained in detail about body functions especially reproductive system. NG2S2

We came to know about how to keep our body parts in a hygienic manner and it is common for men and women. I don't feel shy to learn these things. You are teaching good things and it is very useful for our life. NG2S12

They also taught us about the functions of human body and functions of each and every part of the body. They also taught us about menstruation, vaginal discharge and menstrual hygiene. KG2S5

4.4.10 Menstruation and Menstrual Hygiene

Eight out of 30 adolescent girls felt that the session on menstruation was very informative. Moreover they felt that the session was very much needed for their age. It was also helpful for them to practice menstrual hygiene in their life.

While expressing her views 16-year-old Enbavani said, I attained puberty recently. In the life skills sessions conducted by RUWSEC, they taught us how to dry the cloth used to soak the menstrual fluid. We also realised through the class that separation / isolation during menstruation is a blind belief. CG2S4

The teacher explained the reason for stomach pain during menstruation and that we need not consume drugs for pain relief. She also taught us about menstrual hygiene. - 12-year-old girl NG2S10

Another girl of 14-year-old said, I learnt through the class where the uterus is situated and the functions of ovaries. They also taught how menstruation happens. They also explained about the myths and wrong beliefs about menstruation. KG2S9

4.4.11 What Determines the Sex of the Child?

Four adolescents expressed that the scientific information given in the sessions was new to them.

A 14-year-old boy said, nobody informed us about the functions of the reproductive system. I realised that the x, y chromosomes present in men's sperm cause the birth of female or male children. NG2S17

A 16-year-old girl said, in the life skills session the teacher taught us that women's chromosomes are not the reason for the birth of girl and boy children. CG2S4

4.4.12 Information on HIV/AIDS

One out of four adolescents (15/60) — 11 girls and 5 boys — opined that the information given in the session was very useful for them.

They taught us about AIDS and I came to know that it spreads through unsafe blood transmission, using unsterile needles and also through unprotected sexual relationship — S.Ranjitha, (14 old girl) NG2S20

I came to know that when a person has HIV, it would destroy the white cells in the body and lead to AIDS. In school, we like some subjects and we do not like certain subjects but we all liked all the sessions in the life skills programme — Suchitra (15 year old girl). KG2S7

A 17-year-old girl who wanted to be a peer educator on HIV/ AIDS said,

The life skills teacher taught us about AIDS and functions of the reproductive organs. I am the member of School AIDS club, so I know the importance of teaching about it. One should not feel shy about talking about it. Only if we know about these, can we guide the next generation. KG2S3

4.4.13 Nutrition and Vitamins

Twenty one children — 12 girls and nine boys — liked the information on food and nutrition and vitamins. The following expressions tell how the session was dealt with and how it was useful to the children.

The teacher drew three circles on the floor and wrote energy, protection and growth. "When she says egg we should think about the energy value and stand in that particular circle." Through this game, I came to know the foodstuffs and their energy value. — 9-year-old Ranjith KG1S11

In villages people say that eating mangoes and papaya creates heat in the body but in the life skills sessions they taught us that they are rich in vitamin — A. In our house we eat ragi and groundnut. I learnt that these are energy foods and help the body to do its work — 11-year-old, Kirthika. CG1S6

We have a papaya tree in our home. We don't eat them. But after the song (song on vitamin-A) we have started eating papayas. 15-years-old, R.Sathish Kumar. NG2S11

I sing 'utasathu' (Nutrition Valu) song well. It is always in my mind. I came to know about the energy foods and foods that help the body to grow. They also taught us about deficiency diseases due to lack of vitamins. 10-year-old Gomathi. CG1S 10

Nine young children and three adolescents mentioned that the information about types of fever was very useful. The views of two less than 12-year- old children are as follows

The teacher taught us about the types of fever like malaria and typhoid, how they spread. We should keep our houses clean without any flies and mosquitoes as they spread the infection. We should spray insecticides to kill mosquitoes, use mosquito coils and cover our body with blanket while sleeping. KG1S8

I knew about fever, but I came to know that malaria spreads through mosquitoes and brain fever spreads due to mosquitoes found in poultry. I came to know that children affected with brain fever would keep sleeping, with vomiting and fits. CG1S8

Four adolescent boys and two girls liked the information on substance use.

16-year-old Raj Kumar said, in the session on substance abuse, I learnt a lot. Due to smoking one gets cancer in lungs and throat. The substance named nicotine, which is present in cigarette, mixes with our blood and leads to addiction to cigarette. This was my learning through the session. CG2S8

14-year-old Ajith said, I used to smoke cigarettes when I went to school with my friends. Through the sessions, I came to know about the consequences of it. Now I have stopped the habit. The session was an eye-opener for me. CG2S18

4.5 What were the Methodologies that the Children Liked Most?

A majority of the boys and girls stated that they liked the different tools and methods used in the sessions. They felt that the methodology used in the all community workshops were very interesting, informative and participatory. Moreover it was very simple and relevant to the concept and easy to understand the theme.

A large majority of the children (85/120) liked the different stories and case studies used in the sessions.

A 10-year-old girl said, I liked the frog story and Gajini Mohammed story — best story for teaching self confidence to children like us, it was very nice. CG1S10

A 14-year-old girl said, I liked the deer story, Gajini & spider story. NG2S14

A 14-year-old girl said, I liked the deer story very much. Through this story I realised that all the body parts are beautiful. CG2S1

About half of the children (56/120) liked the different games used in the sessions.

My favourite game is removing the knots. I enjoyed this game a lot. M.Kavitha (14). NG2S14

The session on child rights was taught using a stone game and we also played the 'snake and ladder' game. It was very nice. Sarath Babu, (10). CG1S4

As the life skills sessions involved games I cannot forget these aspects in my life. Praveen, (15 year old boy). CG2S14

One out of four children participated in the study preferred the different songs used in the life skills education workshops.

The songs like 'Niluda niluda thambi', 'Anbulam Konda Ammavukku' and 'Vitamin endra sathu' [song on road safety, letter from a daughter to mother on the plight of poverty and importance of vitamins] will always remain in my mind. Piyanese Fatima (13) KG2S2

She also taught us 4 to 5 songs like the vitamin song, road safety song which said that we should walk carefully on the road and 'anbullam konda ammavukku' — I liked all the songs Shifani (13). KG1S2.

I liked the life skills sessions very much. The songs and games were nice and it was new to us. Enbavani, (16). CG2S4

Nine girls and two boys stated that the drawing and painting exercises used in between the sessions were more interesting.

*Using chart and ink we learnt drawing. The teacher asked us to sprinkle ink and blow it; my picture looked like a peacock. Then we spread the ink in the chart using thread, we all had beautiful pictures. Sarath Babu, 10 years. **CG1S4***

*The drawing activity taught to us was very interesting. We drew lots of pictures using ink and charts. We children enjoyed the session very much. Veera Kumar, (10). **NG1S4***

*I liked the drawing session very much. We children drew pictures and we all enjoyed the session very much. I felt happy as my picture looked beautiful. Nalini, 10 years. **NG1S5***

4.5.1 Special Camps

A few children mentioned that the summer and medical camps conducted in the programme were very useful.

*An 8-year-old girl said, the summer and medical camp was very useful to us. My brother was sick and he received treatment in the medical camp. **NG1S1***

*A 12-year-old girl said, the summer camp I had a great time with all the other village children and we all played joyfully. **CG1S1***

4.6 What Information did they Share with Others and Whom did they Share and What?

The information on nutrition and personal hygiene were mainly shared with their friends and family members. 35/ 60 children in the 5 to 12 year age group and 24/60 adolescents reported that they shared the learning with others.

*Anandasevli who is 18 years old said, I have not shared the life skills sessions with my friends. I just shared about the food and nutrition session with my mother and asked her to include vegetables while cooking. **NG2S18***

*Rajalakshmi who is 13 said, I shared the aspects I learnt with my friends. I gave photocopies of the materials on types of fever to all my friends. **NG2S4***

*Subhasri who is 12 said, I shared the life skills sessions with my school teacher. The teacher said that the drama and games are good. **CG1S3***

*Nandhini who is 9 years old said, I shared the aspects I learnt with my friends when I went to my native village. Once we all went to toilet and a woman passed urine on the way. At that time I informed all the hygienic practices. Later they all asked me who taught me all these and I informed them that I learnt all these through the life skills sessions. **NG1S9***

An overwhelming majority of adolescent girls who participated in the programme reported that they shared their learning with their friends and family members.

*I have shared the stories with my parents; I also shared the information about AIDS and functions of reproductive system with my friends. I informed them about menstruation and menstrual hygiene. **KG2S13***

*I learnt that the chromosomes of men are responsible for the birth of girl or boy babies. When I shared this aspect with my mother, she too learnt about it. **KG2S14***

An adolescent girl from Nagapattinam district shared about the remark made by her mother after she shared her views.

I spoke with my mother regarding 'periods of women'. I told my mother that this is a normal thing just like passing urine and stools, but my mother scolded me for saying so. NG2S14

4.7 What was the difference between School Education and Life Skills Classes Conducted by RUWSEC?

In school they would teach us and give us homework. In the life skills classes, there would be skits and songs. The sessions were dealt in a joyful manner and we could learn a lot. Arun Mozhi, 12 years old girl. CG1S5

In the school they daily ask us to study, beat us or scold us. But in this session they taught us to play and we all felt happy. I liked all the topics taught to us. All our expectations got fulfilled through this session. Dinesh, 11 years. CG1S20

In schools there would be questions and answers, we should study those many a time and memorise them. But the life skills sessions are very easy. If we listen to the story we can understand what it conveys. In school if we do not study well the teacher would tease us or beat us, but it is not so in the life skills sessions. T.Stane, 12 years. KG1S9

What we study in school helps us to pursue higher studies and get a degree. With our educational qualification we can get a job. But through the life skills sessions, we can behave well in the society and earn a good name in our community. M.Kavitha, 14 years. NG2S14

School education would help us to get a job in future and to get many degrees. Practising the aspects learnt in the life skills sessions would make us responsible citizens. Arul Sonia, 13 years. KG2S4

In the school subjects, there won't be many stories and games. But in the life skills sessions all the sessions were dealt through stories. Piyanese Fatima, 13 years. KG2S2

4.8 Suggestions for Additional Topics in the Life Skills Education Curriculum

Almost all the children (112/120) stated that the curriculum for their workshops was adequate and there was no need to add any topic/content. Importantly they all uniformly stated that it should be taught to all children in other places. Views of two adolescents are as follows.

These sessions should be conducted in all the places, so that we can create good society. I think our President Dr. Abdul Kalam's wish will also fulfil through this session. NG2S20

The life skills education programme was very useful for children like us; it would be nice if you teach this to children in other places too. I think there is no need to add any more. CG2S9

But three young children (5-12 years) and one adolescent boy and two girls who faced family problems opined that, in future it would be good if topics on how parental problems and domestic violence affect children's mental health and career are included. They also felt that there should be some remedial measures for their mental worries in the programme.

My father drinks a lot. He earns Rs.50 per day and drinks for Rs.40 daily. He would give Rs.10 and demand fish curry and egg. How can my mother meet this demand? If he gives money, my mother can cook better. This demand leads to a fight between my mother and father. When he drinks alcohol, even if the neighbours watch TV at a high volume, he will fight with them. Whatever sessions you taught were very useful. The family problems cause mental worries and spoil our peace. It would be nice if you could add sessions which address this issue. NG1S7

My father beats up my mother. He would purposely hide the money and beat my mother saying that she has taken it up. Once he even broke the cupboard, later the money was there where he kept. Whoever asks my

father, he would say that my mother is mad. Looking at all these, my mother asked us not to marry and suffer like her. So, taking in to her experience she suggested us to become 'nuns' KG1S3

When my father was with us he would fight daily after drinking, he does not show love and affection for us. We could not bear it, so we came to our grandmother's place and we are staying with her. Once he beat my mother badly and blood came from her mouth. My father is in Mannarkudi (A name of the town) and it is long time since we met him. Due to my family problems, my education got disturbed for two years. You may wonder why this boy is studying 7th standard at the age of 14. That is why I say I am only 12 years old. KG1S13

Four children — two each from Nagapattinam and Kanyakumari districts — felt that vocational training with career guidance could be added.

My father passed away. It would be nice if your organisation provides help for my studies as my family is facing difficult situation. K.Meena, 12 years. NG1S7

It would be good if you give vocational training with career guidance. Suchitra, 15 years. KG2S7

4.9 Conclusion

Of the 21 topics/ themes listed by the case study participants, the topics on personality development (self-confidence, speaking before a group, me and my appearance and team building), personal and public hygiene, nutrition and vitamins, child rights and road safety were highly preferred by both boys and girls of 5-18 years age. But among adolescents, health topics like reproductive system and its functions, menstrual hygiene and HIV/AIDS and gender were the most liked topics. As compared to boys, girls in more numbers felt the topic on reproduction was very useful in their lives.

It was obvious from the study that the children got a very good insight about self-confidence and they also plan to put it to use in their real life. Interestingly, most of the children liked the stories, case studies, games and different exercises used in the sessions. So this is very clear from the studies that the methodology used in the session made children to understand the concept clearly and act positively towards their ambition.

It was very clear from the children's responses that the information on personal hygiene and nutrition were highly shared with their family members — particularly sisters, brothers and mothers. Very few shared it with their fathers. The stories, games and sensitive topics like reproductive health information, child rights and abuses were greatly exchanged with their friends.

While making a comparison between their school education and life skills education, the children felt the life skills education sessions were more participatory and enjoyable than their school education.

An overwhelming majority of the children participated in the study expressed that the curriculum of the life skills education sessions was sufficient and there was no need to add any more. But some children expressed that it would be more useful if we include topics on dealing with family problems, violence at home, mental health, vocational trainings with carrier guidance in the programme.

REFLECTIONS FROM THE COMMUNITY-BASED WORKERS AND SUPERVISORS ABOUT THE PROGRAMME

5.1 Introduction

As a part of final evaluation of the project, qualitative information in the form of written feedback about the programme was collected from all the community- based workers and supervisors. This was mainly done for documenting experiences of workers who were directly involved in the field implementation of the project. The specific objectives of the evaluation were,

- To know how workers feel about the training and technical inputs given to them; particularly to document the information/ message that they liked/ most useful to them in their personal lives and children.
- Secondly to document the changes that they noticed among children after attending life skills sessions as an impact of the programme.

The data was collected from all the 60 CBWs, and 6 Supervisors at the final review meeting held in May 2007.

5.2 Background Characteristics of the Community Workers and Supervisors

Table - 5.1 provides the socio- demographic characteristics of the workers. Of the 66 participants, 44 were females and only 22 were males. A little more than half of the persons (35/66) were aged below 26 years; the mean age of the men and women participants was 27.5 and 25.9 years respectively. The majority of the participants (45/66) were Hindus and the remaining 21 persons were Christians. Similarly, the caste composition is: 21 participants belonged to '*dalit*' community and the remaining 45 to backward and most backward caste groups. About sixty per cent of the participants (39) were graduates and post-graduates and the remaining 18 persons had 10 to 12 years of school education. Nearly half of the women participants (21/ 44) and 8 out of 22 men were married.

Table 5.1

Background Characteristics of the Workers		
	Number of Persons	Percentage
Religion		
Hindu	45	68.18 %
Christian	21	31.82 %
Caste		
Back ward Caste	28	42.42 %
Most Back ward Caste	17	25.76 %
Scheduled Caste	21	31.82 %
Educational Qualification		
SSLC	16	24.24 %
Higher secondary	11	16.67 %
Graduate / Diploma	26	39.39 %
Post graduate	13	19.70 %
Marital Status		
Married	29	43.94 %
Un married	37	56.06 %
Age Group		
<= 25 years	35	53.03 %
26 and above years	31	46.97 %
Sex		
Female	44	66.67 %
Male	22	33.33 %
Total	66	100

5.3 Findings from the Study

5.3.1 About the Trainings given to them

An overwhelming majority of the men and women workers reported that the concepts they learned through the life skills training were more useful to their personal lives and it was entirely new to them. They uniformly mentioned that the training methodology was very interesting and innovative. Details of trainings given to them with curriculum is presented in chapter – 2.

37 out of 66 workers reported that the orientation and follow-up trainings given to them promoted their self-confidence and positive thinking. The following were the expressions of two women and a man.

*Earlier I was very shy and there was no confidence in me. So, I remained at home. Working as a volunteer in this programme made me to talk freely with all and it created an opportunity and guided me to express my views clearly and freely. Importantly the trainings I received in the programme removed my ignorance and developed self-confidence in me. Overall now I have learnt the secret of success. **Irin Ramya, Kesavanputhan Thurai- Kanyakumari district***

*The life skills trainings made even people who do not talk to talk more. I have heard that people who are involved in social work face problems at home and at other places. I faced such a challenge and succeeded with confidence. The trainings that I received gave me a confidence to face the challenge boldly. **Ezhilarsi, Paliyar - Nagapattinam***

A male worker reported that,

Generally people say what we learnt is little and we need to learn is more. Through the life skills trainings I learnt a lot. The life skills sessions taught me how to lead my life. I did not learn a subject through this but

I learnt to lead my life better through this life skills education programme. Jothi Basu, Pillumedu – Cuddalore district

One third of the workers (22/66) reported that the training provided them a means to change their weakness into strength. The following were the expressions of three females:

I was very timid and never came forward to take any initiatives on my own. But after attending the trainings, I have become bold and courageous and started doing all my work with confidence- Deepa, Sonamkuppam, Cuddalore

I was short tempered and used to quarrel with my aunty. But after attending the trainings I noticed there is a change in my habit. Now I realised my mistake and feel it is not good to become angry with my aunty. Subi - Kodimunai, Kanyakumari

The orientation training gave a chance to analyse my good and bad habits. Earlier I was a short tempered woman and changed the habit. Now I am cordial with my friends- Yasotha, Gnamedu - Cuddalore

Similarly two men felt,

Personally I have never spoken with children in an affectionate manner. I felt that what I think should be completed by children. Being a teacher I forced my views on children. After the trainings, I realised the feelings of the children. This was a change in my behaviour- Sathesh Kumar

I have bald head and felt very bad for it. The session on me and my body changed my notion. Now I don't care about it- Sathiya Narayanan Supervisor of Nagapattinam district

A large majority of the workers (40/66); (overwhelming majority of women and half of the men workers) reported that the training session promoted their reproductive health knowledge and have a clear idea of our body functions. These are the expressions of women

The ten-day training was very useful. I learnt more on our body functions and I became a half doctor. Latha of Poompugar - Nagapattinam

The ten-day training given to us in the programme was very useful to me. Importantly, I liked the session on reproductive system and its function and reproductive health problems of men and women. Jamuna Rani, Chinnankundi- Nagapattinam

Even though I am married and have one child, I didn't know clearly about some parts of the male and female reproductive organ. But I learnt them through the trainings G. Ramadevi - Cuddalore district

I liked the reproductive health topic very much. Being an unmarried youth, it is the right time for me to learn the information. This is very relevant to my age group. - Sabana, Enaiyamputhan thurai-Kanyakumari.

Some participants felt the scientific information given in the training was very useful and new to them.

In the training sessions, I learnt the reason for the birth of male and female child. This was new to me. Earlier I thought women only were responsible for it and still there are people in village who think like me. I will tell them the truth. Subha, Kanyakumari.

In a session on HIV/ AIDS, they practically showed how to use condom correctly. This was superb. Also I learnt from the training that there is a drug to prevent parent to child transmission of HIV - Kathiravan, Cuddalore

9 participants mostly women reported that the information given on personal and public hygiene was quite useful for their personal lives.

After knowing the importance of hygienic practices, I keep close the cooked food items in my house. This was a change in my practice. - Indira, Rasapettai- Cuddalore.

I do start maintaining good menstrual hygienic practices after knowing the importance of it. Thenadal, Cuddalore.

Six participants from Nagapattinam district and one each from the other two districts felt the session on child rights and protection is very important.

Of the all sessions I liked the topic on the unity is strength, child rights, violence and abuses of children. I feel these information are most important and needed one for children - Kasthuri- Vanavan mahadevi- Nagapattinam.

I learnt the contents of child rights and the importance of environmental cleanliness from the programme- Kaldevi - Tharamgambadi, Nagapattinam.

One unmarried girl who was a survivor of tsunami said,

I liked all the topics in life skills but the topic on disaster management and leadership qualities was entirely new to me - Prabaha, Azhangara matha theru -Kanyakumari.

While talking about the training methodology majority stated that the training was of more participatory and they all liked the different methodology used in the trainings.

Generally the other trainings that I attended earlier were not such a participatory way and the trainers less bothered about whether the information had reached the trainees or not. But in the RUWSEC trainings ensured each and every concept had reached to the participants. I liked the way very much. Sathesh Kumar, Killai- Cuddalore

Orientation and follow-up trainings given to us provided more information than what I expected. In the training the methodology employed particularly the way of exploring the problems of children through role plays and games was very exciting to me. Anlet Ravi, Colachel - Kanyakumari

The methodology employed in the sessions on HIV/ AIDS and drug addiction was very new. I liked the session in which a HIV positive person and a drug addict shared their experiences. Their experiences and miseries will ever remain in our minds- Kirupaa lakshmi, Velingarayanpettai- Cuddalore

It is clearly seen from their above responses that the topics on self-confidence, assertiveness and reproductive health were very useful in the personal life of the workers.

While explaining the functioning of the RUWSEC team, their monitoring and support role provided in the project, all the workers stated that it was a cordial and affectionate relationship. The following were a few expressions.

From the RUWSEC team I learnt unity, patience, time keeping, and approach and duty consciousness. This attracted me a lot. I went to Chengalpattu office for training, people there performed well. I liked the approach of the Director Mr. Balasubramanian and Training Coordinator Mrs. Selvi. They both conducted the session in an excellent manner. I really got attracted to the way they conducted trainings- Jothi Basu- Cuddalore district.

RUWSEC team's approach and their smooth relationship with workers were really good- Thirumugam, Puspavanam Nagapattinam.

Without any hesitation they visited all the villages and got to know about the problems of the workers and interacted with the children. In the planning meeting, they would ask us to explain our activities in the previous month in detail. I felt the needs of the children were dealt within a short span of time- Supervisor of Cuddalore district

I have participated in many training programmes and they taught us various aspects. But they generally do not check whether the concepts have reached us. But here, after the training they asked us to present a mock presentation and checked out whether we brought in all the topics taught to us. This attitude of RUWSEC was very satisfactory and we came to know about our stand. Sathesh Kumar Cuddalore

I am personally very much impressed with the approach of RUWSEC team. They mingled with us without any reservations. Importantly they questioned any one who made mistakes including supervisors. This was very new to me and I liked this very much. Ashokan, Mulukkuthurai Cuddalore.

RUWSEC people try to attain the objective with patience and worked hard to achieve their goal. I have never seen such an organisation in my life. I learnt to help others and not to give up any task mid-way. Balu sir is a nice person and he talks well, he would get angry if we fail to do our work properly. In a well disciplined manner, he would get things done from us. Jothi Basu, Cuddalore

We got lots of friends. The session handled by Balu sir was interesting. I liked the connectivity he makes during the sessions, and it made us easy to understand the concept. The methodology handled was entirely new. Irin Ramya, Kanyakumari

I argue when there is justice in my part and I do not give up till I get a positive response. I wanted to change this habit in me. I observed the way the Director handled and solved the problems. Now, I am practising the same in my life. I generally rush up to take decisions but after working as a supervisor I started to take decisions after analysing the ground realities and started to take final decision. The sessions planned and conducted for the children were really nice and these topics are very much in need for the children. Sathiya Narayanan Nagai

While stating the working environment and commenting on the responsibility given to them two supervisors opined:

I have not taken part in any trainings and I am scared of responsibility. But in RUWSEC they gave me a major responsibility and I feel proud to say that I fulfilled my responsibility. A Male supervisor, Jose Annsmith, Kanyakumari

RUWSEC team made me think of setting an example in life and completing one's assigned task. I learnt about maintaining healthy relationship with others and developing healthy attitude in self. Guidance was provided to us whenever we were in need of it. Simply we gave missed call to Balu sir and immediately he would come up on the line to clarify our doubts. I felt like, I worked in a family and there are people to guide me and support me at work. I cannot get this experience anywhere. Kavitha, Female supervisor of Nagai district

5.3.2 Changes that they Noticed among Children as an Impact of the Programme

34 workers reported that they had noticed that the life skills workshops conducted for the children promoted their confidence level and it was a means of developing healthy habits.

I have one example. Anbarasi, a 15-year-old adolescent girl, was a regular student of my centre. After knowing the problems of early marriage, she boldly talked to her parents and stopped her marriage proposal. I could strongly say that this happened only because of our programme - Ramadevi - Devanampattinam

A majority of the children in my village belonged to poor caste groups and they found it difficult to speak freely and hesitated to talk. Now, after attending the session they speak freely and I feel it is the success of the project. **Sathesh Kumar Cuddalore**

During my field visits I have noticed the incidents of children speaking boldly particularly their courage of speaking before a group or stranger has increased - **Nagapattiman district supervisor, Sathya Narayanan**

26 participants opined that the workshop on personal hygiene and healthy habits are very useful to the children. They clearly noticed the changes before and after the workshops.

After attending the workshop on Personal and Public hygiene, children in my village avoid using open place for defecation- **K. Kathiravan, Pettinagar of Cuddalore**

I have noticed that children in my centre started practicing good health practices after participating in the programme. They do brush their teeth twice a day and keep their nails clean - **Hema latha, Singara Velan Colony- Kanyakumari**

13 participants reported that the information on menstrual hygiene is very useful for adolescent girls

The project has changed the behaviour of adolescent girls. Now they speak boldly. They clean their menstrual cloth properly and keep it for reuse. Now they maintain good menstrual hygiene- **Kirupalakshmi of Cuddalore.**

Adolescent girls in my village treated me like their mother and got clarified their doubts about puberty and menstruation- **Kalpana, Suba upalavadi- Cuddalore.**

Ten workers reported that they have noticed changes in the gender attitude and relations among children.

Initially boys and girls didn't sit together in our workshop. But after conducting the session on gender they mingle with each other and talk freely - **Deepa Sonakuppam- Cuddalore**

There was a notion that boys and girls could not be good friends and so they did not mix up with each other. But now boys and girls have become friends.- **Thirmugam, Pushpavanam- Nagapattinam**

Four workers of Kanyakumari and two each from the Cuddalore and Nagapattinam districts said the topic on Vitamins have made changes in children's food habits.

*One child in my village didn't take vegetables in his meal. After knowing the importance of vitamins, he started taking vegetables and his mother reported that this was because of your class.—***Rabija Kanyakuamri**

A child in my centre has night blindness problem, I told her to take vitamin-A rich food items like carrot, liver etc. She takes them. Children in my village are repeatedly singing the song on vitamins - **Subi, Kanyakumari**

After conducting the workshop on sexual violence, children recognised the abuse happened to them and reacted positively to overcome the situation. Five workers had noticed such incidents. The following three were the narratives of three female workers.

Two girl children in my class reported that they had experienced such untoward incidents and they said they would never go alone to some places. I have given them my full support and asked them to report if they experience in future - **S... worker of Kanayakumari District**

An adolescent girl child named — in my village said: my maternal uncle used to play with me and touch my body frequently. Now I realised (after the workshop) that he was doing it intentionally and hereafter I wont allow him to touch me. M... worker of — Nagapattinam

The child rights and child protection component has reached the children well

*One day when I tried to ensure calm during the sessions I raised my hand and said keep silence. One boy in the front row stood and said if you beat us we will lodge a complaint with 1098 or police. This was a change I noticed in my experience- **Kirupalakshmi, Velingarayan Pettai- Cuddalore.***

When answering what the successes of the programme would be, the participants had given different views with suitable examples. Some selected expressions are,

*A large number of children attended all the workshops in my village and their parents also sent their children saying sister would teach you good habits. I see their co-operation and participation is the success of the programme- **Sahaya Benitic Rani, Indra nagar- Kanyakumari.***

*At the beginning children were timid and shy. But now they do ask a number of questions. Parents of my centre's children exclaimed that the children do raise questions about my statements. **Mariya Selvi. Yesudos colony - Kanyakumari.***

*The medical camp conducted for children was very useful and I feel it was one of the salient features of the project -. **Maragatham, Arcottu thurai, Nagapattinam***

*The session on substance use for 13-18 year children is very useful. All the children who attended the class promised me that they will never use the substances. I feel this was the success of the programme- **Pushpavalli, Akkaraipettai, Nagapattinam.***

Views of the school teachers and village leaders about the programme

*RUWSEC volunteer Ms. Panjavarnam participated in workshops on self-confidence, knowing about self, speaking before a group and health topics. Our school children participated in these sessions with lots of interest. I really appreciate the initiative taken by RUWSEC and UNICEF in providing life skills for children. Now our children have started to avoid consuming food items sold in open area in front of the school. Children wear shoes when they come to school. Above all, what I wanted to say is that our children understood the concepts well and started to practice it in life. I personally feel that these trainings would be useful for the children's future and this should continue. **Ms. Magdaline Stella Mary, Teacher, Government Middle School, Tazhamguda, Cuddalore district.***

Village president of Puspavanam said the children in our village had participated with interest in the life skills programme and it is an innovative programme and has important contents for children. I feel the programme should continue for one more year.

Head masters of Govt Higher Secondary School of Arcottu Thuari, Vellapallam Primary school and Natarajan Thamayanthai higher secondary schools of Nagapattinam welcomed the life skills programme saying the curriculum of the workshop is very good and requested us in writing a letter to continue the programme.

5.4 Conclusion

The results of the study clearly indicate that tangible positive changes happened among the workers. It clearly came out in the feedback that most of the information that we provided was very useful to their personal lives. Importantly, self-confidence and reproductive health information has reached quite well and they felt it is very useful for their lives and for the children. The core content of the life skills sessions personality development, child rights and protection, gender, relationship with others, personal and public hygiene and road safety were more useful for the children. All the participants welcomed the monitoring and support system provided in the project and felt it was one of the important factors for effective implementation of the project. The villagers have also welcomed the programme saying it is necessary for children.

ANNEXURE - 1

List of Villages Covered		
<i>Cuddalore District</i>	<i>Nagai District</i>	<i>Kanyakumari District</i>
Muzhukkanthurai	Nmabiyar Nagar	Meloor-Rajakamangalamthurai
MGR Nagar	Kaadambadi	Keezhur-Rajakamangalamthurai
Pattraidi,Pillumedu	ITI - Tent	Singaravelan colony-Indra Nagar
Chinnavaikkal	Chandrabadi	Pallivasal Street-Indra Nagar
Karikuppam	Tharangambadi	Guruchdi St, - Maramadi
Salaigaikara Street	Chinnangudi	Esudoss Colony – Maramadi
C. Pudhu Pettai	Chinnamedu	Periyarkovil St, - Colachel
Samiyar Pettai	Kuttiyandur	Guruchdi St, - Colachel
Kumarappettai	Poombuhar	Kovil St, - Kodimunai
Velengaragan Pettai	Palayar	Rojapoomithanam - Kodimunai
Singarathopu	Pushpavanam	Sahaya Matha St -Kanyakumari
Sonankuppam	Arkaatudurai	Alangaramatha St, - Kanyakumari
Akkragori	Vellapallam	Nadu Street - Melamanamkudi
Subauppalavadi	Vaanavan Madevi	Gurusadi St - Melamanamkudi
Devanampattinam	Vishuthamavadi	Michel St – Kesavanputhemthurai
Enikaranthottam	Seruthur	Kovil St - Kesavanputhemthurai
Rasapettai Puthenthurai	Velankanni	Helen Colony – Enaiyam
Ayyampettai	Keechankuppam	Puthenthurai
Thazhankuda Mulloorthurai	Akkaraipettai	Seevanthaman Colony -
Gnanamedu	Thambi Durai Poonga	Mandapam St - Mulloorthurai

ANNEXURE - 2

Song - "Anbullam Konda Ammavukku"

பாட்டு 1

அன்புள்ளம் கொண்ட அம்மாவிற்கு மகள் எழுதும் கடிதம்
ஏதோ நானும் இருக்கிறேன் உருப்படியா படிக்கிறேன்
யாருமில்ல நமக்கு நீ எப்படி இருக்கேனு நினைக்கிறேன். (2 முறை)

(1)

பள்ளியிலே சேர்க்கணு முனு பாத்திரத்த வித்திங்களே
இப்ப எந்த பானையில் சமைக்கிறிங்கனு எழுதுங்க
புத்தகம் நோட்டு வாங்க பணம் அனுப்புறேனு சொன்னீங்களே
பாத்திரம் தேய்த்த வீட்டில் இன்னும் பணம் கொடுக்கலியா (2 முறை)
புத்தகம் நோட்டு வாங்கலனு வாத்தியார் தினமும் அடிக்கிறார்
வாங்கி கொடுத்த பேனா ஒடஞ்சி இரவல் வாங்கி எழுதுறேன். (அன்புள்ளம்)

(2)

கிளிஞ்ச சட்டை காரியினு கிண்டலுந்தான் செய்யறாங்க
எம்மனசும் வேதனையில் அழுகுறேன்
தோட்டகார் ஐய்யா வீட்டில் பழைய சட்டை தரதா சொன்னீங்களே
வரும்போது மறக்காம வாங்கி வாங்கம்மா (2 முறை)
விடுதி சோத்தில புழுவென்று வீதியில் எல்லோரும் கொட்டுறாங்க
தம்பிக்கு ஊட்டுற நெனப்பில நான் அழுதுகிட்டே தின்னுக்கறேன் (2 முறை)
(அன்புள்ளம்)

(3)

கீழாண்ட சுவற்றோரம் மறந்து நீ போகாதம்மா
ஒரு கருநாகம் வெடிப்புல தான் இருக்குது
மேலாண்ட கூற மேல சாக்கை கிழித்து போடுங்கம்மா
மேற்கத்திய மழை அடிச்சதுண்ணா இருக்குமிடமும் நனைந்திடும் (2 முறை)
பாத்திரம் தேய்த்த கையெல்லாம் காயமுன்னு சொன்னாங்க
நெஞ்ச வேகுது எனக்கு, மஞ்சப்பத்து போட்டுக்கம்மா
நெஞ்ச பொறுக்கல எனக்கு, நீ மஞ்சப்பத்து போட்டுக்கம்மா

இப்படிக்கு

உன் அன்பு மகள் கோடீஸ்வரி

19-A, நேரு நகர், வல்லம் அஞ்சல்., செங்கல்பட்டு - 2.

தமிழக கடலோர மாவட்டங்களிலுள்ள குழந்தைகள் பாதுகாப்பு மற்றும் வாழ்க்கைக் கல்வித் திட்டம்

RUWSEC-UNICEF and NYKS இணைந்த செயல்பாடு

ANNEXURE - 3

[illegible]

கிராமப் பெண்கள் சமூகக் கல்வி மையம் (ருசக்)

19-A, நேரு நகர், வல்லம் அஞ்சல், செங்கல்பட்டு - 2.

தமிழக கடலோர மாவட்டங்களிலுள்ள குழந்தைகள் மற்றும் வளரிளம்பருவத்தினருக்கும் வாழ்க்கைக் கல்வி திட்டம்

5-12 வயதிற்குட்பட்ட குழந்தைகளின் தேவையை கண்டறியும் ஆய்வு

RUWSEC-UNICEF and NYKS இணைந்த செயல்பாடு

கிராமம்

மாவட்டம்

வ. எண்.	கேள்விகள்	சரி	தவறு	தெரிய வில்லை
1.	தினமும் காலையிலும், இரவு படுக்கும் முன்பும் பல் துலக்க வேண்டும்			
2.	திறந்த வெளியில் மல / ஜலம் கழிக்கலாம்			
3.	குளம் குட்டை போன்ற திறத்த நீர்நிலைகளிலுள்ள தண்ணீரை குடிக்கலாம்			
4.	ஒவ்வொரு முறை சாப்பிடும் முன்பும் கைகளை கழுவ வேண்டும்			
5.	தெரு ஓரம் விற்கப்படும் ஈமொய்த்த திண்பண்டங்களை சாப்பிடக் கூடாது			
6.	கொசு கடிப்பதினால் மலேரியா வருகிறது			
7.	பச்சை காங்கரிகளை நேயப் எதிர்ப்பு சக்தி அழிக்கம் உள்ளது			
8.	பெண்களை விட ஆண்கள் அதிகம் படிக்க வேண்டும்			
9.	வீட்டு வேலைகளை பெண்கள் தான் செய்ய வேண்டும்			
10.	குடும்பத்திலுள்ள ஆண்கள் சாப்பிட்ட பின்பு தான் பெண்கள் சாப்பிட வேண்டும்			
11.	15 வயது பூர்த்தியடையாத குழந்தைகள் கூலி/குத்தகை/கொடித்தடிமை வேலைக்கு செல்லக் கூடாது			
12.	வீட்டை விட்டு வெளியே செல்லும் பொழுது கட்டாயம் செருப்பு அணிய வேண்டும்			
13.	நன்றாக வேக வைக்காத இறைச்சிகளை சாப்பிடும் போது குடலில் புழு தொற்று ஏற்படும்			
14.	சாலையில் எப்பொழுதும் இடம் பக்கமாக செல்ல வேண்டும்			
15.	குழந்தைகளை கடத்துதல், துன்புறுத்துதல் அடிமைப்படுத்துதல் சட்டப்படிக்குற்றமாகும்			
16.	காய்ச்சல் வந்தவர்கள் காற்றோட்டமான டத்தில் படுக்க வைக்கக்கூடாது			
5-12 வயதுடைய குழந்தைகளின் தேவைகள் என்ன? இவர்களுக்கு ஏதேனும் பிரச்சனைகள் உள்ளதா? என கேட்டு அவர்களின் பதிலை தொகுத்து பின்பக்கம் எழுதவும்				

19-A, நேரு நகர், வல்லம் அஞ்சல், செங்கல்பட்டு - 2.

**தமிழக கடலோர மாவட்டங்களிலுள்ள குழந்தைகள் பாதுகாப்பு மற்றும் வாழ்க்கைக் கல்வித் திட்டம்
SUPPORTED BY - UNICEF**

5-12 வயதிற்குட்பட்ட குழந்தைகளின் இறுதிநிலை ஆய்வு - May 2007

மாண்புமிகு

கிராமம்

[illegible]

கிராமப் பெண்கள் சமூகக் கல்வி மையம் (ஞசக்)

19-A, நேரு நகர், வல்லம் அஞ்சல்., செங்கல்பட்டு - 2.

தமிழக கடலோர மாவட்டங்களிலுள்ள குழந்தைகள் மற்றும் வளர்ிளம்பருவத்தினருக்கும் வாழ்க்கைக் கல்வி திட்டம்

5-12 வயதிற்குட்பட்ட குழந்தைகளுக்கான இறுதி நிலை ஆய்வு - May 2007

SUPPORTED BY UNICEF - 2007

மாவட்டம்

கிராமம்

வ. எண்.	கேள்விகள்	சரி	தவறு	தெரிய வில்லை
1.	தினமும் காலையிலும், இரவு படுக்கும் முன்பும் பல் துலக்க வேண்டும்			
2.	திறந்த வெளியில் மல / ஜலம் கழிக்கலாம்			
3.	குளம் குட்டை போன்ற திறத்த நீர்நிலைகளிலுள்ள தண்ணீரை குடிக்கலாம்			
4.	ஒவ்வொரு முறை சாப்பிடும் முன்பும் கைகளை கழுவ வேண்டும்			
5.	தெரு ஓரம் விற்கப்படும் ஈமொய்த்த திண்பண்டங்களை சாப்பிடக் கூடாது			
6.	கொசு கடிப்பதினால் மலேரியா வருகிறது			
7.	பச்சை காய்கறிகளை நோய் ஏற்பு சக்தி அதிகம் உள்ளது			
8.	பெண்களை விட ஆண்கள் அதிகம் படிக்க வேண்டும்			
9.	வீட்டு வேலைகளை பெண்கள் தான் செய்ய வேண்டும்			
10.	குடும்பத்திலுள்ள ஆண்கள் சாப்பிட்ட பின்பு தான் பெண்கள் சாப்பிட வேண்டும்			
11.	15 வயது பூர்த்தியடையாத குழந்தைகள் கூலி/குத்தகை/கொடித்தடிமை வேலைக்கு செல்லக் கூடாது			
12.	வீட்டை விட்டு வெளியே செல்லும் பொழுது கட்டாயம் செருப்பு அணிய வேண்டும்			
13.	நன்றாக வேக வைக்காத இறைச்சிகளை சாப்பிடும் போது குடலில் புழு தொற்று ஏற்படும்			
14.	சாலையில் எப்பொழுதும் இடம் பக்கமாக செல்ல வேண்டும்			
15.	குழந்தைகளை கடத்துதல், துன்புறுத்துதல் அடிமைப்படுத்துதல் சட்டப்படிக் குற்றமாகும்			
16.	காய்ச்சல் வந்தவர்கள் காற்றோட்டமான .டத்தில் படுக்க வைக்கக்கூடாது			

5-12 வயதுடைய குழந்தைகளின் தேவைகள் என்ன? இவர்களுக்கு ஏதேனும் பிரச்சனைகள் உள்ளதா? என கேட்டு அவர்களின் பதிலை தொகுத்து பின்பக்கம் எழுதவும்

கிராமப் பெண்கள் சமூகக் கல்வி மையம் (ஞசக்)

191-A, நேரு நகர், வல்லம் போஸ்ட், செங்கல்பட்டு-2.

தமிழகத்தில் சுனாமியால் பாதிக்கப்பட்ட கடலோர மாவட்டங்களில் குழந்தைகள்

பாதுகாப்பு மற்றும் வாழ்க்கைக் கல்வித் திட்டம்

RUWSEC - UNICEF and NYKS இணைந்த செயல்பாடு

13-18 வயதிற்குட்பட்ட வளரிளம் பருவத்தினருக்கான ஆரம்பநிலை ஆய்வு - 2006

மாவட்டம்:

கிராமம்:

1. பொது விவரம்

- | | | |
|---------------------------|--------------------------|-------------|
| 1.1. பெயர் : | 1.5. ஜாதி : | 1.6. மதம் : |
| 1.2. வயது : | 1.7. தந்தை/தாய் தொழில் : | |
| 1.3. பாலினம் : ஆண்/பெண் | 1.8. முகவரி : | |
| 1.4. படிக்கும் வகுப்பு× : | | |

× படிக்காதவர் எனில் பள்ளி செல்லாததற்கான காரணம், படிப்பை பாதியில் நிறுத்தியவர் எனில் படிப்பை பாதியில் நிறுத்தியதற்கான காரணம்?

1.10. உங்கள் குடும்பத்தில் உள்ள மொத்த உறுப்பினர்கள் : ஆண்..... பெண்

1.12. தங்களின் பொழுதுபோக்கு என்னென்ன?

1.13. தங்களின் எதிர்கால இலட்சியம் என்ன?

2. ஆண் பெண் சமத்துவம் மற்றும் உறவுமுறை

- 2.1 சட்டப்படியான திருமண வயது என்ன? ஆண்..... பெண்.....
- 2.2 ஒரு குடும்பத்தில் எத்தனை குழந்தைகள் இருப்பது நல்லது என நினைக்கிறீர்கள்? ஆண்.....பெண்....
- 2.3 ஆண் குழந்தைகள் மட்டும் இருந்தால் குடும்பத்திற்கு சாதகபாதகங்கள் என்ன? பெண் குழந்தைகள் மட்டும் இருந்தால் சாதக பாதகங்கள் என்ன?
- 2.4. வரதட்சணை வாங்குவது கொடுப்பது பற்றி என்ன நினைக்கின்றீர்கள்? ஏன்?
- 2.5 ஆண்-பெண் இருவரும் சமம் என்ற கருத்தைப் பற்றி நீங்கள் என்ன நினைக்கின்றீர்கள்?
- 2.7 சமுதாயத்தில் பெண்களுக்கு எதிராக நடக்கும் அநீதிகள் என்ன? இவைகள் ஏன் நடக்கின்றன?
- 2.8 தன்னம்பிக்கை என்றால் என்ன?
- 2.9 உங்களைப் போன்ற வளரிளம் பருவ வயதினருக்கானத் தேவைகள் என்னென்ன?

2.10. உங்களைப் போன்ற வளரிளம் பருவ வயதினருக்கு ஏதேனும் பிரச்சனைகள் இருக்கின்றதா? ஆம் எனில் என்னென்ன?

2.11. உங்களுக்கு சரி/தவறு என்று தோன்றும் இடத்தில் குறியிடவும்:

1.	பெண்களை விட ஆண்கள் அதிகம் படிக்க வேண்டும்.	சரி/தவறு
2.	பெண்களுக்கு சொத்தில் சம்பங்கு வழங்க வேண்டும்	சரி/தவறு
3.	ஒரு ஆண் குடிப்பதும் புகைப்பிடிப்பதும் ஆண்மையின் அடையாளங்களாகும்	சரி/தவறு
4.	ஒரு ஆணும் பெண்ணும் நண்பர்களாக பழக முடியும்	சரி/தவறு
5.	குடும்பத்திலுள்ள ஆண்கள் சாப்பிட்ட பின்புதான் பெண்கள் சாப்பிட வேண்டும்	சரி/தவறு
6.	பெண்களை கேலி கிண்டல் செய்வது வாலிப வயதில் சகஜமாக நடக்கக்கூடிய ஏற்றுக் கொள்ளக் கூடிய ஒன்றுதான்.	சரி/தவறு
7.	15 வயது பூர்த்தியடையாத குழந்தைகள் கூலி/குத்தகை /கொத்தடிமை வேலைக்கு செல்வது	சரி/தவறு
8.	குழந்தைகள் கடத்துதல், துன்புறுத்துதல் அடிமைப்படுத்துதல் சட்டப்படி குற்றமாகும்	சரி/தவறு
9.	காய்ச்சல் வந்தவர்களை காற்றோட்டமான இடத்தில் படுக்கவைக்கக் கூடாது	சரி/தவறு
10.	இரும்புச்சத்து குறைபாடினால் இரத்தச்சோகை ஏற்படுகிறது	சரி/தவறு
11.	வைட்டமின் ஏ குறைபாடினால் மாலைக்கண் நோய் ஏற்படுகிறது	சரி/தவறு

3. சுகாதாரம்

- 3.1. வாலிப வயதில் ஆணுக்கும், பெண்ணுக்கும் உடலில் ஏற்படும் மாற்றங்கள் என்னென்ன?
- 3.2. இளம்வயது திருமணத்தால் ஏற்படும் பாதிப்புகள் யாவை?
- 3.3. தீய பழக்க வழக்கங்கள் யாவை? அவைகள் ஏற்படக் காரணங்கள் என்ன?
- 3.4. ஒரு பெண்ணிற்கு கருப்பை எங்குள்ளது? எத்தனை சினைப்பைகள் உள்ளன?

கிராமப் பெண்கள் சமூகக் கல்வி மையம் (ஞ்சக்)

191-A, நேரு நகர், வல்லம் போஸ்ட், செங்கல்பட்டு-2.

தமிழகத்தில் சுனாமியால் பாதிக்கப்பட்ட கடலோர மாவட்டங்களில் குழந்தைகள்
பாதுகாப்பு மற்றும் வாழ்க்கைக் கல்வித் திட்டம்

13-18 வயதிற்குட்பட்ட வளரிளம் பருவத்தினருக்கான இறுதிநிலை ஆய்வுத்தாள்-2007

மாவட்டம்:

கிராமம்:

1. பொது விவரம்

- | | | |
|---------------------------|--------------------------|-------------|
| 1.1. பெயர் : | 1.5. ஜாதி : | 1.6. மதம் : |
| 1.2. வயது : | 1.7. தந்தை/தாய் தொழில் : | |
| 1.3. பாலினம் : ஆண்/பெண் | 1.8. முகவரி : | |
| 1.4. படிக்கும் வகுப்பு× : | | |

× படிக்காதவர் எனில் பள்ளி செல்லாததற்கான காரணம், படிப்பை பாதியில் நிறுத்தியவர் எனில் படிப்பை பாதியில் நிறுத்தியதற்கான காரணம்?

1.10. உங்கள் குடும்பத்தில் உள்ள மொத்த உறுப்பினர்கள் : ஆண்..... பெண்

2. ஆண் பெண் சமத்துவம் மற்றும் உறவுமுறை

- 2.1 சட்டப்படியான திருமண வயது என்ன? ஆண்..... பெண்.....
- 2.2 ஒரு குடும்பத்தில் எத்தனை குழந்தைகள் இருப்பது நல்லது என நினைக்கிறீர்கள்? ஆண்.....பெண்....
- 2.3 ஆண் குழந்தைகள் மட்டும் இருந்தால் குடும்பத்திற்கு சாதக பாதகங்கள் என்ன? பெண் குழந்தைகள் மட்டும் இருந்தால் சாதக பாதகங்கள் என்ன?
- 2.4. வரதட்சணை வாங்குவது கொடுப்பது பற்றி என்ன நினைக்கின்றீர்கள்? ஏன்?
- 2.5. வாழ்க்கைக் கல்வித் திட்ட பயிற்சிகளில் மிகவும் பிடித்த விளையாட்டு, மற்றும் கதை எது? ஏன்?
- 2.6. வாழ்க்கைக் கல்வி வகுப்புகளில் மிகவும் பிடித்தத் தலைப்பு எது? ஏன்?
- 2.7. வாழ்க்கைக் கல்வி வகுப்புகளில், நீங்கள் கற்றுக் கொண்ட விஷயங்களில் என்னென்ன விஷயங்களை தற்போது கடைபிடிக்கிறீர்கள்/ எதை, எதை வரும் காலங்களில் கடைபிடிப்பீர்கள்?
- 2.8. இந்த வாழ்க்கைக் கல்வித் திட்டம் தங்களைப் போன்ற குழந்தைகளுக்கு மிகவும் தேவையான ஒன்று என்று கருதுகிறீர்களா? ஏன்?

- 2.9. ஆண்-பெண் இருவரும் சமம் என்ற கருத்தைப் பற்றி நீங்கள் என்ற நினைக்கின்றீர்கள்?
- 2.10. ஆண் மற்றும் பெண் குழந்தைகள் பிறக்க யார் காரணம்? ஏன்?
- 2.11. சமுதாயத்தில் பெண்களுக்கு எதிராக நடக்கும் அநீதிகள் என்ன? இவைகள் ஏன் நடக்கின்றன?
- 2.12. தன்னம்பிக்கை என்றால் என்ன?

2.13. உங்களுக்கு சரி/தவறு என்று தோன்றும் இடத்தில் குறியிடவும்:

1.	பெண்களை விட ஆண்கள் அதிகம் படிக்க வேண்டும்.	சரி/தவறு
2.	பெண்களுக்கு சொத்தில் சமப்பங்கு வழங்க வேண்டும்	சரி/தவறு
3.	ஒரு ஆண் குடிப்பதும் புகைப்பிடிப்பதும் ஆண்மையின் அடையாளங்களாகும்	சரி/தவறு
4.	ஒரு ஆணும் பெண்ணும் நண்பர்களாக பழக முடியும்	சரி/தவறு
5.	குடும்பத்திலுள்ள ஆண்கள் சாப்பிட்ட பின்புதான் பெண்கள் சாப்பிட வேண்டும்	சரி/தவறு
6.	பெண்களை கேலி கிண்டல் செய்வது வாலிப வயதில் சகஜமாக நடக்கக்கூடிய ஏற்றுக் கொள்ளக் கூடிய ஒன்றுதான்.	சரி/தவறு
7.	15 வயது பூர்த்தியடையாத குழந்தைகள் கூலி/குத்தகை /கொத்தடிமை வேலைக்கு செல்வது	சரி/தவறு
8.	குழந்தைகள் கடத்துதல், துன்புறுத்துதல் அடிமைப்படுத்துதல் சட்டப்படி குற்றமாகும்	சரி/தவறு
9.	காய்ச்சல் வந்தவர்களை காற்றோட்டமான இடத்தில் படுக்கவைக்கக் கூடாது	சரி/தவறு
10.	இரும்புச்சத்து குறைபாடினால் இரத்தச்சோகை ஏற்படுகிறது	சரி/தவறு
11.	வைட்டமின் ஏ குறைபாடினால் மாலைக்கண் நோய் ஏற்படுகிறது	சரி/தவறு

3. சுகாதாரம்

- 3.1. வாலிப வயதில் ஆணுக்கும், பெண்ணுக்கும் உடலில் ஏற்படும் மாற்றங்கள் என்னென்ன?
- 3.2. இளம்வயது திருமணத்தால் ஏற்படும் பாதிப்புகள் யாவை?
- 3.3. தீய பழக்க வழக்கங்கள் யாவை? அவைகள் ஏற்படக் காரணங்கள் என்ன?
- 3.4. ஒரு பெண்ணிற்கு கருப்பை எங்குள்ளது? எத்தனை சினைப்பைகள் உள்ளன?



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