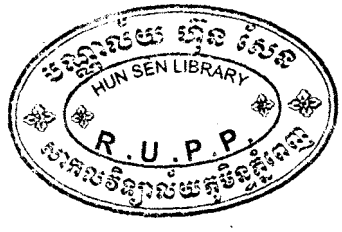
MANUAL FOR THE TRAINING OF SECONDARY SCHOOL TEACHERS IN SOCIAL STUDIES AND POPULATION EDUCATION

Trial Edition



UNFPA
United Nations Population Fund

CAMBODIA

Population Education Project
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FOREWORD

Population education is a curriculum reform that has been introduced in 1996 in the secondary level of the formal education system of the Royal Government of Cambodia through the "Project: To Integrate Population Education in Formal Education System (Phase I) (CMB/95/PO6)." The project is funded by the United Nations Population Fund (UNFPA) and executed by United Nations Educational, Scientific and Cultural Organization (UNESCO). The implementing agency of Government is the Ministry of Education, Youth and Sports (MOEYS).

The modality for introducing population education in the school system is **integration** of population concepts/contents in related contents of the curricula and syllabi of Social Studies (Geography and Moral and Civics Education), Biology and Home Economics. It augurs well that this curriculum reform is timed with the textbook development master plan of the Ministry. The timing facilitates the permeation of population education contents during the development of textbooks and teachers guides for Grades 7 to 12.

In any curriculum reform, an innovation or a change for the better is only as good as the teachers who play a key role in influencing learners' attitudes and behaviour. It is what happens at school and in the classroom that makes a difference in changing knowledge, attitudes and behaviour of students.

Consequently, there is a need for continuous training and retraining of teachers. The training of teachers in population education is undertaken by a team of trainers who are subject area team leaders, textbook/teachers guides writers and evaluators - all staff of the Research Institute, MOEYS.

The general objectives of the 6-day-training for secondary school teachers are:

1. To gain knowledge and understanding of the new textbooks and teachers guides in Social Studies and Home Economics.

2. To develop understanding and appreciation of the population education contents/topics integrated in the Social Studies and Home Economics textbooks and teachers guides.

3. To develop understanding and skills in the use of learner-centred teaching methodologies.

This **Training Manual** is intended primarily for the use of the team of trainers who are in charge of training secondary school teachers on the trial of the Social Studies and Home Economics textbooks/ teachers guides and on population education contents integrated in these materials. The **Manual** has been developed to guide the trainers in the selection of content for the 6-day training course for teachers, the methods and presentation of topics. The training methods used in the various session plans have been deliberately designed for learner-centred activities in order that the team of trainers themselves model innovative and participatory teaching-learning strategies.

The development of the **Training Manual** evolved during the process of the training of trainers (TOT). Most of the session plans had been tried out during the TOT process.

The **Manual** should be viewed as a model. Since the population education contents in the textbooks and teachers guides may vary from grade to grade, accordingly, the team of trainers should prepare session plans to meet these emergent needs. This **Manual** is a most useful reference in developing new session plans.

The appendices of the **Manual** carry some valuable materials that the trainers will find handy when planning training designs and training evaluation.

TABLE OF CONTENTS

LESSON I

Population Situation in Cambodia

I. Objectives

At the end of the session, participants should be able to:

1. Describe the population change in Cambodia.
2. Read charts, graphs and tables to analyze the population situation of Cambodia.
3. Discuss the important factors which influence population change.
4. Analyze the effects of population change in the country.

II. Teaching-Learning Aids

1. Module I **Population Situation of Cambodia**
2. Overhead Projector
3. Transparencies on graphs, tables, map (or substitutes where an overhead projector is not available)

III. Suggested Procedure

A. Opener

1. Present the map of Cambodia. Ask participants to describe the physical location and characteristics of the country and its people.

2. Ask them to do this task: List 5 things that you wish to happen in Cambodia by the year 2000.

   a. Each participant does his/her own listing.

   b. Afterwards, divide the class into 4 or 5 groups and ask the groups to consolidate very quickly their lists of wishes into one.

   c. Call on someone from each group to report the consolidated list.

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Here is a sample of 5 wishes for Cambodia by year 2000 expressed by participants in a workshop:

1. peace and security
2. good and effective government
3. protection of human rights
4. development of the country
5. enforcement of laws

d. Ask participants to state the relation of their wishes to the citizens of the country or the population of Cambodia. From their answers, point out that the development of Cambodia or any country for that matter, is for the people (the population) and by the people.

B. Development

1. Present the table on "Estimates of the Cambodia Population, 1921-1993." Refer to pp. 3-4 of Module I Population Situation of Cambodia.

   a. Lead participants to analyze the table by asking these guide questions:

   - How would you describe the population of Cambodia in the early years (1921, 1948)?
   - In what years was the population highest?
     How you explain the drop in population in 1979 and 1980 from the recorded data in the previous 3 years, 1968, 1970, and 1974?
   - By how much did the population increase from 1921 to 1993?
   - What conclusion can you make from the given data on estimates of the population of Cambodia?

b. Present the table on "Time for Doubling of Population" (p.4 of Module I). Ask some participants to give the meaning of doubling time. Refer them to Appendix B. "Glossary of Terms" of the same module.

Doubling time is the time it takes a population to double in size. It is based on the mathematical fact that, a number is increased by 1 per cent each calculation, approximately 70 increases will double this number. Hence, the formula for calculating doubling time is

$$\text{Doubling Time} = \frac{70}{\text{Doubling Rate in Percent}}$$

- Lead participants to examine the doubling time of the population of Cambodia given these estimates of growth rate:

Year	Estimates of Growth Rate
1988 -1989	Between 2.2 and 2.5%
1990	2.6

- Ask them to make a conclusion on the relation of population growth rate and doubling time: "The higher the growth rate, the less number of years it takes to double the population." A dramatic way to say it is "More and more people in less and less time."

- Ask participants to examine the graph and table on population projections in Cambodia on p.5 of Module I.

c. Present the graph and table on "Projections on Population of Cambodia"(Module I, p. 5).

NOTE: The Facilitator may need to review skills on how to interpret a graph.

a. What kind of graph is Graph No. 1?
b. What data do you see on horizontal axis? on the vertical axis?
c. What is the meaning of the legend? (little box on the right-hand side of the graph with signs labelled: HV, MV, LV).

* Lead participants to interpret the graph. Ask: "What is the trend of the population of Cambodia from 1995 up to 2050 based on guesses of high, medium and low projections?"

* Refer them to Table 3, "Projections of the Cambodian Population" (Module I, p.5). Ask some volunteers to relate the data on the table to the graph they have just analyzed. Lead them to make a conclusion on the data presented in both graph and table.

d. Present data on the population structure of Cambodia. See Table 4, p.6 of Module I. To better understand this particular topic, refer the participants to the definition of some related terms, as follows: **population composition, age structure, dependency ratio, population pyramid, sex ratio.** This can be given as an assignment.

1) Ask for clarificatory questions on those terms.

2) Lead a discussion on the population composition of Cambodia presented in Table 4 by asking these questions:

- Which age group has the highest proportion of the population? the lowest?

- The age groups 0-4, 5-14 and 65 years and above constitute the dependent population, while 15-64 age group, the working population. Given these data, what is the proportion of the working population to the dependent population?

- What is the ratio of the male to the female population?

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- What is the ratio of the male to the female population ?

e. Group work: Divide the class into 4 or 5 groups. Instruct them to elect a chairperson and rapporteur. Give the roles of the chairperson, rapporteur and group members.

1) Explain the task of the group: To analyze the population distribution of Cambodia using the graph, chart and table on pp. 8 -10 of Module I, using the following questions as guide:

   - Rank the total population of the regions of Cambodia in 1993 from highest (1) to the lowest (4).

   - Which 3 provinces have the highest population density? Which 3 provinces have the lowest population density?

   - Give reasons for your answers to the second question.

2) Give them 10 - 15 minutes for this group activity. Monitor the group work for any assistance the participants may need in interpreting the graph, chart and table on population distribution.

3) Presentation of group reports: Ask for a group to volunteer to render a report on their answers to the questions. Afterwards, have the other groups validate, correct and add to the sets of answers given by the reporting group.

f. Ask some participants to summarize the population situation of Cambodia using the following as guide:

- Population estimates over time
- Doubling time
- Population distribution and density
- Population composition: age structure, dependency ration and sex ratio

3. Group discussion: Using the same grouping as before (but with a change in chairperson and rapporteur), discuss the factors which influenced population change in Cambodia. Consider migration, the war and genocide in the recent past, repatriation of overseas Cambodians, etc. Explain the impact of these factors on population change of the country.

   a. Have 15 - 20 minutes for this group discussion. Afterwards, call on the chairperson or rapporteur of each group to give a report on the outputs of the group discussion.

   b. Ask one or two participants to summarize the ideas shared.

4. Ask participants to form triads (groups of 3) by counting off by three's. Each 3 seated near each other constitutes a triad. Distribute sheets of A-4 paper to each triad. Then, give these instructions:

   a. This is a creative activity. On the sheets of A-4 paper, depict one consequence of urban migration using any of the following formats: 1) drawing, 2) short story, 3) picture series (3 or more pictures, each on A-4), 4) poem or 5) song.

   b. Allot 20 minutes for this activity.

   c. Afterwards, ask the triads to post their work on the walls of the training room.

   d. Have a parade of all the participants to look/view the outputs of each triad.

e. Before the parade, instruct them to pick 3 outputs which they rate as **Best** (1), **Very Good** (2) and **Good** (3).

f. The facilitator collects the ratings and announces the 3 adjudged as **Best, Very Good** and **Good**.

NOTE: Give the creative work as a homework. On return, the participants post their outputs for the parade and judgment.

g. End up by asking participants at random how they felt about the activity.

LESSON 2

RATIONALE, GOAL AND OBJECTIVES, AND CONTENTS OF POPULATION EDUCATION FOR SECONDARY SCHOOLS

I. Objectives

At the end of the session, participants should be able to:

1. Justify the introduction of population education in formal education in Cambodia.
2. Define population education.
3. State the goal of population education for secondary schools.
4. Analyze the objectives of population education in terms of its implications to contents, life skills and teaching-learning strategies.
5. Explain the strategy of integration as an approach in introducing population education in the curriculum.
6. Analyze the scope and sequence of population education for secondary schools in Cambodia.

II. Teaching-Learning Aids

1. Overhead projector
2. Transparencies
3. Handouts
4. *Module on Rationale, Goal, Objectives and Contents of Population Education for Secondary Schools*

III. Suggested Procedure

A. Opener

1. Recall the highlights of the previous session on "Population Situation in Cambodia".

   a) What is the estimated population of Cambodia in 1995? What is the projected population by year 2000?

   b) What are the population-related problems that the country is now experiencing?

> Note to the Facilitator: Use the latest population data on Cambodia, if available, e.g., Demographic Survey of Cambodia, 1996.

2. State that the population situation in Cambodia is also being experienced by the countries in the Region. Most, if not all, of these countries have formulated national population policies that are consistent with their development policies and programmes. Our neighbor countries - Lao PDR, Vietnam and Thailand have strong population programmes. They were much ahead of Cambodia in instituting their programmes.

   An outstanding component of all population programmes in all countries in the world with such programmes is the education component. In other words, there is in every national population programme a population education programme in both formal and informal education

3. Explore participants' views about the role of education in solving population-related problems and issues by asking this question:

   a) Why do we need to educate our young people about population-related problems?

   (*Note*: The facilitator may need to ask follow-up questions in order to generate the response).

B. Development

1. Call participants' attention to the handouts on definition, goal and objectives of population found in their kits/plastic envelops. Inform them that the contents of the handouts were formulated in series of seminars, workshops and orientation courses on population education held in Phnom Penh in 1996. These seminars/workshops involved key officials from government and non-government organizations, school administrators from proposed trial schools, curriculum writers and teachers.

2. Flash the transparency on "Definition of Population Education."

> DEFINITION OF POPULATION EDUCATION
>
> Population Education is the process of developing knowledge and understanding of population changes/situations as well as rational attitudes and behaviour toward those changes/situations in order to improve and sustain the quality of life of the individual, the family, the community, the country and the world.

a) Lead participants to highlight the key words in the definition-

- process
- knowledge and understanding
- rational attitudes and behaviour
- population changes/situation
- quality of life
- individual, family, community, country and the world.

3. Flash the transparency on the goal of population.

GOAL OF POPULATION EDUCATION

To involve students in a learning process that will enhance their understanding of emerging population and development issues, develop skills in planning and decision-making on those issues, and the attitude that they can control those various emerging issues and events in their lives and take actions on them now.

a) Ask participants to give comments on the goal statement. Lead them to ask clarificatory questions.

b) Lead them to point out the life skills in the goal statement -

- understanding emerging issues
- planning and decision-making skills
- take control of issues and events in life
- take actions on those issues and events

4. Flash the transparency on the objectives of population education.

OBJECTIVES OF POPULATION EDUCATION

1. To develop knowledge and understanding and appreciation of:
    a. Basic population concepts
    b. Causes of population change
    c. Consequences of population change on the quality of life and well-being of the individual, family, community, the nation, and the world.
    d. Human sexuality and total development of the person.
    e. Gender roles and social implications
    f. Environment and population linkages
    g. Other population-related issues and problems
2. To develop rational and responsible attitudes/values and behaviour toward population-related issues and problems.
3. To develop skills in planning and decision-making to enable the students to take control of the various issues and events in their lives.
4. To improve the ability of students to learn how to learn by involving them in learner-centered activities and in evaluating their own learning progress.

a) Ask participants to analyze the statements of objectives of population education by asking these lead questions:

- What population education contents are explicit in the statements of objectives? (Objective No.1)
- What learning and outcomes are stated in the objectives? (*knowledge, attitudes/values* and *behaviour*).

- What are the life skills stated in the objectives? (planning and decision-making, taking control of events in one's life).

- What is the nature of the teaching-learning situation that is suggested in the objectives? (learner-centered).

5. Write the word *integration* on the chalkboard/whiteboard. Call on volunteers to give the meaning of the word. Lead the class to define the word as "the act of putting together."

   a) Explain that integration as used in curriculum development means enriching and expanding existing units in the syllabus of a subject area to include population-related concepts or contents. Thus, the subject area becomes a carrier or vehicle for introducing population education in the formal school system.

   b) Give the information that in the secondary schools in Cambodia the subjects used as vehicles for integrating population education are Geography, History, Moral and Civics Education, Biology and Home Economics. Population education topics are the new contents that have been incorporated in the textbooks and teachers guide in Social Studies, Science (Biology), and Home Economics for Grades 7 to 12.

   c) Present the integrated curricula/syllabi of Social Studies, Biology and Home Economics. Ask participants to identify population topics found there. Give particular attention to the grade levels participants in teaching.

6. Divide the class into 4 study groups, by subject areas - Geography, Moral and Civics Education, Biology and Home Economics. Explain the tasks of the groups as follows:

   a) Refer to the module on *Rationale, Goals and Objectives and Contents of Population Education.*

b) Study the scope and sequence chart in population education of your respective subject area by taking note of the population education topics/contents that are listed in the chart per grade level. The study of scope and sequence maybe given as assignment in order to cut the time-on-task for this study during the training session.

c) Afterwards, as a group answer the following questions:

- Are the population education topics/contents integrated in the subject area you are teaching important? Explain your answer.

- Do you need further training on these population education topics/content? If so, which ones?

d) Presentation of group reports: Give each group 10-15 minutes for sharing the results of their group study with the rest of the class.

7. Ask 2 or 3 participants to summarize the main ideas that they have learned from the lesson.

LESSON 3

HOW POPULATION CHANGES

I. Objectives

At the end of the lesson, the participants should be able to:

1. Identify the causes of population change.
2. Explain how births, and deaths cause population change.
3. Define the words *immigration, internal migration* and *external* or *international migration*.
4. State the net effect of migration on the population of a country.

II. Teaching - Learning Aids

1. Picture showing populations in a city and town in everyday situations, e.g., market place, festivals, city street scenes, etc. (where available).
2. Write-up of a village population dynamics.
3. Module III Causes of Population Change

III. Suggested Procedures

A. Opener

1. Write the word POPULATION on the chalkboard.
2. Show pictures showing populations in a city or town everyday situations, as suggested in II.1 above.
3. Ask participants what flashes to his/her mind when he/she reads the word POPULATION. Caution them to give very brief answers. List their answers on the chalkboard. Possible responses could be:

   People
   People living in a place
   Composed of men, women and children
   Young and old people
   Overcrowded communities in the city
   Children in school
   People buying and selling in markets,etc.

4. Lead them to define population.

B. Development

1. Present the short story about a village. The facilitator may write the story on the chalkboard or may provide handouts to participants.

2. Give the participants 5-10 minutes to read the story. Tell them that they are to read the article *silently*.

3. The facilitator goes around to note progress of reading.

> Life Goes On in Kohvein
>
> Kohvein is a small village located in a northern province of Cambodia. About 100 families live there in single or shared households. On the average, families have 12 members which may include the immediate family members, grandparents and married daughters, their husbands and children, and other relatives. Now and then, some families from other villages or province who have relatives in Kohvein move in to live there.
>
> Two years ago, an epidemic of cholera hit the village. Eighteen children died, mostly under 5 years old. However, on the average, Kohvein experiences 3 deaths and 6 to 8 births each year.
>
> Lately, life has become very difficult in the village. The drought that hit the northern part of the country forced many people, especially young men and women, to go to the city or the capital town to look for jobs. At one time, some 30 persons, aged 15-35 years old left the village to seek employment in Phnom Penh. A few men with some skills left for overseas employment.

4. After reading, lead the participants to analyze the population of Kohvein by asking these questions:

   a) What is the size of the population of the village?

      Answer: Approximately 1,200 people (100 families x 12)

   b) What are the population events that took place in the village?

      Answer: 1) Birth - On the average, 6 to 8 babies are born each year.

2) Death - A cholera epidemic caused the death of 18 children 2 years ago; on the average, there are 3 deaths in Kohvein each year.

3) Migration - Relatives from other villages or provinces who moved in to Kohvein; young people who moved to Phnom Penh to look for jobs; a few who left for overseas employment.

5. Lead participants to analyze how *birth* and *death* cause population change, citing the case of Kohvein.

a) Write these words on the chalk board and ask participants in pairs to make complete sentences out of these words:

POPULATION	BIRTHS
WHEN BIRTHS	DEATHS
WHEN DEATHS	INCREASES
EXCEED	DECREASES
EQUAL	STABILIZES

b) Give them 5-10 minutes to construct their sentences. Ask them to write their sentences on a piece of paper which will they read to the class.

c) Ask two or 3 participants to read their sentences. Find out how many pairs made incorrect sentences.

CONCEPTS OF POPULATION CHANGE

1. When births exceed deaths, population increases.

2. When deaths exceed births, population decreases.

3. When births equal deaths, population stabilizes (neither increases nor decreases).

6. Explore participants understanding of the word, MIGRATION. Ask for 2-3 volunteers to give the meaning of the word. Sort out the ideas presented. Pick on the correct ideas that lead to the definition of the word.

Migration is the movement of people from one geographic place to another to live there more or less permanently.

People who leave their town to live in the city are called ***out-migrants*** of their town and ***in-migrants*** of the city.

Persons who leave their country to live in another country are called ***immigrants*** of the foreign country and ***emigrants*** of their own country.

Internal migration, or permanent movement of people from one town or province or city to another within the country, neither adds nor subtract to the population. It merely re-distributes the population.

External or ***International migration***, or permanent change of residence from one's own country to a foreign country does not add nor subtract to world population.

Note to the Facilitator

This lesson is an introduction to the study of population change. It is appropriate for use in the training of Grade 7 teachers or even primary school teachers. For more in-depth treatment of the study of population, the Facilitator needs to develop another session plan using Module III as the main teaching-learning material.

LESSON 4

World Population Growth

I. Objectives

At the end of the session, participants should be able to:

1. Describe the history of world population growth.
2. Explain the demographic transition theory of population growth.
3. Explain the subsistence theory of population growth.
4. Describe the trends of world population growth.
5. Compare the population trends in different countries.
6. Interpret graphs and tables on population trends and projections.
7. Explain the emerging issues of population growth.

II. Teaching - Learning Aids

1. Overhead projector
2. Transparencies
3. Graphs and tables
4. Module IV **World Population Growth**
5. Card game

III. Suggested Procedure

A. Opener

1. Display a world map, or where available, a globe. Ask some volunteers to locate Cambodia on the map or globe and to tell its location in relation to its neighbour countries.

2. Continue this exercise to world regions and countries located thereat. Lead participants to share briefly what they know about these countries.

3. Afterwards, zero in on the population dimension. Ask what they know about the populations of the countries they had identified, and the population of the world.

B. Development

1. Show the graph on "World Population Through History" (Fig.1). Refer the participants to Module IV **World Population Growth**.

   a. Lead them to analyze the graph by asking these guide questions:

      * What does the X-axis of the graphs represent? (year, 5000 B.C. to year 2000)

      * What does the Y-axis represent? (world population in billions, 0.5 to 7.0 billions)

      * Note the 3 vertical lines on the graph. What do they represent? (3 major phases in the history of man's population growth: (1) the beginning of human time to the middle of the 17th century (1650), (2) 1650 to 1950 (covers the period of 300 years) and (3) 1950 to year 2000.

      * Describe the rate of world population during these 3 phases

Answers:

1) First phase - Very slow growth or increase in population; the average growth rate was about 0.05 percent.

2) Second phase - Population increased from about 500 million to 2.5 billion; the population doubled itself 3 times in this span of time- in 1650, 1850 and 1930. The average growth rate was about 0.5 percent or 10 times more rapid than the first phase.

3) Third phase - The average annual growth rate of world population was 1.9 percent. The projection is that by year 2000, world population is not likely to be below 6 billion.

b. Refer participants to Table I "Growth Rate and Doubling Time from Appearance of Man to Contemporary Time," found in Module IV. Ask them to study the table carefully.

c. Afterwards, present a blow-up of the pictograph in Fig.2 "More people in less time: World population doubles in fewer and fewer years." (See Module IV). Give the participants time to analyze the pictograph and relate this to the data on Table 1.

d. After their study of the table and pictograph, ask some volunteers to give evidence for the statement, "More people in less time: world population in fewer and fewer years."

2. Write the words: **Demographic**, **Transition** , **Theory** on the chalkboard/whiteboard. Ask some participants to give meaning of the words.

Demographic - having to do with people
Transition - change
Theory - a system of ideas to explain something

a. Matching cards game: Before the session, the Facilitator prepares cards on which are written these words below:

Pre-transitional stage	High birth and death rates
	Static population growth
	High birth rates supported by social norms and customs.
	Prolific child bearing
Transitional Stage	Death rates start to decrease but birth rates remain high
	Rapid population growth
	Death rates continue to decline
	Birth rates decline
	Slow population growth
	Low death rates
	Moderate birth rate
Post-transitional stage	Low birth rates
	Low death rates
	Stationary population

b. Post on the board the 3 cards on which are written the 3 stages of the demographic transition. Post these cards parallel to each other, thus forming 3 columns with space below on which to post the descriptor cards.

c. Distribute the descriptor cards (14 cards) to the participants at random.

d. Instruct those who received the cards to post the card he/she is holding in the appropriate column which are labelled according to the 3 stages of the demographic transition.

e. When everybody has posted his/her card, call the attention of the class to the completed matching card game. Ask them to check the columns for accuracy of the descriptions and to correct wrong posting. Participants may refer to the Flow Chart on Demographic Transition found in Module IV.

f. Summarize the ideas learned from the card game.

3. Group discussion: Divide the class into 5 groups. Instruct each group to elect a chairperson and a rapporteur. Assign each group one stage of the subsistence theory (Goldsmith) which explains world population growth.

a. Instrîct t´he groups to explain how or why the nature or characteristics of the subsistence stage assigned to each group influenced or affected population growth. For example, during the stage of *hunting and food gathering, without nomadism*, there was an increase in population size. Explain this population increase by describing the characteristics of the stage that favoured population increase.

b. Give them 15 minutes for this group discussion. Afterwards, the groups present the results of their discussion in plenary.

c. Draw conclusions from the ideas presented.

4. Present the graph on "World Population Growth: Annual Growth Rates and Increments." Refer the participants to Lesson 4 of Module IV.

   a. Lead them to analyze the graph by asking these guide questions:

      1) What information about world population can you extract from the table? Answers: (a) annual growth rates and annual increments or increases, from 1950 to 2020, (b) population in millions, (c) *high, medium* and *low* estimates of population growth and increments from 1950 to year 2020.

      2) What is the starting growth rate of the world population in 1990? Answer: about 1.8 percent.

      3) What was the increase in the world population in 1980? Answer: about 80 millions.

      4) Using the medium guess, what are the growth rates in 1990? 2000? 2010? 2020? Answers: 1990 - about 1.7 percent; 2000 - about 1.5 percent; 2010 - about 1.2 percent; 2020 - about 1.0 percent.

      5) Using the same medium guess, what are the absolute increments or increases to the existing number of people in the world in 1990? 2000? 2010? 2020? Answers: 1990 - about 95 millions; 2000 - about 96 millions; 2010 - 90 millions; 2020 - 81 millions.

      6) What conclusions can you make about a medium guess of population growth rates and increments to world population? Answers: (a) Based on the medium guess, the growth rate in 1980 decreased minimally at the start before gradually declining to about 1.0 percent by 2020; (b) However, there will be absolute increases to the population from 1980 until about 1995 before a gradual decrease is begun. By year 2020, the gradual decrease in population number will be a little more than that of the 1980 starting increase. In other words, the leveling off of population increments will occur only after approximately 40 years.

b. Review the concept of doubling time introduced in Lesson 1 of the module. Present the formula for calculating doubling time and give a few exercises. Recall the conclusion made in earlier part of the module about the relationship between growth and doubling time.

c. Present the graph and table on population projections of selected developing countries and developed countries as a whole.

d. Ask participants to study the table on "Estimated and Projected Population by Size and by Regions, 1950-2025" found in Module IV. Lead them draw conclusions from the data shown in the table and graph.

Population Projections, 1950-2025

1. In 1990, the industrialized countries constituted 22 percent of the world's total population. By year 2000, this will decrease to 20 percent and to almost 16 percent by year 2025.

2. On the other hand, the developing countries continued and will continue to increase unabatedly its population size in proportion to world population from 1950 to 2025.

3. By 2025, the developing countries will have 84.1 percent share of the world's population.

4. Of the developing countries, Asia will continue to have over 50 percent of the world's population.

5. The richest countries in the world - Europe and North America - will have only less than 10 percent of the world's population.

5. Brainstorming: Using the same 5 groups created before, conduct a brainstorming session on solutions to emerging issues brought about by population explosion in the world, particularly in developing countries.

   a. Brief the participants on the procedures for brainstorming. See the Appendix of this lesson.

   b. Give the groups freedom to choose any one of the population issues to brainstorm on, making sure that there is no duplication in the issues the groups have chosen to work on. These are the issues to choose from for brainstorming:

      1) Depletion of natural resources
      2) Environmental degradation
      3) Shortage in school facilities, including teachers, due to increased demand for educational services
      4) Uncontrolled urban migration
      5) Prostitution
      6) Increase in crime rates
      7) Child labour

   c. State clearly the task of the groups. They are to brainstorm on solutions to the issues/problems each group has selected. Therefore, the outputs of the brainstorming session is a set of proposed solutions to each of the population issues/problems. Give them 10-15 minutes for this activity.

   d. Afterwards, give each group 5 minutes to present their proposed solutions.

   e. Summarize the proposed solutions that are practical and which can be carried within a short-term period.

APPENDIX

BRAINSTORMING METHOD

Brainstorming is a creative problem-solving method which is often utilized when there is a specific problem that may have many possible answers. The aim is to get as many ideas as can be offered by the group members. It lists all the ideas regarding an issue or problem without evaluating or judging them in any way. Literally, it is "storming" a specific problem with as many ideas as there may be. The chain reaction which starts with a wild idea may end up with a more practical idea.

Procedure

1. Orient the group on the mechanics and rules of the method.

    a. A large group may be divided into small groups. Each group selects a leader and recorder.

    b. The recorder writes the ideas and solutions as they are stated. Criticism is ruled out. In other words, ideas and solutions shared by participants should not be criticized.

    c. The more ideas there are, the better. Wild ideas are encouraged. They lead to more practical ones.

2. Present the issue or problem clearly in specific terms.

3. Form small groups. Ask each group to choose a leader and a recorder.

4. Ask each group to come up with a list of ideas on the subject, questions or problems/issues.

5. Reconvene all participants for presentation of group outputs.

6. Lead in the review or evaluation of the ideas or solutions presented. This step takes place only after all groups have presented.

7. Lead the group to set priorities on the accepted ideas and solutions.

LESSON 5

PHYSICAL ASPECT OF ADOLESCENT DEVELOPMENT

A. Objectives

At the end of the session, participants should be able to:

1. List the body changes that occur in boys and girls during puberty.
2. Differentiate the physical changes and characteristics of boys and girls.
3. Discuss the sequence or timing of physical changes for both male and female during puberty.
4. Explain the emotional changes that accompany physical changes during adolescence.
5. Describe the significance of physical changes on developmental tasks during adolescent period.

II. Teaching-Learning Aids

1. Charts on Body Changes in Boys and Girls During Puberty.
2. Module on **Physical Aspect of Adolescent Development.**
3. Handouts
4. Body Clocks Exercise
5. Overhead projector
6. Transparencies

> Note: For a successful session on this lesson, the Trainer/Facilitator should instruct the participants to read the module on Physical Aspect of Adolescent Development.

III. Suggested Procedure

A. Opener

1. Write the words, *adolescence* and *puberty* on the whiteboard. Ask the participants to give the meaning of the two words.

2. Lead the participants to give terms that are associated with the two words, such as:

Adolescence	Puberty
teenager	sexual maturity
juvenile	adolescence
minor	teens
youngster	young manhood
youth	young womanhood

3. Ask: Can we conclude that the two words are synonymous?

B. Development

1. Ask participants to list on the whiteboard or on newsprints, the physical changes during adolescence for both boys and girls. Participants list the physical changes under the headings:

Female Changes	Male Changes
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

a) Encourage them to participate in the activity. Allot 10-15 minutes for this listing exercise.

b) Afterwards, ask the group to review the listing for duplication and accuracy. Participants are to make the necessary deletion and/or correction on the list.

c) Distribute the handout on "Physical Changes During Adolescence" (Appendix A of this lesson). Give 5-10 minutes for the reading of this handout.

d) Ask participants to compare the list of the changes with those on the list written on the whiteboard.

e) Present the charts on body changes during puberty. Call on some participants to describe these body changes which are shown on the charts.

f) Call for a few problems for discussion.

> Note: The Trainer/Facilitator should have a thorough preparation for the lesson in order to answer correctly the questions or problems that may be raised by the participants.

2. Group work: Divide the class into 3 or 4 groups. Let the groups elect a leader and a recorder. Give a short briefing on the duties of the group officers. (See Appendix B, "Duties of Group Officers").

   a) Using the handout on "Physical Changes During Adolescence" (Appendix A), which was earlier given to them, instruct the groups to list the differences in body changes and characteristics of boys and girls. Give them 10-15 minutes for this exercise.

   b) Afterwards, have one group leader or recorder to volunteer to report the outputs of the group discussion. Ask the other groups to add to the list of differences which were not reported. Ask one or two participants to summarize.

3. With the aid of transparencies, give a short talk on the timing of pubertal changes. This lecturette introduces participants to the sequence of body changes and the body clock exercise.

FEMALE BODY CHANGES

Begins between ages of 8 to 12 and ends around age 16 or so.

1. It takes approximately 3-5 years to complete this stage of growth.

2. Onset of puberty is consistently 2 years earlier in girls than in boys. Girls reach full height about 2 years earlier than boys.

3. Females are born with slightly more mature skeletons and nervous systems and gradually increase this development lead throughout childhood.

4. Earlier sexual maturation of females is one reason why males are about 10 percent taller as adults; by virtue of maturing later, males have more time to continue growing.

5. Biological changes vary in time of onset and duration, yet these changes fall into definite and predictable patterns.

MALE BODY CHANGES

Sequence of pubertal maturation is predictable, but the rate at which the events occur is highly variable. Generally, the onset of puberty begins between the ages of 10 or 11.

1. Onset of puberty is consistently 2 years later in boys than in girls.

2. Onset of puberty ranges from age 10 to 14.

3. Girls reach full height about 2 years before boys.

4. In the year in which a boy grows the fastest he normally adds 3 to 5 inches to his height.

5. An average boy of 16 has already reached 98 percent of adult height.

a) Ask participants to raise questions on the topic, "The Sequence of Physical Changes for the Male and Female During Puberty" in the module on **Physical Aspect of Adolescent Development** which was given as an assigned reading.

b) Present the transparencies on the diagrams of the Female and Male Body Clocks (Appendix C and D). Give instructions on how to accomplish the exercise.

INSTRUCTION
Place a number from 1 to 8 in each circle of the body clocks to show the order in which changes occur.

c) Divide the class in two by asking them to count off by 2's, without moving from their seats. All number ones shall do the exercise on Female Body clock and all number two's, the exercise on Male Body Clock. Accordingly, distribute a copy each of the Female Body Clock and Male Body Clock to respective participants.

d) Participants proceed to do the exercise individually. Give them 5-10 minutes to do this. Afterwards, participants sitting next to each other validate each other's answers to the exercise.

e) Flash the transparency showing the correct number sequence. Ask how many got the correct answers. Ask also how they feel about the activity.

4. Lead a discussion on the emotional changes during adolescence. Start by flashing the transparency on "Emotional Changes for Both Boys and Girls."

a) Ask them to refer to the module. Ask them to identify from the write-up the emotional changes for both boys and girls.

b) Lead them to relate personal experiences with adolescent boys and girls.

5. Flash the transparency on "Developmental Tasks." Encourage questions for clarification.

   a) Summarize the developmental tasks of adolescents, as follows:

   - to become less dependent on parents and other adults in the family;
   - to develop a gender identity, a positive self-concept/self-image;
   - to develop the capacity to love and be loved and to be intimate in relationships with other;
   - to develop a set of values as foundation for deciding what to believe in and how to behave;
   - to stimulate intellectual capacity.

   b) Lead a discussion on how parents can help adolescents in their developmental tasks. Ask the following priming questions:

      1) How can parents and other elders in the family help adolescents to become more independent as persons and members of the family?

      2) How can parents and other adults in the family help adolescent children develop a positive self-image?

      3) In what ways can adults help adolescents to express and handle emotions so that they can develop the capacity for intimate relationships with others?

      4) What is the role of parents and the home in the values formation of their children?

      5) How can parents stimulate the intellectual capacity of adolescents?

   c) Summarize the discussion on "Developmental Tasks of Adolescents" by having the participants answer a multiple-answer question. (see Appendix E). Flash the question on transparency. Ask them to raise their hands if they choose each of the answers as you read them aloud. Count the show of hands for each answer.

5. Summarize the lesson by pointing out the key concepts learned, with the aid of a transparency.

   a) Boys and girls undergo physical changes to prepare them to become fathers and mothers. In other words, physical changes during puberty signal the capacity for procreation.

   b) There are physical changes and characteristics that are unique for the male and female.

   c) There is a sequential order in which the body changes occur in boys and girls.

   d) Emotional changes accompany physical changes during adolescence.

   e) Adolescents need adult support as they mature in their developmental tasks to become independent, to develop self-identity, intimacy, integrity and reach full intellectual capacity.

APPENDIX A

Physical Changes During Adolescence

Female	Male
Spurt in weight Spurt in height	Spurt in weight Spurt in height
Budding of breasts	Slight temporary development of breasts around nipples.
Growth of pubic hair	Growth of pubic hair
Growth of hair under arms	Growth of hair under arms
Change of voice	Deepening of voice
Increase in perspiration	Increase in perspiration
	Growth of penis and testicles
Appearance of Acne	Appearance of Acne
Menarche (onset of menstruation)	Involuntary ejaculation
Widening of hips	Widening of chest and shoulders
Thighs become funnel-shaped	Arms becoming more muscular
	Considerable hardening of body muscles
	Heavy growth of hair on face and body
Changes in body shape: from the slenderness of a child's body to that of an adult	Changes in body shape: from the slenderness of a child's body to that of an adult
	Increase in physical strength and stamina
Arrest of skeletal growth	Arrest of skeletal growth

APPENDIX B

DUTIES OF GROUP OFFICERS AND GROUP MEMBERS

1. GROUP LEADER

1.1. Introduces the topic for group discussion.
1.2. Directs the discussion on the topic.
1.3. Encourages members to share their ideas on the subject being discussed.
1.4. Sees to it that no one dominates the discussion.
1.5. Shares his/her own ideas on the topic without dominating the discussion.
1.6. Clarifies issues/problems raised by members on the topic; invites the facilitator to the group for clarification of issues/problems raised.
1.7. Monitor the time to ensure that the topic/topics are fully covered.
1.8. Summarizes the results of group discussion, agreements, group decisions,etc. or requests the Group Rapporteur to do this.

2. GROUP RAPPORTEUR

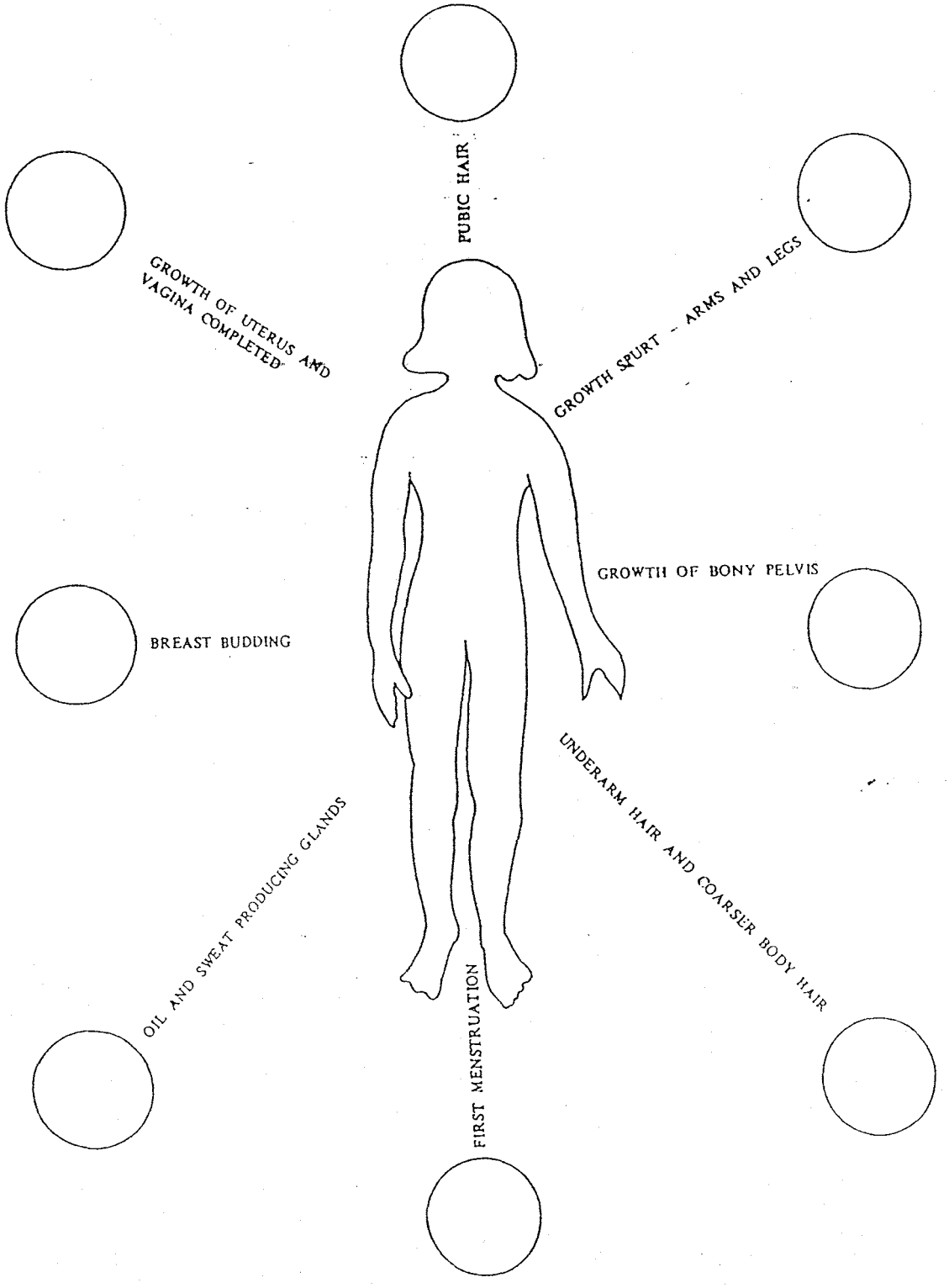
2.1. Records key ideas/key points shared on the topic.
2.2. Takes note of issues/problems raised on the topic and recommendations/solutions given.
2.3. Share own ideas on the subject, however, sees to it that she/he does not neglect her/his duties as Group Rapporteur.
2.4. Writes a report on the outputs of group discussion for presentation in plenary.
2.5. Presents the Group Report when requested.

3. GROUP MEMBERS

3.1. Shares freely one's ideas/experiences on the topic being discussed.
3.2. Respects the ideas or views of others.
3.3. Refrains from dominating the group discussion.
3.4. Expresses one's disagreement on other's views or ideas without being disagreeable.
3.5. Accepts the Group's decision or consensus on an issue or issues.
3.6. Respects the leadership of the Group.
3.7. Volunteers freely one's help in any group tasks, e.g. preparing group reports for presentation, sharing information materials,etc.

APPENDIX C

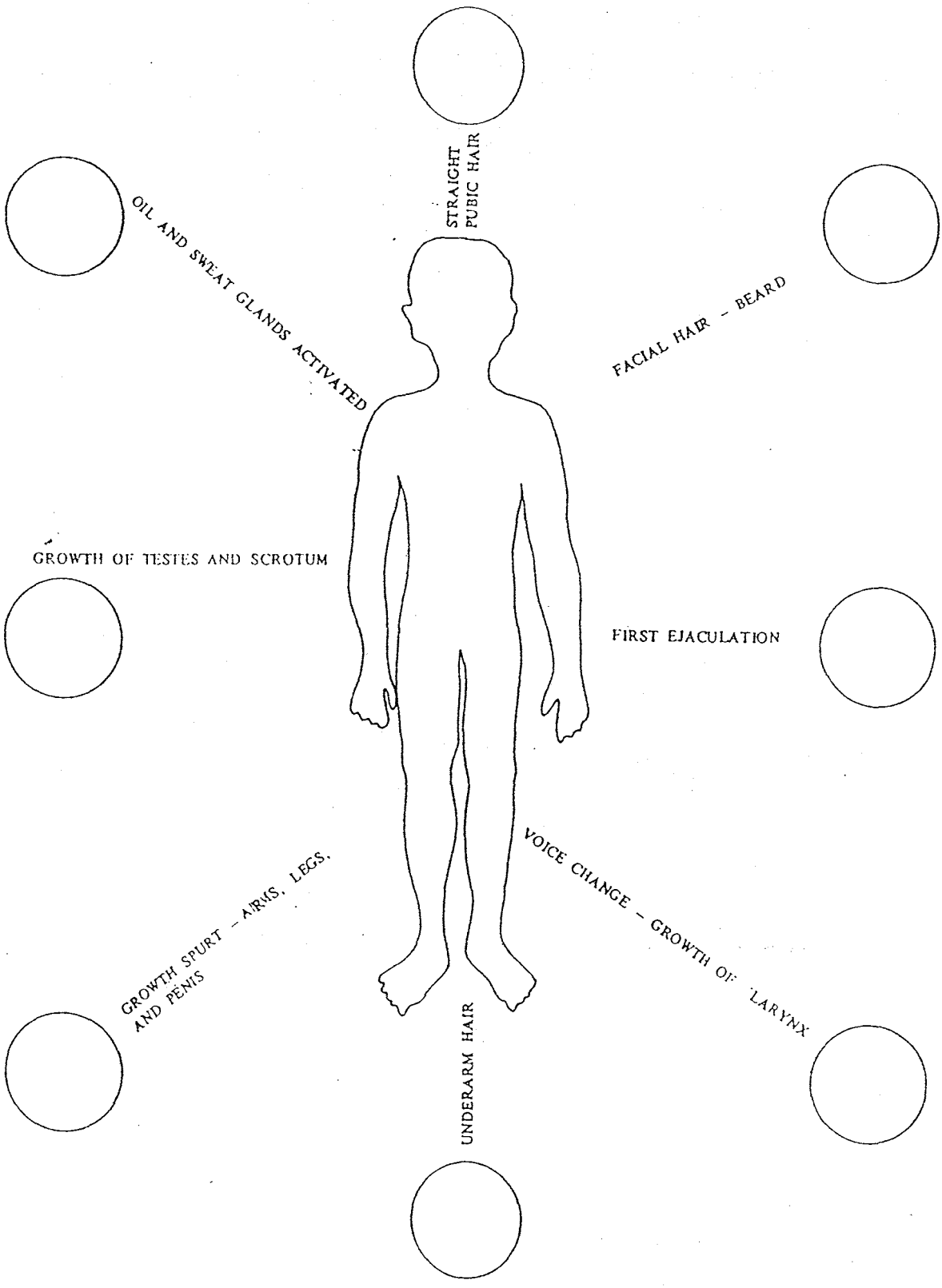
The Female Body clock



Direction: Place a number from 1 to 8 in each circle to show the order in which these changes occur.

APPENDIX D

The Male Body Clock



Direction: Place a number from 1 to 8 in each circle to show the order in which these changes occur.

APPENDIX E

Question: What are the ways by which parents and other adults in the family can help their adolescents mature in their developmental tasks:

_____1. Deciding for their children

_____2. Telling them what to do and how to do things

_____3. Serving as a model of values

_____4. Having trust in adolescents' ability to decide for themselves

_____5. Choosing the friends of their adolescent children

_____6. Being a counselor to adolescents when they have problems

_____7. Providing a home where children feel loved

_____8. Giving guidance and support

_____9. Encouraging adolescents

____10. Not minding what adolescents do outside of the home

LESSON 6

OVULATION AND MENSTRUATION

I. Objectives

At the end of the session, participants should be able to:

1. Describe the parts of the female reproductive organs with the aid of pictures.

2. Trace the path taken by the egg in the ovary, through the fallopian tube, and into the uterus.

3. Discuss the hygiene of menstruation.

II. Teaching - Learning Aids

1. Overhead projector

2. Transparencies

3. Chart on "Ovulation and Menstruation"

4. Exercise Sheet

5. Matching cards

III. Suggested Procedures

A. Opener

1. Ask the participants to relate their observation or experience on how girls and their parents and other members of the family members react to the first menstruation or menarche of a daughter or girl relative of the family.

   Guide Questions:

   a) Do girls experience fear, surprise or shame?

   b) Do they hide or did they tell their mothers or any member of the family.

d) Do girls receive counseling or instructions from any member of the family about the meaning of first menstruation?

2. Let participants share freely. Do not pass judgement on the experiences or observations shared.

3. Give a brief summary of the experiences and observations about girls' reactions to the first menstruation that were shared.

B. Development

1. Give an introductory lecture on the parts of the female reproductive organs using transparency and overhead projector. Refer to Appendix A for the illustration. Emphasize that these are the female body organs that are concerned with ovulation and menstruation.

2. Using the transparency showing the frontal view of the female sex organ (Appendix A), trace the path taken by the egg from the ovary, through the fallopian tube, and into the uterus. Refer to the information sheet on " Ovulation and Menstruation" found in Appendix B.

Note to the facilitator: Give the above information sheet as a reading assignment to the participants.

a) Explain that if conception or fertilization does not take place (if there is no sperm present to impregnate or fertilize the egg), then the lining of the uterus sloughs off and is discharged through the uterus. This is called menstruation.

b) Distribute the diagram on "Ovulation and Menstruation" (Appendix C). Have the participants follow your explanation on the diagrams and repeat several times the path taken by the egg from the ovary to the uterus, as well as the subsequent menstrual flow if no conception takes place.

c) From the explanations, ask participants to define the terms *ovulation* and *menstruation.*

d) Point out some facts for emphasis.

Facts for Emphasis

1. The age of first menstruation varies widely. Each girl's body has its own time schedule for the changes of puberty.

2. The first menstruation period usually follows other physical changes: growth spurt, breast development, body hair, etc.

3. The beginning of menstruation signals a girl's ability to get pregnant.

4. During the first years, the menstrual cycle may have very irregular frequency and duration.

5. Blood is released slowly and flows gradually over a number of days.

6. Mothers or adult female family members should prepare their daughters who have started physical development for their first menstrual period.

7. The first menstrual is called *menarche*. The final disappearance of menstruation is called *menopause*.

3. Matching cards: Distribute at random colour-coded cards with messages on hygienic practices during menstruation. (Appendix D).

   a) Instruct participants to post cards of the same colour according to the colour code.

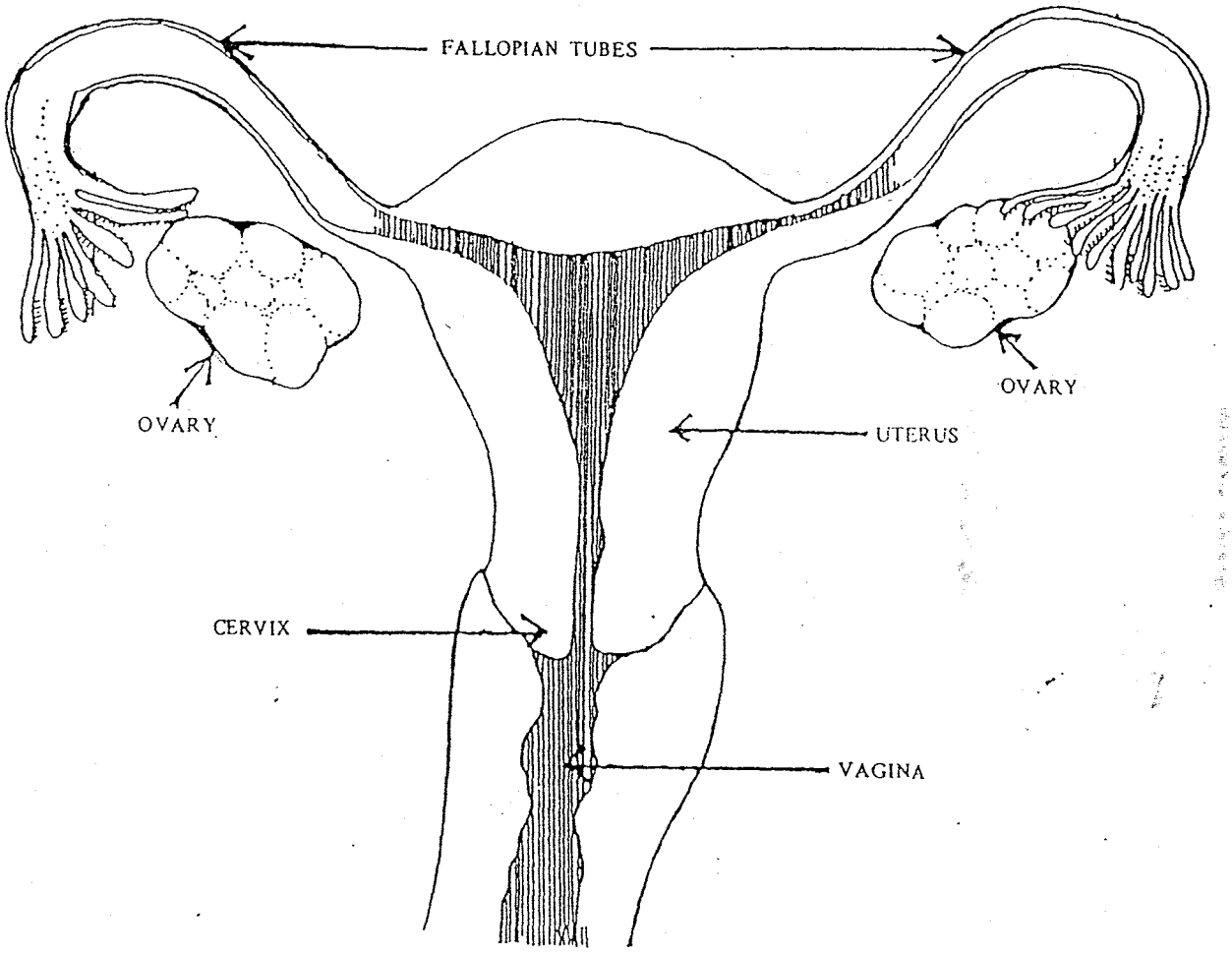
   b) One set of cards contain hygienic practices, the other set contains explanations. Participants are to match each hygienic practices with corresponding explanation.

   c) When all cards have been posted, ask participants to review for accuracy.

   d) Give a summary of the hygienic practices.

APPENDIX A

The Frontal View of the Female Sex Organ



APPENDIX B

INFORMATION SHEET

I. Teaching about ovulation and menstruation

A. The first menstruation is a big event in a young girl's life and it is anticipated with ambivalent feelings and expectations. Teachers can help make this event a positive experience by:

1. affirming the mother's role or a female adult member of the family in the preparation for the first menstruation.

2. alleviating two major concerns: what to do if the period starts at school, and the fear that blood will "gush out."

3. being sure school staff is prepared to give assistance to female students in a manner that will alleviate any embarrassment.

B. Discussing menstruation in class can be embarrassing for girls if boys start teasing. Remind the class that a period is a normal function of a healthy female body. That it is personal matter, and that teasing or joking about it is not acceptable mature behaviour and that it shows lack of respect for others' feelings.

II. Ovulation

A. One of the things that happens during puberty is the production of hormones by the ovaries.

B. Estrogen is the female hormone that causes the changes during puberty: physical growth, development of ovaries, breast development, body hair and body contours.

C. Each month an ovum (egg cell) matures and ripens.

D. At the same time, the lining of the uterus (endometrium) builds up preparation for the fertilized egg.

E. The ovum takes a four to six day trip down the fallopian tubes into the uterus. Occasionally, two or more ova are released at the same time.

F. If the egg is not fertilized, the uterus will know that the endometrium is not needed.

III. Menstruation

A. Menstruation occurs when the lining of the uterus (endometrium) begins to slough of the walls and slowly pass out of the body through the vagina.

B. The first menstruation usually comes between the ages of 9 and 16, although it is normal to begin earlier or later. The first menstrual period is called menarche.

C. The first menstruation may begin before ovulation takes place (and ovulation may take place before first menstruation).

D. The menstrual flow is quite slow and gradual. The first sign of menstruation will be a small spot of discharge not a "gushing."

E. The first periods are often very irregular. It is not uncommon to skip a month or to have close together.

F. Length of periods varies from two days to a week.

G. Gradually, a regular cycle will be established; but it's still quite normal and common during the teen years to have irregular periods.

IV. Preparation for Menstruation

A. Soon after the puberty begins, young girls and their mothers will need to get prepared for the first menstruation period.

B. In some homes the first menstrual period is considered a special event deserving family celebration. In other homes, the event is quietly acknowledge by mother and daughters. However, it is received, it marks the passage into womanhood.

1. Although for most there is a lapsed of a few months to a year before conception can take place, some young women can conceived immediately. Others have conceived before the first menstrual period.

2. Being able to conceive does not mean readiness for parenting. In some cultures, parenting involves a great level of maturity and self-reliance.

C. Girls will want to discuss the different things they need when their period starts, like sanitary pads. They may need help on how to make home-made pads.

D. Menstrual blood has little odor and a daily bath or shower will be sufficient to keep clean and smell fresh.

E. Some people feel uncomfortable just before and during their periods. There are some simple things that can help.

1. The body may retain more water at this time. Cutting down on salty foods will help prevent this.

2. Exercise speeds up circulation and helps ease tension and headache. Exercise also relieves constipation which frequently increases the feelings of discomfort.

3. Drinking several glasses of water each day will aid digestion and lessen constipation.

4. Most girls will feel better if they get plenty of sleep during their period.

5. If girls get cramps, there are several things they can do:

a) Place a hot water bottle on the abdomen (or on the back if that is where the cramps are).

b) Take a warm bath.

c) Drink a hot beverage (camomile, comfrey and/or raspberry leaf tea are sometimes suggested due to high calcium content and reported cramp relief).

d) Take a walk.

e) Rub or massage the abdomen (or ask someone to rub your back if it aches).

f) Get on elbows and knees so that the uterus is hanging down, which helps it relax.

g) Lie on the back with knees up, move the knees in small circles.

6. Most of all, since menstruation is natural and normal, girls should continue their usual routine unless it causes discomfort.

LESSON 7

SOCIAL ASPECT OF ADOLESCENT DEVELOPMENT

I. Objectives

At the end of the session, participants should be able to:

1. Define human sexuality.
2. Describe some manifestations of the sex drive.
3. Explain the importance of controlling and guiding the sex drive.
4. Discuss the issue of adolescent pregnancy and the consequences of adolescent pregnancy and parenting both in the premarital and marital situations.
5. Analyze decision making on premarital sex using the "Outcomes and Consequences" framework.

II. Teaching - Learning Aids

1. Overhead projector (where available)
2. Transparencies
3. Charts, posters, pictures
4. Module VIII **Social Aspect of Adolescent Development**

III. Suggested Procedure

A. Opener

1. Write the word *adolescent* or *teenager* on the chalkboard. Ask participants what pictures flash in their minds when they think of teenagers or adolescent boys and girls.

2. Encourage sharing of ideas or experiences.

3. Write their responses on the chalkboard, making sure there are no duplications.

4. From the list, zero in on answers that relate to the social aspect of adolescent development, such as:

   ⇒ attracted towards opposite sex

   ⇒ increasing circle of friends to include members of the opposite sex

   ⇒ experiencing sexual excitability

   ⇒ feeling romantic

   ⇒ being a member of a club, gang, a team

   ⇒ "falling in love"

   ⇒ more interested in activities with friends than with the family

   ⇒ etc.

B. Development

1. Write the word *human sexuality* on the chalkboard. Lead the participants to *unlock* the two words by asking these questions:

   ⇒ Who are referred to in *human*? Answer: *Man* and *woman*, *boy* and *girl*

   ⇒ What is referred to in *sexuality*? Answer: *Male* and *female*; the characteristics of *being male* and *being female*.

   ⇒ What makes up the characteristics of being male and being female? Answer: *biological, psychological* and *socio-cultural* aspects of human behaviour.

Human sexuality is a function of the total personality. It includes the human reproductive system and processes, attitudes towards being a woman or man, and relationships among members of the same sex and the opposite sex. It embraces the biological, psychological, socio-cultural aspects of human sexual behaviour.

2. Ask participants to read the situations found in p.5 of Module VIII. Ask them to identify the manifestations of the sex drive depicted in the 3 situations. Lead them to comment on those situations.

   a. Divide the class into 5 groups. Assign each group one of the following manifestations or expressions of the sex drive discussed in the module (pp. 6-7, Module VIII).

      - Attraction towards the opposite sex
      - Having "crushes" or infatuation
      - Hero-worship
      - Going steady
      - Dating

   b. Each group elects its chairperson and rapporteur.

   c. Instruct the groups on their task: Discuss the topic assigned to each group. Is this practice acceptable in the Cambodian culture? Defend your stand. Can you add to the list?

   d. Give 15 minutes for this group discussion.

   e. Convene the groups in plenary and call on each group to render a report of the results of their discussion.

f. Afterwards, ask participants to give their reactions to the stand of other groups on the topics assigned to them and additions to the list.

g. If there is opposing stand, lead the class to arrive at a consensus.

3. In plenary, lead a brainstorming session on the need to control the sex drive. Write all key ideas on the chalkboard. When the issue has been exhausted, ask participants to evaluate their answers. Afterwards, agree on a set of ideas that is acceptable to all.

4. Buzz group: Using the existing groupings, ask each small group to discuss the issue of teenage pregnancy and parenting in both premarital and marital (early marriage) situations in Cambodia.

   a. Guide questions for the buzz session:

      ⇒ What are the consequences of teenage pregnancy on the teenage mother, her baby (in premarital situations), succeeding children, her teenage husband (in marital situations), his/her family?

      ⇒ What is your stand on premarital sex? on early marriage?

      ⇒ What can teenage parents do in order to have a better future for themselves and their growing family?

   b. Refer to Module VIII for reference on the subject.

   c. Have 30 minutes for the buzz session.

   d. Call one buzz group to render a report and ask the other buzz groups to give additional information/insights on the issue that have not been reported.

   e. The facilitator invites insights/reflections on:

      ◊ Participants stand on premarital sex

◊ Family planning as an option for a better future

5. Present the story of Serei.

What To Do

Serei is 16 years old, a Grade 9 student, and the third of 5 children in the family. She is very attractive and is popular, especially among the boys in the school. For sometime now, she and Sukhon, who is in Grade 11 in the same school, have been keeping exclusive company. One day, tearfully she confided to her best friend, Chanty, that she has missed her "period" for two months now.

"What shall I do, tell me, what shall I do?" she begged her. " I can not bring dishonour to my family!"

After recovering from shock, and sympathizing with her best friend, Chanty advised her.

" I know of an old woman in the next village who can help girls in your situation. But you have to pay for the service."

After a few moments, Chanty added, "but I think you should tell your parents about it, don't you think so?"

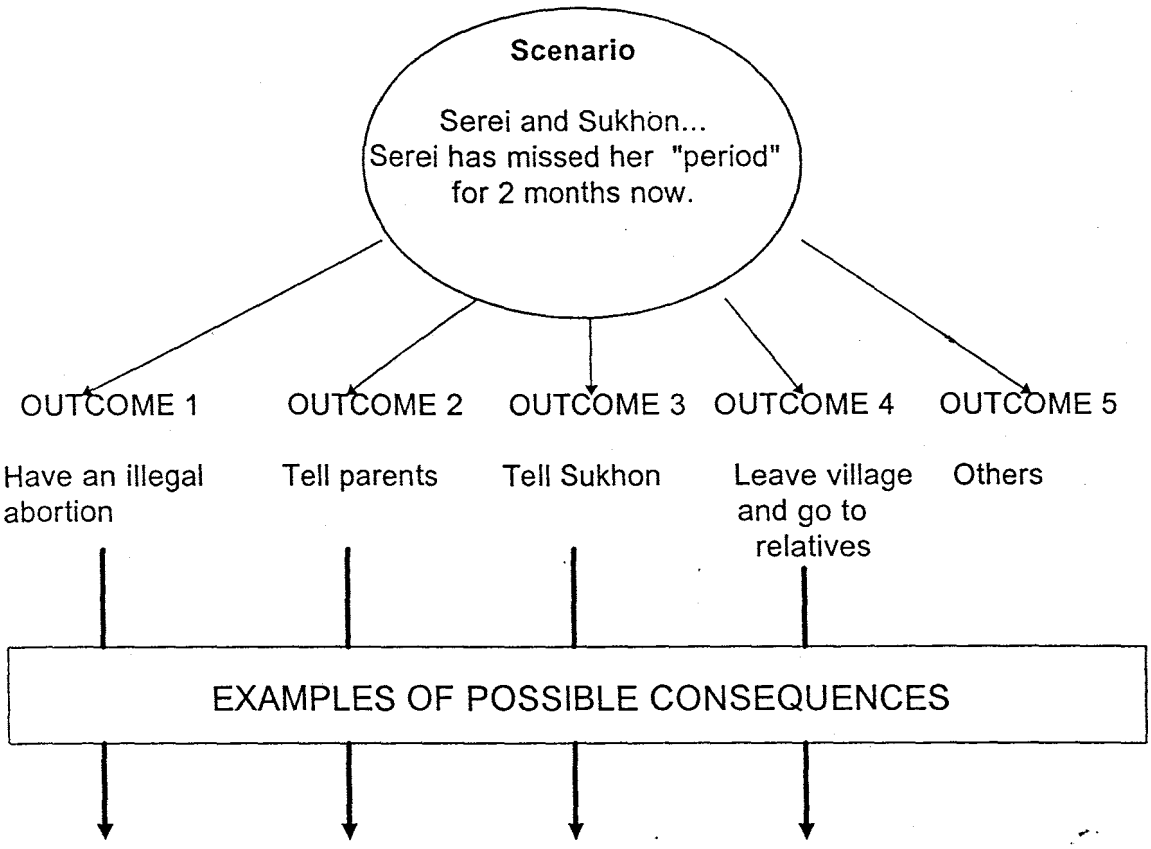
a. Lead the participants to propose alternative solutions to the problem of Serei aside from the two options given in the story. List these down on the chalkboard.

b. When the list has been exhausted, have the class review all the suggested alternative solutions for duplication.

c. In plenary, lead participants to identify all the possible consequences of each of the alternatives they had proposed.

d. Afterwards, present an enlarged drawing of the diagram on "Outcomes and Consequences" on the chalkboard or on a

newsprint paper. Instruct them to write the alternative solutions (outcomes) and their consequences on the diagram. The diagram would look like the one shown next page.



- Danger to health
- May die due to bleeding, infection, etc.
- Abortion is immoral; it is against religious teaching on value of life

- Dishonor
- Anger of parents
- Forced to marry
- Advise to abort

- Disowns or denies baby
- Hides from her
- Tells her that they marry
- Tells her he will discuss issue with his family

- Relatives deny her
- Relatives take her back to her parents
- Relatives advise abortion
- Relatives advise marriage
- Relatives take her in

e. Conclude the lesson by asking participants about the value of the exercise they have just completed.

LESSON 8

REPRODUCTIVE HEALTH AND FAMILY PLANNING

I. Objectives

At the end of the session, participants should be able to:

1. Define the following terms: reproductive rights, reproductive health, and family planning.
2. Analyze the meaning of family planning in the context of reproductive rights and reproductive health.
3. Discuss the benefits of family planning to the mother, the newborn and other children, the family, community and country as a whole.
4. Describe the family planning methods currently in use in Cambodia.
5. Express verbally or in writing their feelings or attitudes toward family planning and other related issues.

II. Teaching-Learning Aids

1. Overhead projector
2. Transparencies
3. Flip Chart

III. Suggested Procedure

A. Opener

1. Explore feelings, attitudes or values of the participants toward family planning and related issues through an exercise on values voting.
2. Give instructions on "Value Voting" which is given on the next page.

VALUES VOTING

Directions: This exercise aims to explore your feelings and values/attitudes about family planning and related issues. There are 8 statements on the subject (Appendix A). The facilitator will read each statement at a time. By show of hand, take a stand or a position on each value statement by voting YES, NO or NOT SURE. Wait until your vote is counted before putting down your hand. You must decide or make a choice on each of the statement.

3. Flash the transparency containing value statements (Appendix A).

4. Summarize the results by pointing out those statements where there is ambivalence in the responses.

5. Tell participants that the attitudes/values they expressed now may be changed or reinforced in the future, given more knowledge and information.

NOTE: No discussion or explanation is made on the value positions held by the participants. If questions are asked, reiterate the statement above.

B. Development

1. Write these words on the whiteboard. Ask participants to give their meaning. Encourage them to express their ideas.

   - Family
   - Planning
   - Family Size
   - Completed Family Size
   - Family Planning
   - Health
   - Reproductive Health
   - Reproductive Rights

a) Flash a transparency on the definitions of the terms. Invite clarificatory questions.

DEFINITION OF TERMS

Family. The family is the basic unit of society. It refers to a group of individuals who are related by blood, marriage or adoption.

Family size. Loosely used, family size refers to the number of children in the family, including parents and others living together as members of a family unit.

Completed Family Size. The number of children ever born (or born alive) to a mother during her reproductive years, 15 to 49 years.

Family Planning refers to the deliberate and conscious effort of couples to time the births and number of their children through natural or artificial means.

Health. WHO defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Reproductive health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes". Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Reproductive rights. These rights rest on the recognition of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and the means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right to make decisions concerning reproduction free of discrimination, coercion and violence.

b) Ask again one or two participants to re-state the meaning of *reproductive health* and *reproductive rights*. Ask this question, "What are the main and common ideas in the two definitions?"

Answer: (1) Health of the reproductive system and its functions and processes, (2) Motherhood as a role should be taken care of, and (3) Having access to reproductive health care and family planning services.

2. Lead participants to analyze the meaning of family planning in the context of reproductive rights and reproductive health by asking this question: "How is family planning related to reproductive rights and to reproductive health?"

Answer: (1) People have the capability to reproduce and the freedom to decide if, when and how often to do so. Family planning helps people to exercise their reproductive rights.

(2) People must have access to reliable and quality reproductive health care, including family planning services. Family planning safeguards the mother from the risks of closely spaced births and frequent pregnancies.

3. Group Work: Divide the class into 3 groups and ask them to discuss the benefits of family planning to the mother, the newborn and other children, the family, the community and the country as a whole.

a) Remind them to select a group leader and recorder.

b) Give them 10-15 minutes for group discussion.

c) Afterwards, ask one group to volunteer to render a report.

d) Instruct the group that the two other groups should enrich the presentation by adding those ideas not given by the reporting group. This way, the facilitator is able to manage time well.

e) Ask participants to point out inaccuracies in the information shared.

f) The facilitator enriches the discussion by giving information in addition to those shared by the groups.

4. With the aid of a flip chart, give a lecturette on the family planning methods currently being promoted by the national family planning programme of Cambodia. Invite participants to share what they know about these methods.

FAMILY PLANNING METHODS

A. Birth spacing methods

1. Intra-uterine device (IUD). The intra-uterine device is a small object made of plastic or stainless/copper which prevents the nesting of implantation of a fertilized ovum in the uterus.

2. Oral pills prevent ovulation and condense the mucus of the uterus so as to prevent the spermatozoa (from the male) from entering the uterus. They are taken daily at a fixed time.

3. Injectables work just like oral pills, however, instead of being taken by mouth, they are injected into the woman's body. An example of an injectable used in the national family planning programme of Cambodia is Depo Provera.

4. Calendar method is a natural family planning method. It is based on the ovulation cycle of the woman. Conception is prevented by avoiding sexual intercourse during the ovulation period which takes place on the 14th day of the 28-day ovulation cycle.

5. Breastfeeding, as a birth spacing method is based on the fact that breastfeeding delays the normal ovulation cycle after delivery.

6. Condom is a thin rubber membrane which covers an erect male organ and prevents the spermatozoa from entering the vagina during sexual intercourse, so as to avoid conception.

7. Withdrawal is removal of the male organ from the vagina shortly before ejaculation in order to prevent the sperms from entering the vagina.

B. Sterilization methods are permanent conception methods.

1. Vasectomy is a male sterilization method. This methods prevents sterilization by preventing the sperms from mixing with the semen. Vasectomy is not castration. Vasectomized men still have sexual desires and experiences normal sexuality.

2. Tubal ligation, also called tubectomy, is a female sterilization method. This method aims at preventing the sperms from meeting the ovum by cutting or tying the fallopian tubes. Normal menstruation is not disrupted.

5. Lead participants to state the main ideas learned from the lesson, which are the following:

   - Reproductive rights are based on human rights and means, among other things, couples and individuals have the right to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.

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

   - Well-spaced births and limited number of children benefit the health of both mother and child and other children.

   - Well-cared for and educated children make the family happy.

   - At macro level, family planning slows down population growth of the country. Consequently, the government is better able to generate resources to provide for basic essential services such as food, health, shelter, education, transportation and communication, energy, etc.

APPENDIX A

VALUES SHEET

YES	NO	NOT SURE	STATEMENTS
____	____	_____	1. Women should have the freedom if, when and how often to bear children.
____	____	_____	2. Father are the more important decision-makers on the number off children to have.
____	____	_____	3. Safe abortion should be promoted to prevent unwanted children.
____	_____	_____	4. Breastfeeding should be encouraged as a birthspacing method.
____	_____	_____	5. Every pregnancy should be planned.
____	_____	_____	6. Every child who is born has the right to be cared for, loved, educated and supported.
____	_____	_____	7. Family planning is for married couples only.
____	_____	_____	8. Women should have access to information about reproductive health in order to prevent unwanted pregnancies.

LESSON 9

SEXUALLY TRANSMITTED DISEASES

I. Objectives

At the end of the session, participants should be able to:

1. Define sexually transmitted diseases (STDs).
2. Describe the present situation of STDs as a worldwide medical and social problem.
3. Describe the causes, symptoms and effects of the following STDs: syphilis, gonorrhea, and Herpes Simplex, Type II.
4. State the meaning of the acronym, AIDS/HIV.
5. Enumerate the symptoms of AIDS.
6. Identify ways in which AIDS/HIV is transmitted.
7. Explain risky behaviour and practices that predispose persons to HIV infection.
8. Discuss the impact of AIDS/HIV upon the individual, family, community and the country.
9. Explain the ways of prevention of AIDS/HIV.

II. Teaching-Learning Aids

1. Module X: Sexually Transmitted Diseases (STDs)
2. Overhead projector; transparencies

III. Suggested Procedure

A. Opener

1. Ask participants what they know or have heard about sexually transmitted diseases or popularly known as STD.

2. Accept all answers without giving any judgments on their answers. Tell them that the present lesson shall help them verify their answers.

B. Development

1. Write the word, *SexuallyTransmitted Diseases* on the whiteboard. Tell them that the acronym, STDs, is the popular English name for this kind of diseases.

   Ask some participants to give the meaning of sexually transmitted diseases. Lead them to formulate the definition from the name itself, *sexually transmitted.* Use these questions:

   a) How are these kinds of diseases transmitted from one person to another? Answer: Through sexual relations.

   b) From this answer, lead participants to complete the definition.

Sexually transmitted diseases are disease which are usually contracted through sexual relations. 1. STDs affect the sexual organs and can seriously affect other organs. 2. Another name for STD is venereal diseases.

2. With the aid of transparencies, give a lecturette on the present situation of STDs as a worldwide medical and social problem (See Appendix A for lecture notes).

3. Explore what participants already know about syphilis, gonorrhea and Herpes Simplex, Type II. Write the three STDs on the whiteboard/chalkboard.

   a) Give a lecturette on basic information about the three STDs. Select key information from the Information Sheet found in Appendix A.

4. Write the letters AIDS/HIV on the whiteboard/chalkboard. Ask for the meaning.

   a) Flash a transparency on Values Voting on AIDS/HIV. (See appendix B; also refer to the handout on Values Voting for the procedure).

   b) Process the results by pointing out items where there is ambivalence in responses. Tell participants that after getting more information about the subject, it is likely that they may change their present stand on the issues.

5. Ask participants to share what they have read about the symptoms of AIDS/HIV. Enrich their answers by adding missing information.

6. Again, ask some participants to share what they know about AIDS/HIV transmission. Summarize the sharing by stating the three known ways of transmitting AIDS/HIV.

HOW AIDS IS PASSED ON TO OTHERS

⇒ By sexual intercourse

⇒ By infected blood

⇒ By infected mothers to their unborn children

7. Group work: Divide the participants into 3 or 4 groups. Have the groups select their respective chairpersons and rapporteur. Ask the groups th select one topic each for group discussion from the following:

   ⇒ Risky (unsafe) behaviour of family members that could lead to an AIDS/HIV infection.

   ⇒ Value of monogamy (single spouse at a time) and being faithful to one's spouse.

   ⇒ Impact of AIDS/HIV upon the individual, family, community and the country.

   ⇒ Ways of showing compassion (symphathy) to an AIDS/HIV patient.

8. Group discussion: Usin the same four groups, assign one (1) question to each group. Give them 5 to 10 minutes to answer.

   ◊ What is the meaning of *safe sex* as a way of preventing AIDS/HIV?

   ◊ At the moment, the only effective weapon against the spread of AIDS is education of the public. Justify the statement by giving reasons.

   ◊ Why is injection with an unsterilized needle or syringe dangerous?

   ◊ Should parents tell their children how AIDS is spread? Give reasons for your answer.

   a) Afterwards, ask a member of each group to present respective group's answer to the question assigned to them. Ask the rest to enrich to the answers.

   b) Summarize the key ideas presented.

MESSAGES ON AIDS/HIV

1. Safe sex means either sex without intercourse (kissing, caressing and other kinds where the penis does not enter the mouth, vagina or anus) or using a condom everytime couples have intercourse.

2. There is no cure yet for AIDS. That is why every person in every country should know how to avoid getting AIDS.

3. A needle or syringe can pick up small amounts of blood from the person being infected. If that person's blood contains HIV, and if the same needle is used for injecting another person without being sterilized, then HIV can be injected.

   Those who inject themselves with drugs are therefore particularly at risk from AIDS. So are persons who have sex with those who inject themselves with drugs.

4. Parents should help to protect their children against HIV by making sure they know how to avoid getting and spreading the infection. Children should also know the facts about how HIV does not spread.

APPENDIX A

INFORMATION SHEET
ON SEXUALLY TRANSMITTED DISEASES (STDs)

I. Introduction

A. Sexually transmitted diseases (STD) are diseases which usually are contracted through sexual relations.

1. STDs affect the sexual organs and can seriously affect other organs.

2. Gonorrhea and syphilis are the most common STDs. AIDS however, is the most fatal as no cure for it has been discovered yet.

3. Sexually transmitted diseases are also known as venereal diseases.

B. STDs have reach epidemic proportions.

1. Syphilis and gonorrhea combined have the highest incidence of any reportable communicable disease. However, the actual numbers of cases is estimated to be three to five times the number of reported cases. In much the same way, as of 31 January 1991, a total of 323,379 cases of AIDS have been reported by more than 150 countries around the world but WHO estimates that the actual number of cases may be as high as three to five times the number of reported cases.

2. Herpes II, known to be occurring at alarming rates, is not a disease which is reported to health departments, therefore, no numbers are available to document the incidence.

C. The actual number of cases of STDs is not known.

1. One reason for the lack of information is that some doctors are hesitant to report cases to the Health Department.

2. Many people have an STD, but have no symptoms.

3. People are often afraid, embarrassed or ashamed to seek help in a clinic.

D. STDs are a social as well as medical problem worldwide.

1. There is still a lot of social stigma attached to STDs.

2. In the past it was difficult to get treatment without harassment - this attitude luckily is changing.

E. Vaccines against STDs.

1. There is no vaccines available for syphilis or gonorrhea at this time.

2. The diseases do not cause the body to produce antibodies to prevent reinfection.

3. It is possible to get STDs again and again; in the case of Herpes, the infection never leaves the body.

II. Gonorrhea

A. Gonorrhea is the most common sexually transmitted disease.

1. The bacteria which causes gonorrhea is called the gonococcus of Neiser named after the scientist who first discovered it.

2. Gonococci can only penetrate certain types of cells in the human body. These cells are found in the cervix, urethra, rectum, the lining of the eyelids, the throat and the vagina including those of young girls.

3. The bacteria can live only a short time outside a warm, moist environment. However, they can live outside the body in pus for about an hour. It is feasible, but rare, to catch gonorrhea from contaminated towels, underwear and toilet seats.

4. Gonococci can live for years inside the human body.

B. Symptoms of gonorrheal infection:

1. 80 percent of women and 40 percent of men with gonorrhea show no symptoms.

2. For those who do exhibit symptoms, the most common is pain or burning while urinating - this is especially true for males.

3. Several days following exposures, there may be discharge from the cervix, penis or anus, or sore throat. This discharge goes away by itself after several weeks but the disease remains, moving deeper into the reproductive system.

4. At this stage a woman may experience pain on one or both sides of her abdomen. She may have fever, nausea and vomiting and may have irregular periods.

5. In men, an abscess may develop in the prostate gland. Gonococci may then be ejaculated along with the sperm during intercourse.

C. Long-term effects of gonorrhea.

1. Death does not usually result from gonorrhea, but the effects may be very serious.

2. In males, untreated gonorrhea may lead to sterility due to scar tissues blocking the passage of sperm. Heart disease or gonorrheal arthritis may develop from the invasion of tissue by gonococci.

3. In females, untreated gonorrhea may lead to partial or complete blockage of the fallopian tubes by scar tissue.

4 As in males, gonorrhea in women also can cause heart disease or arthritis.

5. Pelvic Inflammatory Disease (PID) is another possible result of gonorrhea in women. This is a serious condition which affects the pelvic area containing the reproductive organs. PID is treated with antibiotics. It is rarely necessary to remove the affected sexual organs to cure the disease.

D. Pregnancy and gonorrhea

1. Mothers inflicted with gonorrhea can pass it on to their babies during or after birth.

2. The eyes of the newborn are extremely susceptible. Infection can cause blindness.

IV. Syphilis

A. Syphilis is less common but more dangerous than gonorrhea.

1. Syphilis is caused by a spiral shaped organism called treponema pallidum.

2. Syphilis has been responsible for countless deaths and terrible suffering throughout history.

B. There are four stages of infection with different symptoms and consequences.

1. Primary stage:

a. The first sign of syphilis is usually an open sore, called a chancre, which appears three to four weeks after exposure. This sore most often occurs near the place where the spirochete entered the body.

b. Chancres can form on the genitals, lips, fingertips, anus or mouth.

c. Many women never know they have a chancre because it forms on the cervix or inside the vagina or rectum.

d. Chancres are painless and disappear by themselves in one to five weeks.

e. The primary stage is very infectious. The chancre is loaded with spirochetes. These can enter the body through the pores of the skin. Transfer takes place during sexual contact, but at this stage it can occur however physical contact is made (kissing, touching, etc.).

2. Secondary stage:

a. In this stage the organisms enter the circulatory and lymphatic systems of the body.

b. This occurs anywhere from zero to six months after the disappearance of the chancre.

c. Many different kinds of symptoms are possible at this stage because the whole body is affected.

d. Symptoms may include a rash, often visible on the palms of the hands and bottoms of the feet; chancre-like sores on the body; painful swollen joints; hair loss; and flu-like symptoms.

e. At this stage syphilis can spread by simple physical contact such as kissing.

3. Late stage:

a. This stage lasts three to twenty years.

b. There are no visible symptoms.

c. During this stage the spirochetes enter the internal organs such as the heart and brain.

d. During this stage syphilis is no longer infectious.

4. Latent stage:

a. This is the stage where the permanent damage to the body becomes apparent.

b. Heart disease, crippling, blindness and insanity are possible long-term effects of syphilis.

C. Syphilis and pregnancy

1. Syphilis is transferred from mother to fetus during pregnancy.

2. Syphilis can cause deformity, blindness or death of the baby if the mother goes untreated.

V. Herpes Simplex, Type II

A. Herpes II is a viral infection related to Herpes I which causes the common cold sore.

1. Herpes II usually occurs below the waist on or around the genitals.

2. How Herpes is contracted is unknown at this point.

3. The true incidence of Herpes is not known as it is not reported to health departments. It is known to be increasing at an alarming rate.

4. Research indicates the Herpes may increase a woman's risk of getting cervical cancer.

B. Symptoms

1. Multiple blister-like sores appear inside the vagina, on the external genitals, on the thighs, near the anus or on the penis.

2. These blisters rupture and become painful, open sores.

3. These open sores are believed to be very infectious.

4. The symptoms run their course and eventually disappear by themselves, but the virus remains in the skin in a "dormant" form.

5. Herpes can recur at any time. It seems most likely to come back when the body's resistance is lowered due to such things as stress, poor diets, fatigue, etc. In some people Herpes recurs on cyclical basis as during the menstrual period.

C. Herpes and pregnancy

1. Herpes may cause a pregnant woman to deliver early or miscarry.

2. If a baby contracts Herpes during delivery through the birth canal, it may suffer severe illness or death.

D. Prevention of Herpes

1. If condoms prevent contact with Herpes sores, they can help prevent contraction of virus.

2. If a case is active, sex should be avoided.

3. People should stay in good physical condition eating well, getting plenty of rest and exercise.

VI. Aids

A. AIDS stands for Acquired Immune Deficiency Syndrome.

1. AIDS is caused by a virus called (Human Immunodeficiency Virus). HIV damages the body's immune system, leaving it unable to fight off infections and cancers.

2. The human blood consists of red blood cells and the white blood cells or lymphocytes which come in B cells and T cells. Some T cells are called helper cells while the others are called suppressor cells. The helper cells help the B cells produce antibodies that fight disease-carrying organisms. On the other hand, the suppressor cells work to stop or suppress this against invading germs. In people with AIDS, the suppressor cells outnumber the helper cells, leaving the immune system weak or ineffective in the fight against diseases.

3. Only five years after the syndrome was first described, 29,000 cases (as of August 1986) was reported in 71 countries around the world. The World Health Organization estimates that the actual number of cases may be as high as 400,000. In addition to cases of AIDS, five to ten million people may be infected with HIV, the virus that causes AIDS.

4. AIDS is a fatal disease that cannot yet be cured.

5. AIDS affects men, women and children as a result of unprotected sex with an infected person, exposure to HIV infected blood, blood products, organs and tissues, transmission of the virus from mother to her fetus or infant before, during or shortly after birth.

6. AIDS is not spread by casual contact.

B. Symptoms of AIDS

1. It can take from six months to many years for a person who has been exposed to HIV to develop the disease.

2. Some people exposed to HIV may never proceed to the final stage of AIDS, but they become "carriers". Although carriers appear healthy, they can give HIV to a sexual partner or to someone they share a needle with.

3. Many of the symptoms of AIDS are also symptoms of minor illness like colds or flu but in AIDS, these symptoms either don't go away or keep coming back.

4. These symptoms include:

    a. Unexplained weight loss greater than 10 pounds.

    b. Recurring fever and/or night sweats.

    c. Unexplained fatigue.

    d. Diarrhea.

    e. Swollen glands usually in the neck, armpits or groins.

    f. Unexplained dry cough.

    g. White spots or unusual blemishes on the tongue or mouth.

    h. Pink or purple blotches or bumps on or under the skin, inside the mouth, nose, eyelids or rectum. The bumps may look like bruises but they don't go away.

C. Effects of AIDS

1. Many people carrying the AIDS virus look and feel perfectly well for long periods of time. They may go on indefinitely this way.

2. AIDS is a fatal disease. In the U.S., about 50 percent of patients die within 18 months of diagnosis and about 80 percent, within 36 months. Less than 10 percent of persons with AIDS have survived longer than three years.

3. It is not the virus itself which kills the person but the infection or cancer that develops.

4. The number one cause of death of persons with AIDS is Pneumocystis carinii pneumonia (PCP), an infection of the lungs.

5. Of the cancers, Kaposi's sarcoma (KS) is the most common. It is a cancer of the tissues beneath the skin. It can also affect the lymphnodes and internal organs.

6. New evidence shows that HIV may also attack the nervous system, causing damage to the brain and spinal cord. Signs of damage may include memory loss, indifference, inability to make decisions, partial paralysis, loss of coordination and other problems in controlling the body.

D. Testing and diagnosis of AIDS

1. Current screening tests do not diagnose AIDS. They detect antibodies to HIV in the blood. It just shows if a person has ever been infected by the virus. It does not indicate that a person has or will get AIDS.

2. The ELISA is the easiest, cheapest and most widely used test.

3. While ELISA is very sensitive - that is, it identifies almost all blood containing antibodies to HIV, the test is not so specific and sometimes produces false positive.

4. Research is underway to develop more accurate and less expensive tests.

E. How AIDS are transmitted

1. AIDS is spread by the exchange of body fluids, especially blood, organs, tissue and semen. Sexual transmission is the commonest means of infection.

2. Another way of getting AIDS is by using contaminated hypodermic needles. Blood containing the virus may be left on the needle used by an AIDS person and passed on to the next user.

3. An infected woman can give AIDS to her child during pregnancy. AIDS is thought to be transmitted from mother to infant in the womb, at birth, directly after birth through close contacts or possibly while breastfeeding.

4. Homosexual and bi-sexual men who have many sexual partners who have been infected with AIDS are considered high-risk groups.

5. About 3 percent of those people and hemophiliacs who have had blood transfusion have contracted AIDS.

6. Other body fluids like saliva and tears have not been shown to spread the disease.

7. Casual contact has not been shown to spread HIV. To transmit the virus, infected cells or viral particles must pass into the tissue or bloodstream of another person.

F. Prevention of AIDS

1. Avoid having sex with persons known or suspected to have AIDS.

2. Limit the number of sex partners.

3. Know your sex partners and ask them about their health.

4. Avoid sexual practices that can damage body tissue (i.e., anal intercourse)

5. Do not inject illegal drugs. If you do use drugs, do not share needles.

6. Do not have sex with persons who inject drugs.

7. Always use condoms when having sex, if you are unsure of the HIV status of the partner.

8. Observe public health measures such as:

    a. providing sterile needles to intravenous drug users;

    b. screening all donated blood for HIV antibodies and discarding any seropositive blood.

APPENDIX B

VALUES VOTING

YES	NO	NOT SURE	STATEMENTS
			Do you
_____	_____	_____	1. believe that AIDS/HIV can be transmitted from an infected mother to her baby?
_____	_____	_____	2. believe that only homosexuals can become infected with AIDS/HIV?
_____	_____	_____	3. think that having sex with prostitutes is the only way to get AIDS/HIV?
_____	_____	_____	4. believe that the AIDS/HIV can be cured?
_____	_____	_____	5. believe that anybody infected with AIDS can infect others?
_____	_____	_____	6. believe that AIDS/HIV can be contracted from toilet bowls?

LESSON 10

SEX ROLES AND GENDER ISSUES

I. Objectives

At the end of the session, participants should be able to :

1. Define sex roles.
2. Identify the difference roles of men and women.
3. Identify the various stereotypes developed for men and women.
4. Discuss gender issues in Cambodian society.

II. Teaching-Learning Aids

1. Overhead projector
2. Transparencies
3. Pictures
4. Information sheets

III. Suggested Procedure

A. Opener

1. Distribute 5 pieces of 1/8 of A-4 size paper to each participant. Divide the class in half by asking participants to count off by 2's.

2. Instruct them that all number 1's shall write roles of **Women/ Females** and all number 2's, roles of **Men/Males** in society.

3. Give them 10 minutes for this exercise.

4. Ask the participants if they had difficulty in identifying male and female roles. Why ? Why not ?

5. Let them keep the small sheet of paper for a while. Tell them that they will use them in the next activity.

B. Development

1. Write the words: **Sex Role** and **Gender** on the chalkboard /whiteboard. Ask volunteers to define the words. Synthesize the definitions given.

☹ Sex roles are sets of behaviours which our society determines to be appropriate for males and females.

☹ Gender refers to actual biological sex, either male or female.

☹ Each culture determines its own appropriate sex roles. What is accepted in one society in terms of masculine and feminine behaviour is not necessarily accepted in another.

2. Instruct participants to post the 5 small pieces on which they wrote **Male Roles** and **Female Roles** in the appropriate column accordingly labelled.

   a. When they have posted all their small sheets, have 2 or 3 volunteers to review the posted pieces of paper for duplication of answers. Instruct to stick one on top of the other similar roles until they come up with a single listing on each column.

   b. Ask the volunteers to read aloud the various sex roles listed under each column. Ask for additions to the list.

3. Lead the participants to evaluate the roles listed under each column.

   Guide questions :

   - Which of the roles you listed have been stereotyped (unjustified fixed, usually standardized, mental picture, such as an impression or attitude) for men and women in Cambodia ?
   - How do you feel about these sex stereotypes ?
   - Do you think they will change? Why? Why not?

a. Distribute copies of Appendix A of this Lesson "Data and Opinions on the Division of Labor Between Male and Female" and have the participants to read the article.

b. Lead a discussion on the article.

   Guide questions :

   - What are the sex stereotypes alluded to in the article ?
   - Do you agree with the division of labour between male and female ? Why ? Why not ?
   - Are these still true today in Cambodia?

c. Seatwork: Distribute copies of exercise on "Labels " found in Appendix B. This may be given as a home-work. Very quickly have participants accomplish the exercise as instructed.

d. Collect the accomplished papers and announce that their collected responses shall be posted in the training room.

c. Announce that they should study the data that shall be posted and reflect on them. A day after you have posted the results and when everybody has read the published data, take this up during the morning Recap. Ask for their reflections on the results and how they feel about them. Lead them to draw conclusions.

4. Beforehand, give Appendix C "Inequality in Access to Education, Health, Employment and Other Means to Maximize Awareness of Women's Rights and the Use of Their Capacities " and Appendix D "Violence Against Women " as home reading assignments.

a. Brainstorming: Divide the class into 4 groups. By drawing lots; each group gets a topic for brainstorming from among the following :

   - Inequality in Access to Education
   - Inequality in Access to Health
   - Inequality in Access to Employment
   - Violence Against Women

b. Explain the task of the groups: Formulate suggestions /recommendations to solve the problems that your group has picked in order to empower women in Cambodia.

c. Review the procedures for conducting a brainstorming session.

d. Give 25 - 30 minutes for the group activity.

e. Afterwards, have one from each group to render a report of their brainstorming.

f. Ask each group to pick one suggestion/recommendation from their report that is practical and short-term.

g. Ask a few participants how they feel about the lesson.

APPENDIX A

Data and Opinions on the Division of Labour Between Male and Female

On the division of labor between male and female, the respondents' opinions are positive. They said that it is fair and right to the circumstances of our folks and to the natural physical strength of male and female because that time, men are considered obligatory as head of the household, they go out to find jobs, to make money for the family. Women are appointed as the managers, organizers on the expenditures and savings and they are the home makers. In addition, they also do household chores such as cleaning the house, doing the washing, cooking, rearing the children as well as doing vegetable gardening or handicraft. As for men either the house work or farming, they should be in charge of hard work such as at home, they have to carry water, heavy things, to chop firewood, repairs houses, the furniture, etc. On the farm they have to clear the bushes, plough, harrow the field, rake garbage, climb palm trees, etc.

One achar (acolyte) said that our folks define very well the job descriptions of males and females because they want them to endorse their roles and responsibility well, not to get confused the responsibility of others in order to accomplish their tasks properly. They said that males who work as females do, are not well-valued, because light work does not fit a male with strong physical body. Such a man is branded as lazy, not willing to use his physical strength. However, our folk never forbid the husband to share the wife's work, but based on the distortion and the misunderstanding on the right concept, most men are self-centred and do not want to share their wife's work even if they are free.

The achar said that wives and husbands in the old times loved, respected and tolerated each other mutually and they are tolerant towards their wives and children due to their ordination. Our research team also ask them about the decision making in the family. They answered that in their parents' time, in terms of either buying or selling cows, other things or choosing the life partners for the children, they neither abused each other nor used bad language between them nor talked back and forth before the children because they did not want to transfer their negative attitudes to the children. They also mentioned that the folks had long life because they were honest, did not tell lies, and were not fast to anger. They got rid of

anger, wildness and ambition by following the Buddhist precepts. They had a peaceful heart and longevity.

Source: The Khmer Women's Voice Centre. *Women and Child-rearing in the Social-Economic Transition.* Phnom Penh: 1996, p. 53.

APPENDIX B

LABELS

Instructions

Read these words quickly, putting an "F" next to those words that describe females, an "M" next to those words describe males.

Strong	Gossip
Big	Talkative
Aggressive	Hardworking
Boss	Helpless
Brave	Nagger
Breadwinner	Sensitive
Domineering	Hero
Gentle	Tender
Emotional	Sweet
Romantic	Innocent
Good cook	Sexy
Attractive	Tough

APPENDIX C

Inequality in Access to Education, Health, Employment and Other Means to Maximize Awareness of Women's Rights and the Use of Their Capacities

(i) Education

In traditional Khmer society education was the exclusive domain of the local Buddhist temple or wat. The students, all young boys were taught by monks. Young girls were taught by their parents, especially their mothers during the onset of puberty, "chaul molub". During this period girls were taught to be good wives and mothers and good managers of their households.

Education before 1975 was very much influenced by the French system. Although the 1960's did significantly expand educational opportunities, the organisation of the national schools, their curriculum and teaching methods remained much the same as during the colonial period. Children started to learn French in their fourth year of primary school (around the age of ten). Until 1968, when Khmer began to be introduced, French was the exclusive medium of instruction in the secondary schools. History, geography, biology, physics , chemistry were taught not only in French but as in France : with the students using the same textbooks as students in Paris or Lyon.

The years of war and social upheaval virtually destroyed the Cambodian education system. Most schools, libraries, books, equipment, pagodas and museums were destroyed and over 75 per cent of teachers were killed or disappeared. After 1979 priority was given to education. Throughout most of the 1980's education was free at all levels, primary, secondary and tertiary. Five years of primary education was compulsory and nearly 90 per cent of school-age children attended school, except in some remote areas. However, most schools were inadequate and ill-equipped, with no clean water or sanitation facilities. The lack of text books was another obstacle to successful education.

In 1988 the Ministry of Health listed the ten principle causes of infant and child morbidity as diarrhoeal diseases; protein-calorie malnutrition; bronchial pnemonia and other acute respiratory infection; typhoid fever; anaemia; tuberculosis; dysentery; dengue haemorrhagic fever; malaria and accidents. Clearly the majority of these health problems relate to poor environmental conditions, inadequate education and public hygiene, and under or late utilisation of available preventive or curative services. A 1986 UNICEF report estimated that 30 per cent of child mortality was caused by vaccine-preventable diseases, particularly measles.

The fertility rate has been high. In the early 1980's, freed to express their sexual desire, allowed to be together with their partners, enjoying the traditional freedom to marry off their children and to celebrate the new born, there was a baby boom. Also, the government adopted a pronatalist policy and many women were seen with babies in their arms which represented, for Cambodia at the time, a sign of hope and rejuvenation after a major catastrophe (the Khmer Rouge period 1975-79) that took away the lives of many of their loved ones. Even now the estimated fertility rate is still close to five per woman.

While women were encouraged to have many children there was insufficient medical support to ensure safe delivery. In the countryside there were not enough trained mid-wives and virtually no birthing facilities. Frequent pregnancies together with poor health care facilities, caused many women to die from child birth complications. While infant and child mortality rates have dropped a little in the last decade, the maternal mortality rate has consistently been around 900 per 100,000 births in the period since 1980 until now. This is mainly attributed to rupture of the uterus, abortion, haemorrhage, eclampsia, poor living conditions, poor hygiene, heavy workload and anaemia. Although there are no figures for death following abortion the incidence of death is quite high because women cannot afford to go to hospital and are forced to use "backyard" operators.

Since 1992 UNICEF has been supporting an inter-sectorial team made up of the Women's Association of Cambodia (now the Secretariat of State for Women's Affairs) and the Ministry of Education to develop a new curriculum for functional literacy for rural women. The manuals are used by about thirty NGOs which provide skill training to rural inhabitants. With the absence of mass mobilisation in the last few years, according to the UNESCO statistical year book, 1990, 51.8 per cent of the male and 77.6 per cent of the female population is illiterate.

(ii) Health

After 1979 fewer than 50 doctors could be found in the whole country, while medical personnel were decimated and health infrastructure was in total disarray. At the same time most women were suffering from poor health resulting from overwork, malnutrition, lack of hygienic practices and disease. Even now women are still suffering from high rates of maternal mortality, from malnutrition, anaemia and frequent pregnancies.

The most recent estimate of life expectancy at birth for males is 47 and for females is 49. With the on-going conflict many young men have been killed in battle. This is the lowest figure for life expectancy among Asian countries. Infant mortality rate per 1,000 live birth for boys and girls are as follow:

Year	1980	1985	1990	1993
Mortality Rate	330	133	125	120

Child mortality rate per 1,000 for boys and girls aged one to four years are as follow:

Year	1980	1985	1990	1993
Mortality Rate	313	216	200	193

and reading or studying was a dangerous past time, the literacy rate could have declined even further. In 1980, amongst women aged between 13 and 40 and aged between 13 and 45 for men, there were 1,025,794 illiterates, of whom 67 per cent were women. Eradication of illiteracy was the main goal of the government, who at that time launched three successive three-year campaigns (1980-82, 1983-85, 1986-88) to combat illiteracy. The slogan was: **"Those who can read teach those who can't".** Most teachers were untrained volunteers supervised by a "base teacher" (kru pracham moulthan) for each sub-district.

The programme aimed at age groups 13-45 for men and 13-40 for women. In the form of non-formal education, numerous literacy classes sprouted in pagodas, schools, village offices and work places throughout the country. The education department at all levels mobilised volunteers and paid some teachers to do the job of educating people in their community. Organised under the spirit of solidarity, teachers, in most cases, were paid in cash or in kind by villagers they taught.

The results were good and women benefited from the campaign despite the shortage of reading materials and trained teachers. By 1983, the number of illiterate people in that same age group (between 13 and 40) came down to 507,908, of whom 60 per cent were women. Encouraged by high level leadership, literacy classes continued to gain momentum until the late 1980's when political negotiation started and economic reform pressed ahead. Local authorities found that they were unable to mobilise volunteers as the people's sense of solidarity disintegrated. Now literacy classes in that traditional form are virtually non-existent.

International organisations and NGOs picked up the thread by introducing programmes which integrate literacy with skills training aimed at women. These programmes, however, are small scale and sporadic.

Technical training

Women have not broken into the ranks of technical fields. The Institute of Technology has very low women participation rates. In the school year 1989-90 there were 716 students of whom 49 were women (6.8 per cent). While the number of students in technical education increased to 1, 715 for the school year 1993-94, the number of women declined to only 27, i.e. 1.5 per cent.

Teachers

The number of women teachers is low even at primary level. (See table below). The decline in women's participation in the last few years in the secondary education is a cause for grave concern.

TEACHERS IN SCHOOL

	School Year 1985-86		School Years 1991-92		School Years 1993-94	
	Total	% Women	Total	% Women	Total	% Women
Primary Teachers	35,080	24.8	40,631	31	44,454	32.5
Lower Secondary Teachers	7,416		14,351	27.7	13,621	25
Upper Secondary Teachers	617		2,057	26.6	7,645	25.5

Source: Education Department

The number of teachers varies widely throughout the country. In Phnom Penh there are more woman teachers than men teachers -- some 60 per cent. In other provinces, however, woman teachers comprise not more than 40 per cent. The lack of female teachers deprives girls of valuable role models. Studies have shown internationally that girls tend to perform better when taught by woman teachers.

Illiteracy

In the 1960's and early 1970's Cambodia had an illiteracy rate of around 60 per cent. After the Khmer Rouge period, when there was no schooling

Higher education

A small number of women have been enroling in higher education. What is more depressing is the fact that their enrollment has declined over time. (See table below) Attention must be urgently given to this matter.

ENROLMENT IN HIGHER EDUCATION

	School Year 1989-90		School Year 1993-94	
	Total	Women in %	Total	Women in %
Phnom Penh University	1,755	25%	18,676	15%
Royal University of Agriculture	508	11.8%	1,582	4.6%
School of Medicine	1,181	16%	1,935	12.6%
School of Fine Art	213	15.9%	1,078	12.6%

Source: Education Department

Of much concern is the fact that in an agricultural country where women are predominently in the farming work force, there are so few women trained in this field. This situation will adversely effect the agricultural production level for many years to come.

Enrolments for school year 1993-94 in some tertiary institutions are as follow:

School/Institute	Total	Women	In Percentage
Architecture	272	2	0.7
Electricity	194	1	0.5
Hydrology	197	1	0.5
Law & Economics	4110	31	0.7
Commerce	4290	698	16
Teacher Training	576	133	23
Foreign Languages	576	133	23

The newly adopted constitution states that education is compulsory for all boys and girls up to a nine year period, i.e. universal primary education.

Primary and secondary level

Thirsty for education, after nearly four years of disruption during the Khmer Rouge period, parents sent their children to school in large numbers. By school year 1980-81 over 1.3 million children were enroled at primary level. Girls participation at primary level was around 45 per cent throughout the 1980's and 1990's. However, their retention rates after primary level fell dramatically. Enrollment rates at lower secondary and upper secondary dropped to around 35 per cent and 25 per cent respectively. (See table below) Culturally girls are discouraged from remaining at school, parents take the first opportunity to marry them off. A boy is almost always the parents' first priority for an extended education. The state gives no special support or means for female students. Large number of girls, for example, did not continue to secondary or higher education because the schools are away from their home town. They have no one to stay with and the parents do not feel confident to let their daughters move away from home.

STUDENTS ENROLMENT IN SCHOOL

	School Year 1985-86		School Year 1991-92		School Year 1993-94	
	Total	Girl - in %	Total	Girl - in %	Total	Girl - in %
Primary Students	1,315,531	45%	1,371,694	45%	1,621,685	44.8%
Lower Secondary Students	297,775	38%	183,025	30%	156,572	39%
Upper Secondary Students	14,020	25%	53,857	18.5%	129,207	33.8%

Source: Education Department

The number of girls completing secondary education is small, perhaps less than 20 per cent judging from their poor enrolment in higher education.

The percentage of women using contraceptives or birth spacing methods is less than one per cent. Increasing numbers of women and men would like to have smaller families for economic reason, but are ignorant of the various methods. Contraceptives such as pills, condoms and IUDs are available on the market but people are not aware of the means of using these devices properly. For most families these are too expensive. This is an area that needs urgent attention in order to sucessfully reduce maternal mortality rates.

HIV/AIDS received attention in 1991 when there was one HIV positive case confirmed. Liberalisation which brings an influx of businessmen from the region and the presence of large number of U.N. peace keeping force (1991-93), has undoubtedly contributed to the spread of HIV/AIDS. It is estimated that between 10 and 40 per cent of the 30,000 or so prostitutes are infected with HIV/AIDS virus. In 1995, between 5,000 and 7,000 people are known to be HIV positive. Poverty and the lack of basic medical facilities have exacerbated this situation. Widespread practice of unhygenic medical equipment can spread the virus to innocent people. The promiscuous habits of Cambodian men endanger many women's lives. The World Health Organisation and local and international NGOs are attempting to address this problem with educational programmes at all levels but the resources available to deal with this problem are limited. Medical sources believe that the number of women infected with HIV virus is on the increase.

Also of great concern is the mental abuse that women have experienced over the last two decades. Many women witnessed the execution of their husbands, watched loved ones die of starvation, were raped and tortured. Also their sudden change in roles from homemakers to workers, from the campsites of a foreign land to the wider community back at home have made their adjustment a trial beyond their mental capacity. Many of them are in a state of hopelessness, do not believe in themselves and possess low self-esteem, while the fabric of Cambodian families is in danger of seriously disintegrating. While psychological problems have been documented in surveys conducted among refugees in the camps and abroad, there has been

no studies undertaken inside Cambodia. It is projected, however, that many women are suffering from depression and post traumatic stress syndrome (PTSD).

(iii) Employment

According to the data presented to the 1988 Women's Congress, women constituted 65 per cent of textile workers, 70 per cent of salt factory employees and 50 per cent of those engaged in rubber production. In industries requiring more strength or skills, women made up only 10 per cent of the work force.

In the field of public health, in 1987, 17 per cent of the medical doctors, 42 per cent of the pharmacists, 19 per cent of the medical assistants, slightly less than 50 per cent of nurses and 1,937 mid-wives were women. It is sad to note that even in professions which are traditionally female such as teachers or nurses, women still constitute fewer than half.

Besides their jobs with the state, women in the health sector often have private clients and women in education or administration give private classes. Others are engaged in small businesses. The poorest or the unskilled, especially widows or single women, have to resort to manual work for small industries or for restaurants. With diminishing employment in the industrial sectors due to privatisation, women are fast moving into the informal sector. According to ILO 80 per cent of women were working in the informal sector in 1993.

Farmers from poor provinces move seasonally to the city to find work. They usually work as domestic servants or at construction sites or as car washers. In some of these jobs women are paid less than men for the same type of work.

In recent years 90 per cent of females and 84.4 per cent of males (over 15 years) were economically active. In the service sector women constitute 58.9 per cent of the labour force.

The United Nations' Human Development Report 1994, shows that Cambodian women are the most active participants in the world in propelling Cambodia's economy. The Cambodian labour force consists of 43 per cent of the population. Among women however, 56 per cent are involved in economic activities. This followed by Mozambic and Zimbabwe, 48 per cent.

Source : The Secretariat of State for Women's Affairs.
Women : Key to National Reconstruction. Cambodia's Country Report, Phnom Penh : March 1995, pp. 47-56.