Guidebook for Facilitators

Aksi Bergizi

STARTING A
HEALTHY LIFE NOW
FOR TODAY’S
ADOLESCENTS
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Guidebook for Facilitator: Aksi Bergizi, Starting a Healthy Life Now for Today’s Adolescent

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Aksi Bergizi Greetings to all Indonesian adolescents!

Praise and gratitude to God for the completion of the Guidebook for Facilitators and the Pocketbook for Students—Aksi Bergizi, Starting a Healthy Life Now for Today’s Adolescents. The facilitator and student books together are one component of the gender-responsive adolescent nutrition intervention package in Indonesia, which aims to improve the nutritional and health status of adolescents through improving healthy lifestyles.

Nutrition is an essential component and has a central role in achieving 13 of the 17 Sustainable Development Goals (SDGs). Through improved nutrition, we can achieve other goals, leading to a better nation. Adolescents’ nutrition is, of course, crucial, because many nutrition-related habits formed during adolescence will track into adulthood. Therefore, nutrition interventions must begin as early as possible.

Adolescence is a period of rapid growth. The nutritional status of adolescents is a reflection of nutritional challenges at an early age, and many adolescents enter this critical stage of development suffering from conditions such as stunting, anaemia and/or other various micronutrient deficiencies. At the same time, adolescents’ need for energy, protein and micronutrients increase significantly during adolescence; many become overweight. All interventions for adolescents are recognized to have a triple dividend, because the benefit will be at the current time, in the future (when they are adults) and for future generations.

Adolescents’ lives are not only centred on one issue, as the challenges that our adolescents currently face are very diverse, ranging from friendships, physical health, mental health, child marriage and many more. Therefore, the Aksi Bergizi facilitator and student books were developed to provide adolescents with exposure to eight health issues, namely: nutrition, reproductive health, HIV/AIDS, personal hygiene and sanitation, noncommunicable diseases (NCDs), addictive substances, mental health, and violence/injury. Many of these eight health issues are related to each other. Therefore, the collaboration of the Ministry of Health, Ministry of Education and Culture, Ministry of Home Affairs and Ministry of Religious Affairs reflects their commitment and responsibility to improving the quality of life for Indonesian adolescents.

The Aksi Bergizi module is very innovative because, until now, no learning package in Indonesia has integrated the various health and nutrition issues for junior high school and senior high school level—with a very interactive delivery method. In addition, some of the main focus areas of government programmes (for example, in stunting reduction and anaemia prevention and management) are very well facilitated in this module, thus it can serve as a resource for adolescents. We realize that, after undergoing a long process accompanied by multisectoral collaboration, this module is not perfect. However, we have tried our best to facilitate inputs from various parties.
We are also aware of the expression that something is not about adolescents without involving the adolescents themselves, or as expressed by the adolescents: "it is not about us without us." Therefore, we involved adolescents in the process of writing these two books. We invited adolescents to the various phases of development, asking their thoughts and opinions through focus group discussions. At the end of this process, I would like to thank UNICEF for initiating the writing of these books with the concept and providing ideas, the module writers who discovered various interactive games and game aids, various parties from the four ministries, Sight and Life, and SEAMEO RECFON, who have provided invaluable inputs, as well as Klaten and West Lombok districts as the modelling locations. Our hope is that these facilitator and student books will contribute to the improvement of the nutrition and health of adolescents and Indonesia’s next generation.

Aksi Bergizi healthy greetings!

Jakarta, 16th April 2019
Director of Community Nutrition

Signed and Stamped

Ir. Doddy Izwardy, MA
The health of school-age children and adolescents today determines the health status of future generations. We need to prepare them, including through health education, to be able to avoid potential health problems by adopting clean and healthy living behaviours and to become qualified human resources of the future.

The problems that school-age children and adolescents face are quite complex. Many serious diseases are caused by behaviours that begin in adolescence, such as smoking, risky sexual behaviour, poor diet, lack of exercise, etc. The availability of good and accurate information, which meets the curiosity of school-age children and adolescents, will build their knowledge and influence their skills in making decisions about healthy behaviour.

The Coordinating Minister for Human Development and Cultural Affairs Regulation No. 1 of 2018 concerning National Action Plan on Health of School-Age Children and Adolescents secures a strategy to increase the knowledge and skills of school-age children and adolescents on eight adolescent health issues through the activities of the School/Madrasah Health Unit (UKS/M). This is in line with the four Joint Ministerial Regulations of 2014 concerning Guidance and Implementation of the School/Madrasah Health Unit, which mandated the development of healthy school models, increased capacity of health workers, and the development of health promotion methods that support UKS/M.

I welcome the publication of the Guidebook for Facilitators and the Pocketbook for Students on Aksi Bergizi—Starting a Healthy Life Now for Today’s Adolescents, which support the implementation of the healthy school components in an integrated manner with eight adolescent health issues, and can be applied to literacy activities in schools. I hope that these books will also be a reference for interested parties, especially the School Unit Health Guidance Team (TP UKS/M) at the national and regional levels, to carry out advocacy, social mobilization, and behaviour change communication to students in schools.

I express my high appreciation and gratitude to the writing team and contributors to the Aksi Bergizi module, the Ministry of Education and Culture and the Ministry of Religion as the Guiding Team of the Committee of School Health Unit, UNICEF, and SEAMEO RECFON. I hope that these Aksi Bergizi books will make a real contribution to efforts to improve the health of school-age children and adolescents in Indonesia.

Jakarta, June 2019
Director of Family Health

Signed and Stamped

Dr. Erna Mulati, MSc, CMFM

Jakarta,
ASSALAMUALAIKUM WARAHMATULLAHI WABARAKATUH.

Nutrition and health have an important role in increasing the academic achievement of teenage students. Therefore, it is important to the Ministry of Education and Culture to improve nutrition literacy and adolescent health through education in schools. Interventions on the nutrition and health issues of these adolescents will be implemented through the School/Madrasah Health Unit (UKS/M), as agreed by four ministries, namely: the Ministry of Education and Culture, Ministry of Health, Ministry of Religion, and Ministry of Home Affairs.

The mandate of the four Joint Ministerial Regulations – namely the Ministry of Education and Culture, Ministry of Health, Ministry of Religion and Ministry of Home Affairs, No. 6/X/2014, No. 73 of 2014, No. 41 of 2014 and No. 81 of 2014, concerning Guidance and Development of the School/Madrasah Health Unit – includes to establish technical policies in the guidance and development of UKS/M through curricular and extracurricular activities; formulate and develop standards, procedures and guidelines for implementing UKS/M; encourage regional governments to carry out training for teachers of the School Health Unit, and health cadres; and develop health education guidelines needed for the teaching and learning process.

To carry out the role above, we collaborated with the Ministry of Health, Ministry of Religion and Ministry of Home Affairs as the Steering Committee of School Health Unit, and with technical support from UNICEF Indonesia and SEAMEO RECFON, to develop the Aksi Bergizi module as a guide for teachers to invite and inspire students in understanding the importance of nutrition and health through creative, innovative, communicative and collaborative ways. The Aksi Bergizi module is very interesting because it uses a participatory approach and integrates aspects of life skills and other things that adolescent students need, to develop insight and skills in the process of growth and development. With the role of the teacher as a facilitator in the teaching and learning process, as well as learning materials and teaching aids that are designed to be attractive and not boring, it is hoped that synergy will be created in delivering more effective and efficient nutrition and health messages to students.

Finally, I hope this module can be accepted and used as a reference in nutrition education activities at the junior high school level throughout Indonesia, in order to create healthy and quality Indonesian teenagers.

Jakarta, 16th April 2019
Director of Junior Secondary Education

Signed and Stamped

Dr. Poppy Dewi Puspitawati, M.A
Assalamu’alaikum Wr. Wb.

Quality education produces a generation that is not only intelligent, skilled and noble, but also healthy and resilient. Every effort is needed to form a healthy generation, especially when our generation enters the adolescent phase and the age of secondary education. In the life cycle, health and nutrition in adolescence is important in shaping the health and nutritional status in subsequent phases. Therefore, education about nutrition and school health are considered to be necessary strategies to improve adolescent nutrition and health practices.

The mandate of the four Joint Ministerial Regulations – namely the Ministry of Education and Culture, Ministry of Health, Ministry of Religion and Ministry of Home Affairs No. 6/X/2014, No. 73 of 2014, No. 41 of 2014 and No. 81 of 2014, concerning Guidance and Development of the School/Madrasah Health Unit – includes to establish technical policies in the guidance and development of UKS/M through curricular and extracurricular activities; formulate and develop standards, procedures and guidelines for implementing UKS/M; encourage regional governments to carry out training for teachers of the School Health Unit, and health cadres; and develop health education guidelines needed for the teaching and learning process.

This Aksi Bergizi module on adolescent nutrition and health is an extraordinary initiative to realize the country’s priorities in ensuring school-age adolescents live healthily in the next stage of the life cycle—and especially so that young women can become educated and healthy mothers. Through various curricular, extracurricular and co-curricular activities, health and nutrition education interventions can be carried out effectively and reach out to many in-school adolescents in a large and structured manner. For this reason, we ask the school principals and teachers to fully support the use of the Aksi Bergizi module in school. This module will be a guide for teachers in facilitating teaching and learning sessions on nutrition and adolescent health, including eight defined health issues included in the National Action Plan for adolescent health (RAN). The implementation of teaching using this module requires 36 sessions at school.

We express our deepest gratitude to all those who have made great contributions to building the health and welfare of adolescents. Let’s support and implement this adolescent nutrition and health programme in schools creatively and comprehensively. We hope that this Aksi Bergizi adolescent nutrition and health module can be implemented in schools in Indonesia in a comprehensive and integrated manner, in order to make a significant contribution to improving the nutrition and health practices of adolescent students, as well as the creation of quality teenagers as valuable assets as the nation’s human resources of the future.

Jakarta, 29th May 2019
Director of Senior Secondary Education
Signed and Stamped
Drs. Purwadi Sutanto, M.Si
NIP. 196104041985031003
Healthy and happy greetings.
Assalamualaikum Wr. Wb.

Thanks to the mercy of Allah SWT, we are very grateful for the publication of the Guidebook for Facilitators—Aksi Bergizi, Starting a Healthy Life Now for Today’s Adolescents. The mandate of the four Joint Ministerial Regulations – namely the Ministry of Education and Culture, Ministry of Health, Ministry of Religion and Ministry of Home Affairs, No. 6/X/2014, No. 73 of 2014, No. 41 of 2014 and No. 81 of 2014, concerning Guidance and Development of the School/Madrasah Health Unit (UKS/M) – includes to establish technical policies in the guidance and development of UKS/M through curricular and extracurricular activities; formulate and develop standards, procedures and guidelines for implementing UKS/M; encourage sub-national governments to carry out training for teachers of the School Health Unit, and community health workers; and develop health education guidelines needed for the teaching and learning process. This Guidebook for Facilitators will be very useful for carrying out the mandate.

This Aksi Bergizi Guidebook for Facilitators is a good initiative to build the ability of vocational students to face life challenges related to their nutrition and health—today and in the future. This is in line with the policy of fostering vocational schools to build the abilities and competitiveness of adolescents in the era of globalization. Of course, competitiveness will be built if students have good literacy, skills and health—including nutrition. We hope that the Aksi Bergizi module will be a source of information for facilitators on adolescent nutrition and health, including the eight health issues listed in the National Action Plan for adolescent health (RAN).

We express our gratitude to all parties who have contributed to building the health and welfare of adolescents. Let us support and implement this adolescent nutrition and health programme in vocational schools throughout Indonesia in a creative and comprehensive manner. We hope that this guidebook will be truly useful and can be implemented in all vocational schools so that qualified adolescents can be the next generation of this nation.

Finally, I welcome the publication of the Guidebook for Facilitators—Aksi Bergizi, Starting a Healthy Life Now for Today’s Adolescents. This guidebook is expected to become one of the footholds for a successful healthy and happy adolescent programme.

Jakarta, 16th April 2019
Director of Vocational Secondary Education

Signed and Stamped

Dr. Ir. M. Bakrun, MM
NIP 196504121990021002
FOREWORD

DIRECTOR OF MADRASAH CURRICULUM, FACILITIES, INSTITUTIONS AND STUDENTS
MINISTRY OF RELIGIOUS AFFAIRS

Based on the mandate of the four Joint Ministerial Regulations – namely the Ministry of Education and Culture, Ministry of Health, Ministry of Religious Affairs and Ministry of Home Affairs, No. 6/X/2014, No. 73 of 2014, No. 41 of 2014 and No. 81 of 2014, concerning Guidance and Development of the School/Madrasah Health Unit (UKS/M) – Article 13 states that the Ministry of Religion has the mandate to conduct guidance and development of UKS/M through the establishment of standards, procedures and guidelines for implementing UKS/M. The mandate is given because the Ministry of Religious Affairs manages a number of educational institutions such as Madrasah: general education units that have Islamic religious characteristics. There are approximately 80,000 Madrasah in Indonesia managed by the Ministry of Religion, starting from the level of the Raudiatul Athfal (RA), Madrasah Ibtidaiyah (MI), Madrasah Tsanawiyah (MTs) and Madrasah Aliyah (MA). The Ministry of Religious Affairs has a high commitment to carry out this mandate as well as possible. Moreover, the nomenclature has been directly referred to in the name of this programme: the School/Madrasah Health Unit.

Madrasah Tsanawiyah (MTs) and Madrasah Aliyah (MA) have been selected together with secondary schools and high schools (SMP and SMA) as the places for implementing the Adolescent Nutrition and Health Programme. Therefore, we welcome the development of the Guidebook for Facilitators—Aksi Bergizi, Starting a Healthy Life Now for Today’s Adolescents. The Aksi Bergizi module is a practical guide for Madrasah teachers to facilitate nutrition and youth health literacy sessions through 36 sessions.

We express our highest gratitude and appreciation to the Ministry of Health, Ministry of Education and Culture and Ministry of Home Affairs, and for technical support from UNICEF Indonesia and SEAMEO RECFON, who collaborated intensively with us in developing this module. Again, we hope that this module can be immediately utilized and integrated with the current and ongoing UKS/M programme, especially in building Madrasah (MTs and MA) students’ critical knowledge and thoughts related to adolescent nutrition and health, especially for the purpose of preventing anaemia in young women and malnutrition in all adolescents.

Jakarta, 16th April 2019
Director of Madrasah Curriculum, Facilities, Institutions and Students

Signed and Stamped
Dr. H. A. Umar, MA
Thank you for praying to the presence of Allah SWT, the Almighty God, for the compilation of the module Aksi Bergizi, Starting a Healthy Life Now for Today’s Adolescents, which can be used as a reference for the School/Madrasah Health Unit Guidance Team (TP UKS/M), health workers, facilitators and teachers at the province and regency/city levels.

The strategic goal of the module Aksi Bergizi, Starting a Healthy Life Now for Today’s Adolescents is also to be a reference on health, adolescent nutrition and how to overcome social problems; to be appropriate for student growth and development, based on education, and encourage and foster a clean and healthy lifestyle. The Aksi Bergizi module, as a practical guide, can be used by facilitators and students in addressing the health issues of adolescents through a clean and healthy lifestyle. It aims to help adolescents respond to the challenges they face, which range from understanding the human life cycle to having a better future.

It is our hope that publication of the Aksi Bergizi module will be a driver for the School/Madrasah Health Unit Guidance Team (TP UKS/M), health workers, facilitators and teachers at the provincial and regency/city levels, in providing adolescent health knowledge by involving young people in preparation and implementation. We hope that it will be very useful in building the knowledge of adolescents on their health and nutrition in preparation for adulthood.

We thank all involved in preparing the module Aksi Bergizi, Starting a Healthy Life Now for Today’s Adolescents, which we hope will benefit all parties involved in fostering the development of the School/Madrasah Health Unit (UKS/M) in the regions.

Jakarta, June 2019
Director of Synchronization of Regional Government Affairs IV

Signed and Stamped
Sri Purwaningsih, S.H., MAP
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TODAY’S ADOLESCENTS

AKSI BERGIZI STARTING A HEALTHY LIFE NOW FOR TODAY’S ADOLESCENTS
About this

MODULE: AKSI BERGIZI

BACKGROUND

Adolescent health and nutrition is a crucial aspect of adolescent life which is the foundation for the human life-cycle. The issue is extraordinarily complex and diverse. However, it is closely linked to our daily lives. The lack of understanding among adolescents regarding information related to nutrition, health and other social issues has caused adolescents’ well-being to suffer. There are a lot of challenges during adolescence such as bullying, child marriage, obesity and malnutrition that need to be addressed with comprehensive approaches. A standardized module with interactive learning methods is needed for adolescents to comprehend these inter-related issues better. UNICEF Indonesia in cooperation with SEAMEO RECFON and Sight and Life has developed this module in consultation with the government of Indonesia through the Ministry of Health, Ministry of Education and Cultural Affairs, Ministry of Internal Affairs, and the Ministry of Religious Affairs. The module can be used by facilitators to deliver training on adolescent health and nutrition in a playful and fun way to advance adolescent health and well-being.

OBJECTIVES

This module has been developed as the chosen reference for the supervisory team for school/madrasah health promotion (TPUKS/M), health workers and facilitators across provinces and districts. In addition, it is for teachers focussing on adolescent health, nutrition and social issues in junior high school and high school using the andragogy method or approach while at the same time developing psychosocial skills among students. This also includes various information concerning their well-being. Importantly, this module serves as a complementary reference on nutrition, health and social issues relevant to the development of junior and high school student while at the same time supporting the development of good hygiene and healthy living.
I UNDERSTANDING THE HUMAN LIFE CYCLE NOW

- Introduction
- Puberty and self-concept
- Nutrition in life cycle

II WHAT IT TAKES TO GROW UP HEALTHY

- Friendship and healthy relationship
- Balanced nutrition
- My plate
- Protein, the body constructor
- Food exchange
- Fruit and vegetable consumption
- Sugar, salt, and fat
- Micronutrients
- Food and beverage labels
- School canteen and healthy snacks
- Intake and physical activity
- Different kinds of physical activity
- Body Mass Index and malnutrition
- Anaemia and iron
- Healthy breakfast
- Personal hygiene
- Menstrual hygiene management
- Mental health

III HEALTHY SOCIAL LIFE

- Student's street-mass fighting and peer pressure
- Bullying
- Road safety
- Sexual violence
- Pregnancy
- Child marriage and its risks
- Sexually transmitted infections
- HIV and AIDS
- Drug abuse
- Non-communicable diseases
- Internet use

IV UNDERSTANDING VULNERABILITIES AND RISKS

- Financial planning
- Plan your future
- Exhibition
- Stress and stress management
- Stress and life skills
- Conflict
- Coping with stress
- Bullying
- Road safety
- Sexual violence
- Pregnancy
- Child marriage and its risks
- Sexually transmitted infections
- HIV and AIDS
- Drug abuse
- Non-communicable diseases
- Internet use

V SAVING HEALTHY FOR A BETTER FUTURE

- Financial planning
- Plan your future
- Exhibition
- Stress and stress management
- Stress and life skills
- Conflict
- Coping with stress
- Bullying
- Road safety
- Sexual violence
- Pregnancy
- Child marriage and its risks
- Sexually transmitted infections
- HIV and AIDS
- Drug abuse
- Non-communicable diseases
- Internet use
**MODULE LEARNING OUTCOMES**

After participating in this module, the participants are expected to:

- Gain better knowledge of adolescent health and nutrition
- Gain skills, a positive attitude, and ability to promote and motivate other adolescents to adopt healthier habits
- Put the knowledge into practice, including sharing the information with their peers.

**HOW TO USE THE MODULE**

- This module can be used as a reference in training of trainers for Widya Iswara (civil service lecturers/trainers), national facilitators, TPUKS/M, health workers, and district facilitators.
- This module consists of five phases and is divided into 36 sessions (see Figure 1). Each session will be delivered in no more than 30 minutes.
- There is a handbook for students as a reference to read, take notes, and record their achievements in each session.
- It is strongly recommended that each session be conducted in sequence as each session is a continuation of the previous one.
- Each session consists of several parts:
  a. **Introduction** to the session’s topic, where a brief explanation is given along with an explanation of the relevance of the session.
  b. **Objectives**: An explanation of the expected result of the session.
  c. **Life skills** are psychosocial abilities that are going to be discussed with students during the session.
  d. **Time**: the duration needed for each session.
  e. **Learning tool(s)**: A list of the tools needed to run a session. Most tools are provided, but the school may need to provide additional equipment such as scale, height measure, blank paper, stationery, and so on.
  f. **The learning steps** details the steps that need to be carried out by the facilitator during the session which are divided into four parts; preparation, direction, activity, and discussion in accordance with the primary facilitation process presented in this module.
  g. **Key messages** include information that students need to know and are a repetition of lessons from previous activities. Key messages will be read together by the facilitator and students to ensure that this information remains in the participants’ minds.
  h. **Reference** is a source of information referred to for each session. This list can also be given to students who want to find more information.
**Example: Learning steps**

**Preparation**
1. For time efficiency, divide students into six groups before the session starts. The grouping can be based on classroom seating in order to facilitate student mobilization.
2. Select six peer-level facilitators to lead the group.
3. If possible, peer facilitators need to be informed before the session starts in order to better guide their friends.

**Briefing (5 minutes)**
1. Greet all attending participants.
2. The facilitator starts the session by explaining that today each student will act as a ‘teen detective’ with the important task of investigating the ‘case of the school canteen and kiosks’.
3. The facilitator asks students to open their Student Handbook to find the “Canteen / Kiosk Detective Checklist” in the handbook.
4. Each student only answers one question according to their group number.
5. Each student is obliged to see which foods and drinks are sold and categorize them into ‘healthy’ and ‘unhealthy’ categories according to their definition.
6. The facilitator asks students to read through the checklist and provides opportunities for students to ask for clarification.

**Activity (15 minutes)**
1. Led by a peer facilitator, each group performs its tasks independently for 10 minutes and fill in the checklist based on their observations.

**Discussion (10 minutes)**
1. The facilitator asks students in the group for the results from their observation for each question. Participants answer with a ‘thumbs up’ (if the answer is affirmative) or ‘thumbs down’ (if negative).
2. Ask students to propose activities that can be carried out independently to make a healthy school canteen. (For example, placing garbage in a bin, always washing hands, etc.).
3. Direct them to implement their examples for one week and to remind their classmates to do the same.
4. Ask them to write the pledge in the *Aksi Bergizi* book and to read it together.
5. Read the key message about healthy school canteen:
   1. *It is better to snack in places where food hygiene and safety are maintained*
   2. *Snacking carelessly can lead to diseases*
   3. *A clean and healthy school canteen is our collective responsibility*
6. Participants who actively participate in class will get a stamp from the facilitator.
At the end of each session, the facilitator shall give out an *Aksi Bergizi* stamp for each attending student. Facilitators may choose one or two of the most active students to get the “Active Student” stamp.

**LEARNING TOOL LIST**

The module is equipped with several learning tools available to conduct the sessions:

- Posters
- Game cards and illustration cards
- Chopsticks
- Ball
- Dice
- Puzzle
- Forms and checklists
- *Aksi Bergizi* stamp
- ‘Active Student’ stamp
- Papers
- Sticky notes
- Flipchart
- Markers
- Scales and height gauge
WHY WE USE THIS METHOD

The Aksi Bergizi module is the first module which comprehensively covers adolescent health and nutrition. This is an important topic to share with adolescents to help them transition well into adulthood. The topic is presented by employing a behaviour change communications approach, focussing on various issues faced by adolescents.

The module is composed using a number of training philosophies:
1. Adult learning, where the training process is conducted by using participatory learning cycles and a participants’ rights-based approach, such as:
   a. Respecting each participant as an individual
   b. Listening to and respecting each participant’s experience with the training materials
   c. Considering participants’ ideas and opinions, provided that they are relevant to the training
   d. Providing one lesson package
   e. Providing professional trainers who can facilitate using various methods, give feedback, and master the training materials
   f. Providing reflection and open feedback
   g. Evaluating both organizers and facilitators, as well as the participants’ level of understanding and skills related to the training materials
2. A competency-based approach whereby, during the training, participants can improve their skills toward the expected competency level by the end of the training.
3. Asset-based thinking which focuses on:
   a. Opportunity, not threats
   b. Strength, not weakness
   c. What can be done, not what can’t be done to respond to a situation
4. Learning by doing/experiential learning, which allows each participant to:
   a. Actively take part in group discussions, exercises, case studies, roleplay, and field practice individually as well as in group.
   b. Repeat or repair as needed to achieve the expected competency

TPUKS/M and health workers shall be provided with a special module which consists of the module and further reading materials for each session. To support experiential learning, learning tools for each session shall be provided in the Aksi Bergizi pack.
### LEARNING TOOLS PER SESSION

<table>
<thead>
<tr>
<th>Session</th>
<th>Learning tools</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1 Introduction</td>
<td>• <em>Aksi Bergizi</em> stamp &lt;br&gt;• ‘Active Student’ stamp &lt;br&gt;• Students’ agreement poster</td>
<td></td>
</tr>
<tr>
<td>Session 2 Nutrition in life cycle</td>
<td>• <em>Aksi Bergizi</em> stamp &lt;br&gt;• ‘Active Student’ stamp &lt;br&gt;• Visual card &lt;br&gt;• Dinner plate card</td>
<td>Visual cards and replica food are more easily understood by adolescents as suited to nutritional need, especially to know the appropriate foods for their age.</td>
</tr>
<tr>
<td>Session 3 Puberty and self-concept</td>
<td>• <em>Aksi Bergizi</em> stamp &lt;br&gt;• ‘Active student’ stamp &lt;br&gt;• Paper</td>
<td>The visual representation of the adolescent mind will increase awareness of the concept of puberty and to reflect on their current self-concept.</td>
</tr>
<tr>
<td>Session 4 Balanced nutrition</td>
<td>• <em>Aksi Bergizi</em> stamp &lt;br&gt;• ‘Active student’ stamp &lt;br&gt;• Chopsticks &lt;br&gt;• Ball</td>
<td>Chopsticks represent the four pillars of balanced nutrition, while the ball represents the individual who is striving to live healthily.</td>
</tr>
<tr>
<td>Session 5 My plate</td>
<td>• <em>Aksi Bergizi</em> stamp &lt;br&gt;• ‘Active student’ stamp &lt;br&gt;• ‘My plate’ puzzle</td>
<td>The puzzle encourages students to imagine the ideal condition where their dinner plate is filled with food for balanced nutrition.</td>
</tr>
<tr>
<td>Session 6 Protein, the body constructor</td>
<td><em>Aksi Bergizi</em> stamp &lt;br&gt;‘Active student’ stamp Protein cards</td>
<td>In this session, the facilitator shall read the text in the module.</td>
</tr>
<tr>
<td>Session 7 Fruit and vegetables consumption</td>
<td><em>Aksi Bergizi</em> stamp &lt;br&gt;‘Active student’ stamp Fruit and vegetable benefit cards</td>
<td>Colourful design of the cards makes it easier for participants to remember the various benefits of fruits and vegetables.</td>
</tr>
<tr>
<td>Session</td>
<td>Learning tools</td>
<td>Rationale</td>
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<tr>
<td><strong>Session 8</strong>&lt;br&gt;Micronutrients</td>
<td>• <em>Aksi Bergizi</em> stamp&lt;br&gt;• ‘Active student’ stamp&lt;br&gt;• Micronutrient dice&lt;br&gt;• Paper</td>
<td>A six-sided dice encourages students to remember the six minimum micronutrients needed for optimum growth.</td>
</tr>
<tr>
<td><strong>Session 9</strong>&lt;br&gt;Food exchange</td>
<td>• <em>Aksi Bergizi</em> stamp&lt;br&gt;• ‘Active student’ stamp&lt;br&gt;• Dinner plate cards&lt;br&gt;• Paper</td>
<td>Various dinner plate cards encourage students to imagine various food combinations they can consume which include carbohydrate, protein, fruits, and vegetables.</td>
</tr>
<tr>
<td><strong>Session 10</strong>&lt;br&gt;Sugar, salt, and fat (SSF)</td>
<td>• ‘Active student’ stamp&lt;br&gt;• Packaged food replica card</td>
<td>Cards visualizing packaged food help participants to better connect with the topic of the session and relate to familiar foods. They will further be encouraged to be aware of the SSF rate in their everyday food.</td>
</tr>
<tr>
<td><strong>Session 11</strong>&lt;br&gt;Food and beverage labels</td>
<td>• <em>Aksi Bergizi</em> stamp&lt;br&gt;• ‘Active student’ stamp&lt;br&gt;• Packaged food replica card</td>
<td>Instructions to read food labels and to list the nutritional content of foods and beverages encourages the participants to be aware of the nutritional value of packaged food.</td>
</tr>
<tr>
<td><strong>Session 12</strong>&lt;br&gt;School canteen and healthy snacks</td>
<td>• <em>Aksi Bergizi</em> stamp&lt;br&gt;• ‘Active student’ stamp&lt;br&gt;• Healthy canteen checklist</td>
<td>The checklist will encourage students to understand the elements of a healthy canteen that would ensure food is healthy and safe.</td>
</tr>
<tr>
<td><strong>Session 13</strong>&lt;br&gt;Intake and physical activity</td>
<td>• <em>Aksi Bergizi</em> stamp&lt;br&gt;• ‘Active student’ stamp</td>
<td>This session trains the students to remember the importance of physical activities to stay healthy, which is explained through dance moves.</td>
</tr>
<tr>
<td><strong>Session 14</strong>&lt;br&gt;Different kinds of physical activity</td>
<td>• <em>Aksi Bergizi</em> stamp&lt;br&gt;• ‘Active student’ stamp</td>
<td>Use the sentence listed in the module. By guessing the number of calories burnt during various physical activities, participants can start to choose the most effective physical activities that they can do easily on a daily basis.</td>
</tr>
<tr>
<td>Session</td>
<td>Learning tools</td>
<td>Rationale</td>
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<tr>
<td>Session 15</td>
<td>• Aksi Bergizi stamp • ‘Active student’ stamp • Scale (provided by school) •</td>
<td>Introduction scales and height measurement will familiarize students with BMI measures and how to make it a weekly activity.</td>
</tr>
<tr>
<td>Body Mass Index (BMI) and malnutrition</td>
<td>Height measure (provided by school)</td>
<td></td>
</tr>
<tr>
<td>Session 16</td>
<td>• Aksi Bergizi stamp • ‘Active student’ stamp</td>
<td>Using the song lyrics in the module, participants can memorize the song and remember the message about anaemia.</td>
</tr>
<tr>
<td>Anaemia and iron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 17</td>
<td>• Aksi Bergizi stamp • ‘Active student’ stamp • Ball</td>
<td>The ball is used for an ‘ice-breaking’ activity and to make the discussion more fun.</td>
</tr>
<tr>
<td>Healthy breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 18</td>
<td>• Aksi Bergizi stamp • ‘Active student’ stamp • Paper</td>
<td>Participants will be introduced to personal hygiene by connecting this issue to a public figure they know and idolise.</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 19</td>
<td>• Aksi Bergizi Stamp • ‘Active student’ stamp • Sticky notes</td>
<td>Colourful paper, despite its small size, will have a big impact because it allows students to write down thoughts about menstruation to be discussed in class without feeling shy.</td>
</tr>
<tr>
<td>Menstrual hygiene management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 20</td>
<td>• Aksi Bergizi stamp • ‘Active student’ stamp</td>
<td>The self-checklist questionnaire in the module will serve as a medium for participants to understand their vulnerabilities and what to do about it.</td>
</tr>
<tr>
<td>Mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 21</td>
<td>• Aksi Bergizi stamp • ‘Active student’ stamp • Silhouette poster • Sticky</td>
<td>Both visual aids will help participants project their thoughts about the third person and discuss the healthy relationships they need to build.</td>
</tr>
<tr>
<td>Friendship and healthy relationships</td>
<td>notes</td>
<td></td>
</tr>
<tr>
<td>Session 22</td>
<td>• Aksi Bergizi stamp • ‘Active student’ stamp • Sing a song instruction card</td>
<td>A song instruction card helps the facilitator build discussion around student street-mass fighting in a fun way.</td>
</tr>
<tr>
<td>Student’s street-mass fighting and peer pressure</td>
<td>(with a picture of a microphone)</td>
<td></td>
</tr>
<tr>
<td>Session</td>
<td>Learning tools</td>
<td>Rationale</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Session 23 Bullying | • *Aksi Bergizi* stamp  
• ‘Active student’ stamp  
• Sticky notes  
• | Notes containing positive comments about participants represent the opposite of bullying, helping them to better understand that bullying is wrong and unjustifiable. |
| Session 24 Road safety | • *Aksi Bergizi* stamp  
• ‘Active student’ stamp  
• Road safely illustration cards  
• | Road safety illustration cards make it easier for students to understand that unsafe driving compromises lives. |
| Session 25 Sexual violence | • *Aksi Bergizi* stamp  
• ‘Active student’ stamp  
• Sticky notes  
• | Sticky notes and posters help to illustrate and trigger discussion on body parts others may/may not touch, as well as introducing the concept of consent to students. |
| Session 26 Pregnancy | • *Aksi Bergizi* stamp  
• ‘Active student’ stamp  
• | The list of questions on pregnancy in the module is used to trigger discussion about myths and facts about pregnancy. |
| Session 27 Child marriage and its risks | • *Aksi Bergizi* stamp  
• ‘Active student’ stamp  
• Raffia rope  
• Child marriage risk cards  
• | Raffia rope helps students visualize the various burdens they may carry as an underage husband/wife. |
| Session 28 Sexually transmitted infections (STI) | • *Aksi Bergizi* stamp  
• ‘Active student’ stamp  
• STI cards  
• | STI cards are made with illustrations but designed not to scare the participants. They are meant to help participants understand various STIs through a more scientific and less judgemental lens. |
| Session 29 HIV and AIDS | • *Aksi Bergizi* stamp  
• ‘Active student’ stamp  
• | Statements about myths and facts on AIDS in the module can trigger discussions on HIV and AIDS. |
| Session 30 Drug abuse | • *Aksi Bergizi* stamp  
• ‘Active student’ stamp  
• Drug poster  
• | Drug posters will serve to trigger discussion by presenting a third person as a self-projection of vulnerable adolescents. |
<table>
<thead>
<tr>
<th>Session</th>
<th>Learning tools</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| Session 31    | • Aksi Bergizi stamp  
                • ‘Active student’ stamp  
                • NCD Cards  
                • NCD symptoms cards | NCD cards will facilitate discussion for participants to better understand NCDs scientifically. |
| Session 32    | • Aksi Bergizi stamp  
                • ‘Active student’ stamp  
                • Disease transmission cards | The cards illustrate the flow of disease transmission, from its cause to its effects. |
| Session 33    | • Aksi Bergizi stamp  
                • ‘Active student’ stamp  
                • Healthy internet use sheet | The tools will help students to better understand healthy and proper internet use. |
| Session 34    | • Aksi Bergizi stamp  
                • ‘Active student’ stamp  
                • Money replica cards  
                • Dream cards | The tools will help participants to make priorities for their spending and encourage them to save money |
| Session 35    | • Aksi Bergizi stamp  
                • ‘Active student’ stamp  
                • Paper | This session asks students to visualize their dream future and to plan to achieve goals |
| Session 36    | This session does not require tools as it adopts a discussion and exhibition format. |                                                                 |
| **Session**   | **Learning tools**                                  | **Rationale**                                                             |
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| Session 34    | • Aksi Bergizi stamp  
                • ‘Active student’ stamp  
                • Money replica cards  
                • Dream cards | The tools will help participants to make priorities for their spending and encourage them to save money |
| Session 35    | • Aksi Bergizi stamp  
                • ‘Active student’ stamp  
                • Paper | This session asks students to visualize their dream future and to plan to achieve goals |
| Session 36    | This session does not require tools as it adopts a discussion and exhibition format. |                                                                 |
LEARNING PHASE

The first phase:
Understanding the human life cycle and ‘where I am now’

- Session 1 : Introduction
- Session 2 : Nutrition in Life cycle
- Session 3 : Puberty and self-concept

The second phase:
What it takes to grow up healthy

- Session 4 : Balanced nutrition
- Session 5 : My plate
- Session 6 : Protein, the body constructor
- Session 7 : Fruit and vegetables consumption
- Session 8 : Micronutrients
- Session 9 : Food exchange
- Session 10 : Sugar, salt, and fat
- Session 11 : Food and beverage labels
- Session 12 : School canteen and healthy snacks
- Session 13 : Intake and physical activity
- Session 14 : Different kinds of physical activity
- Session 15 : Body Mass Index and malnutrition
- Session 16 : Anaemia and iron
- Session 17 : Healthy breakfast
- Session 18 : Personal hygiene
- Session 19 : Menstrual hygiene management
- Session 20 : Mental health

The third phase:
Healthy social life

- Session 21 : Friendship and healthy relationship
The fourth phase:
Understanding vulnerabilities and risks

- Session 22: Student’s street-mass fighting and peer pressure
- Session 23: Bullying
- Session 24: Road safety
- Session 25: Sexual violence
- Session 26: Pregnancy
- Session 27: Child marriage and its risks
- Session 28: Sexually transmitted infections
- Session 29: HIV and AIDS
- Session 30: Drug abuse
- Session 31: Non-communicable diseases
- Session 32: Transmission of disease
- Session 33: Internet use

The fifth phase:
Staying healthy for a better future

- Session 34: Financial planning
- Session 35: Plan your future
- Session 36: Exhibition
This *Aksi Bergizi* Facilitator’s Handbook is developed by employing active and experiential learning approaches. The method was chosen to suit the target audience, namely students in junior high school, high school, and other equivalent educational institutions. The use of this more interactive method is expected to drive student participation, improve information retention, and encourage students to learn independently about the topics discussed in the *Aksi Bergizi* training. This method requires skilled facilitators to carry out simulations and guide students to draw conclusions.

Facilitation is a process that strengthens, supports and encourages learning using various techniques based on student needs, real experiences, and various activities. Facilitation aims to ‘ease’ or ‘help the process run’. Thus, facilitation in the context of community practice is a process that aims to help manage the flow and discussion of activities to run smoothly.

The facilitator guides the dialogue and seeks to maximize the participants’ time and energy by keeping the event and discussion on track both in terms of time and topic. The facilitative approach allows participants to take advantage of the active learning and activity experiences.

The facilitator has the responsibility to guide, foster, and direct participants in an activity. In carrying out these responsibilities, the facilitator needs to:

1) Apply the rules of the game in the implementation of activities;
2) Carry out activities in accordance with procedures determined in the technical instructions; and
3) Deal with problems, training, and group strengthening issues.

These tasks require the facilitator to interact actively with the facilitated party (participants).

There are various approaches to facilitation, one of which is the group facilitator. The group facilitator is a person who is not a group participant, is neutral, accepted by group participants and aims to help implement the process by identifying and solving problems and by shared learning to increase group effectiveness.

With the variety of topics discussed in the *Aksi Bergizi* training, the facilitator is not expected to know all the information related to the material. On the other hand, the facilitator needs to be
able to guide students to get information from the Aksi Bergizi Student Handbook and credible sources such as the Ministry of Health, Ministry of Education and Culture, Ministry of Religion, and various other organizations that have become national and international references.

Even though Aksi Bergizi training is not designed to deliver all information, facilitators are expected to understand any information related to the material. The facilitator needs to be able to guide students to get information from the Aksi Bergizi Student Handbook and credible sources.

In some circumstances, the facilitator needs to remember that many participants may have equal experience and expertise, or even exceed theirs, and thus require a different approach. Communication is the key to facilitation because the success of facilitation depends on the management of employed communication methods and techniques in conveying information and knowledge to participants.

WHAT IS NEEDED TO BE A GOOD FACILITATOR?

Competent facilitators turn a difficult process into one that is very natural and intuitive. Some things to note are:

- A good facilitator is a good communicator.
- A good facilitator always appreciates people and their ideas.
- A good facilitator is result- and process-oriented.
- A good facilitator thinks fast and logically.
- A good facilitator is non-judgemental (does not let their personal beliefs and opinions interfere with the delivery of the session).
- A good facilitator demonstrates maturity and confidence when discussing difficult topics (especially relating to sex, menstruation and reproduction).

RESPONSIBILITIES OF THE FACILITATOR

Here are some basic things that need to be considered as facilitators:

a. Preparation:
Understand the substance of the activity and plan the facilitation stages in detail.

b. State the purpose of the activity at the beginning of the session:
Participants will be far more prepared to contribute and help you achieve your goal if they know what it is. The facilitator needs to ensure that participants understand what needs to be done.
c. Set expectations:
Elaborate basic rules to help participants determine appropriate ways to interact with each other during meetings or activities.

d. Guide groups in presenting and sharing information:
Use facilitation methods that include all participants in discussion and prevent one or two participants from dominating the activity. Although not everyone speaks, it is expected that no one feels excluded from the process.

e. Provide closure and reaffirm the results achieved from the activity:
To ensure that all ideas and points are captured accurately, the facilitator serves to ensure that all activities are well-documented.

In some circumstances, the facilitator needs to intervene to keep the activity in line and get optimum productivity, which can be done by:
• Reminding the participants to stay focused.
• Not being afraid to directly draw the focus back to certain agenda items.
• Using appropriate humour for diversion. Avoid using humour that concerns ethnicity, religion, race, sexuality, physical appearance, and gender.
• Re-reading the basic rules.
• Directing questions to individuals for clarification.
• Seeking help from the participants to contribute actively.

STIMULATING PRODUCTIVE QUESTIONS

Use guiding questions (probing)
Guiding questions are question(s) that can trigger participants to actively participate in the facilitation process. Be sure to have more than one guiding question per topic.

Call on individuals in a group to speak
It is not uncommon that some participants feel awkward to start a conversation or express their opinions unsolicited. This can be caused by several reasons, such as not fully understanding the topic being discussed, feeling that their view is not important or relevant to the topic in question, feeling awkward talking in front of people they don’t know well, or because there are other participants that are dominating the conversation. If this happens, invite the participant (mentioning their name) to express their opinion. If they say that their opinion is the same with that of other participants, ask them to explain in detail which parts they agree with. Don’t force anyone to speak against their will, especially on sensitive subjects such as sex, menstruation and reproduction.
**Invite a discussion**

Remind participants that you are conducting a discussion, and all participants are expected to participate and all opinions are openly accepted. Avoid giving comments or facial expressions as if ‘judging’ an opinion as right or wrong. Always remind yourselves that this is a discussion process where you need to be neutral. It is important to always appear interested in participants’ answers and ask them to elaborate their answers further if they feel too short.

By recognizing and utilizing the unique and valuable contributions of each participant, an effective facilitator can increase the collective value of all participants. By mediating the group processes, a facilitator plays an active and essential role in ensuring that the group truly understand the shared knowledge.

**FACILITATION PROCESS**

The facilitation process in the *Aksi Bergizi* module is divided into three main stages:

1. **Direction:** An introduction to the activity that will be carried out and its rationale. At this stage, the facilitator does not convey the lessons, but only provides an overview and the rules of action. Let the participants conclude the lessons after carrying out the activity.

2. **Activity/simulation:** When the game starts, the facilitator’s task is to observe and ensure that all students participate in the process. Also, the facilitator also needs to provide space for students to do the activity without too much intervention, so they understand the lessons independently and do not passively depend on information from the facilitator.

3. **Discussion:** At this stage, guide participants to reflect personally or in groups. The facilitator must ensure a calm and conducive classroom atmosphere. During the discussion, the facilitator needs to reduce the tempo of the conversation so that each student can process their experience and draw conclusions.

**Aksi Bergizi AGREEMENT**

The *Aksi Bergizi* training is specifically designed to be delivered in a short time while remaining interesting for students. To ensure the sessions runs smoothly, it is necessary to make a collective agreement that is used as a reference for behaviour in each session.

1. **Actively participate in each session**

The agreement needs to be made to ensure students understand that they are expected to participate. The more engaged the students, the more benefits and knowledge they will get.
2. Taking turns to talk
Often times, students are so enthusiastic to participate that they cannot wait for their turn to talk. When this happens, the whole class will become uncontrollably noisy. Therefore, it is crucial for students to agree on an orderly way of discussion.

3. Respect each other's opinions
The Aksi Bergizi module consists of 36 sessions with various topics. Not all information will suit the views of all participants because everyone has their own experience, customs, and beliefs. Facilitators and students need to appreciate these differences but should all commit to seek more information and be open to learning.

4. Maintain good manners and order
Since Aksi Bergizi training is active in nature, students may often forget to be courteous and orderly due to the relaxed atmosphere. From the beginning, students need to be reminded to always maintain good behaviour in class.

5. Punctuality (according to the agreed arrangement)
Each Aksi Bergizi session lasts only 30 minutes. Therefore, the facilitator must remind students to always be on time so that the session can be completed as scheduled. The facilitator must also ensure that the session is well prepared so that it can run efficiently and effectively.

6. Actively search for information from the right source
With a limited duration, each session cannot provide complete information about the topic being discussed. The Aksi Bergizi training is designed only as a trigger. Facilitators and students should proactively and independently seek more information from trusted sources, such as the Ministry of Health, Ministry of Education and Culture, Ministry of Religion, and other institutions that serve as reliable references in national and international level.

FACILITATION TERMS IN THE Aksi Bergizi MODULE

Icebreaker
An icebreaker activity is an effort to ease the atmosphere, especially if the trainees do not know each other or feel awkward participating in group exercises.

Energizer
An energizer activity is usually done in the middle of training to increase participants’ energy levels. Energizer activities are essential, especially if participants look tired or lacking in enthusiasm, notably after breaks and meals.
Timeout
After doing very active exercise, the participants’ energy will often become excessive and hard to control, making it difficult for the facilitator to move forward to the next activity. When this happens, the facilitator can ask participants to have a timeout (with hand movements as in sports matches) while asking students to follow the same movements. This means that the facilitator will stop current activities until all of the participants calm down. If participants are still very active, the timeout can be followed by adding a breathing session.

1. Timeout hand movement

The timeout hand movement can be used to calm an overly active class.

2. Breathing Exercises

1. Breathe in for 3 seconds
2. Hold your breath for 3 seconds
3. Breathe out for 3 seconds
TIPS ON FACILITATING THE Aksi Bergizi MODULE

The Aksi Bergizi module can generally be categorized into several types of sessions: a) Indoor activity sessions; b) Outdoor activities sessions; c) Reflective sessions, and; d) Sensitive sessions. Each type of session has its own characteristics and challenges.

a. Indoor activities sessions

Students always favour Aksi Bergizi sessions that use games because it doesn’t feel like learning. However, when presenting this type of session, the facilitator needs to keep a few things in mind:

1. Student participation

If the game is done in groups, there are always students who will withdraw and not participate actively in the game. The facilitator needs to walk around the room and ensure that each student participates.

2. Students behaving boisterously

In certain games, especially competitive ones, students often get carried away by the atmosphere and the class becomes disorderly. In this condition, the facilitator is advised to request a timeout and remind students to return to the Aksi Bergizi agreement that is displayed in the classroom. If the students still seem hyperactive, ask them to do breathing exercises until the class is calm and orderly. This is why the facilitator should negotiate this agreement since in first session.

3. Students unable to understand the lessons

Because they are busy doing simulations or games, students may not pay attention to the meaning of the activity. The task of the facilitator is to provide the right discussion through questions or the provision of relevant information, allowing students to process the activities they have just done and to relate it to their daily experience.
b. Outdoor Activities Sessions

1. Election of peer facilitators
In conducting outdoor activities, the facilitator cannot oversee the entire process alone because students may spread out and be hard to monitor. Therefore, for sessions that require students to leave the classroom, the facilitator must choose several students to help direct their friends in activities.

2. Student movement
Moving students from the classroom to other locations usually takes time. Thoughtful preparation is the key to an efficient session. It is recommended that the facilitator has prepared the grouping of students beforehand as to save time. Make sure all necessary materials are available and ready to be shared.

3. Student time-keeping
With a limited duration of each session, the facilitator must manage time well so that activities can be carried out smoothly. In outdoor sessions, the biggest challenge is ensuring students return to class on time. The facilitator must ensure that the peer facilitators and students agree on when to return to the classroom and give a notification five minutes before they have to move.

c. Reflective sessions

1. Students who are less responsive
In self-reflective sessions, students may avoid or refuse to answer probing questions because they feel awkward or afraid to be judged by their classmates. What can be done to encourage students to answer is to make sure they feel safe and comfortable and to remind all students to respect each other’s opinions. Another thing that can be done is to use parables or examples that are not directly related to students such as 1) news in the newspaper or television, and 2) the experience of friends or relatives so that students are encouraged to discuss.
2. Unclear presentation of key messages
Reflective sessions tend to run quieter and slower than simulation or game sessions. Students may begin to lose interest and have difficulty in focusing towards the end of the session. Make sure that students are still listening to the key messages delivered by the facilitator. If necessary, use a timeout to help students to focus their attention and ask them to repeat the message conveyed by the facilitator.

d. Sensitive sessions

1. Awkward topics
When discussing topics that are sensitive and rarely discussed, sometimes the facilitator feels awkward. Keep in mind that students can now look for information from anywhere, whether accurate or not. Instead of them looking for information from unreliable sources, it is better for students to get knowledge from the facilitator or from national/internationally-acknowledged references. The facilitator does not need to be expert in all the topics discussed, but students need to trust the facilitator to help them seek information properly.

2. Judging students
If there are students who have different views or information that contradicts the Aksi Bergizi module, the facilitator must be careful not to judge and embarrass them, especially in front of their peers. This will make students shut themselves off and not accept the new knowledge. Guide them to seek information from the right source (not a hoax). The facilitator needs to continue to open discussions with students to gain their trust, so the students will not feel judged when asking.

3. Bullying
In sensitive sessions, students may mock each other or make jokes about the topic. Sometimes students who answer incorrectly or differently are bullied verbally by friends in class, so they do not want to participate in the class anymore. When this happens, the facilitator should discipline the students by reminding them of the initial agreement that has been made, that is to "respect each other’s opinions" and "maintain good manners and order". Incite their empathy by asking if they are happy when bullied by other students. If not, they surely should not do it to others.
The module will include symbols relevant to each type of each session to help facilitators manage the class.

To help facilitators use the module, each session is categorized based on its type and manner of conduct. To the right of the title of each session, the facilitator will find the symbol of the session. By referring to the symbol, the facilitator can anticipate and prepare the session better.

The symbol of the session is reflective, sensitive, indoors or outdoors

Session 20

MENTAL HEALTH

BACKGROUND

Mental health is often neglected by adolescents and their parents. When students experience physical pain, they generally know what to do. Meanwhile, the pain is psychological, they may not be able to identify the symptoms and seek proper help. Difficulties in adapting to their
REFERENCE:


PHASE 1

UNDERSTANDING THE HUMAN LIFE CYCLE AND ‘WHERE I AM NOW’
INTRODUCTION

BACKGROUND

Nutrition and health during adolescence plays a pivotal role in the human life-cycle. Many studies reveal a strong relationship between health and nutritional status during adolescence and adulthood.

This module is designed to equip adolescents with information so that they can have optimum health and nutritional status to be a healthy, happy, and productive adolescent. There will be a variety of learning methods specifically designed to help the participants understand the lessons in a short time with the right method.
I. UNDERSTANDING THE HUMAN LIFE CYCLE AND "WHERE I AM NOW"

- Balanced nutrition
- My plate
- Protein, the body constructor
- Fruit and vegetable consumption
- Micronutrients
- Food exchange
- Sugar, salt, and fat
- Food and beverage labels
- School canteen and healthy snacks
- Intake and physical activity
- Different kinds of physical activity
- Body Mass Index and malnutrition
- Anaemia and iron
- Healthy breakfast

II. WHAT IT TAKES TO GROW UP HEALTHY

- Friendship and healthy relationship
- Student’s street-mass fighting and peer pressure
- Bullying
- Road safety

III. HEALTHY SOCIAL LIFE

- Personal hygiene
- Menstrual hygiene management

- Mental health

IV. UNDERSTANDING VULNERABILITIES AND RISKS

- Sexual violence
- Pregnancy
- Child marriage and its risks
- Sexually transmitted infections
- HIV and AIDS

- Drug abuse
- Non-communicable diseases
- Transmission of disease
- Internet use

V. STAYING HEALTHY FOR A BETTER FUTURE

- Financial planning
- Plan your future
- Exhibition
There are five phases in learning this module.

1. **The first phase: Understanding the human life cycle and ‘where I am now.’**
   This step will facilitate understanding of the human life-cycle and help adolescents identify which life-cycle they are in at the moment and what it means to them. This step will discuss changes in their social life, physical appearance, and mental health, including puberty.

2. **The second phase: What it takes to grow up healthy**
   This step aims to help adolescents comprehend the things needed to ensure that they lead a healthy and happy adolescent life. There are three main elements that support this phase; proper nutrition, hygiene, and stress management. This will lead them to a ‘healthy and happy me’.

3. **The third phase: A healthy social life**
   The third phase will facilitate adolescents to look beyond themselves and start to step into the social realm. This step will further explore ways to establish an equal and healthy relationship between ‘you and me’.

4. **The fourth phase: Understanding vulnerabilities and risks**
   This phase addresses the vulnerabilities and risks that arise from the interplay between the self ‘me’ and relationships built upon social interaction between ‘you and me’. This will include discussions on violence and injuries, risks related to reproductive health, non-communicable diseases, and disease transmission.

5. **The fifth phase: Staying healthy for a better future**
   In the final phase, the adolescents are encouraged to be brave, realize their dreams and goals, and to plan their future. The emphasis will be on how a healthy and happy life will help them realize their dreams.
OBJECTIVES
Participants understand that the module will be delivered in 36 sessions and there will be many games and interactive learning for one year. Session 1 is a form of preparation for students so that they know what they will go through during the Aksi Bergizi training and join the process productively.

TIME
30 minutes

LEARNING TOOLS
Kertas, pulpen

LEARNING STEPS

Preparation
1. Prepare an ‘Aksi Bergizi Agreement’ sheet
2. Provide pens to write
3. Ask one or two students to demonstrate the Aksi Bergizi chant
4. Teach them the Aksi Bergizi chant

Briefing (5 minutes)
1. Greet the attending participants
2. The facilitator introduces the ‘Aksi Bergizi Competition’
   a. At the beginning of the session, participants will be introduced to an interactive learning system called the ‘Aksi Bergizi Competition’ which will be held in 36 sessions discussing various themes about nutrition and health.
   b. The ‘Aksi Bergizi Competition’ is an individual competition, which also requires group cooperation to win the competition.
   c. Participants will be given the Aksi Bergizi Student Handbook
   d. In addition, the Aksi Bergizi Student Handbook also includes learning pages which will be filled in by the participants after each session.
   e. The last page of the module is a stamp page featuring 35 blank fields to be filled in by the facilitator for the sessions. If there are students who are not present at a particular session, then one friend may explain the session’s key message. The absent student has the right to get a stamp and students who help explain the key message get an active student stamp.
   f. Participants have the opportunity to get an extra stamp on each session because the facilitator will give stamps to participants who actively participate. Active participation is when students take part in discussions, answer questions, express opinions, and become a model for the class.
g. At the end of the sessions, participants who collect all the stamps or get the most marks will be appointed as Aksi Bergizi Ambassadors.

h. The facilitator explains that the topics discussed during Aksi Bergizi are very diverse so that students and facilitators would learn together during this training.

**Activity (5 minutes)**

1. **Learn and practice the Aksi Bergizi chant**

Choose one or two students as peer facilitators to help the demonstration in front of the class.

Learn the following Aksi Bergizi chant and movement:

a. The chant begins when the facilitator shouts "Aksi Bergizi!"

b. The facilitator and participants do the chant together

c. First movement: Shout the word "Aksi" by stomping your right foot to the floor twice

d. Second movement: Shout the word "Bergizi" by clapping three times

e. Third movement: shout the word "Remaja" by tapping both knees three times

f. Last movement: shout the word "Indonesia!" while raising both hands from the knee over the head and jump

**The Aksi Bergizi chant movement**

The facilitator asks all students to stand up and learn the Aksi Bergizi chant (see illustration). Teach the chant gradually starting from the first movement. Add the next movements one by one as to avoid confusion. Do it several times until the class can do it collectively.
2. Making *Aksi Bergizi* Agreements (15 minutes)
The facilitator tells the class that the *Aksi Bergizi* learning process will be interactive, just as the chant they just practiced. For the activities to run well, all parties involved (both facilitators and students) should make an agreement. The facilitator writes down the points of the agreement if students are willing to do so. Facilitators can find the *Aksi Bergizi* Agreement inside the briefcase.

*Aksi Bergizi AGREEMENT*

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

Name: _________________________
Ask students if they are willing to agree to:

**Participate in each session**
*Aksi Bergizi* training is interactive in nature. The more active and enthusiastic the students are in learning, the more lessons they can gain.

**Talk alternately**
When everyone is talking, no one is listening. All participants should therefore take turns in expressing their opinions, beginning with raising their hands. The facilitator will arrange the course of the discussion to ensure the sessions run smoothly.

**Respect each other's opinions**
Everyone has their own experience, customs, and beliefs. We should not impose our ideas on people of differing views. Seek more information and be open to learning.

**Maintain good manners and order**
*Aksi Bergizi* training is interactive in nature. However, that does not mean that participants can neglect good manners. Participants should raise their hands before answering, apologize for any mistakes, say thank you, and always maintain order in class. If a violation occurs, the facilitator will ask for a time out.

**Be on time (according to the agreement)**
The time for each *Aksi Bergizi* session is very limited. Therefore, all parties involved must be on time according to the schedule given by the facilitator or mutually agreed upon.

**Actively search for information from the right source**
*Aksi Bergizi* training is not designed to convey all information. With a limited duration, each session only provides key messages according to the topic discussed. Students and facilitators must try to seek more information from the right sources.

Each of the points offered must be agreed by all students. Convince them that the agreement is essential for sessions to run smoothly and pleasantly. Write down all the points on the sheet titled *Aksi Bergizi Agreement provided* and, if time permits, ask all students to sign it. The agreement will be displayed on the wall during the *Aksi Bergizi* training and will become a reference for all participants on how to behave during the sessions. A serious violation to the agreement may result in the revoking of stamp(s) obtained by the participant.

**Discussion (5 minutes)**
1. Re-read the agreement.
2. Thank them for their participation.
3. Parting, e.g.: “See you in the next session.”
Session 2

NUTRITION IN LIFE CYCLE

The human life cycle is closely related to nutritional intake. The human life cycle is divided into several stages: embryo – foetus – baby under six-months old – toddler – child – adolescent – adult – and elderly, as shown below.
Of all these stages, there are two stages in which the human body experiences very rapid growth, i.e. the infant and adolescent stages. Amazing, isn’t it? Therefore, it is critical for us to maintain a good nutritional intake all the time, especially during these two periods. The nutritional needs during adolescence are affected by several things, such as physical activity, environment, consumption of drugs for certain conditions, mental conditions, current illness and stress levels. Boys and girls have different nutritional needs, because their bodies develop differently.

During adolescence, in addition to experiencing rapid growth, humans are also preparing themselves for the next stage of life, namely adulthood. An adolescent girl, for example, may choose to marry, carry a child, and give birth as she enters adulthood and her reproductive organ develops. A healthy mother will give birth to a healthy child who will grow optimally.

Conversely, a pregnant woman who is malnourished will have a higher risk of giving birth to a child with low birth weight (LBW). Children with low birth weight have a higher risk of growing into adolescents with chronic energy deficiency (CED). The cycle will repeat itself once the child enters adulthood.

The two leading causes of nutritional problems at each stage of the life cycle are inadequate nutritional intake and incidence of recurrent infections. Inadequate nutritional intake is influenced by several aspects such as the food availability, family diet pattern, number of family members, knowledge of balanced nutrition, cultural beliefs and social pressures. Meanwhile, incidence of recurrent infections is caused by a number of conditions, such as personal hygiene, environmental hygiene, access to health services, and access to clean water.
During adolescence, nutritional problems are usually closely linked to lifestyle and dietary habit, as well as to physical changes and energy needs of adolescents. A number of nutritional problems that are often encountered in adolescents are listed in the following table 2.1.

Table 2.1. Nutritional problems often encountered in adolescents

<table>
<thead>
<tr>
<th>No</th>
<th>Nutritional Problem</th>
<th>Cause</th>
<th>Prevention/Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obesity</td>
<td>Nutritional intake that exceeds the required amount for a prolonged period.</td>
<td>Increase physical activity and limit the food intake as required. Increase consumption of fruits, vegetables, and water. A diet with balanced nutrition must be accompanied by regular exercise.</td>
</tr>
<tr>
<td>2</td>
<td>Chronic energy deficiency (CED)</td>
<td>Nutritional intake that doesn’t meet the required amount for a prolonged period.</td>
<td>Adopt a diet with balanced nutrition, adjusted to individual need.</td>
</tr>
<tr>
<td>3</td>
<td>Micronutrient deficiency</td>
<td>Lack of vitamins and minerals in nutritional intake</td>
<td>Since the human body can only produce Vitamin D and K in the form of inactive provitamin, the need for vitamins and minerals should be met through food intake. See session 5 for an example of foods containing vitamins and minerals.</td>
</tr>
<tr>
<td>4</td>
<td>Anaemia</td>
<td>The most common cause of anaemia in adolescents is iron deficiency. Iron forms red blood cells in humans. Menstruation in young women can also be a cause of anaemia.</td>
<td>Increase the consumption of food rich in iron. Adolescent girls and women of childbearing age are recommended to consume iron supplement tablets regularly.</td>
</tr>
<tr>
<td>No</td>
<td>Nutritional Problem</td>
<td>Cause</td>
<td>Prevention/Treatment</td>
</tr>
<tr>
<td>----</td>
<td>---------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
<td>Extreme diets and eating disorders (anorexia nervosa and bulimia nervosa)</td>
<td>Societal beliefs about the ideal body for boys and girls. This usually means a thin body for girls and a muscular body for boys.</td>
<td>Provide an understanding that bodies come in all shapes and sizes and that the ideal body is a healthy body. One way to keep the body healthy is to monitor the Body Mass Index.</td>
</tr>
</tbody>
</table>

In this session, students are expected to understand the human life cycle and nutrition-related matters at each of the stages. After attending this session, students are expected to understand and apply the knowledge of nutritional consumption in accordance with their current stage of the life cycle.
OBJECTIVES
• Improve students’ knowledge about their life cycle.
• Increase students’ knowledge about nutrition related to the human life cycle from birth to late adulthood.
• Introduce the concept of nutrition according to the life cycle.
• Raise awareness to learn more about the life cycle and nutritional intake related to the life cycle.

TARGETED LIFE SKILLS
• Critical thinking about the stages of human life.
• Decision making regarding the choice of nutritious food intake according to their current stage of life
• Self-awareness of the current stages of life, namely adolescence.

TIME
30 minutes

LEARNING TOOLS
• Picture cards.
• Food replica cards

LEARNING STEPS

Preparation
1. Prepare picture cards to divide students into groups.
2. Prepare and randomly display plates of food on one table.

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as energizer.
3. Afterwards, describe the activities that will be carried out.
4. Give instructions regarding the activities:
   a. The facilitator distributes picture cards. The first eight students to get a red picture card will roleplay as 1. babies under six months, 2. toddlers, 3. children, 4. adolescent girls, 5. adolescent boys, 6. adults, 7. Pregnant/ lactating women, and 8. Elderly. (Group to be referred to as the role group).
   b. The facilitator redistributes the picture cards. This time, the eight students to get a black picture card will act as chefs.
c. Repeat step b until the whole class is divided into groups of chefs.
d. The chef groups will then choose a nutritious food menu that matches the age
   stage, accompanied by a reason why the life stage needs nutrition through
   the given food according to the determined period of time by the facilitator.
   Example: "Toddlers need protein such as meat because ..." while providing
   pictures of meat to students who play the role of toddlers.
e. The nutritious food will be given to each role in sequence, starting with babies
   under six months, then toddlers, and so on.
f. Students and the facilitator will discuss the menu selected by the chef groups.
g. If students in the chef group give a type of food that doesn’t match the age
   stage, or do not provide appropriate reasons for the food they provide, the
   student in corresponding role, as well as students playing the role in the
   subsequent life stage, should play out the effect, i.e. as a malnourished person
   in their respective life stage. For example, when a mistake is made at the
   childhood stage, the students playing the role of a child, adolescent, adult, and
   elderly should act as a malnourished person, while the students roleplaying as a
   baby and toddler do not.

5. The facilitator provides an opportunity for students to ask questions until all
   students understand the instructions.

Activity (15 minutes):
1. The facilitator gives the chefs one minute to choose the menu for the role group.
2. The facilitator may clarify if any student does not understand the instructions or
   the rule of the game but may not help or provide answers for them.
3. After that, ask each group of chefs to explain the menu they chose for the role in
   front of them and the reasons. Start from the role of baby under six months and
   proceed to the next stage, continuing to the example of the elderly.
4. It is important to remember that for babies under six months, the group of chefs is
   expected not to give any food except breast milk.

Discussion (10 minutes)
1. The facilitator explains the importance of the life cycle and the different nutritional
   needs of girls and boys, especially during the adolescence stage, in which the
   students currently are. It is therefore essential for them to be able to know the
   type of nutritious food that is appropriate to their life cycle. Also, it is crucial for
   students to know that the consequences of malnutrition at one stage of life will
   affect the next stage.
2. The facilitator asks about certain types of food (for example, spinach) and explains
   that this type of food is for all age groups, with adjustment in portion and texture.
   Give probing questions, for example, what should be done if you want to give
   spinach to babies over six months, adolescents, or to the elderly?
3. Read the key message about nutrition and life cycle:

1. Babies under six months only need breast milk for their growth
2. After the age of six months, more diverse foods are added to meet the required nutrients.
3. Each type of food may be given to various age groups, with adjustments made to the portion size and texture of the food (e.g. porridge for babies).
4. Women and girls have extra nutritional needs, especially during adolescence (due to menstruation), pregnancy and breastfeeding.

4. Students who participate actively in the class will get stamps from the facilitator

REFERENCES


BACKGROUND

The word ‘Puberty’ is derived from the Latin word pubescere which means to grow pubic hair as a secondary sign of sexual development. In addition, puberty is also characterized by the ability to reproduce which shows the maturing and functioning of sex organs. The development manifests in hormonal, physical, psychological and social changes, which may be different for each individual. In general, puberty occurs at the age of 10-14 for girls and 12-16 for boys.

A sign of puberty is physical, psychological, and social changes known as the puberty phase. The changes may occur at different times.
The changes commonly experienced are as follows:

### Physical Changes

- Widening of chest muscles and shoulders
- The growth of Adam’s apple and the deepening of the voice
- Developing a moustache, beard, and chest hair
- The voice becomes deeper or it may crack sometimes
- The penis enlarges and extends, the testicles grow larger
- Nocturnal emission
- Widening of hip
- Enlargement of breasts
- Release of eggs from the ovaries
- Menstruation
- The body rapidly gets taller and bigger
- Hair growth in the armpits and around the genitals
- The increased production of oil and sweat glands that can cause acne

### Psychological Changes

- Emotional swings
- Curiosity to try and explore new things
- Tendency to be happier with friends compared to family
- Need to be acknowledged by their peers
- Crush with fellow friend or peer
At this time, both male and female adolescents will experience physical changes that may feel unexpected and unpleasant, leading to shame and stress. Sometimes puberty will impact boys and girls differently.

In female adolescents, puberty can become the beginning of restrictions on their mobility and freedom, due to the various prohibitions from their social environment. Meanwhile, male adolescents tend to get more freedom, allowing them to expand their social circle. They also begin to gain authority and power.

Most of the time, adolescents with disabilities experience puberty in the same way as their peers, but people don’t discuss puberty with them because they think it’s not important. It is very important that all adolescents learn about the changes to their body during puberty, even if they have a disability.

Growth spurts and development during puberty needs to be accompanied by increased intake of nutrition. Therefore, nutritional needs during this stage will also increase significantly, both macronutrient (carbohydrate, protein, and fat) and micronutrient (vitamin and mineral). Hence, good eating habits need to be demonstrated by the adolescent so that nutritional needs to grow and develop during adolescence can be optimally fulfilled. This is especially important for girls, who may lose micronutrients during the menstruation process.

**Phases during puberty**

Puberty occurs gradually, through the phases of pre-puberty, puberty, and post-puberty, which are explained as follows:

1. **Pre-puberty**: a period of about two years before puberty when the child first experiences physical changes that indicate sexual maturity.
2. **Puberty**: the point of achieving sexual maturity, marked by the first menstrual bleeding in young women, whereas the indication of sexuality is less clear in young men.
3. **Post-puberty**: a period of 1 to 2 years after puberty, when bone growth is completed, and reproductive functions are well-formed.

**What is self-concept?**

Simply put, self-concept is an image one has about oneself. Self-concept is a combination of knowledge, hope, and assessment one has about oneself regarding one’s physical, psychological, social, and emotional characteristics. Self-concept is how we perceive/see ourselves as a unique individual who is different from others, how we feel about ourselves, and what kind of person we expect ourselves to be.

**Three dimensions of self concept**

- Knowledge of ourselves, i.e. the information we have about ourselves, for example, gender, appearance, preferences, and so on.
- Expectations we have about ourselves, i.e. ideas regarding who we are going to be.
- Assessment on ourselves, i.e. how we measure our current condition.
There is a comparison between three dimensions of self-concept and our thoughts on the ideal condition called self-esteem. For example, "I am a smart kid. Many of my friends have said so, and I get good grades. This condition is in accordance with what I wanted from myself, which is to be a smart kid." If we assess that our current condition is in accordance with the ideal condition, we have high self-esteem, and vice versa.

The social environment and people closest to us who provide feedback or positive responses (support, praise, acceptance, and gifts) will support the development of a positive self-concept. Conversely, negative feedback or responses (rejection, criticism, insult, punishment), will encourage the development of a negative self-concept.

**How to form a positive self-concept**

**Be objective in recognizing yourself**
Do not ignore the accomplishments and successes you have achieved even though you think it is small. Assess your talent and look for ways to develop it, such as by taking courses or extracurricular activities at school according to your interests.

**Respect yourself**
No other person will value us more than ourselves.

**Do not be hostile to yourself**
Feeling guilty after making mistakes is okay, but not in an excessive manner. What needs to be done is to bounce back and correct the errors that have been made. Excessive self-blame will make us stressed.

**Set personal boundaries**
This includes physical and emotional boundaries. Do not tolerate behaviour from others that makes you feel uncomfortable. Stand up for your beliefs and values. Do things to please yourself, not just to make other people happy.

**Think positively and rationally**
Applying positive thoughts when facing problems is needed to arrive at the best decisions.

In this session, the participants will be encouraged to be aware of the phase of life they are now living in, which is adolescence. They will be asked to reflect on any changes they currently experience and how to respond the situation properly based on accurate information. After attending this session, the participants are expected to understand the changes that they will possibly encounter during puberty.
OBJECTIVES

• Increasing students’ knowledge of the physical, mental, and social changes experienced by adolescents during puberty
• Encouraging students to describe a profile of a healthy and happy adolescent
• Encouraging students to identify three strengths they possess that will help them to lead a healthy and happy life

TARGETED LIFE SKILLS

• Awareness about the changes that occur during puberty
• Identification and management of emotions during puberty
• Empathy towards the opposite gender who is also experiencing puberty in a different way

TIME

30 minutes

LEARNING TOOLS

• List of statements
• Paper

LEARNING STEPS

Preparation
1. Prepare the statement list as in the guide for facilitators
2. Make signs for ‘boys’ and ‘girls’ and place them at opposite ends of the room
3. Prepare papers for each participants

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as energizer.
3. Afterwards, describe the activities that will be carried out.
4. Give instructions for the activities
5. Explain to participants that you are going to read out some physical and psychological changes that happen to their body during puberty.
6. Tell participants that once the statement is read, they should move to one side of the room if they think the statement is true only for girls, the other side of the room if they think the statement is true only for boys, and if they think it is equally true for both boys and girl they should stay in the middle of the room.
7. The facilitator reads some statements related to puberty (see attached list of statements)
8. The participants are requested to move to the side of the room depending on whether they think it only applies to boys or girls or to both.

**Activity 1 (5 minutes)**

1. The facilitator reads the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Answer (Read At The End)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grows hair under arms and around genitals</td>
<td>Both</td>
</tr>
<tr>
<td>Experiences strong emotions and mood swings</td>
<td>Both</td>
</tr>
<tr>
<td>Voice becomes deeper</td>
<td>Boys</td>
</tr>
<tr>
<td>Prefers to hang out with friends than with my family</td>
<td>Both</td>
</tr>
<tr>
<td>Face gets oily and develops pimples easily</td>
<td>Both</td>
</tr>
<tr>
<td>Onset of menstruation</td>
<td>Girls</td>
</tr>
<tr>
<td>Increased sexual interest/attraction (crush) on friends</td>
<td>Both</td>
</tr>
<tr>
<td>Experiencing wet dreams</td>
<td>Both</td>
</tr>
<tr>
<td>Breasts get larger</td>
<td>Girls</td>
</tr>
</tbody>
</table>

2. After all statements read, facilitator asks participants to open their eyes and look at their colleagues

**Discussion 1 (5 minutes)**

1. The facilitator explains that the statements read are normal features of puberty. Some occur only in boys and some occur only in girls, but they may be surprised to know that many changes are experienced by both boys and girls.

2. The facilitator also explains puberty occurs at different times for individuals, and that this is natural and normal. Also, boys go through puberty later than girls most of the time.

**Activity 2 (5 minutes)**

1. The facilitator distributes HVS paper to participants and asks them to draw nature-inspired symbols (it can be more than one) such as the sun, a flower, clear skies, which to them describe the meaning of being a healthy and happy youth.

2. Write a statement that reinforces the meaning of the symbol by following the format: "I ... (nickname), will be a healthy and happy teenager, that means ... (fill in the meaning of being a healthy and happy teenager according to participants). I have three self-powers to realize this goal, which are ... (write three self-powers)".
3. The facilitator asks participants to pair up with the friend next to them and tell each other the meaning of being healthy and happy teenagers. Remind participants to do this process briefly and to take turns.

**Discussion 2 (10 minutes)**

1. The facilitator explains that teenagers need to have a positive self-concept. This can be started by developing a self-concept from this session.
2. The facilitator emphasizes the importance of maintaining healthy eating behaviour to be a healthy and happy adolescent.
3. Read key messages about puberty and self-concept

```
1. Puberty is natural, and everyone will experience it.
2. Girls and boys will have several different physical changes during puberty so we should not worry or feel ashamed if our experience is different from that of our peers’.
3. Everyone wants to undergo the transition from child to adult happily and healthily. To do that you need to practice healthy eating behaviour and focus on your strengths.
4. Students who participate actively in the class will get stamps from the facilitator.
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**REFERENCES**

Rapor kesehatanku: Buku Informasi Kesehatan Siswa Tingkat SMP/MTS dan SMA/SMK/MA
PHASE 2

WHAT IT TAKES TO GROW UP HEALTHY
Background

Optimum nutrition, both in quantity and quality, is essential to support optimum growth and development. Dietary habits, including those of adolescents, therefore need to be directed towards balanced nutrition. Balanced nutrition is the composition of daily food that contains nutrients of the type and amount that suits the needs of the body. There are four principles of balanced nutrition also known as the Four Pillars of Balanced Nutrition alongside 10 balanced nutrition messages.

Four Pillars of Balanced Nutrition.

These four pillars are the basic principles of balanced nutrition which consist of:

Pillar 1: Consume a variety of foods

The consumption of variety of foods is important, since no food can contain all kinds of nutrients that the body needs to stay healthy, except breast milk. Breast milk contains all the nutrients that the body needs, but only for newborns until six months of age.

In addition, there is an interaction among nutrients in the human body, for example a certain nutrient may need other nutrient to be transported around or digested by the body. As an illustration, the digestion of carbohydrates, fats, and proteins requires vitamin B, which can be found in green leafy vegetables.
Pillar 2. Adapt to a clean and healthy lifestyle
Clean living reduces the risk of infection which can affect our nutritional status. When we are sick, nutrients in the body are used primarily to fight the disease and reduce the optimization of the growth and development of our body. Examples of clean-living behaviour are handwashing, keeping nails short and clean, wearing footwear, and covering food properly.

Pillar 3. Perform physical activity
Physical activity is vital to maintain fitness, improve heart, lung and muscle function, and reduce the risk of obesity. Physical activity does not always have to be in the form of sports, all kinds of activities such as playing are also included in physical activity. This will be further explained Session 14.

Pillar 4. Monitor weight regularly
One sign of balanced nutrients is the achievement of healthy body weight, commonly known as the Body Mass Index (BMI), which measures the appropriate weight for height. Determining nutritional status for school-age children and adolescents should take their age into account. By regularly monitoring your body weight (and height), you can assess your nutritional status, and prevent or take action if it deviates from the normal value.

10 Balanced nutrition messages
In addition to the four principles above, there are also 10 Balanced Nutrition Messages that generally apply to all levels of society and aim to help them maintain a healthy life. Here are the 10 balanced nutrition messages.

This session will begin by exploring the participants’ understanding of balanced nutrition, including the four principles and 10 messages. To help participants get better acquainted with these principles and messages in daily life, they are asked to identify messages that have/have not been done routinely. At the end of the session, the participants are encouraged to maintain and improve their daily practices related to balanced nutrition.
OBJECTIVES
- Improving participants’ understanding of the four pillars and 10 messages of balanced nutrition
- Building student’s ability to identify balanced nutrition messages that have/have not been practiced routinely
- Encouraging students to commit to maintain and increase their practice of balanced nutrition messages

TARGETED LIFE SKILLS
- Self-awareness to identify the balanced nutrition practices that need to be maintained and increased in daily life
- Decision making and starting the practice

TIME
30 minutes

LEARNING TOOLS
- Chopsticks
- Ball
- Start and finish signs

LEARNING STEPS
Preparation
1. Divide the class into groups of 10 students
2. Divide each group into smaller sub-groups of 4, 3, 2, and 1 student(s).
3. If possible, do the grouping before starting the session to save time.
4. Prepare chopsticks and balls for each group.
5. Prepare an outdoor location to play the game. One spot/line will be the start line, another will serve as finish line.

Briefing (3 minutes)
1. Greet the attending participants
2. The facilitator starts the session by explaining that today each group will play ’My Healthy Pillar’. 
If it’s not possible to play outdoors, the game can still be played inside the class. The facilitator divides the class into three groups (A, B, and C). Ask group A to choose four students, group B to choose three students, and group C to choose two students. Other group members will cheer and support their group members. Continue with the same game rules.

**Activities (15 minutes)**

1. The facilitator explains that the activity is a competition among groups. The rules of the game are as follows:
   - The first competition begins with the four-member sub-group
     a. Each sub-group member carries one chopstick using one hand
     b. Each sub-group will work together to bring one ball using the chopsticks from the start to finish line.
     c. If the ball falls before reaching the finish line, the sub-group must repeat and start again from the starting point
     d. After the sub-group reaches the finish line, they join their main group and give three chopsticks to the three-member sub-group.

2. The second round of the competition continues using the same rules, the only difference being the number of members participating.

3. The game continues with the two-member sub-group, and finally the one member sub-group.

4. After three rounds of the competition, make sure someone takes note of which group reaches the finish line first.

**Discussion (12 minutes)**

1. The facilitator then explains that the four chopsticks used in the game represent the four pillars of balanced nutrition, while the finish line is our goal for healthy living. When we fail to practice one of the pillars, (which is depicted by reducing the number of chopsticks used), we will experience difficulties in achieving the goal to always be healthy.

2. The facilitator should emphasize that we may eventually reach the finish line, but using less chopsticks means a larger risk of dropping the ball and more time needed to reach the finish line due to the fact that we have to be more careful and walk slower to cross the line without dropping the ball. This situation illustrates how our failure to practice any of the four pillars of balanced nutrition would result in a larger risk of nutritional and health problems.

3. The facilitator then explains the 10 Balanced Nutrition mMessages and explores which messages the students have routinely carried out and encourages students to carry out messages that are yet practiced routinely. If possible, ask students to explain the challenges that prevent them from practicing the messages routinely, and proceed to discuss them.
1. Balanced nutrition is key to optimum growth and development.
2. The Four Pillars of Balanced Nutrition must be all practiced to stay healthy.
3. The 10 balanced nutrition messages must be practiced on a daily basis so that they become a habit.

REFERENCES


Gizi dan Kesehatan Remaja. 'Buku Pegangan dan Kumpulan Rencana Ajar untuk Guru Sekolah Menengah Pertama'. 2016. SEAMEO RECFON-Kementerian Pendidikan dan Kebudayaan Republik Indonesia
**SESSION 5**

**MY PLATE**

**BACKGROUND**

As part of the balanced nutrition, there is a guideline for food diversity as well as the suggested portion to consume on a daily basis. The concept is known as ‘My Plate’ and has been regulated under The Ministry of Health Regulation No. 41 of 2014.

For each meal, we should divide the plate into two halves. Then spare each half with $2/3$ for staple foods and vegetables and the rest $1/3$ for dishes and fruits. It is recommended to consume 3-4 portions of carbohydrates, 3-4 portions of vegetables, 2-3 portions of fruits, and 2-4 portions of plant- and animal-based proteins on a daily basis.

In addition, we should also limit the consumption of sugar, salt, and fat, and drink water. Do not forget to wash your hands with soap before and after each meal. Undertake physical activity for 30 minutes a day.

*Source: Guidelines for Balanced Nutrition of the Ministry of Health of the Republic of Indonesia*
The staple food, which is the source of carbohydrates, can be obtained in the form of rice, cassava, sweet potatoes, noodles, vermicelli, corn, or potatoes. Vegetables can be in the form of green vegetables (spinach, kale, beans, broccoli, and so on), tomatoes, carrots, and eggplants. Proteins can be obtained in the form of animal protein such as fish, beef, chicken, eggs, or plant protein such as tempeh, tofu, and legumes. Fruits include water apple, papaya, banana, mango, rambutan, and so on.

Water is needed by our body to avoid a deficiency of body fluids (dehydration), facilitate digestion, and maintain optimum kidney function. As mentioned in Session 2 (Nutrition in Life Cycle), one of the leading causes of nutritional problems is recurrent infections, which may be caused by poor hygiene such as poor practice for handwashing before eating or after defecating.

In this session, students are expected to understand the concept of ‘My Plate’ as part of balanced nutrition. After participating in this session, they are expected to understand and to be able to apply the concept of balanced nutrition, in particular the concept of ‘My Plate’ in their daily meals.

OBJECTIVES
- Emphasizing the concept of the four balanced nutrition pillars, not only the nutrition intake component.
- Improving students’ understanding of the ‘My Plate’ concept when preparing their meals

TARGETED LIFE SKILLS
- Critical thinking concerning the type of foods to consume in every meal
- Decision-making about the intake of nutritious food in every meal
TIME
30 minutes

LEARNING TOOLS
• ‘My Plate’ puzzles

LEARNING STEPS

Preparation (2 minutes)
1. Prepare the puzzle
2. Prepare an outdoor location to play the game

Briefing (8 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to perform the Aksi Bergizi chant first as an energizer.
3. Afterwards, describe the activities that will be carried out
4. Give instructions for the activities:
   a. The facilitator allows children to go outside the classroom because the game will be held outdoors. Make sure all students are ready to participate.
   b. The facilitator invites students to take one puzzle piece from the facilitator.
   c. Each student searches for three puzzle pieces from other students so that they can form a complete puzzle of ‘My Plate’. All must be done without speaking.
   d. After the puzzle is complete, the representatives are asked to explain the complete contents of their plate.
5. The facilitator gives students the opportunity to ask questions until all students understand the instructions.

Activity (15 minutes)
1. The facilitator gives students one to three minutes to take turns in taking their puzzle piece
2. The facilitator may clarify the instructions regarding the activity but may not help or provide answers for students.
3. Afterwards, give students five minutes to complete their puzzle.
4. Ask one group to show and explain their group puzzle.
Discussion (5 minutes):
1. The facilitator then explains the benefits of nutritional balance and the “My Plate” concept.
2. Read the key messages about “My Plate”

- Balanced nutrition consists of four pillars and is not only about food intake.
- Remember food proportions for every meal: two-thirds of each half plate for staple foods and vegetables, and one-third part of each half plate for dishes and fruits

3. The students who participate actively in the class will get stamps from the facilitator.

REFERENCES


Session 6

PROTEIN: THE BUILDING BLOCKS OF YOUR BODY

BACKGROUND

The third balanced nutrition message is to regularly consume foods that are high in protein. If carbohydrate is the source of energy for our bodies, protein is the building block. This is because protein plays a major role in the formation and maintenance of cells within the human body. Protein acts like bricks that build a house. In addition, protein also plays an important role in other body mechanisms, including enzymatic reactions, hormone function and immune responses. Compared to other nutrients, protein represents most parts of our body tissue.

Protein is made from a number of different amino acids. Our body cannot produce all the required amino acids, hence it needs to be obtained from our food, both animal-based and plant-based. Animal proteins include fish, egg, poultry, red meat, milk, eel, and seafood such as shrimp, scallops, and squid. Meanwhile, examples of vegetable protein are soybean, and soy-based foods such as tempeh and tofu, mung bean, red bean, green bean, and mushrooms.
Each protein group has its own advantages and disadvantages. Animal protein have more complete amino acids and have better nutritional quality (protein, vitamins, and minerals) because they contain more nutrients and are easily absorbed by the body. However, animal protein generally contains high saturated fat (except fish). On the other hand, plant protein has higher unsaturated fat, and contains isoflavones and antioxidants which are good for your health.

So, the best source of protein for the body is a combination of animal and plant protein consumed in a balanced manner. The recommended consumption of animal protein is two to four servings per day (equivalent to two to four pieces of medium-sized beef or chicken or fish), and also two to four servings per day of plant protein (equivalent to four to eight pieces of medium-sized tempeh or tofu). Wherever possible, it is important to ensure that all members of the family, including pregnant/lactating mothers and adolescent girls, get enough protein, including animal protein, when it is available.

Additionally, to reduce the intake of saturated fats in animal foods, it is necessary to choose animal protein that is low in fat. For example, do not eat the skin when consuming chicken or choose less fatty portions of red meat.

This session invites all participants to learn about protein, its function, and food sources of animal and vegetable proteins. Asking the participants to mention the name of the protein food source they usually eat may help them relate to this material better by linking it with their eating habits, particularly for those who have not consumed the amount of animal and vegetable protein as recommended.
OBJECTIVES
• Increasing students’ understanding of the function of protein for the body and its food sources (both animal and plant-based).
• Encouraging students to identify protein consumption by referring to their daily dietary habits

TARGETED LIFE SKILLS
• Critical thinking in choosing foods that are a source of animal and vegetable protein
• Self-awareness in daily protein consumption, including a balance between animal and plant protein intake.

TIME
30 minutes

LEARNING TOOLS
• Picture cards

LEARNING STEPS
Preparation
If possible, do the following before the session to save time
1. Prepare the required tools
2. Prepare an outdoor location to play the game

Briefing (5 minutes)
1. Greet the attending participants.
2. The facilitator starts the session by explaining that each group will play ‘Catching the Protein’.
3. Divide the class into four groups. The facilitator may use picture cards that are available in the briefcase. Students will form groups based on the colour of the cards they get.
4. The facilitator explores students’ knowledge of animal and vegetable protein. The facilitator can provide an example if needed.
Activity (15 minutes)

1. Students are asked to form a circle and put their hands in the position illustrated below:

2. The facilitator explains that he/she will read a few sentences that will include examples of sources of animal or vegetable protein.

3. Students will be asked to listen carefully.

4. When the facilitator mentions a protein food source (both animal and plant-based), the student must try to catch their friend's finger in their right palm while simultaneously pulling their left index finger away from their friend's palm as to avoid getting caught by the friend to their left.

5. Facilitators remind the students that they need to pay attention to the source of protein, not the name of the food itself. For example, rendang is the name of the food, not a source of protein.

6. Sentences are read one by one

7. Here are some examples of sentences that facilitators can read. Words in bold are examples of the protein food source, so the students should catch the hands of the friend next to them by using their right hand and pulling their left hand so that it will not be caught.
Today we will listen to stories about various Indonesian delicacies. Are you ready?

Our first destination is West Sumatra; heaven for food lovers! The first food is rendang. The main ingredient of rendang is beef. Rendang from Padang has even been chosen as the world’s most delicious food, based on the recent poll by an online news site based in the United Kingdom.

We now continue our journey to Palembang. Besides pempek, Palembang is also known for its pindang ikan! Have any of you tried it? South Sumatra is famous for their seafood-based delicacies.

We now move to the country’s capital: Jakarta! Here, you can find ketoprak virtually everywhere. Ketoprak consists of rice cake, served with laksa, tofu, and peanut sauce.

Next is the food from central Java and Yogyakarta. Any of you ever heard of bacem? Bacem means marinated in sugar or salt water to preserve the food. Tempeh bacem is an example of food prepared in this manner. Another food prepared by using this method is tahu bacem.

From the island of Kalimantan, we have soto banjar, which has a unique taste that is different from most types of soto we know. It is served in yellow broth that is rich in spices, especially cinnamon. Most types of soto do not use cinnamon. This is why soto banjar tastes different from your usual chicken soto.

We move on to Sulawesi, which has Palumara. It is a type of soup from Palu, Central Sulawesi. Similar to other foods from Palu, the broth of Palumara is sour and spicy. The sour taste is from tamarind, while the spicy taste is from chili. The main ingredient is saltwater fish, such as kolombo fish and bandeng fish.
Discussion (10 minutes)

1. The facilitator invites the students to remember their daily protein consumption
2. The facilitator explains the benefits of protein, protein rich foods (both animal and plant), and the importance of a balanced consumption of protein food sources, especially for girls and pregnant/breastfeeding women.
3. Students who managed to catch their friend’s finger the most and avoid getting caught will get a stamp
4. The facilitator and students read the key messages together

1. Protein plays a significant role in the body
2. Good protein consumption is the balanced combination of animal and vegetable protein
3. We all need protein in our diet, especially adolescent girls and pregnant/breastfeeding women, who have additional nutritional needs

REFERENCES

Session 7

FRUIT AND VEGETABLE CONSUMPTION

BACKGROUND

The Indonesian Basic Health Research (Riskesdas) 2018 findings showed that fruit and vegetable consumption in Indonesia is still below the recommended rate, despite the fact that both are sources of various vitamins, minerals and fibre that are needed for growth and disease prevention among adolescents. For example, vitamin D and vitamin A are needed for growth, while folic acid, vitamin B6, and vitamin B12 are needed to prevent heart disease. Thus, the benefits of fruit and vegetable consumption needs to be promoted and communicated to adolescents in order to shift their dietary pattern towards a healthier diet by consuming fruits and vegetables every day.

What are the benefits of consuming fruits and vegetables regularly?
As mentioned above, fruits and vegetables are essential for growth and the prevention of diseases across all age groups, including adolescents.
Below are the benefits of consuming fruits and vegetables:

1. **Improves memory**
   Fruits and vegetables are sources of antioxidants (the antidotes to hazardous compounds) which can improve memory function by protecting brain cells.

2. **Refreshes the body**
   Enzymes in our body react with vitamins from fruits and vegetables to produce energy in the body.

3. **Eases bowel movements**
   Fibre in fruits and vegetables can accelerate the metabolism in our body, thus ease bowel movement.

4. **Prevents various diseases**
   Vitamins, minerals, antioxidants, and fibre in fruits and vegetables will help the body in fighting and preventing various diseases, including cancer, high blood pressure and diabetes.

**Recommended fruit and vegetable intake**

The Ministry of Health, through the Healthy Society Movement / Gerakan Masyarakat Sehat (GERMAS), emphasizes the importance of daily fruit and vegetable intake. Vegetables are to be consumed as much as three to four portions per day, while fruits should constitute two to three portions per day. Fruits and vegetables represent half the components of a balanced nutritional intake illustrated through the ‘My Plate’ concept.

The recommended portion of vegetables is larger than fruits. This is because fruits are a source of sugar. Some fruits have a lower sugar content, while some others contain higher amounts of sugar. Fruits with high sugar content should be consumed moderately, because they may increase blood sugar levels, which can cause numerous diseases.

Because their nutrition is varied, the fruits and vegetables we consume should also be varied. Below are examples of nutrients in vegetables and fruits.
<table>
<thead>
<tr>
<th>Nutrients</th>
<th>Types of fruit and vegetable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antioxidant</td>
<td>Green vegetables, eggplant, carrots, orange, tomatoes, and fruits that are black, purple, red, yellow and orange in colour.</td>
</tr>
<tr>
<td>Good fat</td>
<td>Avocado</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>Carrots, Potatoes</td>
</tr>
<tr>
<td>Calcium</td>
<td>Green vegetables</td>
</tr>
<tr>
<td>Fibre</td>
<td>Green-leafy vegetables</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>Guava, oranges, apples, grapes, strawberries, and soursop</td>
</tr>
</tbody>
</table>

In this session, students will learn the benefits of regular fruit and vegetable consumption. By the end of the session, students are expected to understand the importance of consuming fruits and vegetables and to share the information with others.
OBJECTIVES
• Increasing students’ knowledge regarding the importance of fruits and vegetables as sources of nutrients
• Increasing students’ understanding about the recommended amount of fruits and vegetable to consume daily
• Increasing students’ knowledge about the types of local fruits and vegetables that are easy to find everyday

TARGETED LIFE SKILLS
• Critical thinking about the benefits of fruits and vegetables, and its effects on health
• Decision making when choosing or consuming certain vegetables, adjusted to the needs of vitamins, minerals, and other nutrients

TIME
30 minutes

LEARNING TOOLS
• Cards containing eight facts about fruits and vegetables
• Picture cards for grouping

LEARNING STEPS

Preparation (2 minutes)
1. Prepare picture cards to divide the class into groups.
2. Prepare fact cards

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack in enthusiasm, invite them to perform the Aksi Bergizi chant first as an energizer.
3. Afterwards, describe the type of activities that will be carried out
4. Give instructions:
   • Divide the class into eight groups. Tell them that they will play the ‘Whispering Game’
   • Each group is asked to choose a leader.
   • The game will begin with four groups, then followed by the remaining four groups.
   • The facilitator shows a fact card. The group leader starts by whispering the sentence to his friend, who will then continue to whisper the sentence to the next person, and so on.
• The last group member is asked to read the sentence he heard. Check whether the sentence is different from the sentence on the card.
• The group with most correct sentences wins.

5. The facilitator gives students the opportunity to ask questions until all students understand the instructions.

**Activity (15 minutes)**
1. The facilitator may clarify if any student does not understand the instructions but may not help or provide answers for students.
2. Afterwards, ask each group to start the game, starting from group one up to the last group.
3. Facts:
   • Fruits and vegetables contain antioxidants and can improve memory.
   • Fruits and vegetables are essential for growth and prevent various diseases.
   • Vegetables are recommended to be consumed three to four portions per day, while fruits two to three portions per day.
   • The nutrients in fruits and vegetables varies, so variations in fruit and vegetable consumption is important.
   • Fruits and vegetables also contain carbohydrates, calcium, fibre, and vitamin C.
   • For every meal, half the plate must contain fruits and vegetables.
   • The recommended portion for vegetables is larger than that of fruits.
   • Avocado is one example of fruits that contain unsaturated fat that is good for your health.
4. Make sure the facilitator discusses the answers of each group; both the wrong and the correct answers.

**Discussion (8 minutes)**
1. The facilitator briefly explains the effect on someone who does not consume enough fruits and vegetables.
2. The facilitator then repeats the explanation of the recommended fruit and vegetable intake and examples of fruits and vegetables to consume daily.
3. The facilitator asks the student for the main reasons why students rarely consume vegetables and fruits
4. Read key messages about fruit and vegetable consumption:

1. Fruits and vegetables contain vitamins, minerals, and fibre needed by the body.
2. If adolescents consume enough fruits and vegetables, they will grow optimally and will be less vulnerable to contacting various diseases.
3. Vegetables are recommended to be consumed as much as three to four portions per day, while two to three portions of fruit should be consumed per day.

5. The students who participate actively in the class will get stamps from the facilitator.

REFERENCES


Gizi dan kesehatan Remaja. Buku Pegangan dan Kumpulan Rencana Ajar untuk Guru Sekolah Menengah Pertama. SEAMEO Recfon

Pentingnya makan sayur dan buah. Diakses melalui http://www.promkes.depkes.go.id/?p=8855

MICRONUTRIENTS

BACKGROUND

Besides macronutrients (carbohydrate, protein, fat), the body also needs micronutrients, such as vitamins and minerals. As their name suggests, the body only needs a small amount of micronutrients. However, they play an important role in bodily functions, such as in the production of hormones, the work of enzymes, and the function of the immune and reproductive systems. Macronutrients are the main ingredients for energy production, while micronutrients are the agents for that process.

There are two types of vitamins, namely fat-soluble vitamins (i.e., vitamins A, D, E, and K) and water-soluble vitamins (i.e., vitamin C and a group of B vitamins namely B1, B2, B3, B5, B6, B12, and folate). The body can only produce vitamin D and vitamin K in the form of inactive pro-vitamins. This means these vitamins must be obtained from outside the body in the form of food, such as fruits, vegetables, and animal-based foods.

The following table describes the functions of each vitamin and its food sources.
<table>
<thead>
<tr>
<th>No</th>
<th>Food sources</th>
<th>Vitamin</th>
<th>Function</th>
</tr>
</thead>
</table>
| 1  | Green vegetables (e.g. spinach, cassava leaves, kale), and carrot | Vitamin A | • Maintains eye health  
• Maintains bodily endurance  
• Maintains healthy skin  
• Serves as an antioxidant |
|    | Fruits (melon, mango, papaya, watermelon, tomato) |         |          |
|    | Coloured tubers, like pumpkin |         |          |
|    | Animal-based food (e.g. milk, dairy products, egg yolk, fish) |         |          |
| 2  | Animal-based food (e.g. fish, egg, milk, and its derivatives) | Vitamin D | • Support calcium metabolism which is vital for bone formation |
|    | Sunlight (activates the inactive provitamin D produced by the body) |         |          |
|    | Fish, eggs, milk, and processed products |         |          |
| 3  | Grains/legumes | Vitamin E | • Serves as an antioxidant that prevents cell damage due to free radicals that are usually produced by the body when exposed to sunlight, smoke, pollution and stress |
|    | Vegetables (e.g. beansprouts, broccoli) |         |          |
|    | Fruits (e.g. Avocado) |         |          |
| 4  | Vegetables (e.g. broccoli, choy sum/ Chinese mustard, cauliflower) | Vitamin K | • Regulates blood clots during injury |
|    | Soy and soy-based products |         |          |
|    | Products produced by good bacteria in our intestines |         |          |
| 5  | Vegetables and fruits, such as oranges, guava, tomatoes, broccoli, papaya, cabbage, and cauliflower | Vitamin C | • Serves as an antioxidant  
• Maintains bodily endurance  
• Helps the absorption of iron in the body |

Table 8.1 Functions of vitamins and its food sources
<table>
<thead>
<tr>
<th>No</th>
<th>Food sources</th>
<th>Vitamin</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>- Legumes</td>
<td>Vitamin B1</td>
<td>- Supports the metabolism of carbohydrates to produce energy</td>
</tr>
<tr>
<td></td>
<td>- Rice, wheat</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Eggs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>- Animal-based food (e.g. egg, milk, chicken, milk)</td>
<td>Vitamin B2</td>
<td>- Supports the metabolism of carbohydrates to produce energy</td>
</tr>
<tr>
<td></td>
<td>- Asparagus</td>
<td></td>
<td>- Assists in the formation of red blood cells</td>
</tr>
<tr>
<td>8</td>
<td>- Wheat</td>
<td>Vitamin B3</td>
<td>- Promotes the metabolism of carbohydrates to produce energy</td>
</tr>
<tr>
<td></td>
<td>- Animal-based food (e.g. chicken, tuna)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>- Animal-based food (e.g. red meat, milk)</td>
<td>Vitamin B5</td>
<td>- Supports the metabolism of macronutrients, especially fat</td>
</tr>
<tr>
<td></td>
<td>- Green vegetables</td>
<td></td>
<td>- Maintains the transmission pathway of the nervous system</td>
</tr>
<tr>
<td></td>
<td>- Mung beans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>- Animal-based food (e.g. chicken, egg)</td>
<td>Vitamin B6</td>
<td>- Helps metabolize fatty acids into energy</td>
</tr>
<tr>
<td></td>
<td>- Fruit (e.g. banana)</td>
<td></td>
<td>- Supports the formation of red blood cells</td>
</tr>
<tr>
<td></td>
<td>- Grains and legumes (e.g. green beans, cereals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>- Can only be obtained from animal-based foods such as beef, poultry meat (chicken, duck), salmon</td>
<td>Vitamin B12</td>
<td>- Maintains the health of nerve cells</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Supports the formation of DNA and RNA molecules</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Helps the formation of red blood cells</td>
</tr>
<tr>
<td>12</td>
<td>- Vegetables (e.g. spinach, asparagus, long beans, broccoli)</td>
<td>Folate</td>
<td>- Plays a role in cell division</td>
</tr>
<tr>
<td></td>
<td>- Fruits (e.g. avocados, tomatoes, oranges)</td>
<td></td>
<td>- Supports the formation of DNA and RNA molecules</td>
</tr>
<tr>
<td></td>
<td>- Legumes</td>
<td></td>
<td>- Helps in the formation of red blood cells</td>
</tr>
<tr>
<td></td>
<td>- Grains (wheat)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Animal-based food (e.g. eggs, chicken liver, chicken meat)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Minerals are also categorized into macro-minerals (required by the body for more than 100 mg/day) such as calcium, phosphorus, sodium, potassium, chloride, sulphur, and magnesium; and microminerals (required by the body for less than 100 mg/day) like iron, copper, iodine, zinc, cobalt and selenium.

### Table 8.2 Function of minerals and its food sources

<table>
<thead>
<tr>
<th>No</th>
<th>Food sources</th>
<th>Mineral</th>
<th>Function</th>
</tr>
</thead>
</table>
| 1  | • Animal-based food (milk and dairy products, egg yolk, sardines, salmon)  
• Vegetables (e.g. broccoli)  
• Legumes | Calcium | • Maintains healthy bones and teeth  
• Plays a role in muscle activity and blood clotting |
| 2  | • Animal-based food (e.g. fish and seafood, milk and dairy products)  
• Green vegetables  
• Legumes | Magnesium | • Plays a role in the workings of the muscles and nervous system |
| 3  | • Animal-based food (e.g. red meat, poultry meat, fish, eggs, milk) | Phosphorus | • Maintains healthy bones and teeth  
• Controls the body pH balance |
| 4  | • Animal-based food (e.g.: red meat, sea fish, scallops, milk)  
• Legumes | Zinc | • Maintains bodily endurance  
• Plays a role in reproductive health  
• Forms insulin to control blood glucose levels |
| 5  | • Animal-based food (e.g.: chicken liver, beef liver, scallops)  
• Soy and soy-based products  
• Green, leafy vegetables | Iron | • An essential component of red blood cells that binds and circulates oxygen throughout the body |
This session will be initiated by exploring the understanding of participants concerning micronutrients in general. To obtain the appropriate representation of daily practice, the participants will be asked to describe their dietary habits and consumption of foods containing micronutrients.
OBJECTIVES
• Improving students’ understanding of various micronutrients and their functions
• Improving students’ understanding of foods as the source of micronutrients
• Building students’ capability to relate their daily eating habits to their
  micronutrients needs

TARGETED LIFE SKILLS
• Critical thinking regarding functions of micronutrients and their various food
  sources
• Self-awareness to increase the variety of foods source of micronutrients

TIME
30 minutes

LEARNING TOOLS
• Dice
• Paper, stationery

LEARNING STEPS

Preparation
1. Divide the class into small groups based on their seating arrangement (a group
   comprises one student from the first row, then the student behind him/her, all the
   way to the last row).
2. Prepare six to eight sets of dice (according to the number of groups in the class).
   One set consists of three dice
3. Prepare a sheet of paper and pen to take notes

Briefing (5 minutes)
1. Greet attending participants
2. The facilitator starts the session by explaining that today each group will play dice.
   Each side of the dice shows micronutrients needed by the body such as selenium,
   vitamin A, vitamin K, potassium, magnesium, and zinc.

Activity (15 minutes)
1. The facilitator asks students seated in the first row to roll the dice three times
   (one dice at a time) resulting in three micronutrients shown on the upward-facing
   side of the dice: The students sitting in the last row write down the names of the
   micronutrients
2. Each group is then asked to write down five other micronutrients that DO NOT
   appear when the dice are rolled, and explain their benefits to the body
Discussion (12 minutes)
1. The facilitator then invites the students to open their handbooks and look for the right answers about the benefits of the micronutrients.
2. The facilitator invites the students to check the table of vitamin and mineral food sources and to identify the foods that are rich in micronutrients (e.g. by identifying the food sources that are mentioned the most in the table). The facilitator then asks the students to remember their dietary habits related to the food source.
3. The facilitator then explains the importance of micronutrients and encourages students to consume micronutrient food sources.
4. The group with the most correct answers will get the Aksi Bergizi stamp.
5. The facilitator and students read the key messages together.

1. Micronutrients are needed in small amounts but play essential roles in the functioning of the body.
2. Consumption of various vegetables, fruits, and animal-based foods are important to meet our needs for micronutrients.

REFERENCES

As explained in the previous session on balanced nutrition, there is no single food that contains all the nutrients the body needs to stay healthy, except breast milk for babies up to the age of six months. For this reason, the consumption of a variety of foods is very important. The more diverse the food we consume, the more likely our body is to meet nutritional needs. Food diversity means consumption of a range of food groups (namely staple foods, side dishes, fruits and vegetables, and water), with variations within each food group. The balanced nutrition pyramid, as a visualization of the Balanced Nutrition Message, shows that there are various food staples in each group of foodstuffs as illustrated below:
Food diversification can be achieved by consuming a variety of food sources for each food group. For example, consuming various carbohydrates food sources from the first level of the balanced nutrition pyramid. Carbohydrates generally contribute the most to our total daily energy intake. Examples of carbohydrate food sources include rice, corn, cassava, sweet potatoes, taro, sago, breadfruit, potatoes, and other processed products. Some of them are considered staple foods and have become part of the culture of eating in various ethnic groups in Indonesia for a long time. Despite belonging to the same food group, corn, rice, cassava, sweet potato and other carbohydrate food sources do not share the same nutrients. Consuming a variety of carbohydrate food sources will complement the nutritional intake.

Table 9.1. Various carbohydrate food sources equivalent to one portion (100 grams) of rice.

<table>
<thead>
<tr>
<th>No</th>
<th>Carbohydrate food source</th>
<th>Amount equivalent to one portion (100 grams) of rice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Household units</td>
</tr>
<tr>
<td>1</td>
<td>Biscuits</td>
<td>4 big size</td>
</tr>
<tr>
<td>2</td>
<td>Corn</td>
<td>3 medium size</td>
</tr>
<tr>
<td>3</td>
<td>Potato</td>
<td>2 medium size</td>
</tr>
<tr>
<td>4</td>
<td>Wet noodles</td>
<td>2 glasses</td>
</tr>
<tr>
<td>5</td>
<td>White toast</td>
<td>3 slices</td>
</tr>
<tr>
<td>6</td>
<td>Cassava</td>
<td>1.5 medium size</td>
</tr>
<tr>
<td>7</td>
<td>Breadfruit</td>
<td>3 medium slices</td>
</tr>
<tr>
<td>8</td>
<td>Taro</td>
<td>½ medium fruits</td>
</tr>
<tr>
<td>9</td>
<td>Sweet potato</td>
<td>1 medium portion</td>
</tr>
</tbody>
</table>
### Table 9.2 Various plant-based protein food sources

<table>
<thead>
<tr>
<th>No</th>
<th>Plant-based protein food source</th>
<th>Amount equivalent to one portion (2 medium size or 50 grams) of tempeh</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Household units</td>
</tr>
<tr>
<td>1</td>
<td>Tofu</td>
<td>2 medium size pieces</td>
</tr>
<tr>
<td>2</td>
<td>Mung beans</td>
<td>2½ tablespoons</td>
</tr>
<tr>
<td>3</td>
<td>Soybean</td>
<td>2½ tablespoons</td>
</tr>
<tr>
<td>4</td>
<td>Red bean</td>
<td>2½ tablespoons</td>
</tr>
<tr>
<td>5</td>
<td>Bean curd</td>
<td>1 sheet</td>
</tr>
</tbody>
</table>

### Table 9.3 Various animal-based protein food sources

<table>
<thead>
<tr>
<th>No</th>
<th>Animal-based protein food source</th>
<th>Amount equivalent to one portion (1 medium size or 40 grams) of fresh fish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Household units</td>
</tr>
<tr>
<td>1</td>
<td>Beef</td>
<td>1 medium size</td>
</tr>
<tr>
<td>2</td>
<td>Chicken</td>
<td>1 medium size</td>
</tr>
<tr>
<td>3</td>
<td>Egg</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Fresh shrimp</td>
<td>5 medium size</td>
</tr>
<tr>
<td>5</td>
<td>Beef liver</td>
<td>1 medium size</td>
</tr>
<tr>
<td>6</td>
<td>Cow milk</td>
<td>1 glass</td>
</tr>
<tr>
<td>7</td>
<td>Squid</td>
<td>1 small size</td>
</tr>
<tr>
<td>8</td>
<td>Scallop</td>
<td>½ glass</td>
</tr>
</tbody>
</table>

This session will invite students to recognize the variety of food from each food group. After attending this session, students are expected to know and have the desire to try a variety of foods from each food group.
OBJECTIVES
• Increasing students’ understanding of the importance of consuming a variety of foods.
• Increasing students’ knowledge about examples of the exchange food ingredients for each food group.

TARGETED LIFE SKILLS
• Creative thinking in finding examples of exchange food to create variety in food consumption
• Self-awareness to recognize their current food consumption habits, especially in terms of food variety

TIME
30 minutes

LEARNING TOOLS
• Paper and stationery, food replica cards.

LEARNING STEPS
Preparation
1. The facilitator divides the class into groups according to the students’ seating arrangement
2. Prepare one set of cards containing pictures of various food items from each food group, such as carbohydrate sources, animal protein, vegetable protein, vegetables, and fruits
3. Prepare paper and stationery for each group

Briefing (5 minutes)
1. Greet participants who have attended.
2. The facilitator starts the session by explaining that today each group will play ‘Exchange Food’
3. The facilitator asks each group to recall the balanced nutrition pyramid which provides examples of food for each food group
Activity (15 minutes)
1. The facilitator will pick up one card with a picture of one kind of food.
2. Each group member is asked to write down the name of the exchange food from the SAME food group on the paper provided, starting with the member sitting in the back row.
3. For example, the facilitator shows a card with a picture of corn (which is included in the carbohydrate source food group). This means each student can write other food items from the carbohydrate source food group.

Discussion (10 minutes)
1. The facilitator then explains the importance of eating diverse foods to meet nutritional needs.
2. The group that writes the most exchange food, correctly and quickly, will be the winner and get stamps.
3. The facilitator and students read the key messages together.

1. The more diverse foods we consume, the more likely we are to meet our daily nutritional needs.
2. Each food group contains a variety of foods that are tasty and nutritious.

REFERENCES
Session 10

SUGAR, SALT, AND FAT

BACKGROUND

In this session, the participants will be introduced to examples of food containing a high amount of sugar, salt, and fat. This session is designed to increase awareness of the levels of sugar, salt, and fat in foods so that participants can make wise decisions about what kind of food they eat every day.

Food is not only consumed to fill our stomach but to meet nutritional needs and maintain health and well-being. The food we consume every day determines the condition of our body. As our diet shifts and we consume instant foods more, we do not realize what elements we are putting into our own body.

Every meal we have should contain a balanced combination of carbohydrates, protein, vitamins, and minerals (see session 5 "My Plate"). There is no one
type of food that contains all kinds of nutrients that the body needs, so we need to consume a variety of foods.

On the other hand, we should also pay attention to the content of some dangerous elements that may be harmful to our health if consumed excessively. The three elements that we need to be aware of are sugar, salt, and fat. The maximum amount of sugar, salt, and fat intake as recommended by the Ministry of Health Regulation No. 30/2013 and updated to be No. 63/2015 is: no more than 50 grams (four tablespoons) of sugar; no more than 2000 mg of sodium or 5 grams (one teaspoon), and less than 67 grams of fat (five tablespoons of oil). To make it easier, the formula for this arrangement is S4 S1 F5.

Sugar is one of the energy sources needed by humans. However, if consumed in excess, sugar can cause obesity and trigger the type 2 diabetes. There is natural sugar in fresh fruit; thus, additional sugar is not needed.

The same applies to salt, which consists of sodium. A small amount of salt is needed to regulate the water content in the body, but it can cause high blood pressure (hypertension) and strokes if consumed excessively.

Fat is needed by the body to preserve energy. Most of the recommended amount of fat intake should be from unsaturated fat, as it is generally healthier than the saturated ones. Saturated fats can be found in a variety of foods, including animal meat and processed meats, palm oil, dairy products including cheese, butter, and milk, and snacks including, chips, cookies, and pastries. Other type of fat, i.e. unsaturated fats, is mainly found in nuts, certain fish like salmon and tuna, avocado, and vegetable oil such as canola oil and olive oil.
OBJECTIVES

- Participants can recognize foods and products with high levels of sugar, salt, and fat.
- Participants understand the suggested maximum limit of sugar, salt, and fat consumption from the Ministry of Health of the Republic of Indonesia.

TARGETED LIFE SKILLS

- Critical thinking about their food consumption
- Decision making about their food intake

TIME

30 minutes

LEARNING TOOLS

- Picture cards featuring foods (without showing any brands)
- Envelopes

LEARNING STEPS

Preparation
1. Divide students into five groups before the session starts.
2. Prepare eight food picture cards, put them into envelopes. One envelope contains a set of cards.
3. Prepare a place on the wall to display the work of each group.
4. Prepare masking tape to attach the card to the wall.

Briefing (5 minutes)
1. Greet the attending participants.
2. Tell students that today we will conduct a competition.

Activity (15 minutes)
1. The facilitator shows a card with a type of food, including packaged food products (i.e. chips, biscuits, instant noodles, packaged noodles, etc.) and explains the rules of the game.
2. Each group will be given an envelope containing food cards. By keeping in mind that sugar consumption should be no more than 50 grams per day per person (four tablespoons); salt no more than 2000 mg sodium, and fat no more than 67 grams (five tablespoons), arrange the cards based on their sugar, salt and fat content, from the least to the most.
3. The groups must display the sorting results in front of the class. Groups that work on similar tasks attach the results of the discussion side by side to be easily compared.

Discussion (10 minutes)

1. The facilitator tells the correct order and explains how to calculate it (especially for the portion calculation).
2. The facilitator tells the suggested maximum sugar, salt, and fat consumption from the Ministry of Health and the consequences when consuming too much.
3. The fastest group - with accurate results - will get a stamp.
4. Read key messages together:

   1. Pay attention to the content of sugar, salt, and fat in the food we consume.
   2. Suggested maximum sugar, salt, and fat consumption from the Ministry of Health per person per day is no more than 50 grams (four tablespoons) of sugar; no more than 2000 mg of salt/sodium (one teaspoon), and no more than 67 grams (five tablespoons) of fat. To make it easier, it can be shortened to S4. S1. F5.
   3. Do not eat too many snacks containing high levels of sugar, salt, and fat, such as sweet beverages, packaged snacks, and fried foods.

REFERENCES

Session 11

FOOD AND BEVERAGE LABELS

BACKGROUND

Indonesians are not yet used to reading food and beverages labels. We often only pay attention to the expiration date when reading food and beverage labels. Why is reading food and beverage labels important? Reading labels is one of the ways to measure the number of calories (the unit of energy) and nutrients we consume daily. The amount of calorie and nutrient intake can be used to determine nutritional adequacy. Additionally, if we know our daily calorie intake, we can balance it with appropriate physical activity.
The table below describes the recommended dietary allowance for macronutrients for Indonesian adolescent girls and boys (Ministry of Health, 2013)

Table 11.1. Indonesian recommended dietary allowance (RDA), Ministry of Health, 2013

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Weight (kg)*</th>
<th>Height (cm)*</th>
<th>Energy (Kcal)</th>
<th>Protein (g)</th>
<th>Fat (g)</th>
<th>Carbohydrate (g)</th>
<th>Fibre (g)</th>
<th>Water (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 - 12 years</td>
<td>34</td>
<td>142</td>
<td>2100</td>
<td>56</td>
<td>70</td>
<td>12</td>
<td>1.2</td>
<td>289</td>
</tr>
<tr>
<td>13 - 15 years</td>
<td>46</td>
<td>158</td>
<td>2475</td>
<td>72</td>
<td>83</td>
<td>16</td>
<td>1.6</td>
<td>340</td>
</tr>
<tr>
<td>16 - 18 years</td>
<td>56</td>
<td>165</td>
<td>2675</td>
<td>66</td>
<td>89</td>
<td>16</td>
<td>1.6</td>
<td>368</td>
</tr>
<tr>
<td>19 - 29 years</td>
<td>60</td>
<td>168</td>
<td>2725</td>
<td>62</td>
<td>91</td>
<td>17</td>
<td>1.6</td>
<td>375</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 - 12 years</td>
<td>36</td>
<td>145</td>
<td>2000</td>
<td>60</td>
<td>67</td>
<td>10</td>
<td>1</td>
<td>275</td>
</tr>
<tr>
<td>13 - 15 years</td>
<td>46</td>
<td>155</td>
<td>2125</td>
<td>69</td>
<td>71</td>
<td>11</td>
<td>1.1</td>
<td>292</td>
</tr>
<tr>
<td>16 - 18 years</td>
<td>50</td>
<td>158</td>
<td>2125</td>
<td>59</td>
<td>71</td>
<td>11</td>
<td>1.1</td>
<td>292</td>
</tr>
<tr>
<td>19 - 29 years</td>
<td>54</td>
<td>159</td>
<td>2250</td>
<td>56</td>
<td>75</td>
<td>12</td>
<td>1.1</td>
<td>309</td>
</tr>
</tbody>
</table>

*Median weight and height of Indonesian with normal nutritional status based on Basic Health Research (Risksdas) 2007 and 2010. The median weight and height are provided to ensure that the RDA is used in accordance to the weight and height of the respective person.

Food or beverage labels contains information on the ingredients, type, nutrient, expiration date, and other information regarding the product. Food or beverage labels can help us assess whether the product is suitable for consumption and meets our needs.

As recommended by the Ministry of Health, here are some things that need to be considered when looking at food labels:
1. Trademark
2. Name of the product
3. List of ingredients or composition
4. Health message
5. Weight/content
6. Information about the Halal status
7. Nutritional value
8. Name and address of producer
9. Expiration date
10. Distribution permit
Of all the things above, there are several things to keep in mind, specifically the consumption limits of sugar, salt, and fat as follows:

**Not more than 50 grams (four tablespoons) of sugar, no more than 2000 mg (one teaspoon) of salt, and no more than 67 grams (five tablespoons) of total fat.**

Exceeding the amount mentioned above put people at high risk of developing hypertension (high blood pressure), stroke, diabetes, and heart attack. Keep in mind that the nutritional value information printed on the packaging is usually based on serving size (for one serving), which means that the amount of fat, salt, and sugar listed is for one serving.

In addition, the label usually shows the percentage (%) nutritional adequacy rates. Nutritional adequacy rates show the contribution of the food or beverage products to our nutritional needs in a day. For example, if a product that has 10 per cent of nutritional adequacy rates, it indicates that 10 per cent of our nutritional needs in one day have been fulfilled by consuming that particular product.

Nutritional label literacy refers to the ability to obtain, process, and understand the nutritional information on food or beverage labels to make the right decisions regarding one's diet. Nutritional label literacy can be achieved through several approaches, including providing knowledge on the concept of nutrition.

You should be careful if you encounter food/beverages without labels, because you cannot know for sure what it contains. It is better to avoid consuming foods and beverages without nutritional labels and permits from the food and drugs monitoring body.

In this session, the students are expected to understand about food and beverage labels as well as how to read and interpret them. After attending this session, it is expected that the participants gain knowledge and implement them in reference to choosing food and beverages for themselves.
OBJECTIVES
• Increasing participants’ ability in describing points to remember regarding food and beverages labels
• Increasing students’ willingness in applying their knowledge on food and beverages labels as reference in choosing foods and beverages.

TARGETED LIFE SKILLS
• Critical thinking on the importance of reading food and beverages label prior to buying or consuming the product
• Decision making regarding food and beverages choice or consumption, by considering their nutritional value
• Problem-solving: when realizing that certain foods or beverages contain too many calories, it is expected that the students will seek a healthier alternative.

TIME
30 minutes

LEARNING TOOLS
• Picture cards
• Food and beverages replica cards (10 pieces)

LEARNING STEPS

Preparation
1. Prepare picture cards to divide students into groups.
2. Prepare the food and beverage replica cards

Briefing (8 minutes)
1. Greet students kindly.
2. If students lack in enthusiasm, invite them to perform the Aksi Bergizi chants first as an energizer.
3. Afterwards, describe the activities that will be carried out
4. Give instructions for carrying out activities:
   • The facilitator starts the session by explaining that each student will act as a ‘Healthy Scientist’ with the important task of finding secret formulae in foods and beverages.
   • The facilitator distributes picture cards. Divide the class into four groups based on the colour of the cards.
   • Make sure all students know which group they are in and are ready to participate.
• Show pictures of packaged foods and beverages that the students like and can easily be found around their school (especially in the canteen).
• The facilitator asks each group of students to send one representative to sort the replica foods and beverages based on their number of calories.
• All groups will do this simultaneously, starting with the first group representative, then the second, and so on.
• The facilitator will correct any errors that occur and explain the correct way to read calories and serving sizes on the label.
• The facilitator then asks one student in each group to mention a healthier food and beverage alternative.
• The facilitator then asks what things should be considered when reading food or beverage labels.

5. The facilitator gives students the opportunity to ask questions until all students understand the instructions.

Activity (15 minutes):
1. The facilitator gives students one minute to take turns to sort the replica of foods and beverages based on their calorie count, from highest to lowest.
2. The facilitator may clarify if there are students who do not understand the instructions or how to play but may not help or provide answers for students.
3. Afterwards, ask each group to show and explain their group results. Start from group one, through to the last group.
4. Next, ask each group to explain what things should be considered when reading food or beverage labels.

Discussion (7 minutes)
1. The facilitator then explains the benefits of reading food labels and things to consider when reading food labels.
2. Read key messages about food and beverage labels.

1. It is important for us to always read food and beverage labels, especially information about Halal status, a list of ingredients or composition, weight/content, nutritional value, distribution permits, and expiration dates.
2. Choose other foods or drinks if you feel certain foods or drinks contain too much sugar, salt, or fat.
3. Make it a habit to always balance your calorie intake with appropriate physical activity.
3. The facilitator asks students to assess the sugar content in packaged drinks or canned food in their home or canteen and share the results in the next learning session.
4. Students who participate actively in the class will get stamps from the facilitator.

REFERENCES


Session 12

THE SCHOOL CANTEEN AND HEALTHY SNACKS

BACKGROUND

In this session, participants will be informed about the criteria of a healthy school canteen and they will have the opportunity to evaluate whether the canteen in the school is in accordance with the provisions. Participants will learn the importance of a healthy school canteen that sells clean, safe, healthy and nutritious foods and beverages.
Healthy and safe snacks are ones that:

a. Do not contain biological contaminants, such as bacteria due to the improper use of water or unhygienic kitchen utensils
b. Do not contain chemical contaminants, such as pesticides
c. Do not contain dangerous colouring agents, such as rhodamine
d. Do not contain dangerous preservatives, such as borax and formalin
e. Do not contain physical contaminants such as hair and dirt.

Foods and beverages sold unauthorized around the school neighbourhood possess the risk of biological or chemical contaminants which may compromise students’ health. Also, the snacks should not contain too much sugar, salt, and fat.

As stated in the previous sessions, students need to be accustomed to always check the packaging label before buying products so that they are well-informed about the expiration date of food and beverages as well as about the chemical content and nutrients contained in them. Students are often attracted to buying foods and drinks that are brightly coloured, regardless of the possibility of dangerous colouring agents being used. In addition, students often buy food and drinks in the cafeteria or from vendors around the school without regard to safety and cleanliness. They may not yet understand that consuming microbially contaminated foods can cause infection and poisoning in both children and adults.

In addition to reviewing available snacks, students also need to understand the criteria of a healthy canteen. The canteen must be clean, away from garbage bins, sewers, dust and smoke from motor vehicles. Foods and beverages must be sold in packaging that keeps them clean and away from flies.

Based on the Minister of Health Decree No. 1429, 2006, there are several specific criteria for school canteens or stalls:

a. There is a place to wash utensils with running water
b. There is a place for visitors to wash hands
c. There is a place for storing food ingredients
d. There is a closed place for storing ready-to-go/instant food
e. There is a place to store eating and drinking utensils
f. The school cafeteria/stall is located at least 20 meters from the temporary waste collection site (TPS)
OBJECTIVES

- Students understand the criteria for the canteen and healthy snacks based on the guidelines of the Ministry of Health of the Republic of Indonesia.
- Students can evaluate the canteen and snacks at their school.

TARGETED LIFE SKILLS

- Critical thinking to evaluate their own school canteen and snacks.

Checklist for the ‘Canteen Detective’

<table>
<thead>
<tr>
<th>No</th>
<th>Facility</th>
<th>Available/ unavailable</th>
<th>List of food and beverages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A sink with flowing water is available for eating and drinking equipment</td>
<td></td>
<td>Healthy food and beverages: Clean, does not contain dangerous chemical and dyes, the concentration of sugar, salt and fat is not exceeding the recommended daily consumption</td>
</tr>
<tr>
<td>2</td>
<td>Handwashing facilities are available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>There is a storage area to put food materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>There is a place to store ready to eat food and it can be covered</td>
<td></td>
<td>Unhealthy food and beverages: Dirty, contain dangerous chemical and dyes, the concentration of sugar, salt and fat is exceeding the recommended daily consumption</td>
</tr>
<tr>
<td>5</td>
<td>There is a place to store food and beverage tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The location of the canteen is a minimum of 20 metres away from the garbage dump</td>
<td></td>
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</tbody>
</table>

Your suggestions for canteen to be cleaner, healthier and more convenient

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
LEARNING STEPS

Preparation
1. To save time, divide the class into six groups before the session starts. Distribution can be done based on student seating to facilitate student movement.
2. Select six peer-level facilitators to lead the group.
3. If possible, peer facilitators are informed first in order to guide their friends better.

Briefing (5 minutes)
1. Greet participants who have attended.
2. The facilitator starts the session by explaining that today each student will act as a ‘Youth Detective’ with the important task of investigating the case of ‘school cafes and snacks.
3. The facilitator asks students to open the Student Handbook to get the ‘Canteen / Snack Detective’ checklist.
4. Each student only answers one question according to their group number.
5. Each student observes what foods and drinks are sold and categorizes them into ‘healthy’ and ‘unhealthy’ according to their definition.
6. The facilitator asks students to read the checklist provided and provide opportunities for students to ask for clarification.

If visiting the school canteen is not possible, the session can still be conducted by asking students to discuss and fill out the checklist by remembering or imagining items available in the school canteen.

Activity (15 minutes of observation)
1. Led by a peer facilitator, each group performs its tasks independently for 10 minutes by filling in the checklist based on observations.
Discussion (10 minutes)
1. The facilitator asks students of the group about the results of observations for each numbered question. The participant answers with a ‘thumbs up’ (for positive answers) or ‘thumbs down’ (for negative answers).
2. Ask students if they have seen the foods sold being prepared.
3. Ensure that the students understand that food should be prepared and served in a hygienic and safe way:
   a. Utensils used to cut raw meat should be washed first before used on other ingredients
   b. Raw ingredients should be stored separately from the cooked ones
   c. Eating utensils should be washed with soap and flowing water
   d. Everyone should wash their hands before touching food
   e. Foods, beverages and utensils should be stored in a closed space.
4. Read the key message about healthy school canteens:
   1. Snacks are better bought from places where food hygiene and safety are maintained.
   2. Read the labels on foods and beverages products
   3. Pay attention to how the foods (if not already packaged) are prepared.
   4. Avoid foods with striking colours, fried with re-used cooking oils, those containing dangerous chemicals, and containing excessive sugar, salt, and fat.
5. Ask students to propose activities to ensure the hygiene and safety of the food they consume at school canteens
6. Ask students to conduct activities for one week and to remind their classmates to join the activity
7. Ask them to write down their commitment in their Aksi Bergizi Student Handbook.
8. Participants who actively participate in class will get a stamp from the facilitator.
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Keputusan Menteri Kesehatan Tentang Pedoman Penyelenggaraan Lingkungan Sekolah (2016)
INTAKE AND PHYSICAL ACTIVITY

BACKGROUND

Physical activity is any form of bodily movement that increases the release of energy. Doing physical activity on a regular basis brings a lot of health benefits, some of which are maintaining healthy blood flow, maintaining body fitness, and minimizing the risk of non-communicable diseases (e.g. cardiovascular diseases, diabetes, high blood pressure). Physical activity also helps balances the energy intake (from food consumption) and its release to prevent obesity. In addition, physical activity can also facilitate the metabolic system and strengthen muscles and bone density.

The important role of physical activity in supporting health status makes the government include this component in the Balanced Nutrition messages. This explains that to gain optimum health status, healthy food intake should be accompanied by performing physical activity,
Physical activity does not always have to be sports. Various activities such as playing are also included in physical activity. In the Balanced Nutrition Pyramid picture, playing soccer, walking, gymnastics, cycling and sweeping, are described as examples of physical activity that can be done. Doing household chores, gardening/cleaning the yard, and playing jump rope are also examples of physical activities that can be done at home. Choosing to use stairs rather than elevators, participating in physical exercises at school, cycling to school and stretching after lessons are examples of the physical activities that can be done at school or in a public setting.

In addition, it is recommended that sedentary activities should be reduced including activities outside sleep time that release very little energy/calories. For example, lying/sitting while watching television or sitting in front of a computer.

The World Health Organization advises children aged 5-17 years to conduct physical activities for 60 minutes per day (can be in total accumulation).

Also, it is recommended that such physical activities be in the form of aerobic activities, such as brisk walking, running, cycling, jumping rope, swimming, at least three times a week.

This session will invite students to do physical activities through simple movements which they create. At the end of the session, the emphasis will be given to key messages and encouragement to students to always practice physical activities to maintain a daily energy balance.
OBJECTIVES

• Increasing students’ understanding of the benefits of physical activity for health.
• Allowing students to create simple physical movements to be practiced together at school.

TARGETED LIFE SKILLS

• Creative thinking to create simple movements that can be done at school so as to reduce sedentary time

TIME

30 minutes

LEARNING TOOLS

• Paper, stationery, music player.

LEARNING STEPS

Preparation

1. Divide the class into five or six groups based on seating arrangement so that they do not need to change positions
2. If possible, prepare equipment to play music

Briefing (5 minutes)

1. Greet participants who have attended.
2. The facilitator starts the session by explaining that today each group will be asked to create a ‘Calorie Dance’.

Activity (20 minutes)

1. The facilitator assigns a task to each group to make movements resembling physical fitness exercises.
   • The exercise consists of 10 x 8 movements. If possible, they can use music they like.
   • Each group is allowed 10 minutes for discussion
2. After discussing, each group is asked to demonstrate their movements in front of the class.
3. Later, the movement will be performed after the Aksi Bergizi learning sessions where one group (alternately) will become the leader of the Goyang Kalori every week.
**Discussion (5 minutes)**

1. The facilitator asks students to share about physical activities that they normally do every day. Activities can be sports or others.
2. The facilitator invites students to discuss any challenges they face in practicing physical exercises and the solutions. If, for example, the students don’t do physical exercises because they don’t have any friends to do it with, the facilitator can suggest that they make a small group and schedule regular exercise together.
3. The group with the best *Goyang Kalori* (chosen by all students, for example from the applause given), get the *Aksi Bergizi* stamp.
4. The facilitator and students read the key messages together

- Physical activity is very important to maintain health and energy balance, thus minimizing the risk of obesity
- Physical activity can be created by doing simple movements of your own creation to reduce a sedentary lifestyle

**REFERENCES**


DIFFERENT KINDS OF PHYSICAL ACTIVITY

BACKGROUND

Given the importance of physical activity in maintaining health, adolescents should always be encouraged to participate in physical activity. In addition to its health benefits, physical activity performed together with friends can also increase the students’ social skill by interacting with their friends, encouraging creative thinking, and developing leadership skills. Besides the fun part, the safety of a particular form of physical activity should also be an area of concern.

For children and adolescents aged 5-17 years, physical activity can be performed through various recreational activities such as games and sports, either within the family (recreation), school, or public setting. In order to achieve the expected results, children and adolescents in that range of age are recommended to do moderate-to-vigorous physical activities for 60 minutes every day (in total). It is also recommended that they do aerobic activities such as brisk walking, running, cycling, swimming, and rope-jumping.
Some adolescents might experience difficulty in engaging in physical activity. This is especially the case for adolescent girls and those with disabilities.

- Adolescent girls are more likely to experience barriers to physical activity than boys. They may feel uncomfortable or embarrassed exercising while menstruating. Sometimes people think that certain types of physical activity, such as team sports, are not suitable for girls.
- Adolescents with disabilities might not be able to access sporting facilities or equipment without extra support. Sometimes adolescents with disabilities might want to get involved in physical activity but their parents, friends and carers might think that they don’t want to, or that they are not capable of it.

This session will start with a discussion about the participants’ daily activities, including their usual physical activities. Next, the students will receive an explanation about various options for recreational activities that they may choose from as to trigger for them to adopt the commitment/attitude to perform regular physical activity.

**OBJECTIVES**

- Increasing students’ knowledge on the many options of activities to perform.
- Increasing students’ willingness to plan physical activities regularly both on their own and along with friends/family.

**TARGETED LIFE SKILLS**

- Creative thinking to do simple and fun physical activities with friends/family

**TIME**

30 minutes

**LEARNING TOOLS**

- Paper and stationery

**LEARNING STEPS**

**Preparation**

Divide students into six groups. If possible, do it before the session to save time. Grouping can be done based on the seating arrangement, so they don’t need to move.
**Briefing (6 minutes)**
1. Greet participants who have attended.
2. The facilitator starts the session by explaining that today each group will play ‘Healthy Guess’.
3. The facilitator asks four students to demonstrate in front of the class

**Activity (17 minutes)**
1. The facilitator explains that this guessing game will take place as follows:
   - One student demonstrates two movements according to the phrase in the question. So, overall there will be eight sentences that must be guessed
   - Students from each group are asked to guess the movement simultaneously
   - The guess is considered correct if all sentences are stated
   - One other student is asked to record the guessed word in the sentence, and pay attention to which group of students guess the sentence correctly
2. To make the game more interesting, the activities to guess do not contain only one word, but a phrase. Example: not only the word “sweeping” but “sweeping the yard while whistling”.
3. The list of phrases that can be chosen to guess is as follows (the facilitator can adjust the questions to the time available):
   a. Walking to school while accompanied by a cat
   b. Mopping the house while dancing dangdut
   c. Playing soccer and scoring four goals
   d. Washing a motorcycle until it becomes so shiny that it’s blinding
   e. Sweeping the yard while whistling
   f. Washing dishes after eating two dishes
   g. Jogging while reading a book
   h. Walking in place while replying to texts on the phone

**Discussion (7 minutes)**
1. The facilitator asks what physical activities students usually do every day.
2. The facilitator re-emphasizes the importance of doing physical activity every day
3. Participants who can guess the sentence correctly get stamps
4. The facilitator and students read the key messages together

- Physical activity can be done through various fun activities
- Aerobic activities are highly recommended but can be started with simple but regular activities, such as walking to and from school
BODY MASS INDEX AND MALNUTRITION

BACKGROUND

Nutrition plays a substantial role in human life. One of the indicators used to assess one's state of well-being is nutritional status. Nutritional status in adolescence is also known to have a huge impact on their nutritional status in adulthood. For that reason, the assessment of nutritional status in adolescence is essential, so that health issues regarding nutritional status, such as being overweight and underweight, can be prevented as early as possible.

Body Mass Index (BMI) is a simple instrument used to monitor a person's nutritional status. By assessing their nutritional status, adolescents can be encouraged to take actions, for example, by paying more attention to their dietary patterns and physical activities to achieve an ideal BMI.

The formula for calculating BMI is as follows:

Someone with 82 kgs and 166 cms will have BMI as follow:

\[ \frac{82}{1.66^2} = 29.757 \text{ kg/m}^2 \]

The World Health Organization devised BMI-for-age curves as guidance for determining nutritional status based on gender.

We can use the curves by matching the age (represented by the X axis in year and month unit) and the BMI result in the Y axis. We can then assess our nutritional status based on the intersection of the two variables, as follows:

1. Severe thinness: BMI z score < -3
2. Thinness: BMI z score >-3 dan BMI z score <-2
3. Normal: BMI z score >-2 dan BMI z score <+1
4. Overweight: BMI z score <+1 dan BMI z score <+2
5. Obesity: BMI z score >+2
BMI-for-age GIRLS
5 to 19 years (z-scores)

2007 WHO Reference
Based on the calculation of nutritional status, we can assess one’s nutritional status, whether they are healthy, or suffer from malnutrition. Malnutrition can be classified into two things, lack and excess of nutrition. Malnutrition consists of stunting (shorter than the height of their age), thin (BMI lower than that of one’s age), or fat (BMI higher than that of one’s age). Both nutrition deficiency and overnutrition will impact our health now and in the future. For example, overweight adolescents have a higher risk of developing heart disease in the future.

Malnutrition that often occurs at all ages, including in adolescents, includes:

1. **Thinness or chronic energy deficiency (CED)**
   CED problems in adolescents can occur due to the lack of nutrient intake or unhealthy dietary patterns with unbalanced nutrition. The reason a teenager has an unbalanced dietary problem can be either economic or psychosocial such as due to concerns about their appearance. An adolescent with CED is at risk of contracting infectious diseases and hormonal disorders. To prevent this, adolescents need to be encouraged to consume food based on balanced nutrition guidelines.

2. **Overweight or obesity**
   Overweight or obesity in adolescents usually occurs due to an unbalanced diet and lack of physical activity. Being overweight or obese can increase the risk of non-communicable diseases such as high blood pressure, heart disease, and cancer. In adolescents, obesity can be prevented by adopting a balanced nutrition diet (consuming lots of fruits and vegetables), doing a lot of physical activity, avoiding stress, and getting enough rest.

**Body size and bullying**
In addition to rapid physical growth, adolescents also experience cognitive and psychological development, including identity formation. Problems often arise during this phase of adolescent growth and development, one of which concerns body size. Adolescents may aspire to have a body like the celebrities and sporting stars that they see on the television and social media, even though these body shapes may be unhealthy and unrealistic. Adolescents who have problems with their body size, such as being too thin or too fat, usually tend to be less confident. Not infrequently, these teenagers become victims of bullying. Therefore, it is
necessary to emphasize to students not to bully their friends concerning their body size. More
details on bullying will be explained in Session 23. Adolescents who suffer bullying or a lack of
confidence about their body shape may be tempted to undertake extreme dieting and exercise
regimes, which are unlikely to be effective and may even result in illness or injury.

In this session, the facilitator will teach the participants how to calculate and categorize their
Body Mass Index (BMI). After attending this session, the students are expected to be able to
calculate their BMI and use it to regularly monitor their nutritional status. Students also need to
be encouraged to remind each other about applying balanced nutrition and increasing physical
activity.

OBJECTIVES

• Increasing students’ knowledge of BMI (calculation and categorization).
• Increasing students’ knowledge on the importance of BMI as an indicator of
  nutritional status, and the intervention needed according their BMI calculation
  results.
• Encouraging students to realize that nutritional status during adolescence will
  significantly affect their nutritional status in adulthood.

TARGETED LIFE SKILLS

• Critical thinking about BMI and its effects on health
• Decision making to live healthier and maintain a healthy BMI
• Problem-solving: if the students’ BMI is not classified as healthy, they need to do
  something about their diet and lifestyle
• Self-awareness to adopt a healthy lifestyle, since nutritional status during
  adolescence will affect nutritional status in adulthood

TIME

30 minutes

LEARNING TOOLS

• Scales, height measure
LEARNING STEPS

Preparation
1. Prepare the scales and attach the height measure to the wall.
2. Attach the BMI ‘z score’ table poster on the board.

Briefing (8 Minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. After completion, describe the activities that will be carried out.
4. Give instructions for the activity:
   - The facilitator demonstrates in front of the class how to calculate BMI based on height, weight, gender, and age and the reference tables that have been prepared.
   - The facilitator allows students to measure their height and weight. If students already know their height and weight, they can proceed to calculate their BMI.
   - The facilitator asks other students to anonymously write on a piece of paper their age, gender, height, weight and calculate their BMI by looking at the reference tables.
   - The facilitator will correct any errors and explain the correct way to calculate BMI and read nutritional information.
5. The facilitator gives students the opportunity to ask questions until all students understand the instructions.

Activity (15 minutes):
1. The facilitator gives students ten minutes to take turns measuring their height and weight.
2. The facilitator may clarify if there are students who do not understand the instructions regarding how to measure height or weight, as well as BMI calculations and classification of nutritional status.
3. Invite students to write their measurement results and calculations on a piece of paper (anonymously).
4. Afterwards, discuss with students some BMI results and nutritional status and what should be done. For example, if someone is underweight, he is advised to consult about diet or exercise with a doctor or nutritionist.
**Discussion (4 minutes):**

1. The facilitator briefly repeats the explanation on how to calculate Body Mass Index and classify nutritional status.
2. The facilitator then asks about the consequences of malnutrition and excess nutrition during adolescence and adulthood. The facilitator can correct and respond to students’ comments.
3. Read key messages about Body Mass Index and malnutrition:

   1. Nutritional problems during adolescence can be identified by measuring nutritional status, one of which is through the calculation of BMI.
   2. Prevention of nutrition problems in adulthood starts in adolescence, for example by increasing the quality of diet and increasing physical activity.
   3. One of the indicators that can be used to measure nutritional status in adolescents is Body-Mass-Index for age.

4. The students who participate actively in the class will get a stamp from the facilitator.

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**REFERENCES**


Indikator status gizi http://www.depkes.go.id/index.php?txtKeyword=status+gizi&act=search-by-map&pgnumber=0&charindex=&strucid=1280&fullcontent=1&C-ALL=1


Panduan Gizi Seimbang - Remaja Asik (Aktif Sehat Pintar Kreatif) – SEAMEO Recfon
Session 16

ANAEMIA AND IRON

BACKGROUND

One of the most common nutritional problems in adolescents is anaemia. In adolescents, normal haemoglobin level is ≥12.0 g/mL (for 12-14-year-olds, and non-pregnant female ≥15 years-old.), and ≥13.0 g/dL (for male ≥ 15 years-old), which is identified through blood examination. Haemoglobin, which is composed of iron and protein, is a component of red blood cells that binds and delivers oxygen to all human cells, allowing them to function properly.

People with anaemia generally feel symptoms known as the ‘5 Ls’ in Bahasa Indonesian: (lelah/lethargy, letih/fatigue, lemah/weakness, lesu/tiredness, lalai/negligent), along with headaches and dizziness, drowsiness, tiredness and difficulty in concentrating due to lack of oxygen supply to the brain and muscle tissues. In adolescents, decrease in fitness and concentration may cause low achievement in school and may affect their ability in participating in various activities inside and outside school. In addition, anaemia decreases immunity, so people with anaemia are more susceptible to infectious diseases.

Are adolescents at risk of suffering anaemia? They are, because they have an increased nutritional demand to compensate for their rapid growth and development. Unfortunately, adolescent eating habits have not met the recommended iron intake requirements. In women of reproductive age, the risk of anaemia becomes higher due to blood loss during menstruation.
In Indonesia, the most common cause of anaemia is lack of iron intake, which is called iron deficiency anaemia. It can be prevented by ensuring enough iron intake through two main ways, one of which is by consuming iron food sources, such as chicken liver, scallop, egg, beef, soy bean, mung beans and spinach. Iron in animal food sources (haem iron) can be better absorbed by the body (by around 20-30 per cent), compared to that in plant food sources (around 1-10 per cent). To increase iron absorption, especially from plant-based sources, it is recommended to consume fruits that are high in vitamin C, such as orange and guava.

Research shows that adolescent girls are more likely to be iron deficient than adolescent boys. There are a range of reasons for this, loss of iron from the body during menstruation, or perhaps that girl’s nutritional needs are not prioritised within the family, especially when iron-rich foods such as animal protein are expensive.

Higher risk of anaemia in adolescent girls requires provision of iron tablets to increase their iron intake. Iron tablets are given regularly to quickly increase haemoglobin rate and need to

ADVISE IN CONSUMING IRON FOLIC ACID (IFA) TABLET FOR ADOLESCENT GIRL

1. One tablet per week, in the same day
2. Consume after eating
3. Combine with water
4. Don’t consume it along with tea, milk, or coffee
5. After consuming IFA tablet, eat fruits with vitamin C to increase absorption of iron

Sources: Materi KIE untuk program Suplementasi Tablet Tambah Darah bagi Remaja Putri, yang dikembangkan oleh Kementerian Kesehatan dan Nutrition International, edisi tahun 2018
be followed up to increase iron stores in the body. Iron tablets contain 60 mg of elemental iron and 400 μg of folic acid. As recommended by Ministry of Health (2016), iron tablets are to be consumed at a rate of one tablet a week, on the same day every week, at school with water. To get optimum results, the tablets are not to be consumed with tea, coffee, or milk because the nutrients in these three beverages may decrease iron absorption. The tablets are also not to be consumed along with gastritis medications, which also decreases iron absorption.

The provision of iron tablets for female adolescents is given as a blanket approach, meaning that all female adolescents are required to take iron tablets to prevent anaemia and increase the iron stores in the body without initial examination. The human body has a system of iron regulation; if the body experiences an iron deficiency, then the absorption of consumed iron will be higher. On the contrary, if the body has enough iron, the absorption of iron will be lower. Hence, the iron tablet is safe to take.

Iron tablets sometimes have adverse effects such as epigastric pain, nausea and black stools (the remaining iron that is released by the body through faeces). All these adverse effects are harmless, and over time they will decrease and disappear because the body will adjust. Keep in mind that not everyone experiences these symptoms. It is highly recommended to take iron tablets after meals (when the stomach is not empty) or on the night before going to bed to prevent or reduce the side effects and the symptoms listed above.

Besides a lack of iron intake, anaemia can also be caused by tapeworm infection. For holistic prevention of anaemia, adolescents are recommended to take tapeworm medication once a year.
OBJECTIVES
• Increasing students’ comprehension about the risks of contracting anaemia in adolescents.
• Increasing students’ understanding of features and causes of anaemia.
• Increasing students’ knowledge on how to prevent anaemia.

TARGETED LIFE SKILLS
• Critical thinking to recognize the symptoms and prevent anaemia.

TIME
30 minutes

LEARNING TOOLS
• Papers, pen and song lyrics.

LEARNING STEPS
Preparation
1. Prepare a paper which contains the ‘Anaemia Anebukan’ song lyrics.
2. It would be better if the facilitator has practiced the song and created the movements to be performed when singing together.

Briefing (3 minutes)
1. Greets participants.
2. The facilitator starts the session by explaining that today we will sing “Anaemia Anebukan” with a rhythm similar to the song Suka Hati (“If you’re happy and you know it…”).

Activity (15 minutes)
1. The facilitator explains that he/she will sing the song, where each line ends with the word “ane”, and student should respond by
   a. Shouting the word “mia” (completing the word “anaemia”) if the statement in the song’s lyrics is a symptom of anaemia.
   b. Shouting the word “bukan” (completing the word “anebukan”) if the statement in the song’s lyrics is a symptom of anaemia.
2. After the facilitator completes the first verse, the facilitator asks students to sing together the third and fourth rows of the next verse. The facilitator can also write down the third and fourth lines on the board.
3. At the end of the fourth line of each verse, the facilitator invites students to clap their hands twice, or perform other simultaneous movements. The lyrics are as follows:
ANEMIA ANE BUKAN
If you’re often weak, I’m ... anaemic
If you’re easy to get tired, I’m ... anaemic
If you are anaemic, take the supplement
If you are anaemic, don’t forget!

If you rarely take a bath, I am not... anaemic
If you frequently bully someone I am not... anaemic
If you are anaemic, take the supplement
If you are anaemic, don’t forget!

If you forget easily, I’m ... anaemic
If you think about it for a long time, I’m ... anaemic
If you are anaemic, take the supplement
Remember the TTD prevention!

4. When time permits, the game can be repeated until students can sing the song well

Discussion (12 minutes)
1. The facilitator asks students to mention the symptoms of anaemia in the song. The facilitator adds other symptoms of anaemia that are not in the song
2. The facilitator discusses with students what should be done to prevent anaemia, including discussing food sources rich in iron and the importance of iron tablet consumption by adolescent girls.
3. The facilitator explains how to take iron tablets properly to get optimum results.
4. The facilitator chooses students who deserve the Aksi Bergizi stamp
5. The facilitator and students read the key messages together.

1. Anaemia decreases fitness levels and the ability to concentrate and furthermore disrupts the daily activities of adolescents. Therefore, anaemia should be prevented.
2. There are two main ways to prevent anaemia; by consuming iron-rich food sources and by taking iron tablets, especially for adolescent girls.

REFERENCES
BACKGROUND

Adolescents are the future of the nation since they are the future assets who will become Indonesia’s next generation. Adolescent growth and development are strongly influenced by the provision of appropriate and balanced nutrition. Unfortunately, food intake in adolescence is not always optimum for various reasons.

In this session students will learn the importance of breakfast. This session is expected to remind students not to miss breakfast and teach them to choose proper foods for breakfast to provide enough energy.

Morning is a critical time for adolescents to restore energy. After sleeping for eight to ten hours, human digestion system needs enough nutrition intake to support our activities throughout the day. In addition to restoring our metabolic functions, having breakfast also fosters students’ discipline which affects brain activity and mental strength.

Adolescents really need to have breakfast to support their activity and help them focus at school. A number of studies have found that breakfast positively impact students’
behaviour and their academic performance in general. Conversely, students who opt out of breakfast get tired more easily and find it harder to focus their attention, which will negatively impact their academic performance.

Food for breakfast should be selected properly, not only to satiate hunger. Based on the Recommended Nutritional Adequacy Rate determined by the Ministry of Health of the Republic of Indonesia (Permenkes no.75 / 2013), 13-18-year-old adolescents requires 2475 - 2675 Kcal per day. To this extent, breakfast must meet 20-25 per cent of the daily calorie demands; lunch and dinner are 30 per cent each, while snacks can be taken twice with a portion of 10 per cent each. A healthy breakfast should follow a balanced nutritional pattern consisting of carbohydrate (60-68 per cent), protein (12-15 per cent), fat (15-25 per cent), and vitamins/minerals. The breakfast portion should not be excessive because it will interfere with the digestive system and activities.

Tips for preparing a healthy breakfast:
1. Prepare a menu with balanced nutrition.
2. Select a breakfast menu that is easy to prepare but contains various types of ingredients.
3. Breakfast menus does not always have to be rice, and it can be substituted with sweet potato, cereals, bread, potatoes and noodles.
4. Add some milk or milk products such as yogurt
5. Complete it with fresh or blended fruits
6. Drink enough water

In this session students will learn the importance of breakfast. This session is expected to remind students not to miss breakfast and teach them to choose proper foods for breakfast to provide enough energy. Students often neglect breakfast out of ignorance about its impact to their daily activities. Simulation in this session will help them realize the connection between their decision to have breakfast and its real benefits.
OBJECTIVES
• Increasing students’ understanding of the importance having a healthy breakfast
• Increasing students’ knowledge on the impact of not having breakfast
• Increasing student’s understanding of the appropriate type and amount of food for their breakfast

TARGETED LIFE SKILLS
• Decision making to have a range of healthy options for breakfast.

TIME
30 minutes

LEARNING TOOLS
• Balls

LEARNING STEPS

Preparation
1. Choose a number of peer facilitators to help with this outdoor session
2. Divide the students into groups of 8-10 members
3. Prepare a ball for each group
4. Explain the rules of the game to peer facilitators so they can help organize the game.

Briefing (10 minutes)
1. Greets participants who have attended.
2. Tell students that today they will have an outdoor session.
3. Divide students into three to four groups of eight to ten students, including one peer facilitator.
4. The facilitator leads the students to the sports field. Each group is guided by one peer facilitator.
5. Ask one group to form a circle around the facilitator. Other students stand behind the circle to listen to instructions.
6. The facilitator explains to students that they will pass the ball:
   a. The peer facilitator will hold the first ball and will ensure that all participants have thrown once and received the ball once but may not accept or throw the ball from the person right next to them.
b. Each participant must play, and the ball must be thrown back to the peer facilitator at the end of the round.
c. The purpose of the game is to mention the consequences of each of our actions.
d. Give an example while throwing a ball:
   • The peer facilitator throws the ball first while shouting: "I like saving"
   • Students who receive the ball must repeat the words of the facilitator "I like saving" and add the consequences "Therefore I have money" while throwing to the next student.
   • Students who receive the ball must repeat the words of their friend "I have money" while adding the consequences, "therefore I can buy books".
   • The game continues until all students join the game.

If it is not possible to go outdoor, the session can still be conducted indoors. Divide the class into groups based on their seating arrangement. Ask them to play the simulation from their own seat. Make sure no fragile objects are on the desks when the game is played.

Activity (15 minutes)
1. Ask students to enter their respective groups.
2. Play the game twice with two initial statements:
   a. "I don't have breakfast"
   b. "I always have breakfast"
3. Each group is asked to record the statements that appear in sequence
4. The groups present their findings
5. Groups that can compile correctly and most quickly are declared winners.
6. After finishing two rounds, immediately tell the students to return to class.

Discussion (5 minutes)
1. To provoke discussion, the facilitator asks why breakfast is important for health.
2. The facilitator provides information on why breakfast is important and what the consequences are if students do not have it.
3. The facilitator explains the type and amount of food that is recommended to be consumed for breakfast.
4. The facilitator and students together read the key message:

1. Breakfast is not just to ease hunger, but also provides energy so students can perform various activities, maintain energy, and allows their brains work more optimally.
2. A healthy breakfast for children should follow a balanced nutritional pattern consisting of sources of carbohydrate (60-68 percent), protein (12-15 percent), fat (15-25 percent), and vitamins and minerals.
3. A healthy breakfast is also important to maintain and increase our achievement at school.

5. Participants who actively participate in class will get stamps from the facilitator.
6. Ask each student to draw their favourite healthy breakfast to collect next week. Every child who collects the image will get a stamp. The best picture will get an extra stamp.

**REFERENCES**


Session 18

PERSONAL HYGIENE

BACKGROUND

Clean and Healthy Living Behaviour (PHBS) are all health-related behaviours performed deliberately so that family members or families can help themselves in the health sector and play an active role in health-related activities in the community. A number of PHBS are closely related to nutrition issues (such as consuming a variety of foods, taking iron supplement tablets, consuming iodized salt, providing vitamin A capsules to babies and toddlers) and environmental health issues (such as disposing of garbage properly and maintaining a clean environment). For students and the school community, PHBS at school is very relevant.
PHBS at school

1. Washing hands with soap and flowing water
2. Consuming healthy snacks that do not contain high salt, sugar, and fat in the school canteen
3. Using clean latrines
4. Exercising regularly
5. Eradicating mosquito larvae
6. No smoking at school
7. Measuring body weight and height regularly every month
8. Disposing of garbage in the trash bin

For personal hygiene, there are six behaviours of concern:

- Washing hands with soap and clean water after using the toilet, before and after meals, and after doing outdoor activities.
- Using clean water every day
- Taking a bath twice a day
- Brushing teeth before doing activities in the morning, after meals, and before going to bed
- Using a healthy, closed latrine
- Cutting nails once a week

Personal hygiene starts with us. It is the nature of human beings to always interact with one another and with many different elements, including the environment and even food. Therefore, personal hygiene is undoubtedly essential for all. Poor personal hygiene increases the risk of contracting a number of diseases.

Personal hygiene should be instilled during adolescence, so it will be practiced well into adulthood. In this session, the participants are expected to reflect on their personal behaviour with regard to hygiene. In addition, the participants are also asked to assess the implementation of personal hygiene in their lives. The purpose of this session is to establish a positive process that helps them adopt a healthy and clean lifestyle (PHBS).
OBJECTIVES
• Increasing the understanding about personal hygiene and ways to implement it
• Encouraging the students’ commitment to further maintain their personal hygiene

TARGETED LIFE SKILLS
• Making the decision to live in a clean and hygienic manner
• Self-awareness about daily personal hygiene practices

TIME
30 minutes

LEARNING TOOLS
• Papers, stationery.

LEARNING STEPS
Preparation
1. Prepare HVS paper

Briefing (10 minutes)
1. Greet students kindly.
2. If students are lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. When finished, describe the activities that will be carried out
4. Explain instructions for the activity:
   a. Participants are divided into groups with a maximum of five people
   b. The facilitator asks each group to prepare a piece of scratch paper.
   c. Each participant is asked to write on the paper, using different statements without being watched by other friends.
   d. The first participant (the front row) is asked to write the name of his favourite artist. (e.g. Chelsea Islan)
   e. The second participant was asked to write one of the personal hygiene activities (e.g. uses clean water, bathes, washes hands with clean water and soap, uses healthy latrines, brushes teeth or cuts nails.)
   f. The third participant is asked to write a number followed by the words “times a day” or “times a month”. (e.g. “one time a month”)
   g. Then all the writings are combined so that they become whole sentences.
   h. For example: “Chelsea Islan brushes her teeth once a month”
i. The fourth and fifth participants were asked to correct the sentence into the proper activity to maintain personal hygiene. They should also explain the effects if we neglect that aspect of personal hygiene mentioned in the sentence.

j. If deemed incorrect, the facilitator will correct the answer, and then invite students to draw conclusions about ideal personal hygiene.

**Activity (20 minutes)**
1. The facilitator gives each group 10 minutes to play games
2. After 10 minutes, each group will be asked to submit the sentence that they have arranged
3. If they are unable to answer, then students from other groups can help answer.
4. For example, the fourth and fifth students correct the sentence into "Chelsea Islan should brush her teeth twice a day" and then add that not brushing teeth twice a day may cause cavities because of bacteria.

**Discussion (5 minutes)**
1. The facilitator explains the importance of personal hygiene to students
2. Read the key message about personal hygiene

---

There are at least six ways to maintain personal hygiene that must be carried out regularly and continuously:

1. Using clean water
2. Taking a shower/ bath
3. Washing hands with clean water and soap
4. Using healthy latrines
5. Brushing teeth
6. Cutting nails

---

3. Participants who actively participate in the class will get stamps from the facilitator.

---

**REFERENCES**

Menstrual Hygiene Management

BACKGROUND

Menstruation is a process in which blood comes out of the uterus. This process occurs because of the collapse of the inner lining of the uterus which contains many blood vessels and unfertilized eggs. The age at which menstruation starts can vary for each young woman and this is normal.

Around 5-10 days before menstruation, women may experience some of the following: breast pain, mood changes or increased appetite. Menstrual Hygiene Management (MHM) is the management of women’s health and hygiene during menstruation. Young women who have just experienced menstruation needs particular attention because the failure to manage MHM adequately has been proven to impact on many things such as:

Health: Poor hygiene during menstruation makes women susceptible to urinary tract infections, reproductive tract infections, and skin irritations

Education: Menstruation can induce students to be absent from the school due to various reason such as menstrual cramps, lack of painkillers at school, lack of a decent toilet room with clean water, reserve pads and a proper trash bin

Social participation: Many myths and taboos related to menstruation may limit female participation in social activities.

Environment: The absence of trash bins encourages female students to dispose of used pad in the toilet or other places carelessly, causing blockages and unusable toilets.
Aspects to be considered for MHM are:

- The use of clean pads
- Access to replace pads as often as possible during menstruation
- Access for disposal of menstrual pads
- Clean toilets
- Availability of soap and clean water
- Toilets that can be locked from inside and are separated by sex

**Clean and healthy menstrual management**

**What should be done during menstruation?**

Using pads to retain the menstrual blood from the vagina

**What is the difference between disposable and reusable pads?**

Disposable sanitary napkins are pads that cannot be reused and must be discarded after use. Reusable pads are made of fabric, washable, and reusable.

**Are there any types of pads that should be avoided?**

Avoid using ingredients that may cause infections, such as newspapers, leaves, tissues, or dirty cloth.

**How often do we have to change the pads?**

The disposable sanitary pad must be discarded after use. The pad should be changed every 4 to 5 hours and can be more frequent if there is a lot of blood coming out. The recommended time to replace sanitary pads for girls of school age is when taking a shower in the morning, while at
school, after going home from school, when taking a shower in the afternoon, and before going to bed. Pads must be replaced frequently to prevent reproductive tract infections, urinary tract infections and skin irritation. Remember to always wash hands before and after changing the pads.

**How to remove disposable pads?**
Wrap the pads in paper or plastic bags and put them in the trash. Do not place the sanitary pads in the toilet or water closet because this may cause clogged water closets or toilets.

**How to maintain personal hygiene during menstruation**
1. Take a shower every day.
2. Eat healthy food especially foods with high iron (please refer to anaemia session)
3. Use a clean cloth, sanitary napkin or other clean and replaceable material
4. Use underwear which absorbs sweat
5. Change the pads regularly, so that menstrual blood does not get imprinted on clothes;
6. Maintaining cleanliness is essential to prevent infection. Wash clothes with cold water and soap and dry them under the sun to kill bacteria.
7. Try to get enough rest.
8. Continue normal activities.
9. If cramping or pain occurs in the lower abdomen or back, do one or more of the following activities to get comfortable: take a warm bath, drink hot beverages, walk, wipe back or stomach, lie on your back with knees raised then moved to form a small circle.
10. Do gymnastics or sports. Exercise can speed up circulation and help reduce tension or headaches
11. Reduce consumption of foods that contain salt to prevent retention of liquids that may cause discomfort.

It is important to know that the loss of blood every month during menstruation causes adolescent girl to experience a higher risk to anaemia compared to boys. The information related to anaemia, including symptoms and cause as well as ways to prevent it, are explained in detail in Session 16.

In this session, emphasis is given not only to adolescent girls but also boys. After this session, the participants are expected to understand the condition experienced by adolescent girls during menstruation.
OBJECTIVES
• Increasing the understanding about menstrual hygiene management
• Increasing the ability of participants to explain ways to maintain menstrual hygiene management
• Raising awareness of male students to start understanding menstrual hygiene management and empathize with female students.

TARGETED LIFE SKILLS
• Problem-solving concerning menstrual hygiene management
• Awareness of the importance of maintaining menstrual hygiene
• Empathy of adolescent boys towards girls

TIME
30 minutes

LEARNING TOOLS
• Sticky notes (two colours)
• posters bearing pictures of a boy and a girl
• stationery.

LEARNING STEPS
Preparation
1. Prepare two-colour sticky notes and two posters with male and female pictures
2. The facilitator attaches the silhouette of the male image on the board.
3. The facilitator shares the notes with different colours to the female and male participants

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. When finished, describe the activities that will be carried out (not the learning objectives!)
4. Explain the instructions of the activities:
   a. The facilitator asks students to write on two separate sticky notes about what will happen if (1) ‘men experience menstruation’, (2) ‘women experience menstruation’
b. The male participants were asked to put the sticky not on the right side of the silhouette picture, while the female participants were asked to post their answers on the left side.

**Activity (15 minutes)**

1. Assisted by the peer facilitators, the facilitator will choose some interesting answers from the answers given by men only. The facilitator will identify the same or similar answers between male students and different answers. The same answer illustrates that male students' knowledge tends to be the same in some respects regarding menstruation. Where the answers are different, it shows that male participants do not know deeply about what is felt and experienced by their female friends during menstruation.

2. The facilitator asks all male participants to ask the female participants simultaneously by stating the sentence: “Girls, tell me, what are you experiencing and feeling when you menstruate?”

3. Some female participants were asked to mention briefly what they experience and feel during menstruation.

**Discussion (10 minutes)**

1. The facilitator explains that the menstrual process is a natural thing experienced by women. Because menstruation in women occurs periodically and affects emotions, cleanliness (self and environment) and health, menstrual hygiene management needs to be known by women and men.

2. The facilitator then invites participants to discuss: (a) how to maintain personal hygiene during menstruation; (b) what schools need to provide for menstrual hygiene management; and (c) myths related to menstruation.

3. The facilitator emphasizes that menstruation increases the risk of adolescent girls experiencing anaemia.
4. Read key messages about menstrual hygiene management:

1. The process of menstruation in women affects emotions, cleanliness, health and sometimes women's social participation.
2. Management of menstrual hygiene needs to be known by women and men including by school teachers/managers so that the specific needs of women to stay clean and healthy during menstruation can be catered for.
3. Menstruation increases the risk of adolescent girls to experience anaemia. Don’t forget to consume iron rich food and iron folic acid supplementation to prevent anaemia

5. Participants who actively participate in the class will get stamps from the facilitator.

REFERENCES


Modul Gerak Serempak. Plan Internasional Indonesia dan Rutgers WPF Indonesia (2016).

MENTAL HEALTH

BACKGROUND

Mental health is often neglected by adolescents and their parents. When students experience physical pain, they generally know what to do. Meanwhile, the pain is psychological, they may not be able to identify the symptoms and seek proper help. Difficulties in adapting to their environment, inability to solve problems, and lack of support from family may result in stress in adolescents.

According to the report from the Ministry of Health of Indonesia, mental disorder is defined as a set of symptoms comprising of thought, mood and behaviour disorders that cause sorrow and disturbance in daily functions. These disorders can be caused by several factors, including 1) biological factors; 2) psychological factors; and 3) social factors.
Mental disorder caused by biological factors occurs in an inherited fashion or due to a chemical imbalance in the brain following a head trauma, brain disease or as a side effect of drug abuse. Psychological factors can also be a cause of mental disorders when an individual is not able to adapt to environmental changes, while others could suffer from mental disorders due to social factors such as dealing with social problems such as the inability to solve a problem and lack of emotional support from their family.

World Health Organization (WHO) 2016 data shows that numerous psychiatric disorders were encountered in a significant number worldwide, including depressive disorders (35 million cases), bipolar disorder (60 million cases), schizophrenia (21 million cases) and dementia (47.5 million cases). Data from National Health Statistics of Indonesia in 2018 showed that the prevalence of mental and emotional disorders with depression or anxiety in Indonesia among the population aged 15 or above reached around 9.8 per cent of all Indonesian citizens. While, the incidence of severe mental disorders, such as schizophrenia, reached 1.7 per 1,000 population.

Understanding and acceptance from society towards people with mental disorders (Orang Dengan Gangguan Jiwa /ODGJ) is an important factor in the management of mental health problems. Early detection and excellent mental health services will help ODGJ to improve their quality of life and participate in and contribute to society.

If a mental disorder is not managed properly, the triggering factors could cause anxiety, depression, and psychosis (a severe form of mental disorder) that lead to behaviour such as smoking, drug abuse, self-harming, or even suicide.

Unfortunately, Indonesian society often assumes that mental health problems can be dealt with using only a religious or spiritual approach. While the approach may show actual impact in some cases, ODGJ should still be diagnosed and receive proper medical attention, making it important to refer them to health centres or hospitals.

There are several types of mental disorder, including:

1. Schizophrenia
In general, schizophrenia is characterized by distortions of one’s thought and the perception that is very fundamental and typical, and experience of inaccurate or blunt sensations to external stimuli. The most important symptoms of schizophrenia are the preoccupation of delusional thought that is ‘echoing’ inside of a patient’s head; and the presence of specific thoughts that are seemingly inserted from the outside or loss of thought that is seemingly withdrawn by
others from the outside. It is also accompanied by the presence of feeling where people can hear his/her mind; delusion; commenting or a commanding type of auditory hallucination; thought disorder and negativism.

2. Bipolar disorder
Bipolar is characterized by two or more episodes where there is significant fluctuation of one’s mood and physical activity level. The symptoms can be an elation, increase of energy and activity (hypomania or mania) or a decrease in mood and activity (depression). The occurrence of recurrent isolated hypomania or mania can also be considered as a bipolar disorder.

3. Anxiety
Anxiety is a group of mental disorders triggered by experiencing a specific situation that is not harmful but is avoided by or incites fear among these patients. The symptoms include palpitation and light-headedness that is always perceived as a terrifying sensation and correlates with an extreme worry of death, loss of control, or thoughts of going crazy.

4. Depression
Either in mild, moderate or severe episodes of depression, the patient will experience a drop in their mood, energy and activity. Their capacity to feel pleasure, have interest, and to concentrate is decreasing. The patient will easily be exhausted even after doing a mild activity. The patient will suffer from sleeping disorders and a decreased appetite. The patient’s self-concept is always declining, and the patient tends to feel guilty. This decrease in mood fluctuates from day to day, and the patient does not respond to their surroundings.

In this session, participants are invited to undertake self-reflection and understand mental health problems. The Ministry of Health provides a self-reporting questionnaire that can be used to identify symptoms of mental health problems and help us identify when to seek professional help for the problems we face. Students attending this session will be asked to fill the questionnaire as a form of exercise to assess their mental health.

By addressing mental health in this session, students are expected to acknowledge the problems they are facing and be brave to seek help when they need it, so no one feels lonely and helpless in facing their life problems. Students can also learn to share and empathize with others, honing their sensitivity towards the needs of people around them.

Indonesian Ministry of Health has launched a website and Android apps on mental health called “Sehat Jiwa” which featured a lot of reference. Website and the apps can be accessed to seek for information on nearest mental health services.
OBJECTIVES
• Providing opportunities for students to express their feelings (cathartic)
• Training students with an opportunity to seek help if they cannot solve the problem they are facing
• Training students to empathize with people around them

TARGETED LIFE SKILLS
• Stress management when facing problems
• Self-awareness of their current problems
• Skills in problem solving by seeking proper help

TIME
30 minutes

LEARNING TOOLS
• Self-check questionnaire
• Stationery

Self-check questionnaire
The following is a list of questions that you can use for self-reflection. Read the instructions before giving an answer. Answer the question below based on what you have felt in the last 30 days

<table>
<thead>
<tr>
<th>NO.</th>
<th>QUESTIONS</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you often have headaches?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Do you often lose your appetite?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Do you often have difficulties sleeping?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Do you often feel scared?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Do you often feel anxious, tense, and worried?</td>
<td></td>
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<tr>
<td>6</td>
<td>Do you often feel trembling in your hands?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Do you often have gastrointestinal symptoms?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Do you find it difficult to focus and have a clear mind?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Do you often feel unhappy?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Do you cry more frequently compared to the usual?</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Do you find it difficult to enjoy daily activities?</td>
<td></td>
</tr>
</tbody>
</table>
### Aksi Bergizi
**A Healthy Start to Life for Today’s Adolescents**

#### Table of Questions

<table>
<thead>
<tr>
<th>No.</th>
<th>Questions</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Do you find it difficult to make decisions?</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Are your school grades compromised?</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Do you find it difficult to do something rewarding?</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Do you lose interest in doing things?</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Do you feel worthless?</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Do you feel like life has no worth?</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Do you feel tired all the time?</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Do you feel any sign of discomfort in your stomach?</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Do you often get tired easily?</td>
<td></td>
</tr>
</tbody>
</table>

#### Total Score
The total amount of “yes” answers

---

### Learning Steps

**Preparation**
1. Read the Self Check Questionnaire and make sure that the facilitator understands how to fill it in.

**Briefing (5 minutes)**
1. Greet participants who have attended.
2. Using serious intonation and body language, tell students that today they will learn about mental health. Make sure that students do not respond to the topic jokingly to build the right atmosphere for discussion.
3. Ask them to mention some of the symptoms of people with mental disorders (ODGJ). The facilitator does not need to judge right or wrong.
4. The facilitator gives each participant five minutes to complete the Self Check Questionnaire in the Student Handbook.
5. The facilitator reminds students that they do not need to share the results of the questionnaire with their friends if they do not want to.
**Activity (15 minutes)**

1. Participants fill out a self-check questionnaire and calculate the score without telling others.

2. After all of the students have completed the questionnaire, the facilitator says that students who score eight and above are recommended to meet a counselling teacher or share their problem with people they trust, such as parents or wise friends.

3. The facilitator explains that there are different levels of severity, but the facilitator needs to explain that everyone is at risk of suffering from a psychiatric disorder.

4. The facilitator asks students to discuss in pairs with their desk mate (if the number of students is odd, group discussions can be done in groups of three) to answer two questions:
   - a. What causes a person to suffer from mental disorders?
   - b. What can be done to help them?

**Discussion (10 minutes)**

1. The facilitator asks several students to convey the results of their discussions, without judging whether their opinions are right or wrong.

2. Read the key message together:

   1. Mental disorders are a collection of symptoms from mind disorders, feelings of disturbance and behavioural disorders that cause suffering and disruption of a person’s daily functioning, which requires them to get medical help.

   2. People with mental disorders (ODGJ) can be triggered by 1) biological factors; 2) psychological factors; and 3) social factors.

   3. When facing problems, people should not keep it to themselves. Talk to trusted persons and bring yourself closer to God.

3. The facilitator thanks all students for attending the session and empathising. While distributing the stamp to all participating participants, the facilitator reminds students to seek help if they experience problems and provide support for friends who need them.
REFERENCES


PHASE 3

HEALTHY SOCIAL LIFE
FRIENDSHIPS AND HEALTHY RELATIONSHIPS

BACKGROUND

As social beings, humans will interact and form relationships with other people, either in the form of friendship or relationships involving affection. During adolescence, there will be many kinds of relationships that will be formed for the first time in their life. Therefore, adolescents have to be sufficiently informed so that they can recognize which types of friendships are considered positive and negative as well as understanding the emotional response that happens when they interact with their male and female friends.

Friendship and affection should not damage any person involved in the relationship. Adolescents can form friendships which may make them vulnerable to experiencing unhealthy relationships if he or she lacks sufficient information to guide their choices.
Several forms and expression of affection include

- Love for the family, for example, the expression of love for the mother and father who raise us.
- Friendship, described by always loving and helping each other
- Romantic feelings, like expressing our affection towards someone who catches our attention
- Feelings of longing and lust like when we are striving for something
- The feeling towards ourselves, like loving ourselves
- The feeling towards our country, nation, and land. For example, achievements in the name of our country.

Positive affection

Affection can be categorized into positive and negative affection. Positive affection will lead us to:

- Know ourselves better
- Encourage us to achieve at school
- Do positive things for the environment
- Be a good and fun person to around

Negative affection includes

1. Pseudo-love

Pseudo-love includes falling in love with idol figures. It is a common phenomenon to admire a public figure, but we still need some tactical strategy not to justify everything our idols do.

2. Excessive love

Loving someone excessively, particularly in adolescence, makes someone prone to become dependent upon that person. It can decrease our productivity to the point where he/she is not able to function as a normal teenager. This, sometimes, is expressed in the form of:

“You are my world”
“I cannot live without you”

This kind of relationship should be avoided.

In this session, the participants are expected to recognize healthy friendship. After attending this session, the participants are expected to understand what constitutes a healthy friendship and avoid unhealthy friendship that tends to have a negative impacts.
OBJECTIVES
• Encouraging participants to identify healthy/unhealthy friendship
• Encouraging participants to understand actions to take when they find themselves in an unhealthy friendship

TARGETED LIFE SKILLS
• Develop healthy interpersonal relationships
• Communication skills in a friendship
• Emotional management

TIME
30 minutes

LEARNING TOOLS
• Silhouette pictures, sticky notes

LEARNING STEPS

Preparation
1. Prepare posters and sticky notes and paste them on the board

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. When finished, describe the activities that will be carried out (not the learning objectives!)
4. Explain the instructions clearly.
   a. The facilitator asks the participants to write on the sticky notes the character they hope in friends, for both male and female friends.
   b. The facilitator then asks participants to put the sticky note on the silhouette picture of a man or woman.
5. Note that for junior high students, the activity will be conducted only up to phase two, extending to phase three only for senior high school students.

Activity (15 minutes):
1. Phase 1: Acquaintance
   With the help of a peer facilitator, the facilitator reads a few selected comments; then the facilitator explains the positive patterns of friendship, for both men and women.
2. **Phase 2: Friendship**
   The facilitator then asks the participants to write on the sticky notes the characteristics of friends that they wish for and they like.

3. The facilitator then asks participants to attach the sticky note on the silhouette of the woman or the man.

4. With the help of a peer facilitator, the facilitator then reads a few selected comments, then the facilitator groups similar statement.

5. **Phase 3: Healthy Relationship**
   The facilitator asks students to form groups based on their gender. Each group will write down the characteristics of a healthy relationship on the blue sticky notes and those of unhealthy relationships on the red sticky notes. The facilitator can help participants think by guiding the statement “a relationship is said to be healthy if ...” and “a relationship is said to be unhealthy if ...” Tell the students that one sticky note will be for one statement.

**Discussion (10 minutes):**

1. The facilitator explains the importance of fostering healthy friendship

2. Read the key message:

   1. Everyone has the right to be treated well and have a healthy friendship
   2. A relationship must be built from mutual respect and support
   3. Unhealthy relationships must be avoided

3. Then participants who actively participate in class will get stamps from the facilitator.

---

**REFERENCES**

PHASE 4

ADDRESSING VULNERABILITIES AND RISKS
BACKGROUND

Student mass fighting is a form of violence. Violence, whatever its form, is unjustifiable. Student brawls are not a new phenomenon and have a complex dimension. Pressure from peers and violence cycles are the main causes of why students, particularly males, join activities for the first-time during adolescence.

During adolescence, peer pressure becomes so prominent and there tend to be growing gaps in adolescents’ relationships with their parents. These make them vulnerable to being involved in brawls. This session will try to figure out the dynamics between peer pressure and student brawls.

Student street mass-fighting is closely related to violence. Male identity and masculine norms are undeniably linked with violence, with men and boys disproportionately more likely to perpetrate violent crimes (including student mass fighting and bullying). Boys and men are often raised, socialized, and/or encouraged to be violent, depending on their social surroundings and life conditions.
To understand this, we have to see the flowchart of how conflict occurs.

According to the scheme, student fights occur when there are causes, starting from structural factors, conflict acceleration, and triggers. When conflict happens, there are periods when the conflict increases and decreases. Therefore, we have to be aware of any possible triggers that can cause conflict and also the actors involved.

To prevent conflict, there is a need for change or transformation that occurs in three stages, which are:

<table>
<thead>
<tr>
<th>Sub-stages of transformation</th>
<th>Description</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual transformation</td>
<td>Individual transformation is an effort made to change the way of thinking and behaviour of each leader in student mass fighting to a new perspective and attitude; from “champion” to being humble or transformation from the sense of “being feared” to “stealing another’s’ heart to be loved”.</td>
<td>In each sub-stage, three types of transformation are conducted and correlated. Transformation of Way of Thinking: (changing the way of thinking from feeling so proud of being a “champion” to “feeling ashamed for doing violence”)</td>
</tr>
<tr>
<td>Sub-stages of transformation</td>
<td>Description</td>
<td>Approach</td>
</tr>
<tr>
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<tr>
<td>Group Transformation</td>
<td>Group transformation is an effort made to change the way of thinking and behaviour of all of the group’s members by prioritizing collective awareness to do something good together. The effort to grow this awareness together is important in order to maintain the intention that has been made in the first place so that it does not get corrupted by the old viewpoint.</td>
<td>Transformation of Empathy: (Arousing the feeling by imagining the affliction experienced by the victims of violence) Transformation of behaviour (changing the behaviour by doing positive activities)</td>
</tr>
<tr>
<td>Transformation of Inter-Group Relation</td>
<td>Transformation of Inter-Group relation is an effort made to change the relationship pattern between individuals and between groups that are hostile to one another into a collaborative pattern based on peace, mutual need, and mutual respect.</td>
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Adolescents must be able to differentiate between positive and negative interactions in their friendships, starting with the concept of tension in friendships and then relating it to some possible actions to take to prevent negative tension in their relationships. By understanding the concept of tension in friendship, especially when they are uncomfortable when they feel ‘different’ and participants fight, the participants are expected to see fighting from a broader point of view.
OBJECTIVES

• Improving the understanding of peer pressure and brawls
• Improving the ability to explain examples of peer pressure that may trigger brawls

TARGETED LIFE SKILLS

• Critical thinking on the dynamics of solidarity and peer pressure
• Decision making in not getting involved in brawls

TIME

30 minutes

LEARNING TOOLS

• Singing instruction card

LEARNING STEPS

Preparation
1. Prepare the singing instruction card and divide the class into three groups

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the *Aksi Bergizi* chant first as an energizer.
3. When finished, describe the activities that will be carried out (not the learning objectives!)
4. Explain instructions for carrying out the activities:
   a. The facilitator distributes the three different activities: 1. Sing the song Potong Bebek Angsa, 2. Sing the song Pelangi, 3. Singing the song of their choice.
   b. Participants are asked to sing a song as instructed
   c. Participants are asked to continue singing until the facilitator asks them to stop.

Activity (15 minutes)
1. After playing, the facilitator will ask:
   a. To the group that sings Potong Bebek Angsa: how do you feel when singing the song? Is it difficult or easy?
   b. To the group that sings Pelangi: how do you feel when singing the song? Is the task difficult? Why?
   c. To the group that sings a song of their own choice: What did the group do? Why do you choose to sing that song?
2. The facilitator then asks the students how to not get themselves involved in student brawls.
   a. If the answer feels incorrect, the facilitator will correct the answer, and then invite students to draw conclusions about this session.

Discussion (10 minutes)
1. The facilitator explains that what they have just done is similar to the mechanism of student brawls. Brawls are usually triggered by students’ inability to be different from their surroundings. Additionally, students that are deemed different may experience pressures from their surroundings.
2. This is reflected at the end of the game where most students will follow the loudest song. Even in some situations, all student might end up singing only one song.
3. The facilitator explains the environmental pressure that often leads to brawls.
4. Read key messages about student brawls and social pressure:

   1. Student brawls are a form of violence and cannot be justified.
   2. Student brawls are caused by high peer pressure and are not a form of solidarity or unity among friends
   3. Brawling is NOT RELATED to masculinity and boys who avoid brawling do not become less masculine.
   4. Masculinity is shown by personal ability and maturity to face challenges

5. Students who participate actively in the class will get stamps from the facilitator.

REFERENCES


BULLYING

BACKGROUND

Bullying is a common phenomenon that can be encountered in many cycles of life, starting from childhood and well into adulthood. However, impunity towards bullying is unjustifiable and should be rejected. Bullying has far-reaching impacts. Various studies show that bullying impacts physical and mental health in both the short and long term. Bullying prevention is thus essential to support adolescents growth into healthy and positive adults.

Bullying means any form of deliberate repression or violence by one or a group of more powerful people towards others that is done repeatedly, with the aim to hurt the victim.

Forms of bullying, includes: 

**Verbal**
Reproach, slander, or using harsh words to hurt somebody.

**Physical**
Punching, kicking, slapping, spitting or any other forms of physical violence

**Sexual**
Unwanted sexual touching, inappropriate sexual jokes, insults or rumours about someone’s sexuality.
Relational
Neglect, isolation, scorn, or any other action aimed at isolating a person from his/her community.

Cyberbullying
Any form of actions that can hurt somebody by using electronic devices (video recording of someone being intimidated, defamation through social media).

Mixed
A combination of several forms of bullying. A known example in Indonesia is pemalakan in which a party is intimidated to give their material possessions along with threats of violence.

Why do people bully others?
People bully others as a way of gaining power over their victim. Students who are less powerful than others for any reason (e.g. a migrant, poor, those who look different than others) often become the victims of bullying. There are lots of reasons why people bully others, including:

- They might experience or witness bullying and violence in the home and therefore see bullying and violence as a normal way of relating to others;
- They might feel bad about themselves (have a poor self-concept) and bully others to make themselves feel better;
- They might bully others out of pressure to fit into a dominant group or because they think it will make others fear and respect them.

None of these reasons are good enough and bullying in all forms is bad.

What is the impact of bullying?
- Sadness and moodiness
- Lack of confidence
- Becoming an isolated person
- Lack of achievement and motivation in learning
- The desire to move to another school or drop out of school
- Depression
- High potential to become a bully
- Hurt her/himself or other person(s), even suicide

Five parties involved in bullying:
1. Perpetrator, the one who bullies
2. Victim, the one who is bullied
3. Active witness, people who witness and support the actor in bullying
4. Passive witness, people who only witness the bullying, without taking any action
5. Defenders, people who actively fight back against the bully and defend the victim
Bullying could happen anywhere, including:

**School**
It is usually done by the seniors towards their juniors, or even among classmates. Bullying from seniors to juniors is often a tradition and occurs due to jealousy.

**Home/family**
Relational in nature, for example, the victim is not recognized as a part of the family. Sometimes related to physical bullying, such as domestic violence.

**Surrounding environment**
It happens when the dominant population oppresses the minority, for example, when an immigrant is bullied by locals.

**Five actions to take if you are bullied:**
1. Be confident and handle it bravely
2. Keep all the evidence of bullying and report it to close and trustworthy people such as teachers, parents, or even directly to the police officer (especially in the case of cyberbullying)
3. Speak up and report
4. Interact with the people who can make you feel confident and always think positively
5. Stay positive. There is nothing wrong with you, as long as you do not hurt anyone. Stay true to yourself and fight your fear with confidence.

**Five actions to take if you witness bullying – be a defender**
1. Do something! Don’t stand by and film the act on your mobile phone as it doesn’t help.
2. Try to mediate
3. Support the victim so that they can regain their confidence and lead them to take positive action
4. Talk to the person who is close to the bully to provide attention and understanding
5. Report to anyone who can act as a law enforcer in the environment where bullying happens, such as a headmaster or teachers (at school), a public figure, a public law enforcer like the police officer (especially if it happens on social media).

This session may become very sensitive and bring back memories of past or current trauma related to being bullied. However, in this session, students will encounter the opposite of bullying, which is praise. Nonetheless, the facilitator should be prepared if any student needs help due to being bullied and refer them to counselling services available in or near the school.

In this session, the participants will be encouraged to understand several forms of bullying so that they can identify and prevent it. The participants are expected to be informed and to possess the skills to avoid and prevent bullying.
OBJECTIVES
- Improving the understanding of the concept of bullying
- Building the ability of participants to explain the negative effects of bullying
- Fostering a supportive attitude for preventing and rejecting bullying

TARGETED LIFE SKILLS
- Empathy for other people’s situations that may trigger someone to bully them
- Interpersonal relationships and treating others positively

TIME
30 minutes

LEARNING TOOLS
- Sticky notes

LEARNING STEPS

Preparation
1. Prepare sticky notes to be distributed to all participants

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. When finished, describe the activities that will be carried out.
4. Explain the instructions for carrying out activities:
   - The facilitator distributes sticky notes to all students
   - Students are asked to attach the note into a notebook they have.
   - Without writing down the name of the author, participants are asked to write ONLY good things, or things they admire about EACH one of their friends in class
   - The facilitator then asks students to attach their sticky notes in their notebooks
5. Give students 10-15 minutes to write good things for each of their friends

Activity (15 minutes)
1. The facilitator selects one student randomly to share what sticky notes he received from this activity
Discussion (10 minutes)
1. The facilitator then invites participants to imagine if the situation is the opposite, which is bullying.
2. The facilitator briefly explains the forms and impacts of bullying.
3. The facilitator explains that bullying occurs around us and has a negative impact in the short and long term.
4. The facilitator then invites participants to discuss how to deal with and prevent bullying in the school environment, as well as outside the school.
5. Read key messages about abuse:

   1. Bullying is a form of violence and is unjustifiable
   2. We all have a role in bullying and we should strive to become the defender
   3. If you experience bullying (either female or male) then you can tell or ask for help from others
   4. Men will not lose masculinity if they ask for help.

6. The participants who actively participate in the class will get stamps from the facilitator.

REFERENCES


Road accidents are one of the main causes of death in adolescents, especially males. According to the Global School Health Survey 2015, the rate of road accident among adolescent is 19.6 per cent which means one in five adolescents in Indonesia has ever experienced a road accident. Accidents are very preventable, but the lack of awareness about traffic safety, as well as rampant violations and unsafe driving/riding behaviour provide challenges for prevention efforts.

Based on international references, the Indonesian Ministry of Health has identified 10 things that need to be maintained to improve child safety on the road. These include:

1. Driving within the safe/allowed speed
2. Do not consume alcohol if you want to drive.
3. Use a helmet when riding a bicycle and/or motorcycle.
4. Use a seatbelt when driving a car
5. Give clear signs
6. Improvement of road infrastructure to prevent accidents.
7. Safe transportation design
8. Protect pedestrians, cyclists, and motorcycle riders
9. Providing appropriate care for injured children
10. Proper attention to children so they can be appropriately watched on the streets.
Tips for safe driving include:

- Drive a motorcycle or a car only when you have a driving license.
- Wear a standard helmet according to Indonesia’s national standard.
- Use the seatbelt.
- Do not use any gadget/device while driving.
- Do not drive when you are not in a good physical condition, such as when you are sick or sleepy.
- Control your emotions when you drive and do not be triggered by other reckless drivers.
- Do not be reckless when you drive because it endangers other drivers and pedestrians.

Tips when crossing the street:

- Walk and cross the street at a safe point
- Always concentrate and show a sign when you cross the street
- Look to your left and right before you cross the street
- Never play on the street
- Wear bright or eye-catching outfits when you are walking or driving
- Make sure that people can see you, especially at night

This session will discuss various aspects of driving safety on the road.

OBJECTIVES

- Improving participants’ understanding about safe driving
- Improving participants’ understanding about the risks of unsafe driving
- Building participants’ ability to refuse if there is an opportunity to drive unsafely

TARGETED LIFE SKILLS

- Decision making and driving safely
- Managing emotions and mitigating unsafe driving behaviour
- Awareness of safe driving behaviour

TIME

30 minutes

LEARNING TOOLS

- Papers bearing the words *eksis* (cool) and *tragis* (tragic)
LEARNING STEPS

Preparation
1. Prepare the papers with the words *eksis* and *tragis*

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the *Aksi Bergizi* chants first as an energizer.
3. When finished, describe the activities that will be carried out (not the learning objectives!)
4. Explain instructions for carrying out activities:
   a. Mention that participants will play Eksis atau Tragis competitive games and distribute the papers to each group
   b. Students are asked to line up in groups
   c. The facilitator will read a list of behaviours to the participants who will answer by labelling the behaviours as eksis or tragis
   d. Students label the behaviour by raising the cards they have
   e. After each phrase is completed, the student in front has to go to the back of the line to let the next member label the next behaviour
   f. The group that answers the fastest and most correctly will get one point
   g. Games competition questions include:
      - Not using a helmet when either driving or riding a motorcycle
      - Driving a motor vehicle before obtaining a driving license
      - Using a gadget while driving
      - Speeding
      - Driving while being drunk or sleepy
      - Riding a motorbike for more than two people
      - Using seatbelts
      - Stopping at red lights
      - Turning off the vehicle lights at night
      - Not giving signs before turning

Activity (15 minutes)
1. The facilitator allocates 15 minutes to play this game
2. For each statement, the facilitator must provide the right answer and invite students to explain why the behaviour is labelled as eksis or tragis
3. The facilitator may clarify if there are answers which are not fully understood by the students
Discussion (10 minutes)

1. The facilitator explains the importance of safe driving, by emphasizing that the number one cause of adolescent deaths around the world is road accidents caused by neglect of road safety. The students are expected to be able to refuse any opportunity that allows them to drive unsafely, such as not wearing a helmet or riding a motorcycle with more than one person.

2. Read the key message about driving safety

- Road accidents are one of the most common causes of adolescent death in Indonesia and the world.
- Road safety can’t be compromised because lives are at stake both yourself or others
- Performing safe driving behaviours such as wearing a helmet, obeying traffic rules and not speeding are examples of responsible behaviour and do not reduce masculinity.

3. Participants who actively participate in the class will get stamps from the facilitator.

REFERENCES


SEXUAL VIOLENCE

BACKGROUND

Sexual violence in adolescents, especially girls, continues to increase every year. Sexual violence means any action, verbal or physical, that someone does to control or manipulate others and to involve others in sexual activity without consent.

Consent occurs when two people agree to engage in sexual activity together. All sexual activity requires consent. Important aspects of consent include:

1. Consent can be express verbally (e.g. saying “yes” or “no”) or non-verbally (pushing someone away). Remaining silent does not equal consent.
2. A person must be capable of giving their consent. For example, people with certain intellectual disabilities, children and people who are asleep or too drunk are not able to consent to sexual activity.
3. The victim is unable to give his/her consent (for example, sexual violence in children or individuals with an intellectual disability).
4. Consent must be given each and every time. Just because someone has consented to something once, it doesn’t mean they have given consent for every time. Everyone has the right to withdraw their consent (change their mind) at any time.’

5. The law stipulates that sexual activity involving children under the age of 18 can be subject to criminal sanctions.

**Forms of sexual violence**
The National Commission of Women identified that there are at least 15 forms of sexual violence experienced by women, which are:

1. Rape
2. Sexual intimidation, including the threat of rape or attempted rape
3. Sexual harassment
4. Sexual exploitation (such as asking for sex in exchange for money and gifts)
5. Trafficking of women for the sexual purposes
6. Forced prostitution
7. Sexual slavery
8. Forced marriage, including divorce
9. Forced pregnancy
10. Forced abortion
11. Forced contraception use and sterilization (including of people with disabilities)
12. Sexual torture
13. Inhuman punishment that is sexual in nature
14. Traditions (that are sexual in nature) that endangers or discriminate against women
15. Sexual control, including through discriminative rules with a moral basis and religious interpretation.

**Motivating students who have friends who have experienced sexual violence**
If the students have a friend that has become a victim of sexual violence, direct them to provide support without pushing or coercing the victim to make a decision. Ask students to always protect the victim’s privacy by not sharing their story to other people without the victim’s consent. The victim would not want their traumatic experience to be shared to public.

Invite students to empathize by imagining if they were in the victim’s shoes. Students can also be encouraged to suggest that the victim should seek support and help, especially from trusted adults such as parents and teachers.
Effects of sexual violence on the victim
• Sexually transmitted infections
• Drug abuse
• Pregnancy
• Mental health problems
• Low self-confidence
• Eating disorders
• Sleep disorders
• Depression
• Suicide

The facilitator can deliver the following tips for senior high school student

1. Never assume it is the victim’s fault by thinking that the suspect is provoked by the clothes worn by the victim, or because the victim was walking alone, or other thoughts that seem to blame the victim and justify the suspect’s action.
2. Provide some help, for example by providing her a place to rest and hide, and other things that are needed by the victim. Try to show your empathy towards her by listening, supporting, and trusting what she says.
3. In reporting to the law enforcer, help the victim to collect/document as much evidence as possible. For example, documenting any wounds and text messages sent by the suspect to the victim’s cell phone, and other shreds of evidence.
4. Regarding rape victims, try to tell the victim to do the followings: 1) Do not cleanse herself or take a bath before reporting the incident to the police officer or before making an official medical report at a hospital; 2) If the victim does not directly report the incident, keep the victim’s clothes (the one she wore during the incident) inside a plastic bag.
5. Encourage her to seek support and help and, if possible, keep her company and look for support from any individual or organization that can give some help.
Ways to prevent sexual violence

1. Sex education from an early age is needed to reduce incidents of sexual violence. By getting sufficient education, children, teenagers, and also the greater community know the risks caused by sexual violence and how to prevent it.

2. Law enforcement

3. Given sexual violence reflects unequal power relations, creation of norms that provide space for women and men to work in collaboration as equals and support the prevention of sexual violence are of utmost importance.

4. Build support groups to promote anti-violence, including sexual violence.

In this session, the participants are expected to identify various forms of sexual violence and their impact on women, especially unwanted pregnancy. After this session, the participants are expected to have an overview of the forms and impact of sexual violence and can refer incidents to counsellors and other authorities when experiencing sexual violence.
OBJECTIVES
• Improving students’ understanding of the forms, impact and ways to prevent sexual violence.
• Improving students’ understanding of what needs to be done when experiencing sexual violence.

TARGETED LIFE SKILLS
• Self-awareness about sexual violence
• Problem solving related to sexual violence.

TIME
30 minutes

LEARNING TOOLS
• Silhouette poster
• Sticky notes

LEARNING STEPS
Preparation
1. Prepare posters of male and female silhouettes
2. Prepare sticky notes

Briefing (5 minutes)
1. Greet students kindly.

Safety Talk
Some students may have or be experiencing sexual violence but might know that it is wrong until they learn what it is. Sometimes talking about sexual violence in a supportive environment will give people the reassurance to tell someone they are being abused for the first time. For this reason, the facilitator should start this session by revisiting the *Aksi Bergizi* agreement and have a quick ‘safety talk’. Below is a script for the safety talk:

- Today we are going to be talking about sexual violence. This is a very sensitive topic for some people
- I want to remind you that sexual violence is wrong, and it is against law.
- It is never your fault if you experience sexual violence or abuse.
- If you are experiencing sexual violence or abuse, find someone you can trust who you can talk to about it (teacher, friend, police officer)

The facilitator should then provide the details of a local support service, such as a hotline number or the school counsellor.
Activity 1 (5 minutes)
1. Explain instructions for carrying out activities:
   • The facilitator asks participants to attach notes to body parts that can/cannot be touched by others
   • Male participants attach the notes on the female silhouette poster and vice versa
2. The facilitator allocates five minutes to attach the sticky notes
3. The facilitator observes the answers from male and female participants and then discusses it
4. The facilitator explains that any unsolicited and non-consensual touching is included in the category of sexual violence
5. The facilitator choose one from two alternatives of activities below that s/he feels suit to the class’ situation

Activity 2 – Alternative 1: Setting boundaries (10 minutes):
Draw a large circle on the floor. You can use chalk, string, or draw a circle on a large piece of paper (the circle should be of a size where two students can sit inside it and be very close but not forced to touch).

Briefing
1. The facilitator explains to participants that everyone has different boundaries about how they are happy to be touched. It is up to them to decide who can touch them and how.
2. The facilitator asks to select one student to stand inside the circle. Explain to everyone that this circle represents a person’s boundaries and only they get to decide who comes inside and who stays outside.
3. Ask the student inside the circle to select a classmate of the same sex to stand inside the circle with them. Ask the students how it feels to be so close (perhaps nervous/anxious, excited, etc).
4. Ask the first student to sit down. Now ask the second student to select a classmate of the opposite sex to stand inside the circle with them. If they don’t feel comfortable doing so, then that’s okay (it helps to demonstrate the point of the exercise).
5. Explain to the whole group that everyone has different boundaries about how close they want to get to different people. This might change depending on the age and sex of the other person.
Activity
1. Ask the students to draw a circle in their workbooks. And then draw three more rings around it. In the centre of the page, the students can write the word ‘me’.
2. Read out the following list of people and ask students to write them in one of the circles, depending on how close they would like them to be. You can easily add new examples to the list below:
   - Male police officer
   - Best friend
   - Parent
   - Sibling
   - Female doctor
   - Male teacher
   - Uncle
   - Boyfriend/girlfriend
3. When they have written the people into the circles, discuss the different types of contact that might happen with each one (for example, a parent might kiss and hug, a best friend might give a high-five).
4. Answer any questions students might have about the types of touch which are appropriate from different people they know/encounter.
5. Explain to the group that everyone has different boundaries, but no one has the right to touch you without your permission. There are some occasions where certain types of touching are never acceptable (for example, a student kissing a teacher). Any unsolicited and non-consensual touch is included in the category of sexual violence.

Activity 2 – Alternative 2: Sexual consent song (10 minutes)
1. The facilitator divides the class into two groups
2. The facilitator provides the following song lyrics and asks participants to make their own rhythms and movements

   Consensual touch consensual touch
   Hand and foot
   For love for love for love
   Forbidden touch forbidden touch
   Those covered by uniform
   It is only me it is only me
   Who has the right to touch?
   It is only me it is only me
   Who has the right to touch?
Discussion (10 minutes)
1. The facilitator explains that sexual violence is an important topic to know from an early age in order to prevent it
2. The facilitator then explains the types of sexual violence
3. Read key messages about sexual violence:
   1. Everyone, both women and men, can become victims or perpetrators of sexual violence. It is rare (but not impossible) for women to perpetuate sexual violence. Most of the time, perpetrators of violence are male.
   2. Sexual violence starts from undesired touch, words, and actions that are sexual in nature
   3. Everyone has the right to say “no!” and reject any form of sexual violence
4. Participants who actively participate in the class will get stamps from the facilitator.

REFERENCES


DELIVER+ENABLE TOOLKIT: Scaling-up Comprehensive Sexuality Education (CSE), IPPF, 2017
PREGNANCY

BACKGROUND

Pregnancy is one phase of life that many women will experience. Ideally, pregnancy should be well-planned. However, in reality, there are also unplanned pregnancies both in marriage and outside marriage.

A planned pregnancy will have a positive impact on the mother and baby. However, unplanned and unwanted pregnancies can be troublesome and cause various health and social complications such as maternal death, school drop-out, and child marriage.
The process of pregnancy
Sexual intercourse between a man and a woman occurs when the penis of a man is inserted into a woman's vagina. When this happens, millions of sperm are released from the penis into the vagina during ejaculation. The sperm subsequently ‘swim’ through the vagina into the uterine cavity and pass through the fallopian tube before reaching the ovum. The fertilization will take place when a sperm reaches a mature ovum.

Although there are millions of sperm that have been introduced, only one sperm will be able to reach and fertilize the egg. The fertilized egg then moves through the fallopian tube and embeds itself to the uterine wall, where it will grow and become a foetus. If the egg is not fertilized, menstruation will occur.

Women can become pregnant since the first onset of menstruation until menopause (around 50 years of age). Remember that a woman can become pregnant even when she has her first sexual intercourse, if she is not using an effective contraceptive device.

Ideal conditions for pregnancy

Physical readiness
The physical condition that is optimal for pregnancy is when the development of reproductive organs has finished, that is:

- 20 – 35 years old for women
- At least 25 years old for men

An optimal physical condition must be prepared by consuming nutritional food, particularly those that contain iron and folic acid in order to prevent anaemia during pregnancy. As presented in Session 2 (Nutrition in Life Cycle), pregnant women who experience malnutrition will be exposed to a higher risk of delivering a baby with low birth weight. Children who have low birth weight have higher risk of growing up to be malnourished adolescents, and then if they are pregnant the cycle will likely to continue over and over again.

Mental readiness
Marriage and pregnancy is a new phase in life that requires mental readiness. One of the important things to do is pre-marriage counselling to know each other better and anticipate any possibilities that arise due to character differences.

Socioeconomic readiness
Socioeconomic readiness in a marriage is the fulfilment of basic needs, such as clothing, food, and shelter/housing. Everyone has a standard of living that varies from one another. However, this must be discussed before marriage and pregnancy so that any potential for conflict can be reduced.
Myths and facts about pregnancy

Please note that this part is only for the facilitator. We ask for your vigilance in conducting the discussion. Please be careful in delivering the session as well as in answering questions from students. It is advised that this discussion be conducted only with senior high school students.

• Myth: Vaginal douching (flooding the vagina with water) after having sex can prevent pregnancy.
  Fact: Sperm can still go into the uterus and can fertilise an egg.

• Myth: Jumping up and down immediately after having sex could prevent pregnancy.
  • Fact: jumping is not a method of contraception

• Myth: Having unprotected sex without a condom but the ejaculation does not occur inside the vagina could prevent pregnancy.
  Fact: sperm can also be released along with semen. Sexual activity without protection has high rates of pregnancy.

• Myth: A girl can’t get pregnant when she has sexual intercourse while menstruating.
  Fact: It is uncommon, but it is not impossible, for a girl to get pregnant when she has sexual intercourse while menstruating.

In this session, students are expected to be able to understand the process of pregnancy, various myths and facts about the prevention of pregnancy, and the preparation for an ideal planned pregnancy. After attending this session, participants are expected to be able to prepare for a planned pregnancy, especially after marriage at a minimum age of 21 years for women and 25 years for men.
OBJECTIVES
• Improving students’ understanding about the pregnancy process
• Improving students’ understanding about signs of pregnancy.
• Improving students’ understanding about the effects of extra marital pregnancy as to protect themselves from practicing pre-marital intercourse

TARGETED LIFE SKILLS
• Self-awareness about pregnancy
• Problem solving related to pregnancy prevention.

TIME
30 minutes

LEARNING TOOLS
-

LEARNING STEPS
Preparation
1. Prepare a list of statements to be read

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. When finished, describe the activities that will be carried out
4. Explain instructions for carrying out activities:
   The facilitator explains the game ‘Two rights and one wrong’ which begins by dividing the class into five groups
   a. The facilitator reads the statement and each group must answer with a special gesture
   b. If the group answers correctly it will get a point

Activity (15 minutes)
1. The list consist of three statements, two of which are true, and students must guess the wrong one. (The statements in bold are the wrong ones)
A. Pregnancy is characterized by the cessation of the menstrual cycle
B. Sexual intercourse during menstruation can still cause pregnancy
C. Pregnancy can be terminated by consuming pineapple and soft drinks

A. Pregnant women must consume nutritious foods and avoid unhealthy foods
B. Smoking and drinking alcohol are prohibited during pregnancy
C. Pregnant women are prohibited from cutting their hair while pregnant

A. Sexual intercourse without a contraceptive can cause pregnancy
B. A single incidence of sexual intercourse does not necessarily lead to pregnancy
C. The most effective pessary is not having sex at all

A. Pregnant women must be given affection by their families so that their hearts are happy
B. Pregnancy stress does not affect foetal development
C. A well-planned pregnancy is the key to healthy mothers and children

Discussion (10 minutes)
1. The facilitator explains the importance of planning before deciding to become pregnant and having children, including the prevention of pregnancy before students enter the age of maturity and get married
2. Read key messages about pregnancy

1. Pregnancy is healthier and more enjoyable when it is the subject of planning and discussion between an adult married couple.
2. Please remember to always eat nutritious foods, especially those that contain iron and folic acid during pregnancy
3. A malnourished pregnant woman will have higher risk of delivering a baby with low birth weight

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Modul Gerak Serempak. Plan International Indonesia dan Rutgers WPF Indonesia (2016)
Session 27

CHILD MARRIAGE 
AND ITS RISKS

BACKGROUND

One phase in human life that most people will go through is married life. When planned well, married life will create a strong family foundation and create an empowered family. On the other hand, the marriage that is not well-planned will lead to conflict, violence, and even divorce. One of the risk factors that causes unplanned marriage is child marriage.

Indonesia still has high child marriage rate. One out of nine girls in Indonesia is married before the age of 18. Furthermore, child marriage is a dangerous practice that places a burden on the child’s life, especially girls.

This rate shows that many marriages are not based on the solid foundation and careful planning.

Definition of child marriage
Child marriage is defined as the marriage of a child (either girl or boy) under 18 years old. This is a phenomenon that happens among boys and girls, although girls are more affected.

Child marriage in Indonesia
The Indonesian government has taken some steps to prevent and reduce the number of child marriages. The results and improvement were significant. Unfortunately, in recent years, the improvement in the effort of reducing the practice of child marriage is slowing down and the prevalence (the number of children aged below 18 years old who are forced to get married divided by the total number
Facts:
- Indonesia is ranked seventh globally for the number of child marriages.
- At least one in nine girls in Indonesia gets married before reaching the age of 18.
- In some specific geographical areas (regions with a high number of child marriages), it is estimated that 1 in 5 girls have been married before the age of 18.
- The number of child marriages is significantly higher in rural areas compared to urban areas, both for girls who are married under the age of 18 and 15 years old.
- Girls who live in rural areas are three times more likely to get married before the age of 18 compared to those who live in urban areas.

The Indonesian legal perspective on child marriage
According to the current Marriage Law in Indonesia, parents’ consent is needed for every marriage of individuals aged less than 21 years old. By getting the parents’ consent, a woman can legally get married at the age of 16, while a man can legally get married at the age of 19. Parents can also file a dispensation to religious courts to obtain consent if they are willing to marry off their daughter before the age of 16.

In many places, the dispensation filed to a religious court is often used by parents or people in the community as an opportunity to ask for consent to marry off their daughter before the age of 16. However, this clearly contradicts the Indonesian Child Protection Law that prohibits child marriage under the age of 18 in any defined situation. The marriage law has also failed to meet the minimum age of 18 for marriage that is recommended by the International Agreement on Human Rights, including the Convention On the Rights of the Child.

Just because a law allows for something to happen, doesn’t make it morally correct. It is important to remember that one of the main principles of the law is to protect human rights and represent the interests of citizens.

Factors that encourage the practice of child marriage
The main factors that encourage the practice of child marriage include low educational levels, social norms, beliefs, poverty, and teenage pregnancy. These factors vary based on geographical region and community and are often interconnected, making it difficult to arrive at one main factor.

The impact of child marriage
Child marriage has a terrible impact on the welfare of girls. Child marriage is a form of permitting a disruption to the child’s growth and development, one of which is early pregnancy among children and social isolation. It also disturbs their education and limits their opportunity to pursue a career in the future.

Education: In Indonesia, girls who get married before reaching the age of 18 are six times less likely to finish their secondary education compared to those who get married after the age of 18. When a girl does not finish her school, it means that her right to get an education has been violated as well as her opportunity to develop and improve her skills and knowledge to live a healthy life and become financially productive and contribute to her family and community.
**Family welfare:** In Indonesia, the group of women with the lowest level of welfare are four times more likely to get married before the age of 18 compared to those who come from wealthy families. Children who get married tend to be poor and continue to live in poverty. When a family experience a sudden fall in financial resources, parents will tend to marry off their daughter as a solution to their financial problems so they can reduce their financial expenditure.

**Health:** Globally, complications during pregnancy are the second leading cause of death among girls aged 15-19 years old. In addition, babies born to mothers aged below 20 years old are 1.5 times more likely to die within the first 28 days compared to those babies who are born to mothers in their 20s or 30s. Child marriage has numerous consequences that damage girls’ health. Child brides face a higher risk of death when delivering their babies and are vulnerable to any pregnancy-related complications. One of the risks of child marriage if the mother is not in optimum nutritional condition, then the baby is prone to experience stunting so that their physical and brain development is not fully developed. Stunted children are vulnerable to diseases such as cardiovascular disease, diabetes and other non-communicable disease when they reach adulthood.

**Violence:** Girls who marry are more vulnerable to experiencing domestic violence. Child marriage places girls at higher risk of sexual, physical, and psychological violence throughout their lives.

**Economic growth:** In Indonesia, child marriage is estimated to cost around 1.7 per cent of gross domestic product, taking into account the impact to the mothers’ health and infant mortality; the strain on the public health system; and productivity and economic deprivation as the consequence of lost income. Child marriage has a substantial cost, not only for the girls and their families but also for the country as a whole. Ending child marriage will reduce the burden on health infrastructure and allow girls to contribute significantly to their communities.

In this session, the participants are expected to understand that child marriage is especially hazardous and dangerous for girls’ health. After attending this session, the participants are expected get a clear picture of the risk of child marriage and how to prevent it.
OBJECTIVES
• Increasing students’ knowledge about child marriage
• Increasing students’ knowledge about the impact of child marriage and how to prevent it

TARGETED LIFE SKILLS
• Critical thinking concerning the impact of child marriage
• Decision making to prevent child marriage

TIME
30 minutes

LEARNING TOOLS
• Raffia rope
• Illustration cards

LEARNING STEPS

Preparation
1. Prepare a neat rope
2. Prepare cards illustrating the consequences of child marriage

Briefing (5 minutes)
1. Greet students kindly.
2. Tell the students that today they will learn about child marriage, an important topic that needs to be discussed seriously through a ‘Spider’s Web’ simulation
3. Explain instructions for carrying out activities:
   a. The facilitator invites two students of the same sex, preferably class coordinators, to volunteer as peer facilitators. Their task is to provide a description to their friends about the complexity of child marriage.
   b. The facilitator asks the students to stand back to back 50-100cm away from each other (and not touching each other)
   c. Tie both students together using raffia rope. Ensure their comfort and do not tie the rope too tightly. Remind other students not to bully and tease the peer facilitators and emphasize that this activity is only a simulation
   d. The facilitator shows picture cards illustrating the consequence of child marriage and explains that the students should respond to each of the statements written on the card.
Activity (15 minutes)

1. The facilitator shows the picture cards and invite students to discuss whether it will occur in a child marriage. If the students agree with the illustration shown, the facilitator connects the rope from the tied students to another participant and asks them to hold the rope. The statements on the cards are as follows:
   - Inhibiting women from having a career
   - Children drop-out of school and cannot continue school
   - Facing difficulties in getting a job and vulnerable to living in poverty
   - Risk of complications and death during childbirth
   - Babies born are at a higher risk for malnutrition and premature birth
   - Family conflict and vulnerable to divorce
   - Experiencing domestic violence

2. Perform this step until all the illustration cards have been answered and discussed

Discussion (10 minutes)

1. The facilitator explains that child marriage has many complex and severe consequences for adolescents

2. The facilitator leads the discussion on the relationship between a mother’s nutritional status and foetal condition in the womb. Children and adolescents are suggested to wait until they reach maturity in age and already in an optimum nutritional situation before getting married.

3. Read key messages about child marriage:

   1. Child marriage, defined by the Child Protection Law as any marriage below the age of 18 years-old, has numerous complicated consequences and may increase health, economic, and social risks to the parties involved.
   2. Before getting married and pregnant, we have to be in an optimum health, this include having good nutritional status.
   3. Adolescent girls and boys have the right to refuse any marriage.
   4. Child marriage is especially hazardous and dangerous for girls’ health.

4. All attending participants will receive an Aksi Bergizi stamp. The facilitator will then select students to get a Siswa Eksis stamp based on their participation in class.

REFERENCES

Session 28

SEXUALLY TRANSMITTED INFECTIONS

BACKGROUND

One of the obstacles faced by adolescents in reaching optimal growth and development is recurrent infections. Besides common diseases transmitted through unclean behaviour, there are several infections which are transmitted through sexual activity which are known as sexually transmitted infections (STI).
STIs are infections caused by bacteria or viruses transmitted through sexual activities. Some common STIs include syphilis, herpes, genital warts, gonorrhoea, and Chlamydia. In addition to the STIs mentioned above, risky sexual activities can also transmit HPV virus (Human Papillomavirus) which can cause cervical cancer in women and anal cancer in men.

Most STIs that are caused by bacterial infections that can easily be treated with antibiotic treatment available at most clinics. STIs that are viruses (such as herpes) are recurrent but can also be treated with medication. If you have the symptoms of an STI you should not be ashamed to go to a clinic because in most cases it can be easily treated, and the risk of spreading is reduced.

STIs can only be transmitted through sexual activities, therefore understanding safe sexual behaviour and avoiding unsafe sexual behaviour are crucial to prevent STIs.

In this session the discussion of STIs will be focused on the six most common STIs:
- Gonorrhoea
- Chlamydia
- Genital herpes
- Syphilis
- Genital warts
- Hepatitis B or D

The session will focus on the many types of STIs and invite students to recognize the symptoms and prevent transmission by avoiding unsafe sexual activities.
OBJECTIVES
• Increasing students’ knowledge of several types of STIs and their characteristics
• Increasing students’ knowledge on transmission of STIs and how to prevent it
• Increasing students’ knowledge on what to do when they catch STIs or experience symptoms

TARGETED LIFE SKILLS
• Self-awareness concerning the prevention of STIs
• Problem-solving related to the transmission and treatment of STIs
• Communication skills to avoid being pressured into participating in risky sexual activity
• Ability to maintain interpersonal relationships and refuse to engage in risky sexual activity

TIME
30 minutes

LEARNING TOOLS
• Six sets of STI illustration cards

LEARNING STEPS
Preparation (1 minutes)
1. Prepare illustration cards with six types of STIs

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. When finished, describe the activities that will be carried out
4. Explain the instructions for carrying out the activities:
   A. The facilitator will guide the STI guessing game
   B. The facilitator divides the class into five groups
   C. The group is asked to line up and the student in front will answer the question. Students behind him will take turns to answer the next questions
   D. The facilitator reads the characteristics of the STI and participants are asked to answer by raising the cards provided, namely:
      • Gonorrheoa (GO)
         In males, the disease is characterized by painful urination
      • Chlamydia
         In females, the disease is characterized by lower abdominal pain and bleeding outside the menstrual cycle.
• Genital herpes.
   This disease is characterized by blisters that development on skin and pain around the genital area

• Syphilis
   This disease in the long term can cause damage to the brain and heart, paralysis, to problems in the body’s balance

• Genital warts.
   Patients with this disease have tissues resembling a chicken's comb on the genitals

• Hepatitis B or D.
   Patients with this disease have yellow eyes

**Activity (15 minutes)**
1. The facilitator reads the characteristics of STIs and asks students to raise the STI card that they believe corresponds to them
2. The facilitator is assisted by peer facilitators who will record the scores of each group.

**Discussion (10 minutes)**
1. The facilitator explains ways to prevent contracting STIs and what to do if they are infected.
2. The facilitator discusses with the students information they have regarding STIs and their symptoms
3. Announce the winning group and convey appreciation.
4. Read key messages about STIs:
   1. Understanding safe sexual behaviour and avoiding unsafe sexual behaviour is crucial to prevent STIs. For unmarried adolescents, the best way to prevent STIs is abstinence.
   2. Most STIs can be easily treated. If you experience signs or characteristics of STIs, visit a health provider immediately. Don’t get your own medicines because different type of STIs requires different medication and treatment

5. The facilitator will choose students to get stamps in their handbook

**REFERENCES**

BACKGROUND

HIV stands for Human Immunodeficiency Virus. HIV is a virus that attacks the immune system. It does this by entering your body and taking control of white blood cells, which are the cells that help your body’s immune system protect you against germs and viruses that make you sick.

A healthy body has billions of white blood cells, but when HIV enters your body, it takes control of them, weakening and eventually killing them. It then uses the cells to replicate itself, allowing it to grow and spread around the body. If left untreated HIV can eventually make the body too weak to protect the body from illnesses that would normally be easy to treat.

HIV is the virus that causes AIDS, which stands for Acquired Immune Deficiency Syndrome. AIDS isn’t a disease in itself, rather it is a state in which the body’s immune system is ‘deficient’ and it can no longer fulfil its role in fighting infection and disease. For someone with AIDS, even small illnesses and minor infections can be very serious, even deadly. A person is considered to have AIDS when their white blood cell count drops below 200 or when they develop an HIV-related disease such as TB, malaria, pneumonia, or certain kinds of cancers (such as cervical cancer).

HIV and AIDS is a disease with a relatively high transmission rate among adolescents. Initially HIV infections in Indonesia were concentrated in a number of the key affected populations but in recent years the trend of transmission shifted to the younger population.
There is no cure for HIV or AIDS, however treatment is available and can be effective if the virus is diagnosed early. Treatment consists of daily medication called anti-retroviral therapy (ART). ART works by suppressing HIV in the body so that it does not multiply and people living with HIV (PLHIV) can live normal and productive lives. Despite this, people with HIV are prone to stigma and discrimination due to the common but incorrect view that people who contract HIV are immoral and sinful.

**How do you know if someone is infected with HIV?**

HIV infection cannot be concluded by someone’s appearance. Many people living with HIV have no symptoms. People need to be tested for HIV through blood tested in a laboratory.

AIDS symptoms are the symptoms related to whatever AIDS-related illness a person contracts. If a person with AIDS is infected with TB, their symptoms will be the typical TB symptoms. The same is true for other AIDS-related illnesses, like malaria, pneumonia, certain kinds of cancers and yeast infections.

**How is HIV contracted?**

HIV is transmitted from one person to another through certain body fluids including blood, semen, vaginal fluid and breastmilk. Therefore, you can contract HIV in the following ways:

- Having penetrative sex without a condom with someone who is HIV positive.
- Sharing needles used for injecting drugs with someone who is HIV positive.
- Infants can get HIV from their mother before or during birth or through breastfeeding.

**How is HIV not contracted?**

There are many myths about how people contract HIV that are not true.

- You cannot get HIV from ordinary physical contact at home, work, school, and other public places.
- You cannot get HIV from hugging or kissing someone who is HIV positive (HIV is not found in saliva).
- You cannot get HIV from eating and drinking with someone who is HIV positive.
- You cannot get HIV from shaking hands or brushing past someone who is HIV positive.
- You cannot get HIV from indirect transmission such as insect bites, coughing, sneezing, public toilets or swimming pools.
**Stages of HIV prevention:**

**A - Abstinence**
Not having sex at all.

**B - Be faithful**
Only have sex with one partner and do not change partners.

**C - Condom**
Use a condom when having sexual intercourse.

**D - Drugs**
Do not use drugs (narcotics, psychotropic, and other addictive substances), especially with intravenous needles.

**E - Equipment and education**
Only use disposable syringes and shavers that are clean and sterile. Do not alternate with one and another.

**What can I do to prevent getting AIDS?**
- If you are HIV positive, access anti-retroviral therapy and follow the treatment plan recommended by a doctor.
### Table 29.1 Myths and facts about HIV and AIDS

<table>
<thead>
<tr>
<th>No</th>
<th>Myths</th>
<th>Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mosquito bites can transmit HIV</td>
<td>HIV does not spread through mosquito bites or other insect bites. Even if the virus enters the body of a mosquito or insect that bites or sucks blood, the virus cannot reproduce in the body of the insect. As insects cannot be infected with HIV, insects cannot transmit them to the next person they bite.</td>
</tr>
<tr>
<td>2</td>
<td>HIV can transmit through normal touch with people who are already infected. For example, shaking hands, hugging, using the same toilet, drinking from the same glass, sneezing or coughing from someone who is infected with HIV</td>
<td>HIV is not transmitted by daily contact in social activities, school or work. We cannot get infected because of shaking hands, hugging, using the same toilet or drinking from the same glass as someone who is infected with HIV, or exposure to coughing or sneezing from people infected with HIV.</td>
</tr>
<tr>
<td>3</td>
<td>People who are thin, lethargic, and pale, must have been infected with HIV.</td>
<td>We cannot know that someone has HIV or AIDS just by looking at their appearance. Someone who is infected with HIV may appear healthy and feel fine, but they can still transmit the virus to others. Blood tests are the only way to find out whether a person is infected with HIV or not. In short, there is only one way if we want to know if someone is infected with HIV, which is from the test results.</td>
</tr>
<tr>
<td>4</td>
<td>I will know if my partner is HIV positive since the symptom will be obvious</td>
<td>A person can have HIV without any signs and symptoms for years. The only way to find out if you or your partner is infected with HIV is to take an HIV test.</td>
</tr>
<tr>
<td>No</td>
<td>Myths</td>
<td>Facts</td>
</tr>
<tr>
<td>----</td>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
<td>HIV and AIDS are curses from God because of bad human behaviour.</td>
<td>In the world of medicine, AIDS is not a curse from God on bad human behaviour. AIDS is a health problem that can be explained by science. The mode of transmission and prevention can be studied. This means that if you follow the prevention guidelines, you will not be infected with HIV.</td>
</tr>
<tr>
<td>6</td>
<td>People who are on antiretroviral therapy cannot transmit HIV to others.</td>
<td>Antiretroviral therapy (ART) cannot prevent transmission of the virus to other people. Therapy can help reduce the number of viruses to undetectable levels, but the virus still remains in the body and can be transmitted to others through sexual intercourse, by sharing the same syringe, or through HIV-infected mothers who breastfeed their babies.</td>
</tr>
<tr>
<td>7</td>
<td>If my HIV test result is positive, my life will be over.</td>
<td>In the early years when AIDS was becoming an epidemic, the death rate was very high. But with the progress of science, people who are HIV positive, even people with AIDS, can live a long normal and productive life.</td>
</tr>
<tr>
<td>8</td>
<td>AIDS is genocide.</td>
<td>HIV or AIDS is not a conspiracy from anyone to kill any party. Higher rates of infection in other regions, for example in Africa or Latin America, may be caused by lower access to information and health care.</td>
</tr>
<tr>
<td>9</td>
<td>Babies born to HIV positive mothers will always have HIV</td>
<td>HIV can be passed from mothers to infants, during pregnancy, birth and breastfeeding, however this is not always the case. With careful treatment, HIV positive mothers can have healthy HIV negative babies.</td>
</tr>
</tbody>
</table>
In this session, participants will learn to understand HIV and AIDS by debunking myths and confirming the facts. After this session, participants are expected to have fact-based knowledge of HIV and to be able to stop the stigma and discrimination against PLHIV. Moreover, students are expected to be active agents to fight myths against HIV which makes the situation of PLHIV worse.

**OBJECTIVES**

- Increasing students’ knowledge on the difference between HIV and AIDS
- Increasing students’ knowledge on the transmission and prevention of HIV

**TARGETED LIFE SKILLS**

- Communication skills in refusing to perform activities with a risk of HIV transmission
- Decision making to not perform activities with a risk of HIV transmission
- Empathy for people living with HIV and AIDS

**TIME**

30 minutes

**LEARNING TOOLS**

- Five sets of cards with the words ‘myth’ and ‘fact’
LEARNING STEPS

Preparation
1. Prepare the cards

Briefing (7 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. When finished, describe the activities that will be carried out
4. The facilitator asks participants to close their eyes for about 1-2 minutes. Imagine today the participants went to a clinic for an HIV test. They get an envelope that says, "HIV positive". Ask and discuss: (a) How do they feel when receiving the test results; (b) why do they have such feelings; and (c) what support will they need to be more confident and to live a positive and healthy life.
5. Explain instructions for carrying out activities:
   A. The facilitator will guide the game of myths or facts
   B. The facilitator divides the class into five groups
   C. The group is asked to line up, and the student in front will answer the question first. Students behind will take turns to answer the next questions
   D. The facilitator reads out statements related to HIV and AIDS that are characteristic of STIs and participants are asked to answer by raising the card provided, labelling each statement as either a ‘myth’ or ‘fact’.

Activity (15 minutes)
1. The facilitator reads the statement and asks students to compete to answer quickly and correctly. The facilitator also provides the reason for labelling each statement as either a myth or fact.
   • Statement List
     a. HIV can be transmitted through mosquito bites
        Answer: Myth.
     b. HIV can be transmitted by touching and sharing food with people with HIV
        Answer: Myth.
     c. HIV is only transmitted to high-risk groups such as people who often change partners and drug users.
        Answer: Myth.
     d. HIV can only be transmitted to adults, while infants and children are free from HIV disease
        Answer: Myth.
     e. There is already a drug to suppress the HIV virus in the body
        Answer: Fact.
2. The facilitator assisted by the peer facilitator will record the score of each group.
3. Announce the winning group and give appreciation.

**Discussion (8 minutes)**
1. The facilitator explains the importance of not stigmatizing and discriminating against people with HIV and AIDS.
2. Facilitator carefully discuss with students about effective ways in preventing HIV.
3. Read key messages about HIV:

1. Know the facts about HIV and how it is transmitted and share it with your friends and family. Educating ourselves is essential to stopping the spread of HIV.
2. Prevent HIV by avoiding all modes of transmission.
3. People with HIV can live long and productive lives.
4. HIV status can only be known through an HIV test. Conduct HIV counselling and testing to determine our HIV status.

4. The facilitator will select students to get stamps for their active participation

**REFERENCES**

Drug abuse is getting more common among adolescents. A quarter of drug users are students and the number of drug users under the age of 30 is two times higher than those above 30 years old. The term NAPZA (Narkoba, Psikotropika, dan Zat Adiktif lainnya) is not as popular as NARKOBA (Narkotika dan Bahan/Obat Berbahaya) in Indonesia.

There are various types of drugs, such as:
- Opium flowers and fruit
- Heroin/putaw
- Morphine
- Dry opium
- Ecstasy
- Rohypnol
- Cocaine
- Methamphetamine
- Coca flowers and fruit
- LSD
- Marijuana leaves
- Marijuana
- Amphetamine
- inhaler (glue and thinner)
- Tobacco / cigarettes
- Alcohol
Adolescents use drugs for a range of reasons, including:

- To have greater self-confidence or appear attractive or cool to others
- Because they are interested in taking risks or experimenting with new things
- They might be pressured into taking drugs by their peers
- To cope with stress or trauma in their lives
- Because they become addicted to drugs

While taking drugs might seem like a good idea at the time, it only ever results in bad things, not just for the individual but for their family.

**Effects of drug abuse**

- Damaged vital organs, including the brain, heart, lungs, liver, kidneys and reproductive organs.
- Intoxication with various signs and symptoms: vomiting, nausea, dizziness, convulsions, trembling, palpitations, chest pain, increased heart rate, elevated body temperature, high blood pressure, dilated pupils, coma. It should be noted that each type of drug and dose has different effects on the body.
- *Sakaw* (withdrawals) is a condition where someone who consumed the drugs suffers when there is no intake of drugs such as heroin and *putaw*.
- Psychiatric disorders such as anxiety, fear, suspicion, excessive alertness, panic, confusion, irritability, depression, excessive joy, aggression, memory disorders, reasoning and concentration disorders, awareness and behaviour disorders
- Worsening social life. For example, decrease school performance to school drop-outs, deterioration of family relationships, and triggers for crime such as stealing because of the need to buy drugs
- Accidental death from overdose or accident while affected by drugs.

**How do you avoid drugs?**

- Don’t make friends with people who use drugs. If your friends suggest you use drugs, find a better friendship group that are into healthy past times like sport.
- If you have a problem, don’t keep it to yourself. Start consulting with your family, especially your parents. If you feel that you cannot talk to your family, you can go to the counselling teacher at the school. Closest peers can also be a place to share, but peers are not trained professionally to handle psychological problems.
- If you feel that both family and school are not a safe place for you to talk and pour out your heart, you can contact the nearest psychologist or general practitioner at the Puskesmas.
• Understand that the use of drugs is related to psychological problems; therefore, it is necessary to involve professionals both for prevention and treatment as drug users and smokers.
• Encourage student to be brave and say no to every offer of drug.
• In order to avoid drugs, please remember to always encourage students to bring themselves closer to God according to their own religion and belief.

The disadvantages of drug abuse, both in terms of economic and productivity loss, are enormous. However, in this session, we will discuss this issue from a mental health perspective. Teenagers who have problems should consult regarding their problems with counsellors, parents, and youth peer educator groups so that they can avoid drug and cigarette abuse as an escape from their problems. Thus, they can grow and develop optimally without being exposed to the ill effects of drugs and their environment.

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**OBJECTIVES**

- Increasing students’ knowledge on drug abuse
- Increasing students’ ability not to judge fellow adolescents who abuse drugs
- Increasing student’s understanding that drug abuse is related to mental health

**TARGETED LIFE SKILLS**

- Empathy for others who abuse drugs
- Managing stress and seeking professional help if you need it
- Awareness of the dangers of drug abuse

**TIME**

30 minutes

**LEARNING TOOLS**

- Newspaper clippings of news about celebrities who abuse drugs
- Sticky notes
- Stationery
LEARNING STEPS

Preparation
1. Prepare the news clippings. If the facilitator encounters similar, more updated news pieces, share the material with the students

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. When finished, explain that today you will gossip about celebrities to attract student’s attention
4. Distribute two sticky notes for students to write down their answers during discussion

Activity (15 minutes)
1. The facilitator explains the clippings of news about a celebrity getting caught for drug abuse. Despite his/her appearance, the young celebrity turned out to be a drug user.
2. To trigger discussion, the facilitator then asks the participants:
   a. What are the substances that constitutes drugs? (Relate the conversation to the most common use of drugs in the neighbourhood)
   b. What will happen if someone is addicted to drugs?
3. The facilitator then asks the students what may cause the celebrity to abuse drugs. Ask them to write the answer in a sticky note and keep it to themselves for the time being
4. The facilitator then asks the students what they would do if their friend or family member abused drugs. Ask them to write down the answer on a different sticky note.
5. Invite students to post both notes at the front of the class. Make sure they post the answer for the two questions separately.
6. The facilitator guides the discussion in class by grouping similar answers and discuss them together.

Discussion (10 minutes)
1. The facilitator explains that when someone becomes a drug addict, is not only because they are ‘a bad kids’ or because they ‘hang out with the wrong people’. Many addicts abuse drugs to escape from the problems and mental problems they face, or out of curiosity.
2. The facilitator explains that it is important for us to refer ourselves and colleagues who have problems to counsellors and other nearby service providers.
1. Drug abuse is a mental health problem that must be resolved by referring the drug users to proper counselling or medical services, not by judging and punishing them.

2. Drug abuse and mental health are interconnected, and therefore should be prevented with various positive activities such as sports, poetry, singing, or dancing.

3. To keep ourselves away from the negative influence of drugs, we need to foster positive relationships with our family, friends, people around us, and not forget to bring ourselves closer to God.

4. Being masculine does not mean you have to use drugs. A masculine boy is someone who is able to face the challenges of life with personal abilities and maturity without using harmful substances

4. The facilitator give stamps to students who are active in class. The facilitator can also choose one siswa eksis to receive a stamp.

REFERENCES


Non-communicable diseases (NCDs) are known to cause seven out of 10 deaths in Indonesia. NCD sufferers currently consist of various ages, not only elderly people. The famous concept of NCD is called ‘4x4’, which is four major diseases with the four most common risk factors (causes). The four main NCDs are diabetes, heart and blood vessel disease, chronic lung disease, and cancer. Four things that influence the emergence of NCDs are smoking, excessive consumption of alcoholic beverages, unhealthy/obese eating patterns and lack of exercise.

Adolescents should have some knowledge about these diseases because risky behaviours often arise in childhood and are increasingly difficult to change with age. Therefore, adolescence is an essential period in the prevention of NCDs. Adolescents also need to know the symptoms and the magnitude of the problems that arise from NCDs in order to avoid them.

1. Cardiovascular diseases
Globally, the number one causes of death is cardiovascular diseases. It is caused by impaired heart and blood vessel function. Some of the examples are:

a. Coronary heart disease (heart attack)
Heart attacks and acute strokes are usually acute events and mostly caused by blockages that prevent blood from flowing to the heart or brain.
The symptoms are pain or discomfort in the middle of the chest. The pain can radiate to the left arm, shoulder, back, and induce shortness of breath

b. Stroke
Stroke is also caused by bleeding or from occluded blood vessels due to blood clots in the brain. The symptoms are sudden weakness on the face, arms or legs, often occurring on one side of the body, numbness of the face, arms or legs, especially on one side of the body, difficulty speaking or understanding speech, and unconsciousness

2. Diabetes mellitus
Diabetes is a chronic disease that happens due to the lack of insulin production in the pancreas (the hormone that regulates blood sugar) or the insulin produced does not function properly. This situation causes blood sugar levels to be high, which over time can damage the heart, blood vessels, eyes, kidneys, and nerves. The risk of death among people with diabetes is double the risk of their peers without diabetes. The typical symptoms are often feeling thirsty and wanting to drink a lot of fluid (polydipsia), frequent urination (polyuria), and often feels hungry (polyphagia)

3. Chronic lung disease
Chronic lung diseases are respiratory diseases including asthma (respiratory allergies) and chronic obstructive pulmonary disease. This disorder is often found in children and the elderly. Children with asthma have limited physical ability because of breathing problems and they can often not attend school. Symptoms caused are a recurrent cough with or without phlegm, shortness of breath with or without wheezing.

4. Cancer
Cancer is malignant cell growth that damages organ function and affects the body as a whole, causing death. The main types of cancer commonly found are lung cancer, breast cancer, colon cancer and liver cancer. Cigarettes are the main preventable cause of cancer. Cancer symptoms depend on the organ they are incorporated in.

Four risk factors
1. Cigarettes
Cigarettes are the biggest preventable cause of death in the world today killing 5.4 million people per year. If left unstopped, this number will continue to double by 2030. Cigarettes contain highly addictive psychoactive ingredients, namely nicotine. Avoiding direct and indirect exposure to cigarette smoke is not only beneficial for the lungs, but also to the prevention for all NCDs.
2. Unhealthy diet
Unhealthy diets (especially high levels of fat, sugar, and salt) and physical inactivity are some of the main causes of non-communicable diseases. Therefore, it is important for us to always consume a variety of nutritious foods, as well as obeying the government’s suggestion in ‘My Plate’. Every time we eat, divide the plate into two equal parts. Fill 2/3 of half the plate with staple food and vegetables, and 1/3 from the other half for protein and fruits.

3. Lack of physical activity
Regular physical activity should be a way of life as it increases physical endurance. Recommendations for physical exercise to prevent NCDs are:
   1. Three times a week with a minimum duration of 30 minutes
   2. Exercise should begin with warming up, core training, and cooling
   3. Use safe and comfortable facilities and use the right sportswear and footwear
   4. Pay attention to a balanced nutritional intake to get maximum results

4. Excessive alcohol intake
Alcohol can damage almost every organ and system in the body. Dangerous consumption of alcohol is influenced by the amount of alcohol consumed, drinking patterns, the quality, and contamination.

In this session, participants are expected to understand the four main non-communicable diseases and the four main risk factors. After attending this session, participants are expected to have an overview of the dangers of NCDs and be aware of the risky behaviour that causes NCDs.
OBJECTIVES
• Increasing students’ knowledge about the four non-communicable diseases and their main risk factors.
• Increasing students’ knowledge of how to avoid being exposed to the four NCD risk factors, which can come from themselves or the surrounding environment.
• Increasing the understanding of living a healthy life by avoiding the four main risk factors.
• Fostering students’ awareness to learn more about non-communicable diseases and significant risk factors

TARGETED LIFE SKILLS
• Critical thinking about the four most common NCDs and the four common risk factors including ways to prevent exposure to the risk factors
• Decision making about healthy lifestyles that need to be started early so they can avoid non-communicable diseases.
• The ability to communicate with peers so as not to give in to peer pressure about smoking or exposure to other risk factors.

TIME
30 minutes

LEARNING TOOLS
• Pictorial cards with visualized symptoms and or risk factors for NCDs.
• Illustration picture of the four main NCDs.

LEARNING STEPS
Preparation
1. Prepare the pictorial card for NCD symptoms.
2. Prepare the four NCD pictorial cards.

Briefing (5 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. After completion, describe the activities that will be carried out.
4. Explain instructions for carrying out activities:
   A. Divide students into four groups.
   B. The facilitator distributes illustrated cards, four cards in each group.
   C. The facilitator will appoint a symptom/risk factor, and students compete to guess the type of non-communicable disease based on the symptoms/risk factors.
   D. Students who have guessed will move to the back of the line and invite the next student to guess the symptoms of the following disease.
   E. The team that answers correctly will be given one point and for a wrong answer one point will be deducted.
F. Continue until all the symptoms of the disease card run out.
G. The group that has the highest score will win.
5. The facilitator gives students the opportunity to ask questions until all students understand the activity instructions

Activity (17 minutes):
1. The facilitator gives students three minutes to divide themselves into four groups and stand in four rows. Leave enough space for students who have finished answering to move back.
2. The facilitator may clarify if there are students who do not understand the instructions or how to play but may not help or provide answers for students.
3. After that, start the game. Don’t forget to record the score for each group.

Discussion (8 minutes):
1. The facilitator explains briefly about the understanding of four NCDs and the four main risk factors.
2. Students are also asked to present four sources of risk factors that they experience or may experience and state the ways they can avoid certain risk factors (e.g. avoiding the invitation of friends to smoke, drink alcohol, and eat unhealthy food)
3. The facilitator start the discussion on the importance of balance nutritional intake and the ‘My Plate’ concept that has to be practiced as a way to prevent NCDs.
4. Read the key message about Non-Communicable Diseases:

1. Non-communicable diseases are the main diseases that cause death but many things can be done at a young age to prevent NCDs.
2. The ‘4x4’ concept (four main diseases [diabetes, heart and blood vessel disease, chronic obstructive lung disease, and cancer] and the four most common risk factors [smoking, consumption of alcoholic beverages, unhealthy diet and lack of exercise]).
3. Ensure that we fulfil the four pillars of balanced nutrition in daily life since it helps prevent NCDs.
4. Always remember the ‘My Plate’ concept every time we eat

5. Students who participate actively in the class will get stamp from the facilitator.

REFERENCES


Intercountry Workshop on School Health in the Prevention of Noncommunicable Diseases http://www.euro.who.int/__data/assets/pdf_file/0015/333222/workshop-school-health-NCD.pdf
TRANSMISSION OF DISEASE

BACKGROUND

Infectious diseases are one of the inhibitors of optimal activity and growth. Some infectious diseases are even chronic, and the sufferer must live with the disease for the rest of their life.

Infectious diseases are transmitted through various medium. In order to prevent this disease, we need a healthy and clean lifestyle known as PHBS or Healthy and Clean Living Behaviour. PHBS includes all health-related behaviour so that each family member or family can help themselves to be actively involved in health-related activities within the community.

As described in Session 18 on personal hygiene, there are eight components of PHBS in school:
1. Washing hands with soap and flowing water
2. Consuming healthy snacks which do not contain salt, sugar and fat in high amounts at school canteen
3. Using healthy and clean toilets
4. Regular sport
5. Eradicating mosquito larvae
6. Not smoking
7. Weighing and measuring height every month
8. Disposing of garbage in appropriate place

This session will re-emphasize the importance of PHBS in its relation to prevent disease transmission.
OBJECTIVES
• Increasing students’ understanding on disease transmission
• Increasing students’ knowledge of various ways to prevent disease transmission

TARGETED LIFE SKILLS
• Awareness of disease prevention
• Decision making and healthy hygienic behaviour to prevent disease

TIME
30 minutes

LEARNING TOOLS
• Three sets of illustration card activities

LEARNING STEPS

Preparation
1. Prepare an illustration card
2. The facilitator divides students into three groups

Briefing (7 minutes)
1. Greet students kindly.
2. If students lack enthusiasm, invite them to do the Aksi Bergizi chant first as an energizer.
3. When finished, describe the activities that will be carried out (not the learning objectives!)
4. Give one set of cards to each group, and ask them to arrange the pictures according to the following guides:
   a. Place one picture which shows someone is defecating in an open space
   b. One picture shows a mouth, like the illustration on the right side below:
Activity (15 minutes)
1. From the existing set of images, ask participants to make a diagram that illustrates how the faeces can get into / through other people's mouths, in accordance with the conditions that occur in the community. Use the arrows between various images to show the paths taken between the bowel movements and people's mouths.
2. The following are illustration cards that need to be arranged
   • Small children defecate in the river
   • Adult men wash clothes in the river where children are defecating
   • Food that has many flies
   • Human mouth
   • Flies
   • Cockroaches
   • Dirty hands
   • Men who carry cans from the river where children are defecating
3. After the participants have finished working on each diagram, each group is asked to show and explain their diagram to all participants. Let them answer questions that arise from the other participants.
4. Talk about similarities and differences between one diagram and another. Record the results of the diagrams of each group.
5. Help them to form a correct flowchart if the plot chart made by them turns out to be inaccurate.

Discussion (8 minutes)
1. The facilitator then explains that the simulation was a depiction of the easy spread of infectious diseases such as influenza, tuberculosis, vomiting, dengue fever, typhus, diarrhoea and pneumonia.
2. Encourage the discussion with participants on the ways to prevent infectious diseases. One of the most effective ways is through building a good immune system. This can be possible through nutritional intake.
3. Read key messages about disease transmission:
   1. Infectious diseases can be prevented by healthy hygiene behaviours such as maintaining the cleanliness of toilets, washing hands with clean water and soap, wearing masks, eating clean food and not snacking randomly, not sneezing carelessly or littering.
   2. Balanced nutrition through diversification of food can help boost the immune system. This can effectively prevent transmitting diseases
4. The facilitator will select students who are entitled to get stamp to paste on their student books.

REFERENCES
Program Penyediaan Sarana Air Minum dan Sanitasi Berbasis Masyarakat (Pamsimas III).
INTERNET USE

BACKGROUND

In the midst of technological development, adolescents are increasingly exposed to internet usage and gadgets. Unfortunately, adolescent behaviour in utilising technology does not sync with their ability to utilise it in a positive manner while facilitating wise decision making.

The internet can make life much easier for adolescents. They can get information, entertainment, shopping, connect with friends or even earn some income. On the other hand, the internet also opens the door for abuse and can risk adolescent safety if not properly used.

This session is designed to trigger adolescents to rethink ways to use the internet and is expected to give them balanced information on benefits and risks. It is hard to monitor and forbid adolescents from using the internet. Therefore we need to equip them with critical thinking skills in order to utilise the internet optimally and with responsibility.

In the midst of technological developments, adolescents need to improve their literacy regarding information and communication technology (ICT) which consists of hardware, software and their ethical use. Students need to understand that social media has benefits and risks. If not used properly, adolescents can get into trouble including criminal charges.
OBJECTIVES

• Increasing students' awareness of their habits of using the internet and its effects on themselves and the environment.
• Improving student knowledge regarding the benefits and risks of internet use.

TARGETED LIFE SKILLS

• Critical thinking about the use of technology and the internet.
• The ability to make decisions by utilizing technology optimally and responsibly.

TIME

30 minutes

LEARNING TOOLS

• Paper with a list of actions and consequences

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>CONSEQUENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not share anything about you that is considered inappropriate for the public.</td>
<td>If not, you will get into trouble. You might embarrass yourself, your family, or your school. Even worse, this could also have an impact on your future. In the next few years, people can still find this information online. Once you post it in online, it's difficult to delete it from the search engines.</td>
</tr>
<tr>
<td>Build a positive image of yourself as early as possible.</td>
<td>Positive image will be your strong asset when you decide to work in the future. There's no need to wait until you go to college or work.</td>
</tr>
<tr>
<td>Protect your privacy. Personal information such as passwords and other personal data must not be known by many people.</td>
<td>There is no need to include your address and telephone number in your social media account since it might open the door for crime.</td>
</tr>
<tr>
<td>ACTIONS</td>
<td>CONSEQUENCES</td>
</tr>
<tr>
<td>---------</td>
<td>--------------</td>
</tr>
<tr>
<td>Think carefully about what you will do on social media, both in making friends or writing comments.</td>
<td>You must think very carefully before doing anything. Do not post a photo of someone without their permission. Do not write out comments that can cause problems. Even though you already deleted it, digital traces are hard to remove.</td>
</tr>
<tr>
<td>Carefully complain about someone or an organization on social media.</td>
<td>You might have to deal with the authorities if you do this improperly. It is better to submit a complaint directly to the person or organization.</td>
</tr>
<tr>
<td>Do not share your activities on social media such as eating, buying new items, or exposing your social life.</td>
<td>This does not have any benefits since it will create envy from other people. There are many other useful things that you can share on social media, such as scholarship information, part-time job vacancies, and so on.</td>
</tr>
<tr>
<td>Do not make friends with the wrong people online.</td>
<td>Be selective in accepting friend requests. Making friends with the wrong person might result in unwanted problems. Try to spot fake accounts. Do not hesitate to unfriend people if you think it is necessary.</td>
</tr>
<tr>
<td>Do not make friends with the wrong people in the real world.</td>
<td>Friends made offline can also cause you trouble online. Avoid friends who secretly photograph embarrassing moments about yourself and post them online just to be seen by many people.</td>
</tr>
<tr>
<td>Use privacy settings on your social media account.</td>
<td>You can limit who can see your social media accounts. Do not hesitate to delete other posts that might embarrass you. Do not accept all friend requests. If you are in doubt, reject the requests.</td>
</tr>
<tr>
<td>Do not post and comment when you’re emotional.</td>
<td>Wait for your emotions to subside, then respond. Writing something when you’re in emotional will make you write unwise things.</td>
</tr>
<tr>
<td>Keep your social media profile safe.</td>
<td>There are a lot of scams online. Prevent identity theft by keeping information safe. Use complicated passwords. Never tell your password to your friends. Avoid opening your account through a device or network that is not safe, for example, when using public Wi-Fi or a computer in an internet cafe. If there is no other way around it, at least make sure you have signed out</td>
</tr>
<tr>
<td>Do not post information about where you are.</td>
<td>This can lead to crime. Posting all your locations is the same as giving your address to a criminal.</td>
</tr>
<tr>
<td>Browse yourself online once in a while.</td>
<td>You can see what the world is saying about you. You can type your name on the search engine and see what Google knows about you. There are many other websites that you can use such as: peekyou.com, pipl.com.</td>
</tr>
<tr>
<td>Do not post about politics and anything related to race, ethnicity or religion online.</td>
<td>Your posting can spread hatred and division</td>
</tr>
<tr>
<td>Separate business and personal life.</td>
<td>Posting something personal in social media used business and career will make you look unprofessional. Use LinkedIn to build professional networks for future work, while Facebook and Instagram are for personal life.</td>
</tr>
<tr>
<td>Don’t spread false news. Think before forwarding information from an unauthorized source</td>
<td>If you spread a hoax, some party who feels aggrieved can report it on the basis of violation of the Information and Electronic Transaction Law. This includes humiliation, defamation, provocation, incitement, and the spread of false news.</td>
</tr>
</tbody>
</table>

*Modified from: Jendela Pendidikan dan Kebudayaan (Media Komunikasi dan Inspirasi Kementerian Pendidikan dan Kebudayaan Republik Indonesia) Edisi VI/Oktober 2016.*
LEARNING STEPS

Preparation
1. Prepare the paper of actions and consequences for each student. Photocopy the list if there are not enough copies.
2. Make sure that each action paper has the right paper consequences.
3. Write reflection questions on the board:
   a. Have I used the internet?
   b. When do I use the internet?
   c. How often do I use the internet?
   d. Have I ever violated the things written on the action paper?

Briefing (5 minutes)
1. The facilitator greets participants.
2. The facilitator introduces the action paper and consequences that illustrate some issues regarding using the internet.
3. The facilitator explains to students that each student will get a piece of paper. The white paper is an action paper, while the grey paper is a consequences paper.
4. The task of each student is to pair the action paper and the appropriate consequences paper.
5. When you meet the right partner, students can sit together.

Activity (10 minutes)
1. Give time for students to find suitable partners.
2. If there are students who are passive, encourage them to find the right partner.
3. Students who have found their partner are directed to sit and discuss answering the reflection questions on the board while waiting for all their friends to finish.

Discussion (15 minutes)
1. The facilitator asks students to read the action card and consequences card to ensure that each group is paired correctly.
2. Discuss the consequences of each action.
3. The facilitator and students together read the key messages

**DO!**

- Check the validity of information before spreading it
- Think first before posting
- Close the page if you found negative content
- Maintain the privacy of your personal data (do not post your address or home/school, phone number etc; use a strong password so that it won't get hacked easily)

**DON’T!**

- Use gadgets in excessively in terms of time duration
- Use applications or gadgets above your age category
- Spread inappropriate photos
- Accept friendships or interact with stranger

4. Participants who actively participate in class will get a stamp from the facilitator.

**REFERENCES**

PHASE 5

THINGS NEEDED TO GROW UP HEALTHY
BACKGROUND

With the increase of purchasing power, adolescents are also exposed to a variety of consumptive habits. Therefore, they need to be equipped with the knowledge and skills to manage money which is often known as financial literacy. The purpose of teaching financial literacy to adolescents is to increase knowledge about various financial institutions, financial products, and services so that they understand the benefits and risks contained in them. With this knowledge, teenagers can use various strategies to achieve their financial goals in the future.

Saving behaviour should be taught to adolescents so that it can become entrenched behaviour. People around adolescents can lead by example and help educate them to delay short-term desires to get long-term needs. Desire is the drive to fulfil non-essential needs, while a need is the fulfilment of basic needs.

As revealed at Global Findex 2014, Indonesia’s adult population (above 15 years) who have accounts of various types with financial institutions increased to 35.9 per cent from only 19.6 per cent in 2011. This percentage still does not meet the government’s target of 50 per cent.
In this session, students are invited to simulate one of the essential life skills which is to make decisions about finance. Teenagers may get pocket money from parents, but this is not accompanied by an understanding of how to manage it properly.

Students must be able to distinguish between what they need and want and prioritize expenditure based on long-term and short-term needs. If teenagers can plan finances, they will be more accustomed to managing financial priorities and learning to save to meet future needs.

**OBJECTIVES**
- Students understand and are able to set financial priorities
- Students are aware of the importance of saving

**TARGETED LIFE SKILLS**
- Decision making, especially in financial matters

**TIME**
30 minutes

**LEARNING TOOLS**
- Paper and stationery
- IDR 10,000 in imitation money
- Illustration cards of expensive but useful items

**LEARNING STEPS**

**Preparation**
1. The facilitator prepares IDR 10,000 of the imitation money according to the number of participants.
2. The facilitator prepares an illustration card

**Briefing (5 minutes)**
1. Greet the participants who have attended.
2. Tell them that students will get ‘money’ to provoke their reactions, but immediately clarify that the distributed money is not real.
3. The facilitator divides all students into 8-10 groups, trying to choose students who sit close together so it will not take time.
4. Explain to students that each group will receive IDR 10,000 in the form of imitation money.
5. Each group makes a list of what can be done with IDR 10,000.
6. Ask each group of students to write their answers on paper or in the Student Handbook.

**Activity (15 minutes)**
1. Give students five minutes to make the requested list.
2. Make sure all group members participate in the discussion.
3. When finished, ask students to write their first answer on an A4-size blank piece of paper. Make sure that the answers are written in large print that is easy to read from a distance.
4. Ask each group to select a student representative to come to the front of the class with an answer paper. Representatives of the students stand in line in front of the class by showing their group’s answers.
5. Offer one student to come forward and compile 10 answers based on priorities from the least important to the most important. (Make sure students raise their hands politely before choosing them).
6. Students arrange answers by moving their friends who stand in front of the class.

**Discussion (10 minutes)**
1. When the selected student finishes compiling the answers, ask the following guide questions:
   a. Do students agree with this order? Ask why they think so.
   b. Ask students to pay attention to whether all answers written are related to the action of ‘buying’ something
   c. If there is no ‘saving’ or ‘saved’ answer, the facilitator must ask students why they did not include it?
   d. From identified answers, ask the students to quickly differentiate between needs and wants
   e. Ask them some trigger questions regarding which one is more important (needs):
      - Fries vs fruits
      - Money for school vs gadgets
      - Buying phone credit versus school equipment
2. The facilitator shows pictures of expensive but useful items and asks if students want to have them?
   a. Ask students how they can get these items if everyday students only get IDR 10,000 pocket money?
   b. Ask students to set aside half of the IDR 10,000 and multiply it by 365 days (total amount = IDR 3,650,000) and ask what kind of needs that can be fulfilled with that amount of money. Use an illustrated card to trigger discussion
3. The facilitator then explains the benefits of saving. The facilitator tells us that the money we have is used for daily needs but must also be set aside for savings. The more expenses spent on things that are not important, the less money is left to save.

4. The facilitator discusses that it is often difficult to distinguish between needs and wants. As an example, the facilitator can share information that there is a person who has not prioritised nutritious food for their family as they prefer to spend money on cigarettes. On the other hand, cigarette smoking is an expensive behaviour, can cause a lot of diseases and potentially increase health costs in the future.

5. The facilitator and students read together:

1. Prioritize needs, not wants.
2. Always set aside money for savings for present and future needs, not just thinking of the present.
3. Prioritize consumption of healthy foods such as fruits and vegetables rather than food with excessive amounts of salt, sugar and fat

6. The students who participate actively in the class will get a stamp from the facilitator.

REFERENCES


Session 35

PLAN YOUR FUTURE

BACKGROUND

In this session, participants are invited to think about their future and identify what they have to do to achieve it. This session also asks participants to recall all the lessons that have been given in previous sessions and to strengthen their commitment to trying to live a healthier life. In this session, participants are also asked to look after each other and reminded to create positive peer pressure so they will be willing to change together.
To reach future goals, it is important for adolescents to determine the targets they want to achieve. A clear and measurable target will motivate us to work harder and make the best use of time. It will also make us accustomed to practice discipline and do everything more efficiently. Things that are useless and actually interfere with the achievement of our targets are not a priority such as other activities that are only for fun and entertainment. Therefore, adolescents must get used to determining targets so that our lives are focused to achieve a better future.

Based on the 8 Doors of Life colouring book released by the Ministry of Education and Culture (2018), good living targets have several essential elements:

1. SYSTEMATIC PLANNING
Targets are needed to find out what we will do in life. It is vital for adolescents to get used to life planning so that they know the purpose of their lives. If that is done, life will become more directed and will be less confusing.

2. DISCIPLINE
This target makes lives more disciplined. Discipline makes life more organized, and we will utilise our time as best we can.

3. EVALUATION
Because we know the purpose of life, we become accustomed to evaluating ourselves. We are used to correcting the results we have done so that we will get better every time.

To achieve their target, adolescents also need to have solid principles. The principle will become a strong basis in all decision making they will carry out so that every time some obstacles or challenges make it difficult for them to reach the target, they will not easily be discouraged and make self-defeating decisions.
OBJECTIVES
- Participants are able to see the relationship between their current actions and future consequences
- Participants want to commit to choosing at least two things they will do in the next month

TARGETED LIFE SKILLS
- Self-awareness student aspirations and expectations
- Decision making to realize a bright future.

TIME
30 minutes

LEARNING TOOLS
- Blank paper and stationery.

LEARNING STEPS

Preparation
1. The facilitator makes an example of a picture on the board or on large piece of paper, so it is easy to see

Briefing (5 minutes)
1. Greet participants who have attended.
2. Tell students that today we will draw together.

Activity (15 minutes)
1. The facilitator asks each student to imagine themselves as an adult and draw/write on paper what they expect to happen (e.g., career, education, etc.)
2. The facilitator asks each participant to exchange their pictures/writings with their peers.
3. A friend from the group suggests how the paper owner can achieve his goals based on information from various sessions that have been studied before.
4. After all group members have written their own suggestions, paper owners are asked to choose or write their own ideas about what they will try to do in the next month. Each participant chooses the three behaviours they will work on.
Discussion (10 minutes)
1. The facilitator asks participants to write down the three behaviours on the back of the stamp book.
2. The facilitator asks a group of friends to look after each other and remind each participant to implement what is promised.
3. Facilitators and students read together:

- The future is determined by our choices today.
- We must maintain and remind each other about our goals so we are able to move forward together.
- Staying healthy since an early age such by consuming healthy and nutritious food as well as regular physical activity helps us to reach our dream together.
- Students who actively participate in the class will get a stamp from the facilitator.

REFERENCES

Session 36

EXHIBITION

BACKGROUND

In this session, participants are invited to reflect on what material they had learned in the previous 35 sessions. There are five phases in this module and participants are asked to work in groups based on the sessions they like best.
OBJECTIVES
• Participants can reflect on sessions that they think are most relevant to their lives.

TARGETED LIFE SKILLS
• The ability to communicate is to convey ideas
• Interpersonal skills.

TIME
30 minutes

LEARNING TOOLS
• Participants are asked to bring their own exhibition equipment.

LEARNING STEPS
1. Participants prepare exhibition materials in the provided space.
2. The teaching staff will go around to see the work of the participants.
3. The teaching staff will ask about each participant's work.
4. After the teaching staff have finished assessing the first work, the first participant can join the teaching staff and ask about other's work.
5. The sequence will continue until all participants get questions and responses.
6. The participant with the most stamps will be congratulated by the teacher and crowned and get the "Healthy School Ambassador" pin.

1. The Aksi Bergizi module has a memorable session and is able to be well understood by participants.
AKSI BERGIZI
HIDUP SEHAT SEJAK SEKARANG. UNTUK REMAJA KEKINIAN

STARTING A HEALTHY LIFE NOW
FOR TODAY'S ADOLESCENT

Supported by:
unicef
for every child