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Welcome to Leadership Academy GLOW 2010

Dear Leadership Academy GLOW participants:

Welcome to the 10th year of Leadership Academy GLOW in Bulgaria!!! We are so proud that Leadership Academy has come this far, and it is all thanks to all to you, our wonderful GLOW girls who make this Leadership Academy happen every year. We are so happy to be sharing this experience with you fantastic ladies. GLOW is truly a life changing experience for everyone who is involved, and We know that you will share the wonder of GLOW with all your campers this year!!

This year you return as a leader because you are an exceptional GLOW girl and your leadership skills and commitment to GLOW is something that we want to use, share, and inspire new campers with!! You truly are the spirit of GLOW and we are so happy to see you return and share your skills with 50 new campers this year.

GLOW 2010 has some new activities that we know you are going to love! The GLOW Committee is so excited to see how they all work out and to hear what you think of the changes. “GLOW Idol” is sure to be something that lives through the ages, and “Egg Identity” and “Egg Drop” are sure to motivate all of you to build a dream, keep it safe, and make it happen!!!

We can’t say enough that we feel that GLOW girls are going to be the future of Bulgaria. We strongly feel that you all have the skills, motivation, and creativity to move this country into the future and we will be at home saying “We knew her when she was a camper at Leadership Academy GLOW!”

“You must be the change you want to see in the world.” - Mahatma Gandhi

Leadership Academy GLOW 2010 Team

Sustainability Committee - Mariela Georgieva, Margarita Kaleynska, Tsveta Kaleynska, Galya Shishkova, Kalina Bozhkova, Plamena Kozhuharova, Assya Ivanova, Daniela Zagorcheva;

Junior Counselors and Counselors - Ani Koleva, Biliyana Hristova, Vanesa Vazharova, Gabriela Staneva, Gergana Ivanova, Desislava Junakova, Diana Tasheva, Ekaterina Gicheva, Elisaveta Radkova, Zlatka Koleva, Iva Ivanova, Iliyana Gudzheva, Liya Trenovska, Margita Kolcheva, Maria Stoyanova, Plamena Yonkova, Tsveta Konova;

Peace Corp’s Volunteers - Ashley Soltis, Elani Gonzalez, Anna O’Neil, Kay Hannahan, Jill DeRose, Alison Beitelspacher;
Leadership Academy GLOW Rules

1. Lights out at 11:00 pm.
2. All Leadership Academy GLOW activities, unless specified as optional, are mandatory.
3. Alcohol and illegal drugs are absolutely forbidden at Leadership Academy GLOW. Use of either alcohol or drugs while at Leadership Academy GLOW will result in immediate dismissal.
4. No smoking.
5. You cannot leave the grounds of the hotel complex unless on Leadership Academy GLOW excursion. If you must leave the hotel grounds, you must get approval from Mariela Georgieva before you depart.
6. No visitors are allowed without prior permission from director.
7. Non-compliance with any rules will result in immediate dismissal from the Leadership Academy GLOW.
8. No cell phones during educational sessions!!!
9. Relax, enjoy, and have fun!!

Medical Emergency Procedure

1. For a serious emergency, immediately call 112.
2. Find one of the Assistant Counselors.
3. Find the camper’s emergency contact form.
4. Call the camper’s parents BEFORE medical treatment takes place (if possible).
5. For minor injuries we will have a medical kit available.
Leadership Academy GLOW 2010 Staff

Leadership Academy GLOW 2010 Coordinator:
Mariela Georgieva

Leadership Academy GLOW 2010 Assistant Counselors:
Kalina Bozhkova, Assya Ivanova, Daniela Zaghorcheva, Ashley Soltis, Jill DeRose, Alison Beitelspacher

Counselors: Junior Counselors:
Gabriela Staneva Ani Koleva
Gergana Ivanova Iva Ivanova
Ekaterina Gicheva Biliyana Hristova
Zlatka Koleva Liya Trenovska
Iliyana Gudzheva Diana Tasheva
Plamena Yonkova Desislava Junakova
Tsveta Konova Elisaveta Radkova
Assya Ivanova Margita Kolcheva

Drawing: Elena Petrova, Glow 2001 Camper
Small Group Assignments

Group One
Counselor: Gabriela Staneva
Junior Counselor: Ani Koleva
Group Members: Polina Radoslavova Angelova Berkovitsa
                Veneta Valerieva Dimitrova Blagoevgrad
                Daniela Angelova Kalganchukova Petrich
                Iva Pantaleeva Ivanova Kavarna
                Joana Valentinova Stoyanova Kyustendil
                Polina Ivanova Dragneva Shivachevo

Group Two
Counselor: Gergana Ivanova
Junior Counselor: Iva Ivanova
Group Members: Tsetsi Lyubomirova Dimitrova Blagoevgrad
                Denitsa Emileva Nedeva Veliko Tarnovo
                Maria Dimitrova Petrunova Kocherinovo
                Aleksandra Aleksandrova Malinova Kyustendil
                Hristiyana Dimcheva Bochkova Popovo
                Boyana Boyanova Vasileva Stara Zagora

Group Three
Counselor: Ekaterina Gicheva
Junior Counselor: Biliyana Hristova
Group Members: Dragomira Tomova Ugrinova Blagoevgrad
                Simona Yakimova Yakimova Kavarna
                Kristina Georgieva Georgieva Kyustendil
                Nadezhda Dimitrova Izvorova Razgrad
                Mariyana Stefanova Sabeva Shivachevo
                Liliya Marinova Petrova Pleven

Group Four
Counselor: Zlatka Koleva
Junior Counselor: Liya Trenovska
Group Members: Stefani Aleksandrova Kostadinova Blagoevgrad
                Nadezhda Angelova Chorbadzhiiska Kyustendil
                Steliyana Valentinova Traykova Lyaskovets
                Ralitsa Georgieva Velikova Valchedram
                Veselsa Andreeva Kehayova Sofia
                Kalina Petrova Krastanova Stara Zagora
Group Five
Counselor: Iliana Gudzheva
Junior Counselor: Diana Tasheva
Group Members: Vasilika Ilinkova Petkova Botevgrad
Diana Ivanova Kasavetova Veliko Tarnovo
Stanislava Plamenova Antova Kyustendil
Maria Kirilova Stoyanova Byalo pole
Desislava Petkova Genova Pazardzhik
Stefani Yordanova Bistreva Shivachevo

Group Six
Counselor: Plamena Yonkova
Junior Counselor: Desislava Yunakova
Group Members: Anamaria Doncheva Koeva Burgas
Katerina Antonova Doncheva Kavarna
Teodora Antimova Petrova Karlovo
Maria Ivanova Azamova Panicherevo
Katerina Hristova Dimitrova Sofia
Desislava Tsoneva Chotova Shivachevo

Group Seven
Counselor: Tsveta Konova
Junior Counselor: Elisaveta Radkova
Group Members: Anna Stoycheva Ivanova Burgas
Teodora Stoyanova Kukova Kyustendil
Danina Emilova Popova Razgrad
Hristina Ivanova Popova Parvomay
Roza-Martina Stoyanova Kostova Sofia
Nikol Borisova Valentinova Yabalkovo

Group Eighth
Counselor: Assya Ivanova
Junior Counselor: Margita Kolcheva
Group Members: Zhulieta Parusheva Ivanova Burgas
Antonia Yulianova Maneva Kyustendil
Valeria Valentinova Traykova Lyaskovets
Polina Valentinova Stoyanova Ruse
Stefani Borislavova Simeonova Sofia
Ralitsa Petrova Petrova Stara Zagora
# Leadership Academy GLOW 2010 Schedule

*Please also check the posted schedule each day, as certain sessions and activities may change! Thank you!*

## GLOW Evolution: A Celebration of Youth

**Sunday 22nd August: Celebrating the Arrival:**

"Be not afraid of growing slowly; be afraid only of standing still"

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am - 6 pm</td>
<td>Campers arrive (a.k.a. Future Glow Girls)!!!</td>
</tr>
<tr>
<td></td>
<td>Registration, Name tag, T-shirt and Manual Distribution</td>
</tr>
<tr>
<td>6:30 pm</td>
<td>Welcome Dinner</td>
</tr>
<tr>
<td>7:30 pm</td>
<td>Welcome- Staff Introductions and Staff Skits</td>
</tr>
<tr>
<td></td>
<td>Secret Friend</td>
</tr>
<tr>
<td>8:00 pm</td>
<td>Small Group Introductions</td>
</tr>
<tr>
<td>8:30 pm</td>
<td>Bracelet Icebreaker</td>
</tr>
<tr>
<td>11:00 pm</td>
<td>Lights Out</td>
</tr>
</tbody>
</table>

**Monday 23rd August: Celebrating the beginning of our adventure (everyone wear something red)**

"From today and from this place there begins a new epoch in the history of the world." - Goethe

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00 am</td>
<td>Morning Meeting Energizer!</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Medium Group Workshop</td>
</tr>
<tr>
<td></td>
<td>1. Teamwork and Leadership</td>
</tr>
<tr>
<td></td>
<td>2. Communication</td>
</tr>
<tr>
<td>10:30 am</td>
<td>Break</td>
</tr>
<tr>
<td>11:00 am</td>
<td>Small Group Work: Decision-making + notice for debates</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Break 30 min</td>
</tr>
<tr>
<td>1:30 pm</td>
<td>Medium Group Workshop</td>
</tr>
<tr>
<td></td>
<td>1. Teamwork and Leadership</td>
</tr>
<tr>
<td></td>
<td>2. Communication</td>
</tr>
<tr>
<td>2:30 pm</td>
<td>Break 15 min</td>
</tr>
<tr>
<td>2:45 pm</td>
<td>Team Building Games - House of Straws</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>Team Building (group name, color, flag)</td>
</tr>
<tr>
<td>4:15 pm</td>
<td>Small Group Work – Attitudes</td>
</tr>
<tr>
<td>5:15 pm</td>
<td>Reflection time – goals, fears, expectations;</td>
</tr>
<tr>
<td>5:45 pm</td>
<td>Break 15 min</td>
</tr>
<tr>
<td>6:00 pm</td>
<td>Yoga (optional)</td>
</tr>
<tr>
<td>6:30 pm</td>
<td>Dinner</td>
</tr>
<tr>
<td>8:30 pm</td>
<td>A Hawaiian Pool Party</td>
</tr>
<tr>
<td>11:00 pm</td>
<td>Lights Out</td>
</tr>
</tbody>
</table>
Tuesday 24th August: Celebrating The Good Old Times (wear costume from ancient times)

“Imagination is more important than knowledge” – Albert Einstein

8:00 am Breakfast
9:00 am Morning Meeting Energizer! (pass out balloons)
9:30 am Break 15 min
9:45 am Medium Group Workshop

1. Self-esteem
2. Peer Pressure

10:45 am Break 15 min
11.00 am Guest speaker on Drugs and Alcohol
12:00 pm Lunch
1:00 pm Break 30 min
1:30 pm Medium Group Workshop

1. Self-esteem
2. Peer Pressure

2:30 pm Break 30 min
3:00 pm Guest Speaker on Eating Disorders
4:00 pm Silly Olympics
5:30 pm Reflection time
6:00 pm Meditation/Free
6:30 pm Dinner
8:30 pm Pajama party
11:00 pm Lights Out

Wednesday 25th August: Celebrating Our Differences (wear something that describes you)

“You never really understand a person until you consider things from his point of view, ‘til you climb inside of his skin and walk around in it” Harper Lee

8:00 am: Breakfast
9:00 am: Morning Meeting (Notice for the next day Talent show + Simulation on discrimination (guidelines)
9:30 am: Guest speaker on Domestic Violence
10:30 am: Break
11:00 am: Large group session on Public Appearance and Etiquette – Body language, Voice, Look, Outfit
12:00 pm: Lunch
1:00 pm: Break 30 min
1:30 pm: Small group session: Stereotypes
2:30 pm: Break 15 min
2:45 pm: Medium Group Workshop

1. Tolerance and Discrimination + Discussion on Simulation
2. Gender Roles

3:45 pm: Break 30 min
4:15 pm: Medium Group Workshop

1. Tolerance and Discrimination + Discussion on Simulation
2. Gender Roles
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:15 pm</td>
<td>Break 15 min</td>
</tr>
<tr>
<td>5:30 pm</td>
<td>Reflection time - Debrief on the day; What will each girl do in the evening</td>
</tr>
<tr>
<td>6:00 pm</td>
<td>Aerobics /Free time</td>
</tr>
<tr>
<td>6:30 pm</td>
<td>Dinner</td>
</tr>
<tr>
<td>8:30 pm</td>
<td>Dance evening/Movie evening/Free evening</td>
</tr>
<tr>
<td>11:00 pm</td>
<td>Lights Out</td>
</tr>
</tbody>
</table>

**Thursday 26th August:** Celebrating our Dreams and our EU identity (wear something that expresses your EU identity)

*“Whether you think you can or you cannot, you are always right” Henry Ford*

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00 am</td>
<td>Morning Meeting (Notice for the bracelets that need to be ready for the next evening)</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Threads distribution</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Large-group session: Active Citizenship and EU Initiatives – 50</td>
</tr>
<tr>
<td>11:00 am</td>
<td>Small group work on Goal-setting</td>
</tr>
<tr>
<td>11:30 am</td>
<td>Egg Activity – packing</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Break 30 min</td>
</tr>
<tr>
<td>1:30 pm</td>
<td>Guest Speaker on Self-defense</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>Break 15 min</td>
</tr>
<tr>
<td>3:15 pm</td>
<td>Egg drop</td>
</tr>
<tr>
<td>4:30 pm</td>
<td>Reflection time</td>
</tr>
<tr>
<td>5:00 pm</td>
<td>Break 15 min</td>
</tr>
<tr>
<td>5:15 pm</td>
<td>Nature walk</td>
</tr>
<tr>
<td>6:30 pm</td>
<td>Dinner</td>
</tr>
<tr>
<td>8:30 pm</td>
<td>Talent show</td>
</tr>
<tr>
<td>11:00 pm</td>
<td>Lights Out</td>
</tr>
</tbody>
</table>

**Friday 27th August:** Celebrating Leadership Academy GLOW (wear GLOW t-shirts)

*“Think like a queen. A queen is not afraid to fail. Failure is another stepping stone to greatness” Oprah Winfrey*

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am</td>
<td>Breakfast</td>
</tr>
<tr>
<td>9:00 am</td>
<td>Morning Meeting/Going to Veliko Tarnovo</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Travelling to Veliko Tarnovo</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Community service</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Lunch/Sandwiches</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Large group session on Continuing the Spirit of GLOW</td>
</tr>
<tr>
<td>2:30 pm</td>
<td>Exploring Veliko Tarnovo (groups should come back in the hotel until 6 pm at the latest)</td>
</tr>
<tr>
<td>6:00 pm</td>
<td>Reflection time</td>
</tr>
<tr>
<td>6:30 pm</td>
<td>Dinner</td>
</tr>
<tr>
<td>8:30 pm</td>
<td>Bon Fire</td>
</tr>
</tbody>
</table>
11:00 pm  
Lights Out

Saturday  28th August: Celebrating New Friends (wear something crazy or kitschy)
“Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.” - Margaret Mead

8:00 am  
Breakfast
9:00 am  
Morning Meeting
9:30 am  
Large Group Session on Ecology
10:30 am  
Break 15 min
10:45 am  
Instructions
11:00 am  
Debates/Case studies
12:30 pm  
Lunch
1:30 pm  
Break 15 min
1:45 pm  
Guest speaker on Sex Education
2:45 pm  
Break 15 min
3:00 pm  
Small group work on Values
4:00 pm  
Thank you cards
4:45 pm  
Reflection time
5:00 pm  
Preparation for Gala dinner
7:00 pm:  
Gala Dinner
8:30 pm:  
A keynot speaker on “How to be a leader in Bulgaria”
10:00 pm:  
Farewell party: We will meet again!!!
11:00 pm:  
No Lights Out - HoOraY!

Sunday 29th August  Celebrating End of GLOW evolution: I am a leader!
“Fortune favours the bold!”

8:00 am:  
Breakfast
9:00 am:  
Packing and saying good-bye / Crying Session
12:00 pm:  
Check - Out
Leadership Styles

(These leadership styles are based on Carl Jung’s eight psychological types and are related to Myers Briggs’ preferences).

Source: [http://www.teamtechnology.co.uk/leadership-styles.html](http://www.teamtechnology.co.uk/leadership-styles.html)

### MYERS BRIGGS, Jungian or MTR-i leadership style

<table>
<thead>
<tr>
<th>Description</th>
<th>When to use</th>
<th>When not to use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Extraverted Feeling (Jung), or Coach (MTR-i)</strong></td>
<td>Commitment from others is critical, or sensitive situations</td>
<td>Decisions need to be forced through, conflict is being avoided</td>
</tr>
<tr>
<td>People-oriented, motivator, builds personal relationships, likeable, interpersonal skills, cares for others</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Introverted Feeling (Jung), or Campaiguer (MTR-i)</strong></td>
<td>The group has lost its sense of identity, or it is doing too many unimportant things</td>
<td>There is a problem that needs to be solved with dispassionate objectivity (e.g.: technical issues)</td>
</tr>
<tr>
<td>Value-driven, has passion for key issues, focuses on important themes, champions the cause</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extraverted Intuition (Jung), or Explorer (MTR-i)</strong></td>
<td>The group is 'stuck in a rut', or the status quo needs to be challenged</td>
<td>There are already too many initiatives under way and some stability is needed</td>
</tr>
<tr>
<td>Tries things that are new, prototypes, introduces change, looks for unexpected outcomes, creates new opportunities, experiments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Introverted Intuition (Jung), or Innovator (MTR-i)</strong></td>
<td>Radical change is needed, change is a long term activity</td>
<td>There are immediate dangers, the group may not survive in the short term</td>
</tr>
<tr>
<td>Develops long-term vision, produces radical ideas, foresees the future, anticipates what is outside current knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extraverted Sensing (Jung), or Sculptor (MTR-i)</strong></td>
<td>There is some inertia, or lack of achievement has destroyed motivation</td>
<td>The group is being too expedient, current success may ebb in the future</td>
</tr>
<tr>
<td>Takes action, produces results, leads from the front, sets an example, does what is asked of others</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Introverted Sensing (Jung), or Curator (MTR-i)</strong></td>
<td>The direction is vague or expectations have not been articulated</td>
<td>There are already too many goals or too much information</td>
</tr>
<tr>
<td>Observes, listens, clarifies goals, establishes realistic expectations, makes aims crystal clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extraverted Thinking (Jung), or Conductor (MTR-i)</strong></td>
<td>There is chaos/lack of organisation, or there are no measures of achievement</td>
<td>There are so many processes that creativity has been stifled</td>
</tr>
<tr>
<td>Organises, makes plans, sets measurable goals, coordinates work of different people, manages resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Introverted Thinking (Jung), or Scientist (MTR-i)</strong></td>
<td>The situation is complex or driven by technical solutions</td>
<td>People's feelings are paramount, or the group go round in circular arguments</td>
</tr>
<tr>
<td>Analyses, uses models, produces explanations, compares other situations, engages in intellectual debate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Leadership Skills and Leadership Behaviors
Effective Leadership Behaviors

Different leadership studies highlight the importance of effective leadership behaviours, whether they are based on under-graduates or commercial managers at every level in an organization. In short, there are commonalities that emerge from this research time and again, which characterise positive behaviors and negative behaviors.

Whilst there may be significant differences at the detailed level there seems to be a broad consensus of positive leadership behaviors:

- Conducts regular, effective meetings to set objectives, allocate tasks and review performance
- Effective project planning and management
- Identifying the right person for the right role
- Appropriate delegation of responsibility whilst retaining accountability
- Consults and includes others in decision-making
- Shows an interest in others and responding to their needs whether that is for more information, guidance, support, personal development, positive feedback or reward and recognition
- Takes ownership and shows commitment for solving problems or difficult/sensitive issues
- Leads by example, showing a contagious passion and enthusiasm, engaging and motivating others
- Direct, clear, open style of communication
- Considers impact before action

Ineffective or Negative Behavior

Similarly, there is a broad consensus on ineffective or negative leadership behaviours:

- Does not demonstrate accountability, commitment or ownership to objectives, tasks or problems
- Does not communicate clearly or well
- Does not manage, support or develop others very well
- Does not provide timely positive feedback as appropriate
- Does not recognize or reward contribution
- Avoids conflict or difficult problems
- Acts before considering impact
- Allows poor performance to continue or low quality deliverables to be produced
- Becomes emotional, irrational or temperamental
- Fails to agree objectives and clarify expectations
- Inadequate preparation or planning
- Willingness to not mention or conceal important facts about a situation
- Focuses on negatives and tends to reduce morale and motivation of others
- Is not open to new or alternative ideas
TEAMWORK

Types of Team Members

The Coordinator
The team’s natural chairperson; confident, talks easily, listens well; promotes decision-making; able to encourage contributions from all team members; need not be brilliant intellectually
*Weakness*: a bit manipulative

The Energy Plant
The team’s vital spark and chief source of ideas; creative unorthodox, imaginative.
*Weakness*: lack practicality, a bit of a handful, up in the clouds

The Implementer
The team’s workhouse; turns ideas into practical actions and gets on with them logically and loyally; disciplined, reliable, conservative
*Weakness*: can only adapt if told why; lacks imagination

The Resources Investigator
The fixer; extrovert, amiable, good at making and using contacts; an explorer of opportunities.
*Weakness*: undisciplined; short attention span

The Shaper
Usually the self-elected leader; dynamic, positive, outgoing, argumentative, a pressurize; seeks ways around obstacles
*Weakness*: not always likeable, tendency to bully; provokes opposition.

The Monitor/ Evaluator
Team’s rock; strategic, sober, analytical, introvert, capable of deep analysis of huge quantities of data; rarely wrong
*Weakness*: a boring person, lack imagination

The Team Worker
A counselor and conciliator; social, perceptive, accommodating, aware of other’s problems; promotes harmony; most valuable in times of crisis
*Weakness*: can’t make decisions

The Completer/Finisher
The team’s worrier; very interested in details, deadlines, and Schedules; has relentless follow-through; chief catcher of errors and omissions
*Weakness*: reluctant to let go; worries about small things

The Specialist
The team’s chief source of rare knowledge and skill; a single-minded loner; self-starting, dedicated and make the occasional dazzling breakthrough
*Weakness*: does not contribute often
DESIGN MAKING

What Kind of Decision Maker Are You?

**Hasty Harry:** Makes a decision immediately, no matter what. He wants to eliminate the discomfort of ambiguity as soon as possible.

**Last-Minute Louise:** Always waits until the last possible moment before deciding on anything.

**Stubborn Sally:** Makes a firm decision and refuses to consider any other alternative.

**Mia Fraid:** Delays any decision for fear of being wrong or appearing foolish.

**Wilbur the Wonder Wimp:** Avoids deciding because he lacks self-confidence in his ability to live with the consequences of decision.

**Rebecca the Rebel:** Always decides to do exactly the opposite of everyone else, just for the sake of being different.

**Ebenezer Pleaser:** Always tries to mediate and compromise, to appease others by making a decision that makes everyone happy.

**St. Peter Perfectus:** Spends an inordinate amount of time deliberating, analyzing, and checking out all sides of the issue in an attempt to make the perfect decision.

**Lotta Feeling:** Always makes impulsive decisions based on emotions, with little thought as to consequences.

**Mr. N. Tuition:** Plays his hunches and trusts his inner sense of what feels right.

**Vera (Sis) Thematic:** Chooses carefully and thoughtfully after considering all of the options available and the pros and cons of each alternative.

**Ida Neaux:** Avoids decisions because of lack of information.

**Freddy the Fence:** Has trouble deciding because he swings back and forth from one side of the issue to the other.

**Grass-is-Greener Gertie:** Makes a decision and then immediately wishes she had chosen a different alternative.

**Rudy Roulette:** Always leaves the decision up to chance or fate.

**Willy Nilly:** Always lets other people make the decisions.

**Sister Mary Alofta, Nun of the Above:** Lets a “Higher Power” decide.

**Olive De Above:** Has no clear-cut pattern of decision-making, but rather displays some of the characteristics of all the types.
Rational decision making models

This is the most popular type of model and is based around a cognitive judgement of the pros and cons of various options. It is organised around selecting the most logical and sensible alternative that will have the desired effect. Detailed analysis of alternatives and a comparative assessment of the advantages of each is the order of the day.

Rational decision making models can be quite time consuming and often require a lot of preparation in terms of information gathering. The seven step decision making process is a classic example in this category.

### 7 Step Decision Making Model

An important factor in the model is information gathering. It is suggested that the more information that’s available, the easier it is to make decisions. So many of the steps are designed to do just this.

**The 7 steps**

1. **Identify the decision to be made** - exactly what are you trying to decide?
2. **Know yourself** - what are your strengths, weaknesses, skills, values and interests
3. **Identify options** - list the various choices so far
4. **Gather information and data** - about each alternative
5. **Evaluate options that will solve the problem**, pros, cons and risks of each alternative
6. **Select the best option** - may be necessary to loop back and gather more info
7. **Develop a plan of action** - and implement it!

### Pros and Cons Model

A rational decision making model presupposes that there is one best outcome. Because of this it is sometimes called an optimizing decision making model. The search for perfection is frequently a factor in actually delaying making a decision.

Such a model also presupposes that it is possible to consider every option and also to know the future consequences of each. While many would like to think they know what will happen, the universe often has other plans!

It is also limited by the cognitive abilities of the person making the decision; how good is their memory? how good is their imagination? The criteria themselves, of course, will be subjective and may be difficult to compare. These models require a great deal of time and a great deal of information. And, of course, a rational decision making model attempts to negate the role of emotions in decision making.

### Making a Career Decision

Take a look at the Career Decision-Making Model below.
Step One: Reaching a Decision-Making Point

A decision-making point is reached when you feel ready or required to make an important career decision. How do you feel about making this career decision? Take a moment now to write down your Positive and Negative Emotions.

Were you able to put down any positive emotions – like excited, curious, interested? Are you feeling only negative emotions – like overwhelmed, confused, anxious? It’s okay to have some anxiety when making this decision as it can be a positive motivator to taking action, like working through the exercises in this workbook or taking a career planning workshop. However, if the negative feelings are too high or debilitating, then it may be time to see a career counsellor to help you deal with your emotions.

Step Two: Researching

Part One – Self

The career search has been called “both an inside and an outside job.” The inside component is understanding yourself, or self research. The process of researching yourself involves considering where you want your occupation to fit into your lifestyle; determining which values, skills, and interests you want to satisfy in your educational program or in your future occupation; and assessing what your temperament or personality style is like and how this will be expressed in your working role. Be aware though, that not all of your personal dimensions can be expressed or satisfied by your work. Some of your interests, skills, and so on will need to be satisfied in other life roles. You will need to consider which parts of you will be expressed in your educational program or at work and which parts of you will be used in your leisure role, volunteer work, or with your family. Notice, though, that there is a two-way arrow between your Career Criteria and your Lifestyle Criteria, indicating that different dimensions can be switched between your work role and your other life roles as you desire.

Part Two – Career

Once you have determined your career criteria, then you can go shopping, so to speak. Go shopping to determine the choices available in educational programs, occupations or employment positions, depending on where you are in making a career decision. This will mean generating a number of different alternatives. How many occupational titles do you think you could give, right now? Think of all the occupations you know! Most people could name between twenty-five to fifty titles. Since there are over 25,000 different occupations out there you are probably not aware of a number of opportunities that could be very suitable for you. After you generate some possible options then you need to do some thorough research to make sure you understand clearly what each of the options involves. Research can be done in a variety of ways and while you are doing this research, you will probably already start on the next step.

Step Three: Evaluating Alternatives & Making a Decision

At some point you will begin to compare the options with the criteria that you have determined are necessary for making a satisfying choice. You will be shown a strategy for evaluating alternatives, which involves using both a rational, logical method and an intuitive, subjective level of decision-making. After you have evaluated your options you will be ready to make a decision. Your decision may be to review whether or not you want to make this decision right now or to do more research if you are not happy with one of your options.

If some of your options are suitable then you may be ready to choose, but don’t choose just one option! In career planning it is always important to have more than one choice – more than one choice of an educational program, more than one choice of an occupational area, and more than one choice of an employment offer. Why is it important to have more than one choice - because of the uncertainty of the future. We can never predict exactly what will be the demand for the educational program that you wish to enroll in or how the job market will be when you graduate.
So you need a back up plan, just in case things don’t work out, or if, in time, you find that you
don’t like your first choice as much as you had thought you would, then you have a second choice
to consider. Try to have three or four alternatives at each decision-making point.

**Step Four: Taking Action**

In this step, action is taken by implementing one of your choices; however, no decision is without
risk or some element of the unknown. This is a time to test out your choice to see if it meets up
with your expectations. If not, then you can always go to your contingency plan.

It can be helpful during this phase to develop an Action Plan with goals and a timeline, so that you
can monitor your progress and be clear on the steps to take. You could anticipate some obstacles or
roadblocks that may develop and find ways to deal with these if they do arise. Also, it can be
helpful to consider the resources and support that you will have to call upon while carrying out
your action plan.

**Step Five: Reviewing the Decision**

Remember that your decision has not been written in stone, it can be changed and altered as is
necessary. Periodically it is good to step back and review whether or not you feel that the choice
you made is still the best one for you. This could be done after six months into a new educational
program or after six months on a new job. You may have new information or because of your
experiences, you may have a different perspective. You do have options and alternatives.
Example Decision Making Scenarios

1. James is in the 11th grade. He has a chance to work in construction for six months with his older brother. He would make a lot of money but the job has no future. He would have to drop out of school. What should he do?

2. Maria is 15 and is interested in going out with Tony. But he hasn’t paid much attention to her and her friends say she has to wait until he asks her out. Can she make the first move? What should she do?

3. Katia is at a party with a group of friends. The party ends late, and she is one of the last to leave. Evan is suppose to drive her home and he’s not drunk – but he has had quite a bit to drink. Katia is hesitant about calling her parents because they might not let her ride home with Evan again. She doesn’t have money for a taxi. What should she do?

4. Krista is 18 years old and rents a very small apartment in a poor suburb of Prague but she dreams of living in Germany. She has read an advertisement offering jobs in Berlin. She called the number and met a man who promised to get her out of poverty, saying that she will easily find a job in Berlin. What should she do?

5. Stanislav lives with his parents and three younger brothers. He is twenty years old and is a very promising football player. His uncle in America has offered to try and find him a scholarship to study in an American college. Stanislav’s father has been unemployed for many months and at the moment the only source of income is from odd jobs that Stanislav does. What should he do?

6. Milena and her boyfriend are in love and plan on getting married. They have been abstaining from sex until after they get married, but it’s getting harder and harder as time goes on. Lately, her boyfriend has suggested that they have sex now. After all, they are truly committed to each other and are getting married anyway. What should she do?

7. ...

8. ...

9. ...
VALUES

Values Questionnaire

Answer the following questions:

1. What is one thing I want to change in my life?

2. What qualities do I look for in a friend?

3. What makes me smile?

4. What makes me angry inside?

5. Who do I admire the most?

6. If I found $1,000,000, what would I honestly do with it?

7. What would I say to the President if I met him?

8. If I could take one person with me to the moon, who would it be?
## Values Survey

Check the answer that most closely matches your feelings.

<table>
<thead>
<tr>
<th></th>
<th>Very True</th>
<th>Sometimes True</th>
<th>I Do Not Know</th>
<th>Not True</th>
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</thead>
<tbody>
<tr>
<td>1. I’d rather have a large expensive house than own a work of art.</td>
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<td>2. I like to go places with my friends.</td>
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<td>3. I’d like to travel to far away places.</td>
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<td>4. I think music and art should be required in school.</td>
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<td>5. It is important that my family does things together.</td>
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<td>6. I like to make things.</td>
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<td>7. I would rather be a president of a club than just a member.</td>
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<td>8. I’d like people to know when I’ve done something well.</td>
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<td>9. I like to read books that help me understand people.</td>
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<td>10. If I had talent, I’d like to be on TV.</td>
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<td>11. Having an expensive car is something I’d really like.</td>
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<td>12. I’d like to make a movie that would make people aware of injustice, to improve the conditions it described.</td>
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<td>13. I’d rather be rich than married.</td>
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<td>14. I like to write stories or poetry.</td>
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<td>15. I like to try things I’ve never done before.</td>
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<td>16. I enjoy things.</td>
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<td>17. It is important to be proud of what I do.</td>
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<td>18. If my friends want to do something that I think is wrong, I will not do it.</td>
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<td>19. I’d like to accomplish something in life that is well known.</td>
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<td>20. A strong family is essential.</td>
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<td>21. I would disobey a boss who asked me to do something against my principles, even if it meant being fired.</td>
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<td>22. It is important for me to have a good understanding of history.</td>
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<td>23. If I could, I’d like to be president.</td>
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<td>24. I would like to climb a mountain.</td>
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<td>25. It is very important for me to live in beautiful surroundings.</td>
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<td>26. I like to go to parties.</td>
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<td>27. It is important to have good friends.</td>
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<td>28. I would rather make gifts than buy them.</td>
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<td>29. I am very close to my mother, father or both.</td>
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<td>30. I like to attend lectures from which I can learn something.</td>
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<td>31. I would rather make less money at a job I know would last than take a chance with a job that not might last but pays more.</td>
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<td>32. I would like a lot of expensive things.</td>
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<td>33. I would like to be free to move around than be tied down to my family.</td>
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<td>34. It is important to have an appreciation for art and music.</td>
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<td>35. I’d like to feel that I am in charge in a group</td>
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<td>36. It is important to have an appreciation for art and music.</td>
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<td>37. I’d like to write.</td>
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<tr>
<td>Question</td>
<td>Very True</td>
<td>Sometimes True</td>
<td>I Do Not Know</td>
<td>Not True</td>
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<td>38. I’d look forward to taking a job in a city I have never been to before.</td>
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<td>39. Having children is important to me.</td>
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<td>40. I’d like to understand a way a TV works.</td>
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<td>41. I’d like to be able to decide what and how much I would work one day.</td>
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<td>42. I’d like to do something that helps people.</td>
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<td>43. I’d like to be famous.</td>
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<td>44. I’d rather be a judge than a lawyer.</td>
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<td>45. I don’t think I would like an adventurous vacation.</td>
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<td>46. I’d like to have works of art in my home.</td>
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<td>47. I’d like a job that gives me plenty of free time to spend with my family.</td>
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<td>48. I couldn’t be happy with a job in which I didn’t feel good about myself.</td>
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<td>49. I get very nervous when I’m forced to take chances.</td>
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<td>50. I’d rather be a boss than a worker.</td>
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<td>51. It is important to share activities with friends.</td>
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<td>52. If I knew how, I would make my own clothes.</td>
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<td>53. I’d rather not have to answer to a boss.</td>
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<td>54. Gaining knowledge is important.</td>
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<td>55. I’d rather work for a well-established company than a new company that hasn’t established itself.</td>
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<td>56. Money cannot buy happiness, but it helps.</td>
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<td>57. Being rich would be the best thing about being a movie star.</td>
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<tr>
<td>58. Being famous would be the best thing about being a movie star.</td>
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<tr>
<td>59. The best thing about being a movie star is doing something creative.</td>
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<td>60. I like to make my own decisions.</td>
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<td>61. Getting to travel would be the best thing about being a movie star.</td>
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<td>62. I’d like to nurse people back to health.</td>
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<td>63. I’d like to help tutor people who have problems at school.</td>
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<td>64. I feel more comfortable in places I’ve seen before than new places.</td>
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<td>65. I’d like to work at a job in which I help people.</td>
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<td>66. I enjoy spending an evening with my family.</td>
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<tr>
<td>67. I’d rather work at a job that is not interesting but pays a lot than one that is interesting and pays a little.</td>
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<td>68. I’d like to write a book that would help other people.</td>
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<td>69. I want to be able to travel if the opportunity arises.</td>
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<td>70. If I had talent I’d like to be a famous rock star.</td>
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<td>71. I like reading to gain insight into human behavior.</td>
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<td>72. It is important to share your life with someone.</td>
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<td>73. If you don’t take chances you’ll never get anywhere - I like to take chances.</td>
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<td>74. I’d rather be a leader than a follower.</td>
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<td>75. The world would be a terrible place without beautiful things.</td>
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<td>76. It is important to learn something new everyday.</td>
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<td></td>
<td>Very True</td>
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<td>I Do Not Know</td>
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<td>77.</td>
<td>I would feel I was doing something worthwhile if I helped a friend with a problem.</td>
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<td>78.</td>
<td>I especially like things I make myself.</td>
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<td>79.</td>
<td>A close family is important to me.</td>
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<td>80.</td>
<td>It is important to donate to the needy.</td>
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<tr>
<td>81.</td>
<td>I enjoy looking at beautiful scenery.</td>
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<tr>
<td>82.</td>
<td>The best thing about winning a gold medal at the Olympics would be the recognition.</td>
<td></td>
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<tr>
<td>83.</td>
<td>I like to go on hikes or bike rides with my friends.</td>
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</tr>
<tr>
<td>84.</td>
<td>I have strong beliefs about what is right and wrong.</td>
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<tr>
<td>85.</td>
<td>It is important to have a family with whom to discuss problems with.</td>
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<tr>
<td>86.</td>
<td>I'd like an exciting life.</td>
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<tr>
<td>87.</td>
<td>I prefer working alone rather than with a team.</td>
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<tr>
<td>88.</td>
<td>I'd like to know all that I can about the working of nature.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>89.</td>
<td>I think it is wrong to help a friend cheat on an exam, even if I know he/she will fail if I do not help him/her.</td>
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<tr>
<td>90.</td>
<td>Having a job I know I can keep is important to me.</td>
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<tr>
<td>91.</td>
<td>I'd like to have enough money to invest for my future.</td>
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<tr>
<td>92.</td>
<td>I do not like someone assigning me tasks to do.</td>
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<tr>
<td>93.</td>
<td>I do not like being alone very much.</td>
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<tr>
<td>94.</td>
<td>I like to take charge of organizing activities.</td>
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<tr>
<td>95.</td>
<td>I think saving money for the future is important.</td>
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<tr>
<td>96.</td>
<td>When I have done something I'm proud of, it is important for other people to know.</td>
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<tr>
<td>97.</td>
<td>I would rather make less money at a job in which I choose my own work than make more money at a job in which someone tells me what to do.</td>
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<tr>
<td>98.</td>
<td>People should contribute small amounts of money to be used to decorate public buildings.</td>
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<tr>
<td>99.</td>
<td>I do not like to take risks with money.</td>
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<tr>
<td>100.</td>
<td>I like thinking of something that has never been done before.</td>
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<tr>
<td>101.</td>
<td>I would not like a job in which I traveled a lot and could not have a lasting relationship.</td>
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<tr>
<td>102.</td>
<td>If a teacher accidentally left the test answers where I could see them, I would not look.</td>
<td></td>
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<tr>
<td>103.</td>
<td>I like people to ask me for my opinion when trying to decide the best way to handle a situation.</td>
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<tr>
<td>104.</td>
<td>If I could, I'd like to make a movie that people would think is beautiful.</td>
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</tbody>
</table>

Turn back to the first page of this exercise. Above the words “Very True,” write a 9. Above the words “Sometimes True” write a 6, above “I Do Not Know,” write a 3, and above “Not True,” write a 0. Do the same for each page of the survey.

For each number listed below, write the numerical value of the response you selected. For example, if for number 1 you selected “Very True,” write a 9 on the line next to the number 1, found in the section “Money and Wealth” below. When all the lines have been completed, total the numerical responses under each heading. For which category is your total the highest? A description of each category follows this page.
<table>
<thead>
<tr>
<th>Family</th>
<th>Moral Judgment &amp; Personal Consistency</th>
<th>Independence &amp; Freedom</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>17</td>
<td>34</td>
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<tr>
<td>20</td>
<td>18</td>
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<td>102</td>
<td>97</td>
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<td>Total</td>
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<table>
<thead>
<tr>
<th>Adventure</th>
<th>Money or Wealth</th>
<th>Security</th>
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<tbody>
<tr>
<td>3</td>
<td>1</td>
<td>32</td>
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<td>15</td>
<td>11</td>
<td>45</td>
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<td>16</td>
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<td>Total</td>
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<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Friendship &amp; Companionship</th>
<th>Beauty &amp; Aesthetics</th>
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<tbody>
<tr>
<td>9</td>
<td>2</td>
<td>4</td>
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<td>22</td>
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<td>101</td>
<td>104</td>
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<td>Total</td>
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<thead>
<tr>
<th>Power</th>
<th>Recognition</th>
<th>Creativity</th>
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<tbody>
<tr>
<td>7</td>
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<td>6</td>
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<td>23</td>
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<td>74</td>
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<td>Total</td>
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<tr>
<th>Helping Others</th>
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<tr>
<td>12</td>
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<td>42</td>
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<td>62</td>
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<td>68</td>
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<td>77</td>
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<td>80</td>
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<tr>
<td>Total</td>
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</table>
Family
Someone with very high scores in this category greatly values the closeness of a family. Parents and children feel close to each other and spend much time together. “Family” can also mean other persons or friends who are close to you, if you choose not to join a traditional family. Your inner circle of acquaintances is important. You are a people person. If you score high in this area, you will want a job that allows plenty of time at home where you can enjoy family and friends. Your work hours should be consistent and stable. You probably would not be happy as a traveling sales representative or a forest ranger.

Adventure
In contrast to the preceding, a career that calls for a lot of travel may just be right if you value adventure. You certainly would not be satisfied with a job in which the routine is the same day after day. Your score shows that you would like to have varied job duties and that you are comfortable taking risks. If you have a high score in this area, you have to make a choice between your family life and adventure. Which do you value more: family or career? If you’re an adventure-loving family woman, you may have to settle for hang gliding on weekends, or making an expedition through the wilderness each summer, rather than being a foreign correspondent or an international jewel trader.

Knowledge
If you value knowledge, you will want a career that lets you keep learning. Teaching is an obvious choice, but you might also consider doing research - scientific, historical, political, or in any other field of interest. Being a journalist who covers different stories everyday or spends time reading reports and interviewing people might also be a very good choice.

Power
It’s hard to find an entry-level job with a lot of power, but if that’s what you value, you’ll want to make sure there is plenty of room for advancement in your chosen field. You should prepare yourself to take a leadership role by pursuing advanced education or by learning more skills in your field. Or, you might want to start your own business. That way you can be president immediately - even if you’re the only employee!

Moral Judgment and Personal Consistency
If you score high in this category, you’ll want to make sure that your career choice is one you feel worthwhile; that is, one you can be proud of, no matter what other values it mirrors. For example, if you also had a high adventure score, you would probably be more satisfied as a Peace Corps worker than a bomber pilot.

Money
Obviously, if money is your top value, you look carefully at potential earnings for any job you take. Since making a lot of money usually entails spending long hours on the job, you should consider your other values in choosing a field which will hold your interest. You may have little time for family, friends, or outside hobbies. Check the salary levels of a wide range of jobs before starting to narrow your choices.
Friendship and Companionship

If friendship and companionship are important to you, your job should involve working closely with others. Being shut away in a laboratory or sitting in a cubicle with an adding machine will probably hold few charms for you. If you get along with others and can talk easily with people you don’t know well, you might consider working in sales or public relations. If having time for close friendships outside of work is important, though, you won’t want a job that involves a great deal of travel or overtime.

Recognition

Is recognition what you want? If so, you’ll do best choosing something for which you have talent, something that will let you work to develop the talent. Of course, some fields have more potential than others. There may be very few world-renowned bus drivers, but the fact remains that in many communities there are bus drivers everyone knows and respects. It often depends on how you do your job, not just what job you do.

Independence

If you value independence and freedom, you should beware of careers that are rigidly supervised or scheduled. Some sales representative positions allow you a great deal of freedom. People who work on a free-lance basis, or as consultants, may be able to decide where, when, and how much they will do.

Security

Careers with well-established companies, or those in areas that are basic to human needs and not likely to become obsolete, are good choices for someone who values security. Such a person is usually happier with clearly defined work.

Beauty or Aesthetics

People who score high in aesthetics (love of beauty) like to be surrounded by beauty. If this describes you, you might be happy as an interior designer or art dealer. You might like being a forest ranger at a park or an executive in a plush office. You would almost certainly be unhappy as a garbage collector or a coal miner.

Creativity

Writers and artists are often thought of as creative, but creativity is an important asset in other fields as well. If you value creativity, you will want a career that gives you room to make choices and decisions, to put your ideas into effect, and to evaluate the results of your efforts. You probably wouldn’t be happy in a job that is rigid or inflexible. You might find a use for your creativity by working as a program director for a senior citizens’ group, as an engineer in a large research firm, or as a landscape architect.

Helping Others

Women who value helping others have traditionally become teachers and nurses. But there are many other options. Doctors, social workers, psychologists, counselors, writers, politicians, lawyers, dieticians, speech pathologists, and physical therapists are just a few of the career possibilities for those scoring high in this area.
COMMUNICATION

Test Your Assertiveness

Assertiveness vs. Aggression

Assertiveness is standing up for what you believe in or knowing what you want and expressing in a straightforward manner while being sensitive to others’ feelings. Aggression cuts off communication rather than facilitating.

Test YOUR Assertiveness:

Choose one of the following statements: “Almost never,” “Sometimes,” “Most of the time,” in response to the following sentences:

I can express my feelings honestly.________________________________________________

I can say “no” without apologizing or feeling guilty. ________________________________

I can admit when I am angry. ____________________________________________________

I try to find out the cause of my anger. __________________________________________

I want to have all the facts before I make a decision. ________________________________

I criticize a person’s behavior, not the person.____________________________________

I take responsibility for my own feelings instead of blaming others.___________________

I make it a point to express good feelings as well as bad._____________________________

When I say how I feel, it’s not at someone else’s expense.____________________________

If I disagree with someone, I don’t use verbal or physical abuse._______________________

I offer solutions to problems instead of just complaining._____________________________

I respect others’ rights while standing up for my own._______________________________

Give yourself one point for each time you responded with “most of the time.”

0 – 4 You are not yet good at being assertive. Work on being more sensitive and aware of others’ emotions. Don’t worry, it takes practice to be perfect!

5 – 9 O.K., but you still need to work on how to express yourself in an assertive way. Stand up for what you believe and always be honest about your feelings. Keep trying!

10 – 12 You should be proud of yourself. You know how to say what you mean in the most productive way. Keep up the good communication skills!
Communicate Effectively – Definitions of different kinds of communication

Assertiveness - This is a true expression of your wants and needs. It means standing up for your rights and needs in a manner that increases the chance of achieving your goals. An assertive response allows you to express your feelings, build respect and feel good about yourself. The persons with whom you are being assertive will feel good about themselves, too.

Passiveness – This is an inability to stand up for your rights, thoughts and feelings or communicating them in a weak, ineffective manner. When you are passive, you allow another person’s needs and beliefs to be more important than yours. As a result, your needs are not met and you end up feeling angry, resentful and hurt.

Aggressiveness – This is a domineering and condescending expression towards another person. You express your wants and needs, but at the humiliation of someone else. This results in the other person feeling angry and resentful. It may also cause you to feel guilty later about comments you made.

Ideas on How to Communicate More Assertively

Æ Begin statements with “I” instead of “you”. For example, start a statement with “I need”, “I want”, or “I would like it if…” Don’t begin statements with accusations, such as “You idiot”, “You selfish brat”, etc.

Æ Make sure that your facial expressions and gestures convey the message you are saying. Don’t laugh when you are serious. Use your hands to highlight feelings, but don’t make a fist, which displays aggression.

Æ Use short sentences. Be specific and clear. Don’t shout or speak too softly. Don’t whine.

Æ Be relaxed, natural and concerned. Avoid slouching, putting your hands in pockets and not facing the person you are talking to.

Æ Use good eye contact to convey self-confidence and interest. Don’t stare at the other person; this comes across as a challenge.

Æ Ask for feedback from the other person to make sure he or she understood your need or opinion. At this point, be an active listener and allow the other person to express his or her need and opinion. Try to come to a conclusion of what can be done to meet both of your needs. Compromise, if necessary.
Assertiveness Role-Plays

1. A salesperson ignores you and waits on an adult, even though you have been waiting at the counter longer.
2. You have been on the phone with Veronica for over an hour and aren’t interested in hearing more about her boyfriend. You want to watch a television show that is starting.
3. You are attending a meeting to plan a city-wide recycling event to raise money for athletic equipment. Every time you start to say something, an older teenager interrupts you.
4. You have seen your school counselor three times about the same problem with your social science teacher, but nothing has changed. You are annoyed and want her to help you more.
5. A friend borrowed your library book and lost it. You want your friend to pay for the book.
6. You are watching a movie while someone behind you is talking and laughing too loudly.
7. A friend promised to come to your house and help with an English paper on Sunday afternoon, but she didn’t show up. She calls you two days later.
8. You have been dating John for a while but now you want to date other boys. John calls to ask what the two of you are doing Friday night.
9. You are reading a book in the library and someone next to you is talking very loudly. Talking loudly in the library is not allowed, and you can’t concentrate on your book.
10. You have been waiting 45 minutes for Ashley to meet you for lunch. She shows up and is apologetic, but you are angry.
11. You overhear a friend make a rude comment about the guy in your class who has a handicap. You want the friend to know how you feel about the comment.
12. A big decision is being made in your family—whether to move because of parent’s job or stay in the town where you grew up. You are the youngest of three siblings, and even though you are in 10th grade and have a lot of responsibility within and outside of the family, you don’t feel like anyone in your family is listening to your opinion.
13. You have the opportunity to work on the Black Sea Coast for the summer—a chance not only to make/save more money than you ever would working in your town, but also to practice your English skills with tourists there. You feel your parents won’t listen to your reasoning and just reject the idea altogether: “it’s too far,” “too dangerous,” “you can find a job here.” What do you do?

Useful Links:
http://www.umext.maine.edu/onlinepubs/PDFpubs/6103.pdf
http://www.youtube.com/watch?v=8EYoWlMG4Nk&feature=related
http://www.youtube.com/watch?v=JUwhB3lZvGE
http://www.youtube.com/watch?v=kO2KEYhQbrM&NR=1
http://www.youtube.com/watch?v=EJgpoZEm8c&feature=related
What Are My Goals?

<table>
<thead>
<tr>
<th>GOALS</th>
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<tbody>
<tr>
<td>What Are My Goals?</td>
</tr>
<tr>
<td>Benefits in Reaching My Goal?</td>
</tr>
<tr>
<td>What Might Stand in My Way?</td>
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<tr>
<td>Who Will Encourage Me?</td>
</tr>
<tr>
<td>Plan of Action/Steps I Will Take?</td>
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<tr>
<td>Completion Date</td>
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<tr>
<td>Benefits in Reaching My Goal?</td>
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<td>What Might Stand in My Way?</td>
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<tr>
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</tr>
<tr>
<td>Plan of Action/Steps I Will Take?</td>
</tr>
<tr>
<td>Completion Date</td>
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</table>
Life Plans Worksheet

1. I would like to finish ________________________________

2. By the end of the year I want ________________________________

3. By the end of next month I would like to ________________________________

4. I’d like to have enough money to ________________________________

5. What I want to change most about myself ________________________________

6. One thing I’d like from my boyfriend is ________________________________

7. I’d like to be the kind of friend who ________________________________

8. One thing I’d really like to try is ________________________________

9. Some place I’d like to go is ________________________________

10. One of my good qualities that I’d like to develop further is ________________________________
**ATTITUDES**

**Attitudes Survey**

**ATTITUDES:** Will you limit your opportunities or ensure your success?

Your life choices are affected by your attitudes - your own and the world’s. Because these attitudes play an important part in your life, we must examine them carefully. Women today have more freedom and choices than ever before. Since the changing role of women will affect your future, it’s important to know how you feel now. Your opinions will create your attitude towards womanhood and work. Ultimately they will determine how you fit into the picture. To help you sort out your opinions, complete the following “Attitude Inventory.”

Instructions: Put a check mark in the column that best describes how you feel.

<table>
<thead>
<tr>
<th>ATTITUDES INVENTORY</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Women with preschool children should not work outside the home.</td>
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<tr>
<td>2. The mother should be awarded custody of the children when a couple is divorced.</td>
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<td>3. Divorced men should not have to assume support for their children.</td>
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<td>4. Boys are more intelligent than girls.</td>
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<td>5. If a working couple buys a house, the husband should make the house payments.</td>
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<tr>
<td>6. At work, women should be entitled to maternity leave.</td>
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<tr>
<td>7. If a women works outside the home, she should still be responsible for the housework as well.</td>
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<td>8. I would vote for a female president even if she weren’t the best candidate.</td>
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<tr>
<td>9. Women are less responsible than men.</td>
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<tr>
<td>10. It is important for a man to be “masculine and a woman to be “feminine.”</td>
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<tr>
<td>11. Men should not cry.</td>
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<tr>
<td>12. Both men and women can be good doctors.</td>
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<tr>
<td>13. Wives should make less money at their jobs than their husbands.</td>
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<td>14. Boys should have more education than girls.</td>
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<tr>
<td>15. Women should not hold jobs on the nightshift.</td>
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<tr>
<td>16. Men should not do clerical work because they lack hand dexterity.</td>
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<tr>
<td>17. Women are capable administrators.</td>
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<tr>
<td>18. Women should concentrate on finding jobs in the fields of nursing, teaching, clerical, and secretarial work since they already possess these skills.</td>
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<td>19. A wife and husband should take turns staying home with a sick child.</td>
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<td>20. A single man is not capable of taking care of an infant.</td>
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HAVE YOU EVER MET A WOMAN CEO?

Your attitudes are influenced by what you see around you, as well as by your family. Our own observations give us much true and needed information. You may have observed, for instance, that shaking a soft drink before you open it is not a good idea - especially inside small cars! But some ideas we acquire through observations are false. All over the world women are taking a leading role in business. Women are no longer just filling the role of raising the children and keeping the home, they are running companies and being leaders in the business world. Men have played the role of business leaders for many years; however, imagine meeting a women CEO, Chief Executive Officer. What if you worked for a company where a woman was the head of the Business—would this change how you felt about the Company? How would you feel if a woman led the meetings and made the final decisions on what is best for the Company? Would you have a problem reporting to a female boss instead of a male? Because you rarely meet a woman CEO or a male nurse, you may think such people do not exist, or, if they do, that they are weird. That is a natural reaction. You grew up in a world in which it was “normal” for men to be truck drivers and women to be nurses. There comes a time when you must question what you see. If something is “normal,” is it automatically right and proper? If something is not typical, it is necessarily wrong?

Although your feelings are not easily changed, it is important to consider why you feel the way you do. By answering the following questions, you may gain some insight into your attitudes. You may even open your eyes to a whole new world of choices!!!

1. Is it right for only men to be business leaders and CEO’s? What is there about the job that makes it unsuitable for a woman?

2. Would you like to be a CEO? Why or why not? What are some challenges and opportunities a woman in this position might face?

3. Look back at what you just wrote. Were the reasons you gave based on what a Business Leader, CEO, actually does on the job?
ATTITUDES SCENARIOS

You’re a member of a youth club called “Young People in Action” which is recognized nationwide and active in several cities. Your group meets once a week to discuss potential activities and fundraising events that are beneficial to your town. Activities in such a club may include trash pick-ups, flower and tree planting, arts and crafts, raising money for the orphanage, etc. Each month one member from every club around the country gets chosen to travel to Varna for the monthly nationwide “Young People in Action” meeting. It’s a great honor and privilege to attend this meeting, and is rewarded to the person who has demonstrated the greatest time and commitment to club activities in the respective month. Although you continually offer ideas, never miss meetings and always help to organize events, you have still not been awarded the trip to Varna. In addition, for the last three months, the representatives that have been chosen are much less active and instrumental in club activities than you are. You are absolutely convinced that this is a complete injustice.

Think about this situation for a few minutes before beginning. Read over the questions. Afterwards, you will share your answers to the questions in a small group discussion.

1. How would you feel if you were in this position and how is this related to attitude? Why?

2. How would you handle the situation? (i.e. talking to your club director, accepting this decision as “oh well, that’s life” and forgetting about it, silently complaining about it to other club members, speaking badly to other group members about the girls who have won the trip, etc.)

3. How would somebody with a good attitude react to this situation? How would somebody with a bad attitude react to this situation?

4. How would the future differ for someone who approached this situation with a good attitude as opposed to someone who approached this situation with a bad attitude?

5. How can you find positives in a negative situation?
## ATTITUDES COLLAGE

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**Discrimination and Tolerance**

Read the following story and talk about the feelings it provoked in you:

Walter felt trapped. He saw himself as a normal boy, who really wanted to learn, play, and enjoy himself. But nothing turned out the way he wanted. No one around him seemed to understand what he said, no matter how much he would gesture, shout, or wave his arms about. And to top it all, not even his own body would do what he wanted. Sometimes he tried to talk, and all that came out were senseless noises. Or he would try to pick something up, and his hands would throw it to the floor. Or he would try to hug his mother, and end up shoving her away. And sometimes he couldn’t even think straight.

All this made him feel very angry and powerless, and many people around him grew to believe that he was a dangerous, aggressive boy. They would leave him alone and take no interest in him. When this happened, Walter felt sad, and thought to himself: "If only they knew what it is like to be me..."

Then, one day, Walter met Alice, a wonderful special little girl. She seemed to be the only person who understood his suffering. With great patience, she spent hours and hours teaching Walter how to control his hands, how to say words properly, and how to control his wild thoughts. And when, after a long time and lots of care, Walter was ready, Alice helped him understand the mystery.

It only needed a couple of photographs, already somehow familiar to Walter, but on that occasion, being much better prepared to understand, he realised: Walter and Alice were normal children like everyone else, the only difference was that they were trapped inside disabled bodies. And then, thanks to Alice, the doors of Walter's prison were flung open.

*Author: Pedro Pablo Sacristan*

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**Human Rights And Discrimination**

These are two excerpts from the Universal Declaration of Human Rights:

- "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood."

- "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty."

**Types of discrimination:** ageism, sexism, racism, classism, religious intolerance, sexual orientation prejudices, disabilities intolerance, intolerance toward ethnicities, etc.
Iceberg- “Equal but not identical”
Gender Roles

Gender roles

As everybody knows, men and women are different. It is not the case that one of the sexes is better than the other. They are just different! They live in different worlds, value different things, have different rules. For example, when a man being in a restaurant goes to the bathroom, he does it for just one particular reason. By contrast, women use the bathroom for a living room or a Psychotherapy cabinet. Often happens two women having gone there as complete strangers to go out as best friends, like they have known each other all their lives. And nobody notices this. Meanwhile everyone would look suspiciously at the man who says “Frank, I’m going to the bathroom. Are you coming?”

Even without being the same, men and women should have equal rights and opportunities. One of the greatest barriers that young people face as they think about their future is their perception that they are limited in what they can do. They may feel their lives hold too ‘few’ options for a number of reasons, but an important factor they often believe will limit them is gender. Gender roles are “socially and culturally defined prescriptions and beliefs about the behavior and emotions of men and women”. Gender roles vary. Different cultures impose different expectations upon the men and women who live in that culture. The world has experienced enormous upheaval and revising of its traditional gender roles in the last generation. These changes in gender roles affect the home, the workplace, and the school, and they affect all people to some degree.

Traditional ideas about which roles are important for men and women in the workplace, the family, or personal relationships are often called ‘stereotypes’. Stereotypes can limit our dreams and expectations. Young men may believe they have to behave in certain ways in order to be ‘masculine’ such as being interested in mechanical things, being emotionally in control at all times, and being the dominant partner in a relationship. For young women stereotyped role expectations may include choosing ‘helping’ careers (such as teaching or nursing), being nurturing and considerate while ignoring their own needs, or submitting to the preferences or demands of a male partner in school, work or a personal relationship. If we want young women to overcome the stereotyped attitudes, they must realize that traditional patterns are changing and they can take on non-traditional jobs, family roles, and relationship roles. This unit is designed to make the girls in your group aware of gender roles and become more comfortable with non-traditional gender roles.

Gender vs Sex

Most social scientists distinguish gender from sex. Gender roles are not biologically determined, but vary according to culture and epoch, and even for individuals during the course of their lives. Gender roles are consequently described by social scientists as socially constructed. Most of the behaviour associated with gender is learned rather than innate. People learn what sorts of behaviour and personality are regarded in their cultural context as appropriate for males or females.

Factors

Gender roles are imposed from without, through a variety of social influences. Formed during the socialization phases of childhood and adolescence, gender role issues influence people throughout their lives; conflict can arise when some one does not feel at ease with his or her gender role.
The first and one of the strongest influences on a person’s perceived gender role is his or her parents. Parents are our first teachers—not only of such basic skills as talking and walking, but also of attitudes and behavior. Some parents still hold traditional definitions of maleness and femaleness and what kind of activities are appropriate for each.

Another influence comes from your peers. Peers react more positively to children who fit traditional gender roles. It can come in the form of taunting or teasing a child who does not fit the traditional gender roles that other children in the peer group have been exposed to, even to the point of excluding that child from group activities. Resisting such teasing takes a strong ego, something that takes many people years to develop.

Religion also takes place in forming gender roles. In Saudi Arabia freedom of religion does not exist. In Islam, a woman’s primary responsibility is usually interpreted as fulfilling her role as a wife and mother, whereas a man’s role is to work and be able to financially support his wife and family. Women in the Islam are not allowed to drive and do not have the right to divorce their husbands. They also are isolated from social life and can not travel freely without the company of their male relative. Only men are allowed to have proper education and they usually win custody of boys over the age of six and girls after the beginning of puberty.

In television advertisements, gender stereotyping tends to be at its strongest because the target audiences are frequently either male or female. There has been some lessening of this in recent years but the general pattern remains. In adverts, men tend to be portrayed as more autonomous. They are shown in more occupations than women; women are shown mainly as housewives and mothers.

Specific measures for trade unions are recommended to end gender discrimination and promote full participation of women in the social and work life. Realizing and overcoming gender roles stereotyping is crucial for building strong relationships and selection of a career.

("Войната за вдигнатия капак на тоалетната чиния" - Алън и Барбара Пийз, ИК Сиела, 1999)
Self-Esteem Quiz

Strongly Agree = 5  
Agree = 4  
Undecided = 3  
Disagree = 2  
Strongly Disagree = 1

1. I like the way I look.

2. I always think before I act.

3. I can resist peer pressure most of the time.

4. I am self-confident.

5. I never pretend to be what I am not to please other people.

6. I try to do what is right.

7. I can make up my mind and stick to it.

8. I don’t give in very easily.

9. I can stand up for what I think is right.

10. I am proud of the way my body looks.

11. I like myself.

12. I find it easy to get along with people.

13. I have no difficulty in making friends with people of the opposite sex.

14. I have no trouble controlling my feelings.
"I Am" Poem

I am . . .

I am (two special characteristic that you have)
I wonder (something you are actually curious about)
   I hear (an imaginary sound)
   I see (an imaginary sight)
   I want (an actual desire)
I am (the first line of the poem again)

I pretend (something you pretend to do)
I feel (a feeling about something imaginary)
I touch (something or someone that you have an effect on)
   I cry (something that makes you sad)
   I am (the first line of the poem again)

I understand (something you know to be true)
   I say (something you believe in)
   I dream (something you dream about)
I try (something that you really make an effort about)
   I hope (something you actually hope for)
   I am (the first line of the poem again)
Personal Coat Of Arms
Peer Pressure

A peer is a friend or acquaintance who is about the same age as you are.

You interact with peers at school, sports teams, clubs you belong to, neighborhood, etc.

**Peers can have a positive influence on each other.**
- Learning from peers: good sportsmanship, you read a book your friend suggested, study together

**Peers can have a negative influence.**
- Negative peer behavior: skipping/missing classes, lying to adults, alcohol abuse, smoking, drug abuse

In evaluating your life for areas where you’re being led by blind guides, it’s important to realize that there are two settings in which pressure takes place. The first is in the large group: for most teens a school, a youth group, or home-school group are examples. This is the setting that gets the most attention. The second is in the close relationship with one or several best friends. This is the setting that is sometimes overlooked.

There are certain risk factors for peer pressure, personality traits that make you more prone to give in to pressure. The traits that put you at higher risk for falling in to the peer pressure trap include:

- low self esteem
- lack of confidence
- uncertainty about one’s place within a given peer group
- no personal interests exclusive of one’s peer group
- feeling isolated from peers and/or family
- poor academic abilities or performance
- fear of one’s peers
- lack of strong ties to friends
- feeling that friends could turn on you
- close bond with a bully
Dealing With Peer Pressure

"When I was in Year 11 I really wanted to be accepted in the "popular" crowd so I was thrilled when the girls asked me to join their "gang". But my happiness turned to tears when all of a sudden I was forced to do things that didn't make me feel comfortable. Now the girls didn't point a gun to my head or anything but I felt that if I didn't go along with them and pretend that everything was cool then they'd kick me out of their group for sure! So I got my tongue pierced (my mum nearly had a heart attack!), started having a bad attitude and being really slack about my schoolwork. I remember feeling even worse about myself than I did before I started hanging out with the popular girls. But I had wanted to be friends with them for so long that I was afraid that if I didn't impress them, then they wouldn't want to be friends with me anymore." [Sonia, 19 years]

Wanting to be a part of the crowd at any time is quite healthy and normal, after all is it extremely important to feel wanted. But wanting to be a part of a select peer group to the point of doing things or acting in a certain manner that is unlike your usual self in order to fit in, can be a dangerous thing.

Peers can help influence us all both in a positive or negative fashion. You learn from them, they learn from you. The way we choose to react and deal with peer pressure defines who we are as individuals. **Are we leaders or followers?**

By definition a peer is someone that you look up to or can be someone you consider an equal in age or ability. And when we talk about the term "pressure" in the negative sense as exerted by these peers, we refer to the pressure that these people place on others to persuade them to do something that they would not normally consider doing of their own accord.

As the world we live in continues to become more complex, so too is peer pressure becoming more evident and frequent in today's society. At some stage in our lives, we have or will be subjected to a form of peer pressure. I recall when I was a high school student at an all-girls school a few years ago - there was always the constant pressure from other girls to take up smoking, wag classes or to behave in a rebellious manner. Fortunately for myself I had enough sense to know right from wrong and possessed the strength to tell the students in question that smoking was not very cool at all and that I'd rather get an education than a detention! But for many, the idea of standing up to peer group pressure is frightening.

People cope with peer pressure in different ways. How you deal with it is entirely up to you. You may feel comfortable talking to someone else about what you are experiencing and get some advice from them about what to do. Or you might be courageous enough to challenge the views and ways of your peers. The one thing you should NOT do however is bottle up your feelings. You will only be miserable and end up hurting yourself. A problem shared is a problem solved.

It is important to understand that just because you don't agree with your peers on all matters, does not mean they will respect you any less. In fact, if they are mature enough about the situation, they will probably respect you more for sticking to your convictions. And if they don't and insist on ridiculing your decisions or actions, then they are probably not worth knowing in the first instance.

Although it can be hard to walk away from peer pressure it is not impossible to do so. You need to find the strength to say "NO" to harmful pressure from others. Paying attention to your own feelings and beliefs and finding inner strength and confidence is the key to surviving.  

**Effective Strategies for Coping with Peer Pressure:**

If the negative effect of peer pressure is to be minimized, youth, parents, school and community leader must come together to establish workable and effective strategies, so when you go back to your town see what are your talents work best in the family and in the community.
Communicate with your parents about the dynamics of adolescent peer groups and the demands and expectations teenagers face in peer relationships.

Start a GLOW club in your community where you can make a positive impact on your peers and your society.

Get others involved

Never give up

Every person is a valued one. Some people just need more guidance than others do.

Peer Pressure Quiz

1. You're at the mall and you see one of your friends slip a pack of gum into his pocket. You:
   A) Decide that since he didn't get caught, what's the harm in stealing one for yourself?
   B) Pretend you didn't see him.
   C) Tell him that stealing is wrong and he should go put it back.

2. You're having a huge sleepover with a bunch of friends. While playing truth-or-dare, you are dared to drink a can of beer. You:
   A) Go for it! You can't back down from a dare.
   B) Open the can but at the last minute you decide to say no.
   C) Say no and try to change the activity.

3. While sitting at your lunch table, everyone starts making fun of one of your friends. You:
   A) Join in. Your friend won't find out and you might be mad fun of if you don't.
   B) Sit there and eat your lunch.
   C) Stick up for your friend. How would you feel if your friends made fun of you?

4. You really want to go to a party at your crush's house. Your parents said "NO WAY." Your best friend says she will help you sneak out. What do you do?
   A) Accept and start getting ready. What an awesome friend!
   B) End up staying home but fight with your parents the whole time.
   C) Stay home and make the best of it. Who knew you could have fun with your parents?

5. You're skating with some friends when one of them lights a cigarette. Do you:
   A) Ask him for one- It looks cool.
   B) Decline the offer. You don't need to smoke to have fun.
   C) Give him a look of disgust as you go find other people to skate with.

6. Have you ever given in to a peer-pressure situation?
   A) Yes
   B) Maybe
   C) No

7. Would you ever drink before the age of 21?
   A) Yes-I already have.
   B) Maybe.
   C) Definitely not.
8. It's Friday night. All of your friends are going to a party but you promised your dorky cousin you would go to a movie with her. You:
A) Ditch your cousin- You want to have fun!
B) Go to the movie but meet up with your friends later.
C) Tell your friends a promise is a promise and go with your cousin.

9. Someone offers you weed. Your first reaction is to:
A) Say, "Sure!"
B) Shrug and say, "I don't know."
C) Say, "Absolutely not.

10. In history class, Jamie wants to look off your test. You:
A) Let him, because someday you might want to look off his.
B) Let him, but tell the teacher after class.
C) Cover your paper so he can't see it.

Peer Pressure Scoring

Mostly A's
You have not learned to stand up to peer pressure. You continually make bad decisions because of other people's influence on you. You need to decide who you really are. Don't just go along with the crowd.

Mostly B's
You are still learning. Sometimes you make your own choices, but sometimes you still let other people pressure you. Instead of just letting an issue pass by, try taking a stand and tell everyone how you feel. You will go a lot farther if you stand up for what you believe in.

Mostly C's
You know how to resist peer pressure. You are comfortable with what you believe and don't mind being different and not following what is popular. Keep your strong morals and your good choices. You will need them as you continue through life.

Peer Pressure Quotes

Hermits have no peer pressure. ~ Steven Wright
No child is immune to peer pressure. ~ Kathi Hudson
The people in the popular group say there is no peer pressure because they are at the top of the food chain. Really what they are doing is just eating away at everybody else. ~ Lauren Greenfield
Peer pressure has many redeeming qualities. It is the pressure of our peers, after all, that gives us the support to try things we otherwise wouldn't have. ~ Bill Treasurer
EU Youth Initiatives and Active Citizenship

Volunteering

Frequently Asked Questions

Are you between 18 and 30 and willing to spend from two up to 12 months abroad as an EVS volunteer? Check this out for further information:

**How to proceed:**
Leaving your country to go and volunteer abroad is anything but improvisation!

**First, ask yourself a few questions:**

**What is your personal motivation?** It will account for your inner drive while completing your project.

**What is the area in which you want to commit yourself?** We all have personal interests in one... Be realistic and truthful to yourself, it is the best way to get to a successful experience.

**For how long are you ready to commit yourself in an EVS project, including the search for a project, the preparation, the administration, the training, the service, the follow-up?**

**How much time do you have?**

**Where can EVS projects take place?** The European Voluntary Service concerns almost all countries of the world. But there are some rules and conventions as to who can go where. For more information, consult the Program Guide.

**Do I need to know the language of my host country?** The selection of volunteers should not be made according to language skills, unless a basic knowledge is needed for a specific task. Linguistic support is provided during the EVS project in order to ensure the volunteers' integration.

**Do I need to have specific skills to take part in an EVS project?** The selection of volunteers should not be made according to the skills of the volunteers. EVS should be open to everybody. Nevertheless, in justified cases a certain sensitivity or ability are sometimes mentioned as being a plus for specific tasks.

**Can I withdraw from a project if anything goes wrong?** Quite a few things can of course go wrong during a voluntary service. Misunderstandings or lack of communication can make a service period difficult. Communication is however the key to solve a really difficult situation sometimes. Withdrawing from a project is the last option, if nothing else works. Then bear in mind that such a decision involves and should be discussed with your Sending, Host and Coordinating Organisations and the National or Executive Agency.

**When can I be sure that I will go?** There are several partners needed for the realisation of an EVS project. It is based on an agreement between volunteer, Sending, Host and Coordinating Organisations. One Coordinating Organisation needs to present grant applications, and, if approved, receives the financial support from the Youth in Action Programme. Only then you can be sure that the project can take place. For this reason, good communication between you, your Coordinating, Sending and Host Organisations are essential.

**Will I get some document or certificate after my project?** All volunteers who have completed their EVS project are entitled to receive a Youthpass. Through the Youthpass the European Commission ensures that the voluntary activity is recognised as an educational experience and a period of non-formal learning. The achievement report is filled in jointly by the volunteer and the Host or Coordinating Organisation and handed over to the volunteer directly at the end of the Service.

Meeting new and different people is hopefully part of your motivation - so start with finding people who will help you make your EVS project come true.
1st step
Find a Sending Organisation that will assist you individually along the procedure, before, during and after your EVS. In case you do not know EVS Sending Organisations in your country of residence, consult the organisations’ database, or contact your National Agency if

you live in a Programme country, or the regional SALTO Resource Centres for Eastern Europe and Caucasus, the Euro-Mediterranean region, and South East Europe.

2nd step
Co-operate closely with your Sending Organisation in order to develop details of your individual project. Start contacting potential Host Organisations through your Sending Organisation. Bear in mind that EVS is huge - with thousands of potential Host Organisations in different areas.

3rd step
Keep your fingers crossed and persevere in your search as the difficulty is not to find a placement, but to find the placement that corresponds to your interests and is ready to host you within the time limit you have. Keep in mind that preparing an EVS project takes time, both at administrative, organisational and personal level. Therefore, plan ahead, try to think of everything, stay motivated and it will work out for you!

Ready to go? Found a project? It’s only a start!

After the initial euphoria has subsided, prepare yourself for the puzzle work to do for getting ready to leave. Contact former volunteers in your Sending Organisation to find out about their experiences. Figure out the administrative requirements both in your country of origin and in your hosting country (visa, residence permit, health insurance, etc.). Get in touch with ex-volunteers associations. They can help you to get a better idea of the development of a project, what to expect or not, and so to better prepare yourself.

Participate in the necessary pre-departure training (generally organised by the National Agency). It is a good opportunity to meet other volunteers ready to start their service.

Gather as much information as you can about the country you are going to. Initiate personal contacts in your Host Organisation.

Keep on asking questions...

Off you go but remember...

EVS is not a job or an internship, nor a work placement, a humanitarian mission, a language course or a holiday period...

Useful Websites:
http://ec.europa.eu/youth -- The Youth in Action Program (2007-2013) and Youth Policy Developments
http://europa.eu/youth/ -- The Youth Portal
http://ec.europa.eu/index_en.htm -- The European Commission
http://ec.europa.eu/dgs/education_culture -- The Directorate-General for Education and Culture
http://www.youth-partnership.net/ -- The Youth Partnership Portal (calls for partnerships, trainings and resources available)
http://ec.europa.eu/youth/contact_en.html -- The National Agencies of the Youth in Action Program
http://www.youthbg.info/ -- The National Agency in Bulgaria
http://www.youthforum.org/ -- The European Youth Forum
http://www.salto-youth.net/ -- The Salto - Youth Resource Center
http://eurodesk.eu/ -- Eurodesk
Dear GLOW girl,

**Ecology** is a thing everybody understands in a very different way. You probably hear this word at least ten times a day and know what is right to be done so we can live in a better environment. However, there is a huge difference between **words and action**. We would really like to make you feel the topic with your heart and find your own way to deal with the problem. Because ecology is not only to turn the lights off, when you leave the room, or stop the water while brushing your teeth. It is a **point of view, it is a way of living**, which still cannot exist without all these little things we do every single day.

What is your first association when you hear ‘Ecology’? What is does it mean to you?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Do you think you live eco-friendly? Why?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

What do you think could be done to improve the present situation?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Are you willing to change your lifestyle in order to make it more eco-friendly?

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

**Some Eco Facts:**

- A family can save up to 200 lv. if they just turn off their electrical devices when they are not in use.
- If we reduce half of the food waste in Europe there will be 25% less greenhouse gases.
- The sunlight the Earth gains for an hour is enough to face world’s necessity of electricity for a whole year.
- If the duration of our everyday shower is shortened to 4 minutes, this will save 25 000 litres of water annually.
- When you use an ordinary bulb 10% of the electricity is used for lighting. The other 90% are lost as heat.
- 410 000 trees would have died for the print of the last Harry Potter’s book only in the USA. Fortunately, recycled paper was used and they were saved.
- Recycling of an aluminium can needs only 5% of the energy used for producing a new one.
What about Bulgaria?
- 3 200 000 nylon bags are used for a year only in Bulgaria.
- An average Bulgarian makes 500kg waste a year.
- 60 000 tons of old tyres are thrown away annually only in Bulgaria. They still are not recycled.
- Between 10 and 15% of Bulgarian forest has been cut only in the past 10 years.

What has been done till now?
- Kiustendil is the first town in Bulgaria that has officially forbidden the usage of nylon bags. Now none of the shops in the area uses them. Varna will do the same from 01.01.2011. 90% of the Bulgarians want these bags to be banned.
- The production of GMO is illegally in Bulgaria since 30.03.2010. If there is an infraction the fines are between 500 000 and 1 000 000lv.
- The citizens of Sofia have saved 30 000 trees and 2 000 000 000 l drinking water just by recycling for a year.
- Thanks to the campaign "Leaf by leaf" in Varna 8852 trees are saved from felling. For 10 years were collected and sent for recycling over 433 tons useless paper.

What can you do?
- Take the stairs-burn calories, not electricity! If you’re more physically active in your everyday routine, you will not only keep fit, but also help the environment a lot!
- Think before getting another plastic bag from the shop. Do you really need it? I mean, REALLY…? The shop assistant will be surprised the first couple of times, but after a while she/he might like it and even ASK the other customers if they need one-not just give them one as usual.
- Always check if the deodorant you are about to buy is ozone friendly. This means that it does not contain any freons and does not destroy the ozone layer the way all the other products do.
- Recycle! Believe me, it’s not that hard! And it does change a lot! You might even find if interesting and once it has become a habit of yours many of your friends will follow you. This is how a small step will leave a huge footprint on the way people think and the environment develops.
CONTINUOUING THE SPIRIT OF GLOW

CLUB GLOW

People go through a lot of unique moments in their lives. Unfortunately human’s memory has the “talent” to make us forget. In order to prevent this to happen to all your wonderful memories from Summer Leadership Academy GLOW 2010 you can take measures in this direction.

Task: Let the adventure remain!  
Question: How?  
Decision: Club GLOW!!!

Club GLOW is a way to share what have you learned at Leadership Academy GLOW with others. Club GLOWs in other countries have organized reunions, fundraisers, and media interviews to promote the message of Club GLOW is an easy way to bring what you have learned home with you.

Why should you form a Club GLOW in your school or community?
Club Glow is an opportunity to teach other young women to be strong and confident; it’s a way to meet new people; a way to help others gain knowledge; and also to help spread the word about Leadership Academy GLOW.

How you can form a Club GLOW?
Club GLOW can be for young women (or even young men!) between any ages. You can meet at anytime, anyplace, as often as you want, in English or Bulgarian. Give wings to your fantasy and you’ll create something fascinating, we are sure!

What can my Club GLOW meet about?
You can meet and talk about all the themes we discussed at Leadership Academy GLOW, such as: teamwork, values, goals, HIV/AIDS, trafficking, eating disorders, drugs, tolerance, and so on. You can play team sports, organize parties, work with local organizations, discuss books, watch movies, practice English, and invite guest speakers.

What can my Club GLOW do?
You can:
• Start a newspaper or website
• Organize fundraising activities, such making and selling martenizas
• Organize community service projects, such as helping at an orphanage
• Organize eco-walks to educate about environmental issues and nature
• Hold different kinds of seminars
• Start a tutoring program for at-risk kids
• Take part in seminars and camps organized by other NGOs, institutions, European commission, etc.

You’ve just had an incredible week of learning, friendship, and fun, and now you will be going back to your towns and villages. Please bring the spirit of Camp GLOW back to your communities! Give freedom to your fantasy and we are sure that you’ll be surprised when you see the final result of your work!
Some Useful Ideas for enthusiastic campers...

In developing a fundraiser, you have to consider the following details:

- Where you are doing your fundraiser? What might be very successful in a small town might not work in a larger city, for example.
- How much money will you need to purchase materials for the fundraiser?
- Consider the group of people who you want to solicit money from — who would want to support a girls’ leadership camp? What businesses or organizations could assist you?
- What is the duration of your fundraiser? Is it a one-day event?
- Think about popular holidays and how you can do a fundraiser connected to a special occasion. (Baba Marta Day, Women’s Day, Christmas, etc.)
- Who can help you do your fundraiser? Who in your community might be enthusiastic about helping you plan an event, helping you advertise, or helping you implement your fundraiser?

Quotes about feminism

♀ Because I am a woman, I must make unusual efforts to succeed. If I fail, no one will say, "She doesn't have what it takes." They will say, "Women don't have what it takes." ~Clare Boothe Luce
♀ I myself have never been able to find out precisely what feminism is: I only know that people call me a feminist whenever I express sentiments that differentiate me from a door mat or a prostitute. ~Rebecca West
♀ The emotional, sexual, and psychological stereotyping of females begins when the doctor says, "It's a girl." ~Shirley Chisholm
♀ Women are the only oppressed group in our society that lives in intimate association with their oppressors. ~Evelyn Cunningham
♀ The thing women have yet to learn is nobody gives you power. You just take it. ~Roseanne Barr
♀ I see my body as an instrument, rather than an ornament. ~Alanis Morissette
♀ I’m tough, I’m ambitious, and I know exactly what I want. If that makes me a bitch, okay. ~Madonna Ciccone
♀ You don’t have to be anti-man to be pro-woman. ~Jane Galvin Lewis
♀ Men are taught to apologize for their weaknesses, women for their strengths. ~Lois Wyse
♀ There is a special place in hell for women who do not help other women. ~Madeleine K. Albright
♀ I do not wish them to have power over men, but over themselves. ~Mary Wollstonecraft
♀ The test for whether or not you can hold a job should not be the arrangement of your chromosomes. ~Bella Abzug
♀ Every time we liberate a woman, we liberate a man. ~Margaret Mead
♀ How important it is for us to recognize and celebrate our heroes and she-roes! ~Maya Angelou
INFORMATION ABOUT DRUGS AND ALCOHOL

REMEMBER: This section is NOT about telling you what decisions to make. When it comes to you and your body, no one can tell you what to do. We feel it is important to share as much information as possible about the effects of these substances on your body and your life in order to equip you with the knowledge to make intelligent decisions regarding your health.

ALCOHOL

WHAT IS ALCOHOL?

- Ethyl alcohol (ethanol)— It is a Central Nervous System (CNS) depressant, used primarily for recreational rather than medical purposes. It is the second most widely-used psychoactive substance in the world, and has created special problems for both individual users and society in general.

PHARMACOLOGY OF ALCOHOL

Pharmacology

- Absorption: Alcohol is water and fat soluble, so it diffuses easily through biological membranes. It gets rapidly and completely absorbed by the entire gastrointestinal tract. Because of this, drinking on an empty stomach is dangerous.
- Distribution: After absorption, alcohol is distributed throughout all body fluids and tissues. It crosses the blood-brain barrier and is absorbed by the brain.
- Metabolism and Excretion: About 95% of the alcohol ingested is enzymatically metabolized. The other 5% is excreted unchanged, mainly through the lungs. The metabolism of alcohol occurs mainly in the liver. 15% of it is metabolized in the stomach. The reason women usually have higher blood-ethanol concentrations after drinking the same amount as men, is because women have 50% less gastric metabolism of alcohol than men do.

Alcohol can have extremely harmful short and long-term effects.

SHORT-TERM EFFECTS:

- lack of inhibitions
- lack of coordination
- clouded judgment
- slurred speech and vision
- vomiting
- alcohol poisoning
- death

LONG-TERM EFFECTS

- alcoholism
- damage to major organs:
  - Stomach – damage in the stomach lining, inflammation of the lining (gastritis), ulcers, severe
bleeding, depletion of vitamins and minerals

- Heart – high blood pressure, coronary heart disease, heart attacks, cardiac arrhythmia and strokes.
- Brain – impaired judgment and coordination, respiratory depression and impairment of developing adolescent brain.
- Liver – hepatitis (inflammation of liver) and alcoholic cirrhosis (causing death of liver cells and build up of scar tissue) both impair the liver’s ability to process waste. Toxins and wastes can build up in the body, which can lead to mental confusion, agitation, tremors or even a coma.

WITHDRAWAL SYMPTOMS

If a person has chronic alcoholism, they tend to drink constantly in order to feel “normal” and avoid the symptoms of withdrawal, which are very unpleasant. Sometimes, if a person drinks constantly, quitting cold turkey may shock the system and cause death. Thus, for people with serious alcoholism, a program of withdrawal is usually established in which alcohol is moderated by a health care professional, and the amount is slowly diminished over time.

For symptoms after a night of heavy drinking:
Usually symptoms occur within 24-72 hours after drinking.
Symptoms include restless sleep, nightmares, hallucinations, tremors, and fatigue.

ALCOHOL’S EFFECTS DEPEND ON:

- body size
- gender (women are more affected than men are due to the fact that they have fewer of the alcohol-metabolizing enzymes than men do)
- food intake
- medication (combinations of some medications and alcohol can intensify effects and even cause death)
- sleep or illness (lack of sleep or illness can intensify effects of alcohol)

RISK FACTORS

Poor decision making related to alcohol ingestion can lead to risky behavior, such as: driving; unprotected sex which can lead to unwanted pregnancy and/or sexually transmitted diseases; and other risky behavior that can cause injury or death.

SIGNS OF ALCOHOL POISONING

- The person may:
- be unconscious and cannot be awakened.
- have cold, clammy, unusually pale or bluish skin.
- be breathing slowly or irregularly:
  - less than 8 times a minute
  - ten seconds or more between any two breaths
- vomit while passed out and does not wake up during or after.

If you are ever in a situation in which you are with someone who has alcohol poisoning:

- Call an ambulance
- Do not leave the person alone
- Keep trying to wake them
- Turn the person onto his or her side
- Watch their breathing. If you know CPR perform as needed
A drug is any chemical taken into the body that alters normal body processes. There are 4 stages of drug addiction:

1) **Psychological addiction**: an emotional dependence on the drug. While the body itself does not depend on the drug, the person cannot feel happy or normal without the drug.

2) **Physical Dependence**: A dependence on the drug caused by changes in body chemistry. The body can no longer function normally without the drug in the system. The state of physical dependence is revealed by withdrawing the drug and noting the occurrence of withdrawal symptoms and the length of withdrawal.

   A person taking drugs may develop both a psychological and physical addiction, or only one of the two.

3) **Tolerance**: the body becomes less and less responsive to a physically addictive drug. At this stage, the person finds he or she needs more and more of the drug to experience the same effects from before.

4) **Withdrawal**: the physical or mental reaction to a lack of the drug. This is the most difficult stage of drug use and most people find it difficult to quit because of the damaging emotional and physical reactions to withdrawal.

**DRUG GROUPS**

**STIMULANTS**
- Speed nerve actions
- Increase heart rate
- Increase blood pressure

Examples: cocaine, amphetamines, nicotine, Ritalin

Stimulants are actually misleading, because upon withdrawal from the stimulant the body becomes more depressed than before use of the stimulant, causing an indirect depression of most body systems.

**DEPRESSANTS**
- Slow nerve actions
- Cause drowsiness
- Decrease coordination

Examples: valium, tranquilizers, alcohol

Other symptoms (depending on dosage) include: release from inhibitions, sedation, sleep, unconsciousness, coma and even death.

**NARCOTICS**
- Suppress nerve actions
- Decrease respiration
- Cause inability to concentrate

- All narcotics are derived from Opium except for Demerol, which is a synthetic. Heroin and other opiates are narcotics. People addicted to narcotics are usually referred to as “junkies” because their addiction is so strong it usually becomes their only motivation.

**HALLUCINOGENS**
- Disrupt nerve actions
- Cause perceptual distortions
- Alter the senses

Examples are acid (LSD), Marijuana, Mushrooms
INHALANTS
- High toxicity
- Disorientation
- Memory loss caused by permanent cell and nerve damage in the brain
- Some common household items are used as inhalants, such as glue, paint and nail polish remover. Other people inhale gases and alcohols (not the drinking kind).

CLUB (DESIGNER) DRUGS
- Loss of muscle and motor control
- Blurred vision
- Seizures

Club drugs like Ecstasy are stimulants that increase your heart rate and blood pressure and can lead to heart and kidney failure in the long term. In the short term, these drugs can overheat the brain if taken in too high a dose and cause malignant hyperthermia, which is almost always fatal. Doing them just once can cause serious, permanent damage to your brain cells. This can lead to slower thought processes and the inability to remember old or process new information.

Though more research is needed, it has been suggested by legitimate studies that taking Ecstasy increases your chances of developing Parkinson’s and other neurodegenerative diseases later in life.
- Other club drugs, like GHB and Rohypnol, are depressants and can cause the following effects:
  - drowsiness
  - unconsciousness
  - breathing problems
  - coma
  - death

Because these drugs act as sedatives, they can be extremely dangerous for women at parties in which men may “spike” their drinks in order to take advantage of them in a drowsy, vulnerable state later. These drugs cause the victim to black out completely and be unable to remember the experience later. The best way to avoid such a situation is to avoid drugs and alcohol completely, but if you MUST drink, do not ever accept a drink from anyone, including people you may think you know and trust. Never leave your drink unattended.

STEROIDS
- Anabolic (building) steroids include the male hormone testosterone, and its artificial derivatives.
- Used for treatment of certain diseases like anemia and some cancers, and also for topical skin problems like warts and flaking.
- Non-medical use of steroids is illegal, but because of their performance-enhancing properties, they have been illegally used by athletes and non-athletes since the late 1950's to improve athletic ability and look better.
- Steroid use can cause severe mood swings which can lead to violent behaviors. Users also suffer from paranoid jealousy, extreme irritability, delusions and impaired judgment stemming from feelings of invincibility.
- Among illicit users, fatalities due to suicide, homicide, liver disease, heart attacks and cancer have been reported.

CAFFEINE
- The most widely used drug in the world!
- Found in coffee, tea, soft drinks, chocolate and energy drinks. Also can be taken in pill form.
- It is a stimulant, and stimulates the central nervous system and gastric acid secretion, elevates free fatty acids in plasma (causing light-headedness), increases the basal metabolic rate, decreases sleep time (causing mood swings and irritability), and increases blood glucose level.
- It produces a physical dependence in the body and total withdrawal from it causes one or more of the following symptoms within 12-36 hours:
  - headache
  - fatigue
  - drowsiness
  - anxiety
  - depression
OTHER DRUGS: ANALGESICS

Opioid and nonopioid analgesics.

- Opioid analgesics are derived from opium seeds, most commonly found in Asia. They act on specific opioid receptors in the spinal cord and at higher levels of the central nervous system.
- Nonopioid analgesics are peripherally acting drugs, acting at the local site of tissue injury.
- Both types of analgesics are used to reduce pain.

Opioid Analgesics

- Used to treat severe pain, almost always administered in hospitals and not available over the counter unless prescribed.
- The oldest and most historically used opioid analgesic is opium, for which the category of drugs is named. Addiction and recreational use has always been a huge problem.
- Exert pleasurable effects, produce tolerance and physiological dependence and have a tendency for compulsive misuse.
- “They dramatically relieve emotional as well as physical pain. This property contributes to making them extremely seductive for self-administration.” –Goldstein.
- Because they are irreplaceable as pain-relieving agents, they will continue to be used in medicine.
- Opioids are agonists at highly specific receptor sites. Opioids occur in nature in two places: in the opium poppy and within our own bodies. Opioid analgesics cling to receptor sites of natural opium produced within our bodies.
- Opioids reach almost all body tissues, including the fetus, and opioid use when you are pregnant causes damage to fetuses, and can produce physical dependence and withdrawal symptoms in the infant that require intensive therapy.
- Use of opioids is limited because of the development of tolerance, the presence of uncomfortable side effects, and their potential for compulsive abuse.
- Morphine
  - The most potent opioid analgesic, used to treat severe pain and induce sleep and euphoria.
  - No other drug has been found that exceeds morphine’s effectiveness as an analgesic.
  - It is almost always injected, but in some cases can be taken in suppository form, and in Asian countries might be inhaled, but inhalation produces much faster and more severe effects.
  - Effects of morphine: Analgesia (indifference to pain), euphoria (pleasant, calm state), sedation (drowsiness—not as strong as sedation produced by CNS depressants), respiratory depression (shallow and irregular breathing), cough suppression, pupillary constriction, nausea and vomiting, gastrointestinal symptoms (relief of diarrhea), dehydration (which can lead to other problems).
  - Other effects can be itching, allergic reactions, bronchoconstriction and white blood cell dysfunction.
  - Immediate withdrawal symptoms include restlessness, drug craving, sweating, extreme anxiety, depression, irritability, dysphoria, fever, chills, violent vomiting, panting, cramping, insomnia, explosive diarrhea, intense aches and pains. It is not life-threatening, but can seem unbearable to the person experiencing it.
- Heroin: 3 times more potent than morphine.
- Only legal for clinical use in Great Britain and Canada, but used illegally all over the world.
- Codeine: 1/10 as potent as morphine. Used to manage mild to moderate pain and is combined in tablets with aspirin or acetaminophen. Prescribed, which can be dangerous as far as addiction.
- Hydromorphone: 6 to 10 times more potent than morphine, with similar effects, but less sedation.
- Demerol: Highly addictive, used to treat addicts as a substitute.

Nonopioid Analgesics

- Produce pain-reducing and anti-inflammatory effects.
- Block the generation of peripheral pain impulses by inhibiting the synthesis and release of prostaglandins (hormones that induce local inflammatory responses). They do not bind to opioid receptors.
- Effects include:
  - Reduction of inflammation
- Reduction in body temperature when the patient has a fever (antipyretic effect)
- Reduction in pain without sedation
- Inhibition of platelet aggregation.

- Aspirin and other salicylates, ibuprofen, acetaminophen, indomethacin, phenylbutazone, ketorolac, ketoprofen, and naproxen. (We'll discuss the three most common).
  - **Aspirin**: most popular and most effective analgesic. In daily doses, is widely used to prevent blood clots in the coronary arteries, reducing the risk of heart attacks.
  - Most effective for low-intensity pain. It increases oxygen consumption by the body, increasing the production of carbon dioxide. Thus, an overdose causes heavy respiration, or panting. This can also cause severe metabolic complications.
  - Side effects can be as mild as gastric upset and heartburn to as severe as destructive ulcerations in the stomach and intestines. Mild intoxications can produce ringing in the ears, auditory and visual difficulties, mental confusion, thirst and hyperventilation.

- Aspirin overdose can be fatal.

- **Acetaminophen**: performs just like aspirin but with only minor anti-inflammatory effects. It is also not effective in preventing blood clotting, heart attacks and strokes as aspirin is.
  - Similar to aspirin but often better tolerated, with lower side effects.
  - Sometimes they create gastric distress and they always interfere with the clotting process, so patients who suffer from peptic ulcer disease or bleeding abnormalities should use these medications with caution.

- Used to treat arthritis, tendonitis, bursitis, and painful menstrual cramps.

Because these drugs can be purchased over the counter and used at your discretion, it is very important to understand the composition and effects of such drugs. Though relatively harmless if taken properly and even beneficial in many cases if taken daily, the proper use of such medications is imperative. Because people don’t know much about them and they are so easily available, you must be careful to read all instructions and never to take too many. As you have learned, overdose can severely damage your body, causing severe abnormalities, internal bleeding, gastric problems, and even death. Please exercise caution with these readily available drugs.

Of note, it is important to know that drugs have a HALF LIFE. Thus overdose is easy to achieve with little chance of recovering what has been taken in. This means you should always take the recommended dosage, and should you not feel any effects, consult a doctor before taking more, as the drug can remain in your bloodstream for days and have a combined effect with other drugs or more of the same drug that you do not know about.

**ANTIPSYCHOTIC DRUGS**

We are not going to go into the detail of antipsychotic drugs here, but we want to just include a small section to make you aware of their presence and the fact that these drugs can also cause problems associated with improper use and abuse. Anti-depressants, drugs to treat learning disorders like ADHD, anti-anxiety drugs and drugs to treat other cognitive disorders like Schizophrenia can be even more dangerous because they can change the chemistry of the brain and body. Improper use can result in severe side effects that sometimes prove to be worse than the disease itself, which is why some people stop taking their medications and have to end up institutionalized. Also, if you do not have anxiety or ADHD but you use these medications (which has become a problem in the States) it can be even more dangerous because it's working to alter a condition that doesn’t exist. For a few hours of pleasure you could be altering your brain chemistry permanently.

Because these disorders are still somewhat of a mystery, much more research is needed and medications are constantly being improved, discarded, or replaced by new ones. If you or someone you know ever need to take medications for such disorders, please do all of the necessary research and get all of the information regarding these medications from your doctor and from the internet. Sometimes, doctors will not be best equipped to decide which medication is best for you and you'll need to know about these yourself so that you can provide information that will give you your best “match.” If you would like to know more about these medicines, the internet and the library are your best resources for information.
ALCOHOL, DRUGS AND YOUR LIFE

Warning Signs of Teenage Alcohol and Drug Abuse

- PHYSICAL: fatigue, sleep problems, repeated health complaints, red and glazed eyes, lasting cough.
- EMOTIONAL: personality change, sudden mood swings, irritability, irresponsible behavior, low self-esteem, poor judgment, depression, withdrawal, general lack of interest in any other activities or people.
- FAMILY: starting arguments, breaking rules, withdrawal from family members.
- SCHOOL: decreased interest, negative attitude, drop in grades, many absences, truancy, discipline problems.
- SOCIAL/BEHAVIORAL: peer group involved with drugs and alcohol, problems with the law, dramatic change in dress and appearance.

TOP 10 MOST ABUSED DRUGS

1. TOBACCO: the biggest killer, tobacco from cigarettes, cigars, snuff, and other forms kills over 400,000 people each year directly and indirectly. Its use leads to cancers of the throat, mouth, and lungs as well as emphysema and heart disease. Nicotine is the addictive substance in tobacco and combines with tar and over 3,000 other chemicals found in cigarettes. Nicotine is a stimulant, and its use produces a physical dependence, but withdrawal creates depression. Emphysema, heart disease and lung cancer are slow and very painful deaths.
2. ALCOHOL: it can have extremely harmful long and short-term effects. As previously discussed, it damages the stomach, heart, brain and liver and causes diseases such as Cirrhosis and Hepatitis.
3. METHAMPHETAMINE
4. MARIJUANA: Exerts a sedative, calming, perhaps analgesic influence, together with an increased feeling of well-being. It calms anxiety, depression and social isolation.
5. MDMA (ECSTASY): this drug gives people a pleasant and “floating” feeling, and is commonly used in clubs and at parties. It generally makes people too trusting and loving of strangers, and can make people who have taken the drug more vulnerable to rape or assault.
6. CRACK COCAINE: this cheap, destructive drug is making a comeback. Cocaine alone exerts mood-elevating action and ameliorates feelings of worthlessness. Prolonged or repeated use leads to dependency (chapter 5)
7. HEROIN: this is a highly addictive drug.
8. STEROIDS: abuse of this drug is most common in youth and in athletes.
9. INHALANTS
10. PRESCRIPTION DRUGS: These drugs are dangerously addictive and rising in popularity every year. With the influx of powerful painkillers, many people are finding ways to purchase generic forms illegally and cheaply in other countries and selling them to addicts. In high doses, these drugs are extremely dangerous, and can kill even quicker than some of the other illegal drugs we’ve discussed. Because of this, researchers have been working on ways to administer the drugs with in ways that minimize the possibility of addiction, with methods to ease the patient from these drugs to other, less addictive pain killers.

Some of the most popular prescription drugs are:
- VICODIN
- PERCOCET
- OXYCONTIN: This time-release formula is very dangerous for just that reason and has caused several deaths by overdose.
- CODEINE
- These are forms of opioid and nonopioid analgesic narcotics.
- ANTIDEPRESSANTS and ANTI-ANXIETY DRUGS: Psychologically addictive
- RITALIN: Used to treat attention deficit disorder.
ANIDRUG

Most people have found that the best way to avoid problems associated with alcohol and drugs is to stay busy doing the things you love. If you’re happy and have things to do, you’ll be less likely to be seduced into a world of drugs and alcohol. Art, school, athletics, spending time with family…it doesn’t matter. Just find the things that make you happy and do them. What’s your antidrug?

This brings us to the end of the drug and alcohol section of the manual. We hope you enjoyed gaining this very valuable information and now are equipped with the knowledge to make wise decisions regarding your body and your health. This section has only scratched the surface of the information available to you regarding these topics. If you are interested in learning more, the internet and the library hold a large number of resources for learning, as does your doctor.

SMOKING

Smoking Facts

The following is a small list of dangers associated with tobacco!

1. **Cancer:**
   - Laryngeal (Voice Box) Cancer: Over 90% of laryngeal cancers are caused by smoking.
   - Lung Cancer: Smoking causes 87% of all lung cancer cases.
   - Oral and Esophageal Cancer
   - Stomach Cancer: It has been estimated that 14 to 28% of stomach cancer deaths are caused by smoking.

2. **Heart Disease, High Blood Pressure, and Stroke.** Nicotine, the major drug in tobacco constricts blood vessels, increasing blood pressure and the work of the heart. Constricting blood vessels also decreases blood flow to the body’s tissues, resulting in decreased healing. These effects are exacerbated by diseases such as diabetes.

3. **Chronic Hoarseness and Laryngeal Polyps** Chronic smokers often develop a persistent hoarse voice with edema of the larynx and formation of vocal cord polyps. Shown in the pictures below from left to right is a normal larynx, a larynx with massive vocal cord polyps (in a heavy smoker) and the same larynx after the polyps have been surgically removed (ask to see pictures on internet).

4. **Poor Sex Life:** Smoking is a major factor in impotence. It is also a turnoff to the opposite sex. The following is a study taken in our local high-school.

5. **Smoking and Pregnancy:** Smoking has been implicated in the risk of diabetes, obesity and mental retardation in the newborn. Maternal smoking while pregnant also causes more miscarriages and creates low-birth weight babies.

6. **Emphysema:** This is a progressive wasting of the lungs, which is most commonly caused by chronic smoking. Patients afflicted with emphysema experience a slow loss of breath. If not caught early, many patients must use home oxygen and experience a slow suffocating death.

7. **Smokers have more training injuries.** Training injuries are the number one reason marine cadets do not make the core. These injuries include: Tendonitis, stress fractures, frostbite and more foot blisters. Nicotine is a vasoconstrictor and decreases blood flow to tissues increasing their susceptibility to injury and decreases their ability to heal.

8. **Smokers have less stamina** than non-smokers. They cannot run as fast, have less muscular endurance and their immune system is not as strong. Smokers get sicker more often especially with bronchitis and take longer to recover. Non-smokers are steadier and have better night vision.
9. **Premature Wrinkling of Skin** Tobacco use has been associated with premature aging and skin wrinkling. Before undergoing cosmetic surgery for wrinkles one should suspend tobacco use.

10. **Ear Infections and URI’s**

11. **Smoker’s Rhinitis:** Tobacco smoke contains hundreds of chemicals and at least forty of which have been implicated in cancer. Smoking irritates the lining of the nose, increasing nasal secretions and swelling. The increase in secretions are caused by goblet cell hyperplasia. The cilia (microscopic hair-like structures which transport fluids) in the nose has its function inhibited and the nose becomes less able to cleanse itself and more susceptible to allergens. Shown to the left, is a picture of a dry pale inside of a nose in a 100 pack/year patient with smoker’s rhinitis (ask for website). Unfortunately, most patients have caused irreversible damage to the lining of their nose and quitting smoking does not improve their symptoms.

**Secondhand Smoke Facts:**
According to the American Cancer Society second-hand smoke each year can cause the following:
- An estimated 35,000 to 40,000 deaths from heart disease in people who are not current smokers. Exposure to passive smoke can increase your risk of heart disease by 50%.
- About 3,000 lung cancer deaths in non-smoking adults
- Other respiratory problems in non-smokers including: Coughing, phlegm, chest discomfort, and reduced lung function
- 150,000 to 300,000 lower respiratory tract infections in children younger than 18 months of age, which result in 7,500 to 15,000 hospitalizations
- Increased number and severity of asthma attacks in about 200,000 to 1 million asthmatic children
Notes on Sexually Transmitted Diseases/STDs:

Sexually transmitted diseases (STDs) are running rampant among teenagers today. I know you've probably heard a lot about preventing HIV infection and AIDS but there are some other bad actors out there. If you know about them and their ways, you can protect yourself. This worksheet focuses on six of the roughest, toughest, most low-down STDs in this day and age – genital HPV infection, trichomoniasis, syphilis, gonorrhoea, Chlamydia, and herpes.

STDs can be easily avoided if you abstain from sex. Abstinence is the only 100 percent effective, foolproof method of preventing STDs and pregnancy. It's important that both partners wait until they are physically and mentally ready to have sex. No one knows when you'll be ready to have sex; perhaps you're ready when the consequences of the decision to have sex are understood and accepted. If you don't feel ready, it's no big deal; contrary to popular belief, everybody isn't doing it. Holding hands, kissing and touching are all ways that you can show your feelings without having sexual intercourse. However, if you decide to have sex, please use a latex condom! When used consistently and correctly, latex condoms can reduce the risk of contracting STDs. Not only are condoms up to 95 percent effective for preventing pregnancies when used every time you have sex, but they are also inexpensive, easy to obtain, and easy to use.

It only takes one time to become infected. That's why it's important to get to know your partner. However, some partners aren't willing to discuss the possibility of being or becoming infected or they may not know that they are already infected. Even if you try to check for sores, you may not find any on an infected person. So in this case, what you don't know can hurt you. Use a latex condom whenever you CHOOSE to have sex.

And condoms are not just the guy's responsibility. Girls who choose to have sex should insist that their partners use latex condoms and provide them. It's not a sign that you're easy, it's a sign that you're smart.

What Are the Symptoms of Sexually Transmitted Diseases?

- Most people who have an STD have no symptoms. A test from your health care provider may be the only way to tell for sure if you're infected.

- If you do become infected, symptoms may appear right away. Or, they may not show up for weeks or months or even years. They may come and go. Even if the signs and symptoms go away, you can still infect other people if you have sex with them. Or, they can still infect you!

- It’s hard to describe STD symptoms when they do appear. They can have similar symptoms as other diseases that have nothing to do with sex. But if you think you may have been at risk for an STD, some symptoms you may have are:

  - Sores, bumps or blisters near your genitals, anus or mouth
  - Burning or pain when you urinate
  - Itching, bad smell or unusual discharge from your vagina or anus
  - Bleeding from your vagina between your menstrual periods

Remember: Sometimes symptoms don’t show up for weeks or months or years.
Descriptions of Six Sexually Transmitted Diseases/STDs:

**GENITAL HPV INFECTION**

**DESCRIPTION** Genital HPV infection is caused by human papilloma virus (HPV). HPV is the name of the group of viruses that includes over 100 different types, over 30 of which are sexually transmitted. Certain types of these viruses are “high-risk” and may cause abnormal Pap smears and cancer of the cervix, anus, and penis. Other types of these viruses cause genital warts. Visible genital warts look like a small hard bump or cluster of bumps. They start off as small painless spots but warmth and moisture can make them grow larger. Some cannot be seen by the naked eye. The types of HPV that cause external genital warts are not linked with cancer. Two strains of HPV have been linked to cervical cancer. Generally, as many as 70 percent of all sexually experienced people may have one of many genital warts viruses; less than one percent of these infected people will develop visible warts.

**HANGOUTS** Most people who have a genital HPV infection don’t know they are infected. Others get visible genital warts. Genital warts can be found on the vulva, on the cervix, in or around the vagina or anus, and on the penis, scrotum, groin, or thigh.

**TRANSMISSION** The types of HPV that infect the genital area are spread primarily through sexual contact with someone who is infected.

**TREATMENT** Most women are diagnosed with HPV on the basis of abnormal Pap smears. There is no “cure” for HPV. Diagnosis of genital warts is usually made by a direct visual exam, however, there is a magnification procedure for locating warts on the cervix. Genital warts can be treated easily with cryotherapy (dry ice treatment). Drugs like podophyllin solution and trichloroacetic acid (TCA) can also be used directly on the warts.

**PREVENTION** HPV infections can occur in genital areas that are covered or protected by a latex condom. They can also occur in areas that are not covered or protected. Latex condoms, when used consistently and correctly, can reduce the risk of HPV infection only when the infected areas are covered or protected by the condom. In addition, the use of latex condoms has been associated with a reduction in risk of HPV-associated diseases, including genital warts and cervical cancer.

**TRICHOMONIASIS**

**DESCRIPTION** Trichomoniasis or “trich” is caused by the parasite *Trichomonas vaginalis*. Women may have no signs at all, or may have a frothy, creamy, yellowish or greenish discharge with itching, vaginal odor, abdominal pains and/or frequent urination. Some men may have no signs at all while others have itching and/or lesions.

**HANGOUTS** The most common hangout of trichomoniasis in women is in the vagina and in men is the urethra (the tube that empties urine from your bladder).

**TREATMENTS** Trichomoniasis can be cured with a prescription drug called metronidazole. Treatment must be given to both partners at the same time so that they won’t reinfect each other. Metronidazole can be used by pregnant women.

**PREVENTION** Latex condoms, when used consistently and correctly, can reduce the risk of transmission of trichomoniasis.

**SYPHILIS**

**DESCRIPTION** Syphilis is caused by the bacterium *Treponema pallidum*. The first symptom is a painless sore called a chancre. A chancre is like a pimple, blister or open sore that appears 10-90 days (average 21 days)
after the bacteria enter the body. The chancre disappears after three to six weeks. The infection progresses to the second stage if treatment is not administered.

The second stage starts when one or more areas of the skin break into a rash – which usually doesn’t itch. Be on the lookout for a rash on the entire body, on the palms of your hands or on the soles of your feet. In addition to rashes, be on the lookout for fever, swollen lymph nodes, sore throat, loss of hair, headaches, weight loss, muscle aches, and tiredness. At both the first and the second stages, a person is highly infectious to partners.

The third, latent (hidden) stage of syphilis begins when the secondary symptoms disappear. Without treatment, the infected person still has syphilis even though there are no signs or symptoms. It remains in the body, and it may begin to damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. This internal damage may show up many years later in the late or tertiary stage of syphilis. Late stage signs and symptoms include not being able to coordinate muscle movements, paralysis, numbness, gradual blindness and dementia. This damage may be serious enough to cause death.

**HANGOUTS** Syphilis mainly hangs out around the genital and anus. It occasionally hangs out in and around the mouth and can be spotted just about everywhere else.

**TRANSMISSION** Syphilis is transmitted through direct contact with a syphilis sore. Transmission occurs during vaginal, anal, or oral sex. The bacteria penetrates mucous membranes or broken skin on the genitals, mouth and anus. Pregnant women can pass syphilis to their fetuses, especially in the early stages of the disease. However, if treated before the 16th week of pregnancy, the fetus will probably not be affected. Children born with syphilis may have no symptoms or the symptoms may be severe enough to cause brain damage and death.

**TREATMENT** Syphilis can be diagnosed and treated at any time with penicillin by injection or a substitute antibiotic for those who are allergic to penicillin. It is recommended that you not have sexual intercourse until the syphilis sores are completely healed.

**PREVENTION** Syphilis can occur in genital areas that are covered or protected by a latex condom. Syphilis can also occur in areas that are not covered or protected. Latex condoms, when used consistently and correctly, can reduce the risk of infection with syphilis only when the infected areas are covered or protected by the condom.

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**GONORRHEA**

**DESCRIPTION** Gonorrhea is caused by the bacterium *Neisseria gonorrhoeae*. Symptoms appear from two days to four weeks after exposure. They include painful urination, pus-like discharge, bumps on the cervix, anal irritation and painful bowel movement. As the disease progresses, pain in the lower abdomen on both sides, vomiting, fever and irregular menstrual periods occur. In women, gonorrhea can lead to pelvic inflammatory disease (PID), a secondary infection that can cause sterility.

**HANGOUTS** Gonorrhea hangs out in the cervix, uterus, and fallopian tubes in women, and in the urethra in women and men. The bacteria also hang out in the mouth, throat, and anus.

**TRANSMISSION** Gonorrhea usually attacks though vaginal, anal, or oral intercourse with an infected person.

**TREATMENT** Gonorrhea is treated with ceftriaxone or penicillin. There are a lot of resistant strains, which make treatment more difficult. If symptoms remain after treatment, then you should go back to your doctor or clinic for a different antibiotic.

**PREVENTION** Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea.

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**CHLAMYDIA**

**DESCRIPTION** Chlamydia is caused by the bacterium *Chlamydia trachomatis*. Chlamydia has no symptoms at first. After the disease progresses some of the symptoms include odorless discharge and burning during urination. Pelvic inflammatory disease (PID) can also be caused by Chlamydia, and in severe cases can lead to sterility and tubal pregnancy.
HANGOUTS Chlamydia is known as a "silent" disease because three quarters of infected women and half of infected men have no symptoms. The infection is frequently not diagnosed or treated until complications develop. Chlamydia usually hangs out in the cervix and the urethra in women. Men may have may a discharge from the penis, a burning sensation when urinating, burning and itching around the penis, and pain and swelling in the testicles. Chlamydia also hangs out in the anus and throat.

TRANSMISSION Chlamydia is transmitted through vaginal, anal, or oral intercourse. It can also be transmitted from a mother to her baby during birth.

TREATMENT Chlamydia can be treated and cured easily with antibiotics.

PREVENTION Latex condoms, when used consistently and correctly, can reduce the risk of transmission of Chlamydia.

HERPES

DESCRIPTION Herpes is caused by the herpes simplex viruses type 1 (HSV-1) and type 2 (HSV-2). Most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection.

HANGOUTS When signs do occur, they typically appear as one or more blisters on or around the genitals or rectum. The blisters break, leaving tender ulcers (sores) that may take two to four weeks to heal the first time they occur. Typically, another outbreak can appear weeks or months after the first, but it almost always is less severe and shorter than the first episode. Although the infection can stay in the body indefinitely, the number of outbreaks tends to go down over a period of years.

TRANSMISSION HSV-1 and HSV-2 can be found and released from the sores that the viruses cause, but they also are released between episodes from skin that does not appear to be broken or to have a sore. A person almost always gets HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. HSV-1 causes infections of the mouth and lips, so-called "fever blisters." A person can get HSV-1 by coming into contact with the saliva of an infected person. HSV-1 infection of the genitals almost always is caused by oral-genital sexual contact with a person who has the oral HSV-1 infection.

TREATMENT There is no treatment that can cure herpes, but antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication.

PREVENTION The consistent and correct use of latex condoms can help protect against infection with herpes. However, condoms do not provide complete protection because the condom may not cover the herpes sore(s), and viral shedding may nevertheless occur. If either you or your partner have genital herpes, it is best to abstain from sex when symptoms or signs are present, and to use latex condoms between outbreaks.

Different Forms of Contraceptives

ABSTINENCE

Abstinence means different things to different people. For a man and a woman who are considering sexual activity, which can lead to pregnancy, abstinence refers to not having penis-in-vagina intercourse. For protection against infection, abstinence means avoiding vaginal, anal, and oral-genital intercourse or participating in any other activity in which body fluids (semen, vaginal fluids, blood, and breast milk) are exchanged with another person. In this description abstinence refers primarily to not having vaginal intercourse - where the penis enters the vagina. Some people will use other kinds of touching to satisfy their needs. Others will avoid any kind of touching because it is too tempting. Some people have intervals of intercourse and then later change their minds and decide they would like to return to abstinence for a period of time. The decision to have sex is your decision, each and every time.

Advantages:

- Abstinence is free and available to all.
- It is extremely effective at preventing both infection and pregnancy.
- It can be started at any time in one’s life.
- Abstinence may encourage people to build relationships in other ways.
It may be the course of action which you feel is right for you...boost your self-esteem in choosing what is right for yourself.

- Abstinence may increase the creativity in a relationship for partners to find new ways to express intimacy with each other.
- It has no medical side effects.
- It is cost-effective because there's nothing to buy!

Disadvantages:
- If you’re planning to use abstinence, and change your mind in the heat of the moment, you might not have birth control handy. Some people would like to be prepared and have a condom or spermicide available in case they change their mind. Others feel that having a contraceptive ready and available might tempt them.
- If only abstaining from penis-in-vagina intercourse, there may be no protection against infections transmitted through other activities such as oral and anal intercourse, including herpes, genital warts, gonorrhea, and HIV/AIDS.

CONDOMS
Condoms act as a mechanical barrier; they prevent pregnancy by stopping sperm from going into the vagina. The condom is put onto the penis before the penis comes into contact with the vagina. Among typical couples who initiate use of latex condoms for men, about 14% will experience an accidental pregnancy in the first year. If condoms are used consistently and correctly, about 3% will become pregnant. Condoms become more effective in subsequent years of use (after the first year).

Advantages:
- Condoms are safe and effective at preventing both pregnancy and STDs when they are used during each act of sex. Sexual intercourse may be enjoyed more because there is less fear of STDs, HIV, and pregnancy.
- Men “last longer” when they use condoms. Prolonging sex may make sex more fun.
- Condoms come in many colors, sizes and with or without ribbing. Variety is exciting!
- Condoms make sex less messy by catching the semen.
- If the woman puts the condom on the man, it can be fun for both partners!
- Condoms may reduce the risk of cervical cancer because there’s less risk of HPV infection.
- There’s no visit to a clinic or doctor’s office required to start using condoms.
- Condoms are fairly easy to get and usually do not cost a lot.

Disadvantages:
- Unless the woman puts it on as a part of foreplay, the condom may interrupt sex.
- Condoms require some practice to learn how to use.
- When putting the condom on the penis you must avoid tearing the condom or putting a hole in it with finger nails, a ring or anything sharp. This includes anything sharp in the mouth!
- YOU CAN’T USE OIL BASED LUBRICANTS such as Vaseline, sun tan oil, whipped cream, or Crisco with latex condoms! These products can put a hole in a latex condom in a matter of seconds.
- The man must pull out soon after ejaculation. If he becomes soft, the condom can fall off and be left in the vagina without the couple knowing that this has happened.
- Some people are sensitive (or allergic) to latex or find the smell very unpleasant. Natural membrane condoms (skins) are slightly less effective and more expensive than latex condoms. However, they may help if either the man or woman is sensitive to latex. Polyurethane (plastic) condoms, which include the Reality female condom and some types of male condoms, are another option if either partner is allergic to latex.
- Buying, negotiating use, putting on, and getting rid of condoms may be embarrassing for some people.
- Condoms may not be available when a couple needs one.

DIAPHRAGM
A diaphragm is a rubber dome-shaped device, which the woman places into her vagina so that it covers the cervix, the opening to the uterus. The diaphragm blocks the man’s semen from entering the
cervix. A spermicide placed onto the diaphragm kills sperm and physically blocks the cervix. Among typical couples who initiate use of the diaphragm, about 20% will experience an accidental pregnancy in the first year. If the diaphragm is used consistently and correctly, about 6% will become pregnant.

**Advantages:**
- The diaphragm is fairly effective and gives the woman control.
- When used perfectly, only 6 couples in 100 become pregnant the first year using a diaphragm.
- The diaphragm can be put in within 6 hours of initiation of sexual intimacy.
- Your partner can put it in as part of lovemaking.
- The diaphragm is safe. There are no hormones involved, and thus, there are no hormonal side effects.
- The penis can remain inside the vagina after ejaculation.
- Intercourse during a woman’s period is less messy. The diaphragm holds back menstrual blood.
- The diaphragm may slightly reduce the risk for cervical infections, including gonorrhea, Chlamydia, human papilloma virus (HPV), and pelvic inflammatory disease (PID).

**Disadvantages:**
- You must be fitted for a diaphragm by a clinician.
- You should wash your hands with soap and water before putting in your diaphragm.
- Insertion of the diaphragm may interrupt sex.
- Using the diaphragm increases your risk for urinary tract infections.
- If you do not like touching your vagina, the diaphragm may not be a good method for you.
- It is difficult for some women to insert a diaphragm correctly.
- If left in too long, the diaphragm slightly increases your risk for a serious infection called toxic shock syndrome. Don’t leave your diaphragm in for more than 48 hours.
- The diaphragm may slip out of place during sex. If you change positions, you may want to check to see that the diaphragm is still covering the cervix.
- A new fitting may be necessary after having a baby, an abortion, miscarriage, or gaining 15 pounds.
- The diaphragm must be left in place 6 hours after the last act of intercourse.
- This method has relatively high failure rates.

**FOAM**

Foam is placed into the woman’s vagina using an applicator (similar to tampon insertion). It has two effects. It kills or destroys sperm which is why it is called “spermicidal”. It blocks the man’s fluids from entering the cervical canal, thus, stopping sperm from reaching the egg. Among typical couples who initiate use of vaginal spermicides, about 25% will experience an accidental pregnancy in the first year. If vaginal spermicides are used consistently and correctly, about 6% will become pregnant.

**Advantages:**
- Foam gives the women control over contraception.
- It is available over the counter without a visit to a clinician.
- It can be put into the vagina 20 minutes before sexual intimacy, but it is also effective immediately if you want to have sex right after putting foam into the vagina.
- Foam is safe, no hormones are involved, and it is immediately reversible.
- The man’s penis can remain inside the vagina after ejaculation.
- Foam adds lubrication and moisture.
- Some protection against gonorrhea and Chlamydia infections
- Lubrication, in the case of foam, may heighten satisfaction in both partners.
- It can serve as immediate back-up if a condom should slip or break.

**Disadvantages:**
- Foam can be irritating to the vagina, and some people feel that it is messy.
- It is not protective against HIV (the virus that causes AIDS). If protection against infection is important, use condoms.
- Practice putting foam into your vagina in advance. This will make it easier at the time of intercourse.
- Some women do not like placing an applicator into the vagina.
- Sometimes you can’t be sure if there is enough foam in the can to provide protection for the next act
of intercourse. Keep an extra can handy.
- The taste of foam is unpleasant.
- The container carrying the foam is large and may be embarrassing to carry around

**BIRTH CONTROL PILLS**

Birth control pills contain two hormones, an estrogen and a progestin. They work by stopping ovulation (release of an egg) and by making the lining of the uterus thinner. Among typical couples who initiate use of combined pills about 5% will experience an accidental pregnancy in the first year. This is because sometimes pills are not used correctly. If pills are used consistently and correctly, just one in 1,000 women will become pregnant. Use a backup contraceptive for the first 7 days of your first pack of pills. You do **not** need to use a backup method during the hormone-free days of your pill pack.

**Advantages:**
- Pills decrease a woman’s risk for cancer of the ovary and cancer of the lining of the uterus (endometrial cancer). They also lower your chances of having benign breast masses (breast masses which are NOT cancer), ovarian cysts, ectopic pregnancy, and pelvic inflammatory disease (PID).
- Pills decrease women’s menstrual cramps and pain.
- They reduce menstrual blood loss and a woman’s risk for anemia.
- Acne often improves, and hair growth on the face is reduced.
- Many women enjoy sex more when on pills because they know they are less likely to get pregnant.
- You can control the cycle so as not to have your period during certain times (honeymoon, exams, etc.).

**Disadvantages:**
- Pills do not protect you from HIV or other infections. Use a condom if you may be at risk.
- You have to remember to take the pill every day.
- You may have nausea and/or spotting mostly during the first few cycles on pills.
- Pills tend to make periods very short and scanty.
- You may see no blood at all. Most women like this when they understand it is normal.
- Taking the pill may cause headaches, depression, anxiety, fatigue, mood changes, or decreased enjoyment of sex in some women.
- A backup contraceptive is required for 2 weeks if you have any question about how many pills you have missed and whether a backup is necessary.
- Serious complications like blood clots may occur but are very rare.
- Pills can be quite expensive
- After stopping pills, you may not get your period for 1-3 months, although this situation is rare.

**BIRTH CONTROL SHOTS**

Two “birth control shots,” or injectables, are available to women. One of them, Depo-Provera, is administered once every three months. It provides a hormone much like the progesterone a woman produces during the last 2 weeks of each monthly cycle. It stops the woman from releasing an egg and provides other contraceptive effects. Many clinics recommend that you use a backup contraceptive for a week after your first shot. Among typical couples who initiate use of about 3 in 1,000 will experience an accidental pregnancy in the first year.

**Advantages:**
- Nothing must be taken daily or used at the time of sexual intercourse. Sex may be enjoyed more because of less fear of pregnancy.
- Depo-Provera is extremely effective. If women receive their injections right on time (every 3 months or 13 weeks), only 3 women in 1,000 will become pregnant in the course of one year.
- Women lose less blood using Depo-Provera and have less menstrual cramping. Often after 3 injections women stop having periods. This is safe!
- Privacy is a major advantage. No one has to know you are using this method.
- Depo-Provera may improve PMS, depression and symptoms from endometriosis.
- Can prevent ectopic pregnancies
- Unlike combined pills, Depo-Provera is not less effective if you take medicines that affect the liver.
Disadvantages:

- Depo-Provera injections can lead to very irregular periods. If your bleeding pattern is bothersome to you, you can take medications which may give you a more acceptable pattern of bleeding.
- Some women gain weight. To avoid weight gain, watch your calories and get lots of exercise.
- Depo-Provera does not protect you from HIV or other infections. Use condoms if you are at risk.
- You must return to the clinic every three months for your injection.
- Depression and premenstrual symptoms may become worse.
- It may be a number of months before your periods return to normal after your last shot. It takes an average of 10 months for fertility to return after the last shot, making it hard to plan pregnancy exactly.
- Depo-Provera may lower your estrogen level and cause bone loss, although this is not certain. Get regular exercise and take extra calcium to protect your bones from osteoporosis.
- A few women are allergic to Depo-Provera. Fortunately, allergic reactions are very rare, but they occur, and the effects of the shot cannot be stopped once it is given. Such a woman may need anti-allergy medicine for several days to months.
- Depo-Provera is expensive in some healthcare settings.

IUD

An IUD is a small plastic device which is placed inside the uterus. IUDs are safe and provide extremely effective long-term contraception. The Progestasert IUD is shaped like a “T” and its vertical arm contains progesterone. This hormone is exactly the same as the progesterone a woman’s ovaries produce each monthly cycle. The progesterone causes the cervical mucus to become thicker so sperm cannot get to the egg. The progesterone also changes the lining of the uterus so implantation of a fertilized egg cannot occur. Among typical couples who use this IUD, about 2% will experience an accidental pregnancy in the first year. However, the Progestasert IUD is not as effective as the Copper 380-A IUD or the new Levonorgestrel IUD called Mirena.

Advantages:

- This IUD provides effective contraception for one year
- There is decreased menstrual cramping and decreased menstrual blood loss with use of this IUD.
- There is nothing to do at the time of intercourse.
- IUDs are far more easily reversible than male or female sterilization.
- All you have to do is check for the strings each month.
- This IUD may be used by some women who cannot take estrogen.

Disadvantages:

- Use of the IUD commonly leads to irregular periods and increases the number of days some women have spotting. While there is less overall blood loss, the number of bleeding days is greater than normal. If your bleeding pattern is bothersome to you, contact your clinician. There are medications which can be given to you which may give you a more acceptable pattern of bleeding.
- Some women stop having periods completely. If you know that this may happen with the Progestasert IUD, you may actually enjoy not having monthly periods.
- There may be some cramping or pain at the time of insertion.
- This IUD has to be replaced in one year; other IUDs can be left in longer.
- It is costly to remove and reinsert a new one each year.
- This IUD offers no protection against sexually transmitted infections.
- There is a slightly increased risk of pelvic inflammatory disease at the time of insertion.

TUBAL STERILIZATION

Tubal sterilization is an operation which blocks the tubes carrying a woman’s egg to her uterus. It is the most commonly used method of birth control worldwide. Often the operation is accomplished through using a laparoscope. This instrument is inserted through a small incision in the abdomen. The tubes are visualized so the surgeon can place rings, apply clips or burn the tubes. After this operation your eggs will have no way to get to your uterus, and the man’s sperm will have no way to get to your egg. The effectiveness of tubal sterilization differs by the method of sterilization and by the woman’s age. This operation should be
considered permanent. You must be certain you do not want to deliver more children and will not change your mind.

Advantages:
- Tubal sterilization is an effective form of contraception when no more babies are desired.
- It is a fairly simple operation which is safe and permanent.
- Nothing needs to be done at the time of intercourse.
- There is nothing to remember on a daily basis.
- There are no hormones and no creams or foams involved.
- Tubal sterilization will not affect your sex drive or ability to enjoy sex.
- It is cost-effective in the long run.
- This procedure may help protect against ovarian cancer.

Disadvantages:
- Tubal sterilization requires surgery (an operation).
- There is some pain or discomfort for several days after the operation.
- It is better to have someone accompany you on the day of surgery.
- There is no easy way to check after tubal sterilization to see if it is “still working.”
- Tubal sterilization is very effective but definitely not 100% effective. The failure rate is as high as 1-5% in the 10 years after the operation. If you think that you are pregnant at any time in the future, return to the clinic immediately. Should a pregnancy occur, there is an increased chance that it will be outside of your uterus (an ectopic pregnancy).
- It is difficult to reverse this operation if you later want to become pregnant. The operation to reverse tubal sterilization is highly technical, expensive, and its results cannot be guaranteed.
- Regret after tubal sterilization is greater if a woman is under 25 when her operation is done, if she divorces or remarries, if a child dies, or if a woman has just had a baby or abortion when she has her operation.

**EC — Emergency Contraception**

Emergency Contraception can prevent pregnancy after unprotected vaginal intercourse. It is also called post-coital or “morning-after” contraception. It is used only if a woman is not already pregnant from a previous act of intercourse. ECs prevent pregnancy by stopping ovulation or fertilization.

**How to Use ECs:**
Plan B and other progestin-only ECs can be taken in one dose or in two doses, 12 hours apart. Combined hormone ECs must be taken in two doses, 12 hours apart. The number of pills in a dose varies with the brand of the pill. Use the same brand for both doses. ECs can reduce the risk of pregnancy if started within 120 hours after unprotected vaginal intercourse. The sooner they are started, the better. ECs reduce the risk of pregnancy by 75-89 percent when the first dose is taken within 72 hours. ECs will not affect an existing pregnancy.

**After You Take the Pills**
- Your next period may be earlier or later than usual.
- Your flow may be heavier, lighter, more spotty, or the same as usual.
- If you see other health care providers before you get your period, remember to tell them that you have taken emergency contraception pills.
- Schedule a follow-up visit with your clinician if you do not have your period in three weeks or if you have symptoms of pregnancy.
- Be sure to use another method of contraception if you have vaginal intercourse any time before you get your period again.
- Continue using the birth control method of your choice for as long as you want to avoid pregnancy.

**Side Effects:**
Side effects associated with the use of ECs usually taper off within a day or two.
Half of the women who take the combined pills feel sick to their stomachs, but only for about 24 hours.
Less than one out of five women throw up with combined pills.
The risk of nausea and vomiting is lower with progestin-only ECs.
Breast tenderness, irregular bleeding, dizziness, and headaches may also occur.
There have been no reports of serious complications among the millions of women who have used ECs.

Frequent use of ECs may cause periods to become irregular and unpredictable. The side effects of anti-nausea medication may include drowsiness. Please follow the precautions on the package insert.

Emergency contraception may not prevent ectopic pregnancy. An ectopic pregnancy is one that develops outside the uterus. It must be treated to prevent complications that may be fatal.

If you think you may have an ectopic pregnancy, get medical attention immediately. Signs of ectopic pregnancy include
- severe pain on one or both sides of the lower abdomen
- abdominal pain and spotting, especially after a very light or missed menstrual period
- feeling faint or dizzy

ECPs will not harm a fetus. Still, you should not use emergency contraception if you are pregnant.

You May Want Emergency Contraception If:
- His condom broke or slipped off, and he ejaculated inside your vagina.
- You forgot to take your birth control pills.
- Your diaphragm, cap, or shield slipped out of place, and he ejaculated inside your vagina.
- You miscalculated your "safe" days.
- He didn’t pull out in time.
- You weren’t using any birth control.

Contact your health care provider immediately if you have had unprotected intercourse and you think you might become pregnant. Ask about Emergency Contraception.

The Difference Between Emergency Contraception Pills and Medication Abortion

There is considerable public confusion about the difference between emergency contraception and medication abortion because of misinformation disseminated by anti-choice groups. Emergency contraception helps prevent pregnancy; medication abortion terminates pregnancy. According to general medical definitions of pregnancy that have been endorsed by many organizations including the American College of Obstetricians and Gynecologists and the United States Department of Health and Human Services, pregnancy begins when a pre-embryo completes implantation into the lining of the uterus (ACOG, 1998; DHHS, 1978; Hughes, 1972; "Make the Distinction?" 2001). Hormonal methods of contraception, including emergency contraception pills, prevent pregnancy by inhibiting ovulation and fertilization (ACOG, 1998). Medication abortion terminates a pregnancy without surgery. By helping women to prevent unplanned pregnancies after unprotected intercourse, emergency contraception has the great potential to decrease the rate of abortion. By helping women to terminate unwanted pregnancies up to 56 days after their last menstruation, medication abortion is a safe and effective option.

(Taken from http://www.plannedparenthood.org)
Advice from TEENS on buying... CONDOMS

We are a group of teens who are concerned about you -- especially if you are having unprotected sex. We surveyed stores in our community to find out how easy condoms are to buy. We found that condoms can be easier to buy if you know what to expect...

1. You are not alone. More and more people are buying condoms -- young & old - - guys & girls. You can buy condoms and other contraceptives at drug stores, convenience stores & even some supermarkets.

2. Once you’re in the store, look for the "Family Planning" sign or try the feminine hygiene section, the health section or behind the checkout counter. If at first you don't succeed, try asking at the pharmacy counter.

3. Be COOL. Clerks don’t bite! Nervous? Lots of people are. Stay calm! Remember, you are doing the right thing.

4. It can be hard to ask, but the clerk can't help you if you don't speak clearly.

5. Know what you want. There are many brands. If you don’t like one brand, try another. Not all condoms are alike.

6. YOU’RE SMART & YOU’RE PREPARED!

How to Use a Condom:
Latex condoms, when used consistently and correctly, are highly effective in preventing pregnancy and transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs). Of course, not having sex is the safest and surest way to protect yourself from pregnancy and sexually transmitted diseases such as AIDS.

However, if you are having sex, protect yourself! Here's how:

- Use latex (look for it on the label) condoms.
- Use a new condom every time you have sex (intercourse) -- no matter what type of intercourse (oral, vaginal, or anal) you are having.
- Unroll the condom onto the erect penis. This must be done before the man's penis comes near an opening on his partner's body.
- Hold the tip of the condom to squeeze out the air. This leaves some room for the semen when the man "comes" (ejaculates).
- After the male "comes" (ejaculates) and while the penis is still erect, he should pull out. Hold onto the rim of the condom while pulling out, so the semen does not spill out.
- Keep condoms away from heat, as heat will dissolve the latex (rubber). Use contraceptive foam or water-based jelly (such as K-Y jelly) for added wetness, but never use petroleum jelly (such as Vaseline) because it will destroy the latex.

(Taken from the Advocates for Youth web page at: www.advocatesforyouth.org)
GYN Exams Can Save Your Life!

Gyn = Gynecology = Good Health

Gynecology is an important part of health care for women. It protects your sexual and reproductive health. Periodic gynecological care can:

- help prevent illness and discomfort
- lead to earlier detection of breast cancer and precancerous growths of the cervix — when they may be more curable
- detect sexually transmitted infections and other conditions before they cause serious damage
- detect causes of infertility that may be treated
- make pregnancy and childbirth easier

Each year about 10,000 women in the U.S. are diagnosed with cervical cancer. Women who do not have regular gynecological care are up to seven times more likely to be diagnosed with cervical cancer.

More than 260,000 women in the U.S. are diagnosed with breast cancer every year. The survival rate for women who detect their cancers early is 79-97 percent, depending on how early. The survival rate is only 16-56 percent for women with advanced cancers that have spread to other parts of their bodies.

Don’t let it happen to you...
Whether you’re young or old, married or single, sexually active or not, or whether you’re lesbian, straight, or bisexual — good gynecological care can keep you healthy and may save your life.

Periodic GYN visits and exams may include

- talking about your personal, family, sexual, and medical history
- laboratory tests and screening for sexually transmitted infections and other conditions
- counseling
- a pelvic exam
- a breast exam

Pap tests are part of GYN exams. They can detect

- the presence of abnormal cells in the cervix
- infections and inflammations of the cervix
- (Pap tests cannot specifically identify most sexually transmitted infections, but they may detect symptoms.)
- thinning of the vaginal lining from lack of estrogen commonly related to menopause

Don’t let embarrassment become a health risk.
Some women may worry about having a GYN exam — especially if it’s the first time. You will be more comfortable if you know what to expect.

It is very important to be frank and honest about your sex life. Up to one out of two women has a sexually transmitted infection in her lifetime. Some of these infections can cause sterility, birth defects, and cancer. Some can cause death. Great harm can be done even when there are no symptoms. And very often, women have no symptoms. That’s why it’s very important to talk openly with your clinician about how you may be at risk.
Women should start having Pap tests three years after they have vaginal intercourse or when they become 21 years old — whether or not they have had vaginal intercourse. Talk with your clinician about how often you should have periodic GYN visits and exams.

You may need to have checkups more often if you have
- a breast lump
- a history of abnormal Pap results
- a history of sexual health problems
- a mother or sister who developed breast cancer before menopause
- a pelvic condition such as endometriosis or fibroids
- a sexually transmitted infection or a sex partner who has one
- a sexually related condition such as abnormal cell development in the cervix

You should visit your clinician if you have
- abnormal vaginal bleeding or discharge
- any concerns about your sexual or reproductive health.
- changes in size or shape of the breast
- growths or thickening of the breast or armpit
- increased pain, discomfort, or emotional distress before your period
- itching of the vulva or vagina
- newly retracted nipples or bleeding or discharge from the nipple
- pain, swelling, or tenderness of the vulva, vagina, uterus, or ovaries
- painful intercourse
- puckering, dimpling, or other changes in the skin of the breast
- severe lower abdominal pain

Take control of your health.
Learn what is normal for your body and what is not. Watch for changes in your body and its rhythms that may signal problems. Your clinician will help you identify problems before they become serious and will provide care if you become ill. Team up with your clinician for routine GYN exams. Learn how the GYN exam can work for you.

Remember — for good health
- Eat properly.
- Get enough sleep.
- Drink when you are thirsty.
- Exercise.
- Avoid taking health risks with your mind and body.
- Have periodic GYN exams.
- Take advantage of immunizations that are available.

(Taken from http://www.plannedparenthood.org)
MYTH OR FACT?

1. Abstinence is the only method of birth control that is 100% effective.
2. A girl cannot get pregnant if she has sex during her period.
3. Once a boy gets really excited and gets an erection, he has to go all the way or it will be harmful to him.
4. A girl can get pregnant the first time she has sex.
5. A girl can get pregnant even if a boy doesn’t ejaculate inside her or if he “pulls out.”
6. A girl cannot get pregnant ... if she douches immediately after sex, if she’s standing up, if she just had a child, if she’s in a hot tub during sex.
7. Condoms keep you from feeling anything during sex.
8. If a condom is stored in a wallet it may be ineffective.
9. Some boys have medical side effects to condoms and some are unable to find condoms that “fit.”
10. Drinking and drugs are sexual stimulants.
11. If you really loved him, you’d want to sleep with him.
12. If you decide to just fool around and not go all the way, it’s okay.
13. A girl can know, if she is careful, one absolutely safe time between her menstrual periods when she cannot get pregnant.
14. There is no cure for the sexually transmitted disease herpes.
15. Once you’ve had gonorrhoea and have been cured, you cannot get it again.
16. Men and women can have sexually transmitted diseases without any symptoms.
17. You don’t need to use a condom if you’re only having oral sex.
18. HIV is the same as AIDS.
19. HIV/AIDS affects only gay men.
20. Certain women are asking to be raped by the way they dress or by the way they behave.
21. Men can’t stop themselves once they get to a certain point of arousal.
22. Only certain types of women get raped.
23. Most rapes are committed by someone the woman knows.
24. You have never met a gay or lesbian person.
25. People choose to be gay.
26. Children who are in contact with gay men or lesbians face increased risk of being sexually abused.
27. You should not discuss sex/sexuality with your parents.
28. Talking about sex just encourages youth to go out and do it.
29. Teenagers do not make good parents.
30. Since girls get pregnant they should be responsible for birth control.
31. It is okay for a woman to plan a pregnancy without discussing it with the father.
32. It is the girl’s job, not the boy’s, to resist sexual temptation.
Anorexia & Bulimia

Anorexia Nervosa: mental illness in which a person has an intense fear of gaining weight and a distorted perception of his or her weight and body shape. People with this illness believe themselves to be fat even when their weight is so low that their health is in danger. A person with anorexia nervosa severely restricts food intake and usually becomes extremely thin.

Although cases of self-starvation have been known since antiquity, anorexia nervosa has become much more common in modern Western societies as thinness has increasingly become a primary measure of attractiveness. The disorder is thought to be most common among whites, people of higher socioeconomic classes, and people involved in activities where thinness is especially prized, such as dancing, theater, and distance running. More than 90 percent of cases are diagnosed in females, but some experts believe that many cases of anorexia nervosa in males go unreported. The disorder typically begins in the mid- to late teenage years.

Researchers estimate that about 0.5 to 1 percent of young women in the United States have anorexia nervosa as it is clinically defined by the American Psychiatric Association. However, many more individuals, perhaps 5 to 10 percent of all young women in the United States, have a distorted body image and a preoccupation with becoming thin, though they do not fit all the criteria for a clinical diagnosis of anorexia nervosa.

BEHAVIORS AND PSYCHOLOGICAL SYMPTOMS

People with anorexia nervosa—who are sometimes known as anorectics or anorexics—have a preoccupation with food, weight, dieting, and body image. They are dissatisfied with their bodies, perceive themselves to be fat regardless of their actual weight, and are obsessed with becoming thin. Many are so focused on outward appearance that they have little awareness of internal sensations such as hunger and fullness. Anorexics usually undertake strict diets, severely restricting food intake and avoiding certain foods they deem taboo. They may also undergo intense, strenuous exercise regimens and weigh themselves frequently. Despite eating very little, many people with anorexia nervosa become overly involved with food by preparing elaborate meals for others or taking over food shopping or preparation for the family. At meals, they may cut their food into tiny pieces, eat very slowly, and dispose of food secretly. About 30 percent of people with anorexia nervosa also develop bulimia nervosa. This is a type of eating disorder in which individuals engage in episodes of binge eating, or consuming large amounts of food in a short period, and then purging the food from their bodies by self-induced vomiting or abuse of laxatives.

People who develop anorexia nervosa often share certain personality attributes, such as perfectionism, introversion, low self-esteem, difficulty expressing emotions, and a need for control. As the disorder develops, they may experience depression, irritability, sleep problems, lack of sexual interest, and they may withdraw from friends and family.

Anorexia nervosa is sometimes present with other mental illnesses, particularly depression and anxiety disorder. About 35 percent of people with anorexia nervosa also have obsessive-compulsive disorder. A person with this disorder experiences recurrent, often irrational thoughts or fears and feels compelled to perform certain behaviors over and over. Some evidence suggests that the psychological symptoms of anorexia nervosa, such as obsessive behavior, preoccupation with food, and depression, may actually be an effect of food deprivation. In many cases, however, the depression or another mental illness develops before the diagnosis of anorexia nervosa, and
some scientists believe these other mental illnesses may make people more vulnerable to developing anorexia nervosa.

People with anorexia nervosa usually deny that they have a problem. They do not see low weight as a health risk or symptom of a psychological problem. They believe that dieting and losing weight is logical because they perceive themselves to be fat. Many feel pride in their ability to adhere to their strict diet. To the outside world, anorexics frequently appear normal. They are often successful in school and other activities, and may be perceived as respectful, obedient, helpful, and compliant—in short, they are seen as model young people.

MEDICAL SYMPTOMS AND CONSEQUENCES
Anorexia nervosa has a wide variety of medical complications that affect every system of the body and can be life threatening. Often, people who are later diagnosed with anorexia nervosa initially seek treatment for the medical symptoms caused by semi starvation. Undernourishment usually causes females with anorexia nervosa to stop menstruating—in fact, this symptom is so typical that it is one of the criteria used to diagnose the disease.

People with anorexia nervosa often suffer from fatigue and muscle weakness, have trouble staying warm, and have dry, yellowish skin, brittle hair, and sometimes hair loss. Changes in the function of the kidneys and gastrointestinal system are common. People with the disorder frequently develop osteoporosis, a loss of bone mass that makes bones fragile and prone to fracture. This bone loss may be at least partially irreversible, and delayed or arrested bone development can also lead to stunted growth. Many changes in the function of the heart can occur, such as slow heartbeat, low blood pressure, and heart palpitations. These changes can cause a person to become prone to dizziness and fainting, and abnormal heart rhythms sometimes result in sudden death. Scientists estimate that between 5 and 20 percent of people with anorexia nervosa die of medical complications related to the illness.

CAUSES
Anorexia nervosa results from an interaction of several different factors. Most researchers agree that one of the most important causes of anorexia nervosa is Western society’s emphasis on thinness and body shape as a primary measure of attractiveness. In fact, many believe that most people who develop anorexia are female because there is more pressure for women to be thin. Media images of very thin models and actors lead many people to believe that they will only be considered attractive and successful if they are also very thin. These images may cause many people to develop unrealistic expectations for their own bodies. People may also feel pressure from family members or peers to be thin.

These social pressures interact with a variety of other factors to cause some people to develop anorexia nervosa. Some people who develop the disorder have experienced physical, sexual, or emotional abuse or the loss of someone close to them, such as a parent. Other existing psychological problems, such as anxiety, depression, and compulsive behavior, can also contribute to the development of the illness. In some cases, the characteristics of a person’s family may encourage personality traits associated with anorexia nervosa, such as perfectionism, emotional reserve, desire to conform and avoid conflict, and need for control. The onset of the disorder in the mid- to late teenage years leads some researchers to believe that the disorder sometimes reflects a patient’s fear of emerging sexuality.

TREATMENT AND PREVENTION
As a mental illness, anorexia nervosa is treated primarily through psychotherapy. However, the medical complications of the disorder are often so serious that stabilizing the patient’s physical condition must be the first step of treatment. Some patients are admitted to the
hospital for this treatment. Weight gain, though often difficult to achieve, is the primary goal for restoring a patient’s physical health. Physicians may prescribe increases in food consumption and dietary supplements, and instruct a patient not to exercise. In the most severe cases, especially if a patient resists instructions to eat, nutrients and fluids may be administered intravenously. The female sex hormones estrogen and progesterone may be used to help restore bone mass and strength. Antidepressants and other medications are sometimes used to treat depression and anxiety. With treatment, many of the medical complications of anorexia nervosa can be reversed.

Various forms of psychotherapy are used to help people with anorexia nervosa recognize and change their distorted attitudes about food, weight, and body image. Counseling helps people understand and resist societal pressures to attain a certain body shape. Treatment also addresses any other factors, such as abuse, trauma in close relationships, or low self-esteem, that have contributed to the development of the disorder. Frequently, other family members are included in the therapy to help address problems in family relationships that are contributing to the patient’s illness. Group therapy with other individuals suffering from anorexia nervosa is often particularly helpful because it helps people recognize distorted perceptions and behaviors that they share with other anorexics. Patients sometimes meet with dietitians to learn about nutrition and meal planning.

For people with severe illness, psychotherapy treatment may begin with an inpatient program in a psychiatric hospital lasting several days to many weeks. Inpatient treatment is usually followed by a longer period of outpatient psychotherapy. Day programs are also available, in which an individual receives intensive treatment in the hospital during the day but does not spend the night there.

Anorexia nervosa can be difficult to treat because many patients deny they have a problem and resist treatment. Some fear that treatment will involve gaining weight. Recovery from the disorder is a long and uncertain process. Researchers estimate that of those diagnosed with anorexia nervosa, 42 percent recover, 30 percent improve somewhat, and more than 20 percent suffer from a chronic eating disorder.

Little is known about preventing anorexia nervosa. Some professionals have developed prevention programs that combat the cultural emphasis on appearance and the identification of thinness with health, happiness, virtue, and power. These programs stress developing sources of self-esteem that are based on qualities other than physical appearance and promote acceptance of the natural diversity of body types.

**Bulimia:** an eating disorder in which persistent over concern with body weight and shape leads to repeated episodes of bingeing (consuming large amounts of food in a short time) associated with induced vomiting, use of laxatives, fasting, and/or excessive exercise to control weight. The American Psychiatric Association classified bulimia as a distinct disorder in 1980; the name was changed to bulimia nervosa in 1987.

Sometimes bulimic behavior is observed in cases of anorexia nervosa, or abnormal dieting, but bulimia in itself does not result in severe weight loss. It can, however, cause gastrointestinal problems and serious potassium depletion, and teeth may be damaged due to the acid nature of the regurgitated food. Bulimia usually develops during adolescence (most commonly among females) as a result of various psychological pressures, the most obvious one being the social emphasis on the desirability of slimness. Various modes of group and behavioral therapy are used in treating the disorder. Because patients with bulimia often suffer from depression as well, antidepressant drugs may be effective.
# Differences Between Anorexia Nervosa and Bulimia:

<table>
<thead>
<tr>
<th>ANOREXIA</th>
<th>BULIMIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Denies emaciation &amp; lack of control over not eating abnormal</td>
<td>1. Recognizes bingeing &amp; purging are abnormal</td>
</tr>
<tr>
<td>2. Extremely thin</td>
<td>2. May be of any weight; weight often fluctuates</td>
</tr>
<tr>
<td>3. Turns away from food to cope with stress</td>
<td>3. Turns to food to cope with stress</td>
</tr>
<tr>
<td>4. Tends to be introverted, shy, &amp; socially anxious</td>
<td>4. Tends to be extroverted &amp; more social</td>
</tr>
<tr>
<td>5. Greater self-control of hunger, anger &amp; behavior</td>
<td>5. More impulsive, unstable, &amp; prone to “acting out”</td>
</tr>
<tr>
<td>6. Tends to mistrust those that try to help</td>
<td>6. More trusting of professionals, but tends to be ambivalent about close relationships</td>
</tr>
</tbody>
</table>

** Approximately half of all persons suffering form anorexia also have bulimia.  
** At least 1/3 of patients who have “recovered” from anorexia later develop bulimia.

## Some “DO’s” in Reaching Out to Someone Who May Have an Eating Disorder:

1. Speak to the person privately and allow time to talk.  
2. Tell the person you are very concerned about him or her.  
3. Calmly tell the person all the specific observations that have aroused your concern.  
4. Allow the person time to respond. Listen carefully and be non-judgmental.  
5. Keep the focus on the problem (for example, withdrawing from others)  
6. If the information received suggests an eating disorder, share with the person that:  
7. You think the person has a problem with eating (or body image or weight management)  
8. You are concerned about his or her health and well-being  
9. You are concerned that the matter needs to be evaluated by somebody who understands eating disorders  
10. Know about some of the resources in your school and your community to which students can be referred.  
11. Tell a nurse, teacher, coach, or doctor immediately if the person has problems that scare you – for example, if the person is:  
   a. Bingeing and throwing up several times per day  
   b. Passing out or complaining of chest pains  
   c. Complaining of severe stomach-ache and/or vomiting blood  
   d. Suicidal

## Tips for Family Members and Friends:

How to Survive An Eating Disorder:  
1. Realize that you are in exceedingly difficult circumstances  
2. Accept the fact that there are no quick or easy answers or cures to an eating disorder  
3. Provide your loved one with support and encouragement but also take care of yourself  
4. Give up the concept of blaming  
5. If your loved one/friend is younger than 18, help her get into therapy now  
6. Don’t be overprotective
Warning Signs:
(provided by Eating Disorders Awareness and Prevention, Inc.)

Of Anorexia Nervosa
- Dramatic weight loss
- Preoccupation with weight, food, calories, fat grams, and dieting
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (i.e., no carbohydrates, etc.)
- Frequent comments about feeling "fat" or overweight despite weight loss
- Anxiety about gaining weight or being "fat"
- Denial or hunger
- Development of food rituals (i.e., eating foods in certain orders, excessive chewing, rearranging food on a plate)
- Consistent excuses to avoid mealtimes or situations involving food
- Excessive, rigid exercise regimen despite weather, fatigue, illness, and injury, the need to "burn off" calories taken in
- Withdrawal from usual friends and activities
- In general, behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns

Of Bulimia
- Evidence of binge-eating, including disappearance of large amounts of food in short periods of time or the existence of wrappers and containers indicating the consumption of large amounts of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives and diuretics
- Excessive, rigid exercise regimen despite weather, fatigue, illness, and injury, the need to "burn off" calories taken in
- Unusual swelling of the cheeks or jaw area
- Calluses on the back of the hands and knuckles from self-induced vomiting
- Discoloration, staining of the teeth
- Creation of complex lifestyle schedules or rituals to make time for binge-and-purge sessions
- Withdrawal from usual friends and activities
- In general, behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns
RESOURSE LIST

Bulgarian Institutions And Organizations For Women’s Health

- [http://www.mh.government.bg](http://www.mh.government.bg) - Ministry of Health / Министерство на здравеопазването
- [http://www.nchi.government.bg](http://www.nchi.government.bg) - National Center for Health Information - статистика, публикации, структура на здравната мрежа в България
- [http://www.who.int](http://www.who.int) - World Health Organization / Световната здравна организация
- [http://www.redcross.bg](http://www.redcross.bg) - Bulgarian Red Cross / Българския Червен Кръст

International Institutions And Organizations For Women’s Health

- [www.health.harvard.edu](http://www.health.harvard.edu) - Harvard Women's Health Watch / Информация за жена здраве - Харвардки Университет
- [www.ourbodiesourselves.org](http://www.ourbodiesourselves.org) - Boston Women's Health Book Collective / Бостънски колектив за женско здраве
- [www.engenderhealth.org](http://www.engenderhealth.org) - Engender Health – Improving Women’s Health Worldwide / Енджендер Хелт – подобряване на женското здраве по цял свят
- [www.medicinenet.com](http://www.medicinenet.com) - Medicine Net / Мрежа за медицинска информация

Women’s Rights

- [www.feminist.com](http://www.feminist.com) - Women’s International Network / Международна женска мрежа
- [www.awid.org](http://www.awid.org) - Association for Women in Development / Женска асоциация за развитие
- [www.wen.org.uk](http://www.wen.org.uk) - Women’s Environmental Network / Женска мрежа за опазване на околната среда
- [www.awis.org](http://www.awis.org) - Association of Women in Science / Асоциация на жените в науката

Youth Initiites And Active Citizenship, EU

- EURODESK - [http://www.eurodesk.org/edesk/Welcome.do](http://www.eurodesk.org/edesk/Welcome.do)
- Health - [http://ec.europa.eu/health-eu/index_bg.htm](http://ec.europa.eu/health-eu/index_bg.htm)
- Culture - [http://ec.europa.eu/culture/index_en.htm](http://ec.europa.eu/culture/index_en.htm)
PLOTEUS, Learning Opportunities - http://ec.europa.eu/ploteus/

Youth Initiatives And Active Citizenship, Bulgaria

Council of Europe, Bulgaria - http://www.coe.bg/?menu=news
EURODESC, Bulgaria - http://www.eurodesk.bg/indexpage.php
Национален център „Европейски младежки програми и инициативи“ - http://www.youthbg.info/bg/nceypi/
МИКЦ - http://www.mike.bg/
Bulgarian Fund For Women– http://www.bgfundforwomen.org/
СЕЛМИРА - http://www.selmira.net/node/6
За мен - http://za-men.eu/
How to Help a Friend

BE THERE! Listen to your friend. Let your friend know you care and that you will be there whether s/he stays in the relationship or leaves the relationship.

ACKNOWLEDGE THE ABUSE Let your friend know that in your opinion name calling, put downs, mind games, the silent treatment, telling a partner what to wear, who to see etc. are forms of abuse just as much as unwanted sexual touch, pushing, shoving or hitting.

ASK your friend things like: “Do you feel safe?” or “Does your partner help you feel good about yourself?” to help your friend try to assess the relationship for him/herself.

ASSESS THE DANGER Ask if your friend’s partner has access to a weapon; uses drugs/alcohol; has ever been violent with another person; has threatened to hurt him/herself; has unpredictable violent outbursts. If you are worried that your friend or his/her partner’s life is in danger, immediately contact an adult you trust.

REMINd YOUR FRIEND OF HIS/HER STRENGTHS Talk to your friend about the things s/he does well; let him/her know that you have confidence in his/her ability to make good decisions. Remind your friend about the things you like about him/her.

NEVER TELL YOUR FRIEND YOU WILL ONLY BE A FRIEND IF S/HE GETS OUT OF THE RELATIONSHIP. One of the first things an abuser may do is isolate his/her partner from those who can offer support.

NEVER PUT THE ABUSER DOWN Remember that your friend still cares about their partner; bad mouthing the partner may lead your friend to stop talking to you about the relationship. Talk about behaviours as bad, not the person, talk about how relationships should/shouldn’t be in general.

NEVER TALK TO YOUR FRIEND IN FRONT OF HIS/HER PARTNER It may not be safe for your friend to talk about the abuse in front of his/her partner. Get your friend’s permission to talk with his/her partner.

NEVER TELL YOUR FRIEND WHAT TO DO Never assume s/he wants to leave or that you know what the best thing to do is. This may make your friend afraid of disappointing or angering you. The abuser is already controlling your friend. S/he doesn’t need you to try to control her/him as well.

IDENTIFY OPTIONS AND RESOURCES Let your friend know about agencies, adults and friends who can help and support him/her. Help your friend think about some things s/he can do the next time s/he is afraid of the abuser.

EMPHASIZE THAT THE ABUSE IS NOT YOUR FRIEND’S FAULT. The only person who is responsible for the abuse is the abuser. Your friend is not to blame no matter what s/he has done or said. Help your friend recognize the partner’s excuses for abuse. Some of the excuses may include: -“My partner has a drinking problem.” Alcohol doesn’t cause someone to be abusive. It only makes the person worse or more volatile. -“My partner just lost his cool.”
Abuse is not being out of control. It's about controlling behaviour. An abuser chooses to be controlling.
-"I provoked my partner."
Help your friend see that his/her words or actions are never an excuse for abuse. NEVER!
-"My partner is jealous only because s/he loves me so much."
Let your friend know that jealousy and possessiveness do not equal love.

RESPECT YOUR FRIEND'S DECISIONS. If your friend decides to stay in the relationship say things like: "I am really worried that you are not safe. I know you have to do what you think is best. I just want you to know there are things in the relationship that scare me."

KEEP YOURSELF SAFE! Supporting a friend who is being abused can be very draining. Take care of yourself and get the support you need to be a good friend. Be sure to keep yourself physically safe from the person abusing your friend. You may need to talk to trusted adults for support.

NEVER PUT YOUR FRIEND DOWN FOR BEING WITH AN ABUSIVE PARTNER Saying things like: “I can’t believe you’re stupid enough to stay with someone like this!” will only make your friend feel worse about him/herself. It may not be safe for your friend to break up with his/her partner. S/he needs support not to be cut down by you, too.

NEVER BLAME YOUR FRIEND FOR THE ABUSE. Asking questions like "What did you do to deserve it?" only reinforces the feelings of self-blame that your friend may already have. Questions that blame the victim make it harder to expect the abuse to take responsibility for the abuse.

NEVER TELL YOUR FRIEND S/HE HAS MADE A BAD DECISION. Your friend is the only person who can decide what is best for him/herself. S/he is also the only person to carry out decisions that are very hard to make. S/he probably has a lot of doubts about his/her ability to make good choices. You don’t want to make it worse by judging his/her choices and decisions.

DON’T TRY TO PHYSICALLY PROTECT OR RESCUE YOUR FRIEND. An abusive individual can be very dangerous. You can’t help your friend if you put yourself in danger or get so involved that you lose your perspective.

Information provided by “A Safe Place” Portsmouth, NH USA http://www.asafeplacenh.org/
“As a woman I have no country. As a woman, my country is the whole world.” ~ Virginia Woolf

“A friend is someone who knows the song in your heart and can sing it back to you when you have forgotten the words.” ~ Donna Roberts

“Knowledge speaks, but wisdom listens.” ~ Jimi Hendrix

“Why walk when you can fly?” ~ Mary Chapin Carpenter

“Everyone thinks of changing the world, but no one thinks of changing himself.” ~ Leo Tolstoy

“Don’t wait for your ship to come in; swim out to it.” ~ Unknown

“No act of kindness, however small, is ever wasted.” ~ Aesop

“Far away there in the sunshine are my highest aspirations. I may not reach them, but I can look up and see their beauty, believe in them, and try to follow where they lead.” ~ Louisa May Alcott

“Whether you think that you can, or that you can’t, you are usually right.” ~ Henry Ford

“Do just once what others say you can’t do, and you will never pay attention to their limitations again.” ~ James R. Cook

“Kind words can be short and easy to speak, but their echoes are truly endless.” ~ Mother Theresa

“You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You must do the thing you think you cannot do.” ~ Eleanor Roosevelt

“Do not follow where the path may lead. Go instead where there is no path and leave a trail.” ~ Muriel Strede

“The trouble is, if you don’t risk anything, you risk even more.” ~ Erica Jong

“Leadership is practiced not so much in words as in attitude and in actions.” ~ Harold Geneen

“Not everything that is faced can be changed. But nothing can be changed until it is faced.” ~ James Baldwin

“There is only one thing that could make a dream impossible to achieve: the fear of failure.” ~ Paulo Coelho, The Alchemist

“If you want others to be happy, practice compassion. If you want to be happy, practice compassion.” ~ The Dalai Lama

“No matter what anybody tells you, words and ideas can change the world.” ~ The film Dead Poets Society

“Prejudice is a burden that confuses the past, threatens the future and renders the present inaccessible.” ~ Maya Angelou

“Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.” ~ Margaret Mead

“It’s supposed to be hard! If it wasn’t hard, everyone would do it. The hard… is what makes it great!” ~ The film A League of Their Own
“You must go after your wish. As soon as you start to pursue a dream, your life wakes up and everything has meaning.” ~ Barbara Sher

“You must go after your wish. As soon as you start to pursue a dream, your life wakes up and everything has meaning.” ~ Barbara Sher

“Hope is a good thing. Maybe the best of things. And no good thing ever dies.” ~ The film The Shawshank Redemption

“Injustice anywhere is a threat to justice everywhere.” ~ Martin Luther King Jr.

“You never really understand a person until you consider things from his point of view… ‘til you climb inside of his skin and walk around in it.” ~ Harper Lee, To Kill A Mockingbird

“Dream as though you’ll live forever, live as though you’ll die tomorrow.” ~ James Dean

“I’ve been absolutely terrified every moment of my life and I’ve never let it keep me from doing a single thing that I wanted to do.” ~ Georgia O’Keefe

“All it takes for evil to triumph, is for good (wo)men to do nothing.” ~ Edmund Burke

“A girl should not expect special privileges because of her sex, but neither should she adjust to prejudice and discrimination.” ~ Betty Friedan

“The first step towards getting somewhere is to decide that you are not going to stay where you are.” ~ John Pierpont Morgan

“You will never win if you never begin.” ~ Helen Rowland

“Sometimes when you believe the impossible, the incredible comes true.” ~ Unknown

“A good leader inspires people to have confidence in the leader. A great leader inspires people to have confidence in themselves.” ~ Unknown

“Look at everything as though you were seeing it either for the first or last time. Then your time on earth will be filled with glory.” ~ Betty Smith

“There are only two ways of spreading light - to be the candle or the mirror that reflects it.” ~ Edith Wharton

“I think the key is for women not to set any limits.” ~ Martina Navratilova

“Remember, Ginger Rogers did everything Fred Astaire did, but backwards and in high heels.” ~ Faith Whittlesey

“Life is not measured by the breaths you take, but the moments that take your breath away.” ~ Unknown

“If we had no winter, the spring would not be so pleasant: if we did not sometimes taste of adversity, prosperity would not be so welcome.” ~ Charlotte Bronte

“Hope is a thing with feathers / That perches in the soul, / And sings the tune without words / And never stops at all.” ~ Emily Dickinson

“No one can make you feel inferior without your consent.” ~ Eleanor Roosevelt

“Think like a queen. A queen is not afraid to fail. Failure is another steppingstone to greatness.” ~ Oprah Winfrey

“The future belongs to those who believe in the beauty of their dreams.” ~ Eleanor Roosevelt

“Be not afraid of growing slowly, be afraid only of standing still.” ~ Chinese Proverb
“Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.” ~ Chinese Proverb

“Tell me, and I'll forget. Show me, and I'll remember. Involve me, and I'll understand” ~Chinese Proverb

“Who would ever think that so much went on in the soul of a young girl?” ~Anne Frank

“There came a time when the risk to remain tight in the bud was more painful than the risk it took to blossom.” ~Anais Nin

“The time is always right to do what is right.” ~Martin Luther King Jr.

“My idea of feminism is self-determination, and it’s very open-ended: every woman has the right to become herself, and do whatever she needs to do.” ~Ani DiFranco

“My religion is very simple. My religion is kindness.” ~The Dalai Lama

“Nobody can go back and start a new beginning, but anyone can start today and make a new ending.” ~Maria Robinson

“Laugh as much as you breathe and love as long as you live.” ~Unknown

“We don't see things as they are, we see them as we are.” ~Anais Nin

“A bird doesn’t sing because it has an answer, it sings because it has a song.” ~Maya Angelou

“Do not wait for leaders; do it alone, person to person.” ~Mother Teresa

Life is an opportunity, benefit from it.
Life is a beauty, admire it.
Life is a dream, realize it.
Life is a challenge, meet it.
Life is a duty, complete it
Life is a game, play it.
Life is a promise, fulfill it.
Life is sorrow, overcome it.
Life is a song, sing it.
Life is a struggle, accept it.
Life is a tragedy, confront it.
Life is an adventure, dare it.
Life is luck, make it.
Life is life, fight for it!
~Mother Teresa

“Don’t compromise yourself. You are all you’ve got.” ~ Janis Joplin

“I don’t mind living in a man’s world as long as I can be a woman in it.” ~ Marilyn Monroe

“We are what we pretend to be, so we must be careful about what we pretend to be.” ~ Kurt Vonnegut
For any questions that you would like an answer,  
For any concerns that you might have,  
For any problems you need help to solve,  
Or just for a discussion

WE WILL BE HERE FOR YOU:

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