

# Life Orientation

Life Skills and HIV/AIDS illustrative  
Learning Programme

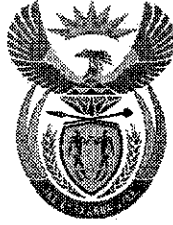
GRADE

8

Educators Guide



DEPARTMENT OF EDUCATION AND HEALTH  
*Republic of South Africa*



DEPARTMENT OF HEALTH  
*Republic of South Africa*

# Grade 8 EDUCATORS GUIDE

A joint project of the Department of Education and Health

## Life Orientation Life Skills and HIV/AIDS illustrative Learning Programme

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## Life Skills and HIV/AIDS illustrative Learning Programme

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## PROGRAM ORIENTATION FOR THE EDUCATOR

### 1. RATIONALE FOR THE PROGRAMME

- ◆ Research by UNAIDS has indicated that in many countries 60% of all new HIV infections are among 15 - 24 year olds. The highest rate of STIs are usually found in the age range 20 - 24 years, followed by 15 - 19 years.

South Africa is considered to have one of the fastest growing HIV epidemics in the world, with approximately 1 700 people being infected every day.

From the above statistics it is clear that in order to curb the spread of HIV/AIDS and other STIs, the youth is a key target group because:

- ❖ they have the right to timely information and the means to protect themselves against HIV/AIDS/STIs
  - ❖ timely Life Skills education has shown to result in delayed age of first intercourse and avoidance of risk behaviour; and
  - ❖ they are still developing behaviours and can adopt safer sexual practices.
- ◆ A primary school Life Skills and HIV/AIDS programme has been developed for Gr 1 - Gr 7 and is, at present, at different stages of implementation within the various provinces.

The national Department of Education oversees the development and implementation of such programs at school level.

The secondary school program for Gr 8 and 9 learners is a progression of and builds onto the primary school program.

- ◆ Both the programs are based on the rationale that HIV/AIDS prevention education is most effective when learners have the opportunity to:
  - ❖ acquire functional knowledge about HIV/AIDS,
  - ❖ consider choices that support healthy behaviour related to HIV/AIDS,
  - ❖ develop and practise skills that support those choices.

As 80 - 90% of all HIV infections occur through sexual intercourse, the programs are developed in the context of sexuality education. The goals of sexuality education are to:

- ❖ enable learners to like and respect themselves, to enhance their self-esteem and self-awareness
- ❖ provide accurate information on prevention and transmission
- ❖ teach the skills to enable learners to make informed and responsible decisions
- ❖ teach learners the core components of all good relationships, namely caring, respect and responsibility
- ❖ teach learners how to protect themselves from abuse
- ❖ teach learners how to find information and go for help if they need it.

- The need for sexuality and HIV/AIDS education programs in schools

#### ◆ Programs:

- are more likely to result in safer sexual practices if education starts before adolescents become sexually active.
- should take into account the adolescent's high risk for HIV infection due to experimentation with sexual partners in relationships which are normally not long lasting.
- should address the facts and realities of HIV/AIDS. Adolescents often consider themselves immortal and the long period between infection with HIV and appearance of AIDS symptoms may give them a false sense of invulnerability. This is re-inforced by none of their friends appearing to have AIDS although some of them may already be infected with the virus.

- should address ignorance (e.g. provide objective, factual, non-judgemental information about HIV/AIDS, sexuality) low self-esteem, depression, family dynamics (especially dysfunctional family background), school performance e.g. generic Life Skills coupled with specific information.
- should address the ambiguity experienced by adolescents with regards to sexual practices; clarify options and provide skills such as decision making to empower adolescents.

## **2. OUTLINE OF THE SECONDARY SCHOOL PROGRAMME DEVELOPMENT**

### **2.1. CONTEXT OF THE PROGRAM:**

The following aspects form the basis for the development of the learning material and programme:

1. the developmental needs and changes of the Gr 8 - 9 adolescent learner.
2. the abilities, needs and characteristics of the senior phase learner.
3. the 5 learning outcomes in the Life Orientation of the learning area curriculum.
4. progression from grade to grade and lesson to lesson.
5. the need to provide the educator with adequate information and structured guidelines to enable them to facilitate knowledge and skills development.
6. the educational environment must maximise learning through the creation of a friendly learning environment, and should be learner centered.
7. researched and experienced based guidelines for effective prevention / Life Skills programs.

### **2.2. FUNDAMENTAL BASIS OF THE PROGRAMME:**

The programme emphasises:

- ❖ The enhancement of learners' self-efficacy with reference to themselves, and their influence on others and society.
- ❖ Clarification of personal, cultural, societal norms, beliefs, values - spiritual development.
- ❖ Personal development - self discipline, self-awareness and acceptance / ownerships of own life and their future.
- ❖ Personal accountability.

### **2.3. PROGRESSION OF THE PROGRAMME**

- ◆ The programme progresses on the primary school programme by focusing more specifically on:
  - o Relationships
  - o Teenage sexuality
  - o STIs
  - o Teenage social context (e.g. HIV/AIDS etc.)
  - o Accountability and future perspective
  - o Norms development
  - o Independence and interaction between teenager and the community/society
  - o Life Skills - assertiveness, problem solving, decision making, negotiation, coping with loss, self-awareness
- ◆ The progression of Gr 9 onto Gr 8 lies in the facilitation of:
  - o New additional information, dimensions, issues.
  - o Learners to take a personal stand, defining own values.
  - o Learners to do more reflection, introspection.
  - o Critical thinking, the anticipation of consequences, the future.
  - o Application and integration of learning.
  - o The evaluation of accuracy of knowledge.

## 2.4. PRINCIPLES IN THE DEVELOPMENT OF THE PROGRAMME

### 2.4.1. In the programme development the following was taken in consideration:

- ❖ the time limitation (1/2 hour sessions)
- ❖ age appropriateness of content / methods
- ❖ cultural diversity
- ❖ gender sensitivity

### 2.4.2. The programme content:

- ❖ is based on sound theory
- ❖ develops knowledge, skills, attitudes and values
- ❖ addresses self awareness, HIV/AIDS, sexuality, Life Skills
- ❖ emphasises behavioural and skill development more than knowledge development

### 2.4.3. The programme:

- ❖ provides preparation and facilitation guidelines for the educator
- ❖ adheres to OBE principles
- ❖ uses interactive activities that will facilitate learning and stimulate:
  - individual learner's contribution (self reflective exercises)
  - peer learning (small group discussions, tasks, debating)
  - critical, creative thinking (debates)
  - interpersonal skills development e.g. communication, conflict management, assertion, decision making, problem solving
  - awareness of the diversities in people, lifestyles, circumstances
  - awareness of own responsibility in relationships and towards others (community outreach)

### 2.4.4 The programme promotes parental and community involvement through:

- ❖ letters to parents / care givers
- ❖ parent information meetings
- ❖ disseminating pamphlets where appropriate
- ❖ assignments to promote discussions with parents, adults, caregivers
- ❖ identifying available community resources and ways of getting involved with these organisations

## 3. PROGRAMME OUTCOMES

### KNOWLEDGE AND UNDERSTANDING OF:

- How to make learning a positive experience for all by keeping to ground rules
- What impacts on self-concept and self-esteem
- How self-esteem influences behaviour and changes taking place
- How to build a positive self-esteem
- Enhanced communication skills to get along with family, friends and others
- Improved skills to make and keep friendships and relationships
- Gender differences and sexuality
- How HIV/STIs are transmitted/not transmitted
- How HIV progresses to AIDS and the asymptomatic period
- Self-awareness of own personal vulnerability to HIV/STIs
- How to protect yourself from HIV/STIs
- Resources for when help is needed
- How to care for people in the family who have AIDS and positive living

### **LIFE SKILLS:**

- Self-awareness
- Critical thinking
- Problem-solving
- Communication skills including listening
- Finding information/resources
- Creative thinking
- Conflict resolution
- Refusal skills/how to say "no"
- Positive self-esteem
- Goal setting/planning for the future
- Decision making
- Handling emotions
- Self-discipline
- Assertiveness to resist peer pressure
- Negotiation skills to ensure abstinence/safe sex
- Delaying gratification
- Coping with loss

### **VALUES AND ATTITUDES:**

- Sense of responsibility
- Positive attitudes towards delaying sex
- Commitment
- Taking personal responsibility for one's actions
- Honesty
- Non-discrimination against anyone who is different from us
- Confronting prejudice
- Privacy : the right to privacy
- Respect for self
- Self-control
- The right to protect oneself
- The right to say "no" to an older person/someone in authority
- Social justice
- Friendliness
- Kindness
- Sensitivity
- Trustworthiness
- Forgiveness
- Accountability
- Loyalty and commitment in relationships
- Tolerance for anyone who is different from us
- Health and hygiene
- Respect for others/rights of persons infected with HIV
- Helpful
- Loving and caring
- Respect for life
- Compassion/tolerance and support towards persons with HIV/AIDS
- Sensitivity towards the implications of multiple partners/violent and abusive relationships, substance abuse (alcohol and drugs)

## **4. UNIT OUTCOMES**

### **UNIT 1: I am how I relate to others, what I believe in and value**

1. Commitment to make learning a positive experience for all by keeping to ground rules
2. Knowledge of how self-concept and self-esteem influences the way we act or behave
3. Understanding of who we are and how we relate to others
4. Different communication styles practiced to improve relationships with family, friends and others
5. Knowledge and skills of how to make and keep friendships and relationships



## **UNIT 2: Protecting myself and others against HIV/STI infection**

1. Understanding infatuation, love and dating
2. Knowledge and understanding of sex, sexuality and gender differences
3. Knowledge and understanding of sexually transmitted diseases including HIV/AIDS
4. Identify risk behaviours and understanding of how HIV/STIs are transmitted
5. Knowledge and information on HIV/AIDS to make informed decisions and ask for help

## **UNIT 3: Responsible sexual behaviour**

1. Responding assertively to peer pressures for sexual intercourse and unsafe sex
2. Critically evaluating reasons for delaying sexual intercourse or practicing abstinence
3. Informed sexual decision making with regard to abstinence and safer sex
4. Understanding and anticipating consequences of sexual involvement

## **UNIT 4: Living positively with HIV and respecting people living with AIDS**

1. Accept, cope and live positively with the knowledge of being HIV positive
2. Show compassion, empathy and solidarity towards persons with HIV/AIDS
3. Recognise the need to care for people with AIDS in the family/community
4. Understand and cope with loss and the grieving process
5. Future planning and informed sexual decision-making through application of learning

## **5. THE LIFE SKILLS AND HIV/AIDS EDUCATION PROGRAMME LINK WITH THE LIFE ORIENTATION LEARNING AREA OF THE CURRICULUM**

### **Life Orientation Learning Outcomes**

The revised National Curriculum (2001) emphasises that the Life Orientation Learning Area is aimed at the development of skills, knowledge, values and attitudes which empower learners to make informed decisions and take appropriate actions regarding:

- Health promotion
- Social development
- Personal development
- Physical development and movement
- Orientation to the world of work

### **Life Orientation Learning Outcomes**

The 5 Learning Outcomes for Life Orientation are:

#### **Learning Outcome 1**

The learner is able to make informed decisions about personal, community and environmental health.

#### **Learning Outcome 2**

The learner is able to demonstrate an active commitment to constitutional rights and social responsibilities, and show sensitivity to diverse cultures and belief systems.

#### **Learning Outcome 3**

The learner is able to use acquired life skills to achieve and extend personal potential to respond effectively to challenges in his/her world.

#### **Learning Outcome 4**

The learner is able to demonstrate an understanding of, and participate in activities that promotes movement and physical development.

#### **Learning Outcome 5**

The learner is able to make informed choices and decisions about further study and career choices.

**The Life Skills and HIV/AIDS programme support the first three learning outcomes specifically.**

## 6. PROGRAMME GRID

UNIT	SESSION	GRADE 8	SESSION	GRADE 9
<b>UNIT 1</b> I am what I believe and value and how I relate to others  LO1 LO2 LO3  GR9 also LO5	1	Ground rules / Program orientation	1	Ground rules / Program Orientation
	2	How have I changed? A "good" way I have changed	2	This is me
	3	Who am I?	3	How I relate to others
	4	Communicating my selfworth	4	Focus on my future
	5	Relationships and friendship	5	Relationships - what is in it for me?
<b>UNIT 2</b> Protecting myself and others against HIV/STI infection  LO1 LO2 LO3	1	Dating, infatuation and love	1	The "perfect" date
	2	Teenage sexuality	2	Me and my sexuality
	3	Diseases, STIs, HIV and AIDS	3	STI's, HIV and AIDS
	4	Risk behaviour	4	Sexuality Game Board
	5	Sexuality Game Board	5	Risk behaviour

UNIT	SESSION	GRADE 8	SESSION	GRADE 9
<b>UNIT 3</b> Responsible sexual behaviour  LO1 LO2 LO3	1	If you care about me you would .....	1	Can sex wait?
	2	I can wait and sex can too	2	Teenage pregnancy and parenthood
	3	Informed decision making		
	4	Problem peers or peer problems?	4	Problem peers or peer problems?
<b>UNIT 4</b> Living positively with HIV and respecting people living with AIDS  LO1 LO2 LO3 LO5	1	Positive living	1	Positive living in the face of HIV
	2	Dealing with loss and showing compassion for PLWA	2	Dealing with loss and showing compassion for PLWA
	3	It's my life, I can choose	3	Life is a choice

## 7. PROGRAMME LAYOUT

- For each grade the programme consists of 4 units and 17 sessions.
- Session outline:

**SESSION HEADING:**

Indicate focus of session

**FOCUS OF THE SESSION:**

Summarise the Key aspects of each session

**SESSION OUTCOMES:**

Goals and outcomes of what we want the learner to achieve in the session as well as knowledge, skills and attitudes to achieve program outcomes

**READING:**

Educator's reading of unit information and own additional reading for session

**PREPARATION:**

Training tools and materials needed by educator for preparation of session

**NEW WORDS:**

Explain the meaning of new words or concepts

**INTRODUCTION:**

Educator introducing the session and setting climate for activities to follow

**ACTIVITIES:**

Classroom activities and Life Skills practice a stipulated time and processing

**BEYOND THE CLASSROOM:**

Use or ongoing application in own life/non-related suggested plus extended tasks for learners in their learner's workbook

**ASSESSMENT:**

Assess learning knowledge, skills & values and attitudes using specified assessment methods and techniques

**REFLECTION & RECORDING:**

Educator's reflection on the session and ongoing learning

**ACTIVITIES FOR ADVANCED**

Educator notes and suggested alternative ideas to extend topic and activities to enhance advanced learning

**LEARNING:**

## 8. PROGRAMME MATERIAL

The secondary school Life Skills and HIV/AIDS Education programme incorporates the following Learner and Educator learning material for Grade 8 and Grade 9:

**8.1 Educators Guide:**

provides factual information, programme process, facilitation guidelines, learning goals and outcomes and includes infused assessment techniques.

**8.2 Learners Workbooks:**

Provides information on learning points, activities, instructions for learners, assignments.

## 9. ESSENTIAL FACILITATION GUIDELINES

**9.1. BE WELL PREPARED:**

- It is of utmost importance that you are well prepared for each session regarding the content, facts and the training tools you will need
- Study the learning process guidelines and educator's notes beforehand to ensure you can give clear and correct instructions to learners
- It is essential to have a copy of the Learners Workbook to refer to for preparation and during the sessions
- Make sure that you have all the learning material before starting the programme

## 9.2. THE EDUCATOR'S APPROACH IS IMPORTANT:

- Give factual objective information
- Do not preach or judge
- Allow and assist learner to make decisions and to formulate own opinions
- Do not enforce your ideas / values onto the learners
- When learners specifically ask you your opinion you can give it and be honest
- We can lecture to learners to our hearts content but if they don't care what we think, or there is no relationship between us that matters to them, or they think we are ignorant of the reality of their lives, they will not listen
- The relationship between the educator and the learners is as important as the programmes message itself

## 9.3 FACILITATING THE PROGRAMME:

- ◆ The duration of each session is 30 minutes and the time has to be managed well to complete the learning process.
  - ◆ Each session must be completed as it is a building block for the next session.
  - ◆ Each session's time allocation is indicated for the activities.
  - ◆ Where possible allow extra time for discussion if:
    - ❖ the learners show interest
    - ❖ the learners have a need to discuss, debate, clarify issues
  - ◆ As educator you must use your own discretion and be flexible in managing the session by:
    - ❖ shortening the activities
    - ❖ using of fishbowls / role-plays instead of active participation of the whole class
    - ❖ being selective about the content you focus on based on the specific group's needs, interests
    - ❖ contracting / agreeing with the learners about what content you will concentrate on and what you will leave out
  - ◆ At all times keep the session outcomes in mind when adjusting teaching methods, or when deciding to ignore some content as the assessment methods incorporated into the sessions might lose its relevancy.

The suggested alternatives can be used as complementary ideas to the prepared session and should be considered if:

- ❖ the learners' knowledge levels are less developed or higher than that addressed in the session
- ❖ to increase learners' interest in the session / programme
- ❖ to manage time more effectively etc.

### Integration

Although it is preferable that the Secondary School Life Skills and HIV/AIDS Education programme be presented as a separate programme the sessions can be integrated into other learning areas.

Should the programme be integrated into other learning areas, it is very important to keep the sequence of the sessions. In other words not to deviate from the progression and sequence of the programme, as each unit builds on the previous unit.

- ◆ Facilitation tips:
  - ❖ summarize the feedback / discussions / comments on the black board. It helps to consolidate important issues.
  - ❖ learners like to see their work displayed - leave their work on the wall and refer back to it.

#### 9.4. TEACHING ACTIVITIES:

- ◆ Use your discretion on how to adjust the activities to overcome obstacles such as time, size of classroom, number of learners
- ◆ The teaching activities used for each session were selected to:
  - ❖ create interest and variation
  - ❖ ensure active learner participation
  - ❖ enable social and co-operative skills development
  - ❖ stimulate debate, critical thinking
  - ❖ stimulate team work
  - ❖ create opportunity to practise various skills
- ◆ It is important to keep re-grouping the learners into different groups to ensure that the maximum learning takes place, to prevent clique-forming and to encourage learners to mix with others. This also creates awareness and addresses cultural, religious and gender diversity.
- ◆ Small groups of 4 learners work very well :
- ◆ the number of small groups increases the time you have to allow for group feedback
- ◆ it promotes interaction and participation
- ◆ it's practical regarding space and time management.

#### 9.5. BEYOND THE CLASSROOM:

- ◆ the BEYOND THE CLASSROOM task is compulsory. Remember Life Skills training forms part of the Life Orientation Learning Area.
- ◆ the BEYOND THE CLASSROOM activities are all aimed at stimulating:
  - ❖ open discussions amongst parents, children and friends.
  - ❖ evaluation and critical thinking about HIV/AIDS, sexuality and other Life Orientation Skills.
  - ❖ involvement of the community and parents in the programme.
- ◆ at the start of each session, the BEYOND THE CLASSROOM task of the previous session normally becomes the climate and bridging activity for the new session.
- ◆ after each session, learners get a BEYOND THE CLASSROOM task to complete in their workbook.

#### 9.6 ASSESSMENT

Assessment is part of an on-going and continuous developmental process, particularly in the area of social skills and personal growth. A safe, supportive and non-judgemental environment encourages learners to grow in confidence and build a positive self-image. The focus, therefore, is on the experience of the process rather than merely on the creation of a product.

The continuous assessment model (CASS) is the recommended model for the assessment of learners as this model covers all the OBE assessment principles, which ensure that it:

- takes place over a period of time and is ongoing
- supports the growth and development of learners
- allows for the integration of assessment into teaching and learning using integrated assessment tasks or activities
- uses recognised methods for gathering information on learner achievement.

The Life Skills and HIV/AIDS Education program has been developed to incorporate the above within constraints such as time, numbers of learners per class and the expected response from learners to the issues which will be dealt with. Keep the following in mind:

1. Assessment is very important as it provides a framework for feedback to assist growth and development

2. Assessment is a skill which also requires a positive attitude. People often feel uncomfortable about what they see as "criticizing" someone where as it should provide useful information about a learner's progress, strengths and areas where support is needed.
3. Assessment is a process and not an event and therefore is integrated into the whole session and program. Each session has an icon which provides guidelines for the session's assessment.
4. The program activities is structured to ensure continuous assessment through:
  - ⊙ educators observation
  - ⊙ reflection (both educator and learner)
  - ⊙ learner activities
  - ⊙ individual and group assignments
5. The assessment methods and activities selected are designed to assist you to focus on:
  - accuracy of knowledge reflected by the learners
  - learners' ability to apply what they have learnt
  - learners' ability to communicate knowledge, skills, values and attitudes as developed during sessions as well as to reflect on their learning
  - identifying whether there is change in the levels of knowledge, skills, values and attitudes during the session and/or throughout the programme, and what they are.
  - encouraging learners to participate in learning and assessment.



Assessment is a wonderful tool when you are comfortable with using it and can see the usefulness. The following table summarises the methods, techniques and tools which are used in this programme for assessment.

## 9.7 RECOMMENDED READING

- Devenish Cathryn, et al: 1998:** Responsible Teenage Sexuality  
Planned Parenthood Association of South Africa.  
J.L. van Schaik
- Louw Nelia, et al : 2001:** HIV/AIDS: Care and Support of Affected and Infected Learners. A Guide for Educators  
(Primary and Secondary Schools). Commissioned by HIV/AIDS/STD Directorate. Department of Health
- Grade 7 Life Skills and HIV/AIDS Education:** for Primary School. Learner Workbook and Educators Guide. Department of Health.
- Talking About Life:** Questions and answers. Overheads, and flipcharts.  
Developed by Gauteng Provincial Departments of Health and Education.

## METHOD / TECHNIQUES / TOOLS USED FOR ASSESSMENT

METHOD	TECHNIQUES (a skill)	TOOLS
<ul style="list-style-type: none"> <li>• Educator / Learner /</li> <li>• Observation</li> <li>• Peer assessment:</li> <li>1. Group → learner</li> <li>2. Group → group</li> <li>3. Learner → learner</li> <li>4. Learner → group</li> <li>5. Class → learner</li> <li>• Group assessment</li> <li>• Interviews</li> <li>• Self assessment</li> <li>• Verbal questions / answers</li> <li>• Self reporting and answers by learners</li> <li>• Performance assessment</li> <li>• Recognition of prior learning (RPL)</li> </ul>	<ul style="list-style-type: none"> <li>• Project work</li> <li>• Collage</li> <li>• Research project</li> <li>• Assignment</li> <li>• Debate / argument</li> <li>• Role-play</li> <li>• Interview</li> <li>• Drama</li> <li>• Presentation</li> <li>• Practical demonstration</li> <li>• Scenario</li> <li>• Music / songs</li> <li>• Poetry / Rhymes</li> <li>• Games</li> <li>• Posters</li> <li>• Charts</li> <li>• Descriptions</li> <li>• Observation sheet / book</li> </ul>	<ul style="list-style-type: none"> <li>• Activity sheet</li> <li>• Assessment sheet</li> <li>• Journal</li> <li>• Questionnaires</li> <li>• Assessment grids</li> <li>• Exhibition</li> <li>• Photographs/Videos</li> <li>• Tests</li> <li>• Written assignments</li> <li>• Profile document</li> </ul>

### 9.8. IMPORTANCE OF INVOLVING PARENTS:

- ◆ Many activities/assignments where learners have to have discussions with their parents/ guardians are included.
- ◆ The example of a letter to the parents, and providing some pamphlets are ways to promote the parents' involvement into the issues of teenage relationships, sexuality, HIV/AIDS.
- ◆ It is strongly recommended that a parents' evening/meeting be arranged before the beginning of the programme, to inform them about the programme and to ask for their involvement and support. This is a policy requirement.
- ◆ Community resources (such as NGOs working with PLWA, clinic sister) can be asked to give input on the needs of adolescents, to address the parents and provide information on HIV/AIDS. Please ensure that resources are reputable. Encourage parents to have discussions with their children about these issues and to assist them with Beyond the Classroom tasks.

### 9.9. TIPS TO GAIN COMMUNITY INVOLVEMENT:

#### Purpose:

- to gain community support for the Life Skills and HIV/AIDS programme.
- to identify community resources to be used by the school

## 10. PERSONAL / EMOTIONAL PREPARATION

Dear Educator

It would be interesting to know what went through your mind when you were informed about having to present the Life Skills HIV/AIDS programme. Were you interested, angry, resistant, excited, inquisitive? Many of us, because of our upbringing, religion and personal histories, aren't comfortable discussing sexual behaviour - sometimes not even with (or especially with) people close to us.

HIV/AIDS represents the greatest sexual crisis yet - one that none of us can afford to ignore. This is an attempt to help you evaluate and identify your own sexual values and beliefs. We have to start with ourselves, as we cannot provide information or education of this nature if we are not clear and comfortable with our own values, sexual identity and skills. Take a few minutes and formulate your personal (confidential) answers to the following questions. Use this as an opportunity for honest reflection. If you do this in writing you can either throw this away or keep it and re-visit it after you have used the programme.

◆ **What is your attitude about:**

- ❖ sex
- ❖ teenage sexual activities
- ❖ HIV/AIDS
- ❖ people who are HIV/AIDS positive

◆ **Describe your personal feelings on:**

- ❖ sex
- ❖ your own sexuality

◆ **What is your own experience with regard to:**

- ❖ teenage pregnancy
- ❖ abortion
- ❖ sexual abuse
- ❖ HIV/AIDS

Identify the aspects with regard to sex, sexuality, HIV/AIDS, Life Skills that you feel uncomfortable about addressing with the learners.

**Is this due to your personal:**

- values
- fears
- lack of knowledge
- culture
- religion

How do you intend to overcome this, to be able to present the programme?

Good luck and be  
assured that your  
contribution may save a  
life.



## **11. EXAMPLE OF A LETTER TO PARENTS**

Dear parent

We are sure you are just as concerned as we are about the increase in violence, sexual abuse, teenage pregnancies and HIV/AIDS infection. Our children are so vulnerable and we, as parents, often feel so helpless.

As we know, parents are vitally important in the prevention of such problems among the youth. In fact, we have realised that it is so important that we want to explain to you what we are doing and get your support for the Life Skills and HIV/AIDS programme.

The Life Skills and HIV/AIDS education program, at present, is focusing on Gr 8 and 9 learners. In each grade there will be a number of sessions with life skills, sexuality and HIV/AIDS as the core components. The Life Skills, which will be practiced, includes:

- decision making
- assertiveness
- communication
- resisting peer group pressure
- critical thinking
- relationships
- factual information on HIV/AIDS, STIs, sexual practises etc

A very important part of the work programme is practical work to be done at home, in the family and in the community, based on what was done in the classroom. This will create excellent opportunities for discussion around these very important issues. Please follow this up and discuss with your child what was discussed in class, how it was facilitated, what they learned and how they will apply it.

We are hoping to have a meeting with you as the parents. In preparation for the meeting we are sending you some pamphlets, which we trust will be helpful and provide you with useful information. More details about the meeting will follow.

Please feel free to contact us should you have any questions about the programme. Let's be a team, because together we can make a difference in our communities, for the benefit of our children.

**Thank you for your support,**

**Best wishes**

## 17. COMMUNITY RESOURCE LIST

### Useful contact numbers

The following organisations have been identified as community resources for teachers and learners. Most of these organisations offer information, advice, training and counselling in their field of expertise. Many of these organisations have provincial offices. Where this is the case, we have given the national or head office numbers so that they can refer you to the office closest to you.

NAME OF SERVICE PROVIDER	TEL NO	FAX NO	DESCRIPTION OF SERVICES
<b>CRISIS COUNSELLING</b> Life Line Crisis Counselling Centre	<b>0800 150 150</b>		Crisis Counselling such as suicide pregnancy, rape, abuse, violence.
<b>HIV/AIDS</b>			This is a toll-free number that anyone can phone to get information and counselling on HIV/AIDS. Counsellors are available 24 hours a day, and an attempt is made to ensure that the caller speaks to a counsellor in a his/her language.
<b>AIDS Help line</b>	<b>0800 012 322</b>		These centres offer training, information and counselling to the public. Many of these centres also have small resource libraries that are useful if one needs more information on HIV/AIDS or teaching materials such as posters, videos and pictures.
<b>Gauteng</b>	(011) 725-6721	(011) 725-5966	
<b>Soweto</b>	(011) 984-4422	(011) 984-4205	
<b>Roodepoort</b>	(011) 761-0111		
<b>Western Cape</b>	(021) 440-3326	(021) 419-5248	
<b>KwaZulu Natal Durban</b>	(031) 369-8666	(031) 369-8665	
<b>Pietermaritzburg</b>	(0331) 942-111	(0331) 425-245	

NAME OF SERVICE PROVIDER	TEL NO	FAX NO	DESCRIPTION OF SERVICES
<b>ATICC</b> (AIDS Training Information and Counselling Centres) - Cont...			
Free State	(051) 405-8544	(051) 405-8818	
Northern Province Pietersburg	(015) 290-2363	(015) 290-2364	
Eastern Cape Port Elizabeth	(041) 506-1357	(041) 506-1486	
Queenstown	(0451) 82233 x 2291		
East London	(0431) 342-096	(0431) 439-743	
Mpumalanga Nelspruit	(013) 759-2167	(013) 752-3770	
Witbank	(0135) 906-204	(0135) 906-459	
North West	(018) 464-2010	(018) 464-2010	
AIDS Law Project	(011) 403-6918	(011) 403-2341	Offers advice, information and legal services to person with HIV/AIDS.
Department of Health AIDS Unit Lovelife - Parentline Thethajunction	(012) 312-0120 <b>0800 121 100</b> <b>0800 121 900</b>	(012) 328-5743	Offer referral to resources, advice.
Ribbon Resource Centre	(011) 880-0405	(011) 880-8552	Provides a wide range of materials free, such as leaflets, posters, stickers etc.

NAME OF SERVICE PROVIDER	TEL NO	FAX NO	DESCRIPTION OF SERVICES
<p><b>PLWA</b> (National Association of people Living with HIV/AIDS)</p>	012 420 4410/1	012 420 4395	Provides counselling, guidance, support to individuals and family members living with HIV/AIDS
<b>CONTRACEPTION AND ADOLESCENT REPRODUCTIVE HEALTH</b>			
<p><b>PPASA (Planned Parenthood Association of South Africa)</b> Head Office  Marie Stopes Head Office  Toll-Free Number</p>	<p>(011) 482-4601/4661  (011) 482-6234  <b>0800 117 785</b></p>	(011) 482-4602	<p>The Planned Parenthood Association of South Africa is a national organisation which has set up adolescent information centres that offer training, counselling and treatment in reproductive health issues. Phone the head office in Gauteng to find out more about the centre closest to you.</p> <p>These are private clinics that offer counselling and information on pregnancy, family planning and termination of pregnancy, for a fee. There are clinics in most main cities in South Africa. Phone the head office to find out about the clinic closest to you.</p>
<p><b>FAMILY ISSUES - FAMSA</b> National Office</p>	(011) 975-7106	(011) 975-7108	The Family and Marriage Association of South Africa is a national organisation that assists couples and families with relationship problems. Phone the head office to find out about a FAMSA office near you.

NAME OF SERVICE PROVIDER	TEL NO	DESCRIPTION OF SERVICES
<b>DOMESTIC VIOLENCE</b>		
POWA (People Opposing Women Abuse)	(011) 642-4345	The organisations listed below offer counselling, information and advice to women in abusive relationships. They will also be able to offer information about shelters for abused women.
Advice Desk for Abused Women	(031) 204-4111	
NICRO Women's Support Centre	(021) 22-1690	
Masimanyane Women's Support Centre - East London	(0431) 43-9169	
<b>CHILD ABUSE AND RAPE</b>		
Alexandra Health Clinic	(011) 440-1231	Counselling for child abuse, rape and domestic violence.
Child Protection Unit	Your local police station	The Child Protection Unit is a special unit that was set up by the South African police. It has police officers who have been trained to deal specifically with child abuse cases. Call your local police station should you need to use this service.
Child Line	<b>0800 0555 55</b>	This is a toll-free number that anyone can phone for counselling and information on child abuse.

NAME OF SERVICE PROVIDER	TEL NO	DESCRIPTION OF SERVICES
Child Welfare Head Office	(011) 331-0171	This is a national welfare organisation which provides services that deal with child abuse, neglect, adoption and foster care. It also offers counselling for abused children and adult survivors of child abuse. Phone the head office to find out about a child Welfare office near you.
RAPCAN (Resources Aimed at the Prevention of Child Abuse and Neglect)	(021) 685-4103	This organisation has a full range of resources that are useful to anyone teaching or training on the subject of child abuse. RAPCAN also focuses on lobbying and research in the field of reproductive health.
Rape Crisis Cape Town and their friends and family.	(021) 47-9762	Offers training, information on rape and counselling to rape survivors
<p><b>TERMINATION OF PREGNANCY</b></p> <p>Marie Stopes Clinics Head Office</p>	<p>(011) 482-6234</p> <p><b>0800 117 785</b></p>	<p>Women have a legal right to request a termination of pregnancy at their local hospital. Although not all hospitals offer this service, any hospital or clinic should be able to refer women to a hospital that will perform a termination of pregnancy.</p> <p>These are private clinics that offer counselling and information on pregnancy, family planning and termination of pregnancy, for a fee. There are clinics in most main cities in South Africa. Phone the head office to find out about the clinic closest to you.</p>
Toll-free		
National Progressive Primary Health Care network (NPPHC) - Help Line	<b>0800 114 010</b>	

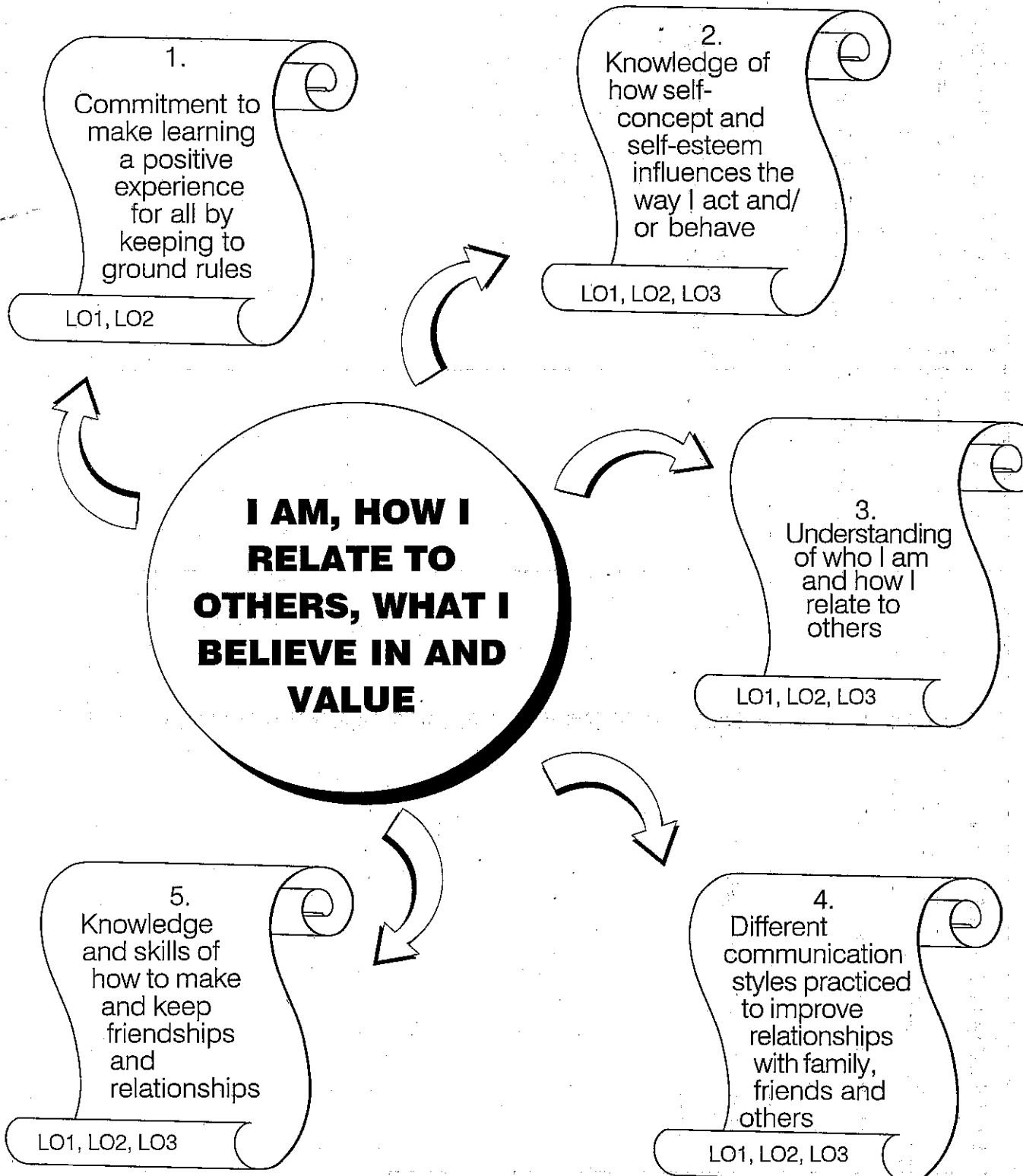
NAME OF SERVICE PROVIDER	TEL NO	DESCRIPTION OF SERVICES
<p><b>TERMINAL ILLNESS AND DYING</b></p> <p>Hospice Association of South Africa</p> <p>Head Office</p> <p>Soweto</p>	<p>(011) 483-1068</p> <p>(011) 953-4863</p>	<p>This is a national organisation that helps individuals (and their families) with terminal illnesses and counsels them about dying. Phone the head office to find out more about Hospice services in your area.</p>
<p><b>DRUG AND ALCOHOL ABUSE</b></p> <p>SANCA (South African National Council on Alcoholism and Drug Dependence)</p> <p>National Directorate</p> <p>Alcoholics Anonymous</p> <p>Head office</p>	<p>(011) 482-1070</p> <p>(011) 483-2470</p>	<p>SANCA is a national organisation that assists individuals and their families with the prevention and treatment of alcohol and other drug dependence. Phone the head office to find out about a SANCA office near you.</p> <p>Phone the head office to find out about an AA office near you.</p>
<p><b>GAY AND LESBIAN ISSUES</b></p> <p>Gay Information Services</p> <p>GLOW</p> <p>Head office</p>	<p>(011) 643-2311</p> <p>(011) 487-3810/ 336-5081</p>	<p><b>Triangle Project</b></p> <p>Offers counselling and advice to gay people. There is also a resource library where one can access additional resources and information on sexuality issues</p>

NAME OF SERVICE PROVIDER	TEL NO	DESCRIPTION OF SERVICES
<p><b>PHYSICAL DISABLED</b></p> <p>Association for the Physically Challenged Head office</p>	<p>(031) 207-3329</p>	<p>Phone the head office to find out about an office near you.</p>
<p>National Council for the Physically Disabled in South Africa Head office</p>	<p>(011) 726-8040</p>	<p>Phone the head office to find out about an office near you.</p>



# UNIT 1 I AM, HOW I RELATE TO OTHERS, WHAT I BELIEVE IN AND VALUE

## OUTCOMES:



# KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

## **KNOWLEDGE AND UNDERSTANDING OF:**

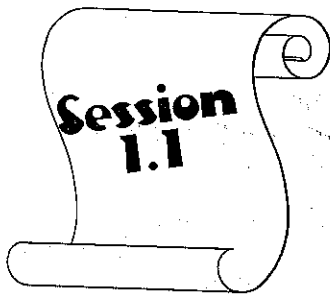
- How to make learning a positive experience for all
- What impacts on self-concept and self-esteem
- How self-esteem influences behaviour and changes taking place
- How to build high/positive self-esteem
- Understanding of who I am and how I relate to others
- Different communication styles practiced to improve relationships with family, friends and others
- Knowledge and skills of how to make and keep friendships and relationships

## **LIFE SKILLS:**

- Creative thinking
- Sense of responsibility
- Goal setting/planning for the future
- Self-awareness
- Critical thinking
- Positive self-esteem
- Handling emotions
- Making and keeping relationships

## **VALUES AND ATTITUDES:**

- Commitment
- Honesty
- Sensitivity
- Accountability
- Tolerance towards others
- Respect for self
- Self-control
- Friendliness
- Taking responsibility for one's actions
- Honesty
- Self-control
- Sensitivity
- Forgiveness
- Loyalty
- Kindness
- Trustworthiness
- Helpfulness
- Loving and caring



# Ground rules/programme orientation



## FOCUS OF THE SESSION:

- Engage learners in setting ground rules for the programme to make learning enjoyable
- Orientate and inform learners on the program layout
- Create interest and motivate learners to participate in the programme



## OUTCOMES:

Learners who are informed and motivated to participate in the programme using the ground rules which they developed and accepted

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

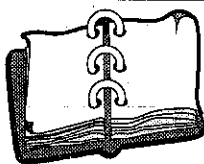
- How to make learning a positive experience for all

### LIFE SKILLS:

- Creative thinking
- Sense of responsibility
- Goal setting/planning for the future

### VALUES AND ATTITUDES:

- Commitment
- Honesty
- Sensitivity
- Accountability
- Tolerance towards anyone who is different from us



## READING:

Read Educators Resource Guide, especially chapter on Adolescence  
Familiarise yourself with the Learners workbook content for each session



## PREPARATION:

Poster board/flip chart and pens  
Small box/container marked "LETS TALK ABOUT...." with opening to post letters  
Information on the topics for grade 8  
Copies of learner workbooks for each learner



## NEW WORDS:

**ground rules:** rules that learners agree upon and apply to make learning possible and fun for all

I AM, HOW I RELATE TO OTHERS, WHAT I BELIEVE IN AND VALUE

# INTRODUCTION:

**“ Before we can start in this discovery process of Life Skills and HIV/AIDS we need to establish some ground rules. We need to make this class a safe place where you will feel comfortable sharing your ideas, opinions and questions.**

**Sometimes we may feel embarrassed or uncomfortable about sharing our thoughts and feelings. Let us think of some rules to guide our discussions and activities in class that will make this a safe place where you will feel good about participating in discussions.**

**The ground rules should be about things you think are important. They should also be rules you will agree to follow “**

# ACTIVITIES:

- Divide learners into groups of three. Ask each group to list three rules that its members think are most important in establishing a safe atmosphere where they will feel comfortable sharing their ideas, opinions and questions about sensitive topics such as sex and HIV/AIDS.
- Ask groups to choose one person to be the rule recorder (write it down) and another the spokesperson who will report the group's rules to the class
- While the learners are brainstorming their ground rules, title a piece of card board/poster/flip chart “GROUND RULES FOR LIFE SKILLS/HIV/AIDS DISCUSSIONS” (10 min)
- Ask group reporters, one at a time, to give their lists of ground rules. Clarify any rules that are unclear. Write each rule that you and learners agree will promote good communication on the chart.
- When the list of ground rules is complete, place it on the wall where learners will see it. Let learners know that additional ground rules can be added as needed.

**Note to educator:** *If there is a disagreement over whether or not a rule should be included, briefly discuss the advantages and disadvantages of the proposed rule. Some rules may also be consolidated. Try to reduce the rules to short phrases or sentences. Each rule should be easy to read and understood at a glance*

- **Programme orientation:** Give an outline of planned topics/issues and show them what the learner workbook looks like to create interest. These will be handed out to them later.

**Note to the educator: Explain to learners that the first part of the programme will help them look at who they are. The second part will help them discover who they are in relation to other people, their own sexuality as well as information on HIV/AIDS and STDs. The last part will help them discover who they want to be and how they can cope with life and relationships including HIV/AIDS**

- Introduce the confidential “LET'S TALK ABOUT ....” box that will be in the class. Learners can write confidential notes/questions/issues about HIV/AIDS, sexuality and / or life skills they do not want to ask in class on a piece of paper and place it in the box. Confidential matters will remain strictly confidential. Questions will be answered in an anonymous way during discussion or work sessions.”
- Once the “LET'S TALK ABOUT..” box has been introduced, add a ground rule e.g. the “LET'S TALK ABOUT” box is only meant for anonymous/difficult questions to be treated seriously and will be dealt with in anonymously.
- Explain to learners that in the first unit of this programme we are going to talk about, who we are, changes taking place in us and how these changes affect our self-esteem and self-concept. They should start thinking about recent changes in their life - for example THEY ARE ALL NOW IN GRADE 8! They have changed from primary to secondary school.
- Hand learners a copy of their workbook and ask them to think during the next week of changes that have taken place over the last two years and how they see themselves. This is preparation for the next session.

**Note to the educator:** Give them the TIME, DATE AND PLACE of the next session

- Ask learners to think about whether there are any other topics they would like to include and remind them to feel free to use the LET'S TALK ABOUT BOX at anytime!



## BEYOND THE CLASSROOM:

Think of changes you experienced during the last two years and how you see yourself.



## ASSESSMENT:

The learners participation should reflect that they:

- Understand the purpose and value of ground rules
- Actively participate in setting the ground rules
- Undertake to adhere and respect the rules

**Educators' observational assessment of session:**

1. To what extent have learners showed interest in the planned programme?  
.....
2. To what extent have learners participated in generating ground rules?  
.....
3. To what extent have learners showed enthusiasm and interest in the planned programme?  
.....
4. To what extent have learners asked questions?  
.....



## REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....



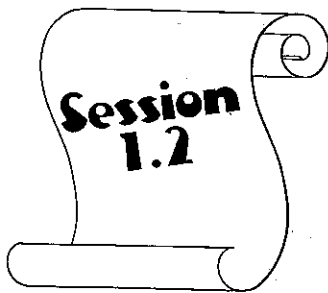
## ACTIVITIES FOR ADVANCED LEARNING

**Present the following list of ground rules to the learners**

- One person talks at a time and everybody listens. No interruptions
  - Treat others as you would like to be treated. No put downs!
  - Treat others' beliefs, values and feelings with respect
  - No question is a dumb question. Do not make fun of someone else's question.
  - What is said in class is confidential.
  - We are equal and each one has the right to express his/her feelings and opinions
  - Nobody should laugh when someone shares something personal with the group
  - Preferable for all to participate, but it is OK to pass if you do not have anything to say
  - Speak for yourself e.g. I feel ,, , express your own feelings and opinions
  - Discuss things you learn in class with your family and give an accurate account of what is happening
  - Learning can be fun but the topics remain serious and time is precious - do not waste time
  - Workbooks are for use in the class - beyond the class room tasks need to be dealt with as homework - written in homework books
- (Add to list)

- Allow the group to critically evaluate, which they want/don't want to keep. They can also add to the list and personalise the list for the group. If there is a disagreement over whether or not a rule should be included, briefly discuss the advantages and disadvantages of the proposed rule. Each rule should be easy to read and understand at a glance

I AM, HOW I RELATE TO OTHERS, WHAT I BELIEVE IN AND VALUE



# The way I have changed...



## FOCUS OF THE SESSION:

- Maintain learners' interest and enhance participation
- Engage learners in self-discovery of changes that took place over the last three years
- Create self-awareness to build self-esteem
- Practice communication skills



## OUTCOMES:

Learners who can demonstrate an understanding of how their self-esteem affects their behaviour to improve their personal lives, school, work and relationships

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

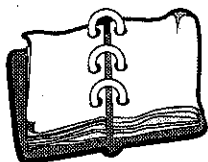
- How to make learning a positive experience for all by keeping to ground rules
- What impacts on self-concept and self-esteem
- How self-esteem influences behaviour and changes taking place

### LIFE SKILLS:

- Self-awareness
- Critical thinking
- Positive self-esteem
- Handling emotions

### VALUES AND ATTITUDES:

- Commitment
- Honesty
- Respect for self
- Self-control
- Friendliness



## READING:

### Information on changes, self-concept and self-esteem:

Self-concept is the ever-changing way we think about ourselves. Self-concept is the way we describe ourselves - what we know about our **SKILLS, ABILITIES, TALENTS AND ACCOMPLISHMENTS**

Some people see themselves as they truly are, while others may have a way of looking at themselves that is not entirely accurate. For example: some people believe they are not attractive, not smart, not capable, when in fact they really are! People often act in ways that will confirm their self-concepts. For example: if a person thinks that he or she is not good enough or capable of having a good future the chances are that he or she will not be motivated to do the things necessary for success. Someone with a self-concept like this will not be motivated to avoid things such as drugs and pregnancy that would interfere with success. It is important for all of us to acknowledge our own potential because each of us is special and unique. Do you believe that?



## PREPARATION:

Ground rules flip chart/poster displayed on wall  
Learner workbooks  
Flip chart and pens



## INTRODUCTION:

**"We are going to talk about who we are and changes taking place in us and how these changes affect our self-esteem and self-concept. I want you to think about recent changes in your life - for example YOU ARE ALL NOW IN GRADE 8! You have changed from primary to secondary school."**

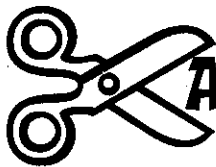
**"It is important for all of us to acknowledge our own potential - because each of us is special and unique - do you believe that?"**

**"Every person born into this world represents something new, something that never existed before, something original and unique. It is the duty of every person.. to know.. that there has never been anyone like him/her in the world, for if there had been someone like him/her, there would have been no need for him to be in the world. Every single man/woman is a new thing in the world and is called upon to fulfill his particularity in this world" MARTIN BUBER, 1958**



## NEW WORDS:

<b>Particularity:</b>	individuality, being one's self
<b>Accusing:</b>	lay blame on
<b>Statement:</b>	expression in words, i.e. stating a fact (make a statement)
<b>Consequence:</b>	a result of an action, deed or word
<b>SKILLS:</b>	something we learn to do e.g. write something, read follow instructions, make a decision
<b>ABILITIES:</b>	natural qualities or characteristics e.g. move/hear/see/talk/sing/run
<b>TALENTS:</b>	potential abilities we are born with e.g. artistic/musical/sport/drama/reading/writing/dance/mathematical
<b>ACCOMPLISHMENTS:</b>	something you have done or achieved e.g. passed grade/made the team/wrote a story/read books/made something with your hands
<b>SELF-CONCEPT:</b>	is the ever-changing way we think about ourselves and is the way we describe ourselves



## ACTIVITIES:

- Refer to unit 1.2 (picture of baby developing into a big child into an adult in their workbooks) and read the following quote
- Ask and discuss the following questions briefly:
  1. *Can a person change/become more like he/she wants to be, or do people always remain the same?"*
  2. *Think of 2 years ago. Have you changed during the last 2 years - do you look the same? Do you act the same?*
  3. *Can you do something now which you could not do 2 years ago?*

Allow time for responses on each question and discuss

- Write some responses on flip chart, Reflect on CHANGES e.g. from primary to secondary school/ making new friends/new environment/family changes like new baby/moving home/new hobby or "interest
- Complete sentence in workbook - A GOOD WAY I HAVE CHANGED .... brainstorm in pairs. Think of any 2 things any skill/talent/ability or accomplishment you have achieved or enhanced over the past 2 years. Write it down in your workbook and discuss with your partner the following:
  1. How do you feel about yourself as you are now?
  2. What skills, abilities, talents and accomplishments do you have?
  3. If you can change anything about yourself, what would it be and why?

**Note to the educator: Focus should be on changes in learner's life in general, not only physical development - this will be dealt with in depth in a later session - learners should identify their own SKILLS, ABILITIES, TALENTS AND ACCOMPLISHMENTS**

- Clarify and explain to learners what **self-concept** means e.g.  
"Our self-concept is the ever-changing way we think about ourselves. Self-concept is the way we describe ourselves - what we know about our SKILLS, ABILITIES, TALENTS AND ACCOMPLISHMENTS

Some people see themselves as they truly are, while others may have a way of looking at themselves that is not entirely accurate.

**For example:** some people believe they are not attractive, not smart, not capable, when in fact they really are! People often act in ways they that will confirm their self-concepts.

For example: if a person thinks that he/she is not good enough or capable of having a good future the chances are that he/she will not be motivated to do the things necessary for success. Someone with a self-concept like this will not be motivated to avoid things such as drugs and pregnancy that would interfere with success. It is important for all of us to acknowledge our own potential - because each of us is special and unique - do you believe that?"

- Whether you feel confident or not about yourself - it is important to be able to express yourself. Poor communication can cause problems in relationships. Can you express your feelings towards friends or family?

**"One way of communicating openly or freely is to always use an "I FEEL" statement, rather than an accusing statement starting "YOU are ..."**

**For example:** "I feel unhappy and angry when you borrow my library book and not return it, because I have to pay the fine or replace it" **State YOUR FEELING, PROBLEM BEHAVIOUR AND THE CONSEQUENCE THEREOF**

I FEEL ..... (say how you feel)  
WHEN YOU ..... (the problem behaviour)  
BECAUSE ..... (the reason for the feeling)

- Ask the class to use the following examples to make their own I FEEL statements verbally:
  1. A friend borrowed your tennis racket and only returned it after two months  
.....
  2. Your brother keeps on interrupting when you talk to your mother  
.....
  3. Your friend tells you a lie about someone you know  
.....
  4. Your sister teases you about your new hair style all the time  
.....
- **Closing: Refer learners to their work books and explain the "beyond the classroom" task**





## BEYOND THE CLASSROOM:

- Learners can write their own "I feel " statements in their own time in their books. They should also write down their own examples of problem situations and "I FEEL" statements
- They should also complete the four surrounding areas of "THIS IS ME" keeping in mind that:
  - 1. SKILLS:** something we learn to do e.g. write something, read and follow instructions, make a decision
  - 2. ABILITIES:** natural qualities and characteristics e.g. move/hear/see/talk/sing/run
  - 3. TALENTS:** potential abilities we are born with e.g. artistic/musical/sport/drama/reading/writing/dance/mathematical.
  - 4. ACCOMPLISHMENTS:** something you have done or achieved e.g. passed a grade/made the team/wrote a story/read books/made something with your hands.

Remember - our self-concept is the ever-changing way we think about ourselves. Self-concept is the way we describe ourselves - what we know about our SKILLS, ABILITIES, TALENTS AND ACCOMPLISHMENTS"



## ASSESSMENT:

Learners self assessment and educators assessment of learners' explanations, descriptions of:

- their own self concept.
- their self-awareness with regard to changes they underwent, how they experienced it, what they learned from it.
- learners practise ' I feel statements to improve assertiveness, expression of feeling and communication skills.



## REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....



## ACTIVITIES FOR ADVANCED LEARNING

- Do individual brainstorming using workbook and learner's own notes on changes and questions: Changes over the past 2 years:

1. Can a person change/become more like he/she wants to be or do people always remain the same?
2. Have you changed during the last 2 years? Do you look the same? Do you act the same?
3. Can you do something now you could not do 2 years ago?

- Divide learners in small groups and give each group a question to feedback onto group
- Have pairs discuss questions and give feedback to the big group
- Learners complete sentences in their workbook - A good way I have changed ....and do individual brainstorming on 2 things of how they have changed.
- Discuss it with parents and or significant others after learners wrote down the following about themselves

1. How do you feel about yourself as you are now?
2. What skills, abilities, talents and accomplishments do you have?
3. If you can change anything about yourself, what would it be and why?

- Learners write down two problems with communication they experience with specific family members. Then they write their own "I feel" statement for each problem. Learners have to practice their two problems at home with the relevant members of the family and give feedback of the outcome to the class



# Who am I?



## FOCUS OF THE SESSION:

- Develop an understanding of self-esteem and self-concept
- Provide learners with tools to develop and maintain their personal self-esteem
- Create self-awareness of learners' abilities, talents, skills and potentials to build self-esteem



## OUTCOMES:

Learners who can demonstrate with confidence how their behaviour is affected by self-esteem in a positive way

# KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

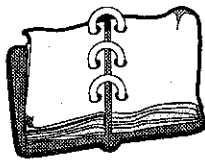
- What impacts on self-concept and self-esteem
- How self-esteem influences behaviour and changes taking place
- How to build high/positive self-esteem

### LIFE SKILLS:

- Self-awareness
- Critical thinking
- Positive self-esteem
- Goal setting/planning for the future
- Handling emotions

### VALUES AND ATTITUDES:

- Taking personal responsibility for one's actions
- Honesty
- Self-control
- Sensitivity



## READING:

Same as for previous session



## PREPARATION:

Flipchart and pens

Clean card/paper card for each learner - size of a playing card cut out before the session

18 incomplete sentences from "I AM SOMEONE.." cut out individually in container/envelope



## NEW WORDS:

**Influences:**

an action, word or deed that can change one's actions, words or deeds

**Self-esteem:**

the way you feel about yourself and value yourself - you can have high or low self-esteem

**High self-esteem:**

when the way you see yourself (perceived self) is close to the way you desire to be (ideal self)

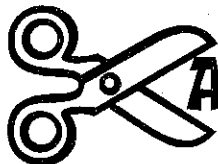
**Low self-esteem:**

when the way you see yourself (perceived self) is far away from the way you desire to be (ideal self), there is a big gap between perceived self and ideal self



## INTRODUCTION:

**"The first thing we are going to talk about is self-concept and self-esteem. What is self-concept? What is self-esteem?" (Allow time for responses if any) Let's look at how self-concept and self-esteem influence the way a person acts"**



## ACTIVITIES:

- Recap what self-concept means, refer to workbook - where learners had to identify their own skills/abilities/talents and accomplishments - the way we see ourselves is our self-concept. The way we feel about ourselves (how we value ourselves) is our self-esteem
- After getting responses from learners on what self-concept and self-esteem are, write the following on a flip chart paper:

**The way we see ourselves (YOUR SELF-CONCEPT) influences the way we feel about ourselves (YOUR SELF-ESTEEM)**

- Ask learners: "Do you agree or disagree with this statement and why?" Allow a short 2 minute discussion (2 minutes)

### • **QUESTIONS AND DISCUSSION:**

Brainstorm and integrate on flip chart with the big group:

1. **What influences the way you feel about yourself?**

e.g the way you think other people see you, expectations other people like your family have of you etc.

2. **When are you likely to have HIGH self-esteem?**

When the way you see yourself (PERCEIVED SELF) is close to the way YOU DESIRE TO BE or THINK YOU SHOULD BE (IDEAL SELF) you are more likely to have?.....(HIGH SELF-ESTEEM)

I AM, HOW I RELATE TO OTHERS, WHAT I BELIEVE IN AND VALUE

- refer to workbook and discuss why
- 3. **When are you likely to have LOW self-esteem?**  
When there is a GREAT BIG GAP between the way you see yourself (PERCEIVED SELF) or the way you think you should be (IDEAL SELF) your SELF-ESTEEM is likely to be ? .....LOW - refer to workbook and discuss why
- 4. **Who is your hero/person you admire most and why?** Allow few responses and ask - do you think your hero has a high self-esteem and is confident about him/herself?
- 5. **Who in your class do you think has a high self-esteem and why?**

**People who have a positive sense of self, tend to focus on their successes instead of their failures. Sometimes people with low self-esteem find it difficult to acknowledge their skills, abilities, talents and accomplishments. Acknowledging your successes, help build self-esteem. We should all become SUPER HEROES ourselves.**

- Ask learners if some of them enjoy collecting cards, e.g. soccer players/movie stars/cars etc. Hand out a clean cardboard /paper card for each learner - the size of a playing card to make their own HERO CARDS. Let's get down to make you into super heroes
- Ask learners to use their workbooks and refer to session 1.2 from the "THIS IS ME" page where they have listed their skills/abilities/talents and accomplishments. Learners should write THREE things on one side of the card:  
  - one skill
  - one talent/ability
  - one accomplishment e.g. I can sing or I have passed my exam, I can dance

On the other side of the card they write:

- Name
- Date of birth
- I like.....
- I dislike ....
- My favourite hobby is ....

**It is important to identify likes/dislikes/skills/talents/looks/hobbies and be proud of it -**

- Put all the cards into a box/big envelope/bag and randomly hand learners a card with the skills and talent side up. The learner should read the 3 things and have one attempt to identify who it is, then the learner turns the card around and read out who it is and what his/her age/hobbies/likes and dislikes are
- Let learners stand up (next to tables or form a big circle if possible). Use the 18 incomplete sentences from "I AM SOMEONE.." The sentences should be cut out individually and passed around in a container. Learners should draw, read the sentence and complete it aloud.

**Note to educator: For this activity alternatively a ball can be used and rolled to a person or the learner calls a learner's name/ or nominates someone for the next turn. Because of time not all learners will get an opportunity (5 minutes)**

**I AM SOMEONE WHO**

1. I am someone who is proud of myself because.....
2. I am someone who hopes.....
3. I am someone who loves.....
4. I am someone who would like to be like..... because.....
5. I am someone who dreams about.....
6. I am someone who sees my greatest strength as.....
7. I am someone who would like to change.....
8. I am someone who thinks the thing I do best is.....
9. I am someone who believes in.....
10. I am someone who is.....
11. I am someone who sees my greatest success as.....
12. I am someone who is happy when.....

13. I am someone who would like.....
14. I am someone who fears.....
15. I am someone who likes people who.....
16. I am someone who like to develop a quality such as.....
17. I am someone who would want in the next ten years want to be successful at.....
18. I am someone who would like people to say the following about me.....

**Closing:** Refer learners to their workbooks and give them their beyond the classroom task

**IMPORTANT REMINDER: Each learner should bring an empty can e.g. Cool drink can/ tinned food can/ any container to the next session**



## BEYOND THE CLASSROOM:

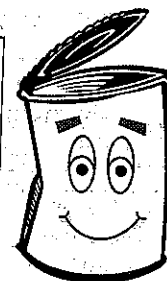
### Learners should:

- Complete the "I AM SOMEONE.." incomplete sentences in their workbook for themselves.
- Discuss it with their family and or best friend

### Learners should think about:

- "Who you are in relation to others - e.g. friend/brother/relative? "etc . They can draw a picture of how they relate to others and their roles e.g. soccer team mate/brother etc - e.g. like a family tree with branches
- "Who do you want to be and why?" (In future I want to become a ...) choose a role/job/occupation

**REMEMBER to bring an empty can e.g. Cool drink can/ tinned food can/ any container to the next session**



## ASSESSMENT:

### Peer assessment voting:

The class should nominate the learners (± 3) in the class who they regard as having a high self esteem. They must motivate and give reasons for their opinion.

### Educator assessment

Educator records responses to questions, discussions and 18 sentences and reflects on learner participation, interest and enjoyment of session



## REFLECTION & RECORDING:

Complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder.....
- I experienced problems with.....
- Next time I will.....
- The learners.....
- Feedback from learners.....

I AM, HOW I RELATE TO OTHERS, WHAT I BELIEVE IN AND VALUE

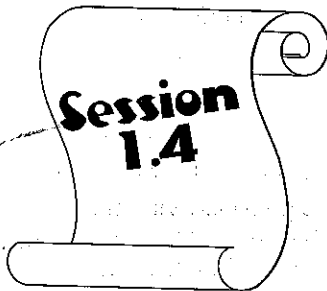


# ACTIVITIES FOR ADVANCED LEARNING

- Divide learners into three groups and have each group discuss and feedback one question to the class after brainstorming. They can mime/role-play or demonstrate it.
  1. *What influences the way we feel about ourselves?*
  2. *When are you likely to have HIGH self-esteem?*
  3. *When are you likely to have LOW self-esteem?*

Learners should think about:

- Who they are in relation to others - friend/brother/relative? They can draw a picture of how they relate to others and their roles e.g. soccer team mate/brother etc - e.g. like a family tree with branches
- Who do you want to be and why? (In future I want to become a ... The chosen role/ job/ occupation can be mimed by individual volunteers and learners should guess what this learner wants to become and why



## How to communicate my self worth



### FOCUS OF THE SESSION:

- Identify put downs and their origin and how it affects self-esteem
- Enable learners through positive thinking skills development to deal with negative statements or put downs
- Practice communication skills



### OUTCOMES:

Learners who are able to demonstrate their understanding of how to use positive thinking and communication skills to deal with negative responses (put-downs)

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

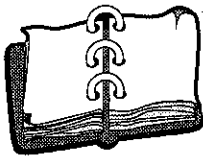
- Clarified values to make decisions and understanding of how we relate to others
- Different communication styles demonstrated and practiced
- Enhanced communication skills to get along with family, friends and others

### LIFE SKILLS:

- Self-awareness
- Handling emotions
- Critical thinking
- Positive self-esteem

### VALUES AND ATTITUDES:

- Taking personal responsibility for one's actions
- Honesty
- Self-control
- Sensitivity
- Forgiveness



## READING:

"The story of the contagious smile"  
Information on positive thinking



## PREPARATION:

- Flipchart and pens
- Prepared dramatised reading of "THE STORY OF THE CONTAGIOUS SMILE"
- Prepare example of "I CAN" a tin can with "eyes" cut out from a magazine, pasted and marked clearly with big letter I CAN
- Old cans or empty containers/bottles e.g. spread bottles
- Old magazines and scissors to cut/tear out eyes from magazines for the I CAN as a collage
- Glue to paste eyes (self-made glue also fine)



## NEW WORDS:

- "Put-downs":** negative statements or thoughts or "punches" breaking down self-confidence and resulting in low self-esteem
- Affirmations:** positive self-statements that are repeated several times a day to create a powerful and positive mindset
- Confident:** showing positive, trusting attitude, self belief
- Contagious:** transfer from body to body, person to person e.g. smile, germs
- Rephrase:** to express again using different words
- Interpretations:** explanations
- Self generated:** to do/ produce by one's self



## INTRODUCTION:

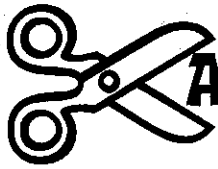
When you feel a negative thought or a "put down" or "negative punch" is coming your way. You simply scream STOP! In your head and start re-thinking the event with a positive interpretation.

Let me give you an example. If someone says something mean to you, instead of thinking "I am no good" think instead "I think he/she had a bad day and is just taking bad feelings out on me".

Rephrasing a negative statement to be self-esteem friendly is doing positive thinking. It means to deliberately rethink it in a more positive way

Example: If you have spend a lot of time on studies or a project and you didn't do well, do not say "I am a failure, I cannot do ...(maths/science/language)" instead use positive statements and say " Well I have learned and will try to do better next time.

" I want to read a story to you called: **THE STORY OF THE CONTAGIOUS SMILE** and then we are going to learn **about positive thinking and talking**" .



## ACTIVITIES:

- **STORY OF THE CONTAGIOUS SMILE** (Adapted from Sex can wait, p 84:1994)  
"Let's read a success story of how self image affects you" Read the story and discuss the questions and answers.

### THE STORY OF THE CONTAGIOUS SMILE

It was the first day of school at Berryville Secondary. Sarah carefully looked at the kids seated round her. They all looked miserable. Sarah felt scared. She had thought that starting a new school would be an adventure. Now the only things feeling adventurous within her were the butterflies in her stomach.

Sarah had planned for the day for several weeks. Now she wasn't sure that she was brave enough to follow through with her plans. What if something went wrong with her experiment? What if someone saw through her acting?

Sarah remembered what it had been like last year at her old school. Because she didn't feel good about herself she'd acted like she was no good. The other learners believed her body language and had treated her badly. Sarah remembered how they had made fun of her clothes and hair. She remembered how they would touch someone else if they accidentally brushed up against her and say: "Now you have Sarah germs." The way the other kids treated her, had made her feel even worse about herself.

During the holiday Sarah had seen a program about improving self-esteem on the educational channel on TV. The host of the said that one way to change poor self-esteem was to act like you had high self-esteem until you found you were no longer acting. The said that when you acted as though you liked yourself, others tended to like you too. It claimed that acting confident without bragging, made people believe you must have something to be confident about. It said that everyone is special and has a reason to feel good about themselves.

Sarah had decided to follow the advice the gave. She wanted to see if people really would treat her differently if she pretended to have high self-esteem and be outgoing. This morning she'd washed her hair and put on her new school clothes. She felt good about how she looked today.

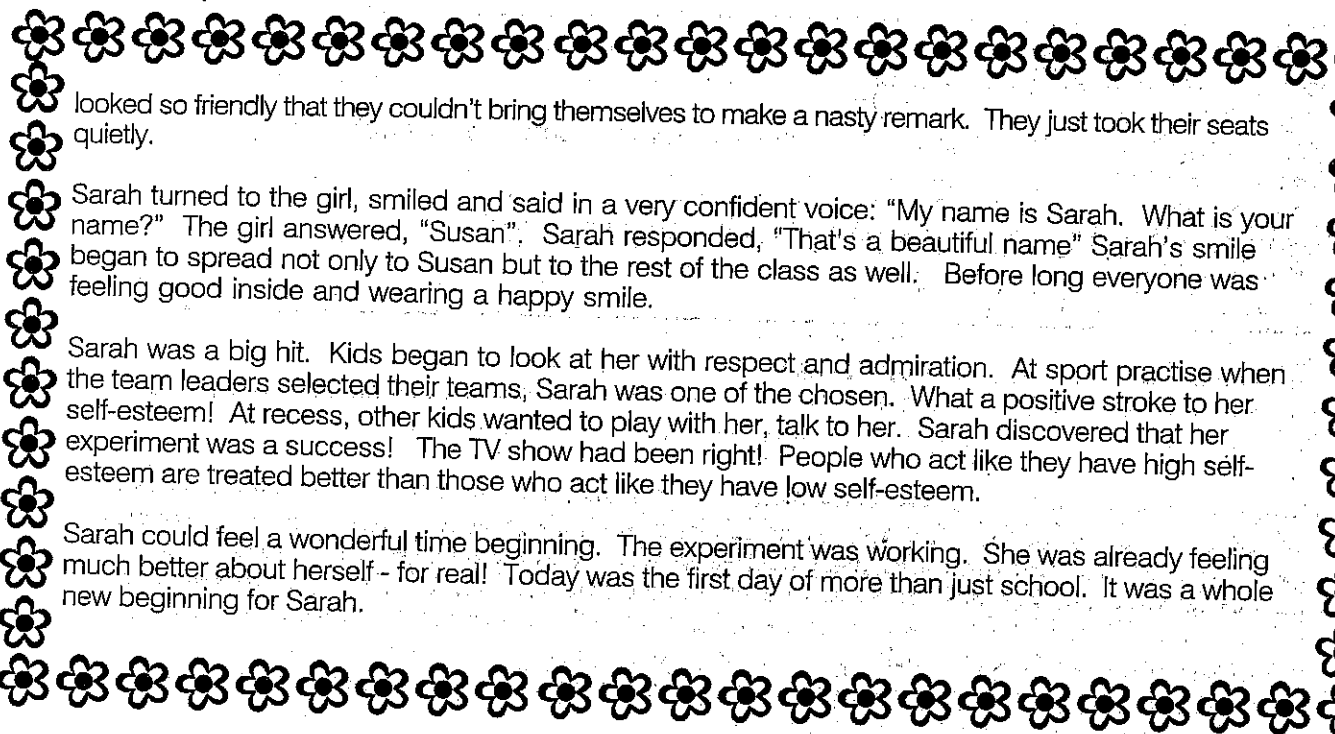
Dressing the part had been easy, but the television had said that to make a friend, you had to be a friend. That meant that Sarah would need to talk and smile. She had to do it soon too, or the other kids might figure out how insecure she really was! She had to look comfortable and self-confident when she talked or she knew no one would believe her new image. This was her chance. This could be her fresh start!

Sarah began to prepare herself. She imagined that she was a talented and beautiful princess but that no one knew about it. She told herself that she was a kind princess with love in her heart for every person. She was to be the friend of all.

Then she did it. Some of the boys were making fun of a boy sitting in the row next to her because he was wearing a shirt that was out of style. Sarah reached down into the deepest part of her being and allowed sunshine, love and confidence to radiate out from her heart to fill the whole room. Sarah stood up tall. She walked confidently over to the boy and said: "Hi! My name is Sarah. This is my first day at Berryville Secondary. I like your shirt. It brings out the colour of your eyes". Then she smiled her best smile.

As Sarah turned to walk back to her seat a girl in front of her said: "I think those mean boys are so ignorant". Sarah smiled an even better smile than the one before. She turned to face the boys and said: "They look smart to me, I bet they just had a bad morning". The boys looked surprised but Sarah's smile.





looked so friendly that they couldn't bring themselves to make a nasty remark. They just took their seats quietly.

Sarah turned to the girl, smiled and said in a very confident voice: "My name is Sarah. What is your name?" The girl answered, "Susan". Sarah responded, "That's a beautiful name" Sarah's smile began to spread not only to Susan but to the rest of the class as well. Before long everyone was feeling good inside and wearing a happy smile.

Sarah was a big hit. Kids began to look at her with respect and admiration. At sport practise when the team leaders selected their teams, Sarah was one of the chosen. What a positive stroke to her self-esteem! At recess, other kids wanted to play with her, talk to her. Sarah discovered that her experiment was a success! The TV show had been right! People who act like they have high self-esteem are treated better than those who act like they have low self-esteem.

Sarah could feel a wonderful time beginning. The experiment was working. She was already feeling much better about herself - for real! Today was the first day of more than just school. It was a whole new beginning for Sarah.

**THE CONTAGIOUS SMILE QUESTIONNAIRE:**

1. What self-esteem building tips can be learned from this story?
  2. Do you think that smiles really are contagious? Why or why not?
  3. Is it easy or difficult to act confident, friendly and outgoing when you really don't feel that way inside?
  4. How can you tell if a person has high self-esteem or low self-esteem?
  5. Do you think that people treat someone who acts like he/she has high self-esteem better than they treat someone who acts like he/she has low self-esteem? Why?
  6. How can the tips you learned from this story be used to build your own self-esteem and the self-esteem of those around you?
- Provide opportunity for skills practice in groups or individually - learn and practice how to rephrase problem to positive statement - make it self-esteem friendly

**GROUP SKILLS PRACTICE EXAMPLES:**

**POSITIVE THINKING AND POSITIVE STATEMENTS**

*Rephrase the negative interpretations by using Positive statements to write a self-esteem friendly positive message*

Example: "My mom shouted at me and called me lazy, I don't think she loves me"  
 positive statement: "My mom loves me very much, sometimes she gets stressed out. Perhaps I can help her around the house or tidy my room to help her out. I am a hard worker"

**NEGATIVE STATEMENTS:**

"I can't read as well as the others, I must be dumb. I don't have a future"  
 Positive statement:.....

"They call me "pizza face" I know my skin is full of spots and I feel ugly. I hate myself!"  
 Positive statement:.....

"If only I could lose some weight the boys will look at me. I am the ugliest girl in class!"  
 Positive statement:.....

"No one wants to sit next to me. Nobody likes me and I don't like myself!"  
 Positive statement:.....

"Those guys are whispering about something. I just know they are saying bad things about me. I hate school!"  
 Positive statement:.....

*"I failed my test although I studied almost an hour. That proves I am dumb!"*

Positive statement:.....

*"I am too short I can not ask a girl to go out with me. Nobody wants to go out with a shorty!"*

Positive statement:.....

*"I have made so many mistakes, I am just a loser. I am just going to give it up and accept I am a nobody"*

Positive statement:.....

• **Show learners how to make an "I CAN"**

(show an example of a tin can with eyes cut out from magazine pasted and marked clearly with big letters I CAN)

**"Make and use your own "I CAN" to post negative statements in the can with negative statement on the one side and the positive statements written on other side. The challenge is to do this until the next session to establish whether the put down was self-generated or from someone else - write on it SELF/OTHER and establish if you are your own worst enemy or not!"**



**"When you find in your daily life your self-esteem is being hurt by negative putdowns, you can apply positive thinking. Replace the negative interpretation with a positive one. Positive self-talk, affirmations and positive statements can help you think positively and keep your self-esteem high. Save up in your I CAN for a POSITIVE FUTURE"**

**"We need to be able to improve our self-esteem and how we feel ourselves. One way of doing it is by means of affirmations"**

Some examples of affirmations that can improve your self-esteem:

- I do my very best and stop worrying about the rest
- I am getting smarter, better and more powerful each day
- I am taking charge of my life in a positive way, I try and avoid taking wrong paths leading to problems, I want to be successful
- I am great, I am strong and worthy to succeed. I shall prove it with my every deed
- I learn from daily experiences, both the bad and the good
- I respect myself and others, I also love myself and others.
- I have plans and goals. I can use my mind and hands to do that
- I am lovable, capable and worthy of a wonderful life.
- I am a wonderful human being, super-sensational and "what-a-creation"
- My choices and decisions are under my control and I accept responsibility for the outcomes
- I am smart and therefore I live smart
- I take care of myself and stop blaming others for my faults or wrong choices
- I am unique and there is no-one else exactly like me!

(Adapted from Sex can wait, 1995)



## **BEYOND THE CLASSROOM:**

Learners should:

- Ask yourself "Where do negative put downs come from? Others or oneself?"
- Read the information on "Affirmations" and do the activity in your book
- Make and use your own "I CAN" to post negative statements with positive statements written on other side. (Remember to establish whether the put down was self-generated or from someone else - write on it SELF/OTHER to establish if you are your own worst enemy!)



# ASSESSMENT:

Educator's observations and self-reporting by learners with regards to questions and the rephrasing of statements determine the learners ability to:

- Be assertive
- Handle negativity, 'put downs'
- Deal with own negative emotions and thoughts
- Handle rejection
- Apply positive reappraisal



# REFLECTION & RECORDING:

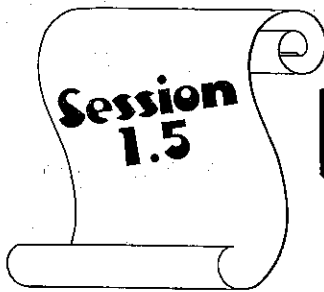
Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....



# ACTIVITIES FOR ADVANCED LEARNING

- Ask for anonymous examples of negative "put downs" that learners have to deal with and have them put it anonymously in a box. Divide learners in groups and have each group draw from the box and do positive statement
- Use scenarios from "LET'S TALK ABOUT" box or use own case studies/problems identified by group e.g. my mother tells me I am lazy all the time/I can't read well, I must be dumb/They call me "pizza face" know my skin is full of spots and I feel ugly and hate myself/If only I could lose some weight the boys will look at me/I am too short I can not ask a girl to go out with me
- Individual activity - each learner should write down their own example and write a positive statement on it in their workbook (own examples)
- Use I CAN to reflect in class asking for examples/learner's own experiences in future sessions - practice other communication styles with examples e.g. if put down is from parent - learner can practice with role-play an assertive response to the parent e.g. using an I message..etc.
- Use the information about "affirmations" as a class activity and skills practice



# Friendship and relationships



## FOCUS OF THE SESSION:

- Engage learners in self-discovery of relationships and qualities of friendship
- Enhance and practice communication skills to get along with friends and family
- Improve skills to make and keep friendships and relationships



## OUTCOMES:

Learners who are more self-aware and can use different communication skills to improve their personal lives, friendship and relationships

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

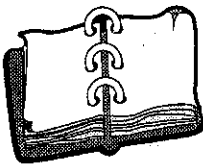
- Enhanced communication skills to get along with family, friends and others
- Improved skills to make and keep friendships and relationships

### LIFE SKILLS:

- Self-awareness
- Critical thinking
- Problem-solving
- Positive self-esteem

### VALUES AND ATTITUDES:

- Loyalty and commitment in relationships
- Honesty
- Friendliness
- Kindness
- Sensitivity
- Trustworthiness
- Forgiveness
- Helpfulness
- Loving and caring



## READING:

### Information on friendships

### RELATIONSHIPS:

Life is meaningless without relationships. We have relationships with teachers, peer group, brothers/sisters and parents. Although our various relationships serves different purposes and we attached different value to it, there is also common factors in all relationships.

- Factors that influence relationships:
  - respect shown through attitudes, behaviour, acknowledge other peoples value and importance, offer care and support
  - empathy - try to see situations from the other person's point of view
  - genuineness - sincerity in your caring, consistency in showing it
  - communication - verbal and non verbal. What we say/do and how we say/do it

Relationships are important for it provides the basis to us as individuals from where we:

- get support and comfort
- share experiences and happiness
- share problems and help, support others
- love, feel needed and wanted
- share companionship
- get acceptance and approval

Relationships influence our values, attitudes, our self concept

### **FRIENDSHIPS:**

Relationships with our peer group are important; as we share with our friends our feelings, fantasies, experiences, secrets.

Friendship can be destructive: when friends do or say harmful things to another or put pressure on you to show different behaviour, feelings and attitudes from your own.



## **PREPARATION:**

- Flipchart and pens
- Learner workbooks
- 8 Questions written on flip chart beforehand



## **NEW WORDS:**

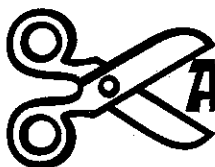
**Friendship:** person to person relationships based on knowing one another, having things in common, shared values and trust.

**Relationship:** interaction between two or more people. It varies in intensity, type, commitment and its foundation is communication.



## **INTRODUCTION:**

**“Someone said “Friends are angels who lift us to our feet when our wings have trouble remembering how to fly.” We are going to discuss what relationships and friendship means to us, the influence friends can have and their qualities, as well as making and keeping a friendship”**



## **ACTIVITIES:**

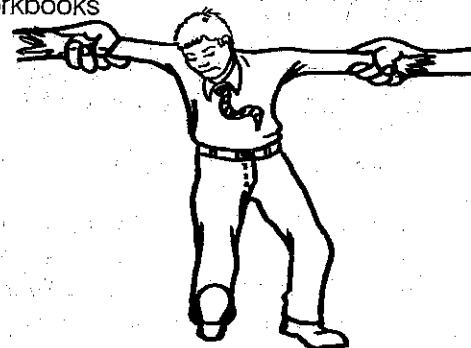
- Ask learners the following questions and allow some quick responses:

*What does it feel like being a teenager today?  
Is it important to be liked and accepted and why?  
Is it important to have friends and why?*

- Refer learners to the graphic of teenager being pulled apart in their workbooks

from being a child	to being an adult
wanting independence	being independent
feeling happy	feeling sad
sexually capable	sexually confused
need for recognition	lack of recognition
need for respect	lack of respect
need to be heard	nobody listens
need to be understood	nobody understands

(From Rooth, E, 2000:Introduction to life skills, p31)



- Explain the following:

"Being an adolescent can make you feel pulled in opposite ways like this picture... These needs are real for all of us. If you ask yourselves how can they be met, the answer would be: **RELATIONSHIPS** - the means through which these needs are normally met."

- Divide learners in 4 groups and give each group a question. The 4 groups should give feedback to the group after 5 minutes:
  - Group 1: What is a relationship?
  - Group 2: What types of relationships can you have?
  - Group 3: What are the positive components of a relationship?
  - Group 4: What are the negative components of a relationship?

- Imagery: "Close your eyes and think about someone you would consider a good friend (past friend or current friend). See this person's face in your mind. Think what this friend means to you. Think of how you feel about this friend and how this friend feels about you. Think of things that you do together. What meaning does this friend bring into your life... Open your eyes"

- Read the following letter :

*FRIEND WANTED .....*

*I AM 13 AND FEEL VERY UNHAPPY BECAUSE I HAVE NO FRIENDS. I BELONG TO A FEW CLUBS AND PLAY SPORT AT SCHOOL WHERE I MEET MANY DIFFERENT PEOPLE. BUT I NEVER MANAGE TO BUILD A GOOD AND LASTING FRIENDSHIP. AT WEEKENDS I AM ALWAYS ALONE AT HOME WITH MY PARENTS. IS IT REALLY IMPORTANT TO HAVE A CLOSE FRIEND? IF IT IS IMPORTANT, PLEASE TELL ME HOW TO FIND AND KEEP A FRIEND "*

**Questions:**

- What would you reply if you had to answer?
- Think of "nice" (good and positive) things that you and your friend do together e.g. play games/ sport/talk/listen to music etc. Brainstorm and write on flip chart with heading "NICE THINGS FRIENDS DO..."
- What QUALITIES DOES A GOOD FRIEND HAVE?: (Discuss here, learners can use this in their beyond the classroom task)
- Quick Opinion Questions: (Ask quick random questions)
  - Can friends do bad things? What bad things can friends do?*
  - Has a friend ever done something bad/something you did not like?*
- ❖ Do assertiveness skills practice positive self-talk with the following instruction:

"Sometimes friends can influence us negatively or break down your confidence or self-esteem, how would you deal with the following situations? Role-play one scenario with your partner spontaneously, don't need to write it down. After class you can write all three scenarios in your own time for the next session"

- ❖ **Scenario 1:** You have cut your hair in a new style and like it very much. Your friend responds by laughing at you and saying "Your hairstyle looks real funny, you look like a nerd" Use positive self-talk, what would you think?.....and what would you say?.....
- ❖ **Scenario 2:** You bought new clothes which you like a lot. Your friend tells you it does not suit you. Use positive self-talk, what would you think?.....and what would you say?.....
- ❖ **Scenario 3:** Your friend invites you to his/her place, his/her parents are not there and he/she wants you to come and have a drink with him/her. Use positive self-talk, what would you think?.....and what would you say?.....

("Remember that learning a particular skill is not enough, use it or you'll lose it.")

**Closing:** Explain beyond the classroom activities



## BEYOND THE CLASSROOM:

- ❖ Respond to the "FRIEND WANTED" letter:  
Write your **"I want to become your friend"** letter, think of qualities for friendship and nice things friends do in this letter
- ❖ Write a guideline: **"My plan of how to make and keep a friend"**  
How do we make friends? Are there rules? We don't normally use adverts like this, so how do we do it?
- ❖ Make your own BOYFRIEND OR GIRLFRIEND ADVERTISEMENT:  
**Boys** : Design a "GIRL FRIEND WANTED ADVERTISEMENT" in your workbook, stating I am interested in someone who .....  
**Girls** : Design a "BOY FRIEND WANTED ADVERTISEMENT" in your workbook, stating I am interested in someone who .....



## ASSESSMENT:

- ◆ **Educator's observational assessment of learners:**  
Practical demonstration - do a performance assessment of learners ability to:
  - Express their expectations about relationships/friends
  - Share feelings and needs that are met in relationships
  - Apply positive self talk
- ◆ **Learner assessment**  
Sentence stems can be used to get feedback from learners on unit one. They can post it anonymously in the 'LET'S TALK ABOUT' box or do it in class if time permits.
  - ◆ Right now I feel.....
  - ◆ Next session I hope.....
  - ◆ I wish I could.....
  - ◆ One thing I really liked.....
  - ◆ The program so far is.....
  - ◆ I learnt.....
  - ◆ One thing I didn't like.....
  - ◆ Beyond the classroom tasks are.....
  - ◆ I would change.....
  - ◆ My workbook is.....
  - ◆ Next time we.....
  - ◆ This unit has been.....



## REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder.....
- I experienced problems with.....
- Next time I will.....
- The learners.....
  - Feedback from learners.....



## ACTIVITIES FOR ADVANCED LEARNING

- ❖ Read the friend wanted letter. Learners role play in pairs - pretend to be an applicant for the "friend wanted" letter - **"I want to become your friend"** Questions for discussion: How do you make

I AM, HOW I RELATE TO OTHERS, WHAT I BELIEVE IN AND VALUE

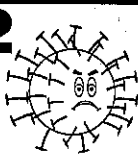
- friends? Are their rules - we don't use adverts like this normally, so how do we do it?
- ❖ Divide learners in three groups and use the 3 given scenarios or use other examples generated from learners. Give each group one scenario and have them do the following:

**For each scenario each of the groups should:**

1. Write down a "positive statement"
  2. Write down an "affirmation (positive self-talk) response"
  3. Write down an "assertive I message" starting "I ....."
  4. Practice and demonstrate their responses in a role-play to the other groups.
- Think of possible negative influences by friends and debate negative influences in class in small groups and how one could use positive thinking to deal with it
    1. *Are all your friends a good influence in your life?*
    2. *Can friends make you do things you do not want to do?*
    3. *What would you do if your friend does something bad?*
    4. *Are you a good influence to your friend?*
    5. *Can you make your friend do bad things/things they don't want to do?*

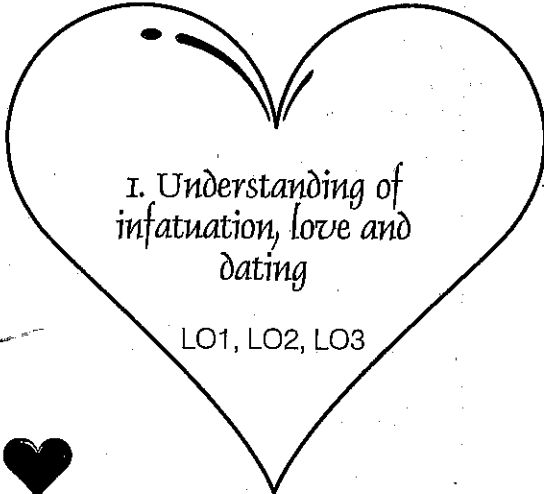


**UNIT**  
**2**



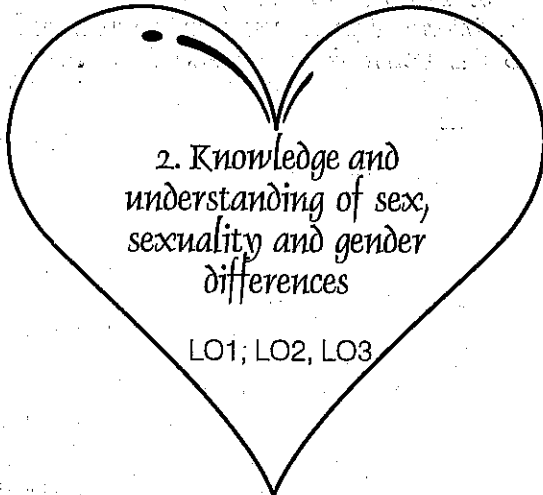
# Protecting myself and others against HIV/STI infection

## OUTCOMES:



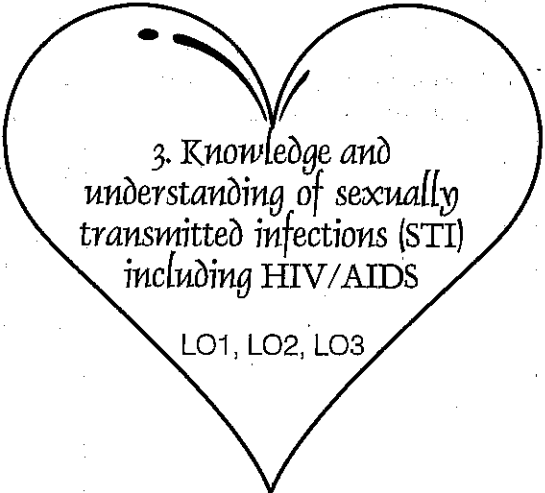
I. Understanding of  
infatuation, love and  
dating

LO1, LO2, LO3



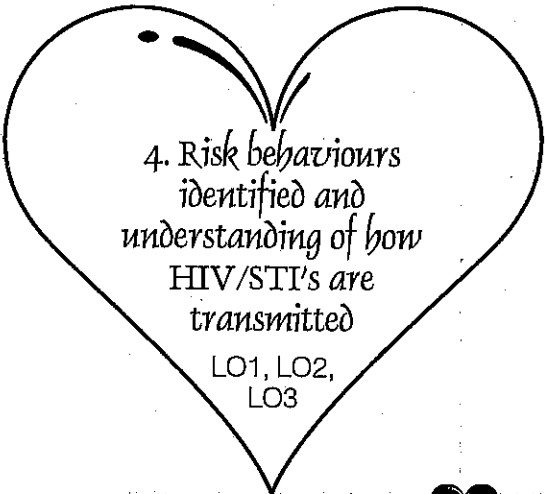
2. Knowledge and  
understanding of sex,  
sexuality and gender  
differences

LO1, LO2, LO3



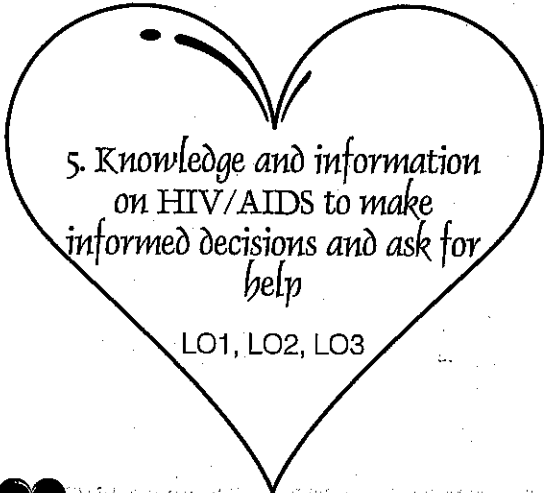
3. Knowledge and  
understanding of sexually  
transmitted infections (STI)  
including HIV/AIDS

LO1, LO2, LO3



4. Risk behaviours  
identified and  
understanding of how  
HIV/STI's are  
transmitted

LO1, LO2,  
LO3



5. Knowledge and information  
on HIV/AIDS to make  
informed decisions and ask for  
help

LO1, LO2, LO3

# KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

## KNOWLEDGE AND UNDERSTANDING OF:

- Enhanced communication skills to get along with family, friends and others
- Improved skills to make and keep friendships and relationships
- Gender differences and sexuality
- Understanding and information on changes and sexual health
- Male and female sexuality
- Ways HIV/STIs are transmitted/not transmitted
- vulnerability to HIV/STIs
- Means of protection from HIV/STIs
- Sources of help

## LIFE SKILLS

- Self-awareness
- Critical thinking
- Problem-solving
- Positive self-esteem
- Finding info/resources
- Handling emotions
- Self-discipline
- Sense of responsibility
- Refusal skills/how to say "no"
- Decision making
- Assertiveness to resist peer pressure
- Negotiation skills to ensure abstinence/safe sex

## VALUES AND ATTITUDES:

- Loyalty and commitment in relationships
- Honesty
- Friendliness
- Kindness
- Sensitivity
- Trustworthiness
- Forgiveness
- Helpfulness
- Loving and caring
- Respect for self
- Health and hygiene
- Respect for life
- Positive attitudes towards delaying sex
- Taking personal responsibility for one's actions
- The right to privacy
- Self-control
- The right to protect oneself
- The right to say "no" to peers/older person/someone in authority
- Respect for others/rights of persons infected with HIV



# Dating, infatuation and love



## FOCUS OF THE SESSION:

- Engage learners in self-discovery of difference between dating, infatuation and love
- Create awareness of own sexuality and gender differences

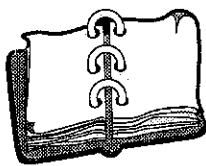


## OUTCOMES:

Learners who can demonstrate an understanding of what dating is and explain the difference between love and infatuation.

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:	LIFE SKILLS	VALUES AND ATTITUDES:
<ul style="list-style-type: none"> <li>• Enhanced communication skills to get along with family, friends and others</li> <li>• Improved skills to make and keep friendships and relationships</li> <li>• Gender differences and sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Self-awareness</li> <li>• Critical thinking</li> <li>• Problem-solving</li> <li>• Positive self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Loyalty and commitment in relationships</li> <li>• Honesty</li> <li>• Friendliness</li> <li>• Kindness</li> <li>• Sensitivity</li> <li>• Trustworthiness</li> <li>• Forgiveness</li> <li>• Helpfulness</li> <li>• Loving and caring</li> </ul>



## READING:

Information on relationships, dating and basic gender differences

In adolescence we find an increased interest in the opposite sex. Emotions are influenced by:

- ◆ Friends
- ◆ Media
- ◆ Hormone production and physical maturation.
- ◆ Expectations regarding roles and behaviour

Peer pressure also increases to start dating or become sexually active. Parents also put pressure on the adolescent to start dating/not start dating as well as choice of partners for dating

Elements of attraction are based on:

- ◆ **Physical traits** - what a person looks like
- ◆ **Behavioural traits** - the way the person acts
- ◆ **Similarities** - how much people are alike or have in common
- ◆ **Proximity** - being around someone often
- ◆ **Status** - how partner's popularity or status will help them

These elements influence us to establish a relationship with someone. Studies have shown that males place more emphasis on physical attractiveness (Nevis, 1964) and females place more emphasis on behavioural traits e.g. personality. As the relationship develops physical attractiveness becomes less important (Mc Neil and Ruben 1977)

It is quite normal to remain uninterested in the opposite sex and dating. Expectations can cause feelings of guilt and inadequacy. Groups can help to provide safety, overcome insecurity while learning how to relate to the opposite sex before feeling confident to date alone. On the other hand, not all adolescents start dating in a group.

Girls' and boys' ideas about dating can differ, but there are also some common concerns such as how to get to and from the venue, what to do, what to talk about, what to wear, who should make the first move. Most important, about dating, is for teenagers to be true to themselves - who and what they are and what they believe - to remain consistent in values, beliefs and actions!  
(From: Responsible Teenage Sexuality, 1994, pp 78-100)



## PREPARATION:

Flipchart and pens

Learner workbooks

Love and infatuation (information provided in the session, make two photostat copies to cut into single sentences)



## NEW WORDS:

**Adolescent:**

Young people, youth, teenagers, youngsters between the ages of 13 - 20 years.

**Dating:**

A casual relationship between a couple, going out together.

**Infatuation:**

A fascination, obsession, passion, love for another person without the feelings being returned, which can be intense but often of short duration.

**Love:**

A feeling of deep affection, caring for and commitment to another person.

**Ego:**

Personality, character, self-image, opinion of yourself, self-esteem.

**Jealousy:**

An emotion that results out of our own insecurities and low self esteem. Distrust, questioning

**Self-realisation:**

Achieving maximum potential.

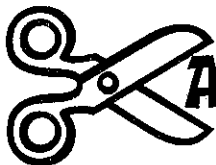
**Spiritual:**

The sense of being religious, holy, saintly, sacred, devout and/or divine.



## INTRODUCTION:

**"As you are now adolescents you may find you are becoming more interested in the opposite sex. Some of you may become more interested in dating and others not. This is perfectly normal. Some of you may start falling in love, whilst others are not interested in friendships with the opposite sex at all. But what if you are asked out on a date or what if you want to ask someone out on a date? What are your ideas about dating?"**



## ACTIVITIES:

**Dating (individual activity):** Learners complete the following self-assessment in their workbooks. Ask feedback from learners and discuss (7 min)

# SELF-ASSESSMENT ABOUT DATING AND LOVE

There are no wrong or right answers.  
Mark one or more answers that are applicable to you.



## 1. What makes you feel attracted to someone?

- The person's looks (physical beauty)
- The way the person acts (behaviour)
- How much you are alike or have in common (similarities)
- You see this person often and start to like him/her (proximity)
- This person is very popular (e.g. good in sport/academically/rich/well-known) status)

## 2. Who do you think should ask for a date?

- Boy should ask the girl
- Girl should ask the boy
- Both - whoever wants to take the other one on a date

## 3. When do you think would be the right time to ask for a date?

- After you have been friends for a while
- Seen someone and like the person without even talking to him or her
- After you have just met for the first time
- When you have a special occasion on like a wedding or birthday party

## 4. Where would you go on your first date?

- For a walk alone
- Play sport e.g. tennis
- To a place to have coffee or cold drink
- In a group to a place e.g. party
- To an outing with other friends e.g. youth group outing
- Alone to the movies
- To a restaurant or cafe
- To a dance party
- To his or her house

## 5. How would you ask for a date?

- By telephone
- Face to face in person
- By writing a note
- Asking a friend to ask
- Formal invitation like party invitation

## 6. What are you most scared of when asking for a date?

- Person will say NO and not want to go with you
- Person might laugh at you
- Think you want a lifelong commitment
- Would want something in exchange like sex

## 7. When would you like to have a sexual relationship?

- When you have been dating for some time

- ♡ Whenever you feel physically attracted to the person
- ♡ When you are older, known and love someone for some time and both wants a committed relationship e.g. marriage

### **8. Good ways to keep a boyfriend or girlfriend over time is**

- ♡ Having a friendship based on respecting each others feelings all the time
- ♡ Guarding him or her to avoid them wandering of with your best friend
- ♡ Knowing your rights and responsibilities in the relationship
- ♡ Having a sexual relationship if one of the two wants it
- ♡ Not sharing him/her with your friends and family
- ♡ Expressing love in different ways without sex
- ♡ Showing affection and understanding even in difficult times
- ♡ Inviting each other to meet their families and friends
- ♡ Always wear nice clothes and pretend to be happy and smiling

### **Dating game: (5 min)**

Get three boys (contestants for the perfect date) and one girl (looking for the perfect date) as volunteers. The girl should choose **one** person to go out on a date with. After asking the questions and getting the answers from each of the three contestants. She reads the question and each of the three boys gets a chance to answer. Persons 1 to 3 take turns to read their answers from the card given to them. Person 1 will always read the response allocated to person 1 in the answers. Each learner in class should also privately make their own personal choice of the three (no need to share with anyone)

### **QUESTIONS**

(Adapted from Be Wise, PPASA, p26)

1. **What do you think about dating?**
2. **What does dating give you a chance to do?**
3. **What would you like to do on our first date?**
4. **If you had to take someone to a wedding, who would you ask?**
5. **Who should ask who for a date, the boy or the girl?**
6. **Who should pay on a date?**
7. **Is dating a way to make new friends?**
8. **What should be the most important quality of your date?**
9. **What is most important for you in a relationship?**
10. **When do you get to know someone very well?**

## **QUESTIONS AND ANSWERS CARDS**

#### **1. What do you think about dating?**

Person 1: Dating is the only sign of true love

Person 2: Dating is a way to get to know someone of the opposite sex

Person 3: Dating is boring

#### **2. What does dating give you a chance to do?**

Person 1: A chance to be seen kissing and cuddling

Person 2: A chance to get to know your date better and find out what your date thinks

Person 3: A chance to discuss politics, news and sport

#### **3. What would you like to do on our first date?**

Person 1: Take you alone to a dance party

Person 2: Take you to a movie of your choice

Person 3: Take you for a walk on the nearest beach or park

#### **4. If you had to take someone to a party, who would you ask?**

Person 1: The most popular girl in school

Person 2: The girl I have liked for some time

Person 3: My friend's sister who lives down the street

**5. Who should ask whom for a date, the boy or the girl?**

Person 1: The boy should always ask the girl

Person 2: Whoever wants to take the other one out

Person 3: The girl should ask the boy

**6. Who should pay on a date?**

Person 1: The boy

Person 2: Each pays for him/herself or they can take turns to pay

Person 3: The girl

**7. Is dating a way to make new friends?**

Person 1: Yes, even more so if you do not know your date before the time (blind date)

Person 2: Yes, it will depend on my date's friends if we get along well

Person 3: No, dating and friendships don't go together

**8. What should be the most important quality of your date?**

Person 1: She should be very good looking to make other boys jealous

Person 2: She should be my best friend and someone I can talk to

Person 3: Should be just someone to have a laugh with

**9. What is most important for you in a relationship?**

Person 1: Touching and sex

Person 2: Friendship

Person 3: Affection

**10. When do you get to know someone very well?**

Person 1: When you kiss a lot

Person 2: When you spend time alone and talk a lot

Person 3: When you go to fun places together with other friends

**◆ Discussion:**

Ask the girl: **Which of the three boys would you choose to go out on a date and why?**

Discuss learners' feelings and ideas about dating. **What fears or problems do boys and girls have with dating?**

**Note to the educator:** Discuss the problems experienced with dating by boys or girls

**Problems boys have with dating:** girl late for date, flirts with friends, transport, being home on time

**Problems girls have with dating:** boy distrustful, leaves her alone, spends time with friends, shows off, drinks alcohol when on a date, unwanted kissing, touching or sex.

Deal with things like jealousy, which are not a measure of love but rather a degree of one's insecurity in a relationship and how unsure we are of ourselves.

**• WHAT MAKES SOMEONE POPULAR? Circle your answer (make/doesn't make)**

**WHAT MAKES SOMEONE POPULAR?**

- ❖ As a boy - smoking **MAKES/DOESN'T MAKE** one popular
- ❖ As a girl - smoking **MAKES/DOESN'T MAKE** one popular
- ❖ Clothes **MAKES/DOESN'T MAKE** one popular
- ❖ Having sex **MAKES/DOESN'T MAKE** one popular
- ❖ Being part of a group of friends **MAKES/DOESN'T MAKE** one popular
- ❖ Going to the 'right' places **MAKES/DOESN'T MAKE** one popular
- ❖ Having money **MAKES/DOESN'T MAKE** one popular

**Discussion and reflection :**

- *Are things seen the same by boys and girls?*
- *Do we have different opinions as boys and girls on popularity?*
- *Are there gender differences?*
- *How are you influenced by the environment/setting in which you live? (e.g. rural/urban/peri-urban)*
- *Are you influenced by where you live and with whom you live?*
- *How do your spiritual beliefs influence you?*

### ◆ Difference between love and infatuation:

Divide learners into four groups. Cut the following statements out as single sentences and mix the statements. Write the heading LOVE on a flip chart and on another INFATUATION. Have learners from each group paste their statements on the flip chart where they think it belongs.

**Note to the educator:** Pay attention to any differences and similarities between the groups and genders. Identify to what realisation learners have come to about love vs. infatuation. Was it easy or difficult to distinguish between love and infatuation?

### Infatuation:

- Main interest is the person's physical characteristics
- There are only a few factors that attract you to the person
- Love-at-first-sight feeling and the relationship starts fast. (Don't know anything except first good impression)
- Interest in each other comes and goes - ups and downs like peaks and valleys causing feelings of uncertainty
- Destructive and disorganizing effect on personal functioning (e.g. day dreaming, less your real self, disregard for future responsibilities)
- It stops fast (if they are sexually involved sometimes they stay together just for sex)
- Live in a one person world - neglect other things, friends, family, things that were important
- Chances are that others (parents and friends) disapprove of your relationship
- It will fade and die with distance, when away from each other (not seeing each other)
- Fights will kill the relationship and they become more regular and serious
- Each person has its own separate identity - not "us" or "couple", but me/him/me and her
- Ego response - what you get out of relationship, selfish and restrictive
- Taking from the relationship what one can get
- Jealousy is frequent and severe.

### Love:

- Main interest is the person's personality
- Many or most of the person's qualities attract you
- Relationship starts slowly and takes time to develop, quantity and quality time
- Relationship tends to even out and become a pattern over time- happy, close, dependable
- Has an constructive and organizing effect on personal functioning e.g. greater self-realization and creative expression, eagerness to love, grow and improve
- It stops slowly (Person becomes part of your life and you grow together)
- You add this relationship to all others you have - expand your world to include them and love them despite their faults)
- Usually most others (parents and friends) approve of your relationship
- It will survive separation - it may even grow, rooted in the attraction of the total personality
- Live through fights - less frequent and severe, both take time to work it out, not hurt each other
- See themselves as a unit - "we", "us", "our" - strong feelings of oneness
- Ego response tend to be unselfish and outgoing, happy when both are happy
- Sharing and giving of yourself
- Jealousy is less frequent and severe because of trust, respect and acceptance

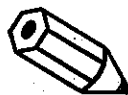
(From Responsible Teenage Sexuality, 1994, p 99 based on R E Short, 1978)



• **Discussion:**

What are the differences between love and infatuation for learners? How did the groups differ in their opinions or did they all agree? Were there gender differences or similarities? What have they learned from this activity?

◆ Closing: Tasks and questions for reflection for beyond the classroom

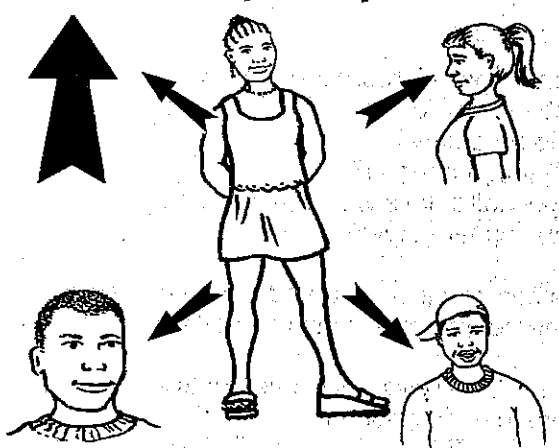
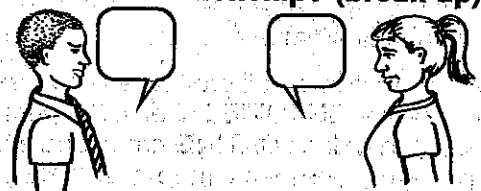


## BEYOND THE CLASSROOM:

- Read the **FRIENDSHIP ABC** - compare your own feelings about friendship and relationships with boys and girls. Write your own **ABC of DATING** or **ABC of LOVE**

<b>FRIENDSHIP ABC</b>	<b>ABC of DATING or ABC of LOVE</b>
<p>Accepts you for who you are            Believes in you            Calls you to say hallo            Don't give up on you            Envisions the whole of 'you'            Forgives your mistakes            Gives you support            Helps without asking            Invites you to places            Just 'be' with you when you need it            Keep you close at heart            Love you as you are            Makes a difference in your life            Never be judgemental            Offers support            Picks you up when you are down            Quiets your fears            Raises your spirits and make you laugh            Say nice things about you            Tells you the truth            Understands you            Values you            Walks beside you            X-plains things you don't understand            Yells at you when you won't listen            Zaps you back to reality</p> <p>(Internet - Author unknown)</p>	

• **Falling in and out of love:**

<b>FALLING IN LOVE</b>	<b>FALLING OUT OF LOVE</b>
<p><b>How do I express my love?</b></p> 	<p><b>How do I end a relationship? (break up)</b></p>  <p><b>My guidelines for ENDING A RELATIONSHIP:</b></p> <ol style="list-style-type: none"> <li>1. Feelings: .....</li> <li>2. Words: .....</li> <li>3. Time: .....</li> <li>4. Place: .....</li> <li>5. Future friendship: .....</li> <li>6. How: .....</li> </ol>

## How do I express my love to:

- Animals?.....
- Family members?.....
- Best friend of the same sex?.....
- Friend of the opposite sex?.....

- ◆ Use your own words to express FALLING IN LOVE and FALLING OUT OF LOVE e.g. one starts liking a boy/girl and then stops liking a boy/girl
- ◆ Make a RELATIONSHIP bookmark for yourself with your RIGHTS in a relationship on the one side and your RESPONSIBILITIES in a relationship on the other side
- ◆ Answer the following questions for yourself and discuss it with your best friend, parent and/or parents

- ◆ How do you feel about yourself?
- ◆ What makes a person beautiful?
- ◆ Which part of your body do you think is most beautiful/do you like most? Why?
- ◆ Which part of your body do you think is not beautiful/and do you not like? Why?
- ◆ How do you think does the way you see your body influence your self-image?
- ◆ What other things influence your self-image?
- ◆ What is the difference between sex and sexuality?



## ASSESSMENT:

Practical demonstration - the dating game is a performance assessment of learners' abilities to:

- Express their expectations about dating and love
- Share feelings and needs that are met in dating and having relationships
- Be assertive by giving their own opinions



## REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder.....
- I experienced problems with.....
- Next time I will.....
- The learners.....
- Feedback from learners.....



## ACTIVITIES FOR ADVANCED LEARNING

- ◆ Divide learners into 5 small groups and give each group one topic to discuss and feedback
  - ❖ Group 1. What **QUALITIES** should the person have that you would like to date or fall in love with?
  - ❖ Group 2. What does **DATING** mean and what do you do on a date?
  - ❖ Group 3. What does it mean to have a **RELATIONSHIP** with someone?
  - ❖ Group 4. What are your **EXPECTATIONS** of someone you fall in love with or want to date?
  - ❖ Group 5. What **DISAPPOINTMENTS** can there be when you fall in love?
- Statements completed in the workbooks on boys and girls can be discussed and debated in small groups where members should say why they agree or disagree with other learner's statements. Groups should summarise their conclusions about boys and girls
- Debate in class between boys and girls about gender issues. Give boys - girl statements and give girls boy statements and or change it around again to see differences in opinions
- Use statements and questions generated by learners to host a talk show or panel discussion - using

- outside guests e.g. from PPASA, other educators or experts
- Have a competition for poem writing/posters on dating/friendship/relationships/falling in love/falling out of love
- Have learners make a "graffiti wall" (use newsprint to cover a whole wall of the class) about dating / friendship /relationships/ falling in love/ falling out of love
- Make your own drawing/words/pictures/poems on FALLING IN LOVE vs. FALLING OUT OF LOVE e.g. one starts liking a boy/girl and then stops liking a boy/girl



# Teenage sexuality



## FOCUS OF THE SESSION:

- Engage learners in self-discovery of changes taking place in adolescence
- Create understanding of sexual development and sexual health
- Provide information on male and female sexuality and gender differences



## OUTCOMES:

Learners who are informed and understand their own sexuality and sexual development as well as that of the opposite gender.

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

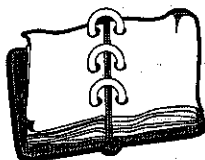
- Understanding and information on changes and sexual health
- Male and female sexuality

### LIFE SKILLS:

- Self-awareness
- Finding info/resources
- Positive self-esteem
- Handling emotions
- Self-discipline

### VALUES AND ATTITUDES:

- Respect for self
- Health and hygiene
- Respect for life



## READING:

"Sexuality is the sum of a person's inherited make-up, knowledge, attitudes, experiences and behaviour as they relate to being a man or woman. It includes those ways of behaving which enrich the personality and increase the love between people" Derek Llewellyn Jones in Teenage Sexuality, 1994, p104). "Sexuality" is a new concept versus "sex" which was a topic people don't talk about, it was singled out in the past as a special area of life that was sacred and not a subject for discussion. The importance of understanding human sexuality is appreciated nowadays and is seen as a normal part of life.

**Sexuality is a life-long journey starting at birth and continuing until death as all people are sexual beings!**

People confuse sex and sexuality:

“sex” is the physical act of intercourse and a celebration of one's sexuality

“sexuality” is the way people relate to those of the same or opposite sex (gender).



## PREPARATION:

Learner workbooks

Flip chart and pens

Pictures of boy developing into man

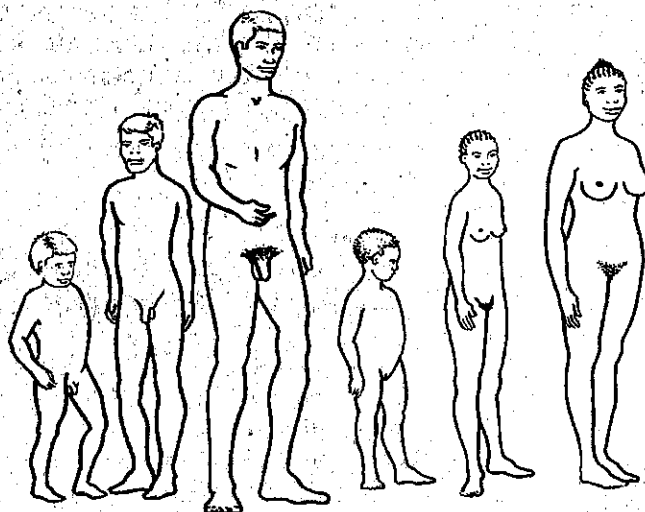
Pictures of girl developing into a woman

Heading and flipchart/cardboard for wall puzzle

Old magazines, scissors and glue

Crayons or colour pens

Prestik



## NEW WORDS:

**Gender Stereotype:** occurs when someone expects you to behave in a particular way or to do certain things because of your sex.

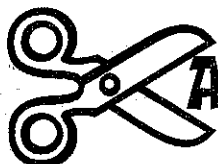
**Reproductive system:** refers to the sexual organs responsible for reproduction.

**Sexual intercourse:** when sexual organs penetrate a partners body.



## INTRODUCTION:

“Life changes so quickly and when we are small we see things differently.  
Children and adults see things differently.”



## ACTIVITIES:

**Note to the educator:** Ask learners to close their eyes. Educator should speak with a clear, slow and friendly voice. Adjust and expand this reflection if needed, but be culturally sensitive. E.g. be careful to say remember how you rode your bicycle or went on holiday to the sea - not all children have bicycles or have been on a holiday to the sea

- “REMEMBER?” reflection: Remember back when you were just a tiny little baby, perhaps you mother told you were quite a big baby! Think of how quickly you have grown up, started crawling, walking, talking, climbing and running. Remember when you started school, suddenly learning to read and write, tell stories, read books, do maths, play and do home work. Now suddenly you are in secondary school and it feels like yesterday! Think of how your body has grown over the years and how your body has changed - slowly you have grown from being a child into an adolescent getting ready for adulthood
- ◆ **Quick brainstorming:** Write the word **BOY** on the top half of the flip chart and the word **GIRL** on the bottom half a flip chart. Ask learners what words come to their minds that they immediately associate with BOY and GIRL. Fast brainstorming. Afterwards create awareness of gender differences and stereotyping by focusing on the words learners used.

Boys do not .....

Girls do not .....

Boys like to .....

Girls like to .....

Boys do .....

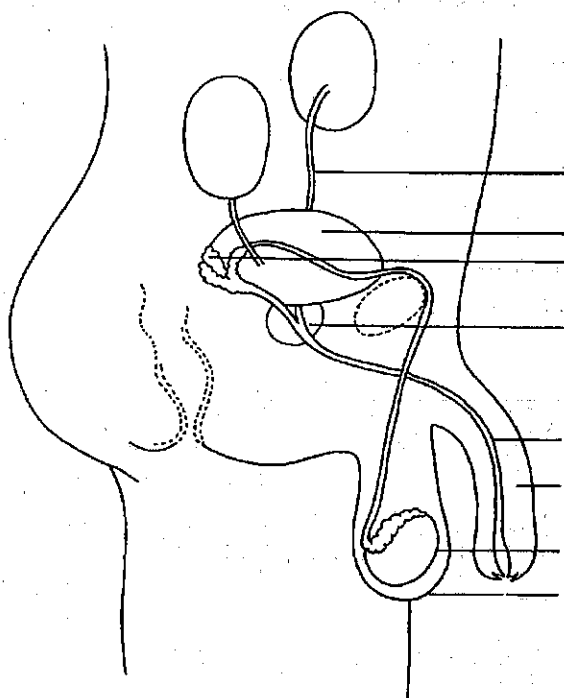
Girls do.....

- ◆ **People say you are in your puberty years or you are an adolescent. What does it mean? Do boys and girls develop and look the same? No?** Boys and girls differ e.g. physically we have female or male sex organs. Let's learn about male and female sexual development. It is important to realise that how we see and feel about our bodies (body image) forms part of our self-image and self-esteem
- Imagine a baby on the one side and your mom/dad/other adult on the other side - how does one's body change from a baby into adulthood? What body change took place over time? Refer to the pictures of **boy developing into man** and one of a **girl developing into a woman** in your workbooks. Add information on gender difference
- Divide learners in pairs and brainstorm the following question: **Is "sex" and "sexuality" the same thing? What are the differences between "sex" and "sexuality" if any?** Learners can write a note if they wish and put it in "LETS TALK ABOUT BOX"
- ◆ Refer learners to the diagram of sexuality in their workbooks. Explain "Sexuality" as an integration of their physical/ emotional/ social/ intellectual/ spiritual self - mime/drawing in book of person (no gender indicated) Explain "sex" as the act of having sexual intercourse with someone (action or deed) and "sexuality" as part of who you are. Boy or a girl refers to the gender and it is not only genitals but also the physical, emotional, social, intellectual and spiritual aspects of sexuality. Expand on other dimensions e.g. Emotional/social/intellectual/spiritual and add unit information. Sexuality is a lifelong process from the day you were born to the day you die - you are a sexual being

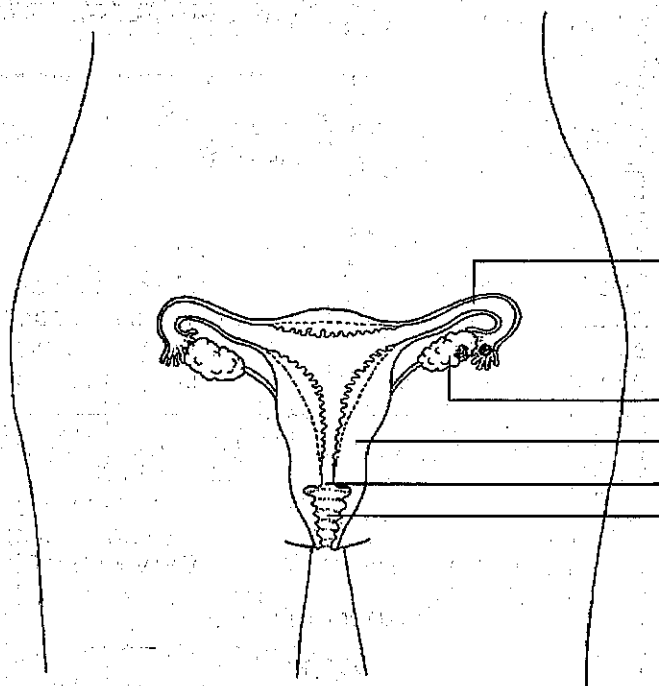
## MALE AND FEMALE SEXUAL REPRODUCTIVE SYSTEMS:

- ❖ Refer to picture of **MALE REPRODUCTIVE SYSTEM** with the terms left out/covered
- Complete the picture of the male reproductive system by explaining and writing in the missing terms. Do the same with the **FEMALE REPRODUCTIVE SYSTEM**. Use pictures of male and female reproductive systems and have learners indicate the names and clarify any questions asked.

### MALE REPRODUCTIVE SYSTEM



### FEMALE REPRODUCTIVE SYSTEM

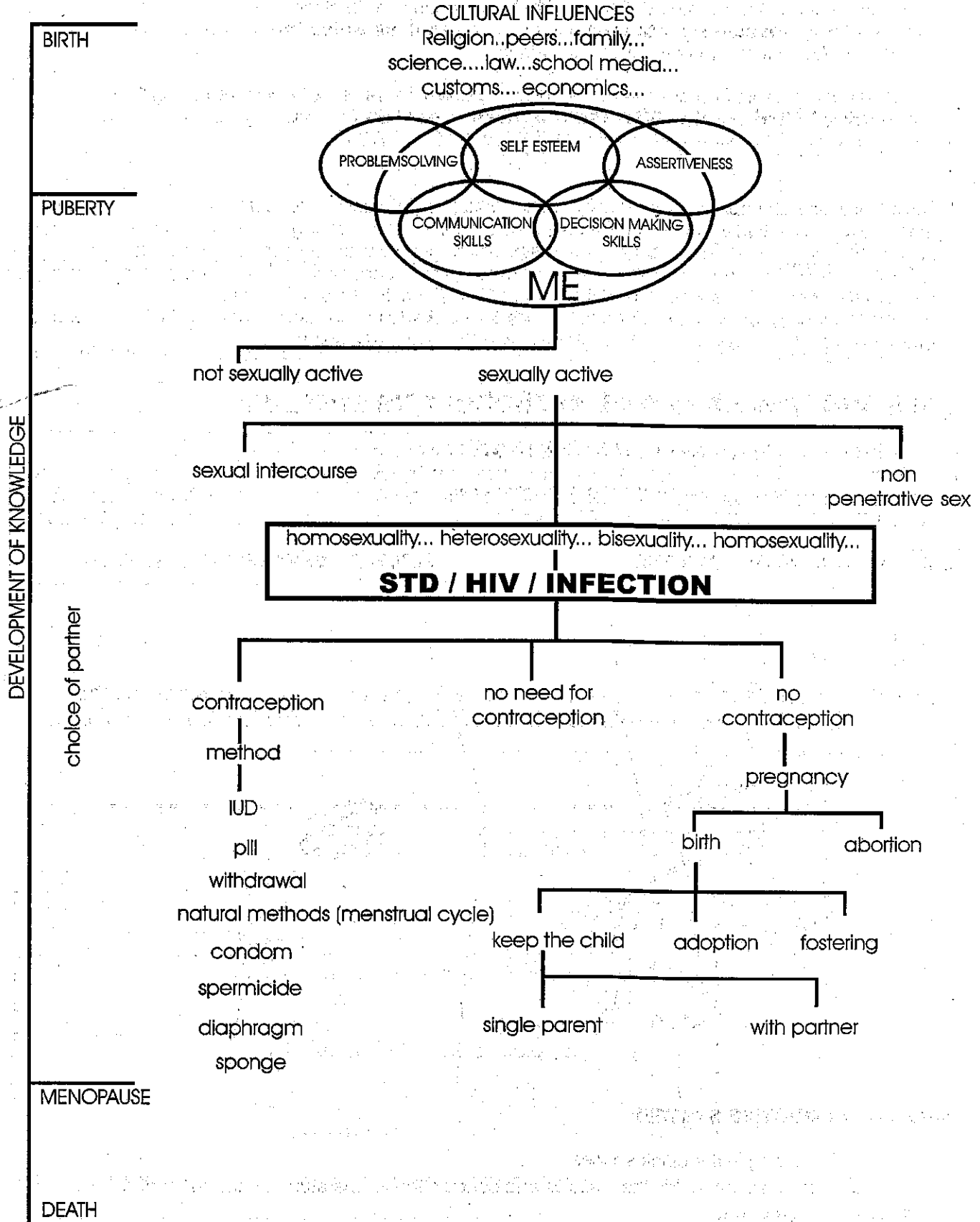


### MALE REPRODUCTIVE SYSTEM:

Fill in the words missing in the blank spaces:

1. The pouch of the skin that holds the testicles and controls the temperature for sperm production is called the **scrotum**
2. The glands that secrete fluids to carry the sperm are called **seminal vesicles**
3. The **epididymis** produce sperm and the male sex hormone (testosterone)

# DIAGRAM TO EXPLAIN SEXUALITY:



4. The **penis** is the organ through which urine and semen leave the body
5. The tube through which urine and sperm are discharged is the **urethra**
6. The tube through which sperm passes from the testicles to the ejaculatory ducts is called the **vas deferens**
7. The **testes** is the place where sperm mature and are stored

### FEMALE REPRODUCTIVE SYSTEM:

Fill in the words missing in the blank spaces:

1. The place where an unborn baby grows and develops is called the **uterus**
2. The **ovaries** produce eggs
3. The passage ways for the eggs as they make their way towards the uterus and the place where the egg may be fertilized are called the **fallopian tubes**
4. The **cervix** is the narrow, lower end of the uterus that opens into the vagina.
5. The hollow tunnel-like structure through which menstrual blood and babies leave the body is called the **vagina**

**Note to the educator:** Remind learners to fill in the correct terms in their workbook of the MALE AND FEMALE REPRODUCTIVE SYSTEMS as well as filling in the missing words in the sentences given

#### ◆ Beliefs and values:

Not only do our bodies change over time, but our views of how we see and feel about things. Our thoughts and feelings change. How we feel about friends, family and our parents. Someone wrote the following of a child's view or image of his/her parents at different ages.

### THE IMAGES OF PARENTS

- 4 YEARS OF AGE ~ My parents can do anything!
- 8 YEARS OF AGE ~ My parents knows a lot! A whole lot!
- 12 YEARS OF AGE ~ My parents don't really know quite everything.
- 14 YEARS OF AGE ~ Naturally, parents don't know that, either.
- 16 YEARS OF AGE ~ Parents? They are hopelessly old-fashioned.
- 18 YEARS OF AGE ~ Those old people? They are way out of date!
- 25 YEARS OF AGE ~ Well, they might know a little bit about it.
- 35 YEARS OF AGE ~ Before we decide, let's get my parents opinion.
- 45 YEARS OF AGE ~ Wonder what my parents would have thought about it?
- 65 YEARS OF AGE ~ WISH I COULD TALK IT OVER WITH MY PARENTS

(Internet, unknown source)

- ◆ **Beliefs on sex and sexuality:** Throw a ball/small object from learner to learner and read a statement to the learner who has the ball to complete. Use the following statements to share your **beliefs on sex and sexuality** randomly.

## WHAT DO I BELIEVE ABOUT SEX AND SEXUALITY?

- I believe** I should .....
- I believe** the most important thing in life for me is.....
- I believe** in.....
- I don't believe** in.....
- I believe** parents should not.....
- I believe** a boy should.....
- I believe** a girl should.....
- I believe** it is right to.....
- I believe** it is wrong to.....

**Where do these beliefs and values come from that influence our sexuality? Influences come from family, friends, media like radio and TV, teachers, religious leaders, famous sport stars, political leaders. Who else?**

**Note to the educator:** Divide learners in seven small groups. Explain to learners the beyond the classroom group task on this topic. This task should be done over the next three sessions and be finalised for the last session of this unit - refer learners to their workbooks and allocate a task to each group

- ◆ Have learners discuss how they see things differently and changes taking place in adolescence. Divide learners in pairs and have them discuss the following questions with their partners. Questions can be written on flip chart before the time or refer to workbooks (5 min.) Integrate general feedback.

### QUESTIONS FOR DISCUSSION:

- What is the most difficult thing about growing up for you?
- What part of being your age worries you most?
- Who do you go to with questions about your changing body and changing feelings?
- What things do you look forward to in growing up?
- What would you tell a younger brother or sister if they ask you what to expect about puberty?
- Who would you rather listen to - your friend or your parents? Why?
- Closing: Refer learners to the beyond the classroom tasks

**THINK ABOUT:** Does having a mature reproductive system mean that a person is ready in every other way to have sex? Why or why not? Discuss with parents and or close friend in your own time



## BEYOND THE CLASSROOM:

- ◆ Complete activities in workbook on MALE AND FEMALE REPRODUCTIVE ORGANS
- ◆ Learners should think what or who were the biggest influences in their life and why. Think of individuals, groups, experiences and what they have learned. Have learners write their own personal motto, saying or creed.
- ◆ Learners should look at the way they see themselves (body, face, hair, eyes and everything as if they are standing naked in front of a mirror) Learners should think and write how they feel about their bodies and their own sexual development.
- ◆ THINK ABOUT: Does having a mature reproductive system mean that a person is ready in every other way to have sex? Why or why not? Have learners discuss it with parents/significant others or a close friend.





## BEYOND THE CLASSROOM:

### GROUP TASK:

This activity will extend over the next three sessions and each group will display their final "puzzle" at the start of session 2.5. The wall should become like a "puzzle" with space enough for each learners/ group's flipchart puzzles joined under this one heading **"THE WORLD MOVES AND CHANGES SO FAST"**. After learners have been divided in seven small groups, each group receives their instruction. It is about group work and participation. Learners can bring information/pictures along to put up on board over the next three sessions

#### ◆ Where do beliefs and values come from that influence our sexuality?

Influences come from family/friends/media like radio and TV/teachers/religious leaders/famous sport stars/political leaders. Focus on how life constantly change with regard to myself, my family, friends, school, friends, community, what we are told through the media. Learners should make a wall puzzle under the heading: **"THE WORLD MOVES AND CHANGES SO FAST"**

**1. BELIEFS AND VALUES** - e.g. apartheid, where we are now, religion, 11 different languages, the "rainbow nation", peace, safety, respect for different cultures, religions, races? What do I VALUE and BELIEVE? Do this as a collage or drawing of BELIEFS AND VALUES, use pictures/drawings/ words of BELIEFS AND VALUES to make this flip chart. Afterwards cut the flip chart in four pieces and put it as a puzzle on the wall

**2. ME MYSELF** (heading) Make a collage or drawing of how do I see myself? Use pictures / drawings of physical/ emotional self - one's body/legs/eyes/hair etc to make this flip chart. Afterwards cut the flip chart in four pieces and put it as a puzzle on the wall

**3. MY FAMILY** (time and now) - How do I see MY FAMILY? Do this as a collage or drawing of MY FAMILY, use pictures/drawings/words of MY FAMILY to make this flip chart. Afterwards cut the flip chart in four pieces and put it as a puzzle on the wall

**4. MY FRIENDS/PEERS** - How do I see MY FRIENDS/PEERS? Do this as a collage or drawing of MY FRIENDS, use pictures/drawings/words of MY FRIENDS to make this flip chart. Afterwards cut the flip chart in four pieces and put it as a puzzle on the wall

**5. MY SCHOOL.** From the age of 7yrs children have a right to have an education whether rural/ private/home schooling/public. Do this as a collage or drawing; on how do I see MY SCHOOL? Use pictures, drawings, and words of MY SCHOOL to make this flip chart. Afterwards cut the flip chart in four pieces and put it as a puzzle on the wall

**6. THE COMMUNITY** - living conditions/housing/HIV and other issues. How do I see THE COMMUNITY I live in? Do this a collage or drawing of THE COMMUNITY, use pictures/drawings/ words of THE COMMUNITY to make this flip chart. Afterwards cut the flip chart in four pieces and put it as a puzzle on the wall

**7. THE MEDIA** - newspapers/books/since we have electricity, a lot of electronic media e.g. TV/ Internet/DSTV (satellite TV) and also computers/cell phones etc. We are bombarded with information and messages influencing us. How do I see THE MEDIA? Do this a collage or drawing of THE MEDIA, use pictures/drawings/words of THE MEDIA to make this flip chart. Afterwards cut the flip chart in four pieces and put it as a puzzle on the wall



## ASSESSMENT:

**Note to the educator:** THE SEXUALITY GAME BOARD USED IN SESSION 1.5 SERVES AS A OVERALL ASSESSMENT OF THE UNIT

# REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....



## ACTIVITIES FOR ADVANCED LEARNING

- Discuss the topics of how learner's as young people are influenced by other changes around you with regard to yourselves, family, friends, community, school, beliefs and values as a talk show
- Have a debate or panel discussion on THE POSITIVE VS. NEGATIVE INFLUENCES of family, friends, community, school, beliefs, values and media on learner's
- Have each learner make a A4 "collage" of one of the topics yourself, family, friends. Community, school, beliefs, values and media. Put it on the wall as "THE WORLD MOVES AND CHANGES SO FAST"
- Have each learner write their own life story from when they were born up to where they are now, recording important happenings, physical changes, important people, experiences and influences in their lives (or draw it as a picture story alternatively)



## Diseases, STIs/HIV and AIDS



### FOCUS OF THE SESSION:

- Develop understanding of diseases and specifically sexually transmitted diseases (STIs)
- Increase learners' knowledge of how sexually transmitted diseases, including HIV/AIDS are transmitted
- Promote self-awareness to help learners make informed decisions about abstinence and safer sex



### OUTCOMES:

Learners who can demonstrate an understanding of and participate in activities to show that they have accurate knowledge about STIs and HIV/AIDS.

# KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

## KNOWLEDGE AND UNDERSTANDING OF:

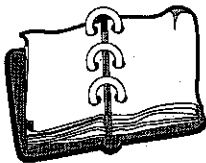
- Ways HIV/STIs are transmitted/not transmitted
- Personal vulnerability to HIV/STIs
- Means of protection from HIV/STIs
- Sources of help if needed

## LIFE SKILLS:

- Self-awareness
- Finding info/resources
- Sense of responsibility
- Refusal skills/how to say "no"
- Decision making
- Assertiveness to resist peer pressure
- Negotiation skills to ensure abstinence/safe sex

## VALUES AND ATTITUDES:

- Positive attitudes towards delaying sex
- Taking personal responsibility for one's actions
- Privacy : the right to privacy
- Respect for self
- Self-control
- The right to protect oneself
- The right to say "no" to peers/older person/someone in authority
- Loyalty and commitment in relationships
- Health and hygiene
- Respect for others/rights of persons infected with HIV



## READING:

Read the information provided for this unit



## PREPARATION:

Learner workbooks  
Flip chart and pens

Six A4, scrap papers. Write on page one GERM on one side and HIV (Human Immuno Virus) on the other side, on the rest of the papers write BODY, WHITE BLOOD CELL ONE, T-CELL, WHITE BLOOD CELL TWO, WHITE BLOOD CELL THREE respectively



## NEW WORDS:

- Menstruation:** Starts in girls between ages of 9 and 17. Hormones stimulate the ovaries to produce more hormones which bring on the ripening of eggs and the menstrual cycle. Menstruation are also an indication that the girl can become pregnant.
- Masturbation:** The pleasurable stimulation of the sex organs that result in sexual arousal. Masturbation includes an individual stimulating his or her own sex organs or another person's. Masturbation is natural and it helps release sexual tension. The decision to masturbate is based on personal value, beliefs and preferences.
- Syndrome:** Group of concurrent symptoms (signs) of disease.



## INTRODUCTION:

"We are going to learn about diseases which are caused by small organisms called germs. What types of germs do we get? (allow responses) Viruses, bacteria and other germs such as protozoa are examples of different types of germs - like cars have different models and makes. Colds for instance, are caused by one type of germ, measles by another type and tuberculosis (TB) by yet another."

# ACTIVITIES:

- ◆ Do a fishbowl activity in the following way - have three to five chairs grouped in the front/middle of the class (like fishes in the bowl, rest are observers surrounding them, looking at fishbowl). First three to five learners have to answer the question read to them by the educator, they discuss and answer briefly. Each of the five learners then taps another learner from the circle on the shoulder to replace him/her. The next questions are read to the new group of learners ("fishes"). Learners rotate quickly all the time - as if it is a "hot seat" everyone gets a turn and the educator add information as needed to help provide correct information.

## Questions:

### 1. How do "germs" get into our bodies?

Germs/viruses have been around for thousands of years. A virus can't live on its own. It needs human cells to live and grow. Usually your immune system is able to protect you by keeping viruses under control so that you do not become sick. Germs get into our bodies by passing through any opening, for example, our nose, mouth, cut on hand or foot, putting an object in your mouth, touching objects like door knobs or handling money, rubbing your eyes, shaking hands, breathing in air to name a few.

### 2. How can we prevent getting diseases?

By washing our hands and bodies regularly with soap and water, avoiding close contact with people who are sick like coughing or sneezing, keeping our fingers and other objects out of our mouths, we can prevent some germs from entering our bodies. When you are sick try not to pass germs to others, rather use a tissue when you cough/turn your head away, and avoid close contact with others.

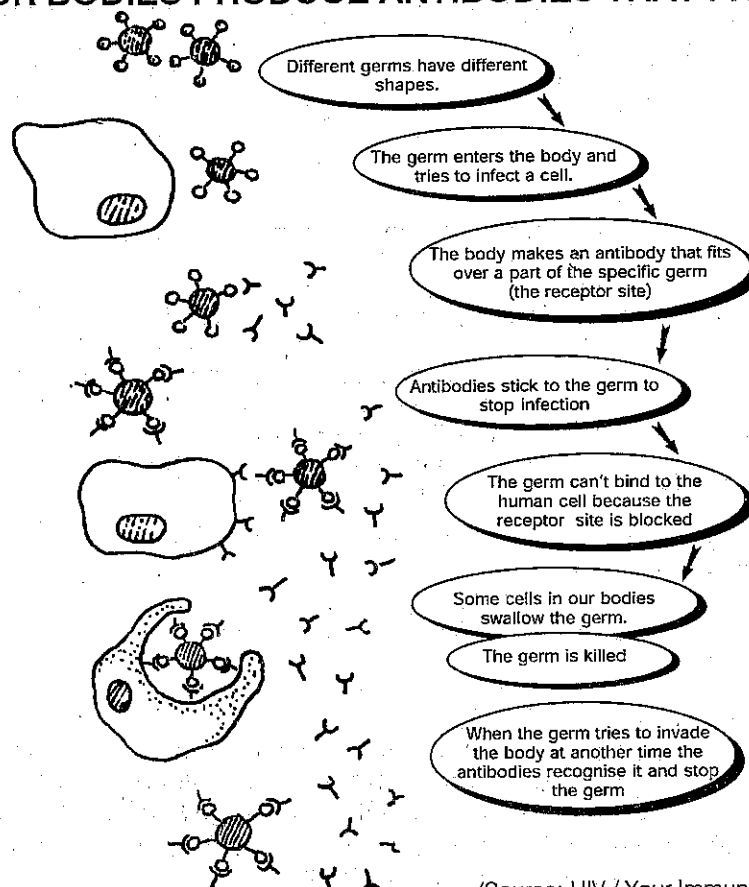
### 3. What is the link between HIV and TB?

TB is a disease that is often seen together with people who have HIV. TB is transmitted from person to person through close contact like coughing or sneezing, it causes lots of complications when both TB and HIV affects a person. TB can be cured even when someone is HIV-positive.

### 4. What happens to the germs after they enter our bodies?

When germs, that cause a particular disease, enter our body, we say you have been exposed to that

## HOW OUR BODIES PRODUCE ANTIBODIES THAT FIGHT GERMS



(Source: HIV / Your Immune System an Illustrated Guide)

disease. Whether the germs actually cause the disease depends on the number of germs, strength of the germs and the body's ability to fight of the germs. Our immune system fights the germs and frequently works so well that it kills most germs before they can make you sick. When you do get sick, the immune system fights the germs and helps you get well. Particularly our white blood cells as part of our immune system are the ones, which fight disease. Like body soldiers they respond to the T-helper cells that act as the generals of the soldiers telling them when to start the attack and when to stop. The immune system also forms "antibodies" like special soldiers to fight those particular germs and disease.

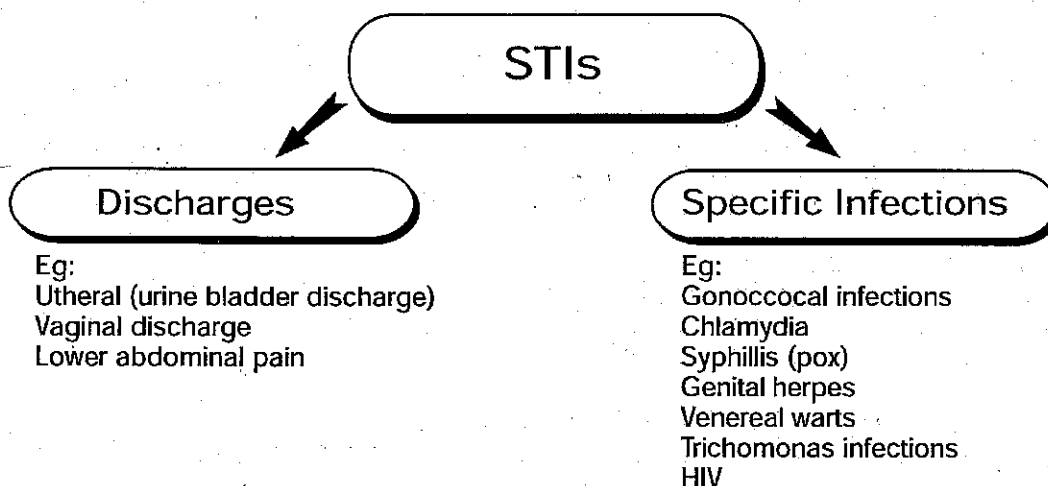
**5. Are there other types of germs and diseases that can be transmitted in other ways?**

YES, there are germs that are not passed by coughing, sneezing or shaking hands. These germs live in blood or certain body fluids such as blood, semen or vaginal secretions. They are passed from one person to another through an exchange of certain body fluids such as blood, semen or vaginal secretions. These diseases are called sexually transmitted infections (STI's) because sexual intercourse is a major way in which the infections are transmitted from one person to another.

**6. Do you know what STI's stands for?**

It stands for Sexually Transmitted Infections. STI's are infections caused by germs that can be passed from one person to another during sex. As we get different types of childhood diseases, like measles, chicken pox etc. in the same way we get different types of STI's.

**STIs CAN BE DIVIDED INTO 2 GROUPS**



**7. Can you name some STI's? (Get feedback, write it on the flipchart and say it aloud while writing)**

- **Syphilis (pox is another name for it)**
- **Gonorrhea (clap or drop are other names for it)**
- **Herpes (genital)**
- **Chlamydia**
- **Chancroid**
- **HIV/AIDS**

**8. All of these STIs are potentially harmful, which one of the mentioned STIs is most harmful and why?**

It is HIV/AIDS, because there is no cure for HIV, the Human Immune Deficiency Virus that causes AIDS. The other STI's can be treated and cured we will discuss this later. HIV destroys the body's immune system, the system that fights of germs. When the immune system is weakened, the body gets sick more easily and has more difficulty getting well. The immune system of someone who has HIV becomes so weakened over time that the person finally dies from other illnesses caused by germs that a person without AIDS would have been able to fight off quite easily. HIV causes AIDS, AIDS stands for Acquired Immuno Deficiency Syndrome. Syndrome means a collection of diseases, because HIV opens the door for other germs and illnesses that the immune system then cannot fight.

There is no cure for HIV - it can take between three and seven years and sometimes longer for a person to develop AIDS. During this time, the person can be in good health, with no or few symptoms; therefore we call it the "asymptomatic phase". The person can look healthy like you and me, you cannot "see" if somebody is HIV positive. The only way to know if someone is HIV positive is through having a blood test.

**9. What are the signs and symptoms of STI's?**

You may have an STI if you have one or more of the following symptoms:

- Pus or smelly discharge coming out of the vagina or penis
- Blisters, sores or warts on the penis or vagina
- Pain or burning when urinating
- Pain during sex

- Pain in lower abdomen
- Unusual swelling near the penis or vagina
- Itching on or near your genitals

#### 10. What does syndromic management mean?

STI's are divided in the 2 groups according to the signs and symptoms that show when infected. The 2 groups are discharges and specific infections. Syndromic management means the treatment of the infection according to the groups of symptoms that an infected person has. In other words, treatment of the infection is not based on one sign or symptom of infection but more than one symptom. Treatment given at clinics is based on symptoms for discharges or symptoms for specific infections.

#### 11. What should someone do if he or she thinks they have a STI?

- Go to the nearest clinic, doctor or hospital for treatment.
- Get the necessary treatment, which can be pills, creams and sometimes an injection.
- Finish the treatment.
- Inform sexual partner of the STI because the sexual partner also needs treatment.
- Not have sex during treatment.
- Attend follow-up visits to clinic, doctor or hospital until treated.
- Avoid becoming infected in future through prevention as STI's and HIV/AIDS can be prevented.
- Most STI's are treatable but not all are curable. HIV is an STI that cannot be cured.

#### 12. How can STI's or HIV infection be prevented?

The only two sure ways of preventing a STI or HIV infection is through:

1. **Abstinence:** not having penetrative sex at all (When sexual organs penetrate a partners body) or
2. **Safer sexual behaviour** (e.g. using condoms - but we will discuss prevention in more depth in later sessions). If we can understand how we get sick (infected) then we can know how to protect ourselves from disease.

#### Practical demonstration/role-play

We need to understand how we get sick (infected) to know how to protect ourselves from disease and infection. Let us do a demonstration:

- ❖ Ask 6 volunteers to demonstrate HOW WE GET SICK - use demonstration where learners act whilst educator gives instruction. Learners do what they hear the educator telling them what to do (demonstrate/act out the story)
- ❖ Give each learner a A4 paper with the following written on it to hold in front of them:
  1. GERM
  2. BODY
  3. WHITE BLOOD CELL ONE
  4. T-CELL
  5. WHITE BLOOD CELLS TWO
  6. WHITE BLOOD CELLS THREE

#### Demonstration one

GERM attacks BODY standing there with "soldiers" (WHITE BLOOD CELLS) around it and pushes BODY out of way onto the ground. WHITE BLOOD CELL ONE screams, "who goes there! Help a stranger! Help! T CELL screams Attack!! WHITE BLOOD CELLS TWO AND THREE storm in and kills GERM (fall to ground) and picks BODY up (GERM is dead and BODY is healthy again)

- ❖ Give each learner a A4 paper with the following written on it to hold in front of them:
  1. GERM turn paper to other side to become HIV (Human Immuno Virus)
  2. BODY
  3. WHITE BLOOD CELL ONE
  4. T-CELL
  5. WHITE BLOOD CELL TWO
  6. WHITE BLOOD CELL THREE

Change from normal GERM into HIV - Ask learners what is this and let them do the demonstration again on instruction from the educator. This is what happens when HIV comes along and enters the body

#### Demonstration two

HIV comes towards BODY, WHITE BLOOD CELL ONE screams "who goes there/a stranger help!" and tries to protect BODY, HIV pushes him out of the way and gets to BODY, HIV attacks and holds onto BODY, T-CELL scream "ATTACK". Before he can get help HIV grabs T-CELL and pushes him down. WHITE BLOOD CELLS TWO and THREE - also falls to the ground and look scared, all three WHITE

BLOOD CELLS lie on the ground as well as T-CELL. HIV marches around and shouts **I am the boss around here - BODY belongs to me now - go home there is no more work for you here.** HIV pushes them out, turns around and pretends to kick at T-CELL and WHITE BLOOD CELLS. Takes BODY away and invite all other "GERMS" (take new learners from their seats to become GERMS) to come and attack BODY - until BODY lies still and is dead. BODY dies because of all the GERMS and not having T-CELLS and WHITE BLOOD CELLS to kill the GERMS

**Note to the educator - explains HIV opens the door to other diseases. In the end one dies of collection of diseases, it is like soccer - having a goal post without a goalie - no defense, anyone can come in**

◆ **HIV and AIDS:**

Divide learners in three groups and give each group a question to discuss and feedback (5 min)

**Group 1: What is the difference between HIV and AIDS?**

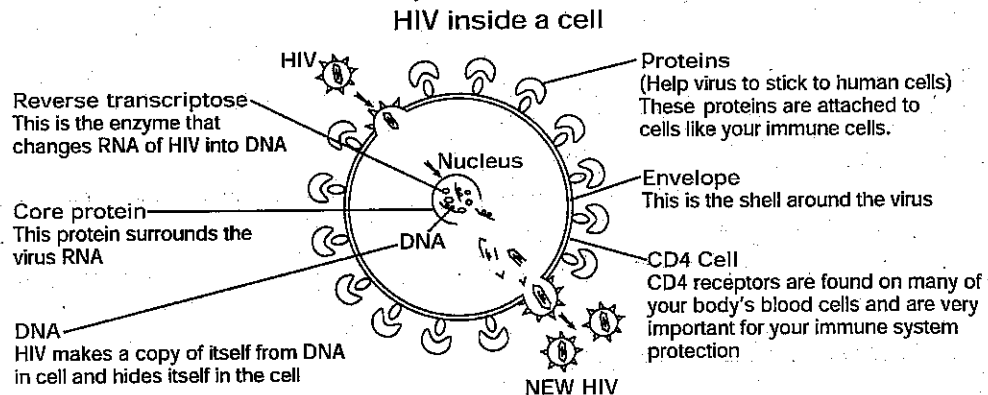
**Group 2: What are the symptoms of AIDS?**

**Group 3: How can one know if someone is HIV positive?**

**Feedback and discussion:** Although some of the following information may seem too complex for learners – it is important to have an idea of how the HIV infection harms the body. The following graphics are included for the educator.

**1. What is the difference between HIV and AIDS?**

HIV is a kind of virus called a retrovirus. It uses the cells in your body to make more viruses. HIV means you have the Human Immune Virus in your body, HIV develops into AIDS over time, we call it stages. AIDS means when you become sick and die due to a collection of diseases because HIV has affected your immune system so much it cannot fight diseases anymore.



**Stages of AIDS:** Here is a description of and how HIV affects and infects a person's body.



**FIRST STAGE: Infected, but no symptoms, feeling healthy:**

- ◆ Looks well as usual, doesn't look or feel sick. Is called the asymptomatic period (no symptoms).
- ◆ Virus enters the body and starts attacking the immune system.
- ◆ The virus attacks the T4 – helper cells (they are like the chief of the immune system).
- ◆ The immune system therefore cannot produce effective antibodies to fight the virus.
- ◆ HIV destroys the T4 – helper cells and in the process reproduces more HIV over some years.



**SECOND STAGE: Start becoming sick**

- ◆ A lot of T4- helper cells have now been destroyed (this could take about five years – sometimes longer).
- ◆ The immune system is now weakened so that it cannot fight other diseases or germs.
  - ◆ The body starts suffering from different illnesses and the person feels tired and is sick more often.

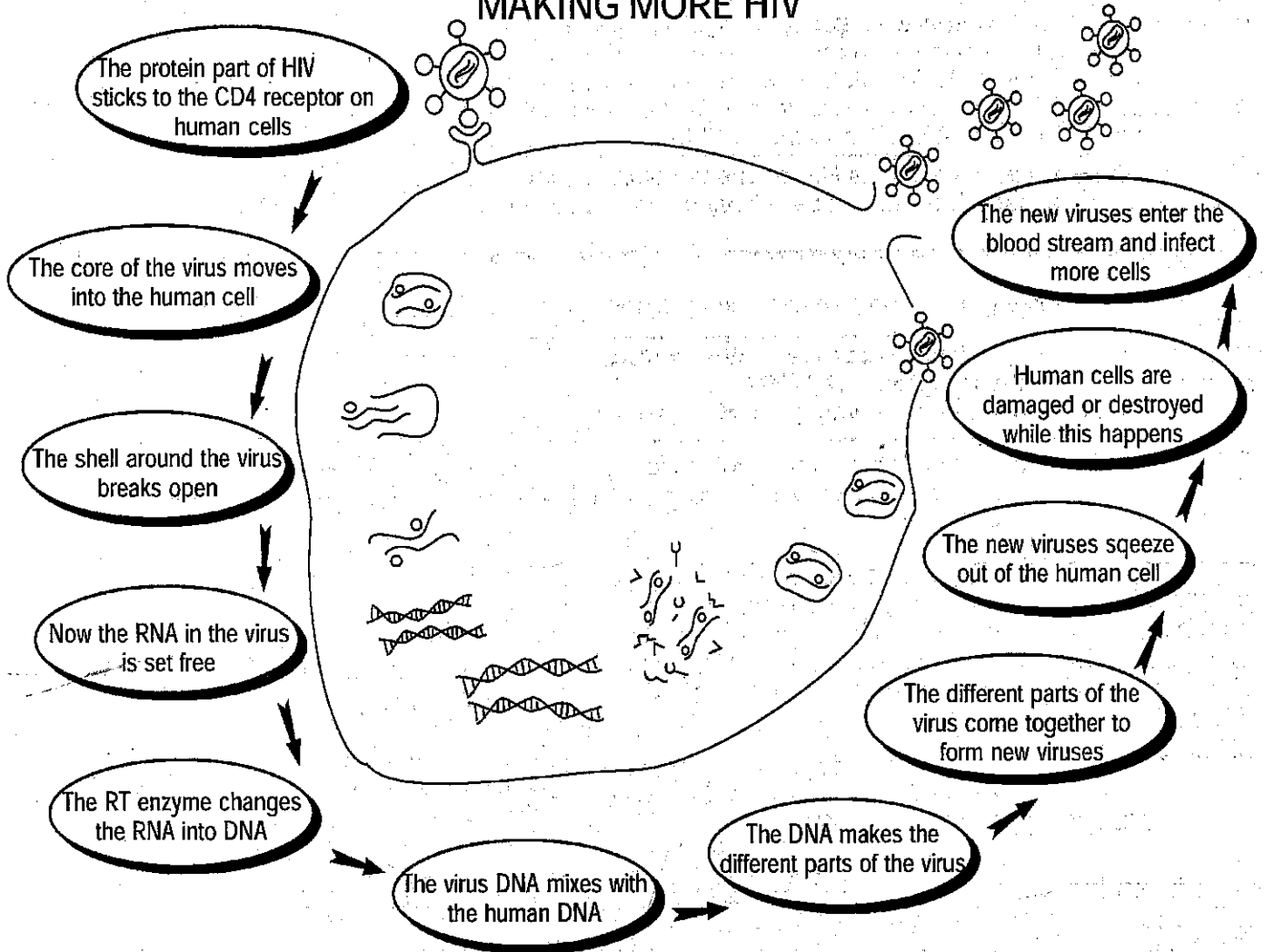


**THIRD/FINAL STAGE: Seriously ill and dying**

- ◆ In this stage most of the T4- helper cells have been destroyed and the immune system is no longer effective
- ◆ The body has no defense against diseases so all kinds of infections and cancers start in the body
- ◆ HIV has now turned into full-blown AIDS.

**Remember many of these symptoms can also be true of flu or colds and does not mean you are HIV infected.**

## MAKING MORE HIV



(Source: HIV / Your Immune System an Illustrated Guide)

### AIDS stands for:

**Acquired**=get from someone else **Immune**=virus affects the immune system, **Deficiency**= immune system is weakened, **Syndrome**=a collection of diseases (This is why the **S** in **AIDS** stands for **syndrome** - a collection of diseases as seen above)

## 2. What are the symptoms of AIDS?

- ◆ AIDS has the following symptoms:

(This is why the **S** in **AIDS** stand for **syndrome** – a collection of diseases as seen above)

- ◆ Treatment can only relieve the symptoms of AIDS and control infections and pain.
- ◆ There is **NO CURE** for AIDS but some medications can help prolong life if the person leads a healthy lifestyle
- ◆ In the end people with AIDS become weaker and weaker and eventually die of any of the above mentioned illnesses

People having STIs are at higher risk of getting HIV because the virus is sexually transmitted and can easily pass into their bloodstream through openings created in the skin by sores, rashes or ulcers



# SYMPTOMS OF AIDS

## Eye conditions

- poor vision

## Mouth conditions

- cold sore
- thrush
- tongue
- gum infections
- gland enlargement
- difficulty eating

## Respiratory conditions

- pneumonia
- coughing
- short of breath
- chest pains
- tuberculosis
- blocked nose

## Enlarged spleen/liver

## Gastro-intestinal conditions

- diarrhoea
- pain
- difficulty swallowing

## Muscle problems

- wasting of muscles

## Central nervous system problems

- memory loss
- personality changes
- severe weakness
- fits
- meningitis
- headaches
- depression
- headaches

## Lymph nodes

- swelling in neck, armpits

## Skin condition

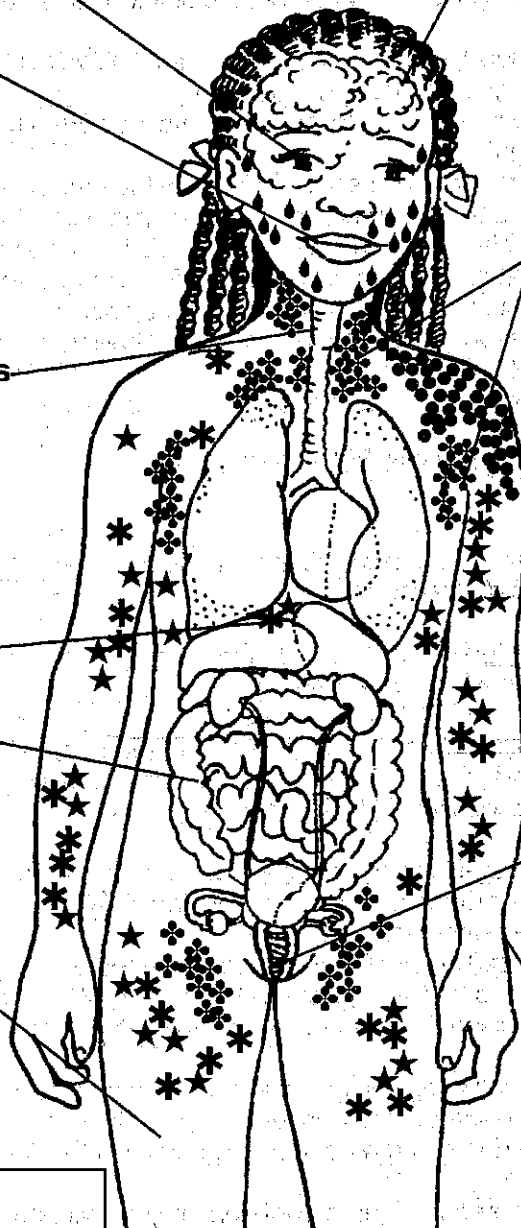
- skin rashes
- itching
- warts
- eczema
- shingles
- warts
- fungal infections
- sepsis
- skin cancer

## Hands and Feet

- thrush
- abscess/discharges
- swelling of lymph in groin

## Peripheral neuropathy

- Pins and needles/numbness
- shooting pains in hands and feet



- ✚ Lymph system
- sweat
- ✳ Skin - blue spots on the skin, especially legs & arms
- ★ Skin - blue spots on the skin, especially legs & arms
- skin - severe skin rashes

## General problems

- weight loss (greater than 10% body weight)
- persistent unexplained fever and night sweats
- lack of energy: weakness, tiredness
- cancer
- chronic infection

### 3. How can one know if someone is HIV positive?

#### HIV TESTING:

- ◆ Because one cannot see the virus or might not have any symptoms for many years, **there is only one way to know if a person has the AIDS virus, it is to have a blood test done.**
- ◆ When HIV enters the body, the body starts producing anti-bodies. It takes the body between six to twelve weeks to produce antibodies enough antibodies that can be detected in the blood to show that you are HIV-positive (we call this 3 month period the **window period**)
- ◆ The antibodies unfortunately cannot fight off the virus, but the antibodies remain in your bloodstream for the rest of your life.
- ◆ If you have HIV antibodies in your blood, the test will show you are **HIV POSITIVE**. It means you have the HIV-virus in your body and your status is **HIV positive**.
- ◆ If you have **NO** HIV antibodies in your blood, the test will show you are **HIV NEGATIVE**, you do not have HIV and your status is HIV negative
- ◆ During the "**window period**" the test might be negative although the person is HIV infected. If a person feels worried and wants a test soon after having unprotected sex, it is better to wait three months before having the test done. You are still able to transmit the HIV virus during this time.
- ◆ The test can be done at some hospitals, doctors or clinics. AIDS Training, Information and Counselling Centres (ATICC) are found throughout South Africa in about 20 major cities.
- ◆ It is important to talk to a trained person (have counselling) before having a HIV test to anticipate how to cope. After having the test done counselling is also very important to deal with the test result. If you are HIV positive ongoing counselling is recommended to help you cope with living with HIV.

### 4. What do we need to know about HIV testing?

#### 4.1 Type of HIV tests:

There are 3 tests available to confirm if you have HIV in your blood stream. The **ELISA** test, the **WESTERN BLOT** test and the **Rapid HIV test**.

#### 4.2 All HIV testing must include:

- Informed consent – this means that the person understands and agrees to an HIV test.
- Pre-counselling to inform the person what the test is, why it is necessary, the benefits, risk, alternatives
- Post-counselling is the counselling provided when a person receives his/her HIV test results and will address things such as the window period. If positive the persons feelings, fears, who to share the results with etc. can be discussed with the counsellor.

#### 4.3 Legal rights and HIV testing:

- No person may undergo any medical testing or treatment without their informed consent. This means that the person is entitled to information on the test before they give their consent to the test. Pre-test counselling should be done before HIV testing
- A parent or guardian must consent on behalf of a child under the age of 14.
- A person who is 14 years of age or older may consent to HIV testing. Where children are able to consent on their own they must be given the test results and this information may not be given to their parents without consent.
- Every person is entitled to confidentiality regarding medical treatment or testing. HIV results may not be disclosed to any other person without the consent of the patient.
- HIV test results may not be used to determine a person's HIV status if this information is to be used to discriminate against him/her.
- There are legal consequences if a person's right to confidentiality are violated.

❖ **Closing:** "There are many ways you can get a cold. You can do things to reduce your risk, but chances are you will still on occasion, get a cold. It will be uncomfortable but you will get well soon. It is much harder to get HIV/AIDS or other STIs than a cold and you can avoid becoming infected with HIV. You cannot catch a STI or HIV, the virus is transmitted from person to person. By learning about and practicing ways to avoid getting STIs, you can make prevention part of your life. In following sessions we are going to learn ways that HIV is transmitted and NOT transmitted

Refer learners to the questions for reflection:

- ❖ **What behaviours will put me at risk of getting STI/HIV infected?**
- ❖ **How can we protect ourselves from infectious diseases like STI's and HIV?**
- ❖ **Where and who would I go to for help?**

Discuss this with parents, significant others, friend: STIs and HIV transmission



## BEYOND THE CLASSROOM:

- Do the following columns match and fill in the missing words:

<ol style="list-style-type: none"> <li>1. Some diseases are caused by ..... e.g. like AIDS</li> <li>2. When we can get an illness from someone else - we say it is an ..... disease like measles</li> <li>3. When we cannot get a disease from someone else - we say it is an ..... disease like cancer</li> <li>4. .... is an infectious disease</li> <li>5. Most diseases can be ..... and the person will recover</li> <li>6. Most child diseases like measles etc. are easy to treat and do not have serious .....</li> <li>7. .... is short for Sexually Transmitted Infections</li> <li>8. Our ..... system helps us fight diseases</li> <li>9. Red blood cells carry ..... and give blood its red colour</li> <li>10. White blood cells fight germs that get into our bodies and make.....</li> <li>11. AIDS cannot be .....</li> <li>12. The virus causing AIDS is in the ..... of the infected person</li> </ol>	IMMUNE, OXYGEN, BLOOD AND BODY FLUIDS ANTIBODIES, INFECTIOUS, NON-INFECTIOUS, VIRUSES, AIDS, TREAT, OUTCOMES, STI, CURED,
---	---

Key for columns match: VIRUSES, AIDS, INFECTIOUS, NON-INFECTIOUS, TREAT, OUTCOMES, STI, IMMUNE, OXYGEN, ANTIBODIES, CURED, BLOOD AND BODY FLUIDS

Discuss the following with parents/significant others and or friends and write your own conclusions:

- ❖ *What behaviours will put me at risk of getting STI/HIV infected?*
- ❖ *How can you protect yourselves from infectious diseases like STIs and HIV?*
- ❖ *Where and who would I go to for help?*



## ASSESSMENT:

**Note to the educator:** THE SEXUALITY GAME BOARD USED IN SESSION 1.5 SERVES AS OVERALL ASSESSMENT OF THE UNIT



## REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....



## ACTIVITIES FOR ADVANCED LEARNING

- Use information to make overheads e.g. signs and symptoms of STIs and treatment of STIs
- Discuss questions and answers to make sure learners have the correct information and understanding of STIs and the link with HIV/AIDS.
- Give learners small group assignments e.g. give some of the questions to each group one to present to the rest of the class at a next session and provide information for their own research.
- Do an opinion poll with as many people possible e.g. from discussion with parents/significant others/teachers/ministers/community leaders/health professions/departments and friends about STIs and HIV transmission – How can we protect ourselves from infectious diseases like STIs and HIV? Put feedback together in class on joint flip chart as a strategy.
- Make posters with these messages on to be put up at school for other learners to see
- Have learners make their own resource list on flip chart of nearest people/places and organisations in the community to get help from.



# Risk behaviour



## FOCUS OF THE SESSION:

- Increase learners' knowledge of how sexually transmitted diseases, including HIV/AIDS are transmitted
- Assist learners in analysing and identifying behaviours that increase the risk of transmitting HIV/STDs
- Promote self-awareness to help learners make informed decisions about abstinence and safer sex



## OUTCOMES:

Learners who can identify risk behaviour and situations and make responsible decisions about sex.

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

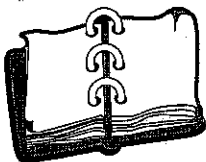
- Ways HIV/STIs are transmitted/not transmitted
- Personal vulnerability to HIV/STIs
- Means of protection from HIV/STIs
- Sources of help if needed

### LIFE SKILLS:

- Self-awareness
- Finding info/resources
- Sense of responsibility
- Refusal skills/how to say "no"
- Decision making
- Assertiveness to resist peer pressure
- Negotiation skills to ensure abstinence/safe sex

### VALUES AND ATTITUDES:

- Positive attitudes towards delaying sex
- Taking personal responsibility for one's actions
- Privacy : the right to privacy
- Respect for self
- Self-control
- The right to protect oneself
- The right to say "no" to peers/older person/someone in authority
- Loyalty and commitment in relationships
- Health and hygiene
- Respect for others/rights of persons infected with HIV



## READING:

Read the provided information for this unit



## PREPARATION:

Learner workbooks  
Flip chart and pens



# NEW WORDS:

## Risk behaviour:

Refers to behaviour that might lead to danger, getting hurt or hurting others and causing problems or unhappiness.

## Safer Sex:

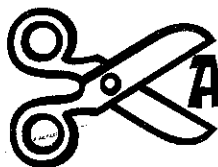
"Safe" means no risk or negative consequences. "Safer" means the reduction of risk or negative consequences. Safer sex means preventing unwanted pregnancy, STIs etc.

- Safer sex can be practised by:
- using condoms,
  - both partners remain faithful to one sexual partner,



## INTRODUCTION:

**"This session is aimed at helping you identify behaviours that can increase your risk of getting HIV/AIDS or other STIs. First you need to know the three major ways that HIV can be transmitted. There are a lot of beliefs/myths about HIV and ways you can or cannot get HIV we should clarify"**



## ACTIVITIES:

- ❖ Do a brainstorm and ask each learner to think of "How does a person get HIV infected?" Make three main headings of how HIV can be transmitted and write learner responses on flip chart and discuss (5 min).

### HIV CAN ONLY BE TRANSMITTED IN THREE WAYS:

1. Having unprotected sex with an infected person
2. Mother HIV positive transmits to child
3. Blood and blood products - ways where a person is in contact with an infected person's blood (e.g. touching infected blood with bare hands/shared HIV infected blades/needles e.g. tattooing needles/drug injection/piercing instruments/circumcision knives/hairdresser and barber's instruments)

- ❖ Divide learners into 5 small groups and have each group do their 10 questions (use work books). Each learner in each group should circle his own answers and then discuss in the group. After 10 minutes - read each statement and ask random responses and clarify any misconceptions.

### RISK QUESTIONNAIRE

Please circle your answer **DOES** or **DOES NOT** for each statement:

1. Sitting beside a person with HIV/AIDS (**does/does not**) increase risk
2. Being bitten by a mosquito (**does/does not**) increase risk
3. Becoming a "blood brother or sister" with a close friend (**does/does not**) increase risk
4. Having sexual intercourse (**does/does not**) increase risk
5. Hugging someone (**does/does not**) increase risk
6. Swimming in a public pool (**does/does not**) increase risk
7. Sitting on a toilet seat (**does/does not**) increase risk
8. Donating blood (**does/does not**) increase risk
9. Kissing someone on the cheek (**does/does not**) increase risk
10. Using alcohol or other drugs (**does/does not**) increase risk

(Adapted from Sex can wait, 1994)

### KEY DISCUSSION:

1. *Sitting beside a person with HIV/AIDS does not increase risk*

In all the years HIV/AIDS has been around, no one has ever been infected this way. Researchers have conducted studies of thousands of doctors, nurses, friends and family members who have cared for, lived with and associated with people with AIDS and none of them has ever become infected by simply touching or being with someone who is infected with the virus.

## **2. Being bitten by a mosquito does not increase risk**

Mosquitos cannot reproduce HIV, the virus that causes AIDS, and therefore they cannot pass it on to someone they bite

## **3. Becoming a "blood brother or sister" with a close friend does increase risk**

You are risking possible infection with HIV when you exchange blood in this way with someone. Essentially, you are getting their blood, which may be contaminated with the virus, creating a pathway directly into your bloodstream. Never share razors, toothbrushes, and needles for injection or piercing or touch blood with your bare hands.

## **4. Having sexual intercourse does increase risk**

Vaginal, anal and oral sexual intercourse increase the risk of becoming infected with HIV because all those activities involve the possible exchange of body fluids (semen, vaginal fluids and blood).

## **5. Hugging someone does not increase risk**

HIV has to get into your blood, it cannot pass through intact skin. There is little or no risk from hugging or shaking hands, even with someone who is infected

## **6. Swimming in a public pool does not increase risk**

For you to get infected, HIV must get into your bloodstream through blood, semen or vaginal fluids. If any of these fluids got into a swimming pool, the chlorine in the water will kill any virus in it quickly. Good practice to throw bleach like JIK onto blood spills on the ground to kill HIV very fragile and vulnerable outside the human body.

## **7. Sitting on a toilet seat does not increase risk**

Remember HIV is very fragile and cannot live outside the human body. Any virus in blood or in urine on a toilet seat would die quickly. Also HIV cannot pass through unbroken skin. To infect a person it must enter the bloodstream

## **8. Donating blood does not increase risk**

When you give blood, the blood goes out of your body into a bag. Blood does not go into your body and you are not exposed to anyone else's blood. The needle used to draw blood is always a new and sterile, therefore you cannot get infected by donating blood. Receiving blood is also safe as all blood is tested for the HIV virus since 1984/5?

## **9. Kissing someone on the cheek does not increase risk**

Kissing someone on the cheek cannot infect you. Researchers are not 100% sure of deep kissing or French kissing with someone who is infected by HIV. There might be a low risk if you have bleeding sores in your mouth, and you kiss an infected person who also has bleeding sores in his/her mouth. But there are no reported cases of HIV being passed onto another person from kissing.

## **10. Using alcohol or other drugs does increase risk**

Alcohol or drug use contributes to risk taking because the persons ability to think clearly and make good decisions is impaired. Research has shown that when people use drugs or alcohol, they are less affective at refusing unwanted sexual advances and are more likely to engage in sexual activity and unprotected sex (not use condoms). Sharing injection needles for drugs puts a person at very high risk for HIV infection as infected blood remaining in the needle is directly injected into your bloodstream.

**Note to educator:** It is important that learners should not only be able to match pictures but understand why certain behaviours are high risk and others are low risk. Learners should know they can protect themselves from getting HIV and that it is their own choice


## **BEHAVIOUR THAT PUTS YOU AT RISK**

- 1. Unprotected sexual intercourse:** Having sex with a HIV positive person, not using a condom when having sex, especially when you already have a STI.
- 2. Blood to blood:** Unsterilised or shared needles and blades from a HIV positive person e.g. medical use, drug injection, tattoo, ear piercing, circumcision, traditional practices, hairdresser and barber's instruments.

**3. Mother to baby:** HIV positive mother can transmit the virus to the baby while in the womb, during birth or while breastfeeding (30% chance).

Because we cannot see if someone is HIV positive it is better to protect yourself as if everybody can be HIV positive

- ◆ **Worry letters:** Is there anything you feel worried about? Do you have any questions? It helps to write an anonymous worry letter to the LETS TALK ABOUT BOX, for example:



**Example:**

DEAR EDUCATOR

I played soccer the other day at school. Someone in our team's knee got injured and there was blood on him. How will I know if he is HIV positive? Could I now be infected if his blood touched me?

Answer: First of all you can not see if someone is infected, only a blood test can tell. Only if infected blood was able to enter an open wound, could infection be possible. Nobody in the world is known to be infected through a sport injury and normally if there is a lot of bleeding the person leaves the field. A famous basketball player in America who is HIV positive is still allowed to play although he is HIV positive, because of no risk to the other players. **UNIVERSAL SAFETY PRECAUTIONS:** Don't touch other people's blood with your bare hands and don't have unprotected sex

**Note to the educator:** Invite learners to write their own "WORRY LETTERS" to the "LETS TALK ABOUT BOX" not more than three lines

### REASONS FOR YOUTH TO BE AT RISK

Make a tick if you **AGREE** or a cross if you **DISAGREE** for each statement for yourself and how your friends might feel

Myself	My friends	<b>OFTEN YOUTH....</b>
		<input type="checkbox"/> Don't like talking about sex to adults <input type="checkbox"/> Don't stay with one sexual partner <input type="checkbox"/> Don't know everything about sex and their sexual feelings <input type="checkbox"/> Don't know about contraceptives to avoid pregnancy <input type="checkbox"/> Don't have the skills to say NO to pressure for sex <input type="checkbox"/> Don't plan to protect themselves from sex <input type="checkbox"/> Don't know how to use condoms <input type="checkbox"/> Don't feel confident to get and carry condoms <input type="checkbox"/> Don't realise how serious STIs are <input type="checkbox"/> Don't believe they are at risk if someone is HIV infected <input type="checkbox"/> Don't know enough about rape and the myths about rape <input type="checkbox"/> Don't stay away from alcohol and drugs that can lead to poor decision-making <input type="checkbox"/> Don't have proper books, videos and information on how to protect them against STI/HIV and unwanted pregnancy <input type="checkbox"/> Don't know how to deal with the pressure to become sexually active

**Note to the educator:** Remind the seven groups that at the next session the "WORLD CHANGES AND MOVES SO FAST" group wall puzzle will have to be finished and presented to the class in their groups (session 2.2 beyond the classroom tasks)



# BEYOND THE CLASSROOM:

## H (EYE) V - QUIZZ

- Question 1:** It is my ..... to ask questions about HIV and know my status  
**Clues:** THE OPPOSITE OF LEFT OR CORRECT
- Question 2:** The three HIV tests are called the ..... and the .....  
**Clues:** ELISA TEST and the WESTERN BLOT TEST and RAPID HIV TEST
- Question 3:** The HIV virus and antibodies can be found in a person's .....  
**Clues:** RED COLOUR, SIMILAR TO RIVER
- Question 4:** If you are HIV .....the test shows you have HIV antibodies in your blood  
**Clues:** POSITIVE or NEGATIVE
- Question 5:** Having .....sex with a .....partner put me at very high risk of becoming HIV infected  
**Clues:** NOT SAFE/DEFENDING/SECURE and H/EYE/V + OR H/EYE/V -
- Question 6:** Having a HIV blood test done in the ..... period will give a false result, because the body did not have enough time to form .....showing in the blood  
**Clues:** NOT DOOR/SEE TROUGH and PRO-BODIES/ANTIBODIES
- Question 7:** If you have .....or ..... you should inform your sexual partner as soon as possible to prevent further spread of the disease  
**Clues:** COLDS or FLU/STIs or HIV/TB or LUNG INFECTION
- Question 8:** Before having a HIV blood test done, one should have .....by .....  
**Clues:** TALK WITH FRIEND/ COUNSELLING/TALK WITH FAMILY by FRIEND/ DOCTOR/ TRAINED PERSON DOING THE TEST
- Question 9:** HIV infection can be prevented by ..... and or.....  
**Clues:** WASHING YOURSELF AFTER SEX/HAVING SAFER SEX e.g. USING CONDOMS/DRINKING THE PILL AS CONTRACEPTIVE and or ABSTAINING FROM SEX/ONLY HAVE SEX WITH PEOPLE YOU KNOW/USING CONTRACEPTIVES LIKE THE INJECTION
- Question 10:** Women can get HIV infected more easily than men because of .....  
**Clues:** THEIR CARELESS LIFESTYLE E.G. PROSTITUTION or THE WAY THEY ARE PHYSICALLY BUILD (THE FEMALE SEXUAL ORGANS RECEIVING MALE SEXUAL FLUIDS) or WOMEN BEING MORE BEAUTIFUL THAN MEN or WOMEN NOT BEING ABLE TO PUT ON A CONDOM
- Question 11:** HIV/AIDS is a disease affecting .....  
**Clues:** ONLY WOMEN/ ONLY MEN/ ONLY WHITE PEOPLE/ ONLY BLACK PEOPLE/ ANYONE/ ONLY HOMOSEXUAL OR LESBIAN PEOPLE
- Question 12:** If I know someone who is HIV positive, I should .....  
**Clues:** RUN AWAY AS QUICKLY AS I CAN/ GIVE THE PERSON SUPPORT AND ACCEPTANCE/ TELL EVERYBODY ELSE TO WARN THEM/ NOT EVER TOUCH THE PERSON
- ◆ **Worry letters:** Is there anything you feel worried about? Do you have any questions? It helps to write an anonymous worry letter for example. Write your own WORRY LETTER to the "LETS TALK ABOUT BOX" no more than three lines.

Example:

**DEAR EDUCATOR**

**One of my family members has AIDS. What should I do? Should I feel ashamed and ignore her like the rest of the family?**

**Answer:** She might need medical care of course, but she needs your support even more, as well as support from the rest of the family. AIDS is a disease, there is nothing to be ashamed of. Your acceptance and support is very important.



**SELF-ASSESSMENT: I have learned.....**

I thought HIV .....  
The difference between HIV and AIDS is .....  
I have learned that HIV can be transmitted by.....  
I never knew that HIV can not be transmitted by .....  
I have learned that risk behaviour means .....  
I plan to.....

**ASSESSMENT:**

**Note to the educator: THE SEXUALITY GAME BOARD USED IN SESSION 1.5 SERVES AS OVERALL ASSESSMENT OF THE UNIT**

 **REFLECTION & RECORDING:**

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....



**ACTIVITIES FOR ADVANCED LEARNING**

- ◆ Do the HIV quiz individually and then discuss in pairs about difference in opinion. Have a group discussion afterwards
- ◆ Do the HIV quiz in teams as a competition in class and have the winning team facilitate the discussion afterwards
- ◆ I have learned.. activity can be expanded and done in an interactive way by sentence stems drawn from the box and having learners high five each other/nominate a next learner. Can also be used for assessment of learning and where further information is needed on HIV/AIDS
- ◆ Have a debate in class on reasons why **teenagers are at risk**
- ◆ Facilitate an AGREE/DISAGREE game of why **teenagers are at risk** - reading statements and learners should debate reasons why they agree or disagree

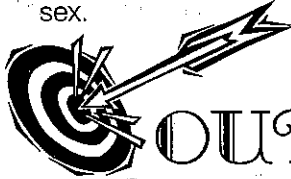


# Sexuality Game Board



## FOCUS OF THE SESSION:

- Assess learners' knowledge of sexually transmitted diseases, including HIV/AIDS
- Assess learners' ability to analyse and identifying behaviours that increase the risk of transmitting HIV/STIs
- Assess learners' self-awareness to help learners' with informed decisions about abstinence and safer sex.



## OUTCOMES:

Learners who can demonstrate knowledge and understanding of STIs and HIV when dealing with their own sexuality as well as identify risk behaviour and situations in order to make informed decisions about sex and sexuality.

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

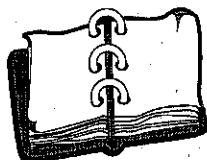
- Ways HIV/STIs are transmitted/not transmitted
- Personal vulnerability to HIV/STIs
- Means of protection from HIV/STIs
- Sources of help if needed

### LIFE SKILLS:

- Self-awareness
- Finding info/resources
- Sense of responsibility
- Refusal skills/how to say "no"
- Decision making
- Assertiveness to resist peer pressure
- Negotiation skills to ensure abstinence/safe sex

### VALUES AND ATTITUDES:

- Positive attitudes towards delaying sex
- Taking personal responsibility for one's actions
- Privacy : the right to privacy
- Respect for self
- Self-control
- The right to protect oneself
- The right to say "no" to peers/older person/someone in authority
- Loyalty and commitment in relationships
- Health and hygiene  
Respect for others/rights of persons infected with HIV



## READING:

Read the provided questions and answers for this session

Research on the "Adolescents perceptions of sexuality" undertaken in 1996, results indicated -

- a rising line of sexual involvement as relationships became more serious, e.g. regarding sexual intercourse. Of the respondents who had already dated someone of the opposite sex, 9,7% had sexual intercourse on the first date, 15,4% had inter-course after a number of dates, 18,6% of those were going

- steady had intercourse, and 32,2% had intercourse once they were in a serious relationship, where some kind of commitment had been made (for example, to get married).
- adolescents wanted an opportunity to practise life-skills, such as handling of peer group pressure, making a decision and choosing a career.
  - adolescents felt they require more information on sexual issues, from both parents and teachers. Special mention was made of their inadequate knowledge about birth control measures and the danger of getting AIDS.
  - They also reported that they were confused about moral values and norms.
  - Adolescents clearly indicated that their religious beliefs have an influence on their sexual behaviour.
  - They thought that alcohol and drugs led to greater sexual promiscuity.

Educators can evaluate to what extent these findings are still relevant to and supported by the learners. (Olivier. M.A:1996 p7,8).



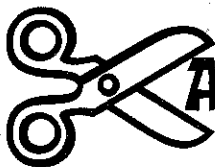
## PREPARATION:

- Learner workbooks
- Flip chart and pens
- Game board
- Dice
- 7 tokens (buttons/coins/seeds/)



## INTRODUCTION:

**“Up to now we have learned a lot about STIs and HIV/AIDS. But there might still be a lot of questions in your own mind about how to deal with STI’s and HIV/AIDS and how it affects each one of us. We hear a lot of things about HIV/AIDS and we are not always sure what is truth and what are myths. Most importantly we need to know how to respond and what to do to protect us. Correct information is a good starting point on which to base your own decisions.**



## ACTIVITIES:

- ◆ Give learners in each of the seven groups a chance to display and discuss their " THE WORLD MOVES AND CHANGES SO FAST" wall puzzle. Discuss what learners have learned about their own sexual beliefs and what influences their values, beliefs and attitudes with regard to sexuality

### ◆ SEXUALITY GAME BOARD:

#### Rules of play:

- ◆ Use the seven groups to play the sexuality game board. Use one game board with one dice and seven tokens representing each group. Each group should nominate a group leader. The group leaders' tasks will be to throw the dice, move the token, lead the group discussion and present the final group answer. The leader will also choose the next question at random from his/her workbook to ask another group. Only the group leaders will have their workbooks at hand to avoid peeping by the group.
- ◆ The educator will observe and commend groups on their team work, cooperation, accuracy of answers and team spirit. Educator and learners can decide jointly on incentives for the game to enhance a climate of positive competition.

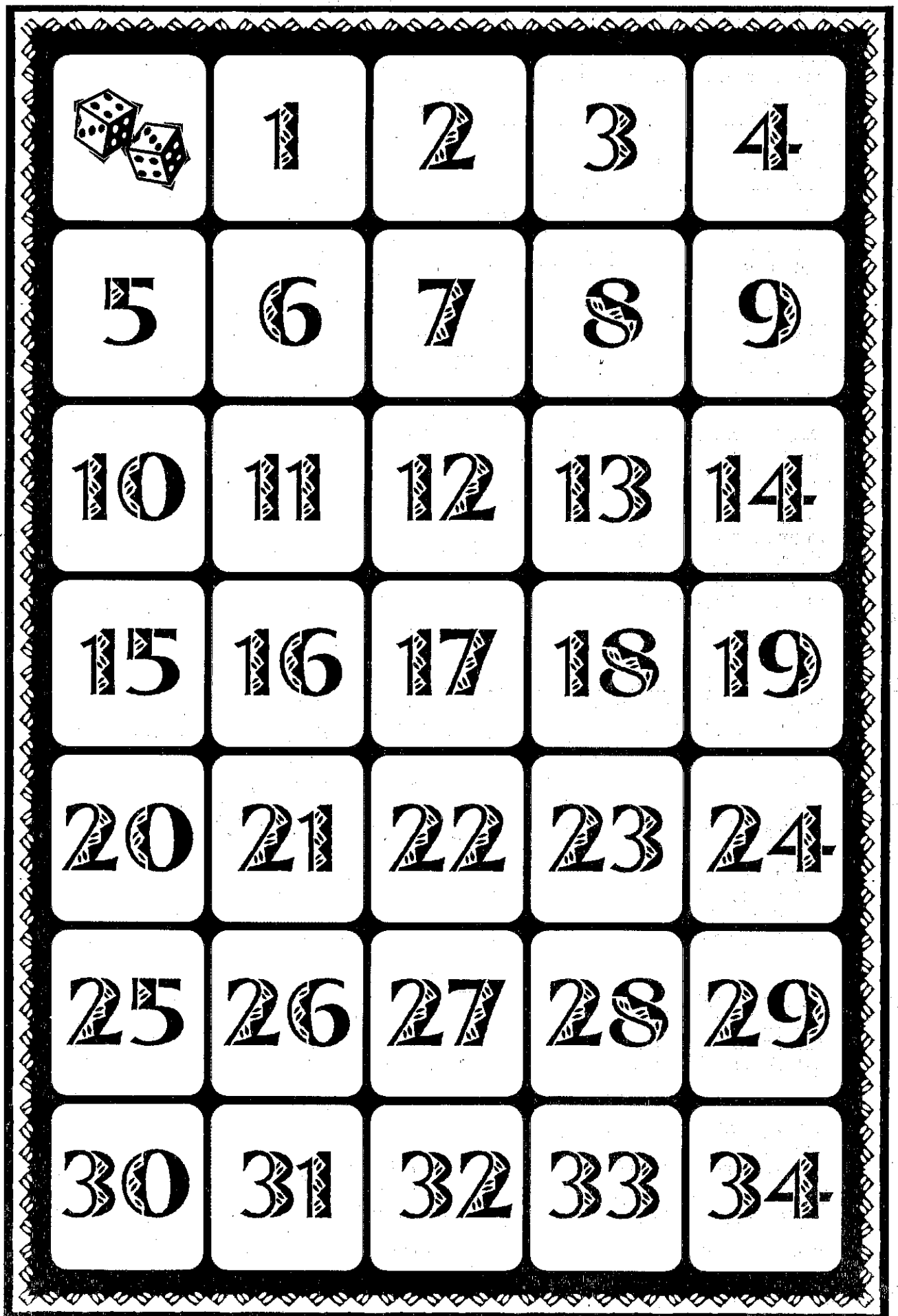
#### Start of the game:

- ◆ One group starts , the group leader throws the dice and moves their token on the board according to the number thrown. They then get asked a question by the educator from the list provided which they have to answer correctly to stay there. If they cannot answer correctly they move back to where they started before the throw of the dice. The next group's leader throws the dice, moves the group's.

token according to the number on the dice and gets asked a question by the previous group's leader. The leader has to answer after having a short group discussion. If they cannot answer correctly they should move back to where they started before the throw of the dice. The game continues in the same way, as long as time permits. The group that has progressed the furthest on the game board, when the time has finished is the winning team. The educator will give feedback on observations made and commend groups on their team work, cooperation, accuracy of answers and team spirit. The agreed incentives also have to be carried out

### **SEXUALITY GAME BOARD QUESTIONS AND ANSWERS:**

- 1. Name three body fluids that are known to spread the AIDS virus, HIV.**
  - ◆ *Male semen; vaginal secretions; blood*
  
- 2. Name two ways in which blood-to-blood transmission of the AIDS virus, HIV, can occur.**
  - ◆ *Sharing injection needles and syringes; sharing knives, razor blades, tattooing and body-piercing instruments and possibly toothbrushes; blood transfusions*
  
- 3. What are three ways HIV is spread?**
  - ◆ *Sexual intercourse; sharing injection needles and syringes and other cutting instructions (e.g. knives); mother to baby; blood transfusion*
  
- 4. Give two reasons why AIDS is so serious.**
  - ◆ *No cure for AIDS*
  - ◆ *Causes death*
  - ◆ *Discrimination and intolerance*
  - ◆ *No vaccine to prevent HIV*
  
- 5. List five ways by which HIV is not spread.**
  - ◆ *Insects, hugging or touching, towels, spitting, coughing, sneezing; kissing; sharing a bus, house, room; animals; wearing old clothes; swimming pools (hot tubs); telephones; shaking hands; food, dishes; toilet seats; giving blood; water fountains*
  
- 6. List four ways that you can protect yourself from HIV and other infections.**
  - ◆ *Not have sexual intercourse*
  - ◆ *Delay sex*
  - ◆ *Use a condom properly*
  - ◆ *Do not use dirty injection needles or syringes*
  - ◆ *Injections only at hospitals or health centres are safe*
  - ◆ *Have only one sexual partner who is not infected with HIV/AIDS and has no other sexual partners*
  
- 7. Describe what happens from the time a person is infected with HIV to the time he/she dies from AIDS.**
  - ◆ *Infected with HIV; 6 to 12 weeks: antibodies develop; about 6 months to 10 years or more: symptoms start to appear, AIDS; about 6 months to 2 years or more: death*
  
- 8. What is meant by the "window period?" Why is this period so important?**
  - ◆ *"Window period" is the period of time from when a person is infected until antibodies (germ fighters) develop in the blood. This is usually 6 to 12 weeks. It is important because if one is tested during this period, the test will be negative since the test looks for antibodies against HIV, which have not formed yet. However, the person can infect others.*
  
- 9. How do people look and feel from the time they are infected with HIV to the time they die from AIDS?**
  - ◆ *The person may look healthy and feel fine for a long time after she/he gets infected*
  - ◆ *Then, she/he starts having swollen glands, fever, night sweats, fatigue, cough*
  - ◆ *Then serious diseases may occur - T.B., cancer, lung disease, brain illnesses, fungal infections. This eventually results in death.*



**10. Give three reasons why a person might want to get tested.**

- ◆ Not to infect others
- ◆ Not to pass HIV on to her baby
- ◆ Not to give infected blood
- ◆ To tell her/his sexual partners
- ◆ To get treatment which may help to prevent opportunistic infections such as pneumonia

**11. What two pieces of advice could you give to a person who injects drugs?**

- ◆ Never share needles or syringes with anyone else
- ◆ Stop using injecting drugs
- ◆ Turn used needles in for clean ones
- ◆ Seek help from professionals
- ◆ Clean used needles with bleach (1 part bleach to 10 parts water)

**12. List three sources of help that a person could use if they were worried about HIV/AIDS.**

- ◆ Parents; doctors; teachers; counsellor; social worker; STI clinic; nurse; religious leaders; health centre; AIDS hotline

**13. Can sitting beside a person with HIV/AIDS increase risk? Why or why not?**

- ◆ NO. In all the years HIV/AIDS has been around, no one has ever been infected this way. Researchers have conducted studies of thousands of doctors, nurses, friends and family members who have cared for, lived with and associated with people with AIDS and none of them has ever become infected by simply touching or being with someone who was infected with the virus

**14. Can being bitten by a mosquito increase risk? Why or why not?**

- ◆ NO. Mosquitos cannot reproduce HIV, the virus that causes AIDS, and therefore they cannot pass it on to someone they bite

**15. Can becoming a "blood brother or sister" with a close friend increase risk? Why or why not?**

- ◆ YES. You are risking possible infection with HIV when you exchange blood in this way with someone. Essentially, you are getting their blood, which may be contaminated with the virus creating a pathway directly into your bloodstream. Never share razors, toothbrushes, needles for injection or piercing or touch blood with your bare hands

**16. Can having sexual intercourse increase risk? Why or why not?**

- ◆ YES. Vaginal, anal and oral sexual intercourse increase the risk of becoming infected with HIV because all those activities involve the possible exchange of body fluids (semen, vaginal fluids and blood)

**17. Can hugging someone increase risk? Why or why not?**

- ◆ NO. HIV has to get into your blood, it cannot pass through intact skin. There is little or no risk from hugging or shaking hands, even with someone who is infected

**18. Can swimming in a public pool increase risk? Why or why not?**

- ◆ NO. For you to get infected, HIV must get into your bloodstream through blood, semen or vaginal fluids. If any of these fluids got into a swimming pool, any virus in it will be killed quickly by the chlorine in the water. It is good practice to throw bleach like JIK onto blood spills on the ground to kill HIV, which is very fragile and vulnerable outside the human body

**19. Can sitting on a toilet seat increase risk? Why or why not?**

- ◆ NO. Remember HIV is very fragile and cannot live outside the human body. Any virus in blood or in urine on a toilet seat would die quickly. Also HIV can not pass through unbroken skin. To infect a person it must enter the bloodstream

**20. Can donating blood increase risk? Why or why not?**

- ◆ NO. When you give blood, the blood goes out of your body into a bag. Blood does not go into your body and you are not exposed to anyone else's blood. The needle used to draw blood is always a new one and sterile, therefore you cannot get infected by donating blood. Receiving blood is also safe as all blood is being tested for the HIV virus since 1985

**21. Can kissing someone on the cheek increase risk? Why or why not?**

- ◆ NO. You can not get infected by kissing someone on the cheek. Researchers are not 100% sure of deep kissing or French kissing with someone who is infected by HIV. There might be a low risk if you have bleeding sores in your mouth, and you kiss an infected person who had also bleeding sores in his/her mouth. But there are no reported cases of HIV being passed onto another person from kissing

**22. Can using alcohol or other drugs increase risk? Why or why not?**

- ◆ YES. Alcohol or drug use contributes to risk taking because a person's ability to think clearly and make good decisions is impaired. Research has shown that when people use drugs or alcohol, they are less effective at refusing unwanted sexual advances and are more likely to engage in sexual activity and unprotected sex (not use condoms). Sharing drug injection needles puts a person at very high risk for HIV infection as infected blood remaining in the needle, is directly injected into your bloodstream.

**23. Name some rights you have with regard to HIV/AIDS**

- ◆ It is my right to protect myself against HIV infection.
- ◆ It is my right to ask questions about HIV
- ◆ It is my right to know my HIV status
- ◆ It is my right to keep my HIV status confidential

**24. What are the three HIV blood tests called?**

- ◆ The Elisa test and
- ◆ The Western blot test
- ◆ The Rapid HIV test

**25. Where can the HIV virus and antibodies be found?**

- ◆ The HIV virus and antibodies can be found in an infected person's blood stream, the virus can also be found in the infected person's body fluids e.g. semen and vaginal fluids

**26. When the test shows you have HIV antibodies in your blood, are you HIV positive or HIV negative?**

- ◆ You are HIV POSITIVE if the blood test is positive

**27. What does having unprotected sex mean?**

- ◆ It means not using condoms when having sex - also called unsafe sex

**28. When will the HIV blood test give a false negative? Why?**

- ◆ When the HIV blood test is done in the window period it will give a false result. Because the body takes up to 6 weeks to form antibodies from the date of infection (window period). It did not have enough time to form enough antibodies showing in the blood to make the test positive

**29. When should you inform sexual partner of infection?**

- ◆ When you have STI symptoms or know that you are HIV positive you should inform your sexual partner as soon as possible to prevent further spread of the disease

**30. What should a person do before having a HIV blood test done?**

- ◆ A person should undergo counselling by a professional to understand the impact and consequences of a positive test result

**31. How can HIV infection be prevented?**

- ◆ By abstaining from sex
- ◆ having safer sex e.g. using condoms

**32. Why can women become HIV infected more easily than men?**

- ◆ Because of the way they are physically built (the female sexual organs receiving male sexual fluids)

**33. Who are the people being affected by HIV/AIDS?**

- ◆ Anyone putting themselves at risk to be HIV infected due to their own unsafe sexual behaviours

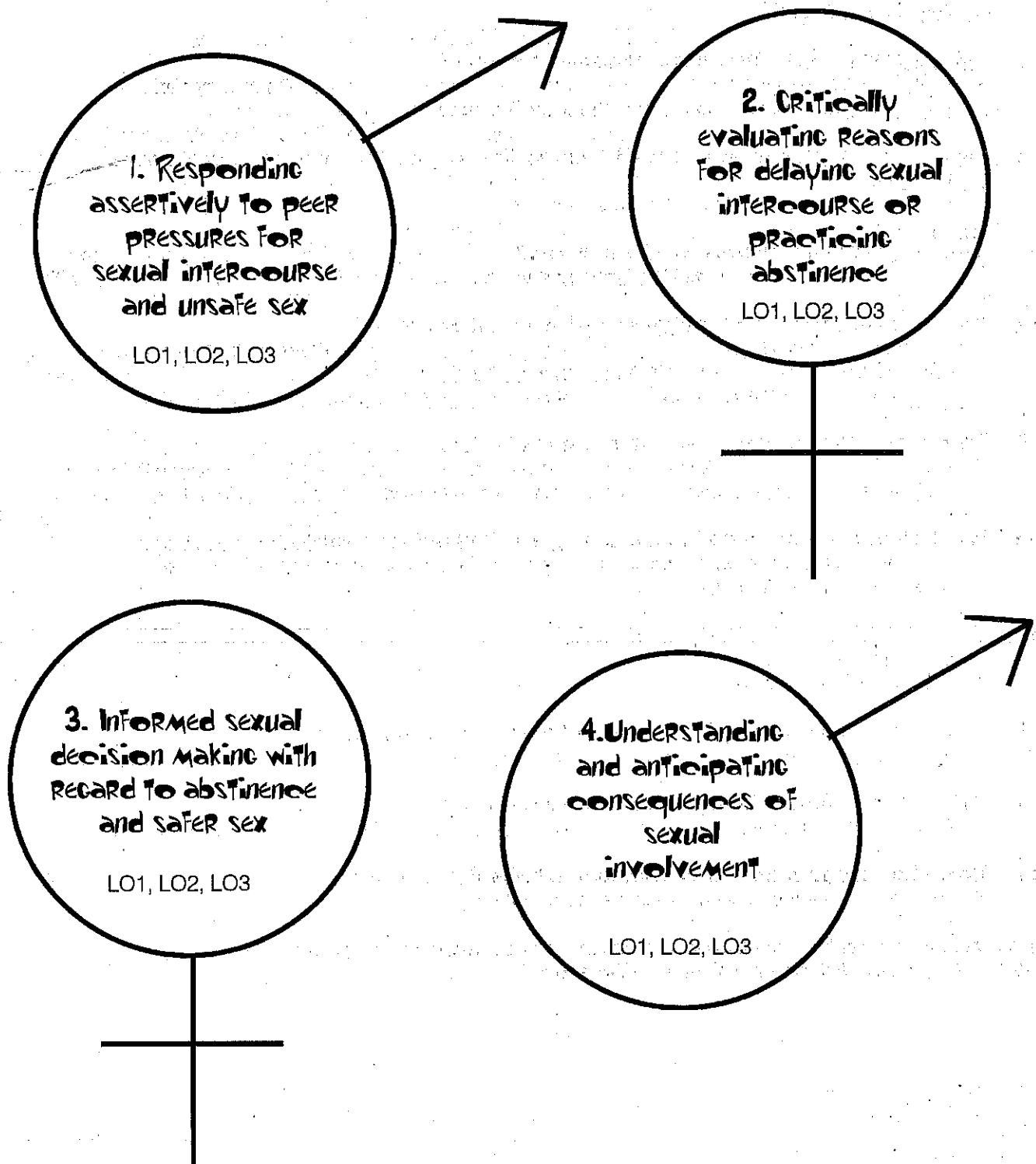
**34. How should you respond to someone who is HIV positive?**

- ◆ You should give the person support and acceptance

Reference: World Health Organisation, United Nations Educational Scientific and Cultural Organisations, 1994. School Health Education to Prevent AIDS and STD

# Responsible sexual behaviour

## OUTCOMES:





# KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

## KNOWLEDGE AND UNDERSTANDING OF:

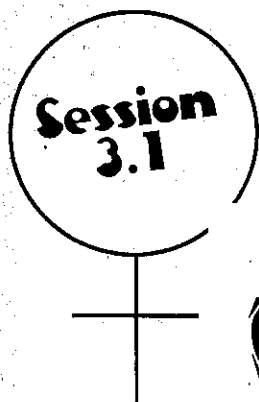
- Ways HIV/STIs are transmitted/not transmitted
- Ways to protect against HIV/AIDS
- Sources of help if needed
- Reasons why young people choose or not choose to have sex
- Own expectations and values about relationships and sexual involvement
- Peer pressure and pressure to have sex
- How to resist peer pressure by means of refusal skills

## LIFE SKILLS:

- Self-awareness
- Critical thinking
- Communication skills including listening
- Sense of responsibility
- Conflict resolution
- Decision making
- Assertiveness to resist peer pressure
- Negotiation skills to ensure abstinence/safe sex
- Delaying gratification
- Refusal skills/how to say "no"
- Handling emotions
- Self-discipline

## VALUES AND ATTITUDES:

- Positive attitudes towards delaying sex
- Taking personal responsibility for one's actions
- Respect for self
- The right to protect oneself
- The right to say "no" to an older person/someone in authority
- Accountability
- Health and hygiene
- Respect for others/rights of persons infected with HIV
- Respect for life
- Compassion/tolerance and support towards persons with HIV/AIDS
- Privacy : the right to privacy
- Self-control
- Sensitivity towards the implications of multiple partners/violent and abusive relationships, substance abuse (alcohol and drugs)



# IF YOU CARE ABOUT ME YOU WOULD ...



## FOCUS OF THE SESSION:

- Creating awareness of peer pressure and possible pressures to have sex
- Creating awareness of learner's own values and beliefs and family influences
- Understanding of when you are at risk of being HIV infected
- Demonstrating compassion in dealing with relationships and HIV



## OUTCOMES:

Learners who will be able to demonstrate how to respond to sex related peer group pressure

### KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

#### KNOWLEDGE AND UNDERSTANDING OF

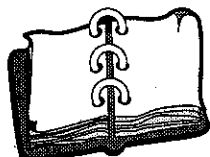
- Ways HIV/STIs are transmitted/not transmitted
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- Respect for others/rights of persons infected with HIV
- Respect for life
- Compassion/tolerance and support for persons with HIV/AIDS



## READING:

Read the provided information for this unit



## PREPARATION:

Learner workbooks  
 Flip chart and pens  
 Opinion poll - 10 questions on flip chart



# NEW WORDS:

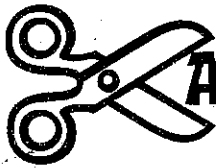
**Peer pressure:** when people more or less your age put pressure on you to do things, sometimes against your will.

**Outcome:** the consequences, results or aftermath of a person's decision or act.



## INTRODUCTION:

**“ Because of the threat that HIV/AIDS poses, prevention of HIV infection should be a matter of great concern to all of us. There are several issues of importance with regard to HIV prevention that we are going to look at. Sometimes people and even our friends and family can put pressure on us to do things. We call it peer pressure when people our age pressurises us. Do you know what it means?”**



## ACTIVITIES:

- ◆ **YES or NO - Opinion poll:** Divide learners into pairs, Learner A asks the questions and learner B should answers honestly, YES or NO immediately (no debating/arguing/no time to think). Learner A makes a tick or cross for the answer. ONE MINUTE only - educator calls START and STOP after one minute.

**YES or NO - Opinion poll**  
**LET US BE HONEST (10 QUESTIONS PAIRS INTERVIEW)**    ✓ = YES,    ✗ = NO

1. Can people with HIV look healthy?
2. Can mosquitoes infect someone with HIV?
3. Is it very dangerous for young people to have sex with someone older?
4. Are people on farms and small villages safe from HIV/AIDS?
5. Do you think someone your age is too young to get HIV?
6. Do you think boys are more clever than girls?
7. Do you feel capable of dealing with peer pressure?
8. Would you be able to talk to your parent(s) about HIV/AIDS and sex?
9. Would you feel comfortable to talk to your friends about love and sex?
10. Would you sit next to someone in class who is HIV positive?

- ◆ **Discussion:** Asks responses by raise of hands and count YES and NO responses and clarify uncertainties. Ask learners who had to answer questions how they felt and why? Did they feel pressurised? If learners' responses differed from the big group, how did they feel? Learners asking questions, how did they feel? What were their opinions and did it differ in any way from your partner's? What have we learned from this?
- ◆ **Demonstration:** Ask three learners to act as volunteers to do a demonstration. Have two learners stand facing each other. Have the third learner move into the middle between the two facing each other, arms at his/her side leaning with his full weight towards the first learner who should catch him/her and push him towards the other learner. They should push him/her like a ball between them demonstrating pressure. Ask learner in the middle whether he/she felt the pressure and how it felt to be thrown around. Ask the other two about the pressure they had to demonstrate - push hard to move the learner in the middle. They had the power and he/she was helpless. Problem: do we sometimes get the feeling that we are being pushed around by our peers?

- ◆ Clarify the word **peer pressure** and write concept on flip chart  
 Peer pressure is when people of more or less your age wants to force you to do things, sometimes against your will.

- ◆ **As adolescents we experience a lot of pressure from a lot of people not only our peers. Let us brainstorm some examples of pressures** experienced by learners e.g. pressure to start dating, to be good at school work (education), pressure to become sexually active, to use alcohol/drugs. Pressure to look good, wear the right clothes, go to the right places, not to disappoint your family, be good at sport, etc.
- ◆ **What are your own views on the following? What would be your family's /parents' or significant other's views?**

**Note to the educator:** Explain to learners that we are influenced by our values and beliefs, our religion, families, friends, parents and the broader community. What do we as learners want for ourselves and why? If they were the parent what would they do? Motivate learners to do a family interview using the questions as part of their beyond the class room task

1. How do you feel about young people dating before they are sixteen?
2. How important is education and why?
3. What rules do you feel families should set for their teenage children regarding dating? Why?
4. What are the disadvantages of getting married in your teens?
5. How do you feel about sex before marriage?
6. What do you think about young people using alcohol or other drugs?
7. How do you define true love?
8. What are some safe ways for children to satisfy their personal needs for love, attention and excitement?
9. Do you think it is important for people to believe in their ability to make a positive future possible?
10. What does being a family mean? What role does each member of the family play?

- ❖ **Coping with peer pressure:** "Remember our demonstration? You can say: **"I don't want to be "pushed" around by my peers. How can a person who is pushed around resist peer pressure?"** Brainstorm and discuss creative solutions - write response on the flip chart and add to the following:

#### **COPING SKILLS TO DEAL WITH PEER PRESSURE:**

1. How to say "NO" skills (ASK principle)
2. Problem-solving skills
3. Decision-making skills
4. Communication skills
5. Refusal skills

The following information provide answers to the "How do I...?" questions



#### **1. HOW TO SAY "NO" SKILLS**



**How to say NO using "ASK principle":**

1. **ASK QUESTIONS** (e.g. is it against my beliefs, religion, the law, rules? Can it be harmful to me or others? How will I feel afterwards? How will other people (family/friends, etc) feel about me afterwards?)
2. **SAY "NO" TO NEGATIVE PRESSURES** (NO- I have thought about it, I don't want to do it)
3. **KNOW POSITIVE OPTIONS** (I would rather listen to music/take a walk instead/go to my place)



#### **2. PROBLEM SOLVING SKILLS**



**Problem solving steps:**

1. What is the problem? (**Define problem**)
2. What possible solutions can you think of? (**Alternatives**)
3. What are the consequences? (**Outcomes be**)
4. Choose a suitable solution (**Ruling out**)
5. **DO IT**, implement the solution chosen (**Take action**)
6. Is the problem solved? (**Evaluate if it was a good outcome?**)



### 3. DECISION-MAKING SKILLS



To make a decision and predict outcomes: (If I do this ...this will happen-bad/good outcomes)

#### DECISION- MAKING STEPS:

1. IDENTIFY THE PROBLEM
2. GATHER INFORMATION RELATED TO THE PROBLEM.
3. LIST POSSIBLE WAYS TO SOLVE THE PROBLEM (DECISIONS)
4. LIST POSSIBLE OUTCOMES FOR EACH POSSIBLE DECISION
5. APPLY YOUR VALUES (DO THESE DECISIONS FIT YOUR VALUES?)
6. CHOOSE THE BEST DECISION
7. LIST THE STEPS YOU WILL TAKE IN CARRYING OUT YOUR DECISION
8. DO WHAT IS NEEDED TO CARRY OUT YOUR DECISION



### 4. COMMUNICATION SKILLS



#### ASSERTIVENESS COMMUNICATION USING I-MESSAGES

This is communicating in a way to stand up for yourself and accept responsibility for your own thoughts and feelings without blaming or putting down others

I feel .....when ..... I want .....

#### MIRRORING/REFLECTION

One person states his/her thoughts and feelings and the second person restates person one's feelings by correctly reflecting the other person's feelings. This is called mirroring or reflection to give a person's feelings back to him/her correctly to show/make sure you understand the feeling

#### LISTENING SKILLS

Good listening involves maintaining eye contact, indicating interest, keeping an open mind, avoiding interrupting and not being defensive. It also involved from refraining from judgement and listening in a way that you would like others to listen to you.

#### DECISION- MAKING STEPS:

1. Identify the problem
2. Gather information related to the problem
3. List possible ways to solve the problem (decisions)
4. List possible outcomes for each possible decision
5. Apply your values (do these decisions fit your values?)
6. Choose the best decision
7. List the steps you will take in carrying out your decision
8. Do what is needed to carry out your decision



### 5. REFUSAL SKILLS



#### TIPS on REFUSAL SKILLS

- ◆ Give a firm refusal, say "NO" - be confident, strong and certain. After hearing your clear assertive "NO", there should be no question about it that you really mean it, voice strong and clear to support the verbal message.
- ◆ Say "NO" with your body too: Make sure your body language communicates a confident, and firm refusal too! Your facial expression, hands and arms and your posture should support the message of "absolutely not". If your voice says "NO" but your body language says "YES" you are giving a mixed message (For example and demonstrate: Laugh or smile while saying "I am so sorry your dog has died" - ask them which message do they rather believe? 70% of the message is in the body language)
- ◆ Offer an alternative: If this is a person who always tries to get you to do things that can be bad for you (we call it negative peer pressure), walk away and find yourself a REAL FRIEND. But if this person is worth of your friendship, explain your feelings and suggest another activity that the two of you can rather do.
- ◆ Divide class into 8 groups - there are 4 situations to analyse in 5 min (two groups get the same situation - one group will discuss and give a 2 min feedback and the other group will do a 2 min role-play on the same situation). The group doing the role-play should go first and then the other group giving feedback on the same situation. Learners do this spontaneously and can compare it to the skills referred to in this session.

**Note to the educator:** keep to the time, role-plays can take a lot of time. Explain to learners there is no wrong or right way, role-plays help to make situations more realistic and visual and provide opportunity to demonstrate skills and generate new and creative ideas and it is fun!

### Situation 1

One of the things we have to deal with is peer pressure. One of your friends is experiencing a lot of pressure to have sex. What advice would you give your friend that will encourage your friend to postpone sex?

### Situation 2

As a grade 8 learner you are concerned your older brother or sister is becoming sexually involved. You know there are a number of risks in this behaviour including HIV/AIDS. When you try and talk about it you get a response "It is none of your business" and also "I am smart enough to know when somebody has AIDS and I wouldn't be with anyone like that" How do you respond?

### Situation 3

Your parents are worried when they heard the news that a new learner joining your class is HIV positive. You heard at school from a teacher that you and your classmates would be more of a health threat to the boy with HIV than he could possibly be to anyone of you. What does it mean? What would you say to your parents?

### Situation 4

Your good friend lives only a few streets away from you. You visit your friend regularly to play ball, watch TV, do homework and just talk. You have just find out that your friend's older brother, James tested HIV positive. Other children have now said they won't visit them anymore and that their parents don't want them to have anything to do with them. How would feel and what would you say to your friend? What would your parents say and how would you respond?

**Note to the educator:** Use feedback and role-plays to reinforce and include the following appropriate responses to these situations. Encourage learners to compare their opinions/suggestions with the information below

### Situation 1:

Pressure to be involved in sex is real. If you have not experienced that type of pressure yet, you certainly have experienced peer pressure in other forms. You are almost certain to experience pressure to engage in sexual activities as you get older. You can resist pressure to be sexually involved and can help friends resist this type of pressure too. Not being involved sexually is called abstinence, you can choose not become sexually involved. It is especially important in avoiding STDs and AIDS. You can explain that to your friend as a way to help your friend postpone sex

### Situation 2:

While you can't make some one else's decisions for him/her to have sex, you can respond in the following ways:

1. It is your business: You love him/her and don't want the person to make mistakes with his/her life
2. A person with HIV looks just like anyone else: Most people with HIV don't even know they have got it.

### Situation 3:

The boy with the HIV cannot pass the HIV to the other children unless his blood gets into their bodies. But since his immune system (body's ability to fight diseases) has been weakened by HIV, the other students can pass germs causing diseases to him. He can become sick more easily and have a harder time to recover from illnesses. Since being in the same class as a HIV positive child cannot be harmful, it is not necessary for your parents to worry. You can tell your parents they need not worry, because you know how HIV can be transmitted and how to protect yourself from HIV.



### Situation 4:



Friendship is for good times as well as bad times or not? It must be a difficult time for your friend because of the HIV positive brother and he/she probably need some support. You cannot become infected with HIV by simply touching or being near someone who is infected with HIV. People who are infected still need love, support and compassion, can you imagine how you would feel if it was you? Discuss your views with your parents and tell them not to worry about your friendship and contact with your friend's brother.

**Note to the educator:** Encourage learners to discuss these situations with their parents/ significant other and or a close friend.

◆ **Reflection:**

1. Which skills did the different groups demonstrate?
2. What have you learned from these situations?
3. What do you think about the following?

**"I WANT TO BE ACCEPTED, I would rather give in to do things like smoking than not to be accepted and be pushed aside without friends ending up lonely"**



"Sometimes young people are so worried about not being accepted that they would do almost anything to get their friends and peers' acceptance. It is not necessarily their peers forcing or pressurising them to do things, sometimes it can be more their own need for acceptance and fear of rejection. Is it just by chance that all the group members smoke once they join in a group of smokers?"

◆ **I SAY - YOU SAY GAME:** Ask for quick responses from learners, when educator make statement starting by saying I SAY - let us have some beers, YOU SAY .... (learner's response) and continue with I SAY ... YOU SAY.... on the following situations.

◆ **Skills practice situations - I SAY....YOU SAY:**

Example: I SAY: "Let us have some beers". YOU SAY: " No thanks, can I have a COKE please"

- ◆ I SAY: "Smoking is really nice! Just try it once, here" YOU SAY.....
- ◆ I SAY: "Your parents won't find out, I promise" YOU SAY.....
- ◆ I SAY:"You have to come to my party, everyone is coming, don't be a nerd! " YOU SAY.....
- ◆ I SAY:"You don't love me, that is why you don't want to sleep with me" YOU SAY.....

**Note to the educator:** Learners can think of their own examples to add. Learners can put hands up or educator can point at a specific learner at random. Educator says ' I SAY' and points to learner when saying 'YOU say'. Educator can call out learners' names if preferred - I say.. Peter says... or I say .. Jose says...

**Closing:** Think about - reasons why some young people choose to wait to have sex and reasons why some young people have sex at an early age.



## BEYOND THE CLASSROOM:

◆ Conduct an interview with a parent/guardian/significant other on the following:

**Family communication: (Interview with parent/guardian/significant adult family member)**

1. How do you feel about young people dating before they are sixteen?
2. How important is education and why?
3. What rules do you feel families should set for their teenage children regarding dating? Why?
4. What are the disadvantages of getting married in your teens?
5. How do feel about sex before marriage?
6. What do you think about children using alcohol or other drugs?
7. How do you define true love?
8. What are some safe ways for children to satisfy their personal needs for love, attention and excitement?
9. Do you think it is important for people to believe in their ability to make a positive future possible?
10. What does being a family mean? What role does each member of the family play?

- ◆ Discuss the four situations dealt with in the session with your parents and how you feel about it after deciding what your response would be

◆ **Predict the outcomes:**

**CHOOSE A BAD AND GOOD OUTCOME FOR THE FOLLOWING DECISIONS:**  
 Take illegal drugs  
 Friends put pressure on you to smoke  
 Get involved in sexual relationship  
 Continue further studies  
 Not do a task assigned to you  
 Join a group or gang

## **ASSESSMENT:**

The assessment is infused in the session activity and facilitation process through the following methods of:

- ◆ **educator observation**
- ◆ **peer assessment**
- ◆ **the skills demonstrated by the learners**

## **REFLECTION & RECORDING:**

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....

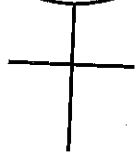
## **ACTIVITIES FOR ADVANCED LEARNING**

- Select learners/use volunteers beforehand and do role-plays of the four scenarios and other pressure situations, use even situations raised by learners.
- Have learners write down their individual responses to the four situations and discuss reactions in big group. Variation of ideas and responses .
- Learners have to demonstrate in pairs how they would discuss their responses/decisions about these situations with their parents - take turns where one is the child and the other the parent
- Have different groups do role-plays on some of the situations to demonstrate specific coping skills and have other learners assess their abilities demonstrated.



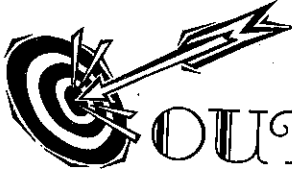


# I can wait and sex can too!



## FOCUS OF THE SESSION:

- Encourage acceptance of normality of sexual thoughts and feelings
- Identify reasons for abstinence and reasons for sexual involvement
- Create awareness of peer pressure and pressure to have sex

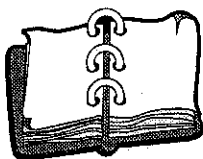


## OUTCOMES:

Learners who are aware of their sexuality and can demonstrate this by making informed decisions about sexual involvement or abstention

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

<b>KNOWLEDGE AND UNDERSTANDING OF</b>	<b>LIFE SKILLS:</b>	<b>VALUES AND ATTITUDES:</b>
<ul style="list-style-type: none"> <li>• Reasons why young people choose or not choose to have sex</li> <li>• Own expectations and values about relationships and sexual involvement</li> <li>• Peer pressure and pressure to have sex</li> </ul>	<ul style="list-style-type: none"> <li>• Self-awareness</li> <li>• Refusal skills/how to say "no"</li> <li>• Critical thinking</li> <li>• Decision making</li> <li>• Handling emotions</li> <li>• Self-discipline</li> <li>• Assertiveness to resist peer pressure</li> <li>• Negotiation skills to ensure abstinence/safe sex</li> <li>• Delaying gratification</li> </ul>	<ul style="list-style-type: none"> <li>• Positive attitudes towards delaying sex</li> <li>• Taking personal responsibility for one's actions</li> <li>• Privacy – the right to privacy</li> <li>• Respect for self</li> <li>• Self-control</li> <li>• The right to protect oneself</li> <li>• The right to say "no" to an older person/someone in authority</li> </ul>



## READING:

Information on reasons for abstinence vs. sexual involvement:

Adolescence is a time for learning, experiencing and exploring new dimensions of self and others. Sexual thoughts and feelings are a normal part of adolescence and sexual decision making is directly affected by how young people view their sexuality

As young people mature and develop their own attitudes and beliefs, they begin to compare themselves to others. They must also decide how much of themselves to share with others. The extent to which they share and the physical, mental and or emotional parts of themselves they choose to share can affect all aspects of their present and future lives.

Frequently young people's decisions about sexual behaviour are based on:

- **Immature emotional needs**
- **Lack of self-esteem**
- **Need for attention**

Sexual activity raises concerns about:

- STI and HIV/AIDS transmission
- Teenage pregnancy
- Contraceptive use
- Emotional and parental readiness

A sexually abstinent life can offer young people stability and time for personal growth and increase confidence to direct their energy towards other productive goals. In situations where there is already sexual involvement at an early age, it is of utmost importance to promote safer sex and identify risky behaviour.



## PREPARATION:

Learner workbooks

Flip chart and pens

Flip charts written up on "Reasons why young people choose to have sex and or choose to wait"

Scrap paper for learners to write on

2 containers (similar to voting box/postbox/shoe box, marked WHY SEX CAN WAIT and WHY SEX CANNOT WAIT)



## NEW WORDS:

**Abstinence:**

Abstinence: refraining from sexual intercourse. This is the only 100% safe way to prevent pregnancy and STIs (saying no to sex)

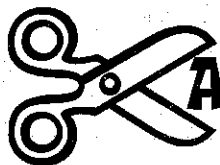
**Unfulfilled needs:**

wants, wishes, desires that are not met.



## INTRODUCTION:

**"As human beings we are also sexual beings. Therefore it is perfectly normal to have sexual thoughts and feelings. It is very important that all of us recognize and accept that our sexuality is a normal part of ourselves. We also need to understand how our sexuality affects the way we relate to other people and our choices to have sex or not"**



## ACTIVITIES:

- Write up beforehand to save time on one flip chart "Why do some young people choose to have sex?" (List some reasons from information provided) and on another flip chart "Why do some young people choose to wait to have sex?" (list some reasons from information provided)
- Postbox activity: Each learner receives two pieces of paper to write on. One WHY SEX CAN WAIT and the other on WHY SEX CANNOT WAIT - send or take post boxes around for learners to post their reasons
- Put the two flipcharts up for learners to see and read statements from postbox aloud while the learners help identify a similar reason on the list to be marked down. If the reason is not on the list - keep it separate for discussion and add it to the list in writing afterwards because of time limit

### " WHY DO SOME YOUNG PEOPLE CHOOSE TO HAVE SEX?"

- To seek love
- Because "everyone is doing it"
- Because of peer pressure
- To prove love
- Because they are drunk or high
- Because of curiosity
- To prove maturity
- To get attention
- Because it feels good
- To satisfy sexual arousal



## " WHY DO SOME YOUNG PEOPLE CHOOSE TO WAIT TO HAVE SEX?"

- To avoid pregnancy
- To avoid getting STIs
- To avoid getting HIV
- To seek true love first
- To wait for marriage
- Not to disappoint parents or guardians
- Not to become a parent too young
- To avoid being gossiped about or called bad names
- Can cause one not to achieve long-term goals if something goes wrong
- It is against some people's religious beliefs
- Save youth for fun and games, don't want to become seriously involved
- Avoid complicated relationships
- Remain true to own values and personal standards
- Wait and prepare for adulthood first - too young still
- Prevent comparisons with other sexual partners and jealousy
- Protect body and feelings



- After getting feedback and marking and reading lists, ask learners to look again at each reason given after explaining the following.

**Note to educator:** Explain that young people sometimes have sex to try and meet other unfulfilled needs that can be met in a non-sexual way.

- Let us analyze and decide if there might be a **hidden need or deeper reason** that could be met by non-sexual means too

## " WHY DO SOME YOUNG PEOPLE CHOOSE TO HAVE SEX?"



- ♥ **Because of curiosity:** Are there safer ways to find out about sex?
- ♥ **To prove maturity:** Does this really prove maturity? Some characteristics of maturity includes self-control, responsibility, ability to make informed decisions, planned long-term goals, etc. Does having sex at an early age show these? What other ways can one show maturity?
- ♥ **To get attention:** Is it all good attention? What kind of possible bad attention can one get for sharing sexuality with others? What other ways can one get positive attention?
- ♥ **Because it feels good:** Other things can feel good too, backrub, exercise, etc. What other ways can one feel good too without involving drugs or sex?
- ♥ **To satisfy sexual arousal:** One cannot only act on feelings alone e.g. when you get angry with someone, you can't just hit the person or shoot him. Instead of hitting, what can you do? How do you get rid of anger? Exercise/hit a ball/write feelings down/tell the person he/she makes you angry/telling someone else. With sexual arousal - one can redirect this energy in much the same way as intense anger. Other safer ways to redirect energy? Discuss masturbation when mentioned by learners (refer to information on masturbation)
- ♥ **To seek love:** Sex does not necessarily equal love, some people have sex with people they don't love at all. Sometimes they even lie and tell people they love them in order to get sex. Heartache and emptiness is more likely afterwards. Sex in a mature, committed, loving relationship like marriage however can be fulfilling if you are emotionally ready and can deal with a committed relationship and not only the sex part.
- ♥ **Because "everyone is doing it":** While a lot of young people exaggerate to each other about sex, studies show that most young people in their early teens do not have sex
- ♥ **Because of peer pressure:** Is it a good reason to have sex? Young people who have sex because of pressure from friends, boyfriends or girlfriends or because of rebellion against their parents are allowing others to make decisions for them and control their lives. What ways can you think of to deal with peer pressure?
- ♥ **To prove love:** Having sex does not prove love as it is possible to have sex with someone you do not love. If someone pressurizes you by saying "prove to me you love me" then it is doubtful that this person really loves you. A good response to that would be : "Prove to me that you love me by respecting my feelings and decision not to have sex"
- ♥ **Because they are drunk or high:** Some people try not to take responsibility for their actions by saying they were drunk or high. The truth is you are responsible for taking alcohol or drugs that negatively influences your behaviour, it is your decision beforehand and you have a free will. But freedom brings responsibility

(Also add and discuss additional reasons from the postbox)

- Analyse why some young people choose to wait and expand on each reason as needed

## “ WHY DO SOME YOUNG PEOPLE CHOOSE TO WAIT TO HAVE SEX?”



- ♥ **To avoid pregnancy** - did you know early pregnancy can stunt a girls' physical growth?
- ♥ **To avoid getting STIs** - these diseases are transmitted during sex if one partner is infected, you can't see by looking at someone if he/she has an STI. Unprotected sex with different partners definitely increases the risk of being infected
- ♥ **To avoid getting HIV** - these diseases are transmitted during sex if one partner is infected, you can't see by looking at someone if he/she has HIV. Unprotected sex with different partners definitely increases the risk of being infected
- ♥ **To seek true love first:** Sex does not necessarily equal love
- ♥ **To wait for marriage:** Sex is part of marriage and a love relationship and is furthermore needed to have babies
- ♥ **Not to disappoint parents or guardians:** Own decision but parents want the best for their children
- ♥ **Not to become a parent too young:** Parenthood can change your own plans for your future, it is a big responsibility to raise children, ask your parents or guardians
- ♥ **To avoid being gossiped about or called bad names:** One can easily be seen as an "easy girl or boy" and not being valued as a person but only seen as sex object
- ♥ **Can cause one not to achieve long-term goals if something goes wrong:** Getting HIV is like a death sentence, STIs can cause great harm too if untreated, unwanted pregnancy can also interfere with one's career plans, abortion as option can be a health risk and do a lot of emotional harm too
- ♥ **It is against some people's religious beliefs:** Sexuality is God created and something beautiful, especially when a baby is born from a loving relationship where parents have made vows to love and support each other even in difficult times and raise their child together.
- ♥ **Save youth for fun and games, don't want to become seriously involved:** Still lots of time to get seriously involved, young once and have freedom to play, have fun and enjoy yourself.
- ♥ **Avoid complicated relationships:** Relationships do become more involved if sex is involved and it can a lot of emotional pain if people break up - divorce is painful for everyone - same feelings when breaking up
- ♥ **Remain true to own values and personal standards:** It is your life and body and it should be your decision - people who really care about you should respect your values
- ♥ **Wait and prepare for adulthood first** - too young still and have a lot of time to get seriously involved, young once and have freedom to play, have fun and enjoy yourself
- ♥ **Prevent comparisons with other sexual partners and jealousy:** Can complicate relationships a lot and can cause mistrust
- ♥ **Protect body and feelings:** Young people are not sure of their own feelings yet, possible to have a friendship without sex involved. It is your body and you must protect yourself from harm  
(Also add and discuss additional reasons from the postbox)

**Closing:** "Your sexuality is a wonderful thing - what do you think would be a good choice for you? To have sex in your teens or wait until you are developmentally and financially ready for adulthood and emotionally ready for a committed, loving relationship? Write down in your own time your expectations about relationships and sex. Identify ways to keep yourself busy and build your self-esteem.



## BEYOND THE CLASSROOM:

### WHAT ARE YOUR EXPECTATIONS ABOUT RELATIONSHIPS AND SEX?



1. What type of person would you like to fall in love with?
2. Where would you like to go to on dates, doing what?
3. How would you know whether it is love or infatuation?
4. When would you want to have sex with someone?
5. Would you like to get married? Why or why not?
6. If you would like to get married, what age would be right for you?
7. How would go about to end a relationship with someone if it doesn't work out?
8. How do you like to keep yourself busy - when bored/lonely/built-up energy? (add to list)

Tick some ideas of how to keep yourself busy and boost your self-esteem.  
Add some more to the list:

- |  |   |
|--|---|
| <input type="checkbox"/> Start a new sport e.g. running  | <input type="checkbox"/> Visit patients at a local hospital                                     |
| <input type="checkbox"/> Start a pet sitting service while people are on vacation                              | <input type="checkbox"/> Read to people at the old age home                                     |
| <input type="checkbox"/> Start your own flower or vegetable garden (small patch)                               | <input type="checkbox"/> Start entertaining young children/help at parties e.g. magic, clowning |
| <input type="checkbox"/> Produce a neighbourhood play with your friend for all the parents                     | <input type="checkbox"/> Take long walks in parks or in nature                                  |
| <input type="checkbox"/> Create your own personalized stationery   | <input type="checkbox"/> Visit family and friends   |
| <input type="checkbox"/> Start writing to a pen pal  | <input type="checkbox"/> Learn new games - card or board games                                  |
| <input type="checkbox"/> Start a collection e.g. stamps, coins, tokens   | <input type="checkbox"/> Learn how to repair or restore things, eg, bicycles/cars/furniture     |
| <input type="checkbox"/> Care for animals at the local SPCA  | .....   |
| <input type="checkbox"/> Learn some form of art e. g. clay modeling, wire, paint, draw, wood, ceramic, pottery | .....   |
| <input type="checkbox"/> Learn how to do first aid   | .....   |

## ASSESSMENT:

Have learners choose words to assess their feelings about the session on continuums. Feelings can range from negative to positive with neutral in the middle - indicate with a cross on the line the degree of feelings experienced. Learners can add more ranges of feelings e.g.:

	 .....	
Bored	.....	Very interested
Learned nothing new	.....	Learned a lot
Angry	.....	Happy
Upset	.....	OK/fine
Frustrated	.....	Enjoy it a lot
No participating	.....	Everyone involved

## REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....

## ACTIVITIES FOR ADVANCED LEARNING

- Divide the learners into four groups - two groups brainstorm and list each on a flip chart their reasons "Why do some young people choose to have sex?" and the other two groups brainstorm and list each on a flip chart "Why do some young people choose to wait to have sex?" Learners present and give feedback, put their flip charts up and discuss. Facilitation: Compare and integrate with reasons given in the session and look for unmet or deeper reasons.
- True and false activity: Write out statements on flip charts about known reasons why young people become sexually involved or not and have learners decide whether it is true or false and discuss their choices
- Agree or disagree: Have learners write 3 reasons each why/why not in their opinion young people become sexually involved or not, put it in container. Divide learners into small groups and have learners in each group draw some statements and decide in the group whether they agree or disagree. Link/compare with literature and research findings to integrate feedback from groups.

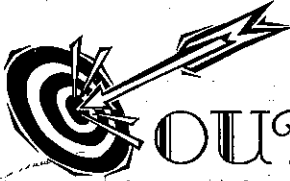


# INFORMED SEXUAL DECISION MAKING



## FOCUS OF THE SESSION:

- Inform learners about rape, abortion, contraceptives and safer sex (prevention methods)
- Create awareness of influences in our lives with regard to sexual decision-making
- Understanding of the link between use of alcohol or drugs and HIV/AIDS
- Empower learners to make informed sexual decisions and deal with possible sexual pressure



## OUTCOMES:

Learners that are informed and empowered to deal with influences and can demonstrate their own informed sexual decision-making

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

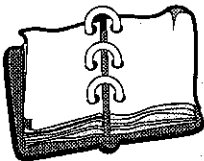
- Peer pressure and pressure to have sex
- How to resist peer pressure by means of refusal skills

### LIFE SKILLS:

- Refusal skills/how to say "no"
- Assertiveness to resist peer pressure
- Negotiation skills to ensure abstinence/safe sex
- Delaying gratification

### VALUES AND ATTITUDES:

- Positive attitudes towards delaying sex
- Taking personal responsibility for one's actions
- Self-control
- The right to protect oneself
- The right to say "no" to peers/older person/someone in authority
- Sensitivity towards the implications of multiple partners/violent and abusive relationships, substance abuse (alcohol and drugs)



## READING:

Case study: THE DEATH OF INNOCENCE



## PREPARATION:

Learner workbooks  
Flip chart and pens.



# NEW WORDS:

- Rejection:** an emotion of feeling discarded, not accepted by another person
- Taxi Queen:** a young girl exchanging sex with a specific taxi driver for privileges such as free transport, money, clothing, gifts and status among friends
- Abortion:** termination of pregnancy.
- AZT:** an anti-viral drug that possibly reduces the risk of transmission of the HIV virus from mother to unborn child or that possibly protect the rape victim from contracting the HIV virus if received hours after being raped.
- Safe sex:** the reduction of risk or negative consequences such as pregnancy, STIs, emotional hurt. Safe sex can include being faithful to one sexual partner, using of condoms.
- Contraceptives:** methods to decrease the risk of pregnancy and sexual transmitted disease, e.g. condoms, the pill, injections, etc.
- Rape:** an act of violence in which sexual activity is forced upon a person by another as a means of humiliating degrading, frightening and violating that person.
- Pregnancy:** occurs when during sexual intercourse the male sperm cell enters the female's ripe egg cell, they unite and a human life begins.

**"The following is a true story, it was a newspaper article, published in the**



## INTRODUCTION:

**Sunday Times paper of November, 2000. It can be upsetting to us when we read it, but we have to face up to reality. This is why we are here, to prevent something like this happening to one of us here. Also to help us understand better and show compassion for someone that it has happened to, instead of blaming or judging"**



## ACTIVITIES:

- ◆ Read the story of **"THE DEATH OF INNOCENCE"** and have learners follow the story in their workbooks. Ask learners how they feel after reading the story - deal with feelings only, shock, surprise, sadness etc. Don't analyse the story yet.
- ◆ Tell learners they are going to analyse the story of what happened to Busi. Have learners grouped into triads (groups of three) Give each learner a question to look for answers or find their own answers. (Each triad - discuss three questions). Read the story again and start discussion on questions and answers. Add information where needed

### Discussion:

<p><b>Sunday Times</b></p> <h1>Insight</h1> <p>The death of innocence</p> <p>A girl's first relationship traditionally marks her passage into maturity. For Soweto teenager</p>	<p>BUSIZULU, it brought a baby, HIV and rejection. This is her story.</p> <p>I'm 15 years old, I've got a five-month-old- daughter, and I've just turned out to be HIV-positive. I'm coping with it, although it's too much for me. My mother went missing last December, and I moved in with my aunt. We've got a lot of problems to deal with right now. Because I don't have a home, I thought I'd better give Ntokozo for</p>	<p>adoption - Ntokozo is my daughter.</p> <p>My father died when I was young; my mother was a teacher. She was always kind to me. We were always open.</p> <p>I thought at the age of 17 I would finish school. I thought I would do a course to be an airhostess, or maybe a social worker. I like to travel, to see the world. I don't want to have kids, but</p>
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I wanted to have my own house.

At the beginning of last year, my mother took a package. But the money didn't come, so the bank took our house. We moved into my aunt's house. I left school because my mother could no longer pay the fees.

I met my boyfriend at my friend's party when I was 13. He was 16, and he said he was a taxi driver. We were there drinking cold drinks - not alcohol - when he and his friends arrived. He said, I want to talk to you. We went outside. He wanted to know, when you see me what do you feel? I'm like, what do you mean? He said, me, when I see you I feel love. Love!

Really, that I didn't know. Why? I love you the way you are. So I said that's interesting, but I don't love you. After 15 minutes I called him again and said no, I was joking. So he said that means you love me? I said mmm. But he wanted to hear me say the words. So I said I love you too.

I didn't love him then, but I said it because I wanted to date him. But after two or three months, I started loving him really seriously. He's a kind person, loyal and very gentle. He used to help me a lot; he used to take me to school sometimes. He was loyal. Even now, I do still love him, but he has moved on with his life. He has another girlfriend right now.

When you love somebody, you have to be faithful to him or her, trust them, share secrets, share your life, your background, your childhood.

We saw each other almost every day. My mother didn't know. On our one-year anniversary, he gave me a card, and a pair of jeans, and a teddy bear. So she saw those things; the cards said happy anniversary, I love you, hope our love lasts. And she wanted

to know, do you have a boyfriend. Then I told her. She was so understanding. But she said be careful. I asked her what do you mean be careful, but she didn't want to say.

He talked about sex a lot. He said his favourite hobby is sex. He was sleeping with other girls. Every time I came from school, a girl would come out of his house. I used to say he must stop, or I will break up with him. He said I can't break up with you; those girls, I'm just playing with them. I had the feeling I can't break up with him right now.

I didn't think HIV is there; no man, not here in South Africa; maybe in America. Because I've never seen someone with HIV before. I didn't take the ads personally. Every time they say use a condom, because of AIDS, I thought no, man, AIDS doesn't exist. I didn't think it's real. I didn't talk about it with my boyfriend.

For a long time, we didn't sleep together. We were just going together, but he was begging me to have sex, saying please if you don't, it means you don't love me. So then I decided to try it. I thought maybe I would gain something, I would learn something. You learn from experience. I said if that's what you really want, then we can do it. We did it once, and then again, and then the third time was when I fell pregnant. It was July last year. I didn't really enjoy it. It was disappointing. From there, when I went to his place he said I'm busy. I think he didn't love me, he was playing with me.

I found out in December I was pregnant. My mother told me. She was very disappointed and very hurt. She wouldn't say anything, but I could see. We never talked any more like

we used to. She said I should have an abortion, and I said okay, if you think that's best. But then she disappeared.

She was teaching for three months at a private school in Orlando East (in Soweto). On the last day of school, she came home and said okay, Busi, I'm going to town, I'll be back. Can I go with you? No, she said you can't. I took her to the taxi rank. It happened so fast. I said don't take that taxi - let's talk for a bit. She said no, I have to go, I'll be back now now. But she never came back. She didn't even take any luggage.

We looked for her in case she was hurt; somebody said they saw her in Johannesburg General Hospital and we went to see. Somebody told us they'd seen her in Kliptown (in Soweto). We went to see, but we never found her. I can't say she ran away from me because she was disappointed in me.

I went to my boyfriend's place to tell him I was pregnant. I hadn't seen him for a long time, and he was shocked to see me. He was busy fixing the radio, and he said talk. I told him I was pregnant, and he said oh really, with my child, is that what you're saying. I said ja, this is your child. He said I'm busy, when I'm finished here I have to pack my bags and then I need to go. I'll call you when I get back. But he hasn't called. It was like it was a joke to him, or I'm just a fool.

Then, in February, I went to Baragwanath for a check-up, and they did a blood test. They told me I'm HIV-positive. I was sad, hopeless. Feelings like I'm in the middle of nowhere, with no one, as I've got nothing to gain, no one loves me any longer. What made me loose faith is my mother used to say



I'll be there for you no matter what happens, don't worry, I'll be here for you, things like that. So then at this stage she's not here, I don't know what to do.

Then the baby came in March, Ntokoza - happiness. They gave me the tablets, AZT, for four weeks. I don't feel too sick, just OK. Now Ntokoza is HIV negative, because of AZT. I was so happy, very excited when I found out. Happiness, that's what I want for her. Loye can make her happy; that's the thing I didn't get.

I decided to give her up for adoption to my other aunt because I want the best for her. Seeing my future, it's like if she grows up in front of me she will do the wrong things. I've turned out to be HIV-positive and I don't have faith in myself. So I thought if I really want what's best

for her I'd better give her up for adoption. She is HIV-negative, so she has a great future. I still want to do something for my daughter although I'm giving her up for adoption. I still want to do something big for her. She's a gift to me from God. I don't know what, though - I'm still planning.

My boyfriend? To this day he doesn't know he's HIV-positive. The other day he saw me when I was coming from the hospital. He wanted to know how old is the baby. I said five months. Can we go and see her? Then he did. He was, like, she's really mine, she looks like me. He said he'd come and talk to me. I waited but he never pitched. I'm angry with myself because I didn't take care of myself.

I should have said no to my

boyfriend. He's not responsible for this. I don't need nothing from him. I don't want to see him.

I don't have hope for the future. Maybe I'll go back to school next year, but on the other hand I'm planning to go and work, to be myself. And in future, I want to work for myself, be a nice lady, respect myself so the next person can respect me. My counsellor, Florence, wants me to become a counsellor too. I'd like that a lot, to talk to other people. I'd like to help other people like she helped me. But I don't want a boyfriend again or anything. I just want to stay on my own.

*As told to Franz Krüger  
Sunday Times November 12,  
2000  
Insight*

Have each learner discuss his/her question in the triad and give feedback to the class. Educator adds and clarifies information when needed.

#### QUESTIONS:

1. Did Busi plan to have a baby or to have sex or to become HIV positive?
2. What were Busi's dreams and hopes for her future?
3. What problems did Busi have in her life and with regard to her family?
4. What made Busi feel interested or attracted to her boyfriend?
5. Did Busi's boyfriend put pressure on her to have sex? If so, how?
6. Why did Busi decide to have sex?
7. Did Busi's boyfriend really love her?
8. How does Busi describe love in her own words?
9. When and how did Busi find out that she was pregnant?
10. What are the signs that someone is pregnant?
11. How long does a pregnancy take until the baby is born?
12. Where did Busi get the HIV from?
13. Does the boy friend know he is HIV positive?
14. What does rape mean and was Busi raped?
15. What does abortion mean?
16. Could Busi have had a legal abortion after she found out that she is HIV positive?
17. How is it possible that Ntokoza is HIV negative - coming from a HIV positive mother?
18. What is AZT?
19. Can Busi become HIV negative again?
20. Could Busi have prevented the pregnancy and or HIV infection? If so, how?
21. What does safer sex means?
22. What does contraceptives mean?
23. Did Busi drink or use drugs at the time?
24. Is there a link between alcohol and drugs and having sex or getting HIV infected?
25. How does Busi plan to live with HIV?
26. Can Busi infect someone with HIV? If so, how?
27. What would you do if Busi start school next year and you are in the same class?
28. What can you do to prevent this from happening to you or someone you know?



## BEYOND THE CLASSROOM:

Have learners answer in their own words the following questions:

### IDENTIFY RISK BEHAVIOUR:

*Which risk behaviours of Busi:*

- ◆ *made her have sex?*
- ◆ *made her become pregnant?*
- ◆ *made her become HIV positive?*

### IDENTIFY PREVENTION METHODS:

*How could Busi possibly have prevented:*

- ◆ *Having sex?*
- ◆ *Becoming pregnant?*
- ◆ *Becoming HIV positive?*

### LIVING OR COPING WITH HIV:

- ◆ *What risk behaviour of the boyfriend could have caused him to become HIV positive?*
- ◆ *Do you think Busi should have told the boyfriend that she is HIV positive? Why?*
- ◆ *Should someone tell his or her HIV status to other people? Why or why not?*
- ◆ *What are the rights of someone who is HIV positive?*

**Discuss the story and your answers with your parents/significant others or someone very close to you**



## ASSESSMENT:

Assess learner responses to the case study - their information and knowledge on sexuality, sex and HIV/AIDS as well as the attitudes and values demonstrated. Assess learner needs for more information e.g. different types of contraceptives/safer sex/unanswered questions/fears/worries



## REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder.....
- I experienced problems with.....
- Next time I will.....
- The learners.....
- Feedback from learners.....



## ACTIVITIES FOR ADVANCED LEARNING

- ◆ Write words like safer sex, abortion, rape, homosexual, lesbian, pregnancy, contraceptives, masturbation, etc on a flip chart and ask learners what associations comes to mind and discuss each topic after prioritising.
- ◆ Ask learners to write words/topics down they would like to know more about on scrap paper anonymously and put it in the LETS TALK ABOUT BOX. Draw words and discuss in the class. Give learners task for beyond the class room - find out more about word or topic and report back - gather information for next session



# PROBLEM PEERS OR PEER PROBLEMS?



## FOCUS OF THE SESSION:

- Empower learners to deal with peer pressure and possible sexual pressure
- Improve and practice refusal skills to deal with peer pressure
- Assist learners to define their own attitude with regard to HIV/AIDS and relationships

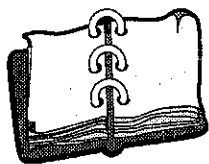


## OUTCOMES:

Learners who'll understand and be able to show how to resist peer group pressure affectively in view of the challenges created by HIV/AIDS and sexual relationships

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:	LIFE SKILLS:	VALUES AND ATTITUDES:
<ul style="list-style-type: none"><li>• Peer pressure and pressure to have sex</li><li>• How to resist peer pressure by means of refusal skills</li></ul>	<ul style="list-style-type: none"><li>• Refusal skills/how to say "no"</li><li>• Assertiveness to resist peer pressure</li><li>• Negotiation skills to ensure abstinence/safe sex</li><li>• Delaying gratification</li></ul>	<ul style="list-style-type: none"><li>• Positive attitudes towards delaying sex</li><li>• Taking personal responsibility for one's actions</li><li>• Self-control</li><li>• The right to protect oneself</li><li>• The right to say "no" to an older person/someone in authority</li><li>• Sensitivity towards the implications of multiple partners/violent and abusive relationships, substance abuse (alcohol and drugs)</li></ul>



## READING:

Information provided for this unit



## PREPARATION:

Learner workbooks  
Flip chart and pens



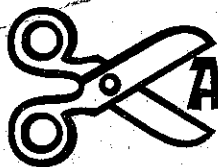
# NEW WORDS:

- Assertive:** means standing on your rights without violating other people's rights.
- Incest:** sexual intercourse between particular blood relatives (father - daughter, brother - sister)
- Sexual abuse:** forcing a person to be sexually intermit against their will. It includes rape , incest, molestation, oral sex, fondling, masturbation and anal intercourse. It can also include sexual abuse without touch by forcing, tricking or manipulating a child or person for instance obscene phone calls, showing or making pornography, unsuitable sexual comments.
- Rape:** an act of violence in which sexual activity is forced upon a person by another as a means of humiliating degrading, frightening and violating that person.



## INTRODUCTION:

**"We need to know how to deal with peer pressure to prevent running risks of doing things we would not like to do - like getting involved with drugs or becoming sexually active against our will. We also need to learn how to be assertive to deal with possible rape, incest or sexual abuse and know how to ask for help"**



## ACTIVITIES:

- ◆ Problem peers or peer problems? (individual activity)

**Note to the educator:** Read the lists once and have learners respond by marking the "pressure" reasons in their workbooks. Read the lists a second time and have learners mark in their workbooks the own choice of reasons for both boys and girls they agree with

The following reasons for teenage sexual activity where given by boys and girls respectively

GIRLS' "REASONS" for having sex	BOYS' "REASONS" for having sex
<ul style="list-style-type: none"> <li><input type="checkbox"/> To please the boy</li> <li><input type="checkbox"/> Wanting to be fashionable</li> <li><input type="checkbox"/> Unable to say NO when pressured</li> <li><input type="checkbox"/> Afraid of losing boyfriend</li> <li><input type="checkbox"/> Sense of being obligated (payback of cost)</li> <li><input type="checkbox"/> To prove love</li> <li><input type="checkbox"/> Being high on alcohol or drugs</li> <li><input type="checkbox"/> Because it means a lot to the boy</li> <li><input type="checkbox"/> Because the girl led the boy on and doesn't want to be a tease</li> <li><input type="checkbox"/> Being part of a group which values sexual activity (everyone is doing it)</li> <li><input type="checkbox"/> Giving in to persistent demands</li> <li><input type="checkbox"/> To avoid conflict with boyfriend</li> <li><input type="checkbox"/> Curiosity - wanting to know what it is about</li> <li><input type="checkbox"/> Rebellion against parents or religion</li> <li><input type="checkbox"/> To boost poor body image - feel wanted</li> <li><input type="checkbox"/> Desire for affection and love</li> <li><input type="checkbox"/> Got carried away - couldn't stop in time</li> <li><input type="checkbox"/> Escape from loneliness</li> <li><input type="checkbox"/> Look for new experience and excitement</li> <li><input type="checkbox"/> Due to ignorance</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Afraid girl might think he doesn't like her</li> <li><input type="checkbox"/> To prove manhood</li> <li><input type="checkbox"/> Because it is expected</li> <li><input type="checkbox"/> Being in a group where everyone is doing it</li> <li><input type="checkbox"/> To have experience</li> <li><input type="checkbox"/> Curiosity - to see what it is like</li> <li><input type="checkbox"/> Being high on alcohol or drugs</li> <li><input type="checkbox"/> Rebellion against parents or religion</li> <li><input type="checkbox"/> Not to hurt the girls feelings</li> <li><input type="checkbox"/> Because the girl wants it</li> <li><input type="checkbox"/> Nothing else to do on the date</li> <li><input type="checkbox"/> To discover what all the excitement is about as shown in the media</li> <li><input type="checkbox"/> Increased opportunity for sexual contacts</li> <li><input type="checkbox"/> Boredom or attempt to win approval</li> <li><input type="checkbox"/> Talked into it by partner</li> <li><input type="checkbox"/> Due to ignorance</li> <li><input type="checkbox"/> Got carried away, overwhelmed</li> <li><input type="checkbox"/> To boost own self-image</li> <li><input type="checkbox"/> Looking for excitement</li> <li><input type="checkbox"/> Express sexual feelings</li> </ul> <p><small>(Adapted: From responsible teenage sexuality, 1994: pp. 111-112)</small></p>

**Questions:**

1. Tick the reasons given by both girls and boys that indicate some form of **pressure** put on them for **HAVING sex**
2. Mark with a cross the reasons given by both boys and girls where it was their **own choice or decision** for **HAVING sex**
3. What is your conclusion?

**Note to the educator:** Read the next list once and have learners respond by marking the pressure reasons in their workbooks. Read the list a second time and have learners mark in their workbooks the own choice reasons for both boys and girls

**REASONS GIVEN WHY YOUNG PEOPLE DON'T HAVE SEX:**

- Feel they are too young still
- Own personal values
- Not being in love
- Fear of pregnancy
- Cultural values
- Fear of STIs and HIV
- Wish to wait until married
- Not feeling emotionally ready
- Religious values
- Don't want to disappoint parents/family
- Not want sex to influence school work/studies or future
- Scared of complicated relationships
- Not feeling confident to have sex yet
- Scared of consequences - feelings and what will happen to relationship
- Not want to lose friendship
- Worried will be dumped after having sex
- Don't want to be stigmatised ("easy, available or cheap")
- Scared, doesn't know what sex is all about
- Don't know how to prevent oneself from getting pregnant or getting STI's/HIV
- Choose abstinence
- Haven't met the right person yet

(Adapted from responsible teenage sexuality, 1994: pp. 111-112)

**Reflection:**

1. Tick the reasons given by young people that indicate some form of **pressure** put on them for **NOT HAVING sex**
2. Mark with a cross the reasons given by young people where it was their **own choice or decision** for **NOT HAVING sex**
3. What is your conclusion?

**Note to the educator:** Ask conclusions from some individual learners. Peer pressure is real and learners need to practice their skills to deal with it

- ◆ **Resistance and refusal skills:** Divide learners into four groups and have them seated in four different areas. Ask each group to come up with effective "refusals" for one of the following situations using basic communication skills. They should also do a two-minute role-play demonstration to the other groups expanding on this one line given to builds their own story:

**PRESSURE STATEMENTS FOR REFUSAL SKILLS ROLE-PLAYS**

**Group 1:**  
Friend: "If you really love me you will do it. Lets do it"  
You: .....

**Group 2:**  
Friend: "Try this, don't you want to be cool?"  
You: .....

**Group 3:**  
Friend: "Are you chicken or just a baby?"  
You: .....

**Group 4:**  
Friend: "Mommy's little girl/boy? Your parents won't find out"  
You: .....

**Reflection:**

- What skills did the different groups demonstrate?  
 How did the group go about to decide how to generate responses for the pressure statements?  
 Who took initiative and acted as leader or facilitator and why?  
 How did the group decide who should do the role-play?  
 Did anyone feel pressurised by the group to conform in any way?

◆ **Group activity:**

**Note to the educator:** Learners remain in their groups (4 groups) for this activity. This activity will serve as overall assessment and the correct answers are provided under the section heading: **ASSESSMENT**

**Instruct the learners to complete the following questionnaire by themselves and then discuss it in their groups and reach consensus**

<b>GROUP 1:</b>	<b>Agree</b>	<b>Disagree</b>	<b>Unsure</b>
1. A person who is strong and healthy can be infected with the HIV virus			
2. People who rape children are often relatives			
3. People with HIV/AIDS should not come near other people			
4. Boys are more clever than girls at school			
5. A girl who is in love should always do what her boyfriend wants her to do			
6. Parents should talk about HIV/AIDS with their children			
7. I can talk easily with an adult in my family about love affairs			

<b>GROUP 2:</b>	<b>Agree</b>	<b>Disagree</b>	<b>Unsure</b>
1. The HIV virus can be spread by mosquitoes or other insects			
2. People of my age are too young to get HIV virus			
3. I am willing to eat from the same plate as someone with HIV/AIDS			
4. It is alright for boys to have many girlfriends			
5. A boy who is in love should always do what his girlfriend wants him to do			
6. Parents should talk about sex with their children			
7. I am still too young to fall in love			

<b>GROUP 3:</b>	<b>Agree</b>	<b>Disagree</b>	<b>Unsure</b>
1. Many people who carry the HIV virus look healthy and normal			
2. It is very dangerous for young people to have sex with someone older			
3. People with HIV/AIDS have only themselves to blame			
4. When a school girl gets pregnant it is her own fault			
5. If you love someone you should have sex with that person			
6. I can talk to my friend about HIV/AIDS and sex			
7. My classmates are still too young to fall in love			

GROUP 4:	Agree	Disagree	Unsure
1. Condoms are a good way to prevent infection with the HIV virus			
2. People on farms and small villages are safe from HIV/AIDS			
3. People with HIV/AIDS deserve our love and support			
4. It is wrong for a girl to have many boyfriends			
5. A good friend should do whatever I tell or advise him to do			
6. I can talk to my parents/family about HIV/AIDS and sex			
7. I find it difficult to talk about love and sex			

(Adapted from: UNICEF questionnaire adapted by A.M. Educational Consultants, Pilot Project, December 1999, pp. 116-117)

( See the assessment for more information)

◆ **Reflection:**

1. How did you feel when your answers/other learner's answers differed in the group?
2. Did you experience any form of pressure in the group?
3. How did you manage to reach consensus in the group?
4. What skills were used to try and reach consensus?
5. Was it easy or difficult for the group to reach consensus? And for you? Why?
6. The statement's correct answers can be found under "Assessment" - refer learners to that section after completion of this activity.

**Closing:** Think about it: **How assertive are you? How well do you feel you cope with peer pressure?**



## BEYOND THE CLASSROOM:

- ❖ **How assertive are you? How well do you feel you cope with peer pressure?** Write a known problem/situation of peer pressure for a role-play for you and a partner

◆ **Things to think about when deciding to have sex**

### 13 IMPORTANT QUESTIONS TO THINK ABOUT ON HAVING SEX

1. Why do I want to/am having sex?
2. Do I believe teenage sex is right or wrong? Why?
3. How would/do I feel the next day?
4. How do I feel about my parents/significant others knowing?
5. How would my parents/significant others react if they know?
6. How well do I know my partner?
7. How long have we had this relationship?
8. Have my partner and I discussed having sex?
9. Have my partner and I discussed using contraceptives?
10. Have my partner and I discussed what the possible consequences of having sex can be?
11. Do my partner and I have accurate information about sex?
12. How can I be sure my partner does not have a STD or is HIV infected?
13. Is it really my own decision to have sex or do I feel pressurised?

◆ **How assertive are you?**

Assertiveness means standing on your rights without violating other people's rights

It is your right and choice not to have sex with someone. Assertiveness is a skill to be acquired - readiness to act on your beliefs and standing up for yourself. It is not who you are - but what you do. A child has the same right to be assertive as an adult or a younger person towards and older person.

## STATEMENT QUIZZ:

Mark each of the sentences in the following way: **YES** or **NO** or **UNSURE**

- ✓ **YES** or tick
- ✗ **NO** or a cross
- ? **UNSURE** or a question mark

- If I become sexually involved I will be able to make sure that we are using condoms
- I would rather masturbate than have unprotected sex with someone
- I can say no to my date when offered alcohol on a date
- I would definitely want to be kissed and touched on my first date
- I would only have sex with someone when it is my decision
- A person should always listen to his/her date and do whatever the date wants
- I can talk to my parents or family about love and sex
- I can talk to my partner about my beliefs about love and sex
- My partner respects my views about sex
- I am very shy and rather keep quiet in company
- A relationship cannot grow without becoming sexually involved
- I know where to go to get help or ask for condoms
- If I have a smelly or painful discharge I will ask for help immediately e.g. go to the clinic
- Drinking alcohol can influence my sexual feelings and decision-making ability
- I am happy with who I am and can express myself
- I have good communication skills and can talk to people
- I feel it is my responsibility to please other people all the time
- When my date ask me to go to his/her house alone I will say no
- Sex is the only way to show true love
- It not impossible for a family member to rape someone



### KEY:

If you have **more than the 6 NO** responses, read the rest of the NO responses and any question marks to be able to identify in **WHAT SITUATIONS OR WITH WHOM** you need to be more assertive. Decide how to become more assertive, if you need help write to the **LETS TALK ABOUT BOX** - its confidential

- ◆ Write your own **RAP SONG - UNDER PRESSURE I WILL ...** (continue or write own song and words e.g.)

### UNDER PRESSURE I WILL ....

- ◆ ASK some question too
  - ◆ And I can say NO to you and
  - ◆ DECIDE for myself what I want to do...
- (Continue or write own song and words)



## ASSESSMENT:

From the four groups' joint feedback - do a group assessment on the learners knowledge accuracy, judgemental attitudes and possible risk attitudes they might have regarding the seven levels

### KNOWLEDGE:

- ◆ A person who is strong and healthy can be infected with the HIV virus
- ◆ The HIV virus cannot be spread by mosquitoes or other insects
- ◆ Many people who carry the HIV virus look healthy and normal
- ◆ Condoms are a good way to prevent infection with the HIV virus (when used correctly)

### RISK OF GETTING HIV/AIDS:

- ◆ People who rape children are often relatives
- ◆ People of their age are not too young to get HIV virus



- ◆ It is very dangerous for young people to have sex with someone older (not age, about safer sex and HIV/STD prevention)
- ◆ People on farms and small villages are not safe from HIV/AIDS

#### **ATTITUDE TOWARDS PEOPLE WITH HIV/AIDS:**

- ◆ People with HIV/AIDS can come near other people
- ◆ One can eat from the same plate as someone with HIV/AIDS
- ◆ People with HIV/AIDS have not only themselves to blame
- ◆ People with HIV/AIDS deserve our love and support

#### **ATTITUDE TOWARDS OPPOSITE SEX:**

- ◆ Boys are not more clever than girls at school or the other way round
- ◆ It can be wrong for boys to have many girlfriends
- ◆ When a school girl gets pregnant it is not only her own fault
- ◆ It can be wrong for a girl to have many boyfriends

#### **ATTITUDE TOWARDS FRIENDSHIPS/HANDLING PEER PRESSURE:**

- ◆ A girl who is in love should not always do what her boyfriend wants her to do
- ◆ A boy who is in love should not always do what his girlfriend wants him to do
- ◆ If you love someone it doesn't mean you should have sex with that person to prove it
- ◆ A good friend should not do whatever one tells or advises him to do

#### **ATTITUDE/SKILLS TO TALK ABOUT HIV/AIDS AND SEX:**

- ◆ Parents should talk about HIV/AIDS with their children
- ◆ Parents should talk about sex with their children
- ◆ I should be able to talk to my friend about HIV/AIDS and sex
- ◆ I should be able to talk to my parents/family about HIV/AIDS and sex

#### **ATTITUDE/SKILLS TO TALK ABOUT LOVE:**

- ◆ I should be able to talk easily with an adult in my family about love affairs
- ◆ I might be too young to fall in love
- ◆ My class mates might also be too young to fall in love
- ◆ One can find it difficult to talk about love and sex

## REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

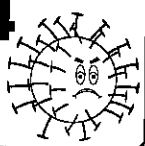
- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....

## **ACTIVITIES FOR ADVANCED LEARNING**

- ◆ Have learners do their rap songs in class as a competition with negotiated incentives
- ◆ Learners can design posters/ use graffiti wall to write or draw ideas of how to deal with peer pressure creatively
- ◆ Have the four groups play an AGREE/DISAGREE game. Have two areas with AGREE and opposite it DISAGREE signs. The group members to answer should run for a position after the statement is read to them. The group should discuss why and if they differ and reach consensus. Learners take turns to read a statement from their workbook to a group. "Why do you AGREE/DISAGREE?" Learners should put up their hands and one learner is asked at random to say why he/she agrees/disagrees (Due to time not all learners will get a chance to answer, but all will get a chance to participate)

**Note to educator:** This can enhance assertive communication and help establish normative values and or group norms. Important to be culturally sensitive and look out for culture specific statements and misconceptions

**UNIT**  
**4**



# Living positively with HIV and respecting people living with AIDS

## OUTCOMES:

**1**  
Accept cope and live positively with the knowledge of being HIV positive

LO1, LO2, LO3

**2**  
Show compassion empathy and solidarity towards persons with HIV/AIDS

LO1, LO2, LO3

**3**  
Recognise the need to provide basic care for people with AIDS in the family/community

LO1, LO2, LO3

**4**  
Understand and cope with loss and the grieving process

LO1, LO2, LO3

# KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

## **KNOWLEDGE AND UNDERSTANDING OF:**

- Sources of help if needed
- How to care for people in the family and in general who have AIDS
- How to care for people in the family and in general who have AIDS
- Know and understand the process of grieving
- Know how to do own planning for the future (life goal setting)

## **LIFE SKILLS:**

- Showing empathy to people with HIV/AIDS
- Giving support and helping PLWA
- Identify with feelings of loss
- Handling emotions
- Coping with loss, grieving and death
- Decision-making skills
- Goal setting/planning for the future
- Critical thinking

## **VALUES AND ATTITUDES:**

- Kindness
- Sensitivity
- Tolerance towards anyone who is different from us
- Health and hygiene
- Respect for others/rights of persons infected with HIV
- Helpful
- Loving and caring
- Respect for life
- Compassion/tolerance and support towards persons with HIV/AIDS

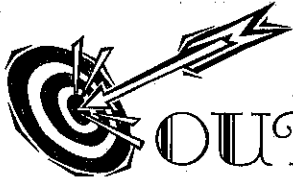


# Positive living in the face of HIV/AIDS



## FOCUS OF THE SESSION:

- ◆ Create awareness of how to care for people with HIV/AIDS in the family and in the community
- ◆ Show compassion and tolerance for People Living With AIDS (PLWA)



## OUTCOMES:

Learners who are able to demonstrate an understanding of how and why to show compassion for PLWA and how to help care for them

## KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

### KNOWLEDGE AND UNDERSTANDING OF:

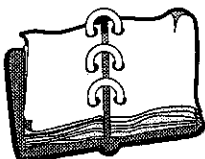
- Sources of help if needed
- How to care for people in the family and in general who have AIDS

### LIFE SKILLS:

- Showing empathy
- Giving support to PLWA
- Coping with loss

### VALUES AND ATTITUDES:

- Friendliness
- Kindness
- Sensitivity
- Tolerance towards anyone who is different from us
- Health and hygiene
- Respect for others/rights of persons infected with HIV
- Helpful
- Loving and caring
- Respect for life
- Compassion/tolerance and support towards persons with HIV/AIDS



## READING:

Some people who have HIV/AIDS are living healthy lives for long periods of time. Some adults have remained healthy for over 14 years after they were infected with the virus. It is still unknown why some with HIV survive for long periods, while others do not.

There seems to be many factors that help people with HIV to live long lives. The belief that they will survive; support from family and friends; little stress; enough money; low exposure to the virus; early medical treatment for infections; traditional medical treatment; gentle exercise and healthy eating are some of these factors.



## PREPARATION:

Learner workbooks  
Flip chart and pens



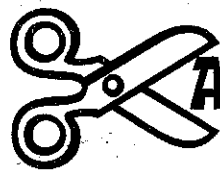
# NEW WORDS:

- PLWA:** people living with AIDS
- Empathy:** having understanding by trying to imagine yourself in the other person's situation
- Compassion:** showing that you care and would like to be of help
- Tolerance:** broadmindedness, open-minded, acceptance
- Discrimination:** is when someone is unjustly/unfavourably treated, based on prejudice, especially because of race, colour, sex, religion or an illness.
- Judgmental:** subjective critical and negative opinion of another person or situation influencing one's attitude towards that person



## INTRODUCTION:

**"Have you ever had a big secret that you did not want to share with anybody? Maybe you would feel comfortable to tell your best friend but then you would not like him/her to tell everybody else."**



## ACTIVITIES:

- ◆ When to keep a secret, when to share?

Often we feel scared to share secrets because it might: - start gossip  
- open us up for rejection

The sharing of secrets with a person that loves and cares can also open up an opportunity to receive: support, love, encouragement and advice.

**Note to the educator:** Get verbal feedback. Explain that a secret can be harmful to the person like sexual abuse - sometimes one is scared to tell other people about these things. People that are HIV positive sometimes also feel scared of telling other people. We cannot force them to tell because we all have a right to privacy. If someone tells us something in confidence, it is our duty to keep it between us and not tell others

Ask for a volunteer. All learners have to greet every other learner in the class at least once by shaking hands in the normal way. Educator explains that this learner will greet other learners differently to the normal way of shaking hands. This learner (volunteer) starts greeting differently by folding one finger inside his hand and tickling or touching the inside or palm of the other learner's hand that he is busy greeting. As soon as any learner feels his/her hand being touched on the inside of the palm, he/she should also now greet other learners differently by tickling or touching the inside of their palms with their finger. Each learner has to wait until someone else first greets him differently before he can greet other learners differently too.

**Note to the educator:** Observe how long it takes until all the learners are greeting in this new way. Explain that **WE CANNOT GET HIV INFECTED BY SHAKING HANDS**. If this new way of greeting is compared to unprotected sex with an infected partner - this activity would demonstrate how quickly the spread of HIV can take place in a community from person to person through sexual intercourse over time

Refer learners back to unit 1 in their workbooks, session 1.5 where they made a relationship map. Look at the map with the circle in the middle with ME written in it. Draw lines to all the important people's names they have indicated - use peoples' names in the map and add other people if they have started new relationships with since then

### Answer the following:

- ◆ How would your relationship change with each person if this person tells you he/she is HIV positive?
- ◆ Who would you still continue to have a relationship with and who not?
- ◆ How would your relationship with each of these people be affected if it is you who are HIV positive?

- ◆ We all hear through the media of people dying from AIDS. Even newspapers tell the stories e.g. Busi an innocent youth becoming HIV positive. HIV/AIDS is a reality and a killer disease with no cure. Think of all the people you know. Do you know somebody that is HIV positive? Do you know someone who has died of AIDS? It is confidential - no sharing of names or identities. Do you think they could have prevented themselves from getting the virus and why do you say so?
- ◆ How can you protect yourself from getting AIDS?

**Note to the educator:** Revisit information from previous units to reduce unnecessary fears and myths like touching a HIV positive person or PLWA. Reinforce learning that has taken place with learners Identify and rule out any stigmatising, prejudice or discrimination displayed in the classroom

◆ **HIV testing and prejudice:**

*In what situation would you want to have a HIV blood test?*

*In what situation would you not want to have a HIV blood test?*

**Brainstorm and write on flipchart learner response on the following:**

Your best friend shares with you in confidence that he/she is HIV positive.

- How would you react?
- What would you say to your friend?
- What things would change in your relationship (things that will not stay the same)
- What needs might your friend have and how can you help?

Do a role-play with two volunteers where the two are pretending to be best friends. The one friend starts off by telling the friend that he/she has a secret to share..... (learners should use their own ideas and creativity to expand the role-play)

How would you like people to treat you if you were HIV positive? What needs would you have with regard to help and care? What resources would you make use of on finding out you are HIV positive and living with HIV?



## BEYOND THE CLASSROOM:

- ◆ Make a list of needs that a HIV positive person might have
- ◆ Make a list of resources or support systems in your own community for HIV positive people or people with AIDS
- ◆ What should the family of a HIV positive person do and how?
- ◆ Whose responsibility do you think is it to take care of people with AIDS?
- ◆ Think of ways that a person who is HIV infected can live positively with HIV



## ASSESSMENT:

Did the activities in this session help you as the educator and the learners to:

- identify own fears, discrimination / prejudice and attitudes
- critically evaluate own response to the reality of HIV/AIDS for people living with aids
- reflect on own emotional response when learning that a person / loved one has HIV/AIDS

# REFLECTION & RECORDING

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder.....
- I experienced problems with.....
- Next time I will.....
- The learners.....
- Feedback from learners.....

## **ACTIVITIES FOR ADVANCED LEARNING**

Have learners write their own case study about someone they know who is HIV positive or has AIDS.

- Learners do not need to disclose the person's identity
- How do they know that this person is HIV positive or has AIDS (gossip, suspicion or self disclosed)
- How did the person become infected with HIV
- Can you identify any discrimination against the person from friends, family, work, community
- What community support is he/she receiving
- If not, why do you think that is the case
- What do you observe about the persons feelings, attitude and behaviour
- What consequences does it have for his/her family?
- What resource exists in their community to provide care and support to HIV positive people?
- Identify myths that exist in their community about HIV positive people.



# Dealing with loss and showing compassion for PLWA



## FOCUS OF THE SESSION:

- ◆ Show compassion and tolerance for People Living With AIDS (PLWA)
- ◆ Cope with loss and death due to AIDS complications



## OUTCOMES:

Learners who can demonstrate understanding about death, loss and coping with loss especially for PLWA

### KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

#### KNOWLEDGE AND UNDERSTANDING OF:

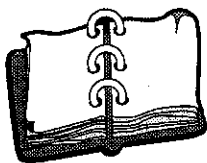
- \* How to care for people in the family and in general who have AIDS
- \* Know and understand the process of grieving in adults and young people

#### LIFE SKILLS:

- \* Showing empathy to people with HIV/AIDS
- \* Giving support and helping PLWA
- \* Identifying with feelings of loss
- \* Coping with loss, grieving and death

#### VALUES AND ATTITUDES:

- \* Friendliness
- \* Kindness
- \* Sensitivity
- \* Tolerance towards anyone who is different from us
- \* Health and hygiene
- \* Respect for others/rights of persons infected with HIV
- \* Helpful
- \* Loving and caring
- \* Respect for life
- \* Compassion/tolerance and support towards persons with HIV/AIDS



## READING:

Any programme dealing with HIV/AIDS should address the painful issues of death and grieving, regaining special attention and sensitivity from both the educator and the learners

It is important for the educator as programme presenter to be comfortable with the topic and to have dealt with his/her own personal losses and grief. Educators should make extra time to be available when dealing with this topic because of emotions that can be evoked during this session which might need further individual attention or follow-up

"Death and bereavement are universal but are handled differently in different cultures. In some cultures the subject of death is taboo and often mourners are left feeling isolated and guilty about their grief. Sometimes, if mourning is avoided or incomplete, the person may not be able to live life fully" (Talking about Life HIV/AIDS and life skill training manual for primary schools, Gauteng Provincial Departments of Health and Education, p63)



## STAGES OF MOURNING:

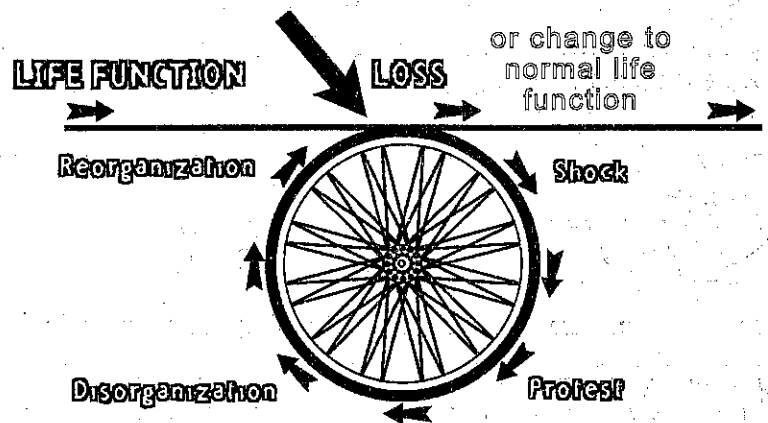
The mourning process have five distinct stages but they can be overlapping with some movement backwards and forwards

1. **ANGER**
2. **DENIAL**
3. **BARGAINING**
4. **DEPRESSION**
5. **ACCEPTANCE**

Most people go through these stages of the grieving process. However, they experience these stages to **different degrees** and **different lengths of time**. The sequence of stages can also differ and people can move forward or backwards to other stages or go through a stage more than once.

### THE GRIEF WHEEL:

The grief wheel visually shows how loss impacts on a person's **life functioning** and the **process of grieving** to be able to carry on with one's life after suffering some form of loss (e.g. death)



### PHASES OF THE GRIEF WHEEL:

- Shock:** the reality of the loss has not yet sunk in. Often the person experiences numbness, denial, disbelief and slow thinking. Suicidal thoughts are also possible
- Protest:** strong and powerful feelings are common in the struggle to come to terms with the reality of the loss, like sadness, guilt, fear, relief, longing, and searching. Poor sleeping can be experienced.
- Disorganisation:** when the reality of the loss becomes too real, the bereaved person feels confused, apathetic, restless and depressed. This phase is marked by low self-esteem, loneliness and anxiety as well as poor concentration and memory. An overall feeling of loss of meaning in life is often felt.
- Reorganisation:** A slow process that begins when the bereaved person starts rebuilding his/her life in a meaningful way. They begin to do things they lost before losing someone to death. The person starts developing a new sense of purpose and direction in their life.

(Resources: Talking about life HIV/AIDS and life skill training manual for primary schools, Gauteng Provincial Departments of Health and Education, pp 63-67 and Goodal, A et al, (1994) The bereavement and loss training manual, Winslow Press Ltd, UK)



## PREPARATION:

Learner workbooks  
Flip chart and pens



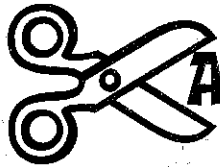
## NEW WORDS:

- Loss:** an emotion as a result of change such as death or divorce, etc. Something or someone who was there has gone
- Grief:** to be in a state of sorrow, pain, unhappiness and misery.
- Bereavement:** to be in mourning, in a state of sorrow, sadness and remembrance.
- Mourning:** to be in a state of bereavement.



# INTRODUCTION:

**“Have you ever lost something like money or a pen or clothing? Do you remember how you felt? Were you upset, angry or sorry? Did you keep worrying about it or did you accept it is gone for ever and you won't find it again?”**



# ACTIVITIES:

- ◆ **Dealing with loss:** Divide learners in small groups of three or four. Explain that when you lose something, we say you experienced a loss. Loss is part of life and a reality and can take on many forms. Let us all think of something we have lost up to now.

**Note to the educator:** Brainstorm and write a list of losses e.g. money, tools, animals, clothes, friends, housing, transport and people through death.

- ◆ **How did you feel when you lost your .....e.g dog?** (Name the losses learners have listed). Write down the feelings of loss generated by the learners. Point out that we may have different types of losses and different reactions to losses. Some of the things we have lost can be replaced, e.g. get new shoes, get some money again, make new friends but losing someone through death is a permanent loss and very difficult.
- ◆ Ask learners to write down on a A4 piece of paper/flip chart paper: **“What words or phrases do you think of when you hear the word DEATH?”** e.g. passed away, deceased, gone to heaven, moved on, passed on, gone to a better place, with God, with ancestors, lost, gone away permanently etc. Explain that because it is not easy to talk about death, people tend to make it softer, or use other phrases to describe it. Some cultures also use different words or terms but death applies to all people - it doesn't matter what age, race, culture, or religion - we have to learn how to cope with death. Death also normally causes grief (crying or sadness) for the family and loved ones, so we don't find it easy to talk about it. It is important to learn to talk about death, because it is important for us to be able to carry on with our lives even if we have lost a person close to us as a result of death.
- ◆ In the previous session we talked about how our relationships will be affected if someone is HIV positive. Take an A4 size paper and fold it in three sections. Think of one of the people closest to you and write the following on the front and back of the paper:

<b>FRONT</b>	<b>BACK</b>
<p><b>Section 1</b> <i>The one thing about this person's PERSONALITY I like the MOST</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>Section 2</b> <i>The one thing about your RELATIONSHIP I like the MOST</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>Section 3</b> <i>The MOST DIFFICULT thing I have to face in the event of this person's death</i></p>	<p><b>Section 1</b> <i>The one thing about this person's PERSONALITY I like the LEAST</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>Section 2</b> <i>The one thing about your RELATIONSHIP I like the LEAST</i></p> <hr style="border-top: 1px dashed black;"/> <p><b>Section 3</b> <i>ONE THING I would now be able to do in the event of this person's death</i></p>

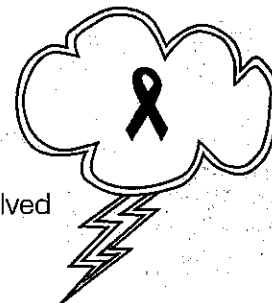
**NB Note to educator:** When asking the learners to share, point out to them that they need only share at the level at which they are comfortable. Acknowledge the sensitivity of the issue. Invite learners feel comfortable to share - can be sensitive. Invite learners to use the LETS TALK ABOUT BOX or contact educator if they need to talk privately afterwards



## BEYOND THE CLASSROOM:

### FOR A GROUP OR INDIVIDUAL PROJECT:

List ideas and brainstorm additional ideas with other people e.g. friends, neighbours, family and teachers, people in the community, at church on how we can become involved in helping and supporting people with HIV/AIDS in the following way:



- In person.....
- At school.....
- In the community.....
- At Church.....
- At Social level.....
- Within Organizations.....
- In the Media.....

Choose one project and bring suggestions to class for next session



## ASSESSMENT:

Educator observation of learners responses and of learners understanding of the emotions people experience when they loose people they love.

The extent/degree to which learners show compassion to people when their loved one dies, or is diagnosed with HIV/AIDS

## REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....



## ACTIVITIES FOR ADVANCED LEARNING

Have learners start some form of school project to raise awareness about HIV/AIDS  
 Arrange a poster competition to design a poster to give the message of risk behaviour to warn other children

Have learners in groups decide on some form of community project (refer to previous session's beyond the class room task)

Invite someone who is HIV positive or PLWA to come and address all the learners to help create empathy and understanding and steer away from prejudice.



# It's my Life I can choose



## FOCUS OF THE SESSION:

- ◆ Create awareness of how to care for people with HIV/AIDS in the family and in the community
- ◆ Show compassion and tolerance for People Living With AIDS (PLWA)
- ◆ Cope with loss and death due to AIDS complications
- ◆ Plan and set own life goals for the future despite HIV/AIDS

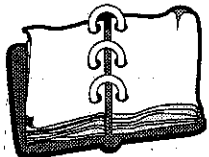


## OUTCOMES:

Learners who are able to understand and demonstrate the value of making informed choices and setting goals in a world faced with with HIV/AIDS

### KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

<b>KNOWLEDGE AND UNDERSTANDING OF:</b>	<b>LIFE SKILLS:</b>	<b>VALUES AND ATTITUDES:</b>
<ul style="list-style-type: none"> <li>• How to care for people in the family and in general who have AIDS</li> <li>• Know and understand the process of grieving in adults and children</li> <li>• Know how to do own planning for the future (life goal setting)</li> </ul>	<ul style="list-style-type: none"> <li>• Showing empathy to people with HIV/AIDS</li> <li>• Giving support and helping PLWA</li> <li>• Identify with feelings of loss</li> <li>• Handling emotions</li> <li>• Coping with loss, grieving and death</li> <li>• Decision-making skills</li> <li>• Goal setting/planning for the future</li> <li>• Critical thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Kindness</li> <li>• Sensitivity</li> <li>• Tolerance towards anyone who is different from us</li> <li>• Health and hygiene</li> <li>• Respect for others/rights of persons infected with HIV</li> <li>• Helpful</li> <li>• Loving and caring</li> <li>• Respect for life</li> <li>• Compassion/tolerance and support towards persons with HIV/AIDS</li> </ul>



## READING:

Information for goal setting in the session



## PREPARATION:

Learner workbooks  
Flip chart and pens



# NEW WORDS:

## Goal setting:

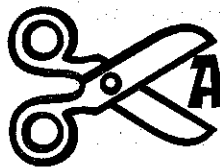
- ◆ **Measurable:**
- ◆ **Realistic:**
- ◆ **Achievable:**
- ◆ **Time limit:**
- ◆ **Controlled:**
- ◆ **Healthy lifestyle:**

Plan to do or achieve something that is possible and realistic and can be measured by a certain time and the outcome will be good for you and others. will know when it is accomplished/ see results or outcomes  
 can be done by you (e.g. you want to be an Olympic runner, but have never run in your life would be unrealistic?)  
 within your reach e.g. plan to improve marks from 60% to 70% and not 90%  
 set over time, improve marks from 60% to 70% by the end of the year  
 dependant on your inputs, can't say goal is for my father to be rich by end of year, something you can do e.g. skill/practice/learn/behaviour you can control e.g. study harder  
 involves personal responsibility for own health and wellness. Means taking positive steps to avoid disease, injury and live a lifestyle that promotes health and energy.



## INTRODUCTION:

**" Life is really one big choice. We can choose to be happy and healthy people or we can choose not take responsibility for ourselves and blame everybody else except ourselves. Now is the time to decide, when we are still young - and I hope you will choose LIFE!"**



## ACTIVITIES:

### ◆ What choices do we have?

As adolescents we hear all these mixed messages every day and feel pulled apart (remember the picture of being pulled/torn apart?)

There are things you **cannot change and you do not have a choice** about e.g. who your parents, brothers and sisters are, the colour of your eyes, hair , your length and.....

.....

.....

There are things you **can change and you do have a choice** about e.g. who you want to be friends with, what job you want to do one day and.....

.....

.....

### ◆ A HEALTHY LIFESTYLE IS A CHOICE:

Choose the most relevant answer for each statement and circle or mark it for yourself

## HOW HEALTHY IS MY LIFESTYLE?

1. After using the toilet I ... (always wash my hands/never wash my hands/sometimes wash my hands)
2. I wash myself .... (everyday/sometimes/only every second day or so)
3. I eat... (healthy food everyday/very little and unhealthy foods/only certain foods, don't like fruit and vegetables)
4. I smoke.... (not at all/three or more cigarettes a day/only on a social occasion)

5. I drink..... (not at all/three or more drinks a day/only on a social occasion)
6. I exercise..... (never/very regularly/only once a month or so)
7. My weight is ..... (too little/too much/average)
8. I use the following drugs (medication, only when very sick/dagga and other drugs regularly/  
Pills, e.g. painkillers, diet pills, cough mixtures occasionally)
9. When my friend had some drinks....(I will not let my friend drive at all/I will let my friend drive but  
check the driving/I will give my friend strong black coffee, but let someone else drive)
10. When I drive in a car I ... (always wear my safety belt/never wear a safety belt/sometimes, when  
there is space)
11. If I have a painful discharge from my vagina/penis, I .. (will go to the clinic or doctor immediately/  
leave it to clear away by itself/use painkillers and wait before deciding to tell someone)
12. Up to now I .... (have abstained from sex/had unprotected sex with different people/had  
protected sex with different people)
13. If someone at school is bleeding, I will... (call for help and not touch the blood with my bare  
hands/put pressure on the wound with my bare hands to stop the bleeding/press a cloth on  
the wound with my bare hands)
14. If someone in my class is HIV positive, I will .. (treat the person the same as before/avoid the  
person in total/talk to person but avoid touching)
15. My risk of getting HIV is very low because... (I know how to protect myself from HIV/I am too  
young/I will avoid HIV positive people)



**KEY:**

For each statement the first option = HEALTHY (low risk),  
the second/middle option = UNHEALTHY (high risk)  
and the third/last options AVERAGE HEALTH (medium risk)

- ❖ Have learners brainstorm a list of examples of choices they have e.g. doing school work or being a friend or having a relationships or having/abstaining from sex are all choices and write it on the flip chart

**Note to the educator:** Use the given choice examples or use examples given by learners if preferred for the next part of the activity

- ◆ Divide learners in five groups and give each group a choice to discuss for six minutes and give two minutes feedback to the class afterwards. Examples:

1. Choose to become a good friend to someone, what should I do?

.....

2. Choose to have a relationship with a boy/girl, but not have sex, what should I do?

.....

3. Choose not to become pregnant, what should I do?

.....

4. Choose not become infected with HIV, what should I do?

.....

5. Choose to have a good job and a bright future, what should I do?

.....

**Note to the educator: Examples of choosing ways to prevent HIV infection**

- Make a decision not to have sex as a teenager and waiting for adulthood, as sex is a major way of transmitting STIs and HIV/AIDS and therefore greatly reduces risk.
- Don't use drugs and alcohol. People who share needles for injectable drugs are at high risk of getting HIV. People, who drink and or use drugs and or smoke dagga, often place themselves in high risk by making poor decisions while under the influence of alcohol or the drug. (Have sex when they didn't really wanted to have sex, because drugs affect your mind, feelings and decisions)
- Avoid sharing personal items that can cause transmission of blood, e.g. don't share razors and toothbrushes, or pick up used needles, or play with needles, don't share piercing or tattooing needles or circumcision knives/blades
- Avoid direct contact with other people's blood, use gloves and put a barrier between your skin and the person's blood. Insist on doctors and dentist wearing gloves when they deal with you and always make sure they use new needles and injections on you.

**Note to the educator: Examples of choosing not to become pregnant is abstinence or protected sex and use of contraceptives e.g. the condom, the femidom, the pill, the injection etc.**

◆ **THE CONSEQUENCES OF BAD CHOICES:**

I can make a bad choice, like .....(action/verb e.g. not study/eat)  
If I do not make the right choices there will be negative consequences, like? .....

Consequences: *e.g. If I choose not to study, I might fail my test or exam. If I choose to have unprotected/unsafe sex, I can get HIV infected can lead to AIDS lead to death/ become pregnant or get an STI infection*

❖ **WHOSE FAULT IS BAD CHOICES?**

I normally blame .....when things go wrong for me. Sometimes we blame ourselves, but a lot of times we blame others(family/friends/parents/teachers/God/economy/ government)

Stop playing the blame game and make the right choice:  
I can turn the "blame" game into the "I can choose for myself" game

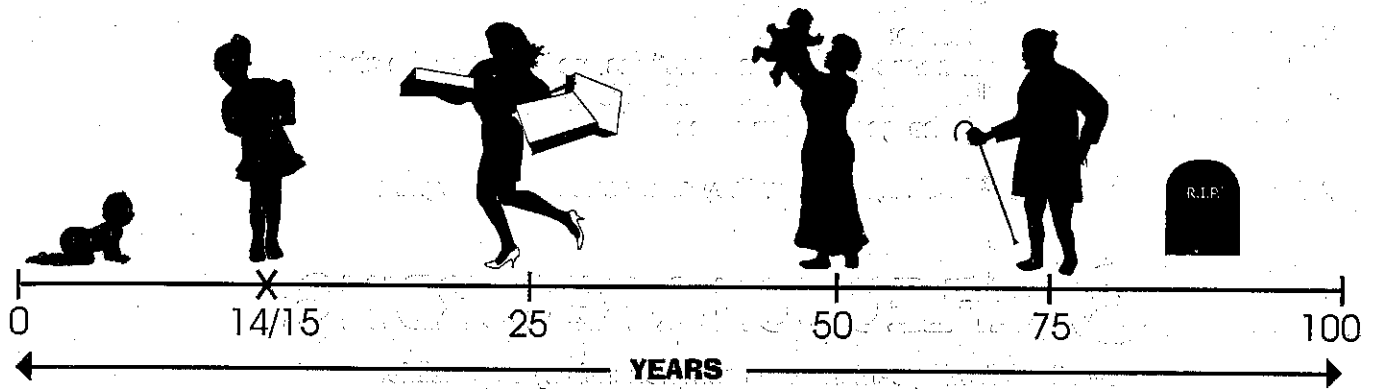
For you to be able to change something in your life over which you have control, you have to plan for it, we also call it **goal setting**

◆ **WHAT IS GOAL SETTING?**

- Goal setting:** Plan to do or achieve something that is possible and realistic and can be measured by a certain time and the outcome will be good for you and others.
- ◆ **Measurable:** will know when it is accomplished/ see results or outcomes
  - ◆ **Realistic:** can be done by you (e.g. you want to be an olympic runner, but have never run in your life would be unrealistic?)
  - ◆ **Achievable:** within your reach e.g. plan to improve marks from 60% to 70% and not 90%
  - ◆ **Time limit:** set over time, improve marks from 60% to 70% by the end of the year
  - ◆ **Controlled:** Dependant on your inputs, can't say goal is for my father to be rich by end of year, something you can do e.g. skill/practice/learn/behaviour you can control e.g. study harder

◆ **PLANNING FOR LIFE:**

This is your life over time from the day you were born up to the day you would possibly die:



**Think about the following LIFE PLANNING QUESTIONS:**

1. Who am I?
2. What do I want for myself in the future?
3. What am I willing to do to get there?

Think of your life 2 or 3 years ago and think what has changed since then. Think about and do the following goal setting.

**I am now .....years old (mark it on the graph - write your name there)**

**What would I like to achieve in my life..**

- ◆ ONE WEEK FROM TODAY.....
- ◆ ONE MONTH FROM TODAY.....
- ◆ ONE YEAR FROM TODAY.....
- ◆ FIVE YEARS FROM TODAY.....
- ◆ TEN YEARS FROM TODAY.....

**Closing:**


Learners stand up and throw a ball/small object to each other, catch and complete their own **I CAN..** sentence:

**I CAN** turn the "blame" game into the "I can choose for myself" game

**I CAN** be accountable for my own choices

**I CAN** choose how I am being influenced by role models/friends/parents

**I CAN** stand up for myself and be assertive



**Conclusion:**

Educator writes the following on a flip chart/black board

**I AM IN CONTROL OF MY OWN LIFE ! IT IS MY CHOICE**

 **BEYOND THE CLASSROOM:**

Implement everything you have learned from the program and achieve your goals for a happy and healthy future. Good luck!



# ASSESSMENT:

Throughout the session you have:

1. Discussed choices, their consequences, how actions are based on the choices
2. Helped the learners to understand what a healthy lifestyle entails
3. Guided learners through the goal setting steps

Ask learners to give a short description of how they experienced the program

# REFLECTION & RECORDING:

Educator to complete the following sentences as comprehensively as possible:

- The session was.....
- I feel.....
- I think.....
- I wonder .....
- I experienced problems with .....
- Next time I will.....
- The learners.....
- Feedback from learners.....