

Life Orientation

Life Skills and HIV/AIDS Illustrative
Learning Programme

GRADE

9

Educators Guide



DEPARTMENT OF EDUCATION, REPUBLIC OF SOUTH AFRICA

165a



DEPARTMENT OF HEALTH
Republic of South Africa

Grade 9 EDUCATORS WORKBOOK

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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EDUCATORS WORKBOOK

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PROGRAM ORIENTATION FOR THE EDUCATOR

1. RATIONALE FOR THE PROGRAM

- ◆ 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 timeous information and the means to protect themselves against HIV/AIDS/STIs
 - ❖ timeous 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 program 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
- ❖ help learners act in accordance with the values of their society
- ❖ 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 PROGRAM DEVELOPMENT

2.1. CONTEXT OF THE PROGRAM:

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

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 learners 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 activities should be learner centered
7. researched and experienced based guidelines for effective prevention / Life Skills programs.

2.2. FUNDAMENTAL BASIS OF THE PROGRAM:

The program 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 PROGRAM

- ◆ The program progresses on the primary school program 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 than on knowledge
 - 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 PROGRAM

2.4.1. In the program 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 program 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 program:

- ❖ 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 program 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, care givers
- ❖ identifying available community resources and ways of getting involved with these organisations

3. PROGRAM 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

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 PROGRAM 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 program support the first three learning outcomes specifically.

6. PROGRAMME GRID

UNIT	SESSION	GRADE 8	SESSION	GRADE 9
UNIT 1 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?
UNIT 2 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
UNIT 3 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	3	Problem peers or peer problems
	4	Problem peers or peer problems?		
UNIT 4 Living positively with HIV and respecting people living with AIDS LO1 LO2 LO3 LO5	1	Positive living	1	Positive living
	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 programmes consists of 4 units and 17 sessions.
- Session outline:

SESSION HEADING:	Indicates the focus of session
FOCUS OF THE SESSION:	Summarise the key aspects of each session
SESSION OUTCOMES:	Goals and outcomes of what we the learners want 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:	Class room activities and Life Skills practice a stipulated time and processing
BEYOND THE CLASSROOM:	Use or ongoing application in own life/non-related situations plus extended tasks for learners in their learner's workbook
ASSESSMENT:	Assess learning knowledge, skills & values and attitudes using suggested assessment methods and techniques
REFLECTION & RECORDING:	Educator's reflection on the session and ongoing learning
ACTIVITIES FOR ADVANCED LEARNING:	Educator notes and suggested alternative ideas to extend topic and activities to enhance advanced learning

8. PROGRAMME MATERIAL

The secondary school Life Skills and HIV/AIDS Education program incorporates the following Learner and Educator learning material:

- 8.1. Educators Guide:** It provides factual information, programme process, facilitation guidelines, learning goals and outcomes and includes infused assesment techniques.
- 8.2. Learners Workbooks:** Provides information on learning points, activities, instructions for learners, assignments.

9. 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.

10. ESSENTIAL FACILITATION GUIDELINES

10.1. 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 program

10.2. 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 programs' message itself

10.3 FACILITATING THE PROGRAM:

- ◆ 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.
- ◆ 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
 - ❖ contract / agree with the learners about what content you will concentrate on and what you will leave out
- ◆ At all time 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 also 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 / program
- ❖ to manage time more effectively etc.

Integration

Although it is preferable that the Secondary School Life Skills and HIV/AIDS Education program be presented as a separate programme the sessions can be integrated into other learning area as is appropriate for the particular school and learners.

Should the program be integrated into other learning areas, it is very important that the sequence of the units is kept, in other words not to deviate from the progression and sequence of the program, 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

10.4. 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

10.5. BEYOND THE CLASSROOM:

- ◆ the BEYOND THE CLASSROOM task is compulsory. Remember Life Skills training forms part of the Life Orientation curriculum
- ◆ 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 program
- ◆ 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.

10.6 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
- provides feedback from learning and teaching
- 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
 - ⊙ 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.

METHOD / TECHNIQUES / TOOLS USED FOR ASSESSMENT

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

10.7. 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.
- ◆ We strongly recommend that a parents' evening/meeting be arranged before the beginning of the program, to inform them about the program 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

10.8. 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

11. 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 program. 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 program.

- ◆ **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 program?

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

12. EXAMPLE OF A LETTER TO PARENTS

Dear parent

We are sure you are just as concerned as we are about the increase in violence and sexual abuse, teenage pregnancies 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.

The Life Skills and HIV/AIDS education program, at present, is focusing on Gr8 and 9 Secondary school learners. In each grade there will be a number of sessions with Life Skills sexuality, 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 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

13. 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
CRISIS COUNSELLING Life Line Crisis Counselling Centre	0800 150 150		Crisis Counselling such as suicide, pregnancy, rape, abuse, violence
HIV/AIDS AIDS Help line	0800 012 322		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 his/her language
ATICC (AIDS Training Information and Counselling Centres)			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.
Gauteng	(011) 725-6721	(011) 725-5966	
Soweto	(011) 984-4422	(011) 984-4205	
Roodepoort	(011) 761-0111		
Western Cape	(021) 440-3326	(021) 419-5248	
KwaZulu Natal Durban	(031) 369-8666	(031) 369-8665	
Pietermaritzburg	(0331) 942-111	(0331) 425-245	

NAME OF SERVICE PROVIDER	TEL NO	FAX NO	DESCRIPTION OF SERVICES
ATICC (AIDS Training Information and Counselling Centres) - Cont...	(051) 405-8544	(051) 405-8818	Offers advice, information and legal services to person with HIV/AIDS.
Free State	(015) 290-2363	(015) 290-2364	Offer referral to resources, advice.
Northern Province Pietersburg	(041) 506-1357	(041) 506-1486	Provides a wide range of materials free, such as leaflets, posters, stickers etc.
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	
Department of Health AIDS Unit	(012) 312-0120	(012) 328-5743	
Loveline – Parentline – Thethajunction	0800 121 100 0800 121 900		
Ribbon Resource Centre	(011) 880-0405	(011) 880-855	

NAME OF SERVICE PROVIDER	TEL NO	FAX NO	DESCRIPTION OF SERVICES
<p>PLWA (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
CONTRACEPTION AND ADOLESCENT REPRODUCTIVE HEALTH			
<p>PPASA (Planned Parenthood Association of South Africa) Head Office Marie Stopes Head Office Toll-Free Number</p>	<p>(011) 482-4601/4661 (011) 482-6234 0800 117 785</p>	<p>(011) 482-4602</p>	<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>FAMILY ISSUES - FAMSA 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.

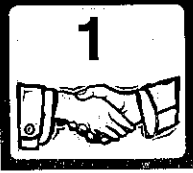
NAME OF SERVICE PROVIDER	TEL NO	DESCRIPTION OF SERVICES
DOMESTIC VIOLENCE		
POWA (People Opposing Women Abuse)	(011) 642-4345	The organisations listed below offer counselling, information and advice to women in abusive relationships. They will also be able to offer information about shelters for abused 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	
CHILD ABUSE AND RAPE 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	0800 0555 55	This is a toll-free number that anyone can phone for counselling and information on child abuse.

SERVICE PROVIDER	TEL NO	DESCRIPTION OF SERVICES
<p>are e</p>	(011) 331-0171	<p>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.</p>
<p>(Resources Aimed at the Prevention of Child Neglect)</p>	(021) 685-4103	<p>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.</p>
<p>s Cape Town</p>	(021) 47-9762	<p>Offers training, information on rape and counselling to rape survivors and their friends and family.</p>
<p>ON OF PREGNANCY</p> <p>as Clinics</p>	(011) 482-6234	<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>
	0800 117 785	<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>gressive Primary Health Care network (NPPHC)</p>	0800 114 010	

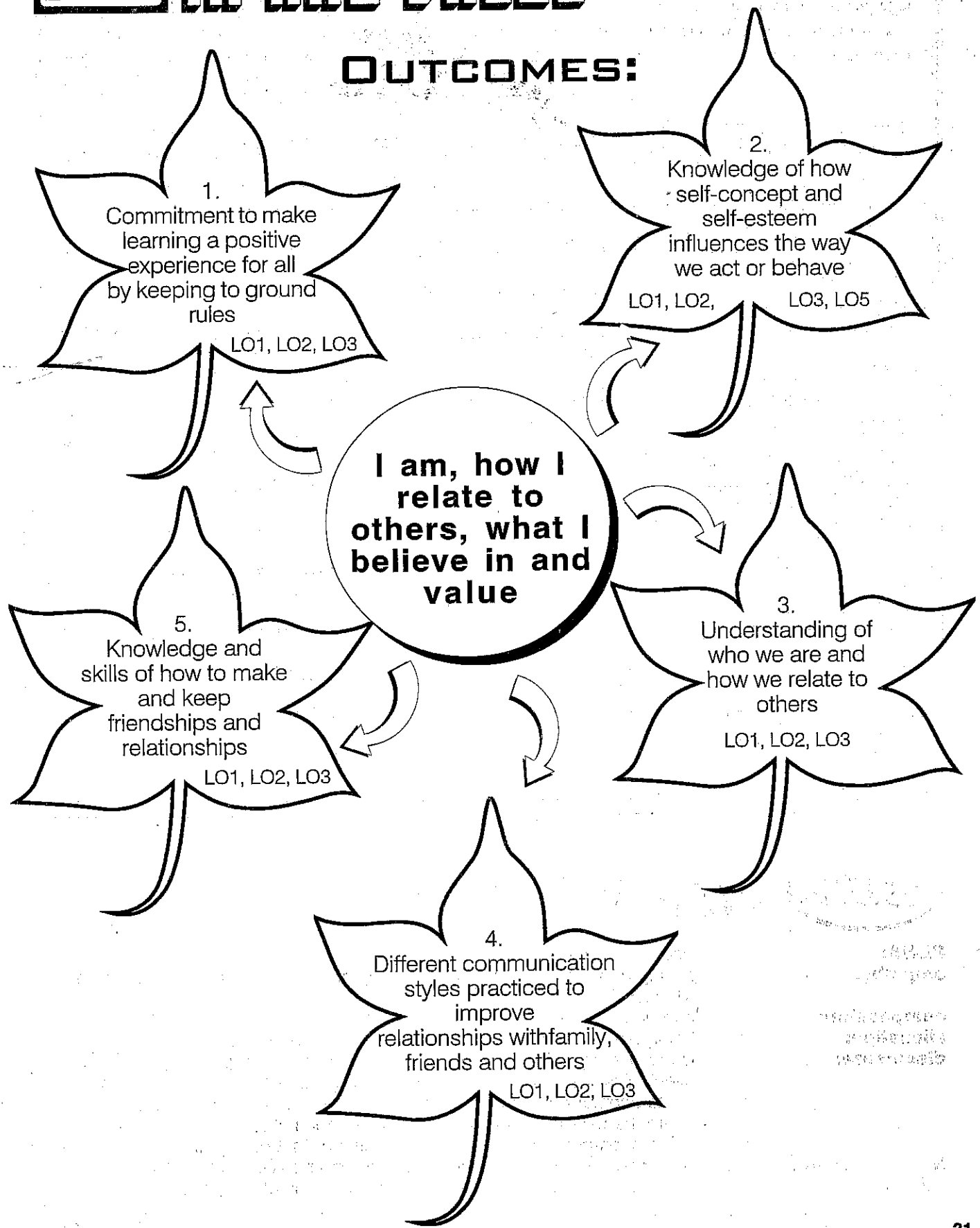
NAME OF SERVICE PROVIDER	TEL NO	DESCRIPTION OF SERVICES
<p>TERMINAL ILLNESS AND DYING</p> <p>Hospice Association of South Africa</p> <p>Head Office</p> <p>Soweto</p>	<p>(011) 483-1068</p> <p>(011) 953-4863</p>	<p>This is a national organisation that helps individuals (and their families) with terminal illnesses and counsels them about dying. Phone the head office to find out more about Hospice services in your area.</p>
<p>DRUG AND ALCOHOL ABUSE</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>GAY AND LESBIAN ISSUES</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>Triangle Project</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>PHYSICAL DISABLED</p> <p>Association for the Physically Challenged Head office</p>	(031) 207-3329	Phone the head office to find out about an office near you.
<p>National Council for the Physically Disabled in South Africa Head office</p>	(011) 726-8040	Phone the head office to find out about an office near you.

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 talents, skills and job-related values influences one's choice of a future job or career
- How to build positive self-esteem
- Understanding of who we are and how we 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:

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

VALUES AND ATTITUDES:

- Commitment
- Honesty
- Sensitivity
- Accountability
- Tolerance towards anyone who is different from us
- Respect for self
- Self-control
- Friendliness
- Taking personal responsibility for one's actions
- Honesty
- Self-control
- Sensitivity
- Forgiveness
- Loyalty and commitment in relationships
- Kindness
- Trustworthiness
- Helpful
- Loving and caring



Ground rules and program orientation



FOCUS OF THE SESSION:

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



OUTCOMES:

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

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:

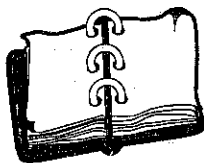
- How to make learning a positive experience for all

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 the 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 9 (index of content)
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.

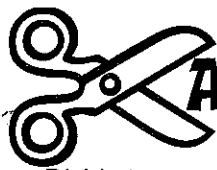


INTRODUCTION:

“ 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 “



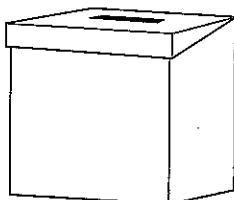
ACTIVITIES:

- 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 can 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 clear to be read and understand at a glance

- **Programme orientation:** Give an outline of planned topics/issues e.g. content page and show them what the learner workbook look like to create interest. The workbooks 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



“LETS TALK ABOUT” BOX

- Introduce the confidential “LETS 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 discussions.

- 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 anonymously
- Explain to learners that in the first unit we are going to talk about who we are and how changes affect our self-esteem and self-concept. Think about recent changes - for example THEY ARE ALL NOW IN GRADE 9!
- Hand learners a copy of their workbook. Ask learners to think during the next week of changes that have taken place over the last year and how they see themselves for preparation for the next session on

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 during the next week of changes you have experienced during the last year and how you see yourself



ASSESSMENT:

The learners participation 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 shown interest in the planned programme?

.....

2. To what extent have learners participated in generating ground rules?

.....

3. To what extent have learners' shown 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 as it is in their workbooks:

- 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
- It is 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. Be careful not to mention names. Remember confidentiality
- 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
- "Let's talk about " box is for anonymous/difficult questions and will be treated seriously and confidentially.
(Add to the 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 clear to be read and understood at a glance



This is me



FOCUS OF THE SESSION:

- Maintain learners' interest and enhance participation
- Engage learners in self-discovery to create self-awareness and 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:

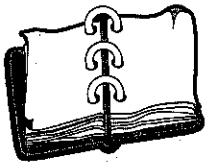
- How to make learning a positive experience for all by keeping to ground rules
- What impacts on self-concept and self-esteem
- How self-esteem influences behaviour and changes taking place

LIFE SKILLS:

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

VALUES AND ATTITUDES:

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



READING:

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



NEW WORDS:

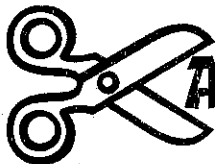
- Particularity:** individuality, being one self
- Perceived self:** the way you see yourself (our self concept)
- Ideal self:** the way you think you should be or desire to be
- Self-concept:** is the ever-changing way we think about ourselves and is the way we describe ourselves
- Self-esteem:** is the way we feel about ourselves and how we value ourselves, we 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
- Inventory:** a list, record of something specific e.g. house content, personal characteristics etc.



INTRODUCTION:

"We are going to talk about our self-concept and who we are. Changes affect our self-esteem and self-concept. For example **YOU ARE ALL NOW IN GRADE 9!** Have you changed in any way from last year? Is there something you are better at now or have you learned something new or improved at sport? It is important to acknowledge your own potential because each of us is special and unique - do really you believe it?"

"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 in the world, for if there had been someone like him, there would have been no need for him to be in the world. Every single man is a new thing in the world and is called upon to fulfill his particularity in this world" MARTIN BUBER, 1958



ACTIVITIES:

- Clarify to make sure learners know the difference between self-concept and self-esteem. What is self-concept? The way we see ourselves is our self-concept. What is self-esteem? 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: "How do you see yourself and how do you feel about yourself?" The following activity will help us find out

- ◆ **I AM... Inventory and mime activity:** Divide learners in pairs. Refer learners to their workbooks. Learners should tick the words for themselves on the "I AM ... INVENTORY" they think describes them best (list of qualities e.g capable/smart/proud/hard working/aggressive/quiet). (2 min) Mime some circled qualities in pairs. One learner mimes one of his/her qualities and the other learner has to guess which quality is demonstrated and if the quality really suits the learner (4 min - 2 min each)

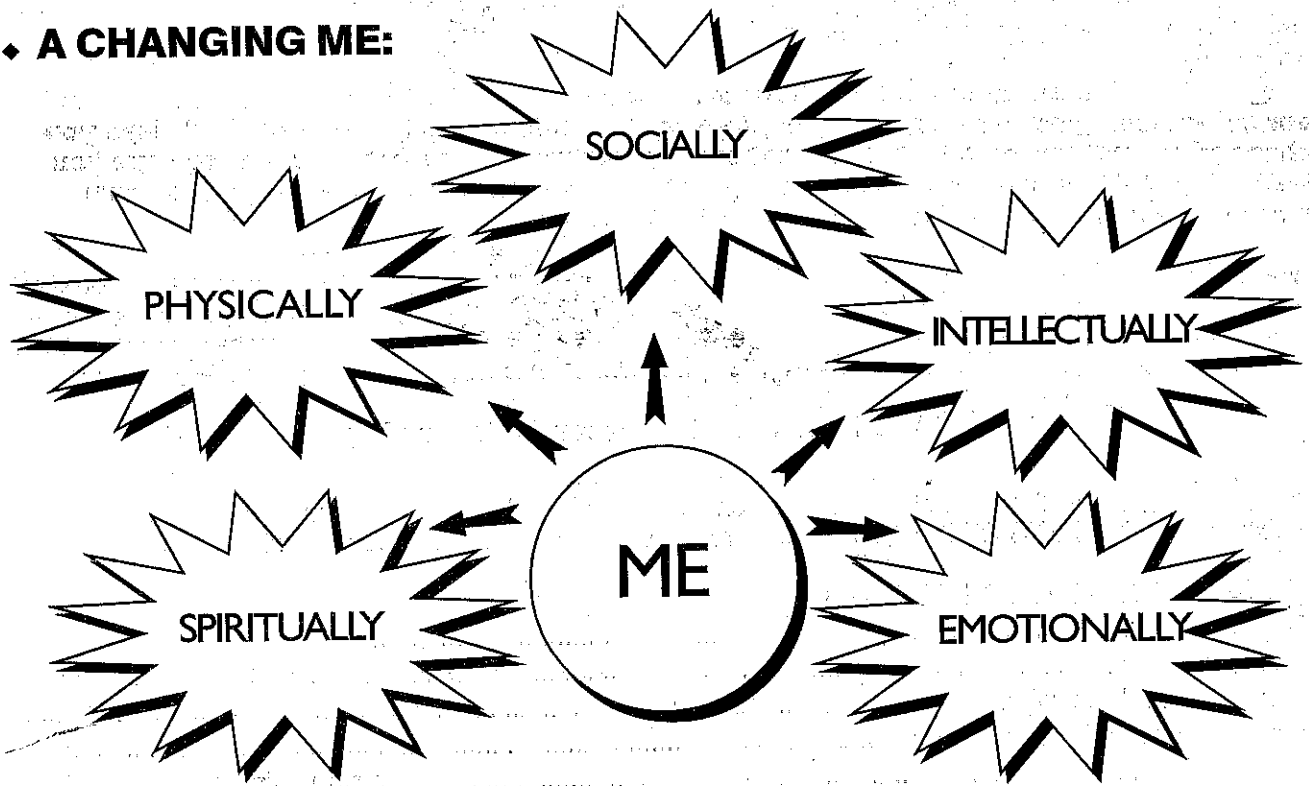
THE I AM... INVENTORY

Tick the words below that you think describes you.



<input type="checkbox"/> Self-assured	<input type="checkbox"/> Creative	<input type="checkbox"/> Independent	<input type="checkbox"/> Loyal
<input type="checkbox"/> Modest	<input type="checkbox"/> Popular	<input type="checkbox"/> Logical	<input type="checkbox"/> Realistic
<input type="checkbox"/> Artistic	<input type="checkbox"/> Loving	<input type="checkbox"/> Responsible	<input type="checkbox"/> Careful
<input type="checkbox"/> Energetic	<input type="checkbox"/> Trusting	<input type="checkbox"/> Strong	<input type="checkbox"/> Sensitive
<input type="checkbox"/> Patient	<input type="checkbox"/> Quiet	<input type="checkbox"/> Diplomatic	<input type="checkbox"/> Reflective
<input type="checkbox"/> Special	<input type="checkbox"/> Happy	<input type="checkbox"/> Inquisitive	<input type="checkbox"/> Fair
<input type="checkbox"/> Proud	<input type="checkbox"/> Active	<input type="checkbox"/> Honest	<input type="checkbox"/> Powerful
<input type="checkbox"/> Mature	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Confident
<input type="checkbox"/> Quick	<input type="checkbox"/> Determined	<input type="checkbox"/> Self-reliant	<input type="checkbox"/> Decisive
<input type="checkbox"/> Caring	<input type="checkbox"/> Confident	<input type="checkbox"/> Peaceful	<input type="checkbox"/> Cheerful
<input type="checkbox"/> Hard worker	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Attractive	<input type="checkbox"/> Ambitious
<input type="checkbox"/> Charming	<input type="checkbox"/> Competitive	<input type="checkbox"/> Possessive	<input type="checkbox"/> Enthusiastic
<input type="checkbox"/> Courageous	<input type="checkbox"/> Respectful	<input type="checkbox"/> Passive	<input type="checkbox"/> Conservative
<input type="checkbox"/> Healthy	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Organized	<input type="checkbox"/> Smart
<input type="checkbox"/> Friendly	<input type="checkbox"/> Persistent	<input type="checkbox"/> Capable	<input type="checkbox"/> Intelligent
<input type="checkbox"/> Generous	<input type="checkbox"/> Assertive	<input type="checkbox"/> Courteous	<input type="checkbox"/> Thoughtful

◆ **A CHANGING ME:**



- ◆ **“A CHANGING ME” (Self-assessment):** Refer learners to the graphic of “A CHANGING ME”. Ask learners: **“How have you changed over the last year?”** Have learners write their name in the middle and describe in their own words the way they see themselves. This can include a description of their outer self (physical), their inner self (personally, spiritually and emotionally) and their social self (how they see themselves with others). It should also include talents, skills and abilities. Behaviours and qualities as circled previously can also be taken into account. Descriptions/words should be written in the surrounding areas e.g. PHYSICALLY/SOCIALLY/INTELLECTUALLY/SPIRITUALLY/EMOTIONALLY (5 min)

How have you changed over the last year?

- ◆ PHYSICALLY e.g. taller, lost weight, gained weight, body developed, physically stronger, I like my body, I still want to
- ◆ SOCIALLY e.g. made new friends, started dating, in casual relationship with someone, lost friends, broke off a relationship, lonely, lots of friends
- ◆ INTELLECTUALLY e.g. pass my grade, done better academically, marks are down
- ◆ SPIRITUALLY e.g. strong religious beliefs, spiritually I have grown, faith deepened, lost faith
- ◆ EMOTIONALLY e.g. very happy, experience some personal problems, suffered a lot emotionally, mentally stronger

◆ **Discuss the following question briefly:**

What does “perceived self” and “ideal self” mean?

Perceived self: the way you see yourself (our self concept)

Ideal self: the way you think you should be or desire to be

Discuss the following question briefly in pairs: (4 min - 2 min each)

1. *Have you changed over the last year to become more like you want to be? How?*
2. *How practical and realistic are you about yourself? (e.g. I want to play for Bafana Bafana this year)*
3. *If you can change anything about yourself, what would it be? Why?*
4. *What steps do need to take to bring about this change from the way you see yourself (perceived self) to the way you want to be (ideal self)?*

- 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 honest feelings towards friends or family? How do other people make you feel and do they know that you feel that way?

"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 angry when you borrow money from me and don't repay me, because I need the money to pay my debts" Stating 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)



- **Closing:** As they sit learners take turns at completing an I FEEL...incomplete sentence. It can be drawn from the "LET'S TALK ABOUT" box or read by educator from workbook (5 min)

I FEEL - INCOMPLETE SENTENCES

I feel bad when

I feel good when

I can say what I feel when I am with

I cannot say what I feel when I am with

.....says unkind things about me

.....says kind things about me

I can say NO to

I can't say NO to

I feel it is important that likes me

I feel it is not important that likes me

It is difficult for me to talk to

It is not difficult for me to talk to

I always feel about myself

I never feel about myself

.....makes me feel I am not good enough

.....makes me feel I am good enough

Closing: Refer learners to their work books and explain the beyond the classroom task



BEYOND THE CLASSROOM:

◆ THE I AM.. INVENTORY:

Ask your parent or guardian or best friend/significant other who knows you well to also circle the qualities they see in you. Use different colours pens/pencils to tell who circled which qualities

1. Which qualities are your best qualities identified by yourself and other people?

.....

2. Which qualities did other people circle that surprised you? Why?

.....

Reflection:

1. **What influences the way we feel about ourselves?** Give examples
(The way you think other people see you, expectations other people have of you like your family)
2. **When are you likely to have HIGH self-esteem?** Give examples
(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)
3. **When are you likely to have LOW self-esteem?** Give examples
(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)

Learners should complete their own "I feel " incomplete sentences in their workbooks. They can write their own examples of problem situations and "I FEEL" statements

- Divide learners in 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 are you in relation to others e.g. friend/brother?* They can draw a picture of how they relate to others and their roles e.g. soccer teammate/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 or dramatized by individual volunteers and learners should guess what this learner wants to become and why
- Learner's own notes on changes and questions:
Changes over the past year:

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 year? Do you look the same? Do you act the same?*
3. *Can you do something now you could not do a year ago?*

- Learners complete sentences in their workbook - A good way I have changedand do individual brainstorming of 2 things of how they have changed. Discuss it with parents and or 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



How I relate to others



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 can demonstrate how using positive statements and other communication skills can help them deal with negative input

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:

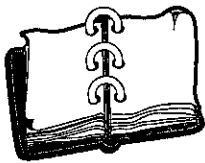
- Clarified values to make decisions and understanding of how we relate to others
- Different communication styles demonstrated and practiced
- Enhanced communication skills to get along with family, friends and others

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:

We have to develop effective communication skills on how we talk to others and to ourselves, we have practise "I Feel" statements previously. In this section we are going to practise two more communication skills.

Positive thinking can be used 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 use positive thinking by 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 he is just taking his bad feelings out on me"

Rephrasing a negative statement to be self-esteem friendly means to deliberately rethink it in a more positive way

Example: If you have spent 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 a positive statement and say "Well I tried and will do better next time"

AFFIRMATIONS:

"We need to be able to improve our self-esteem and how we feel about 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 of success. I shall prove it with my every deed
 - I learn from daily experiences, both the bad and the good
 - I respect others and myself; I also love others and myself.
 - 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.
 - 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)



PREPARATION:

Flipchart and pens

For alternative activities: 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

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 is 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

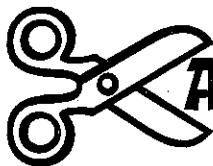
Interpretations: explanations

Self generated: to do/ produce by ones self



INTRODUCTION:

In this session we are going to practise some communication skills that will assist us in our relationships with other people. It will also improve our ability to express our feelings in a positive assertive manner.



ACTIVITIES:

- ❖ Divide learners into pairs and use the given scenarios to formulate and write down for each scenario:
 1. A "positive statement"
 2. An "affirmation (positive self-talk) response"
 3. An "assertive I message" starting "I"

Ask volunteers to practice and demonstrate their responses in a role-play to the other groups

Use the information on communication skills to formulate the response you feel would be appropriate.

SCENARIOS for COMMUNICATION SKILLS PRACTICE

1. A friend lied to you about going out on the weekend

.....
.....
.....

2. Your brother tells you that you are ugly

.....
.....
.....

3. You did not get good marks for your project and your mother is upset with you

.....
.....
.....

4. A friend asks you out on a date but you cannot go

.....
.....
.....

5. Your friend helped you with your project and you want to thank him/her

.....
.....
.....



BEYOND THE CLASSROOM:

Another way to build self-esteem is positive self-talk, we tend to be our own worst enemy. WE ARE PUTTING OURSELVES DOWN EVEN BEFORE OTHERS CAN DO SO - THEN WE LIVE UP TO OUR OWN LABEL - IF I BELIEVE I'M STUPID, I WILL DO SILLY THINGS!!

Positive self-talk: positive messages that you can give yourself to build high personal self-esteem

Positive self-talk exercise:

Rewrite the following negative statements using positive self-talk messages in your workbook.
TIP: choose qualities from the I AM inventory of you cannot think of positive things about yourself

Example: "No one likes me and I cannot be loved by anyone"

Positive self-talk: "I am liked and lovable"

- I am not attractive. If I talk to people they will notice my ugliness and reject me

Positive Self-talk:.....
.....

- I sounded like a nerd I cannot believe I showed how stupid I am

Positive Self-talk:.....
.....

- Why do I need to study? I won't get anywhere anyhow, people like me don't have good careers or jobs anyway

Positive Self-talk:.....
.....

- People like me are not good enough for college or further studies

Positive Self-talk:.....
.....

- I am not as good as the other kids in my class, others my age have bright futures ahead of them. That is why they do well at school

Positive Self-talk:.....
.....

- It does not help to try harder. No matter how hard I try, some people are just lucky and I am not

Positive Self-talk:.....
.....

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 thinking

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

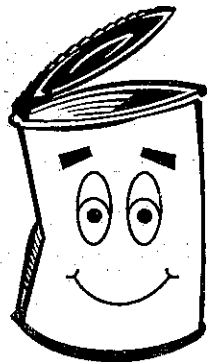
- Use scenarios from LET'S TALK ABOUT BOX or use own case studies/problems identified by group e.g. my mother tells me I am lazy all the time/I can't read well, I must be dumb/They call me "pizza face" I know my skin is full of spots and I feel ugly and hate myself/If only I could lose some weight the boys will look at me/I am too short I cannot ask a girl to go out with me
- Practice other communication styles with examples e.g. if put down is from parent - learner can practice an assertive response to the parent using a role play e.g. using an "I" message..etc.
- Positive self-talk practice
Practice in pairs where one learner starts by choosing a negative statement (own or from examples) and the other learner should use VERBAL POSITIVE SELF-TALK to rephrase it. Learners take turns

How did you manage the positive self-talk skill?

Get feedback from all learners randomly by reading the statement and asking their positive self-talk message.

- Write down your own negative statement/s for the coming week and then rewrite it using a positive message.
- Identify where the negative messages come from, others or me? What? Why? When?
How to deal with it - namely positive self-talk! Skills you have learned
- Show learners how to make an "I CAN"
Show learners 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 "PUT DOWNS" or negative statements in the can. Write negative statement on the one side of the paper and the positive statement on other side. The challenge is to do this until the next session to establish whether the "put downs" are self-generated or from someone else - write on it SELF/OTHER and establish if you are your own worst enemy or not!"





Focus on my future



FOCUS OF THE SESSION:

- Develop an understanding of self-esteem and self-concept
- Create self-awareness of learners' abilities, talents, skills and potentials to build self-esteem
- Assess own job-related values and skills to start think about a suitable job or career



OUTCOMES:

Learners who are able to demonstrate how to be more effective in their personal lives and planned future work life by understanding how their self-esteem influences their behaviour

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:

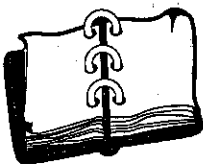
- What impacts on self-concept and self-esteem
- How self-esteem influences behaviour and changes taking place
- How talents, skills and job-related values influences one's choice of a future job or career

LIFE SKILLS:

- Job-related values
- 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:

Values are our chosen beliefs and refer to one's principles or standards, one's judgment of what is valuable/important. Our values are standards that we as people use to assess others and ourselves. Our values guide our behaviour.

In making decisions, certain steps apply:

1. Clearly define the situation
2. Clearly consider all the information such as:
 - your own feelings about the situation
 - your personal values
 - other peoples' feelings and values
3. List the alternatives/options in dealing/approaching/addressing the situation
4. List the consequences of taking each of the alternatives identified
5. Identify your own feelings about each alternative and its consequences
6. Make a decision.

Our values and decisions we are making are what determine our destiny and future whether it is about our relationships, schoolwork, sexual behaviour or careers.

Goal setting has the following purpose:

- Focus our attention and action
- Mobilises our energy and efforts
- Motivates us to develop strategies to accomplish our goals

Having purpose and direction in our lives help to alleviate external pressure to make unproductive choices that are in conflict with our own values and beliefs.

As adolescents explore their environment and learn more about themselves they are better able to see where they want to be, it helps learners identify the changes they need to make and how to make plans to get them to where they want to be.

The life-planning process involves the following:

1. Build a positive and realistic sense of self (high self-esteem)
2. Develop a vision and plan for the future (dreams and ambitions)
3. Set well defined and achievable goals (realistic goals)

As years pass, adolescents need to redefine their life plans based on personal and environmental changes. Because changes take place all the time, we need to be flexible not frustrated or frightened by it. A positive self-esteem, realistic goal setting and self-efficacy significantly increase the chances of personal success if time and energy are invested well, the taste of joy and satisfaction of personal success is sweet.



PREPARATION:

Flipchart and pens
Learner workbooks



NEW WORDS:

SKILLS:

something we learn to do e.g. write something, read and follow instructions; make a decision

ABILITIES:

natural characteristics or qualities e.g. move/talk/sing/run.

TALENTS:

potential abilities we are born with e.g. artistic/musical/sport/drama/reading/writing/dance/mathematical

ACCOMPLISHMENTS:

something you have done or achieved e.g. passed grade/made the team/ wrote a story/read books/made something with your hands

SELF-CONCEPT:

is the ever-changing way we think about ourselves and is the way we describe ourselves

A GOAL:

something you want to do or achieve as an end or final outcome e.g. I want to become a doctor it is something you want so much that you are willing to give it the time and effort to accomplish it e.g. will study hard throughout school to get good grades to be selected to study medical science and become a doctor in the end. It is also called goal setting.



INTRODUCTION:

“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**. What do you want to become when you grow up? What type of job interests you? While you might probably change your mind several times before you become an adult., it is still important to think about the future now”

Goals give a person purpose, direction and meaning. Someone with a goal is less likely to get into trouble. For example, through risky behaviours such as unprotected sex or using drugs, these behaviours can create barriers to achieving goals. A person, who works actively towards his/her set goals, is someone with positive power over his/her life and accepting responsibility for him/herself. To achieve goals is to know success and make you a happy, healthy adult”.

ACTIVITIES:

❖ Can you think of some examples of personal goals one could set?

1. Think of what you want to become one day or what job you would want to do. Ask learners randomly what they want to become one day.
2. We all have some **TALENTS** (potential abilities born with) and we also have learned some **SKILLS** (things we have learned to do or master over time e.g. learn to play the piano)

Note to the educator: By assessing their own job-related values, skills and abilities, learners can start focusing on jobs and careers that will fit their personalities, that will be rewarding and will allow them to support themselves in the way they desire

3. Identify your own **TALENTS (potential abilities born with)** and **SKILLS (learned)**. Learners should write down two talents and two skills in their workbooks e.g. good soccer player or cricketer or singer or actor or reader or writer or mathematician or artist
4. **Can TALENTS + SKILLS = JOB/CAREER?** Can this add up to life? Talents and skills together, can it help learners in choosing a career/job? Discuss quickly

Learners assess the following job-related values in their work book

MY JOB-RELATED VALUES

Rate these job-related VALUES from 1 (most important) to 10 (least important)

- Security (A job that is clearly defined and well-established)
- Independence (Freedom to do your job, when, where and how you wish)
- Adventure (A career that allows you to travel or take calculated risks)
- Money (A job that pays high wages)
- Being around people (A job that allows you to work with others)
- Power (A position that allows you to get what you want)
- Family (Having time to spend with your family)
- Helping/Instructing others (Enhancing other's lives through your work)
- Creativity (Putting your wonderful ideas and unique way of looking at things to use)
- Beautiful surroundings (Working in a fancy building or beautiful scenes of nature)
- Continuous learning (A job that allows you to continue to gain knowledge)

(Adapted from Sex can wait, 1994:297)



MY JOB-RELATED SKILLS

Rate these job-related skills from 1 to 10 as they relate to your talents, skills and abilities where 1 = greatest personal skill and 10 = least personal skill

- Ability to work well with others
- Ability to visualize a finished product
- Ability to do hard work outside regardless of weather
- Relating well to others
- Working with numbers
- Keeping papers and records organized
- Taking responsibility
- Ability to persuade people
- Operating machines
- Using logic
- Using your mind to collect and apply knowledge
- Providing leadership
- Doing problem solving
- Using your eyes, hands and fingers

Note: You will be able to develop and add many additional skills during the next ten years!

(Adapted from Sex can wait, 1994:298)

◆ **Mark your top five values and your top five skills and list them here**

JOB VALUES	JOB SKILLS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Answer the following:

What careers/jobs would fit the most important values and skills you have identified?

Which of your top skills would be needed and what values would be provided for by these careers/jobs?

Self-Reflection:

- ◆ Has your self-awareness increased?
- ◆ Do you have high self-esteem or low self-esteem? Why?
- ◆ Are you honest and realistic about yourself?
- ◆ How does this affect your future realistic goal setting? Possible job/career?
- ◆ How do male and female careers/roles differ?



BEYOND THE CLASSROOM:

Think of people you admire like role models or people of interest. Make a collage if you wish of their pictures and write down:

What skills/talents/abilities do they have to do the job they are doing?

.....

.....

What job-related values are provided for by their jobs?

.....

.....

◆ Write your own dream:

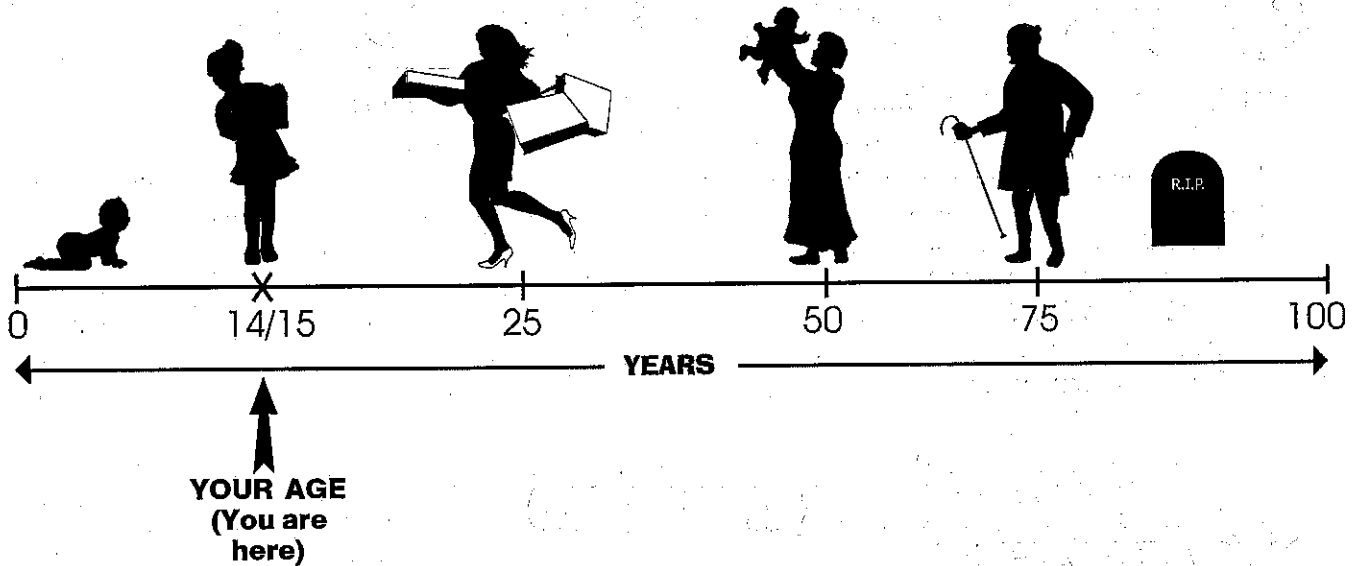
I woke this morning feeling very happy and excited! I had this wonderful dream of my future.

.....

.....

I can hardly wait to start the day...

◆ WHAT WOULD I LIKE TO ACHIEVE IN MY LIFE?



Identify some of your short-term goals here, by asking three basic life-planning questions and complete your goal setting for the next week, month, year and five years:

1. Who am I?
2. What do I want for myself in future?
3. What am I willing to do to get 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.....



ASSESSMENT:

Throughout the session the educator has helped the learners to understand how personal values and a person's self esteem influences our goal setting and decision making

The educator needs to assess if:

- the learners understand these concepts
- learners can describe how they apply values, their self esteem, goal setting and future planning

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

To focus more on relationships their values and their demands learners can be given an opportunity to:

- Identify relationship skills that they need to succeed in school, at work
- Formulate their own ideas about what they value in relationships e.g. honesty, loyalty, acceptance etc.
- Identify and list their positive relationship skills and the skills they feel they need to develop.



Relationships- what is in it for me?



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, friendships and relationships

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:

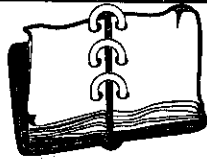
- Knowledge of how self-concept and self-esteem influences the way we act or behave
- Understanding of who we are and how we relate to others
- Different communication styles practiced to improve relationships with family, friends and others
- Knowledge and skills of how to make and keep friendships and relationships

LIFE SKILLS:

- Making and keeping relationships
- Self-awareness
- Critical thinking
- Problem-solving
- Positive self-esteem

VALUES AND ATTITUDES:

- Loyalty and commitment in relationships
- Honesty
- Friendliness
- Kindness
- Sensitivity
- Trustworthiness
- Forgiveness
- Helpful
- 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 serve different purposes and we attach different value to it, there are 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 - sincere in your caring, consistent in showing it
- communication - verbal and non-verbal. What we say/do and how we say/do it

Relationships are important as they 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
- companionship
- acceptance and approval

Relationships influences 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 behave differently, feelings and attitudes differs from your own.



PREPARATION:

Flipchart and pens
Learner workbooks



NEW WORDS:

Friendship:

refers to person to person relationships based on knowing one another, having things in common, shared values

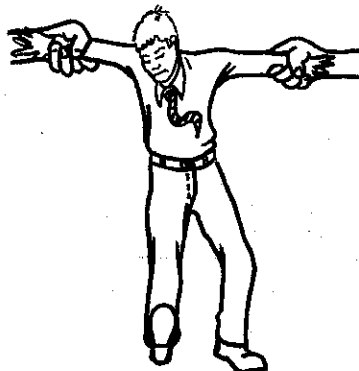
Casual Relationship:

informal, short term, relationships with specific expectations

Serious Relationship:

formal, serious commitment and loyalty to the relationship from both partners

wanting independence
sexually confused



need to be heard
nobody understands

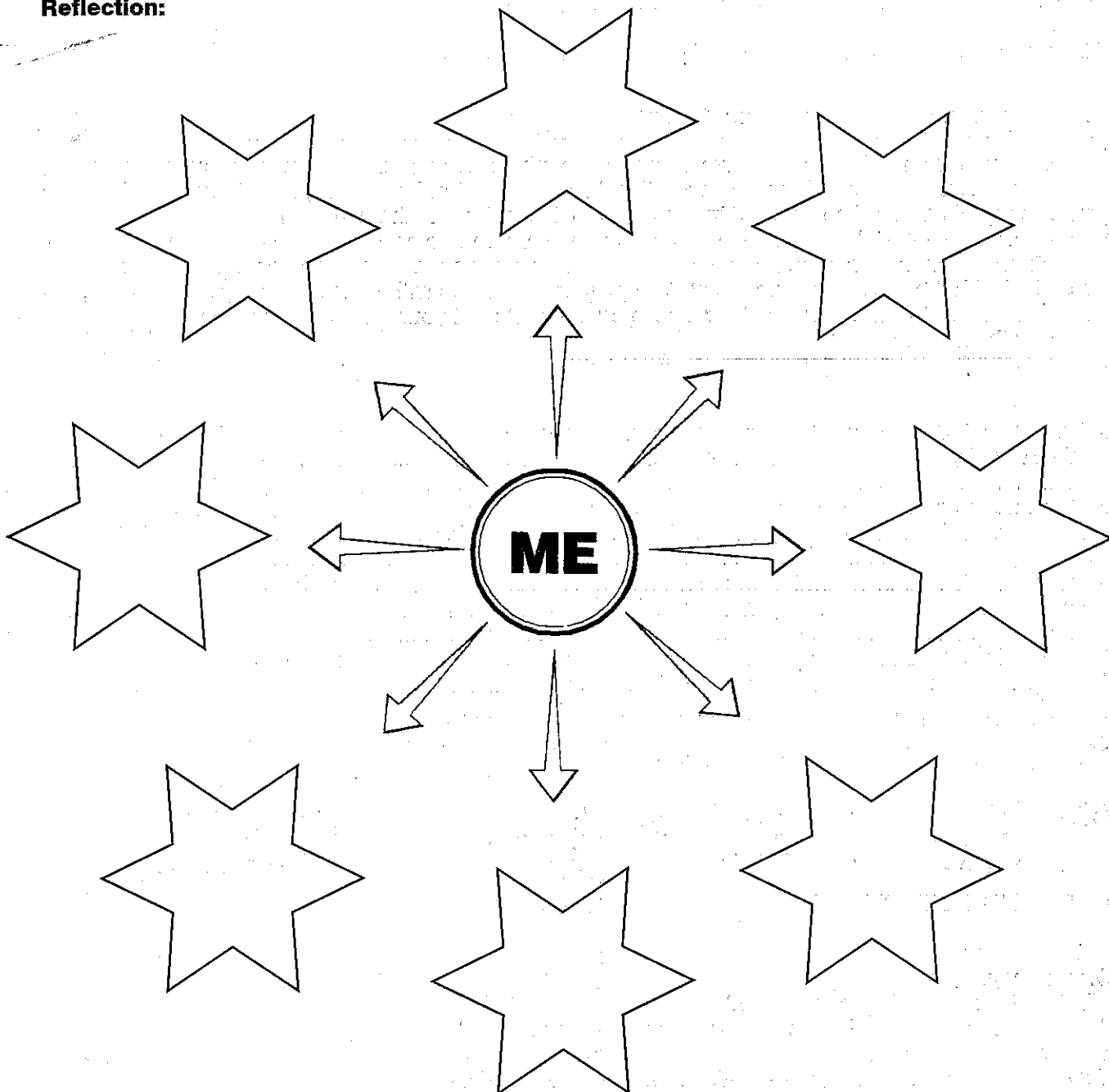
INTRODUCTION:

"Being an adolescent can make you feel pulled in opposite ways like this picture. **RELATIONSHIPS** are the means through which these needs are normally met. Someone said: "True friends are like diamonds, precious but rare. False friends are like autumn leaves scattered everywhere" Is it possible that friends can sometimes be false or that we can have problems with friendships? Meaningful relationships should bring some meaning to your life or why have them? We have to ask ourselves, what is in it for me? Be honest with yourself, what do you get out of the relationships you have?"

ACTIVITIES:

• **RELATIONSHIP CIRCLE:** In your workbook complete your own relationship circle. Write down the names of people in each area of your life you have relationships with e.g. own family, relatives, school, sports club, church, neighbourhood, community/youth clubs. Write the names or initials of those who are the closest and most important to you in the first circle nearest to you (ME). In the second, third and fourth column write the names of the people not so close to you. The positioning of the people around you will show how important they are to you - (some very close, others a bit more distant)

Reflection:



Reflection:

What do you see? What do these people mean to you? Which of these relationships would you call true friendships? How "close" are these friends? How many of these "friends" are male and how many female?

- ◆ **Quick Brainstorming:** What is the difference between CASUAL (friendly) and a SERIOUS (committed) relationship in your opinion? What words/associations comes to mind when hearing the words CASUAL relationship and SERIOUS relationship?

WHAT IS IN IT FOR ME

- ◆ What are the positives (nice things/advantages) about a CASUAL RELATIONSHIP?
- ◆ What are the negatives (not so good things/disadvantages) about a CASUAL RELATIONSHIP?
- ◆ What are the positives (nice things/ advantages) about a SERIOUS RELATIONSHIP?
- ◆ What are the negatives (not so good things/ advantages) about a SERIOUS RELATIONSHIP?

(Write on flipchart in columns if time permits afterwards)

Skills demonstrated: Decision making and predicting the outcomes

◆ **Assertiveness skills practice: (8 min)**

"Sometimes we need to be assertive in our relationships. We should be honest about our own needs, without being selfish and be assertive. We need to stand on our rights without ignoring other people's rights. The value of true friendship lies in the fact that we do not need to compromise what we believe in, we can be what we are and be accepted for who and what we are. Friends can influence us negatively or break down our confidence or self-esteem, how would you deal with the following situations? Role-play one scenario with your partner spontaneously, you don't need to write it down. After class you can write out your own scenarios in your own time for the next session"

- ◆ **Scenario 1.** You only want a casual relationship but your friend wants a more serious relationship. What would you do?.....What would you say?
- ◆ **Scenario 2:** You like to go out with your new friend and hope it will become serious, but you find it hard to spend time with your other friends. What would you do?.....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. What would you do?.....What would you say?
- ◆ **Scenario 4:** Your friend only wants the two of you to go out alone, but you would still like to go out in a group with your other friends. What would you do?.....What would you say?

Closing: Explain beyond the classroom activities



BEYOND THE CLASSROOM:

• **RELATIONSHIP CIRCLE:**

Self-Reflection:

What do you see?

What do these people mean to you?

Which of these relationships would you call true friendships?

How "close" are these friends?

How many of these "friends" are male and how many female?

CASUAL AND SERIOUS RELATIONSHIPS:

- ◆ In casual and serious relationships, where does love and infatuation fit in?
- ◆ What can the consequences of a casual relationship be? (Predict the positive and negative outcomes)
- ◆ What can the consequences of a serious relationship be? (Predict the positive and negative outcomes)

◆ Make your own "BOYFRIEND OR GIRLFRIEND WANTED" ADVERTISEMENT:

BOYS: Design a "GIRLFRIEND WANTED" ADVERTISEMENT in your workbook.

I am interested in someone who

GIRLS: Design a "BOYFRIEND WANTED" ADVERTISEMENT in your workbook

I am interested in someone who

◆ OPINION QUESTIONS:

- What QUALITIES does a good friend have?
- What are the values of friendship? (Think of "nice" (good and positive) things that you and your friends do together e.g. play games/sport/talk/listen to music)
- Can friends also do BAD THINGS? What bad things can friends do?
- How do I end a relationship when it does not work out?

Read the following and give it to your parent/significant other to read:

Message to parents: CELEBRATE, COMMUNICATE, AND CONNECT WITH YOUR CHILD

As children change into adolescents, parents' primary communication task changes from teaching to listening. It is important to be an active listener by listening to the whole story and feelings behind the words and asking reflective questions. Establishing open communication with the adolescent will enable him/her to approach you to discuss questions, doubts and concerns about drugs, sex and other important issues.

When "Leave me alone, and mind your own business!" is the only reply you receive when you ask him/her a question, it's tough to communicate. Here are hints that can help:

- Listen more; lecture less.
- Give him/her the opportunity to do the talking; in a car is a good time when they tend to open up.
- Don't criticize or interrupt.
- Be present. Be there when they come home from a date or party. A good time for communication is when they are excited or happy
- Address all questions honestly, even if you do not know the answer.
- Apologize when you've made a mistake.
- When in a disagreement, listen and acknowledge your child's feelings and empathize.
- Ask questions that show your interest and concern, but be ready to hear bad news.

A) How can you improve your communication with your parents/family?

.....

B) How can your parents/family improve their communication with you?

.....

ASSESSMENT:

◆ Educator's observational assessment of learners:

Practical demonstration - a performance assessment of learners ability to:

- Express their expectations about relationships/ friends
- Share feelings and needs that are met in relationships
- Be assertive and demonstrate good communication skills e.g. I feel...

◆ 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:

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

- 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 class room 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

- Write the following questions on a flip chart or black board beforehand. Number learners from 1 to 8 as they sit. All learners who are numbered one should brainstorm individually question number one. Number two brainstorm question 2 etc. Start feedback with question one where learners numbered one give their feedback. (10 minutes)

RELATIONSHIPS

- Number 1:** *What is a relationship?*
- Number 2:** *What types of relationships can you have?*.....
- Number 3:** *What are the positive components of a relationship?*.....
- Number 4:** *What are the negative components of a relationship?*.....

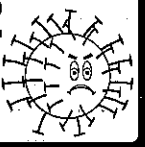
FRIENDSHIPS

- Number 5:** *What is friendship?*
- Number 6:** *How do you know if somebody is your friend?*.....
- Number 7:** *What do you look for in a friendship?*.....
- Number 8:** *What should a friend not do?*

Look at similarities or differences mentioned between relationships and friendships

- ◆ Think of possible negative influences by friends and debate negative influences in class in small groups and how one could deal with it
 1. *Are all your friends 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 on 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
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 including
HIV/AIDS
LO1, LO2, LO3

4.
Identify risk
behaviours and
understanding of how
HIV/STIs are
transmitted
LO1, LO2, LO3

5.
Knowledge and
information on HIV/
AIDS in order 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
- Personal if needed
- 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/safer 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



The "perfect" date



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:

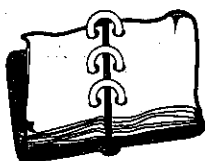
- Enhanced communication skills to get along with family, friends and others
- Improved skills to make and keep friendships and relationships
- Gender differences and sexuality

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
- Helpful
- Loving and caring



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
- 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 about 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 however 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/a date. A specific arrangement to meet and go out with someone.
- 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 and commitment for another person.
- Rape:** Is forcing a person to have sex against their will. Rape is a violent, traumatic and life changing experience. Either a woman or a man can be raped.
- Date rape:** Occurs when someone takes you on a date and forces you to have sex against your will.
- Gang rape:** When a person is raped by more than one person at one time



INTRODUCTION:

"Some of you may be dating already or become 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 have you decided for yourself if there is a difference between love and infatuation? Have you thought about with whom you would like to go on a date and why? What are your ideas about love, infatuation and dating? Let us find out"

ACTIVITIES:

- ◆ **Love and infatuation:** What are the differences between LOVE and INFATUATION? Brainstorm and discuss quickly. Refer learners to their workbooks (3 min)

Note to the educator: Pay attention to any differences and similarities between genders. Is 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 about person 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 as they become more regular and serious
- Each person has his/her 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-realisation 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
- Couple sees 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)

◆ **“MATCH THE DATE” game: (20 min)**

Divide learners into four groups. The activity is done as a fishbowl, group one starts with the three contestants and the one learner asking questions, sitting in front of the class and the rest of the group standing and observing them. The rest of the class is the “audience”, staying in their seats and observing until their group gets its turn. **Each group only gets a five minutes time limit.**

Each group should choose three boys/girls (**contestants for the perfect date**) and one girl/boy (**looking for the perfect date**) as participants. This one learner asks the questions and each of the three girls/boys gets a chance to answer. After all the contestants have answered the four questions, the group should then determine through voting who their “match” would be. The learner asking the questions would announce the group’s choice to the “audience” and their reason for their choice. Group 2 then gets their turn to do the same asking their four questions and repeat the process

“MATCH THE DATE” QUESTIONS

Group 1:

- ♥ Who should ask who for a date, the boy, the girl or both and why?
- ♥ What would you like to do on your first date?
- ♥ How would you ask for a date?
- ♥ When going on a date should you ask before kissing or touching your date?

Group 2:

- ♥ If you had to take someone to a wedding/function, who would you ask and why?
- ♥ Who should decide where to go and who should pay on a date?
- ♥ What are you most scared of or worried about when going on a date?
- ♥ When do you think would be the right time to start kissing and touching your date?

Group 3:

- ♥ What should the most important quality of your date be?
- ♥ What is most important for you in a relationship?
- ♥ When would you like to have a sexual relationship?
- ♥ When would you like to get married?

Group 4:

- ♥ Would you discuss your date and what you do on a date with your friends?
 - ♥ How long does it take to get to know someone very well?
 - ♥ What makes you feel attracted to someone?
 - ♥ How long should a person date before having sex?
- (Adapted from Be Wise, PPASA, p26)

◆ **Self- reflection on matching game: (discuss for 2 min)**

1. *What influenced your choice of the “perfect match”?*
2. *How did your views of love and infatuation affect your choice of a date?*
3. *What can make dating difficult for you?*

Note to the educator: Cover the following aspects: Problems boys might have with dating: girl late for date, flirts with friends, transport home on time. Problems girls have with dating: boy distrustful, leave her alone, spend time with friends, shows off, want to drink alcohol when on date, pressures e.g. unwanted kissing or 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. Invite learners to make use of the “LETS TALK ABOUT” box to share if they don’t feel comfortable sharing in class. No names will be used, it is confidential

THINK ABOUT

What I BELIEVE influences my behaviour. If I believe it is right to steal, I will go out and steal. If I believe it is wrong to steal, I will not steal - I DO WHAT I BELIEVE, it means my beliefs directly influence my behaviour

Closing: Quick sentence completion (5 min)

Throw a ball or soft object from learner to learner. The learner getting the ball complete the incomplete sentence read to him/her by the educator starting every time saying, I BELIEVE
(To be completed afterwards individually for beyond the classroom)

I BELIEVE...

- ❖ Being part of a group of friends.....
- ❖ Sex is
- ❖ A girl my age that has sex.....
- ❖ Clothes are.....
- ❖ A boy my age that has sex
- ❖ Going to the 'right' places.....
- ❖ A boy my age smoking
- ❖ A steady relationship is.....
- ❖ Having money
- ❖ A girl that has been raped.....
- ❖ Love is
- ❖ A girl my age smoking
- ❖ Having sex
- ❖ Masturbation is
- ❖ My date should.....
- ❖ Marriage is.....
- ❖ My parents should.....



BEYOND THE CLASSROOM:

Learners should do the following:

◆ Complete I BELIEVE sentences for yourself in writing in your workbook and have a discussion with your parents/family about their beliefs and values

◆ **Answer the following for reflection:**

- Where do your beliefs about your sexuality, sex, love, and infatuation and dating come from?
- How do your spiritual beliefs and or religion influence your beliefs?
- How do your parents/family influence your beliefs?
- How do your friends influence your beliefs?
- How do your school and teachers influence your beliefs?
- How does the community where you live influence your beliefs?
- How does the media (radio/TV/advertisements/magazines) influence your beliefs?

◆ **Think about: What would you like to know or ask about sex? Write a note to the "LETS TALK ABOUT" box**



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 and beliefs about sexuality



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

- Brainstorm and discuss positive and negative consequences of falling in love and having a serious relationship and the choices made: e.g. happiness/positive relationship/choose abstinence or alternatives/ masturbation/ possible sexual relationship/ use of contraceptives/ safer sex/ unsafe sex/ possible teenage pregnancy/ possible STI/HIV infection /emotional hurt on ending the relationship/ feelings of rejection and hurt
- ◆ Divide learners in 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?*.....
.....
- **Gender issues debate:** Use boy/girl statements, accommodate differences in opinions on gender difference for a debate
- Use statements and questions generated by learners to host a talk show or panel discussion - using outside guests e.g. from PPPSA/other educators or experts
- Arrange 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



Me and my sexuality



FOCUS OF THE SESSION:

- Create understanding of sexual development and sexual health
- Provide information on male and female sexuality and gender differences
- Engage learners in self-discovery of their own sexuality and decisions and consequences

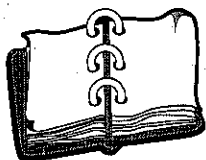


OUTCOMES:

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

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:	LIFE SKILLS:	VALUES AND ATTITUDES:
<ul style="list-style-type: none"> • Understanding and information on sexual development and sexual health • Male and female sexuality 	<ul style="list-style-type: none"> • Self-awareness • Finding info/resources • Positive self-esteem • Handling emotions • Self-discipline 	<ul style="list-style-type: none"> • 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 didn'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 sometimes 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) and is influenced by their perception of themselves and is the total of who we are, what we believe in and feel.



PREPARATION:

Learner workbooks
 Flip chart and pens
 AGREE and DISAGREE signs put up in opposite areas of the class
 Heading "SEXUALITY" for GRAFFITI WALL
 Scraps of paper
 Old magazines, scissors and glue
 Anything for colour e.g. wax crayons/colour pens/paint/pastels
 Prestik



NEW WORDS:

Sex:

Sexuality:

the physical act of intercourse and a celebration of one's sexuality
 is the way people relate to those of the same or opposite sex (gender), and is
 influenced by the perception of themselves as either male or female.
 Sexuality affects all areas of our lives and is the total of who we are, what we
 believe in and feel.

Gender stereotype:

when someone expects you to behave in a particular way or to do
 certain things because of your sex.

Reproductive system:

those organs in the human body responsible for producing further members of
 same species by natural means

Sexual intercourse:

when the male penis, during the sexual act enters his partner's body.

Menstruation:

starts in girls between ages of 9 years to 17 years. Hormones stimulate the
 ovaries to ripen of eggs and the menstrual cycle. When an egg is not fertilized,
 the lining of the uterus is shed in a show of blood which lasts between 3-5
 days. The onset of menstruation is also an indication that a girl is capable of
 falling pregnant.

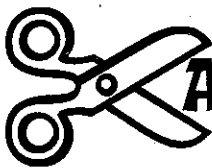
Masturbation:

This is the stimulation of the sex organs causing sexual arousal.
 Masturbation is natural and it helps release sexual tension. The decision to
 masturbate is based on personal values, beliefs and preferences.



INTRODUCTION:

**"It is important to realize that how we see and feel about our bodies (body
 image) forms part of our self-image and self-esteem. We need to feel comfortable
 about our own sexuality and discussing sex to be able to function in a relationship"**



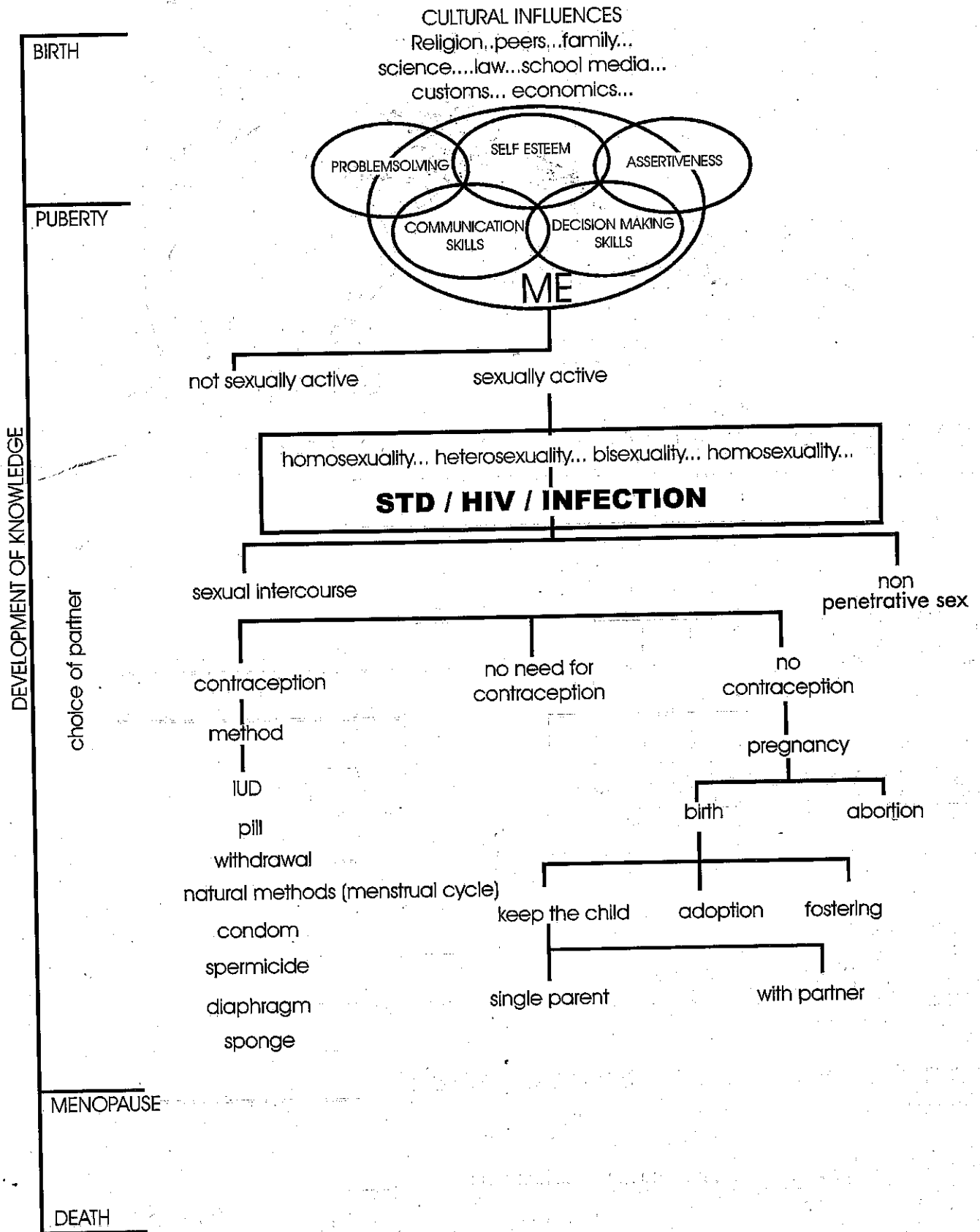
ACTIVITIES:

- *Is "sex" and "sexuality" the same thing? What are the differences between "sex" and "sexuality" if any?*
- **Reflection:** Refer learners to the diagram of sexuality in their workbooks. Explain "Sexuality" as an integration of my physical/ emotional/ social/ intellectual/ spiritual as part of who you are and "sex" is the act of having sexual intercourse with someone (action or deed). "Boy" or "girl" refers to the gender, not only genitals but the physical, emotional, social, intellectual and spiritual aspects of sexuality (2min).

SEXUALITY is a lifelong process from the day you are born to the day you die - you are a sexual being.

Note to the educator: Have learners can make a GRAFFITI WALL as part of their beyond the class room task under the heading SEXUALITY, make drawings, pictures, paste words, etc. Learners can write a question or comment about sex and sexuality if they wish and put it in "LETS TALK ABOUT" box

DIAGRAM TO EXPLAIN SEXUALITY:

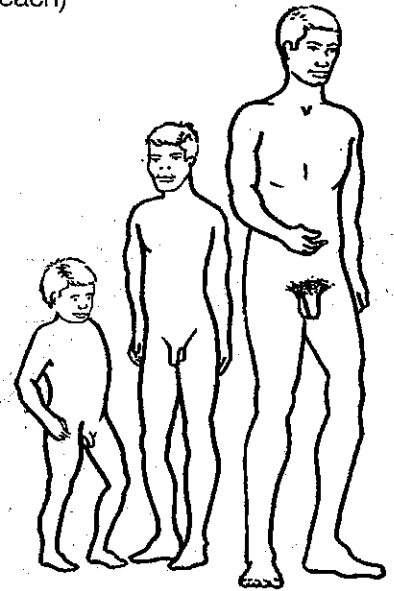
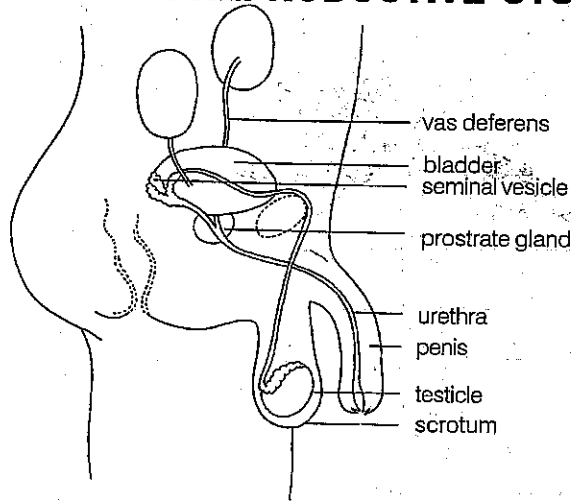


- ◆ Let's check our knowledge on male and female sexual development and reproductive organs. Refer learners to the pictures of boy developing into man and one of a girl developing into a woman in their workbooks. Ask them to think about how they feel about their own sexual development up to now.

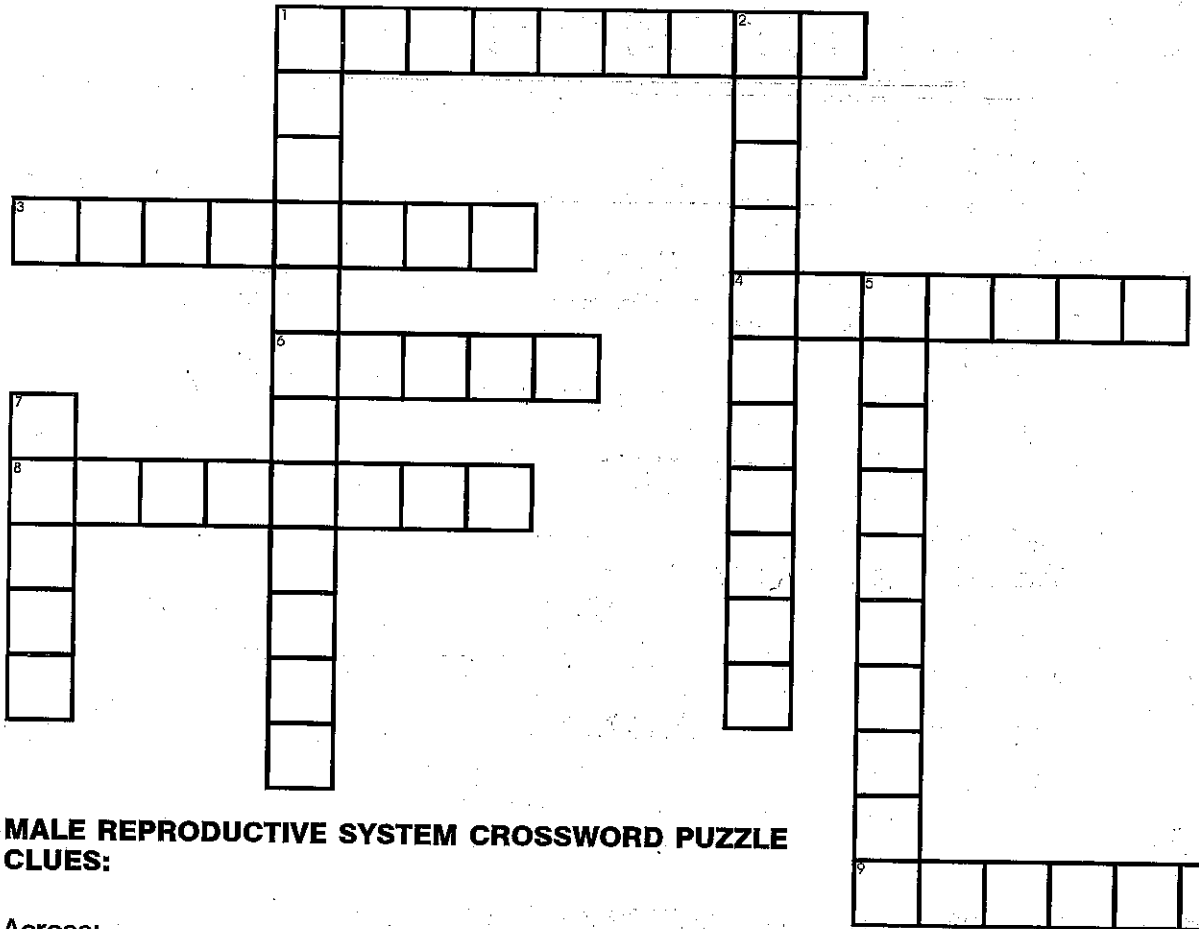
◆ Do the following crossword puzzles of MALE AND FEMALE SEXUAL ORGANS:

Refer to the picture of **MALE REPRODUCTIVE SYSTEM** to help you fill in the crossword puzzle. Do the same with the **FEMALE REPRODUCTIVE SYSTEM**. (5 min each)

MALE REPRODUCTIVE SYSTEM



MALE REPRODUCTIVE SYSTEM CROSSWORD PUZZLE:



MALE REPRODUCTIVE SYSTEM CROSSWORD PUZZLE CLUES:

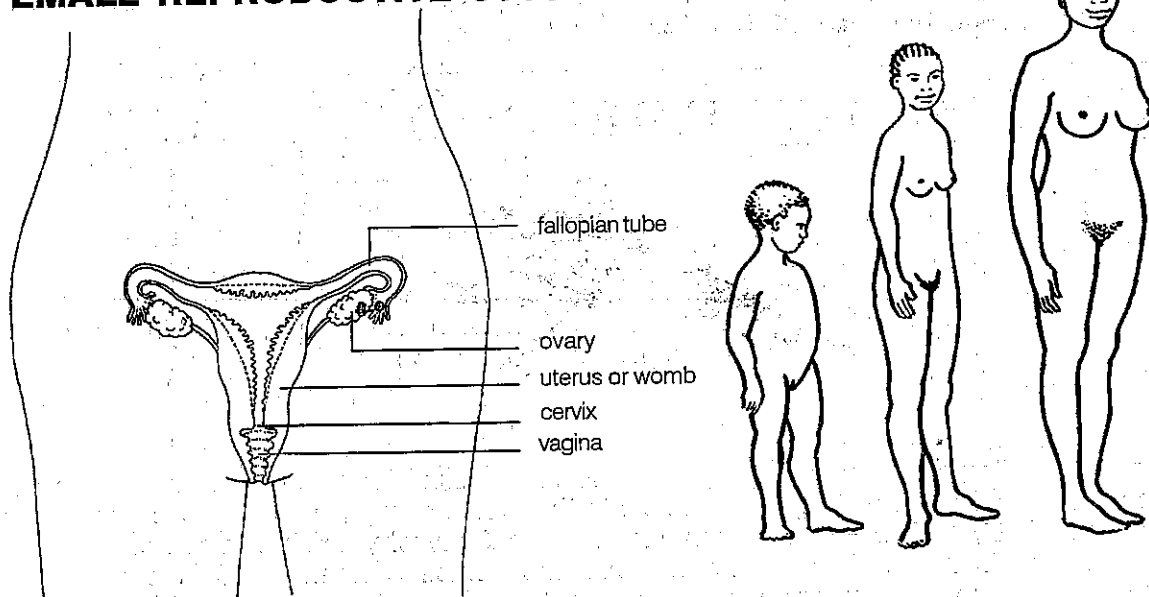
Across:

1. Glands that produce sperm and the male sex hormone testosterone (testicles)
3. When the penis suddenly gets hard and enlarged (erection)
4. The tube through which urine and sperm pass (urethra)
6. A fluid containing sperm (semen)
8. The stage of changing physically from a child to an adult (puberty)
9. Pouch of skin that holds the testicles (scrotum)

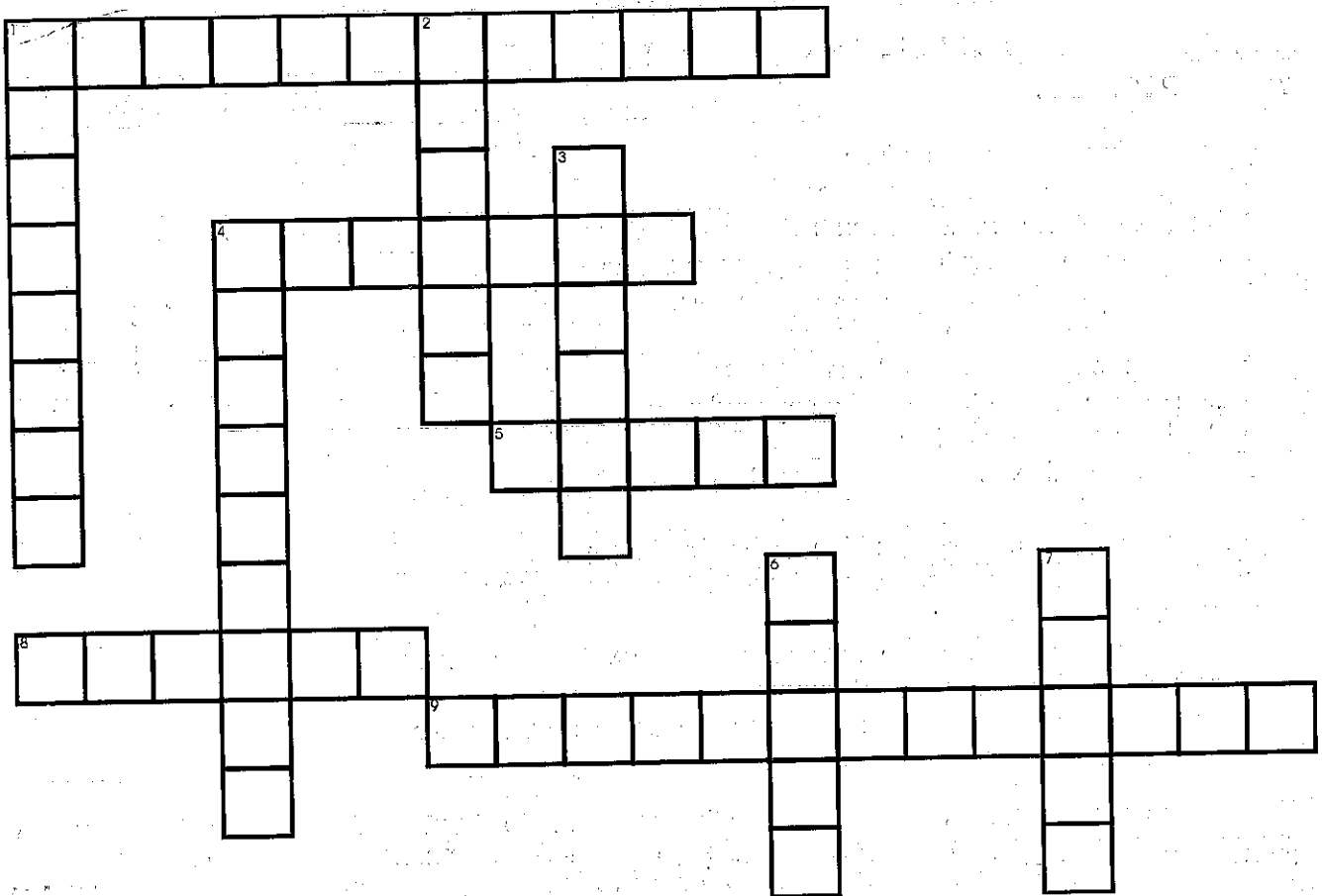
Down:

1. The male sex hormone (testosterone)
2. The release of semen through the body (ejaculation)
5. Coiled tube where sperm mature (epididymis)
7. Male sex cells that can fertilise an egg (sperm)

FEMALE REPRODUCTIVE SYSTEM



FEMALE REPRODUCTIVE SYSTEM CROSSWORD PUZZLE:



FEMALE REPRODUCTIVE SYSTEM CROSSWORD PUZZLE CLUES:

Across:

1. The monthly discharge of blood and tissue that occurs when a female is not pregnant
4. The glands which produce the female's eggs and sex hormones
5. Hair like structures that line the fallopian tubes and move the egg along
8. A hollow tunnel-like structure through which menstrual blood leave the body
9. The moment when sperm and ovum (egg) unite

Down:

1. The first time when a girl gets her "period"
2. The place where an unborn baby grows and develops
3. The narrow, lower end of the uterus that opens into the vagina
4. The release of a mature egg from the ovary
6. Females' external sex organs
7. The name for the baby inside the mother after the first two months of pregnancy

Note to the educator: Clarify new learning and any uncertainties and respond to questions asked. Promote openness about talking about sexual organs and their functions - discuss myths e.g. with regard to masturbation and menstruation

- ◆ **Beliefs/values and risk:** "Not only do our bodies change over time, but our views of how we see and feel about things. Our thoughts and feelings change. What we believe about sex influences our behaviour and that can put us at risk of STD/HIV infection and other problems.
- ◆ Let us play an AGREE/DISAGREE game to determine why young people are at risk of sexual problems. All the learners should stand in the middle of the class, with the two signs AGREE/DISAGREE put up in two opposite places in the class e.g. front and back. When the educator reads the statement - each learner should move **immediately** to the sign they choose, they shouldn't be influenced by their peers, and should be able to give their own reason for their agreement or disagreement (10 min)

How to start the game:

Educator starts by reading a statement saying: "YOUTH... like talking about sex to adults, agree or disagree?" learners should move as fast as possible to their chosen sign. As soon as learners took their stand at the AGREE/DISAGREE signs, ask a learner randomly why he/she agreed or disagreed. After each statement, learners should quickly move back to the middle for the next statement. Control the time and learners need to co-operate well - if not, learners remain seated and use raise of hands as an alternative way -e.g. who agrees, hands up, why? It is fun to move around!

YOUNG PEOPLE AND SEXUAL RISK

YOUNG PEOPLE....	AGREE	DISAGREE
❖ Like talking about sex to adults		
❖ Don't stay with one sexual partner		
❖ Know everything about sex and their sexual feelings		
❖ Don't know about contraceptives to avoid pregnancy		
❖ Have the skills to say NO to pressure for sex		
❖ Plan to protect themselves from sex		
❖ Don't know how to use condoms		
❖ Don't feel confident to get and carry condoms		
❖ Realise how serious STIs are		
❖ Don't believe they are at risk because they cannot see if someone is HIV infected		
❖ Know enough about rape and the myths about rape		
❖ Don't stay away from alcohol and drugs that can lead to poor decision-making		
❖ Have proper books, videos and information on how to protect them against STI/HIV and unwanted pregnancy		
❖ Don't know how to deal with the pressure to become sexually active		

Note to the educator: Make learners aware that according to literature all the above statements are reasons why teenagers and young people are at risk. All statements should read in fact YOUNG PEOPLE/TEENAGERS DON'T KNOW/HAVE ...etc

- ◆ Discuss differences in opinions. Discuss observations of possible peer pressure in the group or gender differences. Talk about gender differences in general - how girls feel/like/do/do not... or how boys feel/like/do/do not..... Focus on learners own needs and by what their choices are being influenced - parents, media, own talks with other youths etc.(3 min)
- ◆ **Closing:** Beyond the class room tasks: Learners should each take a scrap paper and write their own need(s) down identified from the statements and or discussions for the "LETS TALK ABOUT BOX". It is anonymous and confidential and will help establish that the program topics are relevant to learner needs. Have it ready for the next session. The educator should then indicate where, when and how these needs or topics can be addressed in the program. If not - how provision/alternative arrangements can be made to deal with it beyond the program.



BEYOND THE CLASSROOM:

Learners should:

- ◆ Write their own views on sex and sexuality
- ◆ Complete crossword puzzles on MALE AND FEMALE REPRODUCTIVE ORGANS

Answer the following questions on YOUNG PEOPLE AND SEXUAL RISK

- ◆ Which of these risk behaviours do you feel very strong about and why?.....
.....
- ◆ How can these risks be dealt with?
- ◆ Did you experience peer pressure to "conform" to the rest of the class in today's session? YES or NO? How can you deal with peer pressure?.....
.....
- ◆ How do you think boys and girls differ on sexual level apart from having different sexual organs?.....

- Have learners write their own need(s) down identified from the statements and or discussions for the "LETS TALK ABOUT" box It is anonymous and confidential and will help establish that the program topics are relevant to learner needs. Have it ready for the next session.
- ◆ 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. MY SEXUAL SELF : The story/picture/poem/song about my sexual self
- ◆ When in your opinion is someone ready in every aspect to have sex? Why?Have learners ask this question to four or more different people e.g. parent/brother/ sister/ friend/ teacher/ minister/ elderly person - people from different ages, gender or backgrounds. Learners should draw their own conclusions



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 the topic: MY SEXUAL SELF as a learner competition for different categories e.g. posters/ poems/ stories/ songs/ drawings.
 - Have dramatization or miming of the sexual risks of youths - learners have to guess what it portrays and discuss implications
 - 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)
 - Debate the topics of how we as children are influenced by other changes around us with regard to ourselves/ family/ friends/ community/ school/ beliefs and values as a talk show
 - Have a panel discussion on THE POSITIVE VS. NEGATIVE INFLUENCES of family/friends/community/ school/beliefs and values/media on us
 - Learners should think what or who was 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.
-



STIs/HIV and AIDS



FOCUS OF THE SESSION:

- Develop understanding of diseases and specifically sexually transmitted infections (STI's)
- Increase learners' knowledge of how sexually transmitted infections, 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, HIV and AIDS

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:

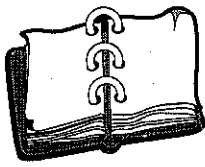
- Ways HIV/STIs are transmitted/not transmitted
- Personal vulnerability to HIV/STIs
- Means of protection from HIV/STIs
- Sources of help if needed

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:

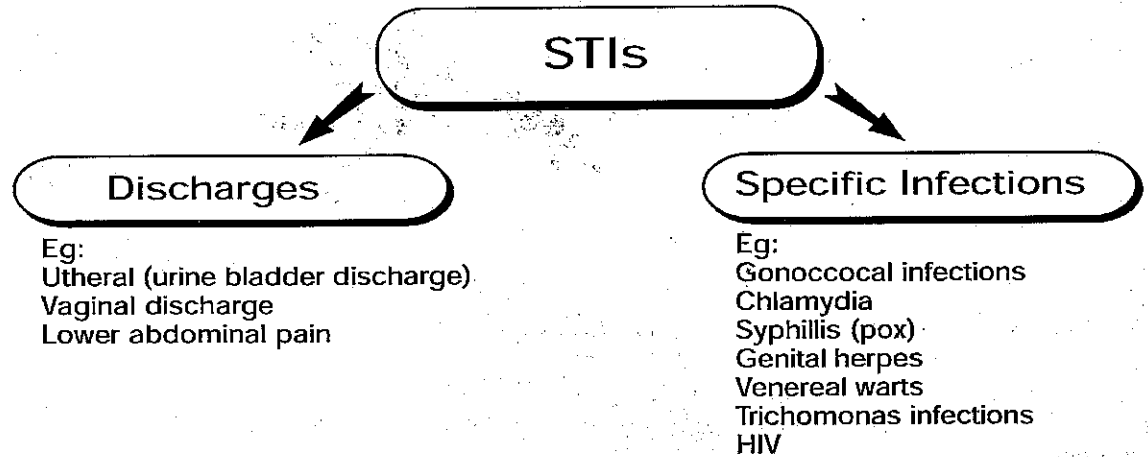
- Positive attitudes towards delaying sex
- Taking personal responsibility for one's actions
- Privacy; the right to privacy
- Respect for self
- Self-control
- The right to protect oneself
- The right to say "no" to peers/older person/someone in authority
- Loyalty and commitment in relationships
-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



READING:

Sexual Transmitted Infections (STIs) can be divided into 2 groups:

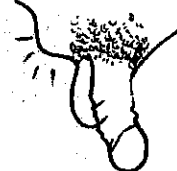
STIs CAN BE DIVIDED INTO 2 GROUPS



Pus or smelly fluids coming out of the vagina or penis



Blisters, sores or warts on the penis or vagina



Unusual swelling near the penis or vagina



Blisters, sores or warts on the penis or vagina

HIV means you have the **Human Immune Deficiency Virus** in your body, HIV develops into AIDS over time, we call it stages. AIDS means when you become sick and eventually die due to a collection of diseases because HIV has affected your immune system so much it cannot fight diseases anymore

AIDS stands for:

- Acquired:** get from someone else
- Immune:** virus affects the immune system,
- Deficiency:** immune system is weakened,
- Syndrome:** a collection of diseases

HIV CAN ONLY BE TRANSMITTED IN THREE WAYS:

1. Having unprotected sex with an infected person
2. Mother HIV positive 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/acupuncture needles/piercing instruments/circumcision knives/hairdresser and barber's instruments)

STAGES OF AIDS

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

- ◆ Looks well as usual, doesn't look or feel sick. Is called it the asymptomatic period (no symptoms)
- ◆ Virus enters the body and start 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 takes about five years)
- ◆ The immune system is now so weakened that it cannot fight other diseases or germs
- ◆ The body starts suffering from different illnesses and the person feels tired and sick more often

- ◆ Illnesses in this stage can normally be treated and the person can still lead a normal active life. Remember many of these symptoms can also be true of flu or colds and does not mean you are HIV infected

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:

SYMPTOMS OF AIDS

Eye conditions

- poor vision

Eye 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

Genital/anal problems

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

Hands and feet

- 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

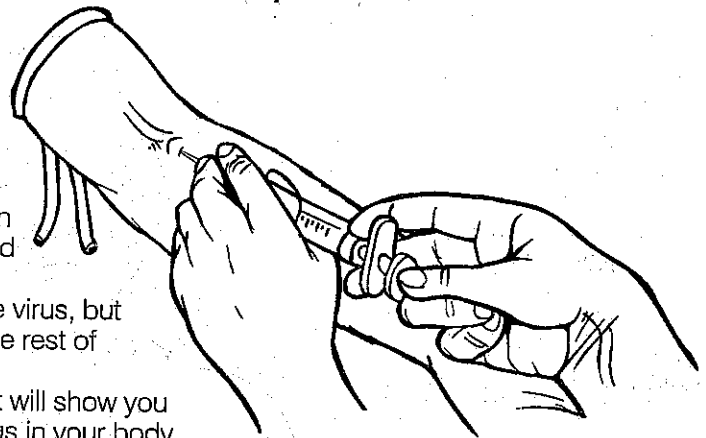
- weight loss (greater than 10% body weight)
- persistent unexplained fever and night sweats
- lack of energy: weakness, tiredness
- cancer
- chronic infection

- ◆ 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 illness/infections.

People who have 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

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 the HIV enters the body, the body starts producing anti-bodies it takes the body between six and twelve weeks (we call this 3 month period the window period)
- ◆ The anti-bodies 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 HI 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
- ◆ As said before, it can take the body between six to twelve weeks to produce enough antibodies for the test to pick it up. In this **"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.
- ◆ These tests 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 done to understand how likely it is for you to have HIV. 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 and how to tell people about it



What do we need to know about HIV testing?

Type of HIV tests:

The tests available to test if you have HIV antibodies in your bloodstream, are the ELISA test, the WEST BLOT test and the Rapid HIV test

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.

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 must 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.

5. What are the advantages of Rapid HIV testing?

The Rapid HIV testing

- Provide a result within 10-30 minutes compared to 1 to 2 weeks for the other tests
- Accuracy is comparable to the standard tests
- Must be done according to the same legal procedures
- Enables a person to receive their test results and counselling and to learn their HIV status in a single visit
- Enables more people to undergo HIV testing and is done at clinics and not laboratories



PREPARATION:

Learner workbooks
Flip chart and pens

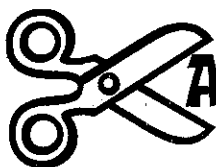
Six A4/scrap papers written on page one STI GERM on one side and HIV (Human Immuno Virus) on the other side, on the rest of the papers write BODY, WHITE BLOOD CELL ONE, T-CELL, WHITE BLOOD CELL TWO, WHITE BLOOD CELL THREE respectively
(Syphilis or Gonorrhoea or Herpes or Chlamydia or Chancroid can be written under STD GERM)



INTRODUCTION:

“Viruses, bacteria and other germs such as protozoa are known examples of different types of germs causing disease - 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.

In the case of Sexually Transmitted Infections (STIs) and the Human Immuno Virus (HIV) there are ways to protect ourselves from infection. With STIs we can get treatment but with HIV there is no cure and both are sexually transmitted. We need to have correct information about STDs and HIV to be able to make informed decisions about our sexuality and sex”



ACTIVITIES:

- ◆ **Practical demonstration:** “When we understand how we get sick/infected, we can learn how to protect ourselves from disease and infection. Let us do a demonstration”
- ❖ Ask 6 volunteers to demonstrate HOW WE GET SICK/INFECTED - use demonstration where learners act whilst educators give instruction. Learners do what they hear educator tell 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. STI GERM:(Syphilis or Gonorrhoea or Herpes or Chlamydia or Chancroid written under STD)
 2. BODY
 3. WHITE BLOOD CELL ONE
 4. T-CELL
 5. WHITE BLOOD CELLS TWO
 6. WHITE BLOOD CELLS THREE

Demonstration one

STI 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 kill GERM (falls 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. STD 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 who is this and do the demonstration again on educators' instruction. This is what happens when HIV comes along and enters the body

Demonstration two

HIV/VIRUS 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 fall 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 invites all other "GERMS" (take new learners from their seats to become GERMS) to come and attack BODY - until BODY lies still and dies. BODY dies because of all the GERMS and not having T-CELLS and WHITE BLOOD CELLS to kill the GERMS

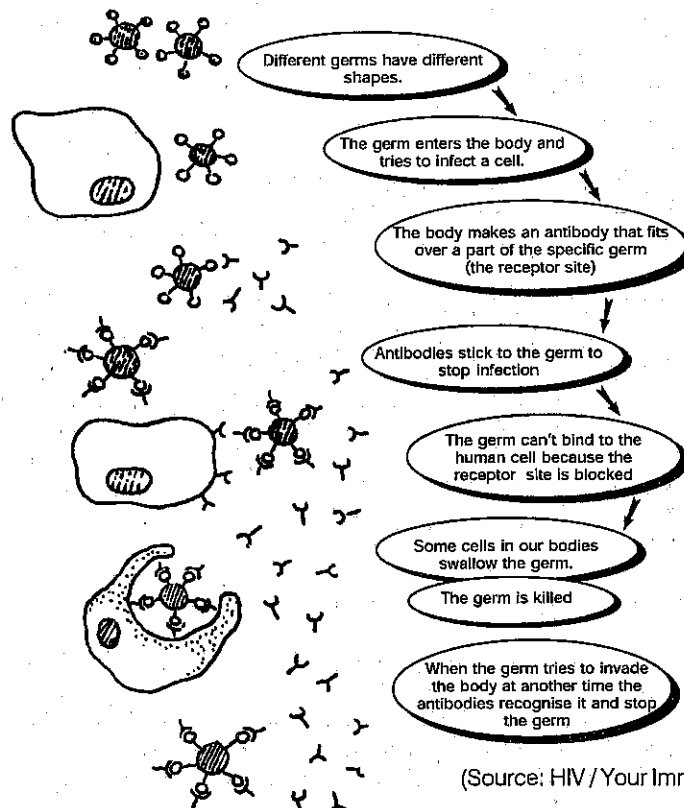
Questions for discussion after demonstration:

1. How do STI germs enter our body?
2. Who will get STI or HIV infected?
3. What is the difference between HIV and AIDS?
4. How can you know if you are HIV infected?

Answers:

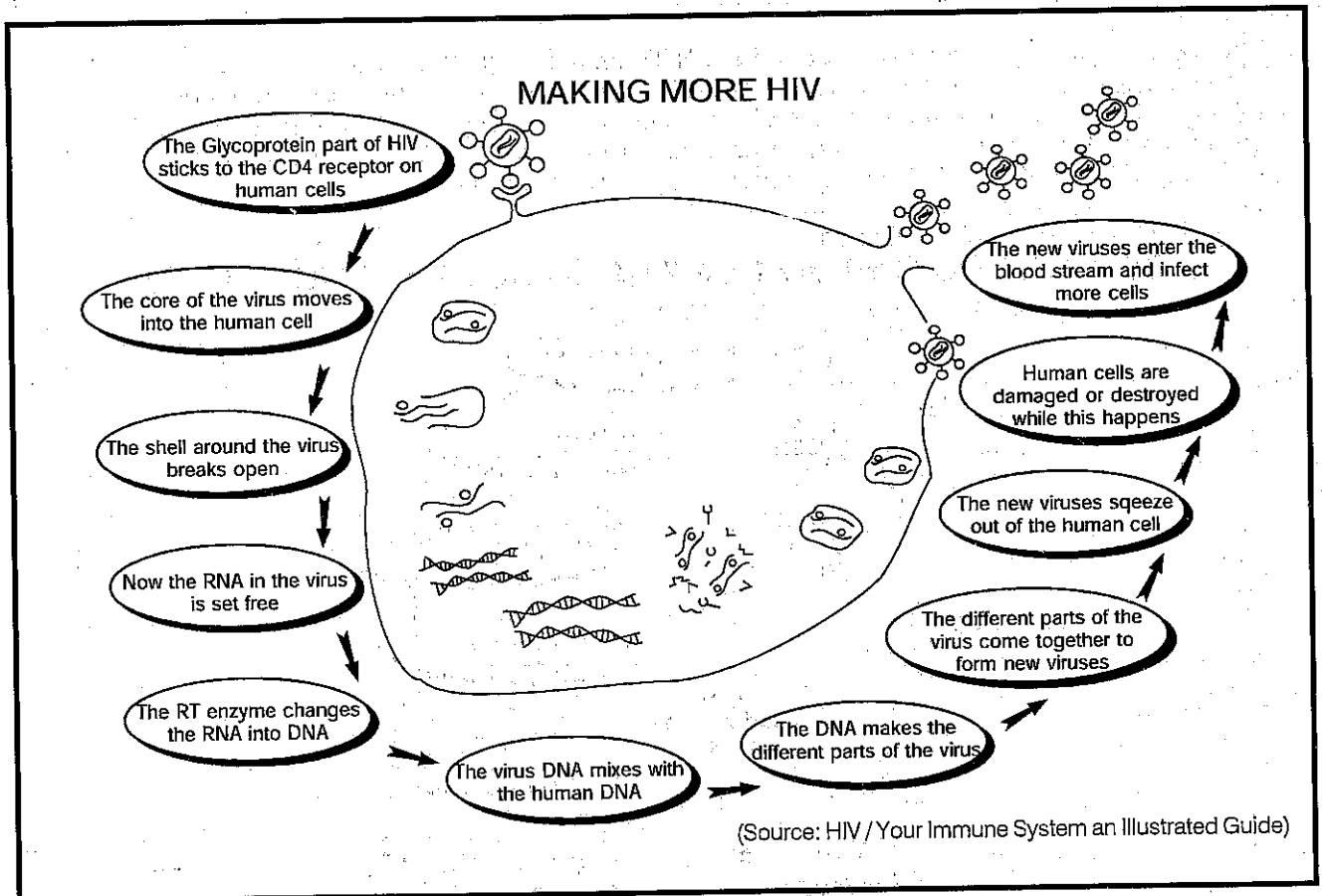
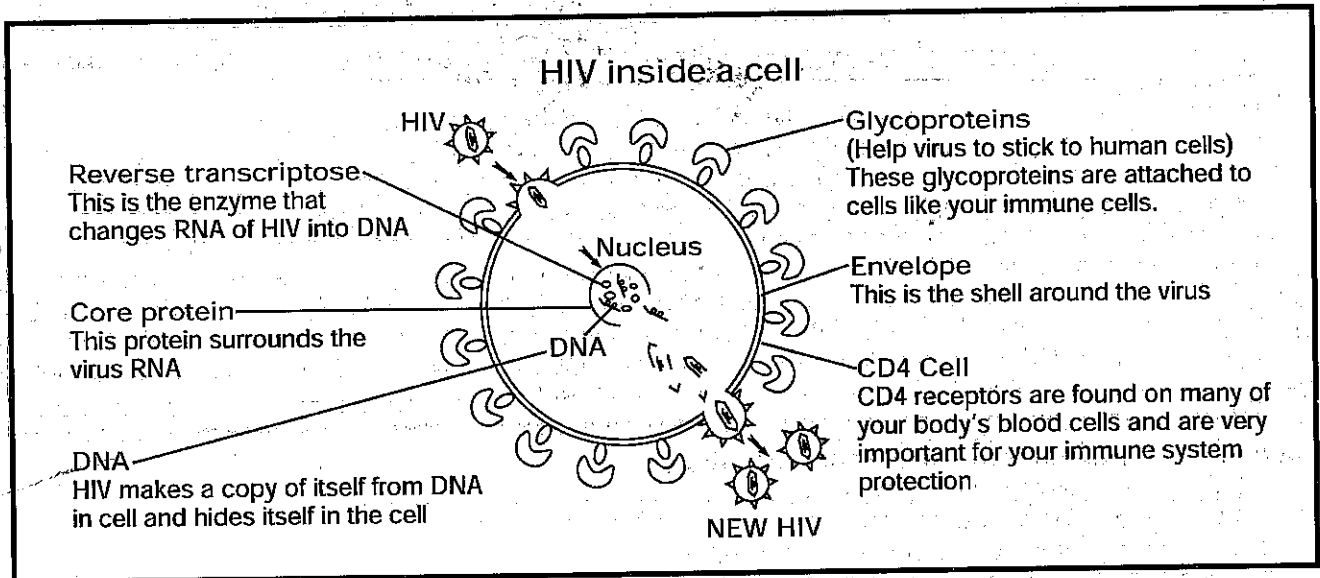
1. **Coughing, sneezing or shaking hands does NOT pass STI germs.** These germs live in certain body fluids such as blood, semen or vaginal secretions. They are passed from one person to another through an exchange of certain body fluids such as blood, semen or vaginal secretions. These diseases are called sexually transmitted diseases (STIs) or venereal diseases because **SEXUAL INTERCOURSE** is a major way in which the diseases are transmitted from one person to another.

HOW OUR BODIES PRODUCE ANTIBODIES THAT FIGHT GERMS



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

- Anyone that has unprotected sex with an infected person can get STI/HIV infected. Unprotected sex meaning not using a condom when having sex. A condom acts as a barrier to prevent the exchange of body fluids.
- HIV means you have the Human Immune Virus in your body, HIV develops into AIDS over time, we call it stages. AIDS is when you become sick and eventually die due to a collection of diseases because HIV has affected your immune system so much it cannot fight diseases anymore.



- Because we 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 (HIV), it is to have a blood test done. There are three tests available testing for HIV antibodies: the Elisa, the Western Blot and Rapid test. These tests can be done through any doctor, medical clinic or hospital after receiving pre-test counselling. On getting the blood test results - post test counselling is done especially when HIV positive

Note to the educator - explain that HIV opens the door to other diseases. In the end the person dies of a collection of diseases, it is like soccer - having a goal post without a goalie - no defense, anyone can come in. Important: According to learner needs, explain the stages and symptoms of AIDS and HIV testing from the information provided for reading (10 min)



“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 STI/HIV is transmitted and NOT transmitted.”

- * **Multiple questions on STIs: Have each learner individually mark his answers for the multiple questions in his/her workbook. Have learners form pairs (nearest learner) to compare answers and discuss differences. Check learners' answers by giving the correct answers in class (10 min in total)**

STI MULTIPLE QUESTIONS

Tick the answer(s) you think are correct for each question:

1. The following diseases are Sexually Transmitted Infections (STIs):

- a) Flu and colds
- b) Syphilis (pox is another name for it)
- c) Gonorrhea (clap or drop are other names for it)
- d) Herpes
- e) Chlamydia
- f) Chancroid
- g) HIV/AIDS
- h) TB

2. The most likely way to get a STI infection is:

- a) Sharing towels or other utensils
- b) Kissing or touching another person
- c) Having sexual intercourse with an infected person
- d) Masturbating

3. The symptoms of STIs in women are:

- a) An unusual vaginal discharge
- b) Burning feeling when passing urine
- c) Abdominal pain and painful joints
- d) Longer, heavier periods than normal
- e) Pain during intercourse
- f) Constipation
- g) Burning, itching vagina
- h) You can have no symptoms at all

4. The symptoms of STIs in men are:

- a) Pain when passing urine
- b) Constipation
- c) Discharge from the penis
- d) Rash on the face and body
- e) Itching in the urethra
- f) You can have no symptoms at all

5. If you think you have a STI and want to go for help you should:

- a) Have a letter from your doctor
- b) Have parental permission
- c) Take an early morning urine sample when you go to the clinic
- d) Just go to the nearest clinic or doctor

6. If you discover you have a STI, who of the following should you tell?

- a) Your parents/family
- b) Your sexual partners
- c) Your doctor
- d) The person who infected you

ANSWERS:

Question 1 =b, c, d, e, f, g,

Question 2 =c

Question 3 =a, b, c, e, g, h

Question 4 =a, c, d, e, f

Question 5 =d

Question 6 =b, d

(Adapted from Taught not caught, 1994, p 181-182)

❖ How does a person get HIV infected?"

❖ Which of the following behaviours can increase our risk of getting HIV infected?

RISK QUESTIONNAIRE

Choose and circle 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)

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 was 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 onto 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 giving their blood, which may be contaminated with the virus 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, which is 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 one and sterile, therefore you cannot get infected by donating blood. Receiving blood is also safe as all blood is tested since 1985

9 Kissing someone on the cheek does not increase risk

You cannot 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 if you kiss an infected person who 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 contribute to risk taking because they impair a person's ability to think clearly and make good decisions. 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

Closing: What myths do you know about with regard to STIs/HIV and AIDS? Discuss myths and use the following incomplete sentences closing and assessment of learning. Refer learners to their beyond the class room tasks afterwards

LEARNER- 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 cannot be transmitted by.....
I have learned that risk behaviour means.....
I plan to.....

Do this quiz with a parent/family member:



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: MELISSA or ELISA TEST, WESTERN BLOT TEST AND RAPID TESTING

Question 3: The HIV 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 puts 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/STDs 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: POSSIBLE HIGH RISK 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

There are a lot of beliefs/myths about HIV and ways you can or cannot get HIV:

What myths are you worried about with regard to STI/HIV?

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 we protect ourselves from infectious diseases like STIs and HIV?
- ❖ Where and to whom would I go to for help?

ASSESSMENT:

Note to the educator: THE SEXUALITY GAME BOARD USED IN SESSION 2.4 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

- 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 and 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 organizations in the community to get help from
- Do the HIV quiz individually and then discuss in pairs about difference in opinion. Have a group discussion afterwards or in teams as a competition in class and have winning team facilitate the discussion afterwards
- I have learned.. activity can be expanded and done in an interactive way by sentence stems drawn from 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



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 them informed decisions about abstinence and safer sex



OUTCOMES:

Learners who can demonstrate knowledge and understanding of STIs and HIV/AIDS 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:

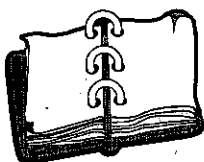
- Ways HIV/STIs are transmitted/not transmitted
- Personal vulnerability to HIV/STIs
- Means of protection from HIV/STIs
- Sources of help if needed

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
- 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



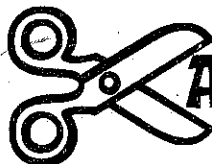
PREPARATION:

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 STIs 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 the truth and what are myths. Most importantly we need to know how to respond and what to do to protect ourselves. Correct information is a good starting point on which to base our own decisions.



ACTIVITIES:

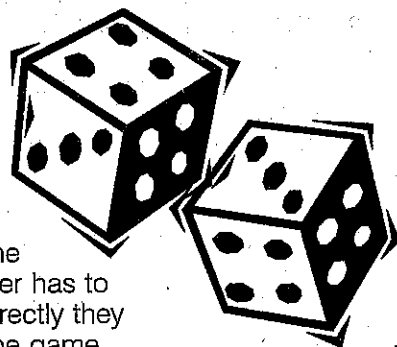
◆ SEXUALITY GAME BOARD:

Rules of play:

- ◆ Use the seven groups, as they are 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, co-operation, 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 to throw the dice and move 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 should move back to where they started before the throw of the dice. The next group's leader throw the dice, moves that group's token according to the number on the dice and get 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 teamwork, cooperation, accuracy of answers and team spirit.



Closing: The agreed incentives also have to be given.



BEYOND THE CLASSROOM:

Learners must do research and find the information on any aspect discussed that they do not understand, or want more information about.

SEXUALITY GAME BOARD QUESTIONS AND ANSWER:

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 other instruments - 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 instruments (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*
 - ⊙ *Happens to young people*
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*
 - ⊙ *Get injections only at hospitals or health centers*
 - ⊙ *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; 2 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 2 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, coughs*
 - ⊙ *Serious diseases may occur - T.B., cancer, lung disease, brain illnesses, fungal infections. These result, eventually, 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 partner(s)*
 - ⊙ *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 center; 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 giving their blood, which may be contaminated with the virus 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, 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
- 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 cannot 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 since 1984/5?
- 21. Can kissing someone on the cheek increase risk? Why or why not?**
 ◎ NO. 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 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 uses contribute to risk taking because they impair a person's ability to think clearly and make good decisions. 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 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 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 take 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 and*
 - ⊙ *Having safer sex e.g. using condoms*
- 32. Why can women get HIV infected more easily than men?**
- ⊙ *Because of the way they are physically build (the female sexual organs receiving male sexual fluids)*
- 33. Who are the people 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 (World Health Organisation. United Nations Educational Scientific and Cultural Organisations 1994, School Health Education to prevent AIDS and STI)*

ANSWERS TO QUESTIONS:

1. How do "germs" (viruses) get into our bodies?

Germs/viruses have been around for thousands of years. A virus can't live on it's 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, 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 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 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 off 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.

4. 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 diseases (STIs) or venereal diseases because sexual intercourse is a major way in which the diseases are transmitted from one person to another.

5. Do you know what STIs stand for?

It stands for Sexually Transmitted Infections. STIs are diseases 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 STIs.

6. Can you name some STIs? (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)
- Genital Herpes
- Chlamydia
- Chancroid
- HIV/AIDS

7. 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 Immuno Virus that causes AIDS. The other STIs can be treated and cured we will discuss this later. HIV destroys the body's immune system, the system that fights off 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, as mentioned, 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 can not fight.

There is no cure for HIV - it can take between three and seven years and even 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 can not "see" if somebody is HIV positive. The only way to know if someone is HIV positive is through a blood test.

8. What are the signs and symptoms of STIs?

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

- Pus or smelly fluids 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



9. What does syndromic management mean??

STIs are divided in the 2 groups (discharges/specific infections) for the purpose of the identification of the condition. The medical people refer to this as syndromic management. Syndromic management is based on the identification of consistent groups of symptoms and easily recognised signs (syndromes). The treatment will deal with the majority or most serious organisms (virus/bacteria) responsible for producing a syndrome.

10. 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 having sex during treatment
- Attend follow-up visits to clinic or doctor or hospital until cured
- Avoid becoming infected in future, through prevention, as all STIs and HIV/AIDS can be prevented
- Most STIs are treatable but not all are curable. HIV is an STI that cannot be cured.

11. How can STIs 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 (Penetrative sex means when a man's penis enters his partner's 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.

 **ASSESSMENT:**

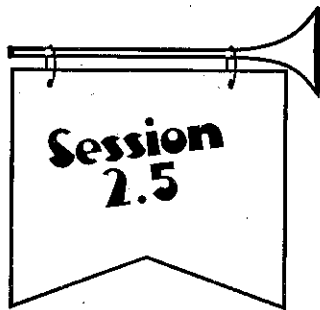
Note to the educator: THE SEXUALITY GAME BOARD USED SERVES AS OVERALL ASSESSMENT OF THE UNIT

 **REFLECTION & RECORDING:**

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

 **ACTIVITIES FOR ADVANCED LEARNING**

- ◆ 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 tap another learner from the circle on the shoulder to replace him/her. The next questions is 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 ensure correct information



Risk behaviour



FOCUS OF THE SESSION:

- Assist learners in analysing and identifying behaviours that increase the risk of transmitting HIV/STIs
- Promote self-awareness to help learners make informed decisions about abstinence and safer sex

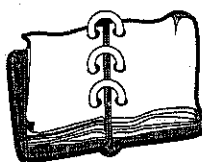


OUTCOMES:

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

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

<p>KNOWLEDGE AND UNDERSTANDING OF:</p> <ul style="list-style-type: none"> • Ways HIV/STIs are transmitted/not transmitted • Personal vulnerability to HIV/STIs • Means of protection from HIV/STIs • Sources of help if needed 	<p>LIFE SKILLS:</p> <ul style="list-style-type: none"> • Self-awareness • Sense of responsibility • Refusal skills/how to say "no" • Decision making • Assertiveness to resist peer pressure • Negotiation skills to ensure abstinence/safe sex <p>VALUES AND ATTITUDES:</p>	<ul style="list-style-type: none"> • 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
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READING:

Read the provided information for this unit

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, acupuncture, tattoo, ear piercing, circumcision, traditional practices and 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 one cannot see if someone is HIV positive it is better to protect yourself as if everybody can be HIV positive. We should learn how to stand on our rights and be assertive with regard to safer sex e.g. abstinence or using condoms

Assertiveness means standing up for 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. If you are not assertive, you tend to be either passive or aggressive.

Passive persons

- Do not stand up for their own rights
- Put others first at their own expense
- Give in to others
- Always apologize
- Remain silent when something bothers them

Assertive persons

- Respect self and other people
- Listen and talk
- Express positive and negative feelings
- Are confident but not "pushy"
- Stand up for own rights without putting others down
- Use "I feel" statements

Aggressive persons

- Have no thought for other people
- Put self first at expense of others
- Overpower others
- Argue
- Get what they want at the expense of others



PREPARATION:

Learner workbooks
Flip chart and pens



NEW WORDS:

Assertiveness:

standing on your rights without violating other people's rights

Passiveness:

do not stand up for own rights, put others first at own expense

Aggressiveness:

get what they want at the expense of others

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, and mutual masturbation in the place of sexual intercourse.

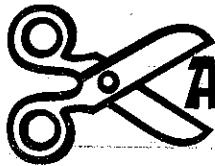
Contraceptives:

methods to decrease the risk of pregnancy and sexual transmitted disease, e.g. condoms, the pill, injections, etc.



INTRODUCTION:

"This session is aimed at helping you identify risk behaviours that can increase your risk of getting HIV/AIDS or other STIs.



ACTIVITIES:

- ◆ Divide learners in four groups and give each group a "worry letter" to respond to. The group should discuss it and give verbal feedback on what they would reply (4 min and 2min feedback)

WORRY LETTER ONE: DEAR EDUCATOR

I played sport at school yesterday. My teammate injured his arm and there was blood all over him. I helped him to clean the wound. How will I know if he is HIV positive? Could I now be infected because his blood touched me?
Dae

WORRY LETTER TWO: DEAR EDUCATOR

I had unprotected sex with my girl friend for the first time two weeks ago. She wanted to use a condom and I did not want to use one. Now I am worried - maybe she has HIV or a STI that is why she wanted to use a condom. How do I know if I am infected and what symptoms will I have?
Thami

WORRY LETTER THREE: DEAR EDUCATOR

My boyfriend and I had oral sex and we did a lot of touching. I have this funny smell and vaginal discharge for two days now and I feel worried. I am too ashamed to speak to anyone what should I do?
Charlene

WORRY LETTER FOUR: DEAR EDUCATOR

One of my family members has AIDS. She visited us at our house and she kissed me when we greeted and she had supper with us. I am worried that she could have infected me. What should I do? Should I also feel ashamed and ignore her like the rest of her family?
Anna

Note to the educator: Add information to the groups' responses to include the following Letter one: First of all you cannot 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

Letter two: Communication between partners about safer sex is very important. Using condoms serves as protection against STIs/HIV infection as well as preventing unwanted pregnancy. With STI infections one or more of the following symptoms are common:

- Pus or smelly fluids 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

Only a blood test after three months (past the window period) will tell if you have HIV and you will have no symptoms. HIV can be asymptomatic for years.

Letter three: (symptoms as in two) The person can get treatment from the nearest medical clinic or doctor in the form of pills and creams mostly, depending on the symptoms and type of STI

Letter four: No you cannot get HIV infected by kissing or touching or sharing utensils. She might need medical care of course, but she needs your support even more as well as support from the rest of her family. AIDS is a disease, and the person with the disease needs acceptance and support most of all

Risk Questionnaire:

GROUP 1:	Agree	Disagree	Unsure
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			

GROUP 2:	Agree	Disagree	Unsure
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			

GROUP 3:	Agree	Disagree	Unsure
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 schoolgirl 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 class mates are still too young to fall in love			

GROUP 3:	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			

Note to the educator: Answers are incorporated under the heading assessment

◆ **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 agreement in the group?
4. What skills were used to try and reach agreement?
5. Was it easy or difficult for the group to reach agreement? And for you? Why?

Closing: Think about it: How assertive are you? How well do you feel you cope with peer pressure? Think of examples.



BEYOND THE CLASSROOM:

- ◆ Invite learners to write an anonymous worry letter for the "LET'S TALK ABOUT" box if they do not feel comfortable sharing
- ◆ Complete the full questionnaire for yourself and compare it with the assessment answers
What did you learn? To what extent does your own knowledge, views and attitudes put you at risk?
- ◆ Questions about dealing with peer pressure:

*How assertive are you? What does assertiveness mean?
What is the difference between assertive, passive and aggressive?
How well do you feel you can cope with peer pressure?*

Things to think about when deciding to have sex

13 IMPORTANT QUESTIONS TO THINK ABOUT ON HAVING SEX

1. Why do I want to/are having sex?
2. Do you 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 knew?
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 could be?
11. Do my partner and I have accurate information about sex?
12. How can I be sure my partner does not have a STI or is HIV infected?
13. Is it really my own decision to have sex or do I feel pressurised?



ASSESSMENT:

From the four groups' joint feedback - do a group assessment on the following seven levels:

KNOWLEDGE:

- A person who is strong and healthy can be infected with HIV
- HIV cannot be spread by mosquitos or other insects
- Many people who carry HIV look healthy and normal
- Condoms are a good way to prevent infection with HIV (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/STI 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 classmates 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

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

- ◆ Develop or find your own case studies using real life examples from newspapers, magazines or people showing the consequences of their sexual choices

Responsible sexual behaviour

OUTCOMES:

1.
Responding
assertively to peer
pressures for
sexual intercourse
and unsafe sex

LO1, LO2, LO3

2.
Critically
evaluating
reasons for
delaying sexual
intercourse or
practising
abstinence

LO1, LO2, LO3

3.
Informed
sexual decision
making with
regard to
abstinence and
safer sex

LO1, LO2, LO3

4.
Understanding
and anticipating
consequences
of sexual
involvement and
practices

LO1, LO2, LO3

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF

- Reasons why young people choose for or against having sex
- Own expectations and values about relationships and sexual involvement
- Peer pressure and pressure to have sex
- Ways HIV/STIs are transmitted/not transmitted
- Means of protection from HIV/STIs
- Sources of help if needed

LIFE SKILLS:

- Self-awareness
- Refusal skills/how to say "no"
- Critical thinking
- Decision making
- Handling emotions
- Self-discipline
- 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
- 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
- Accountability
- Health and hygiene
- Respect for others/rights of PLWA
- 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.



Can sex wait?



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 abstinence

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF

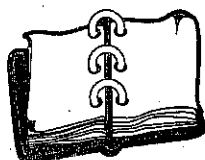
- Reasons why young people choose or not choose for or against having sex
- Own expectations and values about relationships and sexual involvement
- Peer pressure and pressure to have sex

LIFE SKILLS:

- Self-awareness
- Refusal skills/how to say "no"
- Critical thinking
- Decision making
- Handling emotions
- Self-discipline
- 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
- 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



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 readiness
- Parental response

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 risk behaviour.

One has to be assertive when it comes to sexual choices.

What are the advantages of being assertive?

- Can say "no" without feeling guilty
- Ask for help when needed
- Avoid arguing
- Have better relationships
- Others will respect you
- Disagree without becoming angry
- Feel better about yourself
- Have more friends
- Have respect for yourself

Passive persons:	Assertive persons	Aggressive persons
<ul style="list-style-type: none"> ◆ Do not stand up for their own rights ◆ Put others first at their own expense ◆ Give in to others ◆ Always apologize ◆ Remain silent when something bothers them 	<ul style="list-style-type: none"> ◆ Respect self and other people ◆ Listen and talk ◆ Express positive and negative feelings ◆ Are confident but not "pushy" ◆ Stand up for own rights without putting others down ◆ Use "I feel" statements 	<ul style="list-style-type: none"> ◆ Have no thought for other people ◆ Put self first at expense of others ◆ Overpower others ◆ Argue ◆ Get what they want at the expense of others



PREPARATION:

Learner workbooks
Flip chart and pens



NEW WORDS:

Abstinence:

Refraining from sexual intercourse. This is the only 100% safe way to prevent pregnancy and STIs



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:

- **Debate: “Should young people have sex and why?” or “ Should young people wait to have sex and why?”** Divide class in 4 groups.
- **Group 1** should debate that **“young people don’t need to wait to have sex”** (based on reasons why young people choose to have sex as in table)
- **Group 2** should debate that **“young people should wait to have sex”** (based on reasons why young people choose to wait to have sex as in table)

“ WHY DO SOME YOUNG PEOPLE CHOOSE TO HAVE SEX?”	“ WHY DO SOME YOUNG PEOPLE CHOOSE TO WAIT TO HAVE SEX?”
<ul style="list-style-type: none"> • Because of curiosity • To prove maturity • To get attention • Because it feels good • To satisfy sexual arousal • To seek love • Because “everyone is doing it” • Because of peer pressure • To prove love • Because they are drunk or high 	<ul style="list-style-type: none"> • 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 

- **Group 3** should debate that there might be a deeper need or hidden reason why young people have sex that could be met by non-sexual means too. Explain that young people sometimes have sex to try and meet other unfulfilled needs that can be met in a non-sexual way.

" 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 include 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 shout at him/her. 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?
- **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 is more likely and emptiness 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. 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)

* Group 4 should debate on the deeper reasons why some young people choose to wait

" 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 STD. Unprotected sex with different partners definitely increases the/she risk of being infected
- **To avoid getting HIV** - this disease is transmitted during sex if one partner is infected. You can't see by looking at someone if he 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 in a loving relationship and is 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 valued as a person or 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 complicated if sex is involved and it can cause 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 and decisions
- 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

QUESTIONS:

Ask each group a final question to end the debate after 15 min and discuss the answers:

Possible opinions / options

1. Give four reasons for saying "no" to sex or for delaying sex.

- ◆ Pregnancy
- ◆ Risk of STI or AIDS
- ◆ Parents don't want you to have sex
- ◆ Not the right person
- ◆ Fear of violence
- ◆ You have drunk too much
- ◆ Your religion says "no"
- ◆ You're not ready
- ◆ Want to wait until marriage
- ◆ Need time for friendship to develop

2 Name four things that could help a person to delay sex.

- ◆ Go out with a group of friends
- ◆ Decide early on how far you want to go
- ◆ Decide on your alcohol / drug limits
- ◆ Don't fall for romantic words and arguments
- ◆ Be very clear about your limits
- ◆ When feeling uncomfortable - leave
- ◆ Get involved in activities (sports, clubs)
- ◆ Don't go around with people who pressure you to have sex
- ◆ Be honest from the beginning about your sexual limits
- ◆ Don't go out with people you cannot trust
- ◆ Avoid lonely spots where you can't get help
- ◆ Don't accept rides from those you can't trust
- ◆ Don't accept money and presents from people you don't know very well
- ◆ Avoid going to someone's room when there is no one else at home
- ◆ Express affection without having sexual intercourse

3 Name four ways a person could show affection to a partner without having sexual intercourse.

- ◆ Hold hands
- ◆ Kiss
- ◆ Hug
- ◆ Touch
- ◆ Massage
- ◆ Say "I like (love) you"
- ◆ Masturbate
- ◆ Write a letter
- ◆ Body rub

4 Name four things a person could do to prevent sexual threats and violence.

- ◆ Be assertive
- ◆ Avoid secluded (lonely) spots
- ◆ Set sexual limits early
- ◆ Do not accept money or presents
- ◆ Do not take rides with strangers
- ◆ Do not go to person's room if no one else is at home

Closing: Refer learners to their beyond the class room task and explain the following:

A young person is not a victim of his/her hormones or circumstances - to have or not to have sex is a decision to be made. When you climb a mountain you set a limit e.g. to reach the top or only go halfway? Is it easy to stop and turn back once you are halfway up the mountain and feel unsafe? The higher you go the more you can feel unsafe and the more difficult it becomes to turn around. You have to carefully plan in advance how you are going to get to the top safely and return safely - it would be difficult to decide halfway through while you are already in an unsafe situation. With sexual decision-making it may be very much the same, the sexual limits should be set beforehand after careful consideration and decision-making.

"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:

- ◆ **How does "the mountain climbing" idea help you to make decisions about your sexual limits?**
 - ◆ The further you go the more difficult it is to stop
 - ◆ It is difficult to go back to a safer point
 - ◆ Decisions about sexual limits should be made at a point where you know it will not lead to sexual intercourse
- ◆ **YES or NO - Peer Opinion poll:** Ask the questions to at least two young people (peers), can be a classmate or boy or girlfriend. Ask them to answer honestly, YES or NO immediate response (no debating/arguing/no time to think). Make a tick or cross for person A and the same for person B.

LET US BE HONEST (10 QUESTIONS INTERVIEW)



YES,



= NO

	Person A	Person B
1. Can people with HIV look healthy?		
2. Can mosquitos 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?		

Answer the following and discuss with your friends/partners:

1. Describe the CHARACTERISTICS of passive, assertive and aggressive persons.

Passive persons:

.....

Assertive persons

.....

Aggressive persons

.....

2. What are the ADVANTAGES of being assertive?

.....

.....

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 only 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 you go about ending 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)
.....



Choose words to assess your 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. Add more ranges of feelings if you wish e.g.:

Bored	.....	Very interested
Learned nothing new	.....	Learned a lot
Angry	.....	Happy
Upset	.....	OK/fine
Frustrated	.....	Enjoyed it a lot
No participation	.....	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 4 groups - 2 groups brainstorm and each list on a flip chart their own reasons "Why do some young people choose to have sex?" and the other two groups brainstorm and list each on a flip chart "Why 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 becomes 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 in their opinion why/why not young people becomes sexually involved or not, put it in container. Divide learners in 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



TEENAGE PREGNANCY and PARENTHOOD



FOCUS OF THE SESSION:

- Create awareness of peer pressure and possible pressures to have sex
- Create awareness of own values and beliefs and family influences
- Understand the implications of teenage pregnancy



OUTCOMES:

Learners who can evaluate the advantages and disadvantages of teenage pregnancy in order for them to make informed decisions and resist pressure

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF

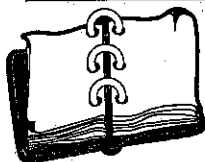
- Ways HIV/STIs are transmitted/not transmitted
- Means of protection from HIV/STIs
- Sources of help if needed

LIFE SKILLS:

- Self-awareness
- Critical thinking
- Communication skills incl. listening
- Sense of responsibility
- Conflict resolution
- Decision making
- 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
- 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



READING:

Teenage pregnancies are increasing in number each year. Medical risks and long-lasting emotional problems are associated with teenage pregnancy. Young people often deny the risk. Perceptions such as 'it won't happen to me' or 'I know I am dying' or 'I can cope' prove this.

For the pregnant girl the consequences can be:

- Disruption of education and career goals
- Fewer job opportunities and usually lower paid jobs
- Isolation from friends
- Choices in all aspects of life are restricted
- Unprepared and often too immature to care for a child

For the teenage father the consequences include:

- Often blamed, seen as the guilty party and has to deal with a lot of anger from family members
- Educational and occupational opportunities are decreased
- Often not included in the choice of options regarding the child
- Experiences emotions such as anger, resentment, guilt, anxiety
- Has no legal rights regarding the mother and child
- Relationship with their families are often characterised by conflict

Options available to pregnant teenagers:

- Abortion
- Marriage
- Adoption
- Single parenthood
- Fostering

(From: Responsible Teenage Sexuality. PPASA p154 -171, 1998)



PREPARATION:

Learner workbooks
Flip chart and pens



NEW WORDS:

Safer sex:

the reduction of risk or negative consequences such as pregnancy, STD's, emotional hurt. Safe sex can include being faithful to one sexual partner, using of condoms, and mutual masturbation in the place of sexual intercourse.

Contraceptives:

methods to decrease the risk of pregnancy and sexual transmitted infection, e.g. condoms, the pill, injections, etc.

Pregnancy:

occurs when during sexual intercourse the male sperm cell enters the female's ripe egg cell, they unite and a human life begins.

Abortion:

termination of pregnancy.

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:

Word associations:

- ❖ On reading the word, say and write the first word(s) that comes to your mind that you associate with the word, do this with each word
- ❖ MENSTRUATION.....
- ❖ CONTRACEPTIVES.....
- ❖ PREGNANCY.....
- ❖ ABORTION.....
- ❖ SAFER SEX.....

Each group has two more minutes for discussion on their associations and what the real meaning of the word is to give 1 min feedback to the others.

◆ Teenage pregnancy and teenage parenthood

1. What is your understanding and views on:

◆ Teenage pregnancy.....

◆ Teenage parenthood.....

2. What are your personal feelings and opinion about each.....

3. What are the consequences of each?.....

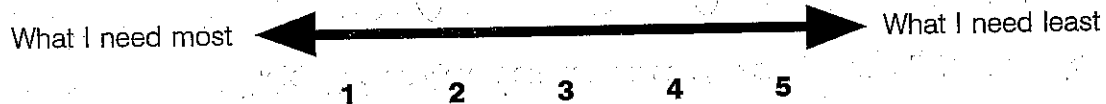
4. Through which means can it be prevented?.....

Closing: Invite learners to write anonymously on a piece of paper any word or topic they would like to discuss relating to sexuality and sexual practices e.g. Circumcision

BEYOND THE CLASSROOM:

❖ Body say, body do:

Rank your five senses (sight, hearing, touch, smell and taste) from 1 to 5 according to "What I need most"



- SIGHT
- HEARING
- TASTE
- SMELL
- TOUCH

❖ Rank "What I do most with my body" from 1 to 12:

What I do most with my body

What I do least with my body

1 2 3 4 5 6 7 8 9 10 11 12

- CRITICISE IT
- USE IT
- LOOK AT IT
- SMELL IT
- DISPLAY IT
- WORRY ABOUT IT
- ADMIRE IT
- ENJOY IT
- FORGET ABOUT IT
- TOUCH IT
- CARE FOR IT
- CHECK IT

(Adapted from Taught not caught, p119-120)

Questions for reflection:

1. How do I feel about masturbation?

.....

.....

.....

2. What options for safer sex would I consider and why?

.....

.....

.....

ASSESSMENT:

- ◆ Educator observation and assessment of learners':
 - Knowledge of safe sex practices
 - Understanding of the consequences of teenage pregnancies
 - Attitudes with regard to issues such as safe sex, abortions, contraceptives etc.

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 gather information in their groups on the 5 topics and either do a group presentation on the topic and or developing a collage/document to be shared with other learners:
 - Menstruation
 - Contraceptives
 - Pregnancy
 - Abortion
 - Safer sex
- Words and terminology used in this session can be put up on the wall and learners can make collages of their understanding of the meaning and associations thereof.
- Each learner has to write a anonymous question about one of the topics for the "Lets talk about" box - each learner then draws a question and has to respond to it. Divide learners in small groups, have each individual in the group draw a question to be answered, group members can assist each other, each learner to present his/her own answer however
- Learners practice in pairs how they would discuss these topics with their parents/guardians - learners take turns where one is the child and the other the parent



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



OUTCOMES:

Learners who understand and are able to demonstrate how to resist peer group pressure in various situations

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:

- Peer pressure and pressure to have sex

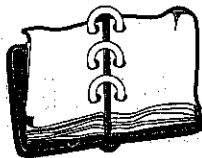
LIFE SKILLS:

- Refusal skills/how to say "no"
- Negotiation skills to ensure abstinence/safe sex
- Delaying gratification
- How to resist peer pressure by means of refusal skills

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 an older person/someone in authority
- Sensitivity towards the implications of multiple partners/violent and abusive relationships, substance abuse (alcohol and drugs)



READING:

Information provided for this unit including:

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 provides 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. We call this skill mirroring or reflection to give person's feelings back to him/her correctly to show/make sure you understand their feeling

LISTENING SKILLS

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



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 voices 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)



PREPARATION:

Learner workbooks
Flip chart and pens



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”



NEW WORDS:

Peer pressure:

when people more or less your age tries to force you to do things, sometimes against your will

Rape:

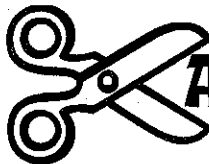
an act of violence in which sexual activity is forced upon a person by another as a means of humiliating degrading, frightening and violating that person.

Assertive:

standing on your rights without violating other people's rights

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.



ACTIVITIES:

- ◆ **Demonstration:** Ask 3 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 2 facing each other, arms at his side leaning with his/her 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 more or less your age tries 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), to become sexually active, to use alcohol/drugs, to look good, wear the right clothes, go to the right places, not to disappoint your family, be good at sport, etc.
- ❖ **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?”
- ◆ **Resistance and refusal skills:** Divide learners in 4 groups and have them seated in 4 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 demonstrating to the other groups how to expand the two lines given to build their own story - create dialogue to show how the situation will progress.

As a group come up with effective "refusals" for the following situations using basic communication skills;

Please help your four friends: Annah, Sam, Jane and Peter.

ANNAH'S SITUATION:

Two of her older brother's friends are sleeping over at their house. They invite Annah to play "spin the bottle" - they spin a cold drink bottle around and if the bottle points at a person, that person is suppose to do anything the other's want him/ her to do without refusal.

Brother's friend: "Annah come and play "spin the bottle with us"

Annah:

Brother's friend: " Are you a chicken or are you just a baby?"

Annah:

SAM'S SITUATION:

Sam became friendly with Joe his soccer team mate. They went out as friends on two occasions. Sam and Joe have just finished playing soccer; their team won and the two friends have showered and are ready to go home. Joe is pressurizing Sam to use drugs

Joe: Sam, let's celebrate! You should try this; it will make you feel great!

Sam:

Joe: " Don't you want to be cool, or was I wrong? Are you just sweet mommy's boy?"

Sam:

JANE'S SITUATION:

Jane fell in love with James, he is a very popular boy at school and is very nice looking and all the girls would like to go out with him. He noticed Jane at a party and after dancing with her, he bought her a cold drink. Then he asked her to take a walk with him outside. Jane felt very excited because he danced with her alone the whole evening and now he even bought her a cold drink! She doesn't mind going for a walk, but what James really want sis to become sexually involved. He starts kissing Jane and holds her close to him.

James: Jane, you really make feel hot for you, I just want to touch you. "

Jane:

James: "I know you want to feel me too. So let's do it"

Jane:

PETER'S SITUATION:

Peter's friend Simon invited him over for the weekend. They are spending time at a sport club while waiting for Simon's dad to finish playing sport. The two of them are sitting outside the sport bar on the verandah at a table. Simon wants to order beer and pretend it is for his dad and have them drink it, he brags that he has done it before, he just gives the waiter a good tip.

Simon: "Peter, one beer won't do any harm; I know you can handle it and it is fun after all"

Peter:

Simon: " Come on my father won't mind and your parents are not here or are you scared? Peter :

Peter:

◆ **Refusal skills role-play**

In groups use above situations to do a role-play demonstrating your own refusal skills

◆ **Reflection:**

*How well did learners demonstrate refusal skills?
How well do you cope with peer pressure and why?*

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?*

Learning:

- ◆ *What have you learned from these situations?*
- ◆ *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 being not 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:** Example when educator makes 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: "Come to my place, You can trust me nothing will happen" 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:"If you really love me you will do it" YOU SAY
- ◆ I SAY:"Try this, don't you want to be cool?" YOU SAY
- ◆ I SAY:"I bought you a drink, here " YOU SAY.....
- ◆ I SAY:"You are just scared your mom will find out" 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 say 'I SAY' and point 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 - pressure on young people to wait to have sex and pressure on young people to have sex at an early age.

◆ **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 were given by boys and girls respectively:

GIRLS' "REASONS" for having sex	BOYS' "REASONS" for having sex
<ul style="list-style-type: none"> <input type="checkbox"/> To please the boy <input type="checkbox"/> Wanting to be fashionable <input type="checkbox"/> Unable to say NO when pressured <input type="checkbox"/> Afraid of losing boyfriend <input type="checkbox"/> Sense of being obligated (payback of cost) <input type="checkbox"/> To prove love <input type="checkbox"/> Being high on alcohol or drugs <input type="checkbox"/> Because it means a lot to the boy <input type="checkbox"/> Because the girl led the boy on and doesn't want to be a tease <input type="checkbox"/> Being part of a group which values sexual activity (everyone is doing it) <input type="checkbox"/> Giving in to persistent demands <input type="checkbox"/> To avoid conflict with boyfriend <input type="checkbox"/> Curiosity - wanting to know what it is about <input type="checkbox"/> Rebellion against parents or religion <input type="checkbox"/> To boost poor body image - feel wanted <input type="checkbox"/> Desire for affection and love <input type="checkbox"/> Got carried away - couldn't stop in time <input type="checkbox"/> Escape from loneliness <input type="checkbox"/> Look for new experience and excitement <input type="checkbox"/> Due to ignorance 	<ul style="list-style-type: none"> <input type="checkbox"/> Afraid girl might think he doesn't like her <input type="checkbox"/> To prove manhood <input type="checkbox"/> Because it is expected <input type="checkbox"/> Being in a group where everyone is doing it <input type="checkbox"/> To have experience <input type="checkbox"/> Curiosity - to see what it is like <input type="checkbox"/> Being high on alcohol or drugs <input type="checkbox"/> Rebellion against parents or religion <input type="checkbox"/> Not to hurt the girls feelings <input type="checkbox"/> Because the girl wants it <input type="checkbox"/> Nothing else to do on the date <input type="checkbox"/> To discover what all the excitement is about as shown in the media <input type="checkbox"/> Increased opportunity for sexual contacts <input type="checkbox"/> Boredom or attempt to win approval <input type="checkbox"/> Talked into it by partner <input type="checkbox"/> Due to ignorance <input type="checkbox"/> Got carried away, overwhelmed <input type="checkbox"/> To boost own self-image <input type="checkbox"/> Looking for excitement <input type="checkbox"/> Express sexual feelings <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 their 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 stigmatized ("easy, available or cheap")
- Scared, don't know what sex is all about
- Don't know how to prevent oneself from getting pregnant or getting STIs/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



BEYOND THE CLASSROOM:

- ◆ 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

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

- educator observation
- skills demonstrated by learners
- peer assessment

REFLECTION & RECORDING

Educator to complete the following sentences as comprehensively as possible:

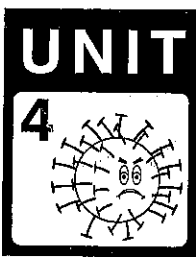
- The session was.....
- I feel.....
- I think.....
- I wonder
- I experienced problems with
- Next time I will.....
- The learners.....
- Feedback from learners.....



SUGGESTED ALTERNATIVES FOR THE EDUCATOR:

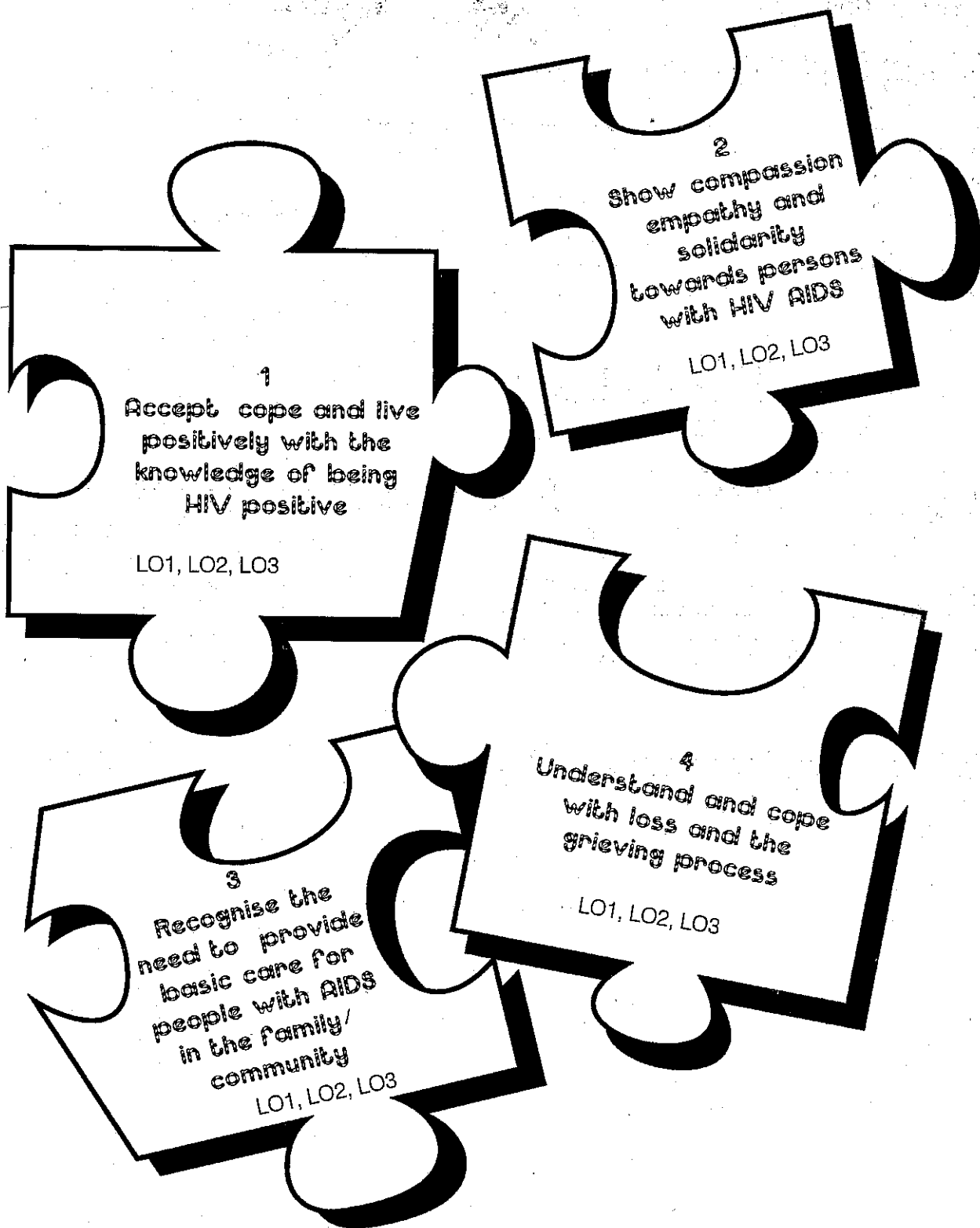
- ◆ Have learners do their rap songs in class as a competition with negotiated incentives
- ◆ Learners can design posters/ use graffiti wall to write or draw ideas of how to deal with peer pressure creatively
- ◆ Have the four groups play an AGREE/DISAGREE game. Have two areas with AGREE and opposite it DISAGREE signs. The group members who have to answer must run for a position after the statement is read to them. The group should discuss why and if they differ and reach agreement. 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



Living positively with HIV and respecting people living with AIDS

OUTCOMES:



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:

- Dealing with myths and misinformation about HIV/AIDS
- Create awareness on 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 participate in activities to create awareness and provide information about HIV/AIDS

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:

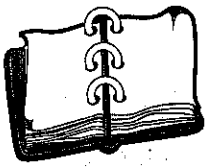
- HIV/AIDS infection and transmission
- PLWA
- Sources of help if needed
- How to care for people in the family and in general who have AIDS

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



Sunday Times Insight

PUBLICLY DISCLOSING HIV STATUS

SHAUN WAS TOLD HE HAD SIX MONTHS TO LIVE. 15 YEARS LATER HE TELLS THIS STORY

Ranjeni Munusamy spoke to a South African about the battles he has had to fight since declaring he was HIV-positive.

Twelve years ago, Shaun Mellors was paging through a newspaper in Cape Town when he came across a full-page picture of himself in an advert.

Accompanying the picture were the words: "Shaun Mellors, 24. Studying to become a teacher. Loves to travel. Great sense of humour. HIV-positive."

He stifled a scream, and ducked for cover.

He had become the first person in South Africa to publicly declare that he was HIV-positive.

Mellors, now 35, is the community programme director for the 13th International AIDS Conference to be held in Durban. He has lived with AIDS since 1985 and has become one

of the most prominent public faces of people living with the disease.

He has campaigned for the rights of millions of HIV-positive people across the world, but his fiercest battles have been in the country of his birth.

Mellors grew up in a deeply religious and conservative family in the East Rand town of Nigel. In early 1985, he went to Wits University in Johannesburg to take a teacher's degree.

"Till then, I had been protected from sexuality, racism, politics and different views of the world," says Mellors. My first year at varsity was like opening a big Pandora's box.

"It was such a big-bang year in more ways than one. I became politically active and began to experiment sexually. I had a brief relationship with a man. That was when I contracted HIV.

"I didn't know then what the blue blotches on his skin were. Now I know it was Kaposi's sarcoma, a type of skin cancer which some people with HIV get".

In 1986, Mellors heard that his former lover had died. He was in his second year of study and working part-time at a supermarket.

"I had lost a lot of weight and had swollen glands but I thought that I had not been eating properly", he said.

On Christmas Eve he collapsed on the floor of the supermarket.

"At the hospital, the doctor said, 'Young man, you have AIDS and have six months to live.' I nearly died of shock there and then".

Mellors was sent for X-rays but the nurses refused to touch him. Then he was admitted to an isolation ward with a "Restricted entry" sign on the door.

There were two big plastic bags at the entrance, one for his used crockery and cutlery and the other for his sheets. His food was slid into the ward along the floor.

Thus began the lonely process of accepting and dealing with AIDS at a time when little was known about the disease.

"In June, when I was supposed to die, nothing happened. I didn't tell anyone that I was HIV-positive and went back to varsity.

"I started a New Age life with crystal healing, meditation, massages and a strict vegetarian diet. My life was a lot more spiritual.

"At the end of 1987, I confided to one of my lectures that I was HIV-positive. He betrayed my trust and told the head of department and then the vice-rector."

The lecturer advises him not to continue his studies as it was highly unlikely that a person with AIDS could become a teacher. Mellors believed him and quit. "I then decided to speak out about AIDS."

In 1988, the Department of Health

asked him to get involved in an awareness campaign.

"They took pictures of me. The next weekend - kaboom! - a full-page picture of my face. They had chosen the worst picture one that made me look really sick".

Mellors had announced to the world - and his parents - in the most dramatic way that he was HIV-positive. His life as an AIDS activist had begun.

He co-founded the National Association of People Living with HIV/AIDS and Friends for Life.

His passion for the cause won over the international AIDS movement and he was invited to speak at the sixth International AIDS Conference, in Acapulco, Mexico. He was also elected onto the board of directors of the Global Network for People With AIDS.

In 1994, he helped organise the first meeting of the National AIDS Conference (now council) of South Africa and was involved in drawing up the national AIDS strategy.

In the same year, the Holland-based Global network for people With AIDS asked him to serve as its executive director.

"At the end of March that year, I packed two suitcases and set off for Amsterdam to take on one of the most political, stressful and demanding jobs. To be the figurehead of People With AIDS worldwide is impossible".

In September 1998, Mellors decided he had had enough and joined the non-governmental organisation Stichting Aidsfonds as an international consultant.

Until then, Mellors had not been one any AIDS treatment, but the stress of his previous job had taken its toll on his health. As a resident of

Holland, he now receives free anti-retroviral treatment.

"I am on a combination of AZT and Nevirapine, which, according to Manto Tshabalai-Msimang (the Minister of Health), is toxic. But I'm proof that it works. I'm as strong and alive as can be."

When Mellors heard that South Africa had won the bid to host the 13th International AIDS Conference, he decided to return to the country to complete the tasks he had left unfinished.

After the conference, he will return to Holland to his adopted three-year-old son, Thandu, and to marry his Durban lover, Rufus, whom he met last November.

In Sunday Times

25 June 2000

By : Ranjeni Munusamy



PREPARATION:

Learner workbooks
Flip chart and pens



NEW WORDS:

PLWA:

empathy:

compassion:

alienation:

disclosure:

Non disclosure:

Stigmatising:

Anti-retroviral treatment:

people living with AIDS

having understanding by trying to imagine yourself in the other person's situation

showing that you care and would like to be of help

being isolated, separated, estranged from other people

is the sharing of information. Disclosure is an ongoing process, not a single event. Disclosure of a persons HIV/AIDS status can be:

-to another person or persons

-to the person him/herself (by a doctor for instance)

-to a learner of his/her HIV/AIDS status or that of a family member

is the decision not to talk about or share information about your HIV/AIDS status.

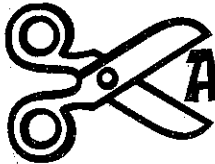
is a mark or a sign of disgrace or discredit, loss of reputation, false accusation.

a substance that stops or suppresses the activity of a retrovirus for example HIV.



INTRODUCTION:

"HIV/AIDS was officially diagnosed as a disease in South Africa since the early 1980's. Initially people did not want to acknowledge the existence of HIV/AIDS. When there was disclosure about a persons with HIV positive status, it was normally followed by stigmatising, rejection and alienation as we will see from the following real life situation. Today there are still a lot of myths about HIV/AIDS. There are currently 4.2 million people in South Africa living with AIDS (PLWA), 420 000 orphans and 250 000 AIDS-related deaths were reported in South Africa; according to statistics presented at the 13th International Conference on HIV/AIDS held in Durban, 2000 from the UNAIDS report on HIV/AIDS in Africa, June 2000"



ACTIVITIES:

Case study

◆ Divide learners into 5 groups. Refer learners to their workbook and read the article about Shaun Mellors (Sunday Times, 25 June, 2000) to the learners. Each group should give feedback on their questions afterwards. (total 10 min)

QUESTIONS ON CASE STUDY:

Group 1:

- What age was Shaun when he got infected?.....
- How did Shaun get infected with HIV and why?
- How long after he got infected did Shaun get sick?

Group 2:

- What symptoms did Shaun suffer from?
- How did Shaun find out that he has AIDS?
- How did the staff at the hospital treat Shaun?.....

Group 3:

- How long did the doctor give Shaun to live and what happened?
- What did Shaun do to live positively with HIV after he got out of hospital?
- What happened to Shaun after he confided in one of his lecturers about his HIV positive status?

Group 4:

- What did Shaun decide to do with his life after leaving the university?
- What happened when Shaun agreed to help the Department of Health in their awareness campaign and how did he feel about it?
- What were the consequences of Shaun's HIV status being made public and what did Shaun start doing?.....

Group 5:

- What AIDS treatment has Shaun received to date and how does he feel about it?
- What was Shaun's role at the 13th International AIDS Conference?.....
- What were Shaun's plans after the conference?

Agree/Disagree game:

Deal with myths, misinformation, and differences in opinions and beliefs through an AGREE/DISAGREE game. Learners stay in their groups, after each statement is read, learners discuss it in their group for half a minute and come up with a group response. One learner from each group gives a short feedback after which the educator responds to clarify correct information and summarise opinions. (18 min)

AGREE/DISAGREE GAME:

Do you agree or disagree with the following:



= agree

or



= disagree

- Only homosexual people can get HIV infected
- Hospitals should put HIV positive people in isolation wards and keep their sheets, crockery, cutlery and food separately
- All people should be forced to disclose their HIV status
- A person who is HIV infected should not mix or work with other people
- All HIV positive people should get free anti-retroviral drugs in South Africa, like in Holland
- Only HIV positive pregnant mothers should get free anti-retroviral drugs in South Africa
- If you have sex with a virgin it can cure you from HIV
- A person who is HIV positive should not marry and have children
- Our statistics of HIV infection in South Africa is amongst the highest in the world
- It is wrong to distribute condoms freely as part of AIDS prevention programs
- A person who has been raped should get anti-retroviral drugs and be tested for HIV
- Abortion is only legal when you have been raped
- Sexual abuse and rape is the person's own fault and he/she could have prevented it

Closing: Refer learners to their beyond the class room tasks



BEYOND THE CLASSROOM:

Learners should:

- ◆ Read the article to your parents/family you stay with and discuss with them their views about it. Get their responses on the thirteen AGREE/DISAGREE questions dealt with in class,

- ◆ *When a friend tells you a secret what will you do?*

.....

- ◆ *Your best friend shares with you in confidence that he/she is HIV positive.*

1. *How would you react?*

.....

2. *What would you say to your friend?*

.....

3. *What things would change in your relationship (things that will not stay the same)*

.....

4. *What needs might your friend have and how can you help?*

.....

- ◆ Refer to unit 1 in their workbooks (session 1.5) where they have made a relationship circle. Look at the circle with ME in the middle. Draw lines to all the important people's names they have indicated - use people's names in the circle and add other people if they have started new relationships since then.

Consider the following:

- ❖ *How would your relationship change with each person if the 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?*

- ❖ **Think of all the people you know:**
 - ❖ Do you know somebody that is HIV positive? YES/NO
 - ❖ Do you know of someone who has died of AIDS? YES/NO
 - ❖ Do you think this person(s) could have prevented him/herself from getting the virus? YES/NO

How can you protect yourself from getting AIDS?

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?

Who would you go to for help if you feel worried about your HIV status?

ASSESSMENT

Assess learners' knowledge and responses from the discussions on the case study, their beliefs and opinions about 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 a debate on the questions from the agree/ disagree game.
- ◆ Use the case study as script for a drama or play that can be presented to other learners at school or parents to create awareness
- ◆ Use case study to do dual role-plays to demonstrate different aspects e.g. discrimination/ stigmatising/ prejudice/alienation/disclosure/break of confidence and role-plays to rectify or demonstrate more appropriate responses
- ◆ Use statistics e.g. from the 13th International AIDS Conference or ATTIC national statistics to facilitate a talk show with an informed panel
- ◆ Invite people from an AIDS organisations for a session where learners can ask and discuss questions about AIDS,



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



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:

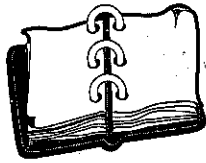
- How to care for people who have AIDS
- Know and understand the process of grieving

LIFE SKILLS:

- Showing empathy to people with HIV/AIDS
- Giving support and helping PLWA
- Identify with feelings of loss
- Coping with loss, grieving and death

VALUES AND ATTITUDES:

- Friendliness
- Kindness
- Sensitivity
- Tolerance towards anyone who is HIV positive
- Health and hygiene
- Respect for others/rights of persons infected with HIV
- Helpfulness
- Loving and caring
- Respect for life
- Compassion/tolerance and support towards persons with HIV/AIDS



READING:

Sunday Times Insight

Three-year old Ismael watched his father die of AIDS, and now has to deal with his mother steadily succumbing to the disease. He is so traumatized that he screams more than he talks.

Ismael is one of 18 children at Nkosi's Haven - a home for AIDS-affected families in Berea, Johannesburg - who from next month will be spared the anguish of being exposed to the worst of their parents' terrible illnesses.

In a novel approach to AIDS health care, mothers suffering full-blown AIDS are to be moved from the Haven to a house next door, where they will see their children only when they are well.

This week, Ismael's mother, Grace - who asked for her surname to be withheld for fear of intimidation - said: "I am happy and relieved that my kids will not have to go through the same ordeal if I die because it really hurt me to see them suffer so much when their father died."

Named after child AIDS activist Nkosi Johnson and run by his mother, Gail, the haven is home to 10 mothers and their 18 children - some of whom are either orphans or are themselves HIV-positive.

This week, Gail Johnson said that the new extension

would be a fully fledged hospice, which would care for terminally ill mothers while shielding their children from the trauma of watching their parents die.

The shared bedrooms at the house have stickers of encouragement, like "Care for me; I care for you".

Grace, Ismael's mother said the new wing will save her seven-year-old son, Ismael, from the pain of watching her helpless. "My son sometimes has to watch me in nappies and that is painful to him because I am like a baby and not like all the other normal mothers", she said.

Grace, 28, delivered an HIV-positive baby in the back seat of a car. The sickly baby died three hours later. Ismael is also HIV-positive.

One orphan, a 12-year-old known as Manny, believes the new wing will allow some joy to return to the house she calls home.

Manny watched her mother die at the haven last year - having tried to hide the illness from her daughter for almost three years.

"She was sick and tired of hearing people saying she had grown thin; maybe she had AIDS. So she decided to move here," recalled Manny, a Grade 6 pupil. "I was writing exams when they told me my mother passed away.

"It disturbed me and I failed my exams."

Referring to Thabiso's 12-year-old brother, Grace said: "After my husband died my son asked me if I was also going to die but I said I was praying that I would not die soon.

"He then asked me why his father did not pray."

Any program dealing with HIV/AIDS should address the painful issues of death and grieving, asking special attention and sensitivity from both the educator and the learners

It is important for the educator as program presenter to be comfortable with the topic and to have dealt with his/her own personal loss 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 that 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:

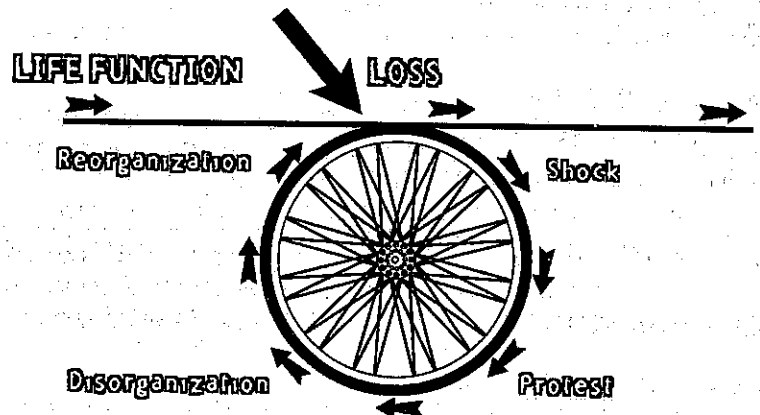
The mourning process has five distinct stages but they can move backward and forward

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, searching and preoccupation. Physical distress and 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 common.
- Reorganisation:** slow process when the bereaved person starts rebuilding his/her life in a meaningful way. They begin to return to previous levels of life functioning. 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



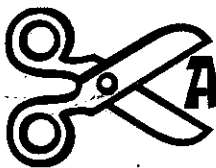
NEW WORDS:

- Loss:** an emotion as a result of change such as death, divorcee - something/somebody 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.
- Intimidation:** having a threatening, pressurizing approach, creating fear in the other person
- Orphan:** a child who has lost his/her parents due to death or abandonment
- Pandora's box:** opening the proverbial 'can of worms'



INTRODUCTION:

“Can you imagine how you would feel if you test HIV positive? Whom would you tell and how? How would you like people to treat you if you were HIV positive? What needs would you have with regard to help and care? “



ACTIVITIES:

❖ Role-play in pairs:

Divide learners in pairs, learner A and B. Learner A has to tell learner B that he/she is HIV positive. Learner B should show compassion and empathy and establish how learner A is feeling and what learner A's needs are as a HIV positive person (5 min)

Note to the educator: Get general feedback from all learner As whether they experienced empathy and from learner Bs whether they showed compassion and empathy.

◆ Divide learners into 5 groups

Read the abstracts from the newspaper story about Ismael and Manny at Nkosi's haven and discuss in your groups the following:

Group 1:

- ◆ Identify and list the needs that a HIV positive person might have

.....

.....

Group 2:

- ◆ Identify and list the resources or support systems in your own community for HIV positive people or people with AIDS

.....

.....

Group 3:

- ◆ Identify and list what the family of a HIV positive person should do and how

.....

.....

Group 4:

- ◆ Identify and list all the people/organisations who you think should take care of people with AIDS and how

.....

.....

Group 5:

- ◆ Identify and list ways that a person who is HIV infected can live positively with HIV

.....

.....

◆ **LOSS AND DEATH:**

"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?"

◆ **Quick word association:**

Write on the flip chart the word LOSS "What words or phrases do you think of when you hear the word LOSS?" Get quick verbal feedback from learners on feelings/word associations of loss generated.

Note to the educator: List some losses e.g. money, tools, animals, clothes, friends, housing, transport and people through death. 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.

- ◆ Do the same quick word association with the word DEATH written on the flip chart: "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.

Note to the educator: 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 or race or culture or religion and we have to learn how to cope with death. Death 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 through death. Explain the process of loss and the grief wheel to learners

Closing: Read the newspaper article abstracts again and discuss how learners would support Manny and Ismael in dealing with loss and death as integration

NB Note to educator: Invite learners to use the "LETS TALK ABOUT" box or contact educator if they need to talk privately after this session



BEYOND THE CLASSROOM:

- ❖ 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?

◆ **GROUP PROJECT:**

“LIVING POSITIVELY WITH HIV/AIDS”

Each of the 5 groups should use the ideas generated in class and expand on that to make a poster/ flip chart/collage to be put up on the wall at the next session:

Group 1:

- ◆ Identify and list the needs that a HIV positive person might have according to the following:
 - social needs.....
 - medical needs.....
 - emotional needs.....
 - physical needs.....

Group 2:

- ◆ Identify and list the resources or support systems in your own community for HIV positive people or people with AIDS

Group 3:

- ◆ Identify and list what the family of a HIV positive person should do and how, using the following:
 - social
 - physical
 - emotional

Group 4:

- ◆ Identify and list all the people/organisations who you think should take care of people with AIDS and how

Group 5:

- ◆ Identify and list ways that a person who is HIV infected can live positively with HIV

Educators' observation of learners' responses and of learners' understanding of the emotions

 **ASSESSMENT:**

people experience when they lose people they love.
The extent/degree to which learners express compassion with the emotions other people experience eg. when their loved one dies, or is diagnosed with HIV/AIDS

Educator to complete the following sentences as comprehensively as possible:

   **REFLECTION & RECORDING:**

- 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

◆ **Individual or group project:**

List ideas and brainstorm additional ideas with other people e.g. friends, neighbours, family and teachers, people in the community and at church on how we can become involved in helping and supporting people with HIV/AIDS in the following ways:

- In person.....
- At school.....
- In the community.....
- At church.....
- At social level.....
- In organizations.....
- In media.....

◆ **Poster competition depicting "Compassion and living with AIDS"**



Life is a choice



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
- 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 life goals in a world faced with HIV/AIDS

KNOWLEDGE/SKILLS/VALUES AND ATTITUDES

KNOWLEDGE AND UNDERSTANDING OF:

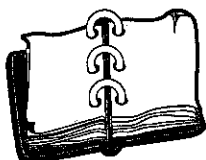
- How to care for people in the family and in general who have AIDS
- Know and understand the process of grieving
- Know how to do own planning for the future (life goal setting)

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



READING:

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 at 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 doctor and dentist wearing gloves when they deal with you and always make sure they use new needles and injections on you.

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.



PREPARATION:

Learner workbooks
Flip chart and pens



NEW WORDS:

Goal setting:

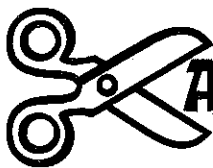
- ◆ **Measurable:**
- ◆ **Realistic:**
- ◆ **Achievable:**
- ◆ **Time limit:**
- ◆ **Controlled:**

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



INTRODUCTION:

There are currently 4.2 million people in South Africa living with AIDS (PLWA's) and 420 000 orphans due to AIDS, this is the reality and the reason why we have programs like this in our schools. Life in itself is really one big choice. Apart from choosing not become HIV infected, 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 - hoping you will choose LIFE! The game is choice and life is therefore choice



ACTIVITIES:

- ◆ **What choices do we have?**

Brainstorm two lists - one list of the things you have a choice about and one about the things you do not have a choice about (3 min)

Note to educator: Explain there are things you can not change and you do not have a choice about e.g. like who your parents/brothers and sisters are, the colour of your eyes/hair and your length. There are also 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 all the things mentioned

The compassionate heart:

Compassion is also a choice. It means understanding the pain of another person and wanting to do something to help. Refer learners to their workbooks and read the two stories below and have learners decide how they might be able to help each person.

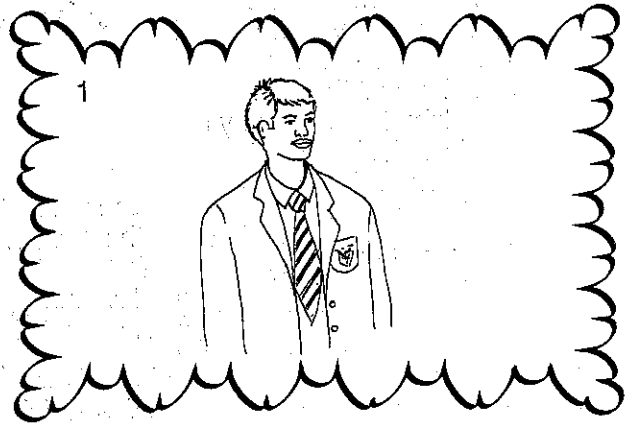
JOYCE, A YOUNG MOTHER WITH AIDS:

1. Joyce is 21 and she has AIDS. She is also pregnant and fears that her baby may have AIDS too
2. Her boyfriend (the father of the baby) left her when he found out that she is HIV positive. Her own family seldom see her because they are fearful of AIDS
3. She was fine previously, but at the moment she is too tired to work and has very little money to buy food. She stays at home and just wants to die.



JOSEPH, MY SCHOOLMATE

1. Joseph is 18 and had just returned to school after an absence. Everyone has heard at school that Joseph is HIV positive, but he shows no signs of AIDS
2. Most of his classmates ignore and avoid him completely. He has no friends and walks alone home everyday with his head down
3. He is depressed, lonely and sad and has no one to talk to



The compassionate heart might give you some ideas to help Joyce and Joseph or generate your own ideas. Select or write at least four ways in which you can help each of them and discuss with your partner (person next to you)

THE COMPASSIONATE HEART

- Invite them to visit
- Say hello
- Write them a note or letter
- Make or buy them a meal
- Hold their hand
- Talk about the future
- Celebrate special days
- Clean the house
- Get medicines
- Play games
- Do shopping for them
- Find others to give support
- Share emotions - laugh, cry etc
- Have fun
- Read or tell stories
- Ask them how you can help
- Just sit with them and listen
- Give them a hug
- Take them for a walk when possible
- Listen and share music

• Other.....

.....

.....

.....

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JOYCE'S HEART

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JOSEPH'S HEART

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Questions:

1. Why is it easy for some people to show compassion and more difficult for others?
2. If a member of your own family /someone close to you becomes infected, how would you really respond? Reject or show compassion?

(Adapted from WHO School Curriculum, 1994: pp 70-72)

◆ Choices grid:

I normally blamewhen things go wrong for me. Sometimes we blame ourselves, but a lot of times we blame others (family/friends/parents/educators/God/economy/government)

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. Refer back to session 2. to see how you have progressed with your own personal goal setting. Explain the choices grid using the following example:

Example:

Choice: To show compassion or not

Bad choice: Reject or ignore PLWA	Good choice: Show empathy and befriend a PLWA	Set a goal: Is the goal realistic? e.g. Visit on weekends to help and talk
Bad outcome: Prejudice Discrimination	Good outcome: Help this person Visit and talk to this person	Set a goal: Is the goal measurable and controlled? Visit twice a month
Blaming who? Society Other people Government	Consequences: Take responsibility for myself Caring for other people and showing empathy, not blame	Set a goal: Achievable when? Show compassion and befriend the PLWA over time e.g. one month/year etc

Number learners from one to six. Have each learner do one of the following choices and discuss with the person next to you (5 min) Get random verbal feedback on the six choices to integrate

Choices examples:

1. To become someone's friend or not
2. To have a relationship with a boy/girl or not
3. To be assertive or not
4. To abstain from sex or not
5. To become HIV infected or not
6. To have a good job and a bright future or not

Choice:

Bad choice:	Good choice:	Set a goal: Is the goal realistic?
Bad outcome:	Good outcome:	Set a goal: Is the goal measurable and controlled?
Blaming who?	Consequences:	Set a goal: Achievable when?

Bad choices have bad consequences: For instance 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

Closing:

Learners complete in writing: THE MOST IMPORTANT THING I HAVE LEARNED FROM THIS PROGRAM IS.....

I SUGGEST

Throw a ball/small object to each other, catch and complete/read their own incomplete sentence and hand it to educator to keep as feedback

Conclusion:

Educator thank learners and write the following on a flip chart/black board

I AM IN CONTROL OF MY OWN LIFE! IT IS MY CHOICE



BEYOND THE CLASSROOM:

IDEAS FOR GETTING INVOLVED IN THE COMMUNITY:

- Start a new group for exercising or sport
- Start a support group like the "buddy system" where you become a friend to a PLWA
- Start a new team sport like running where you can relax with other PLWA
- Start a pet sitting service for PLWA who need to go for treatment
- Start your own flower or vegetable garden (small patch) or bonsai with PLWA
- Produce a neighbourhood play with your friend for all the people
- Start writing to a pen pal - buddy system
- Hold a "fun fair" for young kids
- Visit patients at a local hospital
- Read to people at the old age home/hospital
- Visit clinics and talk to people - take magazines for them
- Start entertaining help at parties e.g. magic, clowning
- Take long walks in parks or in nature with other people
- Play games - card or board games on visits
- Wash cars for others
- Learn how to repair or restore things, eg, bicycles/cars/furniture for other people
- Learn how to paint walls or fix small things around the house - change bulbs

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 discussed choices, their consequences, and how we base our actions on the choices we make.
- 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.....



ACTIVITIES FOR ADVANCED LEARNING

- Use examples given by learners to do their own choices grid individually
- Have learners start some a 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 a community project (refer to ideas of getting involved)
- Invite someone who is HIV positive to come and address learners on the reality of their life to help learners show empathy and understanding and steer away from prejudice

REFERENCE LIST:

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PAMPHLETS

- Beyond Awareness Campaign** (1998) Department of Health: HIV/AIDS and STD Directorate pamphlets:
- ⊙ Key points about HIV/AIDS
 - ⊙ Sexually transmitted diseases (STDs)
 - ⊙ The HIV test
 - ⊙ Male condoms
 - ⊙ Living with AIDS
 - ⊙ HIV/AIDS and relationships
 - ⊙ HIV/AIDS in the workplace
 - ⊙ HIV/AIDS counselling
 - ⊙ Caring for people with AIDS

All other references indicated in text