

Life Orientation

Life Skills and HIV/AIDS Illustrative
Learning Programme

GRADE

9

Learners Workbook



DEPARTMENT OF EDUCATION

1656/077



DEPARTMENT OF HEALTH
Republic of South Africa

Grade 9 LEARNERS WORKBOOK

A joint project of the Department of Education and Health

Life Orientation Life Skills and HIV/AIDS illustrative Learning Programme

Published by:
HIV/AIDS, STIs and TB Chief Directorate, Department of Health, South Africa.

Printed by:
Government Printer, PO Box 85, Pretoria, 0001, South Africa.

Life Orientation

Life Skills and HIV/AIDS illustrative Learning Programme

© Department of Health, South Africa

This publication is intended to support life skills and HIV/AIDS activities and may be copied and distributed as required. Printing and distribution for remuneration is not permitted. Permission from the copyright holder is required for any changes to the format or content of this publication.

ACKNOWLEDGEMENTS:



Contributions of the following individuals and organisations are gratefully acknowledged:

The National Department of Education, the National Department of Health, Ms. Barbara Michel, the Secondary School project committee.



Developed by:

Institute for Health, Training and Development

Tel: (011) 450 1546

Mrs Ornè Louw, Mrs Vasti de Villiers, Mrs Cornèll Amorim,

Mrs Annatjie Roos, Mrs Shirley Delagey.



Cover Design and lay-out:

Colortec Designs

Tel: (012) 361 4389

Mrs Liesl Fourie



Aids Helpline: 0800 0123 2

ISBN: 1-875017-70-4

LEARNERS WORKBOOK

CONTENT

Page

1. A letter to you	1
2. Unit 1: How I relate to others, what I believe in and value	2-28
Session 1.1: Ground rules and program orientation	3
Session 1.2: This is me.....	5
Session 1.3: How I relate to others	12
Session 1.4: Focus on my future	16
Session 1.5: Relationships - what is in it for me?.....	22
3. Unit 2: Protecting myself and others against HIV/STI infection ...	29-75
Session 2.1: The perfect date.....	30
Session 2.2: Me and my sexuality	36
Session 2.3: STIs/HIV and AIDS	44
Session 2.4: Sexuality Game Board.....	59
Session 2.5: Risk Behaviour.....	69
4. Unit 3: Responsible sexual behaviour.....	76-96
Session 3.1: Can sex wait?	77
Session 3.2: Teenage pregnancy and parenthood	85
Session 3.3: Problem peers or peer problems?	89
5. Living positively with HIV and respecting people living with AIDS	97
Session 4.1: Positive living in the face of HIV/AIDS.....	98
Session 4.2: Dealing with loss and showing compassion for PLWA ...	103
Session 4.3: Life is a choice	108

A letter to You!

Hi there

You are at the beginning of a great new experience and stage of your life - entering your teenage years. You live in such an exciting but also, sometimes, difficult world. You may often feel that parents, teachers and other "adults" are forever preaching at you about something - if it isn't sex, it's drugs or something else. Perhaps it's a good idea to understand that this is because they actually care about you and want you to have fun and be happy during this great new stage of your life.

There are many things you know about but you've probably also been in situations where you felt uncomfortable or that you didn't really know what to say or how to react. It is VERY UNCOMFORTABLE to feel uncool when cool is what you want to be.

This programme (Life Skills and HIV/Aids Education) has been developed with YOU in mind. The person YOU are, the world YOU live in, the situations YOU have to handle, the people who make YOUR life happy, the people who make YOUR life miserable, the choices YOU have to make, the knowledge and skills YOU need to make YOUR life worth living and special.

The programme will become part of your normal school day like maths, science and all the other subjects. The biggest difference is that going through this programme will ask you to look at yourself, your relationships with different people and issues like sex, sexuality, drugs, risky behaviour, how to protect yourself from harm and much more. You'll be working in groups in the classroom discussing things, which may, at times be difficult. Your teacher will facilitate, you will use a learners workbook to make notes and do exercises and you'll have beyond the classroom activities which will even take you out to talk to your parents and others in your community.

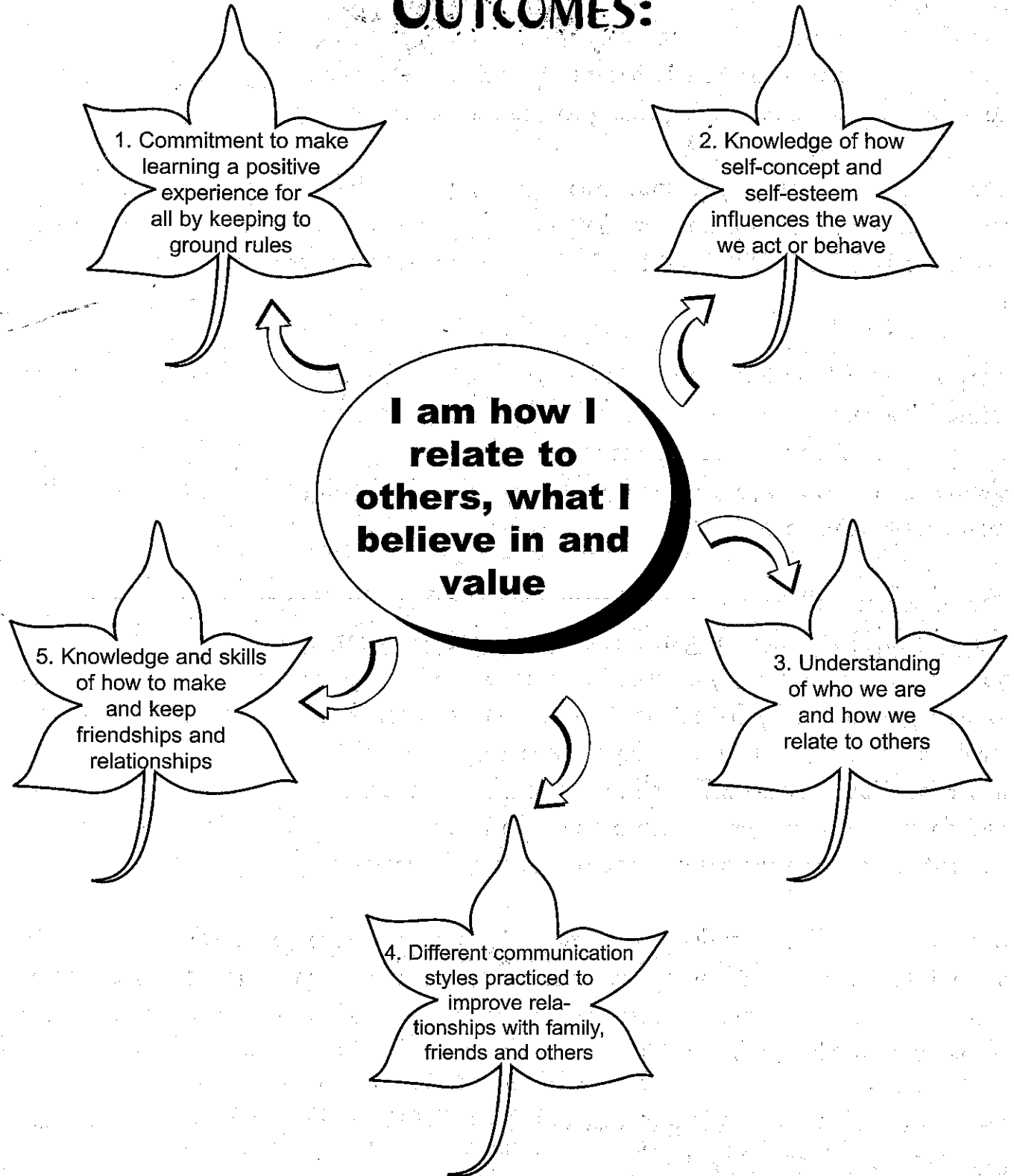
Some of the stuff will make you uncomfortable, others make you laugh (even giggle!), some even make you sad enough to want to cry. You may feel angry, guilty or shy at times - this is all normal because we are dealing with Life Skills in order for you to be everything you can be.

Enjoy working through this programme and remember that this is YOUR life - take good care and responsibility for it.



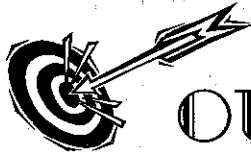
HOW I RELATE TO OTHERS, WHAT I BELIEVE IN AND VALUE

OUTCOMES:





Ground rules and program orientation



OUTCOMES:

At the end of this session you will have worked on drawing up ground rules, that you agree with, for participating in the program.



“ 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.

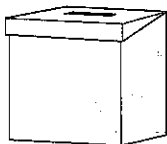
Sometimes we may feel embarrassed or uncomfortable about sharing our thoughts and feelings. Let us think of some rules to guide our discussions and activities in class that will make this a safe place where you will feel good about participating in discussions.

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



NEW WORDS:

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



“LETS TALK ABOUT...” BOX

This box will always be in the class. You can write confidential notes or questions or anything about HIV/AIDS and sexuality and life skills you would like to ask. If do not want to ask in class write it on a piece of paper and place it in the box. Notes will be taken seriously and addressed in an anonymous way during following discussions or sessions

GROUND RULES FOR THIS PROGRAM

NAME: DATE:

GRADE: EDUCATOR:

Here are some ground rules the group has decided on and add new ground rules at the end

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

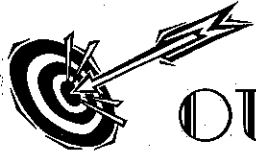


BEYOND THE CLASSROOM:

Think during the next week of changes that have taken place over the last year and how you see yourself



This is me



OUTCOMES:

At the end of this session you will know and understand how your self-esteem affects your behaviour to help you to improve your personal life, school work and relationships.



NEW WORDS:

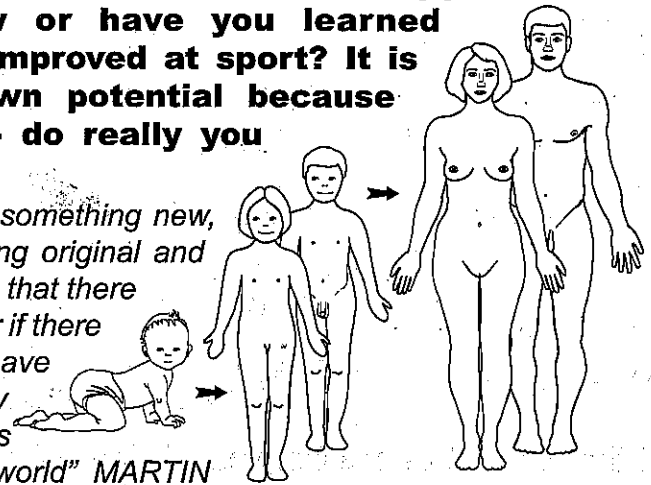
Particularity:	individuality, being oneself
Perceived self:	the way you see yourself (our self concept)
Ideal self:	the way you think you should be or desire to be
Self-concept:	is the ever-changing way we think about ourselves and is the way we describe ourselves
Self-esteem:	is the way we feel about 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.



“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



- What is the difference between **self-concept** and **self-esteem**?

.....

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

- How do you see yourself and how do you feel about yourself?

.....

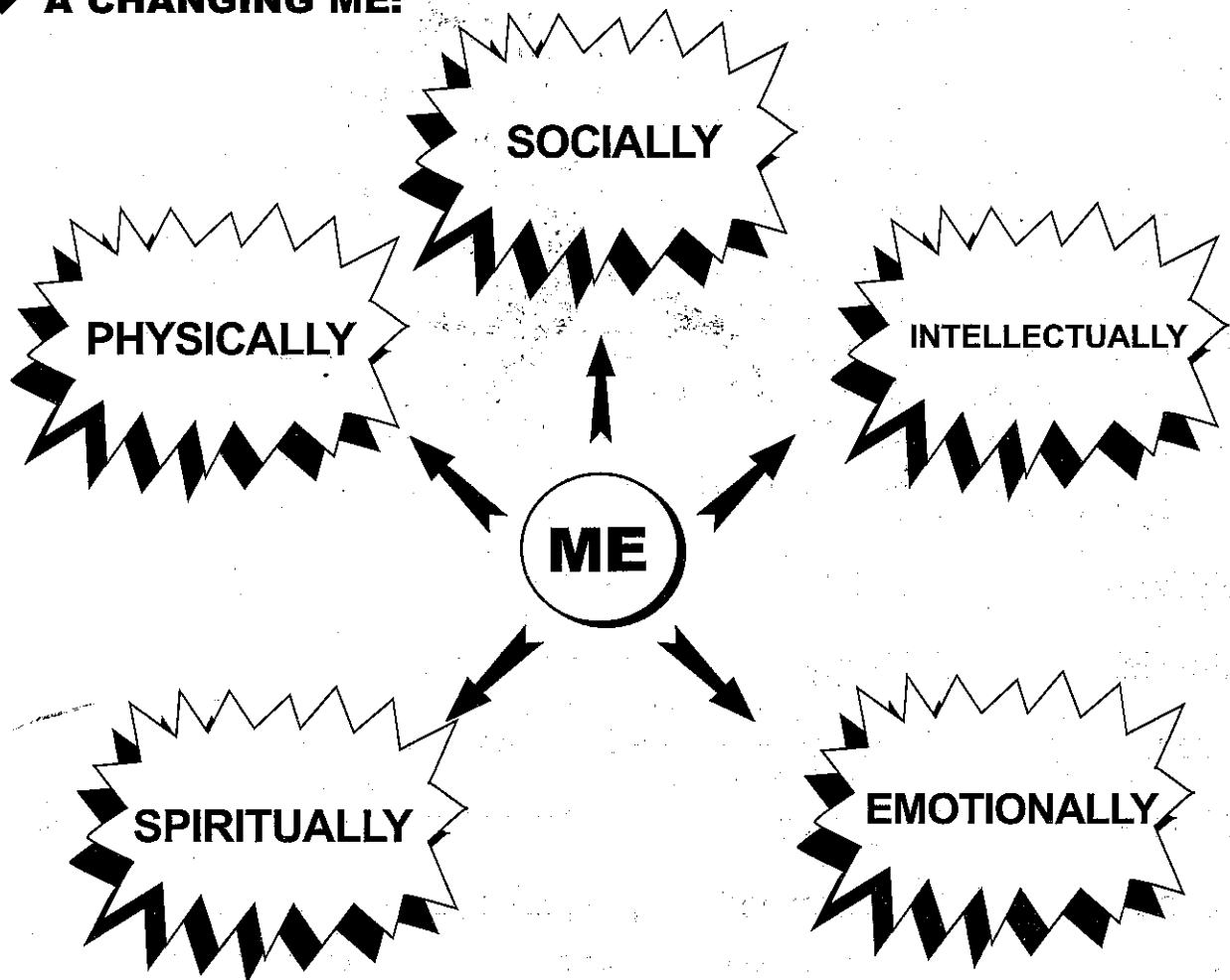
THE I AM... INVENTORY

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:



Write your name in the middle and describe in your own words the way you see yourself. This can include a description of your outer self (physical), your inner self (personality, spirituality and emotions) and your social self (how you see yourself with others). It should also include your 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

How have you changed over the last year?

- ◆ **PHYSICALLY** e.g. taller, lost weight, gained weight, body developed, physically stronger
- ◆ **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, spiritual growth, faith deepened, lost faith
- ◆ **EMOTIONALLY** e.g. very happy, experience some personal problems, suffered a lot emotionally, mentally stronger

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

.....
.....

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?)

PERCEIVED SELF

1.

2.

3.

4.

5.

IDEAL SELF

- Can you express your 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)



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 feel it is important thatlikes me
- I feel it is not important thatlikes me
- It is difficult for me to talk to
- It is not difficult for me to talk to
- I always feelabout myself
- I never feelabout myself
-makes me feel I am not good enough
-makes me feel I am good enough



BEYOND THE CLASSROOM:

◆ THE I AM.. INVENTORY:

Ask an adult close to you 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?

A CHANGING ME:

- ◆ Complete the way you see yourself and changes over the past year and the steps you need to take to move from your PERCEIVED SELF to your IDEAL SELF

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)

.....

- ◆ Write your own examples of problem situations and "I FEEL" statements here:
-

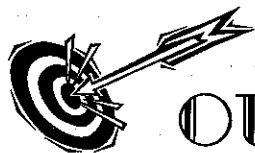
- ◆ "I AM SOMEONE.." Complete the sentences of the following that would show what you strongly value and believe in for yourself
-

I AM SOMEONE WHO

1. I am someone who sees my greatest success as..
2. I am someone who is happy when..
3. I am someone who would like..
4. I am someone who fears..
5. I am someone who likes people who..
6. I am someone who like to develop a quality such as..
7. I am someone who would want in the next ten years to be successful at..
8. I am someone who would like people to say the following about me..



How I relate to others



OUTCOMES:

At the end of this session you will know why and understand how to use positive thinking and communication skills to deal with put-downs



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

Rephrase:

to express again using different words

Interpretations:

explanations

Self generated:

to do/ produce by ones self

Power of positive thinking:

rephrasing a negative statement and to deliberately re-think in a more positive way



We have to develop effective communication skills in how we talk to others and to ourselves, we' have practised “I feel” statements previously. In this session we are going to practice two more communication skills

Positive thinking can give new life to your self-esteem.

It can be used when you feel a negative thought or a "put down" or "negative punch" is coming your way. You simply scream STOP! 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 re-think 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 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)

Use the Scenarios below to formulate and write down for each scenario:

- an "affirmation (positive self talk) response"
- an assertive "I message response"

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

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

Look at information on communication skills to formulate the response you feel would be appropriate for beyond the classroom task



BEYOND THE CLASSROOM:

Another way to build self-esteem is positive self-talk.

**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 if 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

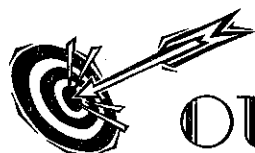
Positive Self-talk:

- 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:



Focus on my Future



OUTCOMES:

At the end of this session you will understand how your self-esteem influences your behaviour and plan to use this knowledge to improve present relationships and especially future work relationships



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

GOAL:

a goal is 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.



“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 goals 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 life and accepting responsibility for him/her. To achieve goals is to know success and make you a happy, healthy adult.

1. What would you want to become one day or what job would you want to do? We all have some TALENTS (potential abilities born with) and we also learned some SKILLS (things we have learned to do or master over time e.g learn to play the piano)

.....
.....

2. Identify your own TALENTS (potential abilities born with) and SKILLS (learned) by writing down two talents and two skills e.g. good soccer player /cricket player/singer /act /writer/mathematician /artistic

.....
.....

3. Can TALENTS + SKILLS = JOB/CAREER? Can this add up to life? Talents and skills together, can it help you as a learner in choosing a career/job?

.....
.....

◆ **Assess the following job-related values for yourself**

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)

◆ **Assess the following job-related values for yourself**

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:

◆ What new things did you learn about yourself?

.....

◆ Are there things you want to change?

.....

◆ How can you improve 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 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?

.....

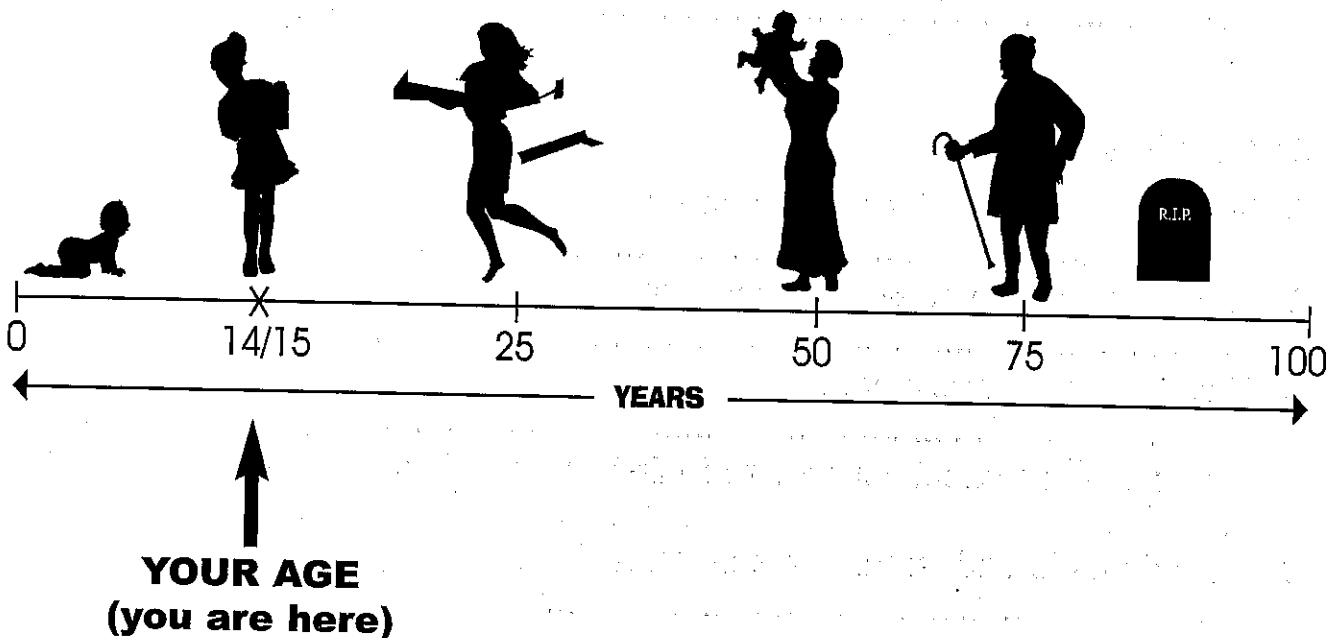
- ◆ **Write your own dream:**

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

I dreamed

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:

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

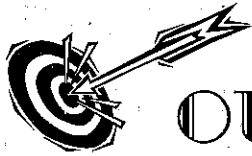
.....

TEN YEARS from today

.....



Relationships - what is in it for me?



OUTCOMES:

At the end of this session you'll be more self-aware and be able to use a variety of communication skills to improve your personal life, friendships and relationships



NEW WORDS:

Friendship:

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

Casual Relationship:

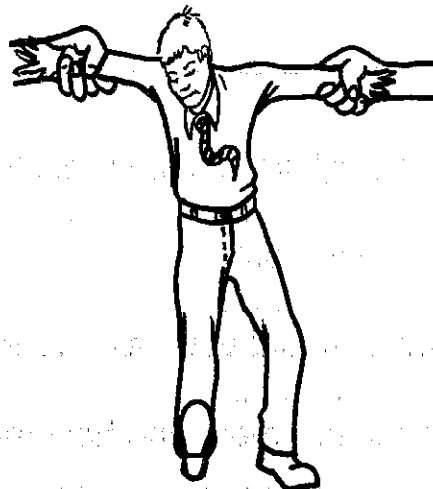
informal, short term relationships with no specific expectations

Serious Relationship:

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

wanting independence

sexually confused



need to be heard

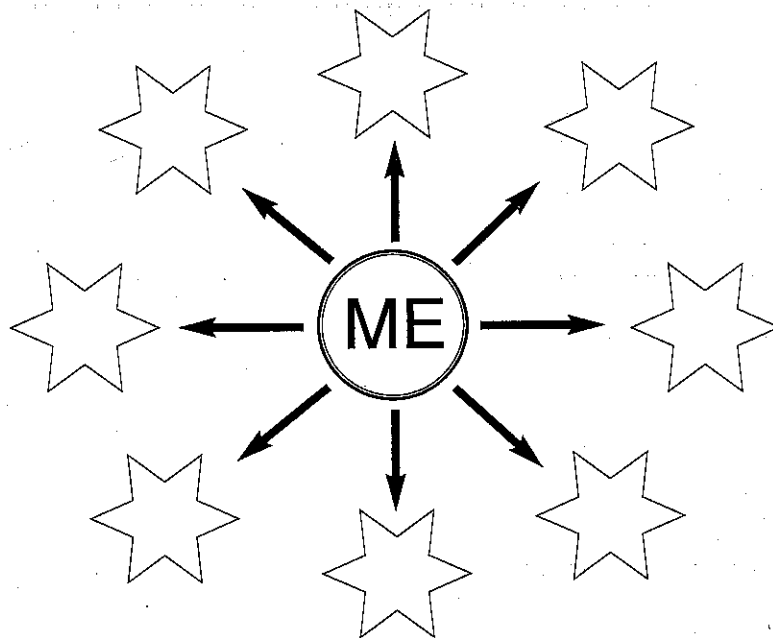
nobody understands



“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.

“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

- **RELATIONSHIP CIRCLE:** 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 circles nearest to you (ME). The positioning of the people around you will show how important they are to you - (some very close, others a bit more distant)



Self-Reflection:

What do you see? How “close” are these friends?
.....

What do these people mean to you?
.....

Which of these relationships would you call true friendships?
.....

How many of these “friends” are male and how many female?
.....

◆ **What is the difference between CASUAL (friendly) and a SERIOUS (committed) relationship in your opinion?**

CASUAL relationship:.....

SERIOUS relationship?

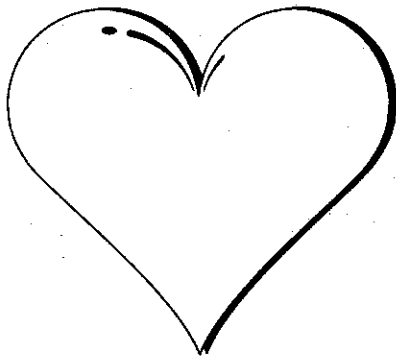
WHAT IS IN IT FOR ME

◆ What are the positives (nice things/advantages) about a CASUAL RELATIONSHIP?
.....

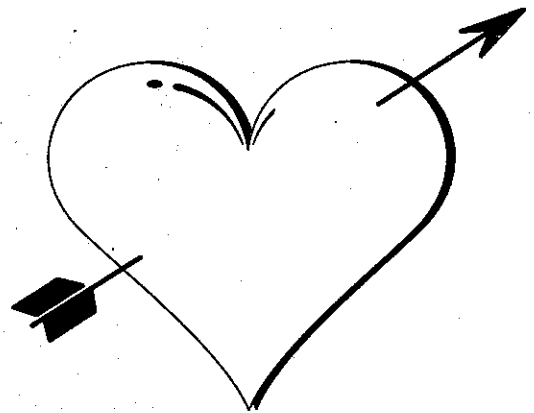
◆ What are the negatives (not so good things/disadvantages) about a CASUAL RELATIONSHIP?
.....

◆ What are the positives (nice things/ advantages) about a SERIOUS RELATIONSHIP?
.....

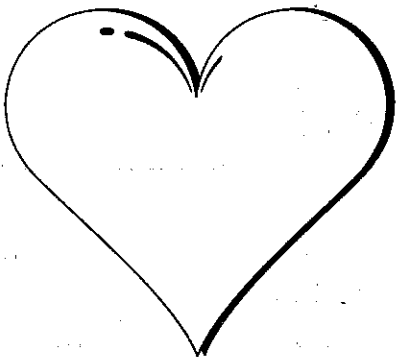
◆ What are the negatives (not so good things/ advantages) about a SERIOUS RELATIONSHIP?
.....



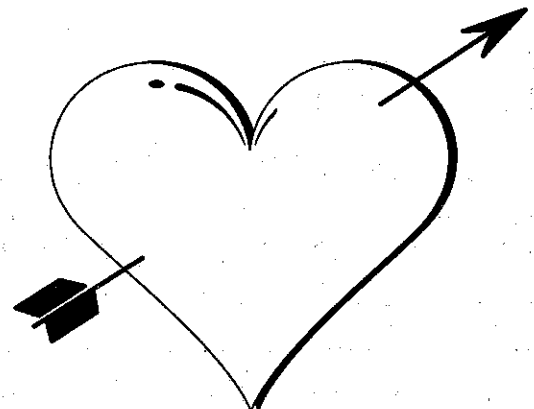
Positive about a CASUAL Relationship?



Positive about a serious Relationship?



Negative about a CASUAL relationship?



Negative about a CASUAL relationship?

Assertiveness skills practice:

“Sometimes we need to be assertive in our relationships. We should be honest about our own needs, without being selfish. We need to stand on our rights without ignoring on 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 or 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?.....



BEYOND THE CLASSROOM:

- **RELATIONSHIP CIRCLE:** Complete your own relationship circle and do self-reflection by answering the questions

- **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)

positive:

negative:.....

What can the consequences of a serious relationship be? (Predict the positive and negative outcomes)

positive:

negative:.....

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

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

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

.....

"BOYFRIEND OR GIRLFRIEND WANTED" ADVERTISEMENT:

I am interested in someone who

.....

.....

.....

- **OPINION QUESTIONS:** (discuss with parents/friends/family/caregivers)
- 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?**

Conclusions:

- **Read the following and give it to your parent/caregiver 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 is a list of 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.

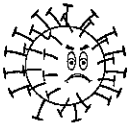
A) *How can you improve your communication with your parents/family?*

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

◆ **Learner assessment**

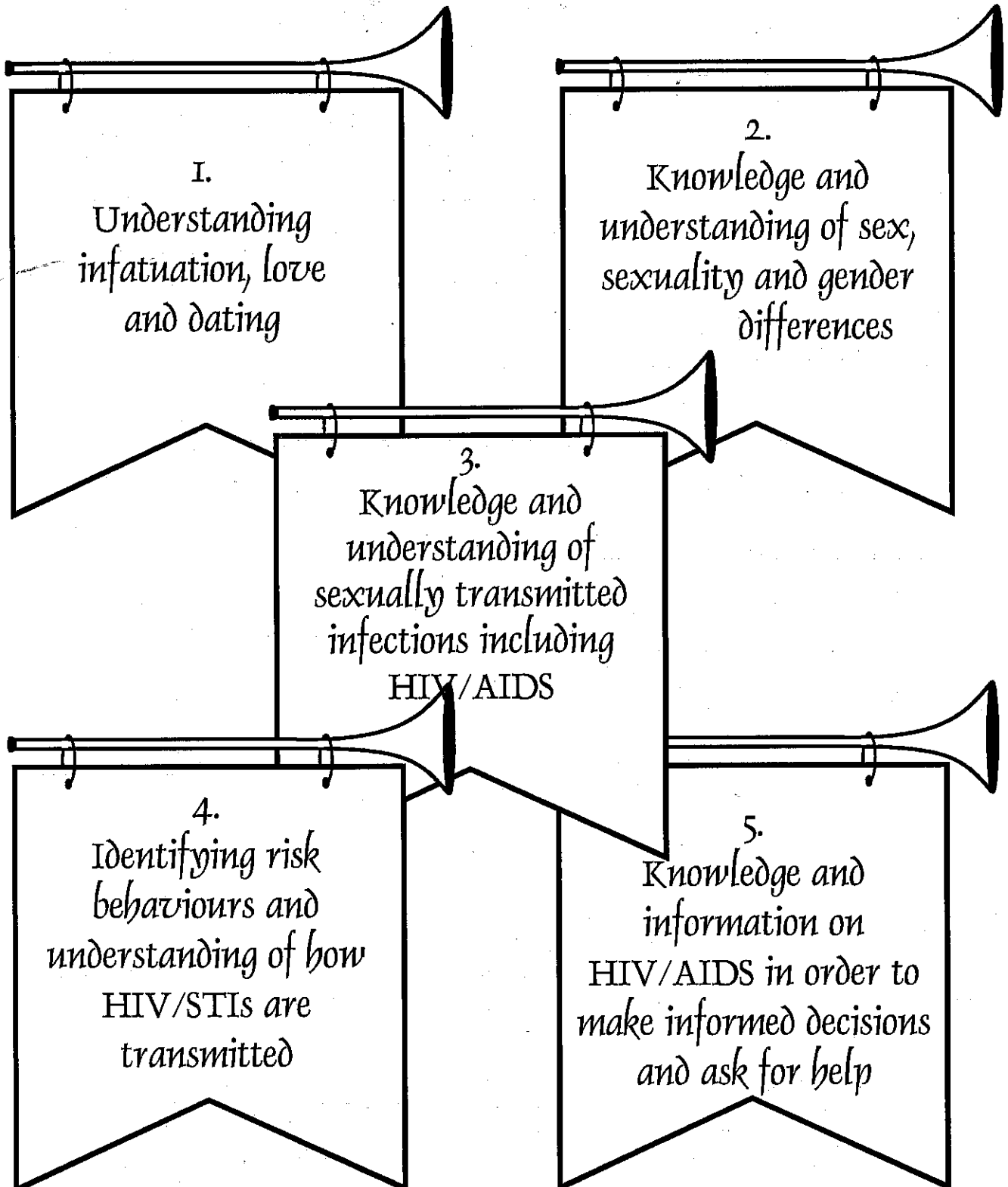
Sentence stems can be used to give feedback on unit one. Post it anonymously in the "Let's talk about box" or do it in class if time permits:

- Right now I feel
- Next session I hope
- I wish I could
- One thing I really liked
- The program so far is
- I learnt
- One thing I didn't like
- Beyond the class room tasks are
- I would change
- My work book is
- Next time we
- This unit has been



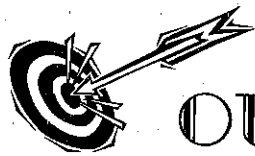
Protecting myself and others against HIV/STD infection

OUTCOMES:





The "perfect" date



OUTCOMES:

At the end of this session you'll be more aware of your own sexuality and differences between male and female and different feelings we can have for each other

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

Girls' and boys' ideas about dating can differ, but there are also some common concerns such as how to get to and from the venue, what to do, what to talk about, what to wear, who should make the first move.

**Most important about dating is for teenagers to be true to themselves -
who and what they are and what they believe -
to remain consistent in values, beliefs and actions!**

(From: Responsible Teenage Sexuality 1994. pp78-100)

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)



NEW WORDS:

- Adolescent:** Young people, youth, teenagers, youngsters between the ages of 13 - 20 years.
- Dating:** A casual relationship between a couple, usually planing to go somewhere or do something specific.
- 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.
- Ego:** Personality, character, self-image, opinion of yourself, self-esteem.
- Jealousy:** An emotion that results out of our own insecurities and low self esteem.
- Self-realisation:** Achieving maximum potential.
- Spiritual:** The sense of being religious, holy, saintly, sacred, devout and/or divine.
- Rape:** The act of forcing a person to have sex against their will. Rape is a violent, traumatic and life changing experience. Both women and men can be raped
- Date Rape:** Occurs when someone takes you out 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.



“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 who you would like to go on a date with and why? What are your ideas about love, infatuation and dating? Let us find out”

◆ What are the differences between LOVE and INFATUATION? (3 min)

Love is

.....

Infatuation is.....

.....

◆ **How would your perfect date behave?**

“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:**

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?
.....



“Problems boys might have with dating: girl late for date, flirts with friends, transport home on time. Problems girls might have with dating: boy distrustful, leaves her alone, spend time with friends, shows off, wants to drink alcohol when on date, pressures e.g. unwanted kissing or touching or sex and jealousy. Feel free to use the “LETS TALK ABOUT” box to share if you 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.

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:

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 sexuality, sex, love, 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?
.....

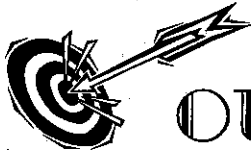
◆ How does the media (radio/TV/advertisements/magazines) influence your beliefs?
.....

◆ **Think about:**

What would you like to know or ask about sex? Write a note to the "LETS TALK ABOUT BOX"



Me and my sexuality



OUTCOMES:

At the end of this session you'll know and understand more about your own sexuality and sexual development as well as what happens to the opposite sex (gender)

“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 an integration of physical/ emotional/ social/ intellectual/ spiritual making up 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 also the physical, emotional, social, intellectual and spiritual aspects of sexuality. 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 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.



NEW WORDS:

- Sex:** 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 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 gender.
- 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 produce a mature egg (ova) 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 signifies that a girl is capable of falling pregnant.
- Masturbation:** the pleasurable stimulation of the sex organs causing sexual arousal. Masturbation may include an individual stimulating his/her own sex organs or another person's. The decision to masturbate is based on personal values, beliefs and preferences.



“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”

In my opinion “sex” is.....

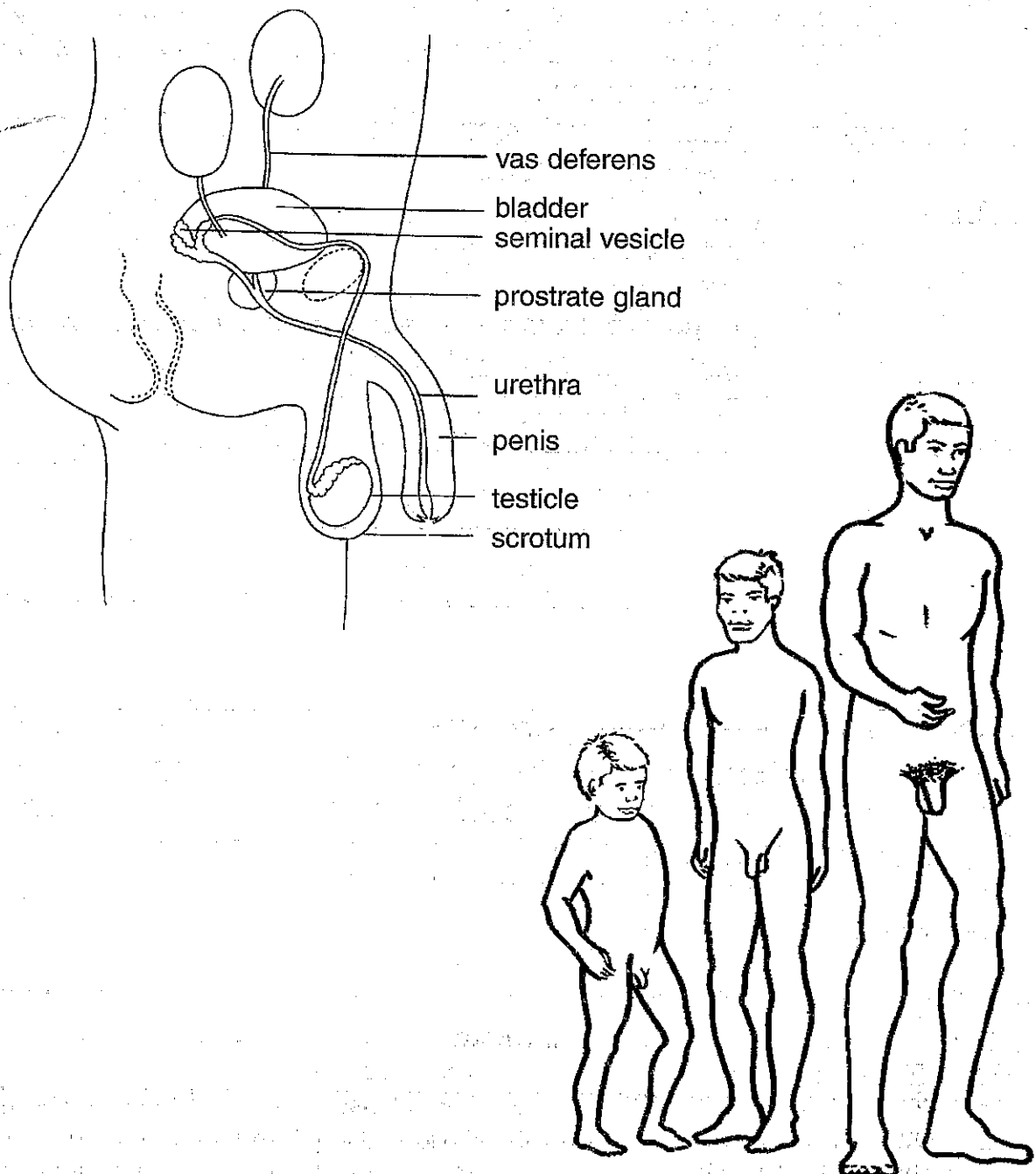
 In my opinion “sexuality” is

Write a confidential note if you wish about sex and sexuality and put it in "LETS TALK ABOUT BOX"

- ◆ Make a **GRAFFITI WALL** as part of the beyond the class room task under the heading **SEXUALITY**, make drawings, pictures, paste words, etc. Remember, **SEXUALITY** is a lifelong process from the day you are born to the day you die - you are a sexual being.

Think about how you feel about your own sexual development up to now.

MALE REPRODUCTIVE SYSTEM

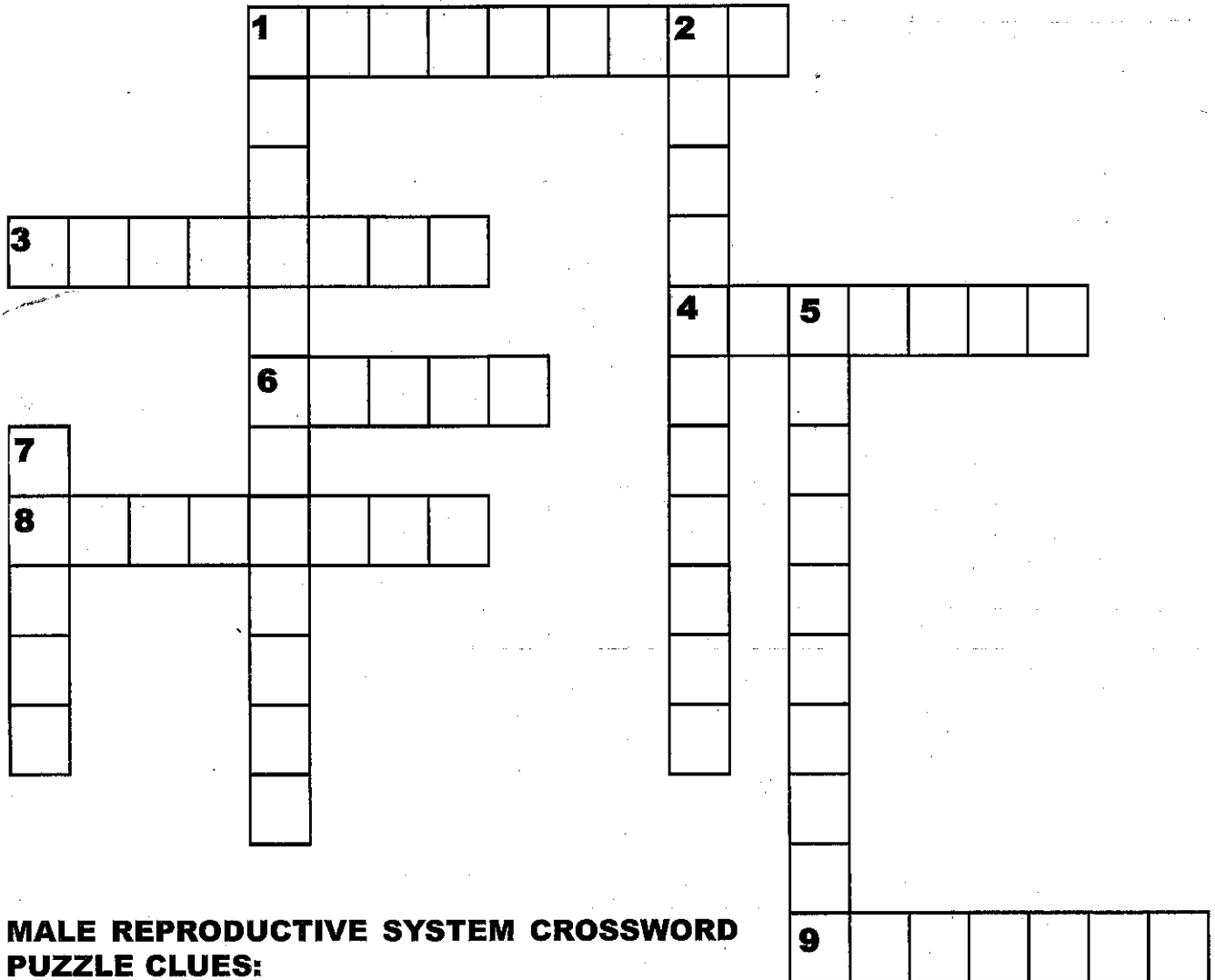


◆ Do the following crossword puzzles of **MALE AND FEMALE SEXUAL ORGANS**:

Refer to the picture of **MALE REPRODUCTIVE SYSTEM** to help you fill in the crossword puzzle.

Do the same with the **FEMALE REPRODUCTIVE SYSTEM**.

MALE REPRODUCTIVE SYSTEM CROSSWORD PUZZLE:



MALE REPRODUCTIVE SYSTEM CROSSWORD PUZZLE CLUES:

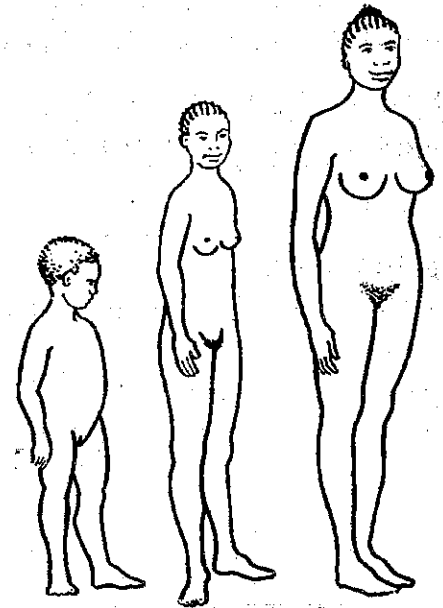
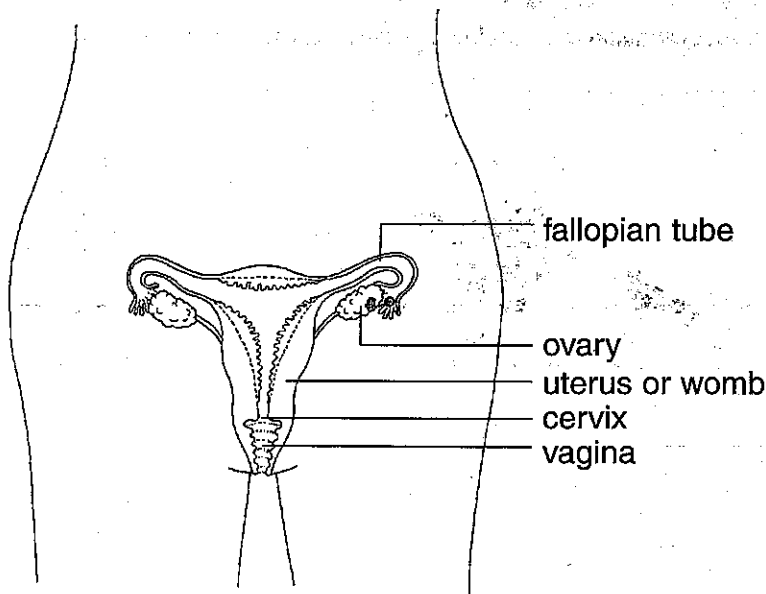
Across:

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

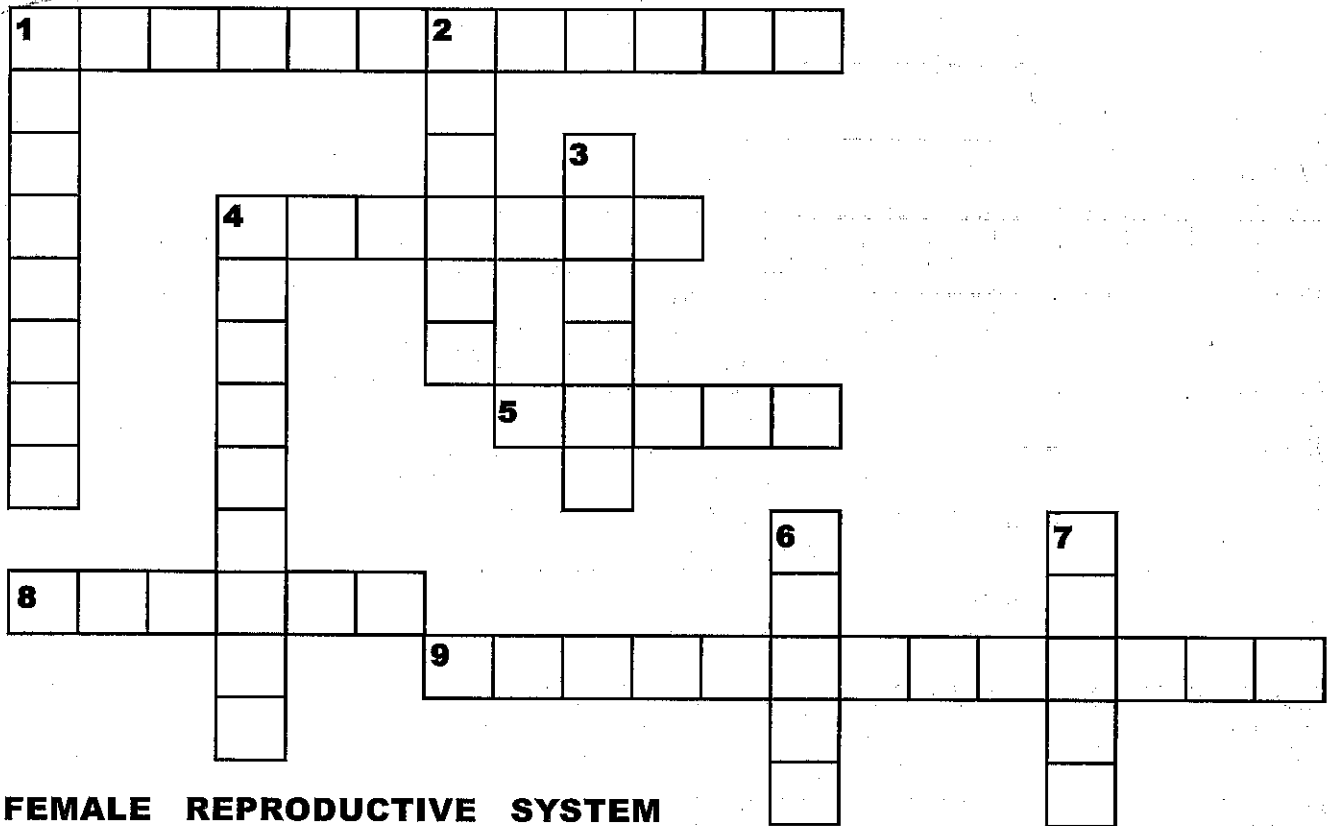
Down:

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

FEMALE REPRODUCTIVE SYSTEM



FEMALE REPRODUCTIVE SYSTEM CROSSWORD PUZZLE:



FEMALE REPRODUCTIVE SYSTEM CROSSWORD PUZZLE CLUES:

Across:

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

Down:

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

MALE SYSTEM CROSSWORD ANSWERS:		FEMALE SYSTEM CROSSWORD ANSWERS:	
Across: 1. testicles 3. erection 4. urethra 6. semen 8. puberty 9. scrotum	Down: 1. testosterone 2. ejaculation 5. epididymis 7. sperm	Across: 1. menstruation 4. ovaries 5. cilia 8. vagina 9. fertilization	Down: 1. menarche 2. uterus 3. cervix 4. ovulation 6. vulva 7. fetus

◆ **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 STI/HIV infections and other problems.

YOUNG PEOPLE AND SEXUAL RISK

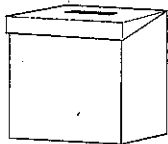
YOUNG PEOPLE....	AGREE	DISAGREE
❖ Like talking about sex to adults		
❖ Don't stay with one sexual partner		
❖ Know everything about sex and their sexual feelings		
❖ Don't know about contraceptives to avoid pregnancy		
❖ Have the skills to say NO to pressure for sex		
❖ Plan to protect themselves from 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		
THINK ABOUT: 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		

◆ **Answer the following questions on YOUNG PEOPLE AND SEXUAL RISK**

Which of the risk behaviours in the above questionnaire 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?



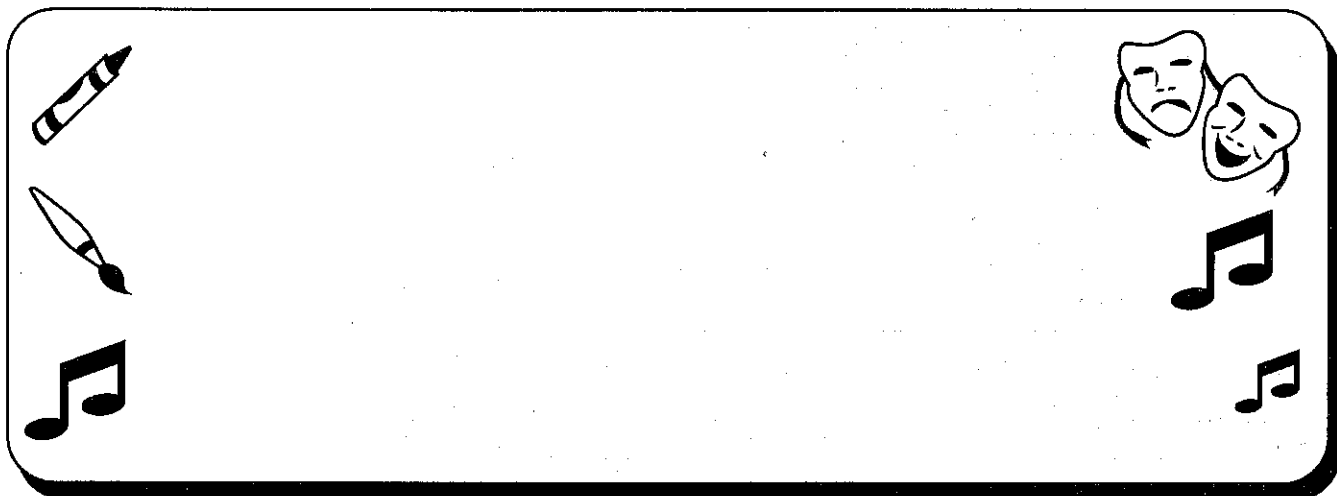
"LET'S TALK ABOUT..." BOX

Write your own need(s) down identified from the statements on a piece of paper and or discussions for the "LET'S TALK ABOUT" box. It is anonymous and confidential and will help establish that the program topics are relevant to YOUR needs. Have it ready for the next session.



BEYOND THE CLASSROOM:

- ◆ Write your own views on sex and sexuality: In my opinion sex.... and sexuality....
- ◆ Complete crossword puzzles on MALE AND FEMALE REPRODUCTIVE ORGANS
- ◆ Complete the YOUNG PEOPLE AND SEXUAL RISK activity dealt with in this session
- ◆ LOOK AT YOURSELF: Your body, face, hair, eyes and everything as if you are standing naked in front of a mirror. How do you feel about your body and your sexual development? Answer through a "MY SEXUAL SELF" story/picture/poem/song about my sexual self



◆ **When in your opinion is someone ready in every aspect to have sex? Why?**

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

Person 1

Person 2

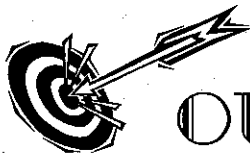
Person 3

Person 4

My own conclusion:



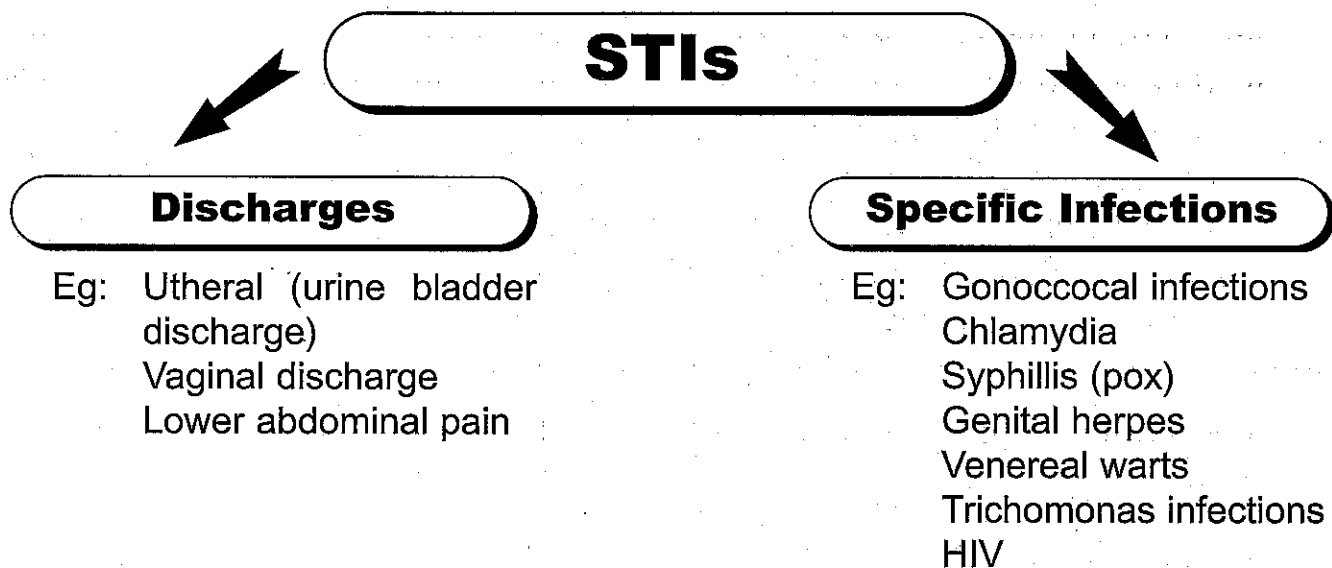
STIs/HIV and AIDS



OUTCOMES:

At the end of this session you'll understand more about how to deal with your own sexuality, identify risky behaviour and make responsible decisions about sex.

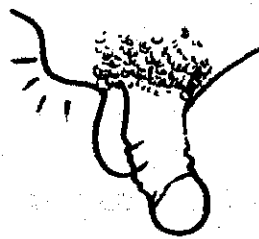
STI's CAN BE DIVIDED INTO 2 GROUPS



Pus or smelly fluids coming out of the vagina or penis



Blisters, sores or warts on the penis or vagina

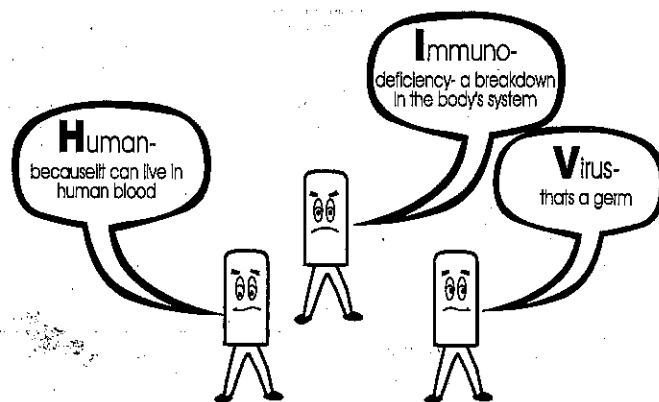


Unusual swelling near the penis or vagina



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 Deficiency** = weakened immune system that can't protect the body now
- Syndrome** = a collection of diseases

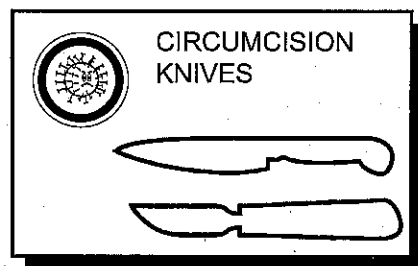
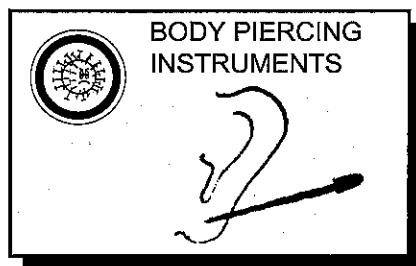
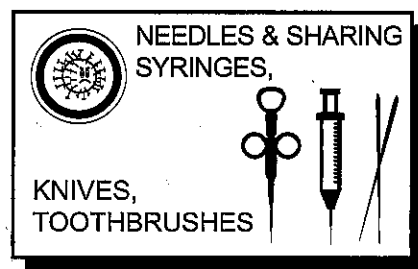
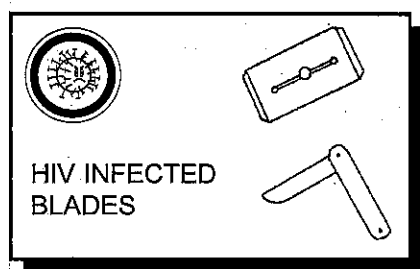
HIV CAN ONLY BE TRANSMITTED IN THREE WAYS:

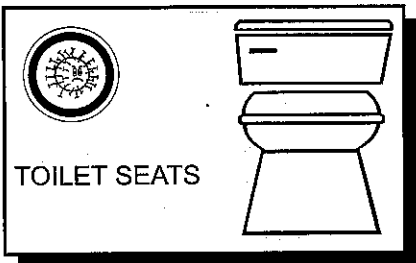
1. Having unprotected sex with an infected person
2. Mother HIV positive to child/From a mother who is positive to her baby while pregnant.
3. Blood and blood products - ways where a person is in contact with an infected person's blood (e.g. touching infected blood with bare hands/shared HIV infected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

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

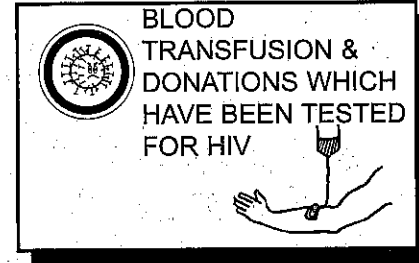
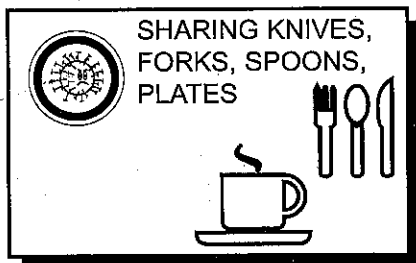
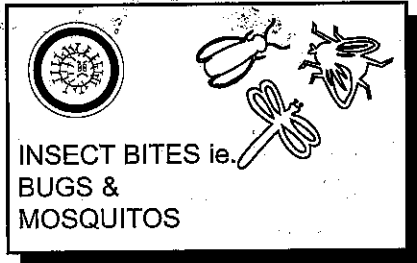
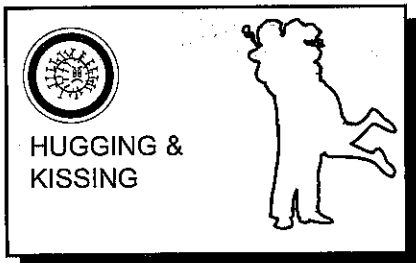
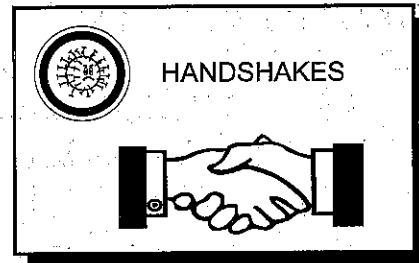
❖ Do the picture match?

1. You CAN get AIDS from...





2. You can NOT get AIDS from...



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.

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:
- ◆ 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.

SYMPTOMS OF AIDS

Eye contact
 • poor vision

Mouth conditions
 • cold sore
 • thrush
 • tongue
 • gum infections
 • gland enlargement
 • difficulty eating

Respiratory conditions
 • pneumonia
 • coughing
 • short of breath
 • chest pains
 • tuberculosis
 • blocked nose

Enlarged spleen/liver

Gastr-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 conditions

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

Genital 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

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 between six and twelve weeks (we call this period the window period)
- ◆ If you have HIV antibodies in your blood, the test will show that you are **HIV POSITIVE**. It means you have the AIDS 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**
- ◆ 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 clinic. AIDS Training, Information and Counselling Centres (ATICC) are also 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



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

4.1 Type of HIV tests:

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

4.2 All HIV testing must include:

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

4.3 Legal rights and HIV testing:

- No person may undergo any medical testing or treatment without their informed consent. This means that the person is entitled to information on

the test before they give their consent to the test. Pre-test counselling 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
- The test is accurate
- 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



“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 Immune Deficiency 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 STD's and HIV to be able to make informed decisions.

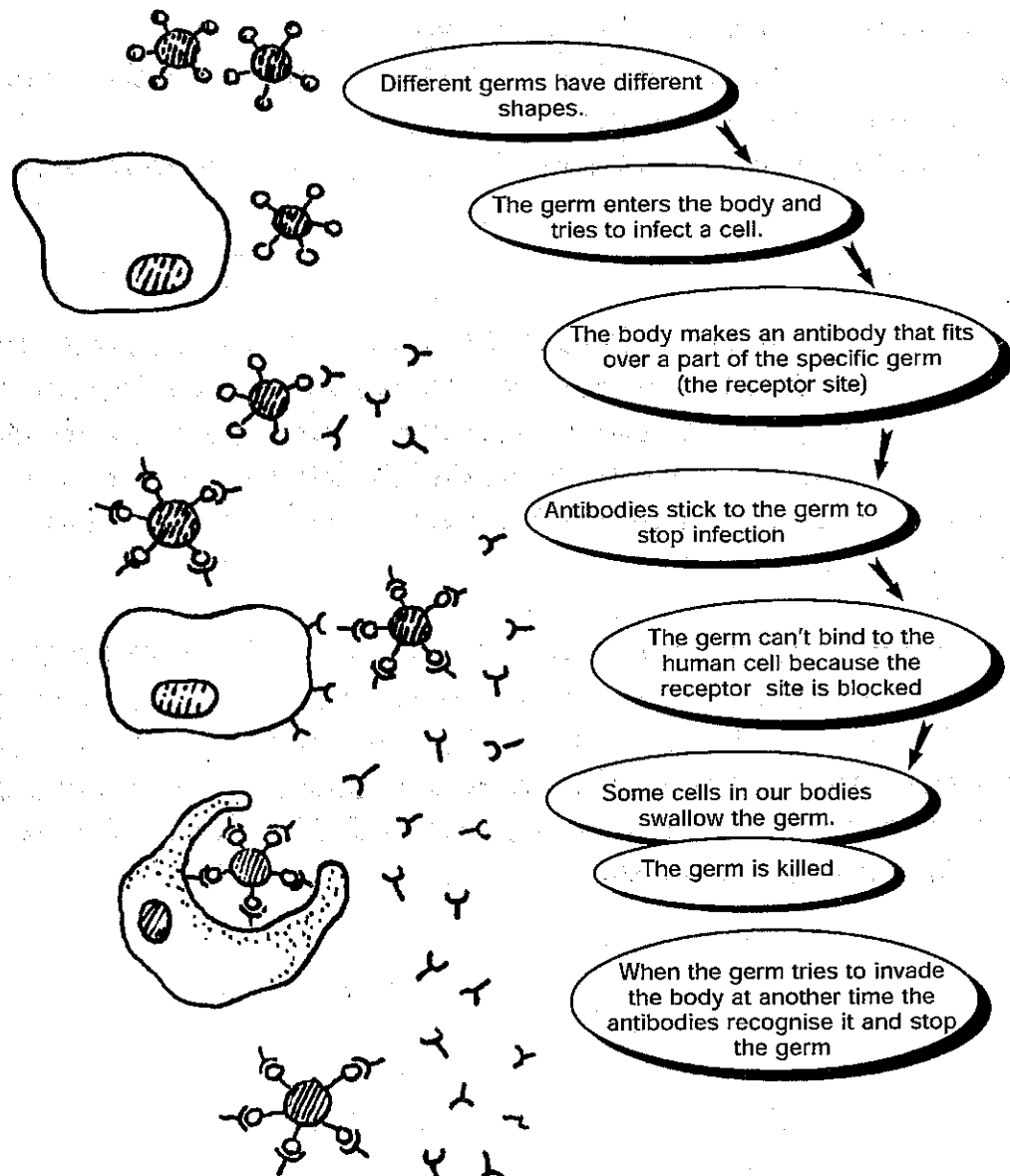
Questions for discussion after demonstration:

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. STI germs are NOT passed by coughing, sneezing or shaking hands. 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 infections are called sexually transmitted infections (STIs) because **SEXUAL INTERCOURSE** is the way in which the infections are transmitted from one person to another.

How our bodies produce antibodies that fight Germs/Viruses



2. Anyone that has unprotected sex with an infected person can get STI/HIV infected. Unprotected sex means not using a condom when having sex. A condom acts as a barrier to prevent the exchange of body fluids.
3. HIV means you have the Human Immune Deficiency 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.
4. 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 is infected with HIV there is to have a blood test done. There are three tests available: the Elisa, the Western Blot and the Rapid HIV test. These tests can be done through some doctors, clinics or hospital after receiving pre-test counselling. On getting the blood test results - post test counselling is done especially when HIV positive



“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

◆ **Multiple questions on STIs:**

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) Gonorrhoea (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)

Key answers:



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

Mosquito's 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. HIV 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 also has bleeding sores in his/her mouth. But there are no reported cases of HIV being passed onto another person from kissing

10. Using alcohol or other drugs does increase risk

Alcohol or drug 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 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

What myths do you know about with regard to STIs/HIV and AIDS?

.....

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



BEYOND THE CLASSROOM:

Do this quiz with a parent/family member:

H (EYE) V - QUIZ

Question 1: It is my..... to ask questions about HIV and know my status

Clues: THE OPPOSITE OF LEFT OR CORRECT

Question 2: The three HIV tests are called the..... and the.....

Clues: ELISA TEST and WESTERN BLOT TEST and RAPD HIV TEST

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 apartner puts me at very high risk of becoming HIV infected

Clues: NOT SAFE/DEFENDING/SECURE and H/EYEV + OR H/EYEV -

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



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?

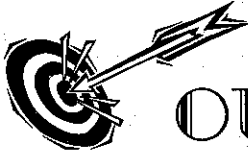
.....
.....

Own conclusion about STI/HIV infection:

.....
.....



Sexuality Game Board



OUTCOMES:

After this session you'll have more knowledge about STIs and HIV/AIDS, dealing with your own sexuality, identifying risky situations and making more responsible decisions about sex and sexuality



“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 STDs 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.

SEXUALITY GAME BOARD:

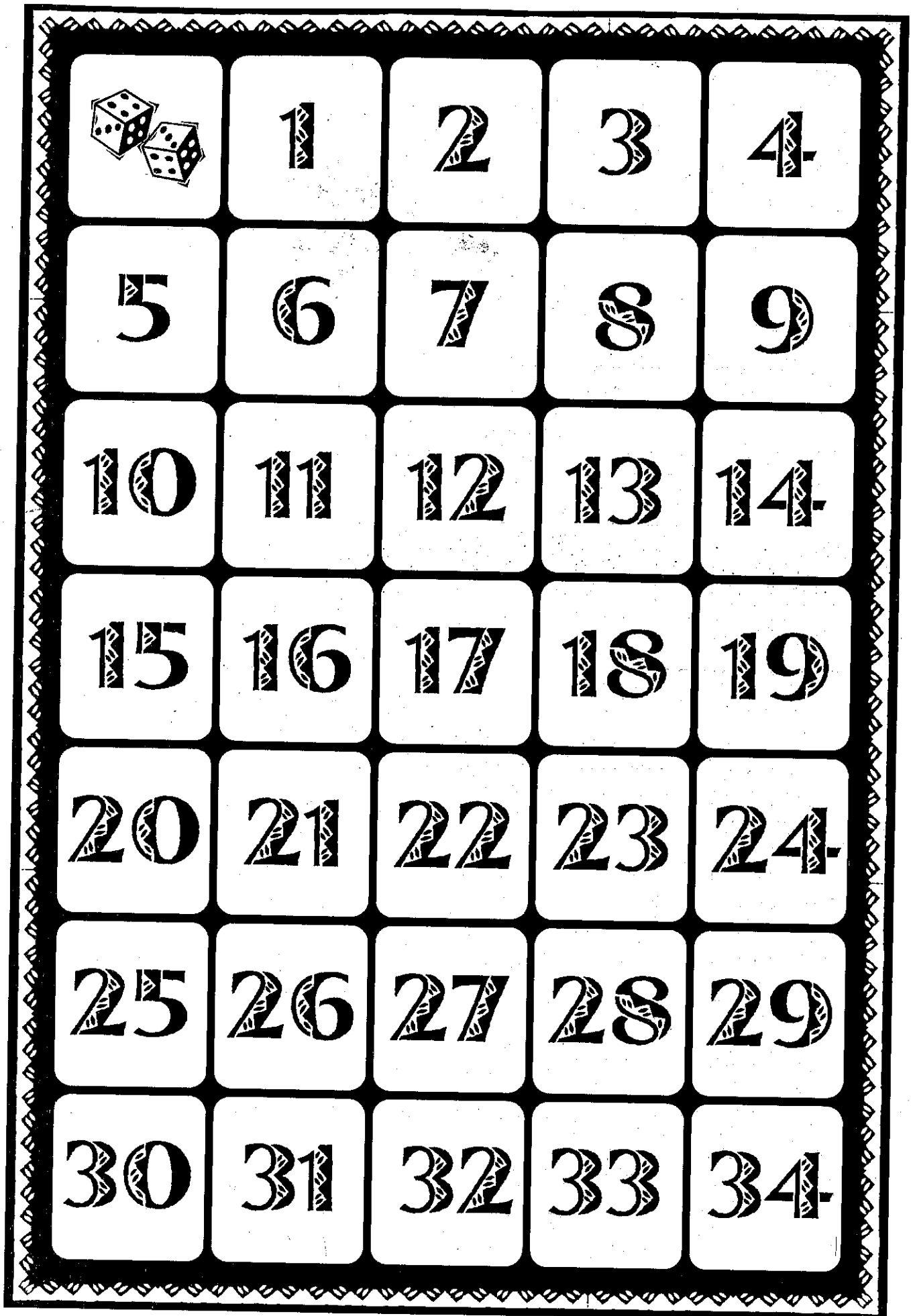
Rules of play:

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





SEXUALITY GAME BOARD QUESTIONS AND ANSWER:

- 1. Name three body fluids that are known to spread HIV.**
 - ⊙ *Male semen; vaginal secretions; blood*
- 2. Name two ways in which blood-to-blood transmission of 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 instructions (e.g. knives); mother to baby; blood transfusion*
- 4. Give two reasons why AIDS is so serious.**
 - ⊙ *No cure for AIDS*
 - ⊙ *Causes death*
 - ⊙ *Discrimination and intolerance*
 - ⊙ *No vaccine to prevent HIV*
- 5. List five ways by which HIV is not spread.**
 - ⊙ *Insects, hugging or touching, towels, spitting, coughing, sneezing; kissing; sharing a bus, house, room; animals; wearing old clothes; swimming pools (hot tubs); telephones; shaking hands; food, dishes; toilet seats; giving blood; water fountains*
- 6. List four ways that you can protect yourself from HIV and other infections.**
 - ⊙ *Not have sexual intercourse*
 - ⊙ *Delay sex*
 - ⊙ *Use a condom properly*
 - ⊙ *Do not use dirty injection needles or syringes*
 - ⊙ *Injections at hospitals or health centers are safe*
 - ⊙ *Have only one sexual partner who is not infected with HIV/AIDS and has no other sexual partners*
- 7. Describe what happens from the time a person is infected with HIV to the time he/she dies from AIDS.**
 - ⊙ *Infected with HIV; 6 to 12 weeks: antibodies develop; about 6 months to 10 years or more: symptoms start to appear, AIDS; about 6 months to 2 years or more: death*

- 8. What is meant by the "window period?" Why is this period so important?**
- ⊙ *"Window period" is the period of time from when a person is infected until antibodies (germ fighters) develop in the blood. This is usually 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 helpline*
- 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. Mosquito's 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 is to throw bleach like JIK onto blood spills on the ground to kill HIV. HIV is 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*
- ⊙ *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 takes up to 6 weeks to form antibodies from the date of infection (window period) it did not have enough time to form enough antibodies showing in the blood to make the test positive*

29. When should you inform sexual partner of infection?

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

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

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

31. How can HIV infection be prevented?

- ⊙ *By abstaining from sex 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 built (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)*

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 its own. It needs human cells to live and grow. Usually your immune system is able to protect you by keeping viruses under control so that you do not become sick. Germs get into our bodies by passing through any opening, for example, our nose, mouth, cut on hand or foot, putting an object in your mouth, touching objects like door knobs, 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 of the germs. Our immune system fights the germs and frequently works so well that it kills most germs before they can make you sick. When you do get sick, the immune system fights the germs and helps you get well. Particularly our white blood cells as part of our immune system are the ones which fight disease. Like body soldiers they respond to the T-helper cells that act as the generals of the soldiers telling them when to start the attack and when to stop. The immune system also forms “antibodies” like special soldiers to fight those particular germs and disease.

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

5. Do you know what STIs stand for?

It stands for Sexually Transmitted Infections. STIs are infections caused by germs that can be passed from one person to another during sex. As we get different types of childhood diseases, like measles, chicken pox etc. in the same way we get different types of 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)
- Gonorrhoea (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 Immune Deficiency 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 Immune Deficiency Syndrome. Syndrome means a collection of diseases, because HIV opens the door for other germs and illnesses that the immune system cannot fight.

There is no cure for HIV - it can take between three and seven years and sometimes longer for a person to develop AIDS. During this time, the person can be in good health, with no or few symptoms; therefore we call it the "asymptomatic phase". The person can look healthy like you and me, you 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

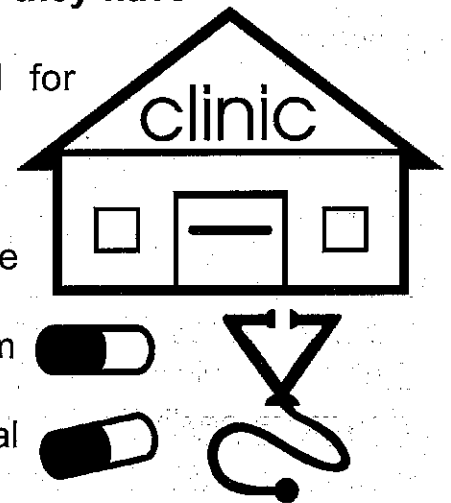
- Pain in lower abdomen
- Unusual swelling near the penis or vagina
- Itching on or near your genitals

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
- Inform sexual partner of the STI because the sexual partner also needs treatment
- Not having sex during treatment/ Abstain from 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



11. How can STIs or HIV infection be prevented?

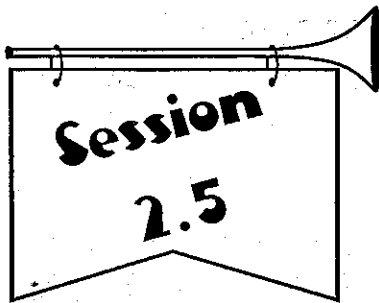
The only two sure ways of preventing a STI or HIV infection is through:

1. **Abstinence:** not having penetrative sex at all (Penetrative sex means when partners sex organs enters a partners body.
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 infected then we can know how to protect ourselves from disease.

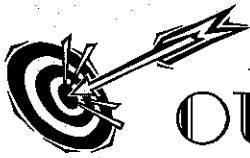


BEYOND THE CLASSROOM:

Find the information on any aspect discussed that you do not understand, or want to know more about.



Risk behaviour



OUTCOMES:

At the end of this session you'll know more about risky behaviour and how to deal with risky situations

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 to 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



NEW WORDS:

- Assertiveness:** standing up to your rights without violating other people's rights, being firm.
- 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. Safer sex can include being faithful to one sexual partner, using of condoms.
- Contraceptives:** methods to decrease the risk of pregnancy and sexual transmitted disease, e.g. condoms, the pill, injections, etc.
- Homosexuality:** when a person feels sexually attracted exclusively to people of the same sex e.g. homosexual (male - male), lesbian (female to female)



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

**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?

Dave

**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 STD 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

POSSIBLE RESPONSES

Dear Dave

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

Agony Anne

Dear Thami

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 (after the window period) will tell if you have HIV and you will have no symptoms. HIV can be present without symptoms in your body for years.

Agony Anne

Dear Anna

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

Agony Anne

Dear Charlene

Letter three:

You 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

Agony Anne

Risk Questionnaire:

Do the following questionnaire on risk for yourself - discuss it in your group and reach agreement on the answers.

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 4:	Agree	Disagree	Unsure
1. Condoms are a good way to prevent infection with the HIV virus			
2. People on farms and small villages are safe from HIV/AIDS			
3. People with HIV/AIDS deserve our love and support			
4. It is wrong for a girl to have many boyfriends			
5. A good friend should do whatever I tell or advise him to do			
6. I can talk to my parents/family about HIV/AIDS and sex			
7. I find it difficult to talk about love and sex			

(Adapted from: UNICEF questionnaire adapted by A.M. Educational Consultants, Pilot Project, December 1999, pp. 116-117)

◆ **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?
.....



BEYOND THE CLASSROOM:

- ◆ Write an anonymous worry letter for the "LETS TALK ABOUT" box if you do not feel comfortable sharing
- ◆ Complete the full **RISK 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:**

What does assertiveness mean? How assertive are you?
.....

What is the difference between assertive, passive and aggressive?
.....

How well do you feel you can cope with peer pressure? Give an example.
.....

◆ **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?

Responsible sexual behaviour

OUTCOMES

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

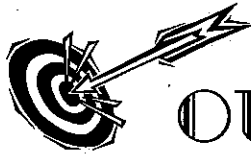
2.
Critically evaluating
reasons for delaying
sexual intercourse
or practicing
abstinence

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

4.
Understanding and
anticipating
consequences of
sexual involvement



Can sex wait?



OUTCOMES:

At the end of this session you will be aware of your choices regarding sexual involvement and how to convey your decision to others

Adolescence is a time for learning, experiencing and exploring new dimensions of yourself 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

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



NEW WORDS:

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

Unfulfilled needs: wants, wishes, desires that are not met



“ 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”

1. Should young people have sex and why?

.....

2. Should young people wait to have sex and why?

.....

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>(Adapted: From responsible teenage sexuality, 1994: pp. 111-112)</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?
-

Read the next list once and respond by marking reasons in based on pressure in your workbook. Read the list a second time and mark in your work book your own choice of 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)

◆ **QUESTIONS:**

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

.....
.....

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

.....
.....

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

.....
.....

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

.....
.....

Possible opinions/options:

Question 1:

- ◆ *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*

Question 2:

- ◆ *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*

Question 3:

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

Question 4:

- ◆ 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



BEYOND THE CLASSROOM:

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.

- ◆ 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 will not lead to sexual intercourse

“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.

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

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?

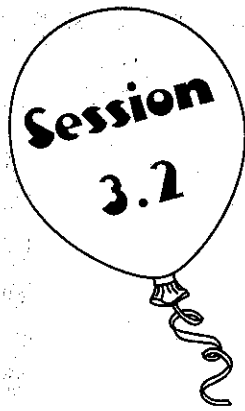
WHAT ARE YOUR EXPECTATIONS ABOUT RELATIONSHIPS AND SEX?

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)
.....

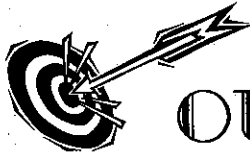
SELF-ASSESSMENT:

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



TEENAGE PREGNANCY and PARENTHOOD



OUTCOMES:

At the end of this session you'll know more about teenage pregnancy which will help you make decisions and resist pressure



NEW WORDS:

Safer sex:

means 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.

Contraceptives:

methods to decrease the risk of pregnancy and sexual transmitted disease, 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



“ 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?”

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)

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.....

◆ **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?*

NOTE:

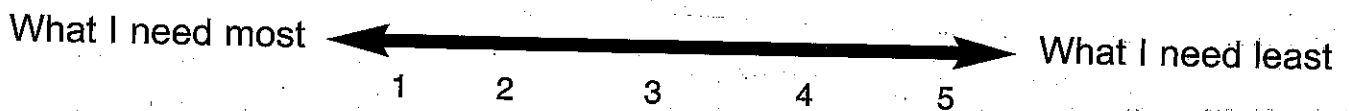
Write an anonymous letter or words on a piece of paper about any topic you would like to discuss relating to sexuality and sexual practices e.g. circumcision for the "LETS TALK ABOUT BOX"



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



- 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?

.....

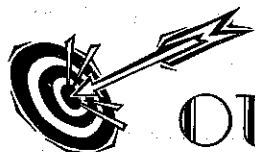
.....

.....

.....



PROBLEM PEERS OR PEER PROBLEMS?



OUTCOMES:

At the end of this session you'll understand and be able to show how to refuse peer pressure



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.

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

Here are some guidelines to help you with your life



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)
- ◆ **Offer an alternative:** If this is a person who always tries to get you to do things that can be bad for you (we call it negative peer pressure), walk away and find yourself a REAL FRIEND. But if this person is worth your friendship, explain your feelings and suggest another activity that the two of you can rather do.



“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”

◆ What is peer pressure in your own words?
.....

◆ What kind of pressures do you experience?
.....

Pressures: e.g. 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: You can say: “I don’t want to be “pushed” around by my peers. How can a person who is pushed around resist to peer pressure?”*

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 demonstrating resistance and refusal skills. Do a two-minute role-play demonstration in your group expanding on this one line given to build your own story:

◆ Reflection:

How well did learners in class 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 pressurizing 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

Add your own examples here

.....

Think about - pressure on young people to wait to have sex and pressure on young people to have sex at an early age.

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?
-



BEYOND THE CLASSROOM:

- ◆ How assertive are you? How well do you feel you cope with peer pressure? Think of a situation demonstrating a peer pressure situation, which you and a partner can use as a role play. Write it down.

◆ **How assertive are you?**

Assertiveness means standing on your rights without violating other people's rights. It is your right and choice not to have sex with someone. Assertiveness is a skill to be acquired - readiness to act on your beliefs and standing up for yourself. It is not who you are - but what you do. A child has the same right to be assertive as an adult or a younger person can be assertive with an older person.



BEYOND THE CLASSROOM:

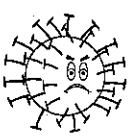
- ◆ Write your own RAP SONG - UNDER PRESSURE I WILL... (continue or write own song and words e.g.)

The diagram features a large circle formed by a musical staff with five lines. The staff is divided into four sections by vertical bar lines, with the labels *Cantus.*, *Tenor.*, *Alto.*, and *Quintus.* written vertically at the top, left, right, and bottom of the circle respectively. The staff contains musical notation including notes, rests, and diamond-shaped symbols. In the center of the circle, the following text is written:

**UNDER
PRESSURE I WILL...**
ASK some questions too
And I can say NO to you and
DECIDE for myself what I want to do...
(continue or write own song and words)

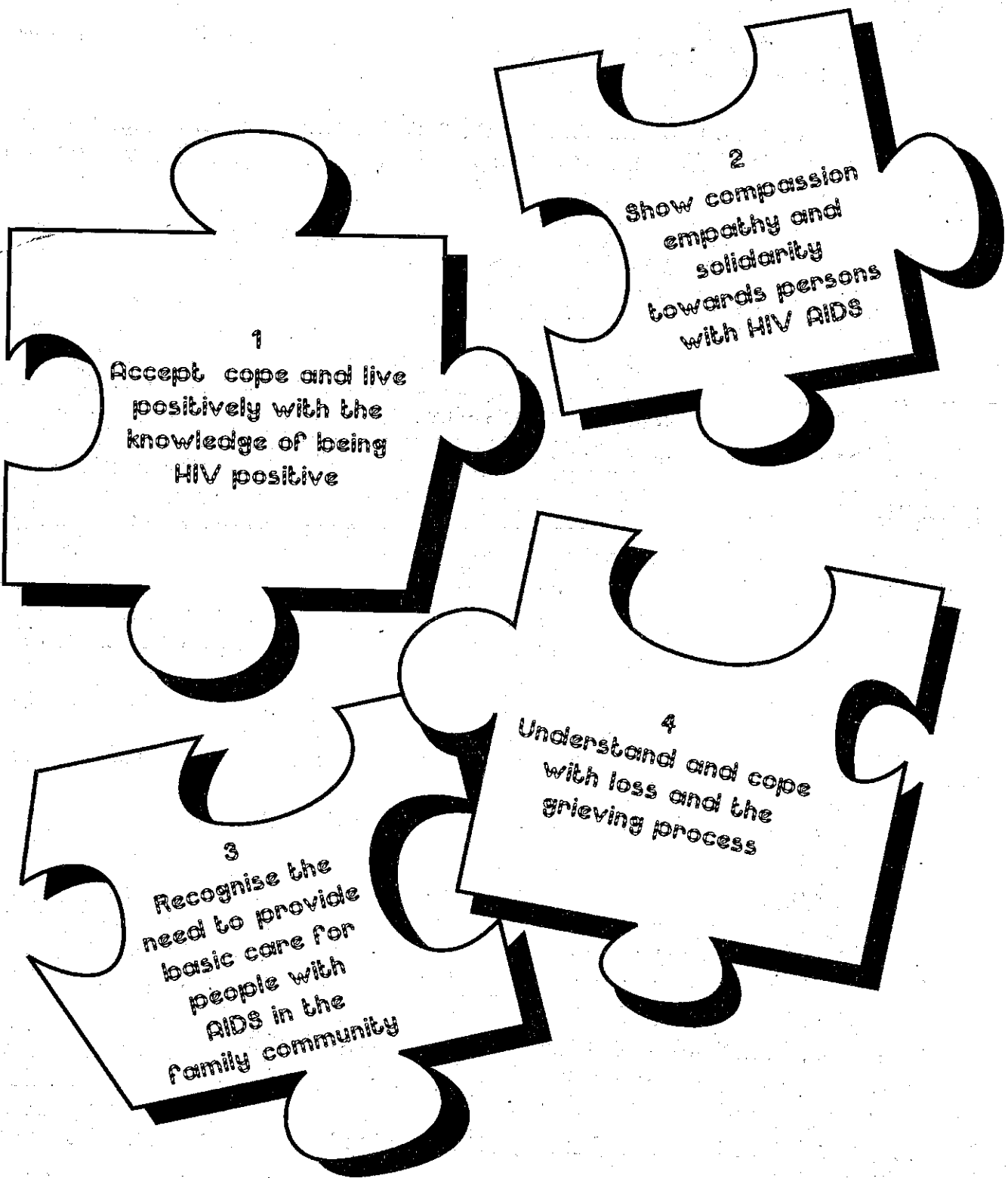
UNIT

4



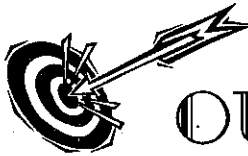
Living positively with HIV and respecting people living with AIDS

OUTCOMES





Positive living in the face of HIV AIDS



OUTCOMES:

At the end of this session you will understand how and why to show compassion for people living with Aids(PLWA) and how to help to create awareness and provide correct information about HIV/AIDS



NEW WORDS:

PLWA:

people living with AIDS

empathy:

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

compassion:

showing that you care and would like to be of help

alienation:

being isolated, separated, estranged from other people

disclosure:

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

Non disclosure:

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

Stigmatising:

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

Anti-retroviral treatment:

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



"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 HIV status, it was normally followed by stigmatism, 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"

Sunday Times
Insight

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 word," 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

<p>Conference, in Acapulco, Mexico. He was also elected onto the board of directors of the Global Network for People With AIDS.</p>	<p>worldwide is impossible".</p> <p>In September 1998, Mellors decided he had had enough and joined the non-governmental organisation Stichting Aidsfonds as an international consultant.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>	<p>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.</p>
<p>In the same year, the Holland-based Global network for people With AIDS asked him to serve as its executive director.</p>	<p>"I am on a combination of AZT and Nevarapine, which, according to Manto Tshabalala-Msimang (the Minister of Health), is toxic. But I'm proof that it works. I'm as strong and alive as can be."</p> <p>When Mellors heard that South</p>	<p>In Sunday Times 25 June 2000 By : Ranjeni Munusamy</p>
<p>"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</p>		

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:

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



BEYOND THE CLASSROOM:

- ◆ 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?*

.....

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?

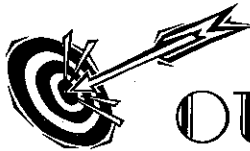
In what situation would you want to have a HIV blood test?

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?



Dealing with loss and showing compassion for PLWA



OUTCOMES:

At the end of this session you'll have more understanding about death, loss and coping with loss



"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?"



NEW WORDS:

- Loss:** an emotion as a result of change such as death, divorce, 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'

- ◆ When you lose something, we say you had a loss. Loss is part of life and a reality and can take on many forms. Think of something you have lost up to now e.g. money, tools, animals, clothes, friends, housing, transport and people through death
- ◆ How did you feel when you lost your.....? (fill in the thing you have lost above)

You may have different types of loss and experience different reactions to loss. 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. Loss, no matter, how big or small results in changes that happen.

Sunday Times
Insight

PRIVATE PLACE TO DIE

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."

Sunday Times,
City Metro, 11 March 2001,
Written by: Thandiwe
Mathibela and Sabelo
Ndlangisa

Any program dealing with HIV/AIDS unfortunately also has to address the painful issues of death and grieving.

"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:

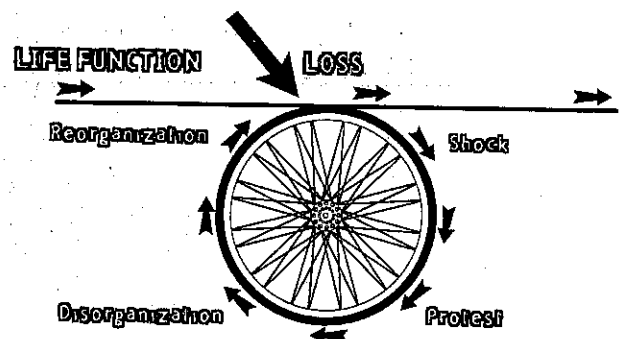
The mourning process has five distinct stages but they can move backwards and forwards

1. **ANGER**
2. **DENIAL**
3. **BARGAINING**
4. **DEPRESSION**
5. **ACCEPTANCE**

Most people go through these stages of the grieving process. However, they experience these stages to **different degrees** and **different lengths of time**. The sequence of stages can also differ and people can move forward or backwards to other stages or go through a stage more than once.

THE GRIEF WHEEL:

The grief wheel visually shows how loss impacts on a person's **life functioning** and the **process of grieving** to be able to carry on with one's life after suffering some form of loss (e.g. death)



PHASES OF THE GRIEF WHEEL:

- Shock:** the reality of the loss has not yet set 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 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)

◆ **What words or phrases do you think of when you hear the word DEATH?**

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

Words generally used for death:

passed away, deceased, gone to heaven, moved on, passed on, gone to a better place, with God, with ancestors, lost, gone away permanently etc. It is not easy to talk about death, people tend to make it softer, or use other phrases to describe it. Some cultures also use different words or terms but death applies to all people - it doesn't matter what age, race, culture or religion 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.

◆ **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 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**
- **Physical needs**
- **Emotional 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 take care of people with AIDS and how. Talk to people such as nurses, doctors, community leaders, traditional healers, teachers, ministers, social workers and your parents to find this information

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

Group 5:

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

.....
.....

Feel free to use the "LETS TALK ABOUT" box for sharing, or contact the educator if you need to talk privately after this session

Think about:

How would you like people to treat you if you were HIV positive?

.....

What needs would you have with regard to help and care?

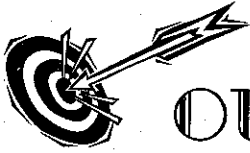
.....

What resources would you make use of on finding out you are HIV positive and living with HIV?

.....



Life is a choice



OUTCOMES:

At the end of this session you will understand the value of making choices and setting goals in a world faced with HIV/AIDS

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 STDs 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.



NEW WORDS:

- ◆ **Goal setting:** Plan to do or achieve something that is possible and realistic and can be measured by a certain time and the outcome will be good for you and others.
- ◆ **Measurable:** will know when it is accomplished/ see results or outcomes
- ◆ **Realistic:** can be done by you (e.g. you want to be an Olympic runner, but have never run in your life would be unrealistic?)
- ◆ **Achievable:** within your reach e.g. plan to improve marks from 60% to 70% and not 90%
- ◆ **Time limit:** set over time, improve marks from 60% to 70% by the end of the year
- ◆ **Controlled:** Dependant on your inputs, can't say goal is for my father to be rich by end of year, something you can do e.g. skill/practice/learn/behaviour you can control e.g. study harder



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

• **What choices do we have?**

Make one list of the things you have a choice about and one about the things you do not have a choice about

Things you have a choice about	Things you do not have a choice about

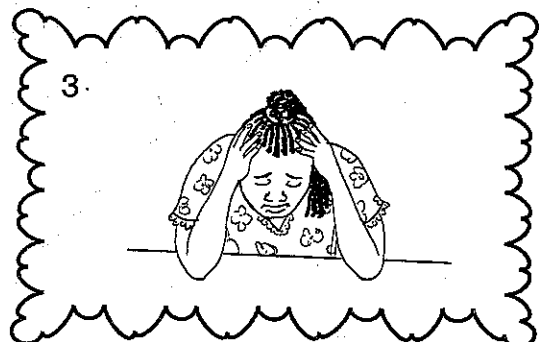
There are things you can not change and you do not have a choice about e.g. like who your parents/brothers and sisters are, the colour of your eyes/hair and your length. There are also things you can change and you do have a choice about e.g. who you want to be friends with, what job you want to do one 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. Read the two stories below and decide how you might be able to help each person.

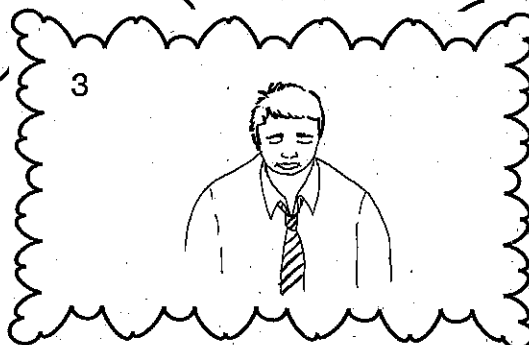
JOYCE, A YOUNG MOTHER WITH AIDS:

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



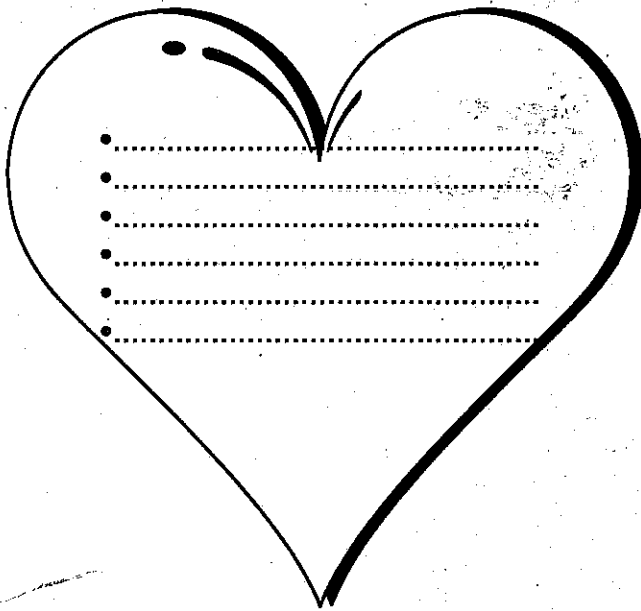
THE COMPASSIONATE HEART

- 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

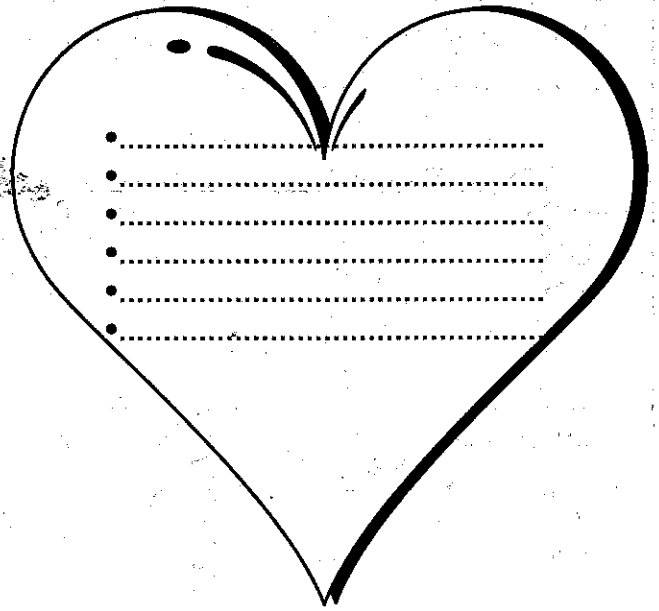
- Find others to give support
- Share emotions - laugh, cry etc
- Have fun
- Read or tell stories
- Ask them how you can help
- Just sit with them and listen
- Give them a hug
- Take them for a walk when possible
- Listen and share music

- Other
-
-
-
-
-
-

JOYCE'S HEART



JOSEPH'S HEART



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

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 blame.....when 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. Look at 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

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

Choose one of the examples and complete your own grid

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

THE MOST IMPORTANT THING I HAVE LEARNED FROM THIS PROGRAM IS

I SUGGEST

Remember this:

I AM IN CONTROL OF MY 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!