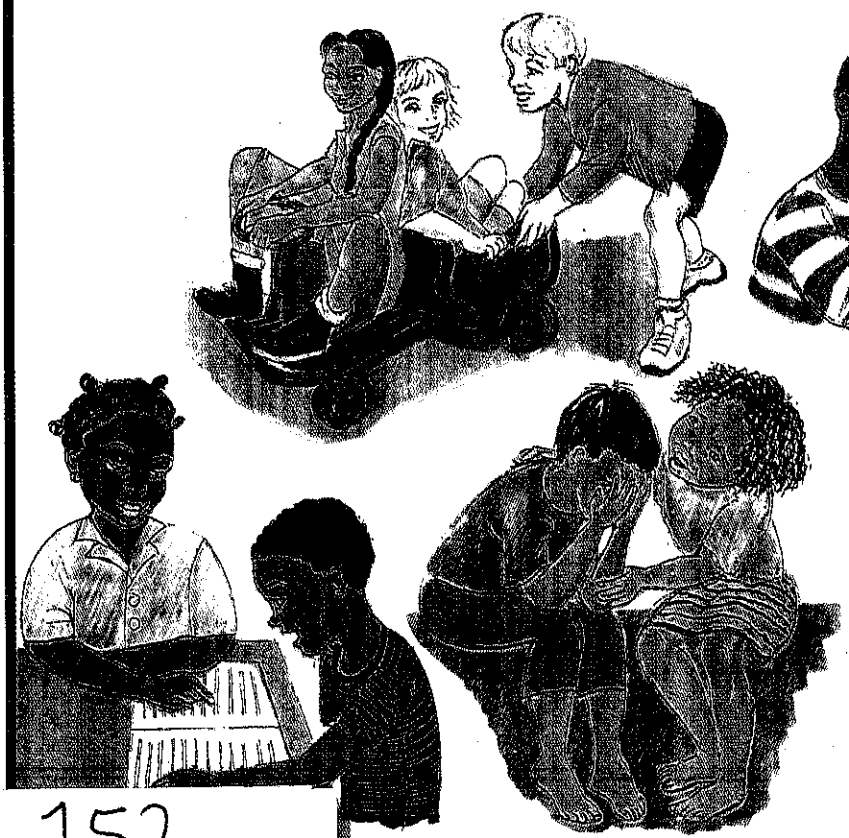
TALKING ABOUT LIFE

HIV / AIDS and Life Skills Training Manual

for Secondary Schools...

...and Primary Schools



GAUTENG PROVINCIAL GOVERNMENT

DEPARTMENTS OF HEALTH
AND EDUCATION

TALKING ABOUT LIFE

HIV / AIDS and Life Skills Training Manual

for Secondary Schools

Developed by:
Vasti de Villiers
Sharon Kruger

GAUTENG PROVINCIAL GOVERNMENT

DEPARTMENTS OF HEALTH
AND EDUCATION

Editing, design and layout by Aloe Communications

Contents

Module 1
The Life Skills Programme

Background to the Life Skills Programme

The highest rate of HIV infection is among young people

It is estimated that in South Africa approximately 2.4 million people (14%) are infected with the human immuno-deficiency virus (HIV). Worldwide, the highest rate of HIV infection is among **young people**. In South Africa, too, a high proportion of teenagers is testing positive for HIV. 12,7% of teenagers attending antenatal clinics in 1996 tested HIV positive.

There are various reasons why such a high proportion of teenagers is being infected with HIV. These include:

- A lack of information
- Issues of self-awareness and confidence
- Unequal gender relations
- Peer group and other pressures.

In South Africa young people make up the largest proportion of the population. If they are at the highest risk of being infected with HIV, the economic and social impact could be devastating.

*Committed to providing HIV, STD and sexuality education within a comprehensive **Life Skills Programme***

In the light of this, and in line with international trends, the national Departments of Health and Education, in consultation with various non-governmental organisations (NGOs), provincial departments and other service providers, have committed themselves to providing HIV/sexually transmitted diseases (STDs) and sexuality education within a comprehensive **Life Skills Programme**.

The goal of the programme – skills

The goal of the programme is to empower the youth with skills to help them make informed decisions regarding sexuality as a first and critical step towards curbing HIV/STD infection.

The programme focuses on decision-making skills and increasing teenagers' confidence

Although the thrust of the programme is to reduce the rate of HIV infection among teenagers, HIV infection should not be seen in isolation. The Life Skills Programme therefore takes an **holistic approach** focusing on developing **decision-making skills** and **increasing confidence among teenagers to enable them to behave in a mature and responsible manner**.

The training programme for teachers

Life Skills is part of the school curriculum

As from 1998, Life Skills is part of the school curriculum. This Life Skills Programme forms part of the national educational programme at schools. This has implications for teacher training. Provinces were given the option of deciding how the training of their teachers would take place. Five provinces contracted the Planned Parenthood Association of South Africa (PPASA) to undertake teacher training. The remaining four provinces decided to develop their own training approach.

Gauteng was one of the four provinces that opted to develop its own Life Skills Training Programme. We began by initiating a process of broad provincial consultation, which resulted in the establishment of the Gauteng Provincial Task Team for Life Skills involving the following departments and NGOs:

The Gauteng Provincial Task Team for Life Skills

Department of Education
Department of Health
Family Life Centre, Johannesburg (FAMSA)
Institute for Health Training and Development (IHTD – SANCA)
Life Line – West-Rand
Planned Parenthood Association of South Africa (PPASA)
Township AIDS Project (TAP) and
Community Chest

A "train the trainer" model – the MASTER TRAINERS train the TEACHERS who then teach the LEARNERS

After a series of consultative meetings and workshops, Gauteng adopted a **cascading model**, using the **train the trainer** concept – the MASTER TRAINERS train the TEACHERS who will then teach the LEARNERS. This approach involves first training the Auxiliary Support Services Staff and the Educational Aids Centre Staff as the core group of master trainers. Master trainers include education specialists, health care workers, community health nurses, district surgeons and child care workers within the Departments of Education, Health and Welfare. The goal of the project has been to train 500 master trainers who will then train teachers as well as health care and community workers in their districts.

The approach also involves encouraging communities within which schools are located to become involved in the life skills initiative.

It is hoped that this approach will not only sustain the Life Skills Programme at schools but also increase training capacity within government structures and provide an accessible, district-level resource and support structure for teachers.

Life Skills and the Life Orientation learning area

The Life Skills Programme is lodged within the field of **Life Orientation** which lends itself well to embedding life skills. The rationale of the **Life Orientation** learning area is to:

- Enhance the practice of positive values, attitudes, behaviours and skills in the individual and the community

- Promote the achievement of individual learners' potential by strengthening and integrating their:
  - self-concept
  - capacity to develop healthy relationships
  - ability to make informed and responsible decisions
  - independent and critical thinking
  - survival and coping skills
  - commitment to life-long learning
  - pleasure in the expression and co-ordination of their intellectual, physical, spiritual, emotional and moral powers

- Encourage a healthy lifestyle, characterised by:
  - specific and contextualised application of the actions and values expressed in this rationale
  - celebration of, care for and responsibility towards the self and the social, natural and material environments.

This is very much in line with what the Life Skills Programme aims to achieve.

What is the Life Skills Training Programme?

A two-phase training programme

A non-judgemental approach to the training of life skills

The Life Skills Training Programme (for master trainers) presents a **preventative model** for teaching life skills. The training aims to achieve a "paradigm shift" and to develop a non-judgemental approach to the training of life skills, using a participatory and experiential learning methodology.

The training programme is designed around two phases, each lasting a week, with an approximately six-week interval between the two phases:

> **Phase one** (five days) – focuses on developing knowledge as well as helping participants achieve a level of comfort in dealing with topics involving sexuality and reproductive health.
>
> *(six-week interval separates phase one and phase two)*
>
> **Phase two** (five days) – focuses on facilitation techniques and the use of experiential training methods.

In the six-week period between the two training sessions, participants are expected to consult with role-players in their districts and communities about the possibility of working together on the implementation of the Life Skills Programme.

Evaluation of the Life Skills Training Programme

The Life Skills Training Programme was piloted in 1997. A detailed evaluation of the Programme was undertaken by the Community Agency for Social Enquiry (CASE) using a combination of quantitative and qualitative evaluation methods including all role players – participants, facilitators, CASE's own observations, interviews and scientific methodologies. The results were incorporated in a comprehensive report.

One of the evaluation's recommendations was to compile a training manual for master trainers. This manual is in part a response to that recommendation.

Outcomes based programme

The programme is based on the learning outcomes for **Life Orientation**, one of the learning areas of Curriculum 2005. Though located primarily in the Life Orientation learning area, life skills is a cross-curricular issue. For example, sexuality can relate to other fields such as:

- **Biology** e.g. physical and emotional developmental stages, reproduction
- **Human and Social Sciences**
- **Arts and Culture**.

Critical cross-field outcomes

The outcomes for the Life Skills Programme are **inclusive of, but not limited to** the critical cross-field outcomes, namely:

- Identifying and solving problems in which responses display that critical and creative thinking have been made.
- Working effectively with others as a member of a team, group, organisation or community.
- Organising and managing oneself and one's activities responsibly and effectively.
- Collecting, analysing, organising and critically evaluating information.
- Communicating effectively using visual, mathematical and/or language skills in the modes of oral and/or written persuasion.
- Using science and technology effectively and critically, showing responsibility towards the environment and health of others.
- Demonstrating and understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.
- Contributing to the full personal development of each learner and the social and economic development of society at large by making it the underlying intention of any programme of learning to make individuals aware of the importance of:
  - Reflecting on and exploring a variety of strategies to learn more effectively.
  - Participating as responsible citizens in the life of local, national and global communities.
  - Being culturally and aesthetically sensitive across a range of social contexts.
  - Exploring education and career opportunities and
  - Developing entrepreneurial opportunities.

Specific outcomes

The Life Orientation learning area aims to promote a meaningful lifestyle for each learner and has **eight specific outcomes**:

outcomes

These specific outcomes are referred to throughout the manual – mark this page

EIGHT SPECIFIC OUTCOMES FOR LIFE ORIENTATION

SPECIFIC OUTCOME 1:
Understand and accept themselves as unique and worthwhile human beings.

SPECIFIC OUTCOME 2:
Use skills and display attitudes and values that improve relationships in family, group and community.

SPECIFIC OUTCOME 3
Respect the rights of people to hold personal beliefs and values.

SPECIFIC OUTCOME 4
Demonstrate value and respect for human rights as reflected in Ubuntu and other similar philosophies.

SPECIFIC OUTCOME 5
Practise acquired life and decision-making skills.

SPECIFIC OUTCOME 6
Assess career and other opportunities and set goals that will enable them to make the best use of their special potential and talents.

SPECIFIC OUTCOME 7
Demonstrate the values and attitudes necessary for a healthy and balanced life style.

SPECIFIC OUTCOME 8
Evaluate and participate in activities that demonstrate effective human movement and development.

These eight specific outcomes are the main focus of the Life Skills Programme and one or more of these specific outcomes is the aim of any training session/activity conducted in life skills training, irrespective of the target group.

Core objectives and learning outcomes for master trainers

Although some content relating to knowledge of specific themes or topics is given, **the focus of this manual remains skills development**. Skills development implies a balance of knowledge, skills, values and attitudes to **achieve the specific outcomes of the Life Orientation learning area**.

The **core objectives** of the training programme and the **learning outcomes for master trainers** express this balance:

CORE OBJECTIVES OF THE TRAINING PROGRAMME:

The core objectives of the programme are to create/provide opportunities for master trainers to:

- Increase their knowledge and develop skills relating to:
  - Adult learning
  - Experiential learning
  - Facilitation
  - Life skills training
  - Managing a group (group dynamics)
  - Planning, designing, managing and implementing a programme
  - Working cross culturally
  - Working with sensitive issues
- Develop self knowledge and confidence in the facilitation of the Life Skills Training programme, as required
- Develop a positive attitude of personal contribution and involvement to changing the picture – opportunity to make a profound impact
- Explore/challenge their own values, attitudes and views as a step towards enabling their trainees to explore/challenge theirs.

outcomes

LEARNING OUTCOMES FOR MASTER TRAINERS FOR THIS PROGRAMME

After instruction, master trainers should be competent to:

- Implement adult learning principles
- Practise experiential learning techniques
- Facilitate learning
- Deal with sensitive topics such as sexuality, family issues, substance and child abuse, etc.
- Facilitate with groups and manage group dynamics
- Acknowledge and deal with cultural differences
- Set their own objectives for life skills training relating to the teachers and learners
- Know the importance of doing the ground work for people to accept a new process
- Show the ability to facilitate cross cultural issues
- Demonstrate the ability to facilitate a group through a process to a logical conclusion or position
- Understand the importance of life skills training and the broader picture/long term goals
- Have sufficient knowledge to start the implementation of the Life Skills Programme
- Realise their own limitations and call for help when needed
- Contract learners' commitment to the programme
- Demonstrate the ability to work according to their target groups' needs and pace, e.g. present information directed at teachers perhaps in a different way from that directed at learners
- Prove their ability to facilitate learning, rather than teaching or lecturing
- Help learners to:
  - Identify and explore their own needs
  - Develop their own style
  - Answer their own questions
  - Develop their own self awareness
- Show the ability to use themselves as role models
- Help teachers to adapt materials to the learners' needs and in an age-appropriate way.

Integrated approach – knowledge, skills, attitudes and values

In the training programme the needs of the three target groups – MASTER TRAINERS, TEACHERS and LEARNERS – are considered and examples and ideas relating to these groups are presented.

With regard to the LIFE SKILLS and HIV/AIDS CURRICULUM for secondary school learners, the following knowledge, skills, attitudes and values are essential for the Life Skills Training Programme:

Knowledge

LEARNERS

- Uniqueness of each person
- Realistic self-concept
- Building a positive self-concept
- Relationships with significant others (family/friends)
- Relationships with the opposite sex
- Relationships with friends of the same sex
- Gender equality and cultural differences
- Understanding the ways in which one's own culture has shaped one
- The practice of Ubuntu within the South African diversity
- Peer pressure and gang activities
- Keeping the body healthy
- Growing up from boy to man and from girl to woman
- Phases of development
- Male and female reproductive systems
- Sex, sexuality and gender
- Behaviour which could lead to sexual intercourse
- HIV/AIDS and STDs
- Means of protection
- Prevention – assertiveness, safe sex and contraceptives
- What is HIV/AIDS?
- Signs and symptoms of HIV/AIDS and STDs
- Transmission and prevention of HIV/AIDS
- Non-discrimination – policy issues, life skills – empathy, respect
- Care and support – Ubuntu, dealing with loss and death
- Rights of a child
- Recognition and disclosure
- Management of child abuse – Referral
- Prevention of child abuse – life skills e.g. assertiveness, privacy, communication, trust and safety
- What is substance abuse? Use versus abuse
- Types of drugs
- Identification of signs and symptoms of drug abuse
- Management of substance abuse
- Coping with peer pressure – learner level core skills e.g. self-image/ assertiveness.

Knowledge

MASTER TRAINERS / TEACHERS

- Background to the programme, lodged in Life Orientation learning area, cascading model
- Integrated approach – knowledge, skills, attitudes and values
- Outcomes based education
- Cross-curricular and specific outcomes
- Core objectives of the programme
- Training approach – experiential learning
- Paradigm shift/train the trainer/expectations of manual
- Experiential learning cycle
- What is a family? – roles/gender issues and dynamics
- Family cycle
- Healthy families – communication skills in relationships
- Life skills – Self-image and adapting to change
- Consequences of sexual relationships – pregnancy, STDs and HIV/AIDS
- Prevention – assertiveness, safe sex and contraceptives
- What is HIV/AIDS?
- Signs and symptoms of HIV/AIDS and STDs
- Transmission and prevention
- Non-discrimination – policy issues related/life skills – empathy, respect
- Care and support – Ubuntu, dealing with loss and death
- Rights of a child
- Recognition and disclosure
- Management of child abuse – Referral
- Prevention of child abuse – life skills learner e.g. assertiveness, privacy, communication, trust and safety
- What is substance abuse? Use versus abuse
- Types of drugs
- Identification of signs and symptoms of drug abuse
- Management of substance abuse
- Age appropriateness of content
- Learner needs – adolescents
- Adolescents as target group
- Developmental tasks of the adolescent
- Physical changes in adolescence
- Emotional changes in adolescence
- Facilitation vs. Teaching
- Core facilitation skills – definition, roles and tasks of the facilitator
- Integrated approach – behaviour change
- Focus on skills development, contextualised – content serves as guideline – experiential approach, own content generated, facilitation process the key

Skills

- Crisis intervention
- Conflict management
- Assertiveness
- Stress management
- Interpersonal relationship skills
- Self-awareness
- Empathy
- Creative thinking
- Coping with emotions
- Coping with stress
- Critical thinking
- Decision-making
- Problem-solving
- Negotiating
- Communication skills
- Refusal skills
- Planning for the future – goal setting

Attitudes & values

- Respect for self and others
- Self control
- Loyalty and commitment in relationships
- Loving and caring attitude
- Respect for privacy
- Appreciate the right to protect oneself
- Confidence to say "no" to another person/older person/authority
- Taking responsibility for one's actions
- Non-discrimination and tolerance of difference
- Social justice
- Forgiveness
- Compassion
- Commitment
- Accountability

Module 2
Facilitation skills and self-awareness

Introduction

The pilot programme as well as the evaluation done on this course by CASE supported the notion that the focus of the training should be on **developing appropriate attitudes, personal growth and self-awareness among participants and that the content should be a by-product of this process**. An adult education approach should also be used in the selection of trainees who should demonstrate a willingness to participate in the process.

Clear and unjudgemental facilitation of sensitive content

Master trainers should at all times keep teachers and adolescents as their main target groups. To be able to do this, master trainers must feel comfortable with the content of the training programme and be able to provide clear and unjudgemental facilitation of sensitive content to teachers.

Focus is on experiential, participatory learning

The approach used for the Life Skills Programme is one of FACILITATION rather than TEACHING or LECTURING. Facilitation is a **process**, which requires the use of **experiential learning methods** and **adult learning principles.** In teaching life skills the focus is on experiential, participatory learning. The learners are encouraged to share their beliefs, ideas, opinions and experiences. The facilitator engages in a process that allows learners to learn from each other and to raise questions that help learning to take place. Through this approach to the Life Skills Programme, the aim is to achieve the eight specific outcomes for Life Orientation (refer to Module 1).

Therefore this module focuses on:

- Facilitation
- Adult learning principles
- Experiential learning and
- Self awareness.

outcomes

In addition to the eight specific outcomes of the Life Orientation learning area ***(see page 6, module 1)***, the following **critical cross-field outcomes** are also aimed at:

- Identifying and solving problems
- Organising and managing oneself and one's activities responsibly and effectively
- Collecting, analysing, organising and critically evaluating information
- Demonstrating an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation
- Reflecting on and exploring a variety of strategies to learn more effectively and
- Being culturally and aesthetically sensitive across a range of social contexts.

The learning outcomes envisaged for master trainers **for this module** are to:

- Reflect on their own views and opinions as a step towards enabling their trainees to explore/challenge themselves
- Demonstrate self knowledge and confidence in the facilitation of the Life Skills Training Programme
- Apply their knowledge and skill related to:
  - experiential learning and adult learning principles
  - facilitation and life skills training
  - managing a group
  - planning, desiging, managing, facilitating and implementing life skills training and
  - working cross-culturally and with sensitive issues in a non-judgemental manner.

What is facilitation?

Facilitation is a PROCESS through which:

- Learning takes place and the experience is enjoyed
- Participation is encouraged
- Experiential activities are used
- Opportunities for self-growth are provided
- Discussions with learners take place
- Non-directive and unbiased information is shared with learners
- Learner needs are addressed and
- The principles of reflection, interpretation and application are used.

Profile of a facilitator

Effective facilitators are not born – it is possible to learn to become an effective facilitator. The facilitator has a certain PROFILE and needs to perform certain ROLES and TASKS.

The facilitator:

- Provides the structure, definition and framework for experiential learning to take place
- Uses techniques and activities that are conducive to participants actively involving themselves in extending, exploring and experimenting
- Allows for knowledge to be created by the group, and for this knowledge to be negotiated, tested and reflected upon
- Is supportive, encouraging and has empathy for the group as well as an understanding of the group process
- Gives participants, at all times, the choice to participate or not participate – they do not have to share anything that they do not wish to share
- Always allows opportunities for reflection and is acutely aware that action and reflection are inseparable if learning is to occur
- Always uses a group context and knows that learning then becomes a collective activity, democratic in intent and outcome
- Keeps the time, sets limits and protects the participants from psychological and physical injury and
- Ensures that there is an equal power relationship between all the participants and the facilitator.

Facilitation skills

In order to become an effective facilitator, one needs to develop a number of **basic strategies** and **essential qualities.**

Basic strategies

- Manage time effectively
- Use games and ice-breakers
- Use role-play situations
- Ensure a non-threatening environment
- Encourage democracy and be non-directive
- Set ground rules
- Encourage reflection
- Give clear instructions
- Use handouts productively
- Use co-facilitators
- Learn from experience and
- Be semi-visible.

activity

Ice-breaker (to welcome participants and set expectations)

*Divide group in pairs. Get **person's name, favourite place, favourite food, why am I here?, what do I expect from this?** Partners introduce each other and the facilitator gets a list of expectations from the group. Put the list on a flipchart if needed and generate more expectations from the group.*

Always remember to set **group rules** and give a **road map / map of the journey** for the training.

activity

Climate builder

Form two circles (inner and outer). The outer circle moves one place to the left for each new question, e.g:

- Who you are?
- What have you left behind to be here today?
- What is your favourite TV programme / hobbies?
- What things are you most proud of?
- What's the worst thing you have ever done?
- Which people do you dislike?
- What was your greatest loss / greatest fear?
- What are your goals for the next 10 years?
- How do you feel about being here?

  etc.

activity

Brainstorm

*Brainstorm and discuss in the group (individually / small groups) what **facilitation** means and the **essential qualities** of a facilitator. From the list of essential qualities below, add on to the group-generated list and discuss why these qualities are needed – use flip chart, etc.*

Essential qualities of a facilitator

- Flexible
- Skilled listener
- Organised
- Practical
- Conflict manager
- Playful
- Creative
- Authentic
- Centered and stable
- Non-manipulative
- Able to know and like yourself
- Able to cope with redundancy and rejection
- Accepting
- Enthusiastic.

facilitation pointers

Facilitate and discuss in the group (individually/groups) **common facilitation errors** in a climate of acceptance and non-judgemental attitudes. From the list below, add on to the group-generated list and brainstorm how to deal with these errors – link this with problem-solving and decision-making skills.

Common facilitation errors

- Non-acknowledgment
- Too much talking
- Barriers
- Handouts hang-ups
- Regroup hassles
- Arguments and individual discussions
- Interruptions
- Poor instructions
- Bad time management
- No flow, no go
- Inept visualisation
- Ego
- Inappropriate music / activities
- Incomplete ending
- Bad habits
- Space and place
- Neglect
- Too tidy
- Overkill
- Control and confrontation
- No opportunity to de-role
- No reflection
- Excessive interpretation
- Lack of privacy
- Abuse of games and ice-breakers
- Failure to learn


activity

Group discussion

With the large group, or in smaller groups, ask participants to write down what they consider the primary **roles** of the facilitator. Interact and write up the list from the group(s) – use the list below to add and discuss these roles and tasks.

Skills and roles of a facilitator

The facilitator:
- Challenges thinking
- Creates lists
- Summarises
- Shares ideas
- Provides hand-outs
- Provides guidance and direction
- Serves as a model
- Raises questions
- Guides discussions
- Restates ideas
- Provides constructive criticism and
- Focuses on the group process, not the content.

General hints for the facilitator to develop skills:
- Limit your participation to essentials
- Avoid giving personal opinions – reflect questions back to the group for discussion
- Encourage everyone to participate and express opinions openly
- Avoid condemnation of a person and/or an opinion
- Maintain confidentiality at all times
- Try and identify group members who can contribute to the group process
- Try to create a friendly, congenial atmosphere in the group
- Let group members introduce themselves
- Introduce co-facilitators and explain their role
- Explain the way in which small group discussions will operate and the topics
- Have the group appoint somebody to give feedback/represent the group
- Appoint a timekeeper
- Prepare for feedback to the large group and
- If needed, see to it that a copy is made of the group's contributions.


facilitation pointers

Provide opportunities during the training for participants to act as facilitators. Ask the group to evaluate them as facilitators using the content generated by the group (on roles, tasks, profile, errors, etc.) Ensure that this evaluation is non-judgmental, and is undertaken according to selected criteria and a system for evaluation.

To be able to do proper facilitation, the following underlying knowledge is essential:

- Adult learning needs
- Experiential learning cycle and
- Training methods and techniques.

Adult learning needs

Adults have individual needs that relate to personal requirements with regard to money, ambition, preferences, values, etc. In a learning endeavor, adult learners' needs are:

Expectations — **Adults need to hear expectations and express their own.** Adults have specific expectations of what they want to learn. They need to state these and compare them with what is expected of them. Disclosure creates the self-confidence needed to open and stretch one's mind.

Experiences — **Adults need to use prior experiences in new learning endeavors.** Kidd (1973) states that prior experience is the principal factor in new learning. Earlier experience must be acknowledged and used to link the old and new knowledge. This builds connections for memory retention.

Feedback — **Adults need assistance to assess their learning.** Reassurance is required to understand you are on the right track. Feedback reinforces new learning attempts and redirects you if you've stumbled onto inaccurate information.

Freedom from anxiety — **Adults need to be relaxed in learning.** When learners feel defensive or anxious these intense emotions interfere with learning. The openness required for a behavior change is blocked. .

Immediate application — **Adults need to use what they learn soon after they learn it.** With immediate use, it becomes easy to establish a connection between a specific learning activity and the useful performance of the new knowledge. Immediacy reinforces and "locks in" the new data.

Independence	**Adults need to feel in control of their own learning.** Learning fosters memories of childhood dependency. Adults require a self-image of being capable of handling their own life and responsibilities
Objectives	**Adults need to be aware of the objectives of instruction.** Knowledge of the objectives of the instruction captures attention. One can then focus, organise, and encode the material as it is being presented.
Open climate	**Adults need an open, relaxed environment.** Establishing rapport and openness encourages learning. Adults can then freely question, challenge and explore the new concepts presented.
Participation	**Adults need to participate in their own learning.** A learning activity must be an active development rather than a passive "talked at" experience. Involvement initiates adult ownership of the material.
Sense of relevancy	**Adults "need to know" (see a use for) the information.** New information must fit into a current need. It must answer questions, solve problems, provide skills, and serve a useful purpose.
Self-pace	**Adults need to work at their own speed.** Time limits and stressful pressures hinder learning. Adults need to proceed at their own pace and be able to build on concepts they have captured earlier.
Sense of satisfaction	**Adults need to gain satisfaction from the learning.** Learning requires a personal investment. When learning is personally acquired, one feels a sense of achievement and confidence in one's own ability.
Self-direction	**Adults need to control the direction and focus of their learning.** Self-initiated learning involves the whole person (feelings as well as intellect). Control captures interest and encourages responsibility and dedication.

Adult learning characteristics

Adults:

- Are more highly motivated to learn than children
- Bring a rich variety of experience into the training situation
- Need to hear expectations and have an opportunity to express their own expectations
- Need to use prior experiences in learning new material
- Receive feedback about their performance by mainly assessing their own learning, their own accomplishments
- Need a relaxing environment free from anxiety
- Need an opportunity to put into practice what they have learnt soon after the learning event – focus on **now** application
- Like to be in control of their own learning and to have a feeling of self-initiation – see themselves as independent
- Need to be aware of the objectives of the training programme
- Prefer to participate in their own learning rather than just being talked to
- Experiential rather than transmissive – absorption
- Need to see the value of the information, knowledge or skills they are learning
- Like to work at their own speed
- Gain a sense of achievement and satisfaction from the learning
- Are problem-centered rather than content-centered and
- Will be motivated both extrinsically (money, promotion, improved working conditions) and intrinsically (self-respect, responsibility, power, prestige, achievement).

Implications of adult learning characteristics

Facilitators have to guide the process of learning, not manage the content. They have to create a learning climate where there is:

- Mutual respect
- Collaboration rather than competition
- Support rather than judgement
- Mutual trust
- Fun and
- Humanity.

The experiential learning cycle

Experiential learning provides activities that have the potential to involve the whole person in the educational process.

Each stage of the experiential learning cycle has **objectives** that move towards the ultimate goal of increasing the options available to a person in the face of new but similar situations.

Experiencing:	To generate individual data from one or more of the sensing, thinking, feeling, wanting, or doing modes
Sharing:	To report the data generated from the experience
Interpreting:	To make sense of the data generated from the experience
Generalising:	To develop testable hypotheses and abstractions from the data
Applying:	To bridge the present and the future by understanding and/or planning how these generalisations can be tested in a new place.

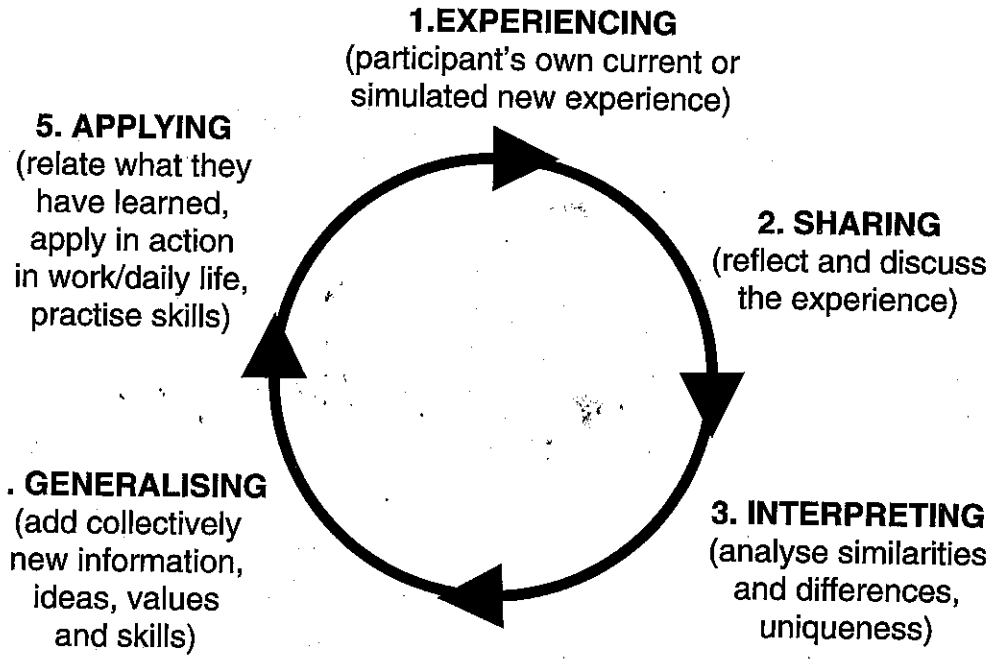


Figure 1. The Experiential Learning Cycle

Processing skills

The technique or skill that enables the facilitator to accomplish the objectives of each stage of the learning cycle and promote movement to the subsequent stages is **processing.**

Why do we need processing skills?

To assist participants to maximise their learning experience. The competent facilitator makes the experience meaningful, rather than merely exciting and involving – he or she leads the participant through the cycle so that a transfer of learning occurs.

The skilled facilitator is "tuned in" to the participants and is responsive to "moment to moment" changes in the group. Because the specific route to transferring learning is determined by the data the participants generate, the facilitator must have a large and flexible repertoire of questions to stimulate, maintain, and complete the cycle.

Guidelines for processing skills

The effective facilitator is responsive to the actual situation. He or she guides any particular group of participants to find learning that is meaningful and testable for *them*, regardless of whether it fits with the facilitators' conceptual scheme. In other words, the process is trusted to unfold and evolve.

The ideal facilitator does **not lead** the participants to conclusions but rather **stimulates** insights and then **follows** what emerges from the participants.

PROCESSING QUESTIONS for each stage of the LEARNING CYCLE:

A set of **key questions**, combined with the facilitator's summarising and reflecting, can aid the group in moving either more deeply into the stage at hand or on to another stage:

In stage one, the **experiencing phase**, participants are engaged in an activity to generate data. Processing the data does not begin until the second stage, sharing. However, some participants may be resistant to beginning or completing an activity and a set of "no-fail" questions can help to overcome this resistance. These questions are usually "no-fail" for three reasons:

- They tend to break down reluctance by allowing participants' resistance to getting involved in the activity
- If resistance can not be overcome, the questions aim instead to process the blocking itself – and this becomes the learning and
- The questions can be used at any stage of the experiential cycle.

PROCESSING QUESTIONS FOR THE EXPERIENCING PHASE (or any other phase)

- What is going on?
- How do you feel about that?
- What do you need to know to ....?
- Would you be willing to try?
- Could you be more specific?
- Could you offer a suggestion?
- What would you prefer?
- What are your suspicions?
- What is your objection?
- If you could guess at the answer, what would it be?
- Can you say that in another way?
- What is the worst / best that could happen?
- What else?
- Would you say more about that?

PROCESSING QUESTIONS FOR THE SHARING PHASE

In stage two, the **sharing phase**, participants have completed the experience. Questions are now directed towards generating data:

- Who will volunteer to share? Who else?
- What went on / happened?
- How did you feel about that?
- Who else had the same experience?
- Who reacted differently?
- Were there any surprises / puzzlements?
- How many felt the same?
- How many felt differently?
- What did you observe?
- What were you aware of?

PROCESSING QUESTIONS FOR THE INTERPRETING PHASE

In stage three, the **interpreting phase**, participants now have data. Questions are directed towards making sense of the data for the individual and the group:

- How did you account for that?
- What does that mean to you?
- How was that significant?
- How was that good / bad?
- What struck you about that?
- How do those fit together?
- How might it have been different?
- Do you see something operating there?
- What does that suggest to you about yourself / your group?
- What do you understand better about yourself / your group?

PROCESSING QUESTIONS FOR THE GENERALISING PHASE

In stage four, the **generalising phase**, participants work toward abstracting from the specific knowledge they have gained about themselves and their group to super ordinate principles. Questions are directed towards promoting generalisations:

- What might we draw/pull from that?
- Is that plugging in to anything?
- What did you learn/relearn?
- What does that suggest to you about ..... In general?
- Does that remind you of anything?
- What principle / law do you see operating?
- Does that remind you of anything? What does that help explain?
- How does this relate to other experiences?
- What do you associate with that?
- So what?

PROCESSING QUESTIONS FOR THE APPLYING PHASE

In stage five, the **applying phase**, participants are concerned with utilising learning in their real-world situation. Questions are directed towards applying the general knowledge they have gained to their personal and/or professional lives.

- How could you apply / transfer what you have learned?
- What would you like to do with this?
- How could you repeat this again?
- What could you do to hold on to this?
- What are the options?
- What might you do to help / hinder yourself?
- How could you make it better?
- What would be the consequences of applying/not applying this?
- What modifications can you make so that it works for you?
- When do you think you will start to practise what you have learned?

QUESTIONS FOR A FINAL PROCESSING OF THE ENTIRE EXPERIENCE

A final stage can be added here, that of processing **the entire experience** as a learning experience. Questions are aimed at soliciting feedback.

- What did you learn from this?
- What were the pluses / minuses?
- How might it have been more meaningful?
- What changes would you make?
- What would you continue to apply?
- What are the costs / benefits?
- If you were to do this again, what would you do? (the same, differently?)
- What additions / deletions would help?
- Any suggestions for the future?

activity

Buzz groups

Form groups of twos or threes and ask teachers to make the link between the different stages of the learning cycle and related outcomes. Ask the question: To which outcomes would you link the different stages in the learning cycle and what processing questions can you generate for each cycle and why?

Buzz groups should be brief. Allow buzz groups to report back to the large group.

facilitation pointers

It is obvious that many of these questions overlap in content and meaning. However, for the skillful facilitator variations on the same theme offer more than one road to arrive at the same place.

Self-awareness – own values and stereotyping

What makes you an effective facilitator?

To be an effective facilitator requires self-awareness – awareness of one's own values and how these impact on training.

outcomes

Self-awareness will enable the facilitator to:

- Relate at a more meaningful level by being aware of one's own strengths and weaknesses and less judgemental and more accepting of others
- Demonstrate a firm sense of identity and self-worth - less dependable on others and their approval for self-worth, able to give more freely of one's own choice
- Remain constant to ourselves and our belief systems
- Cope better with confrontation and constructive criticism
- Demonstrate the ability to problem-solve and make responsible choices and
- Be less subconsciously governed and more conscious of one's own irrational baggage.

outcomes

Master trainers need to be:

- Comfortable within themselves and with the content or theme they are training – e.g. how do I feel about my own sexuality?
- Able to facilitate sensitive content to teachers without clouding the issue – need to be non-judgemental, own religious beliefs should not be a barrier.

Teachers need to:

- Become self-aware – how does the content affect me personally?
- Adapt the content/material to be age-appropriate for learners – at what cognitive level do learners need to learn about what?
- Facilitate sensitive content to learners without clouding the issue and work cross-culturally.

Learners need to:

- Develop an awareness of their own self-concept with regard to the content of the Life Skills Programme (beliefs, ideas, feelings, thoughts)
- Develop core skills to cope with life – e.g. communication, decision-making, relationships, feelings, rights.

activity

Self-awareness exercise (T-shirt)

Draw a T-shirt on a piece of paper. On one side write ***What people know about me*** *and on the other side* ***What people don't know about me****. In pairs, discuss what others know about me. Afterwards, share what people don't know about me. Feedback in the larger group. Discuss feelings about the exercise.*

activity

Attitudes & values

Self-awareness/values exercise (Giving up)

If a situation beyond your control were to occur in your life, causing loss, what could you give up and yet still continue living? Rank the following from 1 – 11, starting with 1 as the easiest to give up and 11 as the most difficult to give up:

- ❍ my health (physical stamina)
- ❍ my savings (money/stocks/bonds)
- ❍ my home (house/clothes/material possessions)
- ❍ my country (homeland/political freedom)
- ❍ my religion (freedom/right to worship God as I please)
- ❍ my career (job/future job opportunities)
- ❍ my reputation (outside recognition/popularity)
- ❍ my friends (close relationships)
- ❍ my family (parents/brothers/sisters/children/wife/husband)
- ❍ my self-esteem (sense of worth, importance)
- ❍ my faith in God (trust in an all powerful God who knows me)

Give your reasons for numbers 9 – 11.

activity

Stereotypes exercise (Stereotypes list)

Read some of the following sentences (add some more of your own) and ask for "gut reactions":

- A youngster applies to you for a job. He has bushy hair, a couple of earrings in one ear and is wearing a T-shirt full of holes and torn jeans. What is your reaction?
- Your friend tells you his wife wants a divorce and starts sobbing.
- Your teenage daughter brings a friend home for lunch. The friend is a girl, wearing only black clothes, with a "peace sign" pendant, long black hair, black nail polish and lipstick.
- You go to a hardware shop to buy a power drill. A young woman wearing a mini-skirt and high heels, with long painted fingernails, comes to assist you.
- You apply for a vacation job. You are told you are too young/too old for the job.
- A fancy sports car drives past you with a man wearing gold chains, a Rolex watch and talking on his cell phone. Your first thoughts are?
- When getting on an aeroplane, you notice that the pilot is a woman.
- You invite a colleague to dinner with a partner. He arrives with another man.
- Your brother tells you he is marrying a recovered alcoholic.
- A couple you know has just had a baby and tells you that the mother is going back to her job and the father will stay home to look after the baby.

activity

Paradigm shift

Show participants the video on paradigm shifts called "Business of Paradigms". Discuss and question – resistance to new ideas, fear of change, how paradigms act as filters screening data and can block creativity and new ideas, link to prejudices/stereotyping.

Even if you do not have access to the video, you should still discuss the above.


activity

Values exercise (Coat of arms)

Each person writes in a shield (coat of arms): my greatest achievement, the person I admire most, my best attribute, my biggest regret, what inscription I would like on my gravestone. Form groups of 3 – 4 people and discuss items.

Facilitator focuses on ***values, stereotypes, generalisations, differences in perceptions*** *– to help people understand we each have a unique perception and value system*

Each member calls out ***what do I contribute / bring to this programme that is unique and special****, e.g. commitment, passion, certain skills, etc. Facilitator maps these on a flip chart – visual diagram of the power of teamwork and what is needed to make the programme work.*


facilitation pointers

Facilitate this exercise further to help master trainers make the **link with specific outcomes 1, 3, 4 and 7** of the Life Orientation learning area and determine how they will facilitate it with teachers and learners as their target groups.

Specific outcome 1
Understand and accept themselves as unique and worthwhile human beings.

Specific outcome 3
Respect the rights of people to hold personal beliefs and values.

Specific outcome 4
Demonstrate value and respect for human rights as reflected in Ubuntu and other similar philosophies.

Specific outcome 7
Demonstrate the values and attitudes necessary for a healthy and balanced life style.


activity

Self-awareness exercise

To encourage participants to talk about their ***personal values and feelings****, a video that is provocative and challenges personal values can be used, but needs to be facilitated properly!*


facilitation pointers

To establish participants' **own motivation**, do an exercise where participants rate themselves in terms of their **openness, focus and energy**.

Training methods and techniques

The facilitator should plan the training session in advance considering:

- The goal or desired outcome
- Materials/content needed and
- Structure/design needed for the session.

The following framework is an example of planning for a training session:

FRAMEWORK FOR LIFE SKILLS TRAINING

ICE BREAKER	Helps learners to relax, orientate and familiarise themselves with each other and the facilitator / prepares them for the session
CLIMATE BUILDING	Sets the theme/climate for the session / establishes the group dynamics
SELF-AWARENESS AND ANALYSIS	Helps learners identify their own feelings, experiences and meaning related to the topic
SHARING	Learners all share / discuss in small/bigger groups their ideas/feelings/experiences
ACTIVITY	Uses a specific experiential activity to explore aspects of the topic individually or in groups *(refer to Choice of Training Methods and Activities below)*
FEEDBACK	Learners discuss their own feelings and experiences related to the topic/activities and discussions during the session
NEW CONTENT	New information can be presented to the group here / group generates/shares new knowledge
REFLECTION	Provides time for learners to reflect, analyse and understand the impact of the experience – to determine what / if learning took place
EVALUATION	Allows time for learners to decide what they will do / how they will apply what they have learned / information and experience. Helps measure learner needs / impact of the training.Can be verbal / written / individual / group

Choice of training methods and activities

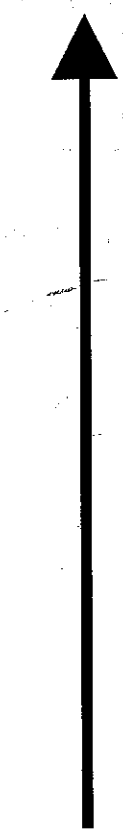
The following demonstrate that learners retain more when they:

- Use more of their senses and
- Can apply what they are learning.

Senses used	HEAR	SEE	HEAR SEE	HEAR SEE TALK	HEAR SEE TALK DO
% Retention	20%	30%	50%	70%	90%

Choose training methods and activities that involve participants more, and facilitators less.

Duo-dimensional list of methods



Learners listen and watch

Lectures
Readings (Assignments, Handouts)
Demonstrative (live, filmed)

Learners listen, watch, read, and/or move

Skits
Field trips
Free from note-taking
Structured note-taking
Programmed instruction

Learners listen, watch, read, move, write or respond

Panel discussions (guests)
Structured discussions
Panel discussions (students)
Topical discussions
Question-answer panel
Cognet
Open-forum discussions
Behaviour modeling

Learners manipulate

Interactive demonstrations
Performance try-outs
Brainstorming

Learners make decisions or products: invest values and experience in

Traditional case studies
Action mazes
Incident process

evaluation

Evaluation / Assessment

Effective learning has taken place when...

- The outcomes are clear
- The experiences of learners are drawn upon and valued
- Learners are active in how teaching and learning happens
- Learners can make mistakes and ideas can be confronted
- Learners share/discuss/debate what they are learning with others
- Frequent and direct feedback is given
- Learners feel respected and listened to.
- Emphasis is put on self evaluation, co-operation, trust and openness
- Differences in identity and experiences are acknowledged
- Learners value the importance of what they are learning and
- Learning can help enhance learners' real life experiences.

Module 3
Families and relationships

outcomes

Through this module, master trainers will be able to facilitate training with teachers on families and relationships within the family as part of a Life Skills Programme. Teachers in turn will create opportunities for learners to **use skills and display attitudes and values that improve relationships in family, groups and community (Specific Outcome 2)**.

Family relationships

The family is the most important source of information about relationships. Our ability to relate to others is formed and influenced by our parents, relatives and other family members. The family also provides us with information about ourselves and influences the formation of our self-image. When learners feel loved and valued within a family structure, it usually results in the ability to build good relationships within as well as outside the family.

Families mostly represent a sense of security and belonging. However, learners can often feel responsible or embarrassed if they come from families that do not conform to what is thought to be a 'normal' family .

The focus of this module is to help learners appreciate the value of being part of a family. It is also important to help them to realise that there is no such thing as an 'ideal' family.

Facilitators need to be sensitive to each learner's unique family situation.

What is a family – roles and dynamics

Take into account the cultural framework of the group when working through this module.

activity

Brainstorm – What is a family?

Use open-ended sentences ***to help learners explore what a family means to them****:*
What I like about my family is.....
My family.....
Things I don't like about my family.....
The things I like to do with my family include.....
Special family times are.....

facilitation pointers

- Share different perceptions of a family
- Identify and challenge paradigms
- Challenge stereotypes and
- Refer to positions in the family – structure and stereotypes
- Discuss the different types of families that the group was able to identify

Use the drawing of a family tree to get the group to think about their family of origin. Responses may include the extended family, nuclear families, single parent families....

activity

Family tree

*Each participant should draw his or her own **family tree** individually, in silence. Allow participants some time to reflect on what they have drawn. Ask participants:*
With whom did you start your family tree? Why?
Who did you leave out? Why?
Where are you in your family tree?

activity

Collage

This exercise is private and is done in silence.
Cut out pictures or words which remind you of your adolescence, between 12 and 18 years. Make a collage by sticking the cut-outs onto the paper provided. This is not an art competition but a representation for yourself. You can decide what you wish to reveal to the group.

facilitation pointers

Process the activity by facilitating a group discussion. On a flipchart write down the key features of adolescence as identified by the participants. Ask:

- What was it like to do this exercise?
- What was it like to be an adolescent? and
- What are some of the key features of adolescence that your group identified?

Explain the developmental stages of the family, referring to the content of the **"Family Life Cycle"** and drawings of family trees.

The Family Life Cycle

All families move through a series of stages. Adjustment to each new stage brings with it stress and the need for change.

THE STAGES OF THE FAMILY LIFE CYCLE		
STAGES	**EMOTIONAL PROCESS OF TRANSITION**	**DEVELOPMENTAL TASKS**
1. UNATTACHED YOUNG ADULT	Moved out of family system	● Parents in mid-life ● Youngster identity ● Acceptance of separation ● Uncertainty ● Separating from family of origin ● Developing own identity/sexuality ● Developing intimate relationships ● Establishing self at work/career
2. NEWLY MARRIED COUPLE	Long term commitment / Marriage	● Intimacy ● Commitment to new system e.g. Man/woman, Husband/wife ● Not enough support ● Parents interfere ● Disappointment ● Step families ● Formation of marital system ● Adjusting to new roles in marriage ● Needs/expectations, values/beliefs clarified ● Realignment of relationships with extended families and friends
3. FAMILY WITH YOUNG CHILDREN	Accepting new members into the system	● New roles: Mom & Dad ● Career development/loss/ ● May feel deprived ● Not ready ● Lack of support ● Own couple's relationship gets lost ● Adjusting to make space for new children ● Taking on parental roles ● Realignment of relationships with extended families to include grand parenting roles ● Men focus on career, women on family/parenting
4. FAMILY WITH ADOLESCENTS	Adolescents are getting more difficult	● Increasing flexibility of family boundaries to include children's independence ● Shifting parent/child relationship to permit adolescent to move in and out ● Refocus on midlife marital and career issues ● Beginning shift towards older generations concerns
5. LAUNCHING CHILDREN AND MOVING ON	Just the two of us again	● Accepting a multitude of exits from and entries into the system ● Renegotiation of marital system as a dyad ● Development of adult relationship with children ● Realignment of relationships to include in-laws and grandchildren ● Dealing with illness, disability or death of own parents/grandparents
6. FAMILY IN LATER LIFE	Accepting the shifting of generation roles	● Adjusting to old age ● Exploring new family and social roles ● Supporting older generation ● Dealing with deaths of spouse, siblings and peers ● Preparing for own death/reviews life

Developmental tasks

See Annexure 1 "Typical characteristic of different positions in the family" (i.e. first born, second born, and so on) on page 53.

BIRTH – 18 MONTHS: BASIC TRUST vs SENSE OF MISTRUST

Through the quality of physical and emotional care, which the infant receives primarily from the mother, he or she can gradually develop a sense of trust in the world. Trust develops through a positive process of adjusting to each other. Where this relationship remains primarily negative, the infant will learn to mistrust the world and experience it as painful and unloving.

18 – 36 MONTHS: AUTONOMY vs SENSE OF SHAME AND DOUBT

With physical maturation the child experiences a desire to experiment with new activities and assert his or her independence. This is often linked to willful and obstinate behaviour. At the same time, the child is confronted by his or her smallness and powerlessness in the world of adults. This can cause the child to doubt his or her ability to succeed. This is the time of a major power struggle between the child and his parents. The child's potential for self-expression and individuality must be encouraged. Some degree of frustration, though, is necessary for the development of self-control. The child's need for independence can lead to conflict with the parents and in turn their disappointment can lead the child to experience a sense of shame.

3 YEARS – 6 YEARS: INITIATIVE vs GUILT

Initiative adds to autonomy and the quality of planning that was previously lacking. During these years, children enter into a widening social circle. They are enormously inquisitive and learn energetically. Their social environment provides new challenges to be active, purposeful and enormously competitive. But it also exerts enormous stresses on the child. Children begin, consciously and unconsciously, to test and refine their powers, skills and potential capabilities, to expand their knowledge and to adjust to acceptable behaviours. But all this new learning, social contact, and new emotions provoke guilt and anxiety. Children may experience others as ignoring or attacking them, they may fail at a new task, and through a sense of guilt or failure may withdraw from taking initiative. This period is also one of being inquisitive about sexual facts. There is a gradual realisation of the differences between boys and girls and frequently a belief that girls lost their external genitals through misbehaviour. Masturbation is normal. There is often great rivalry with the parent of the same sex for the affection of the other parent.

This is time when children begin to develop a conscience and finally give up relying on their parents to act as their conscience. They know what is right and wrong and because of this, guilt can arise. Slowly children learn to limit their egocentricity and become aware of other people's needs.

6 YEARS – 12 YEARS: INDUSTRY vs INFERIORITY

Children now learn to gain recognition by producing things. At primary school the end product of their work becomes important. Being busy and productive becomes more important than play and younger children in this age group will happily work on a project for school or at the social club. Children learn to gain satisfaction from completing a task if they feel a sense of achievement. Acceptance by the peer group becomes important as they conform. Children learn to work co-operatively and learn about group norms and rules. They learn about working competitively. This is the stage when mastery of tools and skills becomes decisive in forming a self-concept.

The greatest danger of this stage is the sense of inadequacy and inferiority that can develop if children are unable to master skills or to succeed competitively. This sense of inferiority will be confirmed if a child does not experience peer acceptance.

ADOLESCENCE – IDENTITY vs ROLE CONFUSION

Teenagers are primarily concerned with how others perceive them and how this compares to how they feel inside. This is the time between childhood and adulthood and many of the childhood struggles have to be re-evaluated. There is also an attempt to connect the roles and skills learned in childhood with the occupational prototypes of adulthood. It is a time of ideals and idols.

Their identity arises from a combination of past experiences, an integration of past identifications, hormonal and libidinal fluctuations and natural aptitudes, genes and opportunities. The identity reflects a sense of inner sameness and a continuity of how others perceive them.

The danger of this stage is role confusion, which includes doubts about sexual identity and an inability to settle on an occupational identity. There can be an over-identification with idols or peers and so a total loss of one's own separate identity.

Adolescent love is a mirror of the self and an attempt to clarify the self by seeing it reflected in the other. Those who are different are usually excluded from the group to protect against confusion.

Adolescence is the stage between morality learned by the child and the ethics to be developed in adulthood *(Refer to Module 4 for more on adolescence).*

YOUNG ADULTHOOD – INTIMACY vs ISOLATION

Having formed a sense of identity during adolescence, the next task is to fuse this identity with someone else. The task is to commit oneself to a partnership and maintain the commitment to this relationship regardless of the sacrifices and compromises inherent in the relationship.

A fear of this commitment and of intimacy resulting from a fear of losing one's sense of self, will result in the sense of isolation referred to above. It may happen that intimacy is associated with competitiveness and combativeness with the same person but the aim is that gradually the ethical sense, which is the mark of the adult, will prevail.

Strictly speaking it is only now that true gentility can fully develop. Prior to this stage, sexuality relates more to searching for identity, than to the give-and-take and mutual sharing of adult sexuality. Sexuality as an ideal includes the mutuality of orgasm with a loved partner with whom one is able and willing to share a mutual trust and with whom one is able and willing to regulate the cycles of work, procreation and recreation.

The danger of this stage is the isolation which results from avoiding intimacy or where the couple isolate themselves from the next stage of generativity.

ADULTHOOD – GENERATIVITY vs STAGNATION

Generativity concerns establishing and guiding the next generation. It includes productivity and creativity both in the home and outside of it. Without the move towards generativity, a pseudo-intimacy can develop, often with a pervading sense of stagnation and personal impoverishment.

Having children does not automatically mean that individuals master this stage as there are some people who are unable to invest in the relationship with their children because of their own limitations or self obsession, or because society lacks a belief in the species, which makes a child unwelcome in the community.

MATURITY – EGO INTEGRITY vs DESPAIR

Ego integrity is the integration of a sense of the meaning of life, a spiritual sense and a sense of world order. It grows out of the experience of caring for others, adapting to the triumphs and disappointments which necessarily result from being the originator of others or the generator of ideas and products. It is an acceptance of one's own life the way it is and an acceptance that it could not have been different. As one accepts that this is how one's life has been, one comes also to accept the way one's parents were, and acknowledges that they could not have been different. It is belief in oneself and one's own integrity.

The lack of this integration is signified by the fear of death. **Despair** arises from a sense that time is too short to do things differently, or achieve different goals.

Integrity allows one to feel comfortable with having followers and with the responsibility of leadership. Trust is the knowledge of being able to rely on another's integrity. Healthy children will not fear life if their elders have enough integrity not to fear death.

activity

Family life cycle

The purpose of this activity is to link the individual to the family stages. Ask the participants to look at the developmental stages of the family. Get them to draw a family tree again but this time around they talk about the process, tasks and individual stages of the different members represented on the tree. Ask them to reflect on the effects these stages have had on the children within the family and on the different problems experienced at different stages.

Ask the participants to think about the differences, variations and difficulties that could arise as they go through the different stages.

facilitation pointers

Facilitate the outcome of the activity to help participants understand the dynamics of their own family cycle – relate to their own family, experience, "tree", etc. Use group members' own experience and knowledge to develop an individual developmental cycle according to age – **"Developmental Tasks"**. Discuss the impact on the family system and individual needs. You may want to look at the impact and effects of divorce.

This module aims to help us prepare learners for relationships. We need information and understanding to help them make choices. It is important to look at the need for flexible systems and paradigms in order to help them understand family dynamics.

Healthy families – communication skills in relationships

DIMENSIONS OF A HEALTHY FAMILY – (KASLOW)

In a healthy family there is a **SYSTEM ORIENTATION**. The members perceive themselves as a unit in which they have a special relationship with each other. The members are clear about who belongs to this unit and who does not. The family system is responsive to outside input, yet stable enough to offer a sense of security and continuity to its members.

There are distinct **BOUNDARIES** between the generations. The parents effectively carry out their functions as parents, leaving the children free to be children. The grandparents have their own unique, admired status as a third, different, but equally valued generation. There is closeness but not intrusiveness, space but not distance between the members.

The third dimension – **COMMUNICATION** – is more than talking. It is listening, understanding and being understood. Verbal messages need to be clear and honest. Verbal and non-verbal messages are congruent and easy to understand. There is room for clarification and space for a difference of opinion.

The fourth dimension is **POWER**. The couple can shift in terms of lead-taking on different issues. Children are permitted to make choices geared to their level of development. Everyone owns their own thoughts, feelings and behaviour. There is flexibility in terms of roles and power. Parents share the executive functions of the family and do not compete for control. Equality, individualisation and happiness are higher values than being right.

AUTONOMY/PRIVACY: The healthy family assumes that the children will grow up and leave home, that the family in its present form will cease to exist. The aim is to provide an environment in which the parents can guide and nurture their children while encouraging them to live independently when the time arrives.

The healthy family can express a range of feelings or **EMOTIONS**. They are able to laugh together, to cry and be sad together. They can express anger and are not afraid of strong feelings. They can play and have fun together. When there is tension, they can talk it through. They show optimism and humour.

The seventh dimension is **NEGOTIATION AND TASK PERFORMANCE**. Negotiation is hearing what everyone has to say and finding a solution at the highest level – using everyone's input – rather than at a level of compromise. The healthy family finds this process stimulating and rewarding.

Finally, the family has a clear and shared **BELIEF SYSTEM**. It is a belief system that is not only applicable to the family but that embodies a sense of relatedness in time and space with their past and future family history and with the larger world. These values are transmitted across generations.

activity

Discussion

Discuss in groups: "What is a healthy family? One person from each group gives feedback.

Reminder: Be sensitive to the unique family situation of the learner.

facilitation pointers

Integrate the feedback on a flipchart. On the flipchart draw eight columns without headings. Write up the feedback in accordance with **Kaslow's theory** *(refer to the section "Dimensions of a Healthy Family" above for details of Kaslow's theory).* After writing the feedback down, write the following headings in the columns and discuss the effect each column has on the family:

- System orientation
- Boundaries
- Communication
- Power
- Autonomy / privacy
- Emotions
- Belief system
- Roles / structures

activity

Attitudes & values

The effects of culture

Ask the group to discuss:

- *How does culture impact on our definition of a healthy or "good enough" family?*
- *What is "balanced"?*
- *What is the group's view of the family as a system?*
- *Stepfamilies?*
- *Attitudes and values with regard to step-parents/families?*

Roles in the family

activity

Family roles

Think about your own family – what roles can you recognise? List these on the board.

Peacemaker	Know-all
Disciplinarian	Teacher
Policeman	Martyr
Clown	Muscle man
Victim	Moralist
Nurse	Prince(ss)
Judge	Preacher
Spectator	Analyst
Reporter	Comforter
Friend/chum	Persecutor

- What roles do you play in the family?
- Are you comfortable with these roles?
- Do the roles that you play influence the way in which you behave?
- How does this affect your relationship with the members of your family?

facilitation pointers

Discuss these roles and contribute additional information where necessary.

Attitudes and Values

Our **attitudes** reflect our **perceptions** of life and initially develop through our earliest interactions with our care-givers (mother, father, grandparents) These **attitudes** influence our **behaviour** as we respond to life situations As we grow up and develop our own identity (one of the major tasks of adolescence) we **question and change** some of our former attitudes and beliefs (this personal growth remains throughout life).

activity

Attitudes & values

Attitudes to important issues

This activity will facilitate your understanding of your own approach to important life issues. In the following three columns write down your responses towards these issues. Note any similarities or differences when considering your mother's, father's and then your own attitude to the issues listed.

ISSUES	MOTHER'S ATTITUDE	FATHER'S ATTITUDE	MY OWN ATTITUDE
❍ Education			
❍ Role of a woman			
❍ Children			
❍ Parenting			
❍ Sex			
❍ Money			

facilitation pointers

Reflect on the outcome of the activity.
Was this exercise difficult to complete?
What did you discover about yourself?
How does your attitude influence your behaviour in your family?
Have any of your attitudes changed – how and why?

Self-awareness

Self-awareness of one's own needs and knowledge about oneself affects the way we form and maintain relationships. This in turn influences our self-image, personality and identity.

Families are open, dynamic, creative, energetic and not easily contained in a restricted, small space. Knowledge of healthy families and communication skills are needed to develop and maintain healthy relationships in families.

activity

Self-awareness

Rate the following categories from 1 to 15 where 1 is the most important and 15 is the least important:

VALUE	RATE
• Individual space and time	
• Sexual fulfillment	
• Ability to pursue a career	
• My self-esteem	
• Availability to raise my children	
• Spending leisure time with my partner	
• Spending time working on the relationship with my partner	
• Being able to realise my potential	
• The value of my parents, siblings and in-laws	
• Spending time with our nuclear family	
• Feeling that both my partner and I are equals in this relationship	
• My spiritual belief system	
• Economic security (money, home, etc.)	
• Ability to communicate and resolve conflict with my partner	
• Ability to express myself and my feelings with freedom	

Effective communication

When you communicate it is helpful to be honest and open – to speak clearly using easily understood sentences. Successful communication means that you avoid misunderstanding, confusion, unnecessary hurt, or leaving the conversation unfinished.

- When communicating effectively you need to be **open and honest.**
- You need to **express yourself clearly** and unambiguously, showing respect for the other person's feeling and rights.
- To understand what others are saying, consider **both the verbal and non-verbal messages.**
- **Avoid being domineering, dogmatic or over critical, avoid preaching or lecturing**. If a person feels attacked or blamed he or she will become defensive and stop listening.
- Learn to be **assertive** in communicating your needs or beliefs to enable you to negotiate honestly without manipulating others.

Using effective communication shows that you really care about the other person and can help him or her to care about you.

activity

Role-play

Divide the big group in small groups of four – appoint four family members i.e. father, mother, adolescent daughter and adolescent son. Ask them to role-play a fight. Stop after five minutes. Repeat the exercise with each person retaining the same role (e.g. son), but taking on a new behaviour role.

facilitation pointers

Process the activity by asking the group to relect on the following:

- What was it like to play the role?
- How did you affect one another?
- Which role was easiest / most difficult and why?
- Think of your own family – what roles can you identify?

activity

Brainstorm

This exercise will help master trainers and teachers reflect on communication within relationships. Communication is the cornerstone of any healthy relationship. Facilitators should do the following exercise to help them to examine the qualities of communication. Qualities such as respect, honesty, fun, empathy and integrity are valued in most relationships.

Identify three positive relationships. Write down the names of these people on a sheet of paper. What are the qualities that you appreciate about this person? What qualities do you think may destroy this relationship?

NAME	QUALITIES YOU APPRECIATE	QUALITIES THAT MAY DESTROY RELATIONSHIP

*Brainstorm the following **questions** about communication skills in relationships – big group, small group or individual exercise.*

- Why is it that two people who love each other should have problems in communication?
- Shouldn't you know instinctively what your partner means, and be able to understand with a minimum number of words?
- What goes wrong and why?

facilitation pointers

Answers to help facilitate effective communication

Communication is more than just talking. It is a two-way process that involves both what you say verbally and non-verbally as well as how you are understood and how you understand the response you receive. It is listening, understanding and being understood. We often expect others to understand what we are saying and then feel surprised and hurt when they react differently from how we expected.

As we grow up we see and understand things differently from how we had in the past. As a 5-year-old we might have said, "I want to go to the shops". Our interest might have been the varied displays on the shelves

or perhaps the prospect of getting a present out of mom if went shopping with her. Now as a teenager when we say the same thing we certainly don't mean that we want mom to tag along. We want to meet friends and have some fun. How then does the person with whom we are communicating know how to understand what we are saying?

You have grown up in two different families where communication styles were different. Some families show their feelings, others hide them, some talk about everything, others are more quiet. Your different styles need to be examined to enable you to find a mutually satisfying style of communicating. Often how you are feeling about yourself influences your understanding of what your partner says. If your partner touches your cheek, you may understand this as affection, or as a sexual approach, or as a criticism that you should have shaved.

Another reason things go wrong is that communicating is more than the words we speak – it is also what our bodies are saying. For example, if you say "things are fine" but your eyes are filled with tears, the listener will get confused. Your face is saying you are sad, your words are saying you are fine, what do you really mean?

Things get confused when you are not sure how you are feeling and rather than say "I need more time to think about it"; you say the first thing that comes to mind. This is often not what you meant to say – it just somehow comes out. It is far more honest and understandable if you say "I'm feeling confused, let me think about it and then we can talk".

We often misinterpret what the other person is saying either because of how we are feeling or because the other person is not communicating clearly. To avoid this, rather check out that you have understood the other's comment as it was intended before you jump to conclusions.

activity

Brainstorm

What is the difference between communicating and talking?

facilitation pointers

- When / with whom do you find it difficult to communicate in your family?
- What do you think is the main reason for communication breakdown in your family?
- What skills do you think one needs to minimise communication problems?
- What are some of the ways that we can use to help each other to understand each other's point of view?

Resolving conflict

No two people are ever exactly the same or have exactly the same ways of seeing a situation. As a result it is inevitable that you will disagree at some point. To resolve this disagreement it is important to first be really clear about what the problem is and how you feel about it. Nothing can ever be resolved if you don't know what it is that you are fighting over.

It is important also to acknowledge how you are **feeling**. Anger is sometimes the most apparent emotion, but underlying this can be surprise at the other person disagreeing, fear that you won't get your own way, feeling hurt, disappointed, etc. These feelings indicate to you how important the problem is.

- Telling the other person how you feel will help him or her to recognise the need to resolve the difficulty.
- The next step is to control your feelings.
- Explore all the possible options for resolving this conflict.This involves brainstorming all the possible solutions, however far-fetched these might be. Often the creativity of this brainstorming can produce some surprisingly useful suggestions.
- Consider the consequences of each of these suggestions and then pick one that feels comfortable for both of you.
- Make a commitment to try this for a limited period of time. Set a time to meet again to review whether this is working and be prepared to be honest in your assessment. This review time means that if your chosen option is not working as effectively as hoped, you have the opportunity to select a different option.

evaluation

Evaluation / Assessment

Ask participants to complete the following:

LEARNING GAIN SHEET

New knowledge gained:

_____

_____

_____

I need additional information on:

_____

_____

_____

I will now be able to:

_____

_____

_____

I have changed my view about:

_____

_____

_____

When training others, I will keep in mind that:

_____

_____

_____

Resource list

Family Life Centre Information – (from Judy Alter & Liz Dooley) – information on Kaslow's theory on family dynamics & Virginia Satir's theory on families as a system

Don Dinkmeyer, Gary D. McKay, and Don Dinkmeyer, Jr., *Parent Education Leader's Manual* (Coral Springs, FL: CMTI Press, 1978)

TYPICAL CHARACTERISTICS OF DIFFERENT POSITIONS IN THE FAMILY CONSTELLATION

The following characteristics will not apply to *all* children in *every* family. *Typical* characteristics, however, can be identified.

ONLY CHILD

- Pampered and spoiled
- Feels incompetent because adults are more capable
- Is center of attention – often enjoys position.
- May feel special
- Self-centered
- Relies on service from others rather than own efforts
- Feels unfairly treated when doesn't get own way
- May refuse to co-operate
- Plays "divide and conquer" to get own way
- May have poor peer relations as child but better relations as adult[1]
- Pleases others only when wants to
- Creative [2]
- May have striving characteristics of oldest and inadequacy feelings and demands of youngest

FIRST CHILD

- Is only child for period of time – used to being center of attention
- Believes must gain and hold superiority over other children
- Being right, controlling often important
- May respond to birth of second child by feeling unloved and neglected
- Strives to keep or regain parents' attention through conformity
- If this fails, chooses to misbehave
- May develop competent, responsible behaviour or become very discouraged
- Sometimes strives to protect and help others
- Strives to please

SECOND CHILD

- Never has parents' undivided attention
- Always has sibling ahead who's more advanced
- Acts as if in race, trying to catch up or overtake first child
- If first child is "good" second may become "bad"
- Develops abilities first child doesn't exhibit
- If first child successful, may feel uncertain of self and abilities
- May be rebel
- Often doesn't like position
- Feels "squeezed" if third child is born
- May push down other siblings

MIDDLE CHILD OF THREE[3]

- Has neither rights of oldest nor privileges of youngest
- Feels life is unfair
- Feels unloved, left out, "squeezed"
- Feels doesn't have place in family
- Becomes discouraged and "problem child" or elevates self by pushing down other siblings
- Is adaptable
- Learns to deal with both oldest and youngest sibling

YOUNGEST CHILD

- Behaves like only child
- Feels everyone bigger and more capable
- Expects others to do things, make decisions, take responsibility
- Feels smallest and weakest
- May not be taken seriously
- Becomes boss of family in getting service and own way
- Develops feelings of inferiority or becomes "speeder" and overtakes older siblings
- Remains "the baby"
- Places others in service
- If youngest of three, often allies with oldest child against middle child

NOTES:

[1]**Only children** usually want to be adults, and so don't relate to peers very well. As adults, they often believe they've finally "made it" and can relate better to adults as peers.

[2]During their formative years, **only children** live primarily in the world of adults. They must learn how to operate in the big people's world as well as how to entertain themselves. Thus they often become very creative in their endeavors.

[3]The **middle child of three** is usually different from the **middle child of a large family**. The middle children of large families are often less competitive, as parents don't have as much time to give each child and so the children learn to co-operate to get what they want.

* Adapted from Don Dinkmeyer, Gary D. McKay, and Don Dinkmeyer, Jr., *Parent\Education Leader's Manual* (Coral Springs, FL: CMTI Press, 1978)

Module 4
Sexuality and adolescence

Adolescence

outcomes

The eight specific outcomes of the Life Orientation learning area *(see Module 1, page 6)* relate directly to the outcomes one should achieve at the end of adolescence. These can be either positive or negative, as the table below indicates.

POSITIVE OUTCOMES	NEGATIVE OUTCOMES
● Readiness to assume responsibility for one's own life ● Normal physical growth ● Drives are well channeled ● Ego able to function in judging reality ● Carrying out individual's goals ● Creativity ● Satisfactory selection of roles ● Satisfactory selection of values ● Desire to make contribution to society ● Realistic ego – ideal ● Realistic super ego ● Readiness for marriage and having a family	● Inability to establish identity and meet adult responsibilities ● Distortions of physical growth ● Drives out of control ● Preoccupation with infantile needs ● Continued symbiotic relation ● Undeveloped ego functions ● Distorted super-ego – may be delinquency ● Identity diffusion – delinquency ● Negative identity ● Distorted perception (time) ● Physical or emotional illness ● Projection onto hostile world = delinquency ● Not ready for marriage or having a family

At the end of **this module** master trainers and teachers will be able to:

- Inform learners about the dimensions of sexuality
- Discuss the physical and emotional changes that occur during adolescence
- Discuss the developmental stages of adolescence
- Generate empathy and understanding towards the opposite sex and
- Show an understanding of which life skills impact on this stage of development

activity

Brainstorm

Brainstorm in the group and generate definitions on:

- What is meant by **"adolescence"**?
- What is the **major concern of adolescence**?
- What are the **tasks of the adolescent**?

This exercise is done to generate an understanding of adolescence.

Adolescence is the time between childhood and adulthood. It is a time of change, both physically and emotionally. It lasts for several years, usually from around 9-10 to 14-17. There are a lot of body changes taking place during adolescence – these changes are called "puberty". The chief concern of adolescence is the **formation of an adult identity.**

To achieve an adult identity the adolescent has to succeed in the following **tasks**:

- Learning new adult roles
- Seeing oneself as a separate autonomous person
- Achieving a sense of unity of self, wholeness – core identity
- Experiencing a group identity with shared values, interests, etc. and
- Integrating all one has learned about oneself into a meaningful whole.

A set of basic **expectations** can be identified for the adolescent phase:

10 BASIC EXPECTATIONS OF ADOLESCENCE

- Emphasis on crystallisation of identity
- Physical growth spurt
- Drive needs reactivated and intensified
- Sexual maturity and establishment of sexual identity
- Learning to assume responsibility for self as independent adult
- Balance of narcissism and sharing, self-giving and taking
- Development of own super-ego, apart from parents
- Trying and selecting roles
- Establishing personal values and goals and
- Developing comfortable relationships.


activity

Self disclosure

Adolescence is a very confusing time with lots of changes in store! Give your first responses ("gut feelings") to the confusing ***"DOUBLE BIND" bombardment that adolescents have to deal with:***

- Be an individual but be part of the gang
- Be honest but don't be a goodie-goodie
- Choose your friends but don't be stuck up
- Make friends but don't suck up to other people's friends
- Wear sexy clothes but don't be a tease
- Have sex but don't use others or be used as a sex object
- Don't have sex but be experienced
- Learn from experience but don't make mistakes
- Have relationships but don't get involved
- Be independent but don't go against your parents


activity

Reflection

Think back to your own adolescence:

- What did you have to cope with?
- Was it a difficult or easy time for you and why?
- How does peer group influence change during adolescent development? (INITIALLY – friends from same sex group, MID-PHASE – group contact with opposite sex, LATE PHASE – moving into pairing).


activity

"What can go wrong?"

Ask group members to form buzz groups and identify ***factors*** *that can inhibit the development of adolescents and prevent them from advancing to a mature identity.*

FACTORS INHIBITING THE DEVELOPMENT OF A MATURE IDENTITY

- Authority extremes – either over-control (dominate or protect) or under-control (neglect or permissiveness)
- Inconsistent rule-making
- Poor parental modeling
- Neurotic identification of parent with child – to fulfill own needs through child
- Use child as scapegoat, intermediary or mediator in parental conflict
- Inadequate coping skills (personality defects) or biological stresses
- Pathological peer group influences and
- Incidental "trauma" – loss or damage.

Understanding the **"difficult"** adolescent:

- **"That's typical – you are prejudiced"** is saying **"you are making general statements about all teenagers, you don't bother to see us as individuals"**
- **"I don't care what everybody thinks"** is actually saying **"I care what you think, I need your approval"**
- **"Why don't you leave me alone?"** is saying **"I am trying to be individual, to be myself, not a copy of you. Give me time and I will get to where you are but it has to be my way"**.

It is important for all learners to understand themselves as adolescents and receive unbiased information and knowledge on the physical and emotional development of both sexes so that they are able to generate empathy with and understanding of the opposite sex.

Physical changes in adolescence

SEXUALITY:

- Is expressed from birth to death
- Forms part of our unique personality
- Is a natural part of life
- Is the expression of being a male or female – our knowledge, behaviour, experiences and attitudes reflected
- Involves more than reproductive organs and their functions – includes perceptions of masculinity and femininity
- Refers to the total person – our thoughts, feelings, values and ideas
- Has different aspects – sex or intercourse is only one aspect of one's sexuality
- Is an important part of who we are.

activity

Discussion

Think back to the time when you were an adolescent – what did you know about sexuality and who did you learn it from?

facilitation pointers

As master trainers and teachers we need to look at our own possible emotional or attitudinal blocks towards sexuality, e.g. the way we were brought up, our religious beliefs, feeling uncomfortable, ignorant or inadequate to do sexual education.

These are the most common questions asked by learners and need to be facilitated on learner level:

Questions to be expected from learners:

- What is the difference between puberty and adolescence?
- When does puberty start?
- What happens during puberty?
- How do "hormones" work?
- What are the differences in development between girls and boys?
- How do the female internal and external sex organs work?
- How do the male internal and external sex organs work?
- How are breasts formed?
- What is a period and how does it start?
- When and how can I have children?
- Am I normal? (fears and worries)

GIRLS' WORRIES AND FEARS	BOYS' WORRIES AND FEARS
● Early or late development ● Size of the breasts – too flat-chested or over-developed ● Body shape – too fat or too thin, leg shape or build ● Awkwardness or clumsiness ● Self-consciousness or shyness ● Periods ● Becoming pregnant	● Early or late development ● Size of the penis – too small or too big ● Wet dreams ● Body shape – too fat or too thin, build ● Awkwardness or clumsiness ● Self-consciousness or shyness

During puberty **major physical changes** take place. There are two types of physical development taking place, namely:

- **BODY CHANGES** – changes not necessary for parenthood, e.g. underarm hair and height, etc. and

- **SEXUAL CHANGES** – changes in the body necessary for having children e.g. growth of the womb, etc.

Both sexual and body changes are triggered by a shift in the level of hormones in the body.

Hormones are chemical substances produced by the brain. When a part of the brain called the **hypothalamus** is sufficiently developed, it sends large amounts of hormones to the **pituitary gland**, also in the brain. This triggers the pituitary gland into releasing increased amounts of two hormones – FSH (Follicle Stimulating Hormone) and LH (Luteinising Hormone).

It is these hormones that are responsible for the **ova** (eggs) developing in girls' **ovaries** and the **sperm** being produced in boys' **testes**. The ovaries and testes then start producing **sex hormones**, which trigger other changes like breast development and the growth of body hair, etc.

PHYSICAL CHANGES IN A GIRL	PHYSICAL CHANGES IN A BOY
● Hormones become active and start the body's growth ● Growth starts from about 9 years up to as late as 12 years ● Breasts start to develop ● Growth of bony pelvis and hips ● General growth spurt ● Pubic hair, underarm and coarser body hair ● First menstruation and ovulation ● Oil and sweat glands become more active – pimples ● Growth of uterus, vagina and ovaries	● Hormones become active and start the body's growth ● Growth starts from about 12 up to about 14 years ● Growth of testes and scrotum ● General growth spurt ● Growth of pubic hair, underarm and coarser body hair ● Voice change ● Oil and sweat glands become more active – pimples ● Growth of facial hair ● Sperm production and first ejaculation

First changes are probably the sudden increase in height and changes in body shape (onset) e.g. feet and hands, followed by arms and legs getting longer. The shape of the face also starts changing, the pitch of a boys' voice deepens ('breaks') during early adolescence and body hair grows around sexual organs, under arms and on the legs and face. Boys develop more body hair than girls. Girls also grow body and pubic hair and their breasts develop.

Facilitators / teachers need to familiarise themselves with information on the physical and psychological changes of adolescence.

To facilitate this section on learner level, the flip chart "TALKING ABOUT LIFE – Q & A", developed by Gauteng Provincial Government, Departments of Health and Education, and other resource materials (e.g. videos supplied to schools) can be used to deal with the following most important topics:

- Physical development girl to woman
- Physical development boy to man
- Female reproductive organs (Internal and external)
- Male reproductive organs (Internal and external)
- Breast development and shape
- Menstruation
- Ovulation, fertilisation and implantation
- Pregnancy
- Contraceptives –
  - THE PILL
  - THE INJECTION
  - THE FEMIDOM
  - IUD
  - DIAPHRAGM
  - SPERMICIDE
  - THE MALE CONDOM
- Male and female sterilisation
- Breast examination and pap smear and
- Testicular examination.

It is extremely important to deal with adolescents' **normal fears and anxieties** with regard to each of these topics e.g. anxiety regarding onset and completion of puberty, body image, breast development and shape.

Emotional changes in adolescence

Do adolescents go through different stages in attaining their own adult identity? If so, what are the **developmental stages** and when do they occur?

activity

Sentence stem

Ask learners to complete the following sentence individually (no wrongs or rights, can be serious or joking):

ADOLESCENCE MEANS...

This activity helps the group to explore their understanding of adolescence.

How do you feel about being an adolescent?

Adolescents not only go through **physical** changes but also **emotional or mood changes**. One day you might be bursting with energy, the next day you want to spend alone in your room.

While these feelings are perfectly normal they can be very confusing. On top of it all, you might find your relationship with your parents changing. They might expect you to behave like an adult but still treat you like a child. You may want to be independent but at the same time you worry about how you will cope with the responsibility of being an adult.

Adolescent developmental stages

Adolescents go through different stages in attaining their adult identity. These are:

- **Identification** with an all-powerful "know all" parent
- **Doubt and insecurity** about parents – discovering that parents are fallible
- **Shift of identification and authority** – "I don't agree/my teacher says"
- **Devaluing parental authority** – loosening ties, trying out other styles
- **Assimilation and synthesis** – choosing for oneself
- Ending in **partial return to fold** – integrating everything into a whole, accepting parents and differences.

This process is generally referred to as the **adolescent developmental stages**.

EARLY ADOLESCENCE (11- 14 years)
"WHAT IS HAPPENING TO ME?"

- At the mercy of physical changes
- Insecure, confused – need support and acceptance
- Mood swings – joy / misery, energy / tiredness, withdrawal / assertiveness
- Beginning to take interest in the opposite sex
- Same sex peer group important interaction.

MID ADOLESCENCE (14 - 17 years)
"WHO AM I?"

- Restless, changeable, quickly bored
- Unco-ordinated, uneven growth
- Wants freedom to develop in his or her own way – loosen ties
- Family being replaced by peer group
- Need to be accepted by peers
- Rebellious – testing parents / authority
- Critical, argumentative, shows bravado and experimentation
- Contact with opposite sex – mostly in groups
- Aware of sexual feelings – need to deal with them.

LATE ADOLESCENCE (17 - 20 years)
"THIS IS ME!"

- Challenging parents and separating from them
- Crystallising own values – social, religious, political, altruistic issues
- Seeking companionship of peers and sharing interests
- Forming one-to-one relationships
- Growing intimacy with friends of choice
- More adult role-taking – e.g. career choices
- Integration of learning and experiences into own unique personality.

Master trainers should understand and facilitate to teachers the perceived **needs of adolescents**, e.g.:

- Family acceptance
- Permission to move between dependence/support
- Contact with others, new experiences and stimulation
- Experience of belonging to a peer group – for affirmation / belonging
- Intimacy – closeness to another person
- Exposure to family, cultural and social values – to help own formation.

It is important for all learners to understand and have knowledge about the physical and emotional development of both sexes in order to be able to generate empathy with and understanding of the opposite sex.

To avoid teasing and or misunderstandings about sensitive issues and create understanding and empathy, facilitate the following:

- Early or late development
- Body shape and size
- Menstruation pains and problems
- Skin problems such as pimples and acne
- Growth of body hair and shaving
- Hygiene – sweat and body odour
- Hair changes – oily hair, dry hair or dandruff.

For example – **boys** should be fully informed about **menstruation** but they do not necessarily have to be in class with the girls at the time. Likewise, girls need to know about **wet dreams**, for example, but boys need not necessarily be in class while these are explained and discussed. Sometimes the sexes should be separated – at other times it might be important to have both sexes together.


activity

Self-image and adapting to change

Discussion

In groups, ask learners to:

- Explore what the difference is between **self-image** and **self-esteem** *(refer to comparison below)*
- Explore what **negative** or **low self-esteem** is and how it influences us
- Explore further what **positive** or **high self-esteem** is and how it influences us.


facilitation pointers

The following issues can be addessed here:
- Role expectations and gender issues and
- Dealing with teasing, negative comments and bullying.

knowledge

This page was adapted from V de Villiers, 1996

SELF-IMAGE and SELF-ESTEEM

SELF-IMAGE =
your SELF-CONCEPT
or
the way you **SEE**
yourself

SELF-ESTEEM =
your SELF-VALUE
or
the way you **FEEL**
about yourself

The way you **SEE** yourself influences
the way you **FEEL** about yourself

The way you **see** yourself means looking at your:

- Personality
- Abilities
- Skills
- Talents
- Accomplishments and
- Looks.

The way you **FEEL** about yourself means
how high or high low you value yourself
= LOW OR HIGH SELF-ESTEEM

– NEGATIVE SELF-IMAGE OR LOW SELF-ESTEEM (B A D D)

What we **B**ELIEVE about ourselves NEGATIVELY will influence us to:

- **A**VOID risks, opportunities and situations where we can demonstrate our capabilities and
- Lead to **D**OWNFALLS and **D**ISAPPOINTMENT

+ POSITIVE SELF-IMAGE OR HIGH SELF-ESTEEM (P A S S)

What we BELIEVE about ourselves POSITIVELY will influence our **A**TTITUDES so that we challenge risks and opportunities **S**UCCESSFULLY and with **S**ELF-CONFIDENCE

Self esteem affects the way I behave:

- If I believe I'm a BAD person, I will do BAD things
- If I have a POSITIVE SELF-IMAGE it will help me make WISE DECISIONS, PROMOTE SUCCESS and WELL-BEING

If I don't AVOID NEGATIVE THINGS, it can MESS up my life!


activity

Affirming declarations

*Assist learners in developing an individual or personalised strategy for improving their self-image. Each learner writes an affirming declaration starting with the words **"I am ...."** or **"I can....."** Ensure that the afirminmg declarations are phrased in a **positive way** and stated in the **present tense.***

Consequences of sexual relationships – Pregnancy, STDs and HIV/AIDS


activity

Brainstorm

- What could the consequences be of becoming involved in a sexual relationship?

Getting involved in a sexual relationship can have some **negative consequences** for adolescents, namely:

- Unwanted pregnancy
- Contracting of STDs and
- Becoming infected with the HIV virus, resulting in AIDS
- Disappointment / anxiety
- Guilt.


activity

Brainstorm

Divide into groups of the same sex and brainstorm the following two questions:

- What are the core reason for getting involved in a sexual relationship?
- What are reasons to **wait and not get involved** in a sexual relationship?

List the responses on separate sheets of paper. Compare the reasons given by boys and girls. Failitate discussion and look at similarities and differences between the reasons given.

REASONS FOR GETTING SEXUALLY INVOLVED

Using learners' answers to the three questions above, facilitate discussion of the following possible **reasons for getting sexually involved** (add others where necessary):

- **Because of curiosity** (*are there safer ways to find out?)*
- **To prove maturity** *(does this really prove maturity?)*
- **To get attention** *(good / bad attention, other ways to get positive attention)*
- **Because it feels good** *(other ways to feel good?)*
- **To satisfy arousal** *(not always good to act on feelings – angry, kill someone? safe ways to redirect sexual energy?)*
- **To seek love** *(to seek love by having sex with someone you do not love will perhaps only create heartache and loneliness?)*
- **Think everyone else is doing it** *(sometimes people exaggerate to get attention or be accepted / liked?)*
- **Because of peer pressure** *(only pressure? control over own life?)*
- **To "prove" love** *(pressure is not proving love, what about respect for your feelings to prove love?)*
- **Because they are high or drunk** *(try to escape responsibility for actions, still your choice to use substances, free will)*

REASONS FOR *NOT* GETTING SEXUALLY INVOLVED

Using learners' answers to the three questions above, facilitate discussion of the following possible **reasons for NOT getting sexually involved** (add others where necessary):

- Fear of pregnancy
- Avoid risk of getting sexually transmitted disease
- Fear of becoming HIV infected
- To seek true love first
- Avoid barriers to own long term goals or future
- Reduce risk of cervical cancer
- Avoid disappointing one's parents
- Prevent comparisons with others and jealousy in future marriage
- Remain true to one's own values and beliefs
- Avoid gossip or being called bad names
- Avoid complicating the relationship
- Protect one's feelings and bodies and
- Save teen years for development and preparation for adulthood.

Discuss each point in detail with learners and add information and facts when necessary. Teachers may want to help learners explore some strategies for responsible decision-making.

UNSAFE SEXUAL ACTIVITIES

- Know what you believe in and want for the future
- Behave in accordance with your beliefs
- Know why you choose to abstain or become sexually active
- List your choices
- Determine the pros and cons of each choice
- Share your concerns with someone you trust
- Be prepared and know what your decision is
- Stick to your decision.

activity

Clichés

Divide into two groups. Ask one group to list some common clichés used when trying to convince someone to have sex. The other group must suggest responses to these statements.

What are STDs – causes, identification and treatment

STDs stands for **Sexually Transmitted Diseases**.

The most common STDs include:
- Gonorrhea
- Chlamydia
- Syphilis
- Trichomonas
- Genital warts
- Chancroid
- Genital herpes
- Hepatitis B and
- HIV infection.

STDs are caused by **viruses, bacteria and parasites.**

- **Viruses** cause a number of STDs, including genital warts, hepatitis B and genital herpes
- **Bacteria** cause STDs such as gonorrhoea and syphilis
- **Parasite** STDs are scabies, trichomonas and pubic lice

MOST STDs CAN BE CURED. Certain STD infections, if not treated soon enough, can lead to **long-lasting health problems** in both males and females, e.g.:

- Damage to the reproductive organs so that a woman is no longer able to have children
- Cancer of the cervix
- Heart and brain damage and
- Possibly death.

In many STDs, the early symptoms are often difficult to recognise and many people don't seek medical attention until severe damage is done. This is especially true for women. This makes early diagnosis and treatment difficult.

SYMPTOMS of STDs

Possible symptoms of STDs are:

- Abnormal discharge from the penis, anus or vagina
- Burning pain when urinating
- Pain in the abdominal or groin area with a fever
- Pain during sex
- General rashes
- Blisters or sores on the genitals

If a person experiences any of the above symptoms, they should stop having sexual intercourse and go to a clinic or hospital for a check-up.

DO SEXUALLY TRANSMITTED DISEASES INCREASE YOUR CHANCE OF GETTING HIV?

- There is strong evidence that **having other sexually transmitted diseases puts a person at a greater risk of getting and transmitting HIV**. This may occur because of sores and breaks in the skin or mucous membranes that often occur with a STD
- If you suspect you may have acquired or been exposed to a STD, you should seek **medical advice**
- A person who has a STD should be aware that, if they are having **unprotected sexual intercourse**, they are at an even higher risk of getting HIV.

DO SOME PEOPLE HAVE A HIGH LIKELIHOOD OF GETTING HIV?

YES. It depends on a person's behaviour. Some behaviours / activities carry a **higher risk of getting HIV** than others. These include:

- Having many different sexual partners
- Practising unsafe sexual activities, e.g. have sexual intercourse without a condom
- Having sex when you have other sexually transmitted diseases and
- Sharing needles and syringes for injecting drugs.

Some situations, which are beyond an individual's control, can put them at risk, including:

- Receiving injections with needles that are not cleaned or sterilised properly and
- Receiving blood transfusions with blood that has not been tested.

Prevention – assertiveness, safe sex and contraceptives

activity

Brainstorm

Brainstorm in the group: ***"How can you protect yourself from becoming infected with an STD or HIV/AIDS?"***

facilitation pointers

Some of this content is not age appropriate for all learners. You will need to assess your target group's level of understanding.

PREVENTION AGAINST INFECTION

- A person who does **not engage in sexual intercourse** and does **not inject drugs** (or who uses clean, sterile needles / syringes for needed injections) has almost no chance of contracting HIV or other STDs.
- Being married or not having sex before marriage cannot by itself protect one against HIV. Many people have believed this and have been infected by their partners (this is especially true for many women for whom the only risk factor was having sex with their husband/partner).
- People who are **mutually faithful** (i.e. they only have sex with each other) are not at risk of HIV/STD by sexual means, **provided that both are HIV-negative at the start of their relationship and that neither gets infected through contact with blood and blood products** (transfusion, injecting drugs with unclean needle/syringe etc).
- People who **use a condom correctly every time they have sex** protect themselves from HIV/STD infection.
- Washing after sexual intercourse does not help to prevent HIV infection.
- People who **wear gloves when working with blood** and blood products protect themselves from HIV infection e.g. in medical and related professions.

The following skills are essential in preventing infection:
- Assessing your own risk
- Practising safe sex or protected sex and
- Being able to say "NO" to unwanted / unprotected sex
- Applying universal precautions.

WHAT DO "RISK", "SAFE SEX" AND "PROTECTED SEX" MEAN?

Due to the risk of HIV/AIDS, it is necessary to be very clear about the sexual practices that are known to carry a risk of HIV transmission and those which do not.

SAFE SEX ACTIVITIES (NO RISK)

Practising the following activities will prevent a partner's blood, semen or vaginal secretions from getting into contact with your blood and thereby prevents transmission of HIV:
- Masturbation
- Massage
- Rubbing
- Hugging and
- Touching genitals.

LOW-RISK SEX ACTIVITIES

Using a condom correctly and consistently during sexual intercourse will reduce the risk of infection with HIV and other STDs. Latex condoms have been demonstrated to be an effective protection against HIV, STDs, as well as pregnancy. Incorrect use of condoms reduces their effectiveness, e.g. they may break. **Sexual intercourse with a condom is called "protected sex"**.

While only a small number of people have contracted HIV through these means, the following activities are considered to **carry some risk**:
- Fellatio (mouth on penis without taking semen into the mouth)
- Cunninlingus (mouth on vagina)
- Anilingus (mouth on anus) and
- Deep wet kissing.

UNSAFE SEXUAL ACTIVITIES

Practising the following activities is a definite risk:
- Anal sex (penis in rectum) without a condom
- Vaginal sex (penis in vagina) without a condom
- Any sex act that makes you bleed and
- Semen (or blood) taken into the mouth during oral-genital sex.

WHAT IS AFFECTION WITHOUT SEX?

(NON-PENETRATIVE SEX)

There are many ways of showing affection and enjoying sexual pleasure, like **touching, massage, and mutual masturbation**. In many cultures, penetration is regarded as the only way of having sex. However, alternatives to penetrative sex are often enjoyed by women and men alike.

SAYING "NO" TO UNWANTED / UNPROTECTED SEX – BEING ASSERTIVE

Facilitate "reasons" from the earlier activity "Why people wait to get sexually involved" and generate responses around **how to say no or deal with a pressure situation**. Refer also to dealing with group pressure in general, e.g. substance abuse. Are the same assertiveness skills used to refuse drugs and unwanted sex?

evaluation

Evaluation / Assessment

Circle the number that best reflects your assessment:

1. How do you rate your understanding of the content covered in this manual?

Limited 1 2 3 4 5 **Complete**

2. How do you rate your comfort level with regard to presenting the content of this module?

Uncomfortable 1 2 3 4 5 **Comfortable**

3. How do your rate your facilitation skills with regard to sexuality education?

Poor 1 2 3 4 5 **Excellent**

4. How in touch are you with your own beliefs and values with regard to sexuality education?

Limited 1 2 3 4 5 **Very**

5. How able am I to adapt the content of the module to suit the target group's needs?

Limited 1 2 3 4 5 **Very**

6. What do I need to do to improve my skills?

_____

_____

_____

Resources

De Villiers, Vasti (1996) "*Ekuseni Life Skills Program*"

Family Life Centre (1997) *"Adolescence" information for training on life skills*

Green, C (1989) "*Body changes*" Teen scene, Wayland Publishers, England

Margow, R (1990) "*Sex, what to tell children*" Oxford University Press, Cape Town

"TALKING ABOUT LIFE – Q & A" (1998) flip chart developed by Gauteng Provincial Government – Departments of Health and Education and other resource materials

Young, M & Young, T (1994) "Sex can wait" United States of America

Module 5
HIV / AIDS

outcomes

The following outcomes of the Life Orientation learning area are aimed at in this module:

- Use skills and display attitudes and values that improve relationships in family, group and community.
- Respect the rights of people to hold personal beliefs and values.
- Demonstrate value and respect for human rights as reflected in Ubuntu and other similar philosophies.
- Practise acquired life and decision-making skills.
- Demonstrate the values and attitudes necessary for a healthy and balanced life style and

These outcomes relate directly to the general outcomes of HIV/AIDS education, namely:

- To promote behaviour that prevents the transmission of HIV/STDs and
- Demonstrate knowledge of and apply the behavioural skills that are needed for prevention and responsible behaviour.

On learner level, the following knowledge, skills development and attitudes are relevant to achieving these outcomes.

The following information will help learners to decide what behaviours are healthy and responsible, including:

- Ways HIV/STDs are transmitted or not transmitted
- Stages of the disease (asymptomatic to AIDS)
- Vulnerability (risk)
- Protection from HIV/STDs
- Sources of help and
- Caring for people living with AIDS.

The skills relevant to HIV/AIDS preventative behaviours are:

- Self-awareness
- Decision-making
- Assertiveness to resist pressure to use drugs or to have sex
- Negotiation skills to ensure protected sex and
- Practical skills to ensure condom use.

Attitudes necessary for preventing the spread of HIV/AIDS include:

- Positive attitudes towards delaying sex
- Personal and social responsibility (including realising the need to use condoms as a means of protection)
- Social attitudes such as confronting prejudice
- Being supportive, tolerant and compassionate towards people with HIV/AIDS and
- Sensible attitudes towards drug use, multiple partners, violence and abusive relationships.

What is HIV/AIDS?

activity

Brainstorming exercise:

Write these questions on a flip chart and write up the responses to them.

What is HIV/AIDS?
What comes to your mind if you hear the word AIDS?

Keep the sheet up on the wall, and use it for an initial assessment of the knowledge of participants.

*Call for seven volunteers. Give each an initial **(H/I/V** and **A/I/D/S)** on an A4 size sheet of paper. Ask them to stand next to each other so that they form the words HIV and AIDS. Bring each letter forward and ask its meaning.*

facilitation pointers

Explain to the group:

H = Human
I = Immune Deficiency
V = Virus

A = Acquired
I = Immune
D = Deficiency
S = Syndrome

AIDS stands for:

Acquired (not inborn, but passed from person to person, including from mother to baby

Immune (relating to the body's immune system, which provides protection from disease-causing germs)

Deficiency (lack of response by the immune system to germs)

Syndrome (a number of signs and symptoms indicating a particular disease or condition).

AIDS IS CAUSED BY A VIRUS, called
H – human
I – immune deficiency
V – virus that attacks and, over time, destroys the body's **immune system**.

A person has AIDS when the virus has done enough damage to the immune system to allow infections and cancers to develop. These infections, cancers, etc. make the person ill and lead to his or her death. At present, there is still no vaccine or cure for AIDS.

activity

Demonstration

On learner level, facilitate a demonstration of how the HIV virus breaks down the immune system, leaving the body open to other opportunistic diseases. Use five volunteers/nominees for the role-play/demonstration. Give each volunteer one of the following names:

1 = BODY
2 = GERM
3 = DEFENCE/IMMUNE SYSTEM
4 = HIVirus
5 = OTHER GERMS/VIRUSES

Role-play A

GERM attacks **BODY, IMMUNE SYSTEM** comes and protects **BODY** by killing **GERM/VIRUS.**

HIVirus attacks **BODY, IMMUNE SYSTEM** attacks **HIVirus** to protect **BODY**, but **HIVirus** kills **IMMUNE SYSTEM.**
Now only **BODY** with **HIVirus** remains.

Role-play B

Another **GERM/VIRUS** comes to attack **BODY with HIVirus.**
Because **IMMUNE SYSTEM** is dead, **BODY with HIVirus** becomes weak.
OTHER GERMS/VIRUSES keep on attacking **BODY with HIVirus** until eventually, over time, **BODY with HIVirus** is killed.

facilitation pointers

Facilitate the process further by comparing the effect that the HIV virus has on the immune system, to a soccer team. Ask learners to explain how soccer is played, with the goal-keeper and backs used to defend the goals. The HIV virus opens the gate to other diseases by removing the "Goalie" (the immune system). The person dies of other diseases because he or she has no immunity – not because of the **HIVirus** itself.

activity

Attitudes & values

Questionaire

Master trainers / teachers should confront their own attitudes towards HIV/AIDS/STDs by asking themselves: "WHAT DO I BELIEVE?" (see questionaire opposite)

Get TRUE/FALSE responses from participants. Use corners in the class / individual hand-outs or write up questions on a flip chart or have single sentences drawn and discussed. The facilitator needs to facilitate this activity actively and, where necessary, add correct information. In the process, the facilitator can address the values, prejudices, attitudes and beliefs expressed in the participants' responses.

WHAT DO YOU BELIEVE?

STATEMENTS	TRUE	FALSE
• The AIDS virus (HIV) can be spread by shaking hands		FALSE
• The AIDS virus (HIV) can be passed on to another person during sex	TRUE	
• Pregnant women can pass the AIDS virus (HIV) on to their unborn child	TRUE	
• A person can get the AIDS virus (HIV) by donating blood		FALSE
• It is possible to get HIV from a toilet seat		FALSE
• HIV is spread by kissing		FALSE
• The AIDS virus (HIV) is carried in the blood	TRUE	
• Drug users can pass the AIDS virus (HIV) on to other drug users if they share needles	TRUE	
• Only men can be infected with the AIDS virus (HIV)		FALSE
• You should avoid touching a person with AIDS		FALSE
• It is risky using the same water fountain / tap / bath as a person who has the AIDS virus (HIV)		FALSE
• If you are strong and healthy, you can't get the AIDS virus (HIV)		FALSE
• You can tell by looking at someone whether that person has the AIDS virus (HIV)		FALSE
• You are safe from HIV if you cut your skin with a knife used by someone else who has cut their skin		FALSE
• You are safe from HIV if you use the same condom more than once		FALSE
• The risk of getting HIV / STDs increases if you have many sexual partners	TRUE	
• It is OK to share bedclothes and dishes with someone who has HIV /AIDS	TRUE	
• It is OK to share razors with someone who has HIV/AIDS		FALSE
• Young people are not at risk from the AIDS virus (HIV)		FALSE
• During menstruation the risk of getting the AIDS virus (HIV) through unprotected sex is higher	TRUE	

What do we know about HIV?

- The **Human Immune Deficiency Virus**, like other viruses, is very small, too small to be seen with thenaked eye. Viruses in general cause all sorts of diseases, from flu (influenza), to herpes, to some kinds of cancer.

- In order to **reproduce**, HIV must enter a body cell, which in this case is an **immune cell** (T helper cell). By interfering with the cells that protect us against infection, HIV leaves the body poorly-protected against the particular types of disease which these cells normally deal with.

- Infections that develop because HIV has weakened the immune system are called "opportunistic infections". These include:
  - Respiratory infections e.g. tuberculosis; Pneumocystis carinii pneumonia
  - Gastro-intestinal infections e.g. candidiasis in the mouth or diarrhoea and
  - Brain infections e.g. toxoplasmosis or cryptococcal meningitis.

- Some people may also develop cancers, e.g. Kaposi sarcoma, a cancer that often causes red skin lesions.

Transmission of HIV

activity

Brainstorm

Divide the group into two:
Group A – brainstorms the question: HOW CAN YOU GET HIV? and Group B – brainstorms the question: HOW DON'T YOU GET HIV?

Compare answers and correct misinformation.

HOW CAN YOU GET HIV?

- HIV can be found in body fluids like blood, semen, vaginal fluids and breast milk.
- Any practice which allows the penetration of the virus from these fluids through the skin or mucous membranes and into the bloodstream of another person can cause HIV infection.
- The skin normally is a barrier to this type of penetration, but this barrier can be broken. Breaks in the skin include such minor things as cuts, abrasions, sores and ulcers.

HIV IS TRANSMITTED FROM PERSON TO PERSON IN 3 MAJOR WAYS:

SEXUAL TRANSMISSION – When semen or vaginal fluid from an infected person comes in contact with the mucous lining (membranes) of the vagina, penis or rectum and the virus moves into the bloodstream.

BLOOD AND BLOOD PRODUCTS – When the skin is penetrated by a needle, or other skin-piercing instrument (e.g. razor or tattooing instrument), and that instrument has blood on it from an HIV-infected person. Sharing the same syringe and needle among injecting drug users is particularly risky for transmission. Any unsterile syringes and needles can transmit infection.

INFECTED MOTHER TO BABY – HIV may also be transmitted from an infected mother to her baby, either through the placenta before birth, during birth, or, in some cases, through breast milk after birth.

HOW DON'T YOU GET HIV?

HIV is not transmitted by touch, coughing and sneezing, cutlery, glasses, cups and food, swimming pools, towels, toilet seats, pets, mosquitoes and other insects, baths or showers.

facilitation pointers

The following information should be facilitated to participants:

Blood transfusion – For medical reasons, it may be important for a person to receive a blood transfusion. If the blood donor is HIV-infected, there is a high chance that the virus will be transmitted through the blood. However, most countries now test donated blood for HIV and the chances of being infected in this way are very small. In South Africa all blood used for transfusions is tested beforehand, when it is donated.

Deep wet kissing has a very low risk of transmitting HIV. However, there is a slight risk if there are cuts or abrasions in the mouth.

Toothbrushes – Although the risk of infection is very low, it is advisable not to share toothbrushes.

Professional risk – Policemen, nurses and other health service staff who come in close contact with people's body fluids are trained to take precautions as part of the medical / hospital / work routine and will use latex gloves at all times, not only when a person's status is known (this is called "universal precaution").

Focus on stereotyping, cultural rituals, universal precautions, myths, etc. using a TRUE/FALSE test on HIV/AIDS e.g. "What do you believe?" This could also be used as a form of assessment.

activity

Projects

Once learners have worked through factual information on HIV/AIDS, they can undertake projects, as individuals or in groups, on (for example):

- What do we know about HIV/AIDS/STD?
- What do our families know about HIV/AIDS/STD?
- What does the community know about HIV/AIDS/STD?
- What is done at health centres? (Medical staff, etc?)

Learners can:

- Collect materials / posters / radio / TV adverts to inform others
- Carry out an opinion survey and display results
- Identify behaviours causing the spread of AIDS among different age groups
- Arrange meetings / have debates / competitions / social events on HIV/AIDS/STD awareness and
- Produce plays or use acting to illustrate the dangers of HIV/AIDS to the community.

Signs and symptoms of AIDS

WHAT ARE THE SYMPTOMS OF AIDS?

This question must be approached with caution in any specific case, since it is often difficult to determine if the symptoms actually mean the onset of AIDS or if they are simply symptoms of other conditions.

- After becoming HIV infected, a person can remain "asymptomatic" for a long period (even 3-7 years) (ASYMPTOMATIC PERIOD) during which time others can be infected with the virus if no precautions are taken
- Testing of blood for HIV antibodies is the only way to know whether a person has HIV – you cannot see it
- Immediately after being infected and for the WINDOW PERIOD (anything from 2 to 12 weeks after the contact) the blood test results might not be correct (see explanation of "Window Period" below)
- People develop signs and symptoms of their HIV infection before they develop AIDS
- AIDS is the final and most severe phase of HIV infection and leads to death.

The obvious signs and symptoms are **indications of an opportunistic disease** such as tuburculosis or pneumonia. However, associated findings might include:

- Recent, unexplained weight loss
- Fever for more than one month
- Diarrhoea for more than one month
- Genital or anal ulcers for more than one month
- Cough for more than one month
- Nerve complaints
- Enlarged lymph nodes
- Skin infections that are severe or recur.

WHAT IS THE "WINDOW" PERIOD?

- This is the time that the body takes to produce measurable amounts of antibodies after infection. For HIV, this period is usually from 2 to 12 weeks after infection; in rare cases it may be longer.

- This means that if an HIV antibody test is taken during the "window" period, it will be negative since the blood test is looking for antibodies that have not yet developed. However, that person is **already HIV-infected and can transmit HIV to others**.

- People taking the test are advised, if the result is negative, to return for a re-test in 3 months, by which time, if the person has been infected, the antibodies are almost certain to have developed (they should avoid risk behaviours during the 3 months).

- The most common test for HIV antibodies is called the ELISA test. The second test used to confirm HIV positive status is the WESTERN BLOT test.

WHAT ARE ANTIBODIES?

- The body's defence system (immune system) develops germ fighters, called antibodies to fight off and destroy various viruses and germs that invade the body.

- The presence of particular antibodies in a person's blood indicates that the person has been exposed to that infection. For example, when a blood test reveals that the antibodies to HIV are present in the blood, it means that the person is infected with HIV.

WHAT DOES THE "ASYMPTOMATIC PERIOD" MEAN?

- The asymptomatic period is the period of time between infection and the beginning of signs and symptoms related to AIDS.

- With HIV/AIDS, this period varies from person-to-person. It may be as short as 6 months or as long as 10 years or more.

- People usually have an asymptomatic period of several years in which they may start to develop symptoms like oral thrush or night sweats. It may then still take years before they develop full-blown AIDS. The period between the development of full-blown AIDS and death may be as short as 6 months or as long as 2 years or more.

- During the asymptomatic period there may be no evidence that the person is sick; however, HIV-related illnesses can occur regularly over many months or years before full-blown AIDS develops.

- During the asymptomatic period (as well as during the symptomatic period), the person is infectious – that is, can pass HIV on to others.

AIDS is normally diagnosed when **1 minor and 2 major signs** are present (explain major signs and minor signs).

MAJOR SIGNS	MINOR SIGNS
(2 MAJOR SIGNS PRESENT) +	**(1 MINOR SIGN PRESENT)**
● Fever for longer than a month ● Weight loss of more than 10% of body mass ● Running tummy (diarrhoea) for longer than one month ● Persistent severe fatigue / tiredness	● Persistent cough for longer one month ● Skin irritation (itchy dermatitis) ● STD (Recurrent herpes zoster / shingles) ● Fungus infections in mouth and throat (Thrush / Oral Candidacies) ● Ulcers / blisters (Chronic ulcerative herpes simplex) ● Swollen lymph glands

facilitation pointers

Knowledge, skills and information on HIV/AIDS and related issues should take about 25% of the total curriculum time for learners – It is suggested that the focus should be on learner skills development.

Skills for responsible behaviour include protected sex and delaying sex (being assertive, etc.) as well as care and support for people living with HIV/AIDS.

activity

Attitudes & values

Prevention against infection

Ask group members the following questions – thumbs up for YES and thumbs down for NO, or use AGREE / DISAGREE corners.

- Is AIDS only in South Africa?
- Do only white people get AIDS?
- Do only black people get AIDS?
- Do males get AIDS?
- Are females at greater risk of getting AIDS?
- Do heterosexual people get AIDS?
- Do straight people get AIDS?
- Do children get AIDS?
- Do young people get AIDS?
- Do old people get AIDS?

ARE THERE DRUGS AND VACCINES TO TREAT AIDS?

- There are drugs that are effective against many of the infections associated with AIDS. These drugs are not a cure for AIDS but they can postpone symptoms or death.

- A few drugs have been able to inhibit (lessen) the multiplication of HIV in infected persons. These drugs do not eliminate the virus from the body but may be useful in prolonging life in patients who are infected with HIV.

- To date, there is some optimism over the development of a vaccine to protect against the disease. However, part of the difficulty in producing a vaccine is that there are many strains of HIV. Even within the same person the virus can change over time. Work is proceeding on this, but safe, effective vaccines are likely to take many years to develop.

activity

Personal risk assessment (I)

*Let participants read quietly through the **personal risk assessment** privately – no sharing needed.*

- Have you ever been tested for HIV and do you know the results?
- Have you been sexually active since then?
- Do you have anal sex? (voluntary or forced)
- Do you have sex with different partners?
- Do you use condoms every time you have sex?
- How many sexual partners have you had over the last two years?
- Do you know your partners and their history (risk, e.g. drugs, partners, etc.)
- Have you ever traded sex for something (money, drugs, food)?
- Have you ever been forced to have sex against your will?
- Have you ever injected drugs or shared needles?
- Have you ever had a blood transfusion and how long ago?
- Have you ever had a Sexually Transmitted Disease e.g. herpes, gonorrhea, syphilis etc.?

activity

Personal risk assessment (II)

Ask the participants to identify in general:
"When are you at risk of getting AIDS?"

Write participants' responses down and help them assess their own attitudes, fears, blame and practices or personal risk. Write up responses in the following format and explain the meanings:

NO RISK	LOW RISK	MEDIUM RISK	HIGH RISK
● Solo masturbation ● Abstinence from intercourse ● Body massage not genitals	● Mutual masturbation ● Use of condom ● Dry kissing ● Body rubbing	● Deep wet kissing ● Fellatio (mouth on penis without taking semen into the mouth) ● Anilingus (mouth on anus) ● Rimming ● Cunninlingus (mouth on vagina) ● Urination external	● Anal and vaginal sex without using condoms ● Fisting (hand in rectum) ● Sex act that draws blood ● Sharing sex toys and needles

activity

Risk factors

*Ask learners to identify the risk levels of the following activities, indicating either **NO RISK (NR)** or **LOW RISK (LR)** or **HIGH RISK (HR)** – write it on flip chart or use as cards being drawn or provide as hand-out /questionnaire.*

It is important to facilitate the answers. Individual answers can be private. Learners need not give their initial answers.

ACTIVITY	NO	LOW	HIGH
● Using toilets in a public washroom	NO		
● Touching or comforting someone living with AIDS	NO		
● Having sex without a condom			HIGH
● Having oral sex (without semen in the mouth)		LOW	
● Kissing (dry kissing – not wet)	NO		
● Having sex using the same condom more than once			HIGH
● Sharing needles for injection (or drug use)			HIGH
● Swimming with an HIV infected person	NO		
● Sharing needles for ear-piercing or tattooing			HIGH
● Abstaining from sexual intercourse	NO		
● Going to school with an HIV infected person	NO		
● Cutting the skin with a knife used by others			HIGH
● Being stung by a mosquito	NO		
● Donating blood	NO		
● Having sex using a condom correctly		LOW	
● Eating food prepared by an HIV infected person	NO		

activity

Protecting yourself

*To enhance skills development on responsible behaviour, ask learners: **"Can you identify or think of ways to protect yourself from getting HIV/AIDS?"***

Brainstorm, list, discuss, use real life examples and demonstrate where possible e.g. condom use and what different contraceptives look like – real ones / use "Taling About Life" flip chart / picture or photos / drawings.

WAYS OF PROTECTION

- Safer sex – (discuss how and use examples / experiences from group)
- Correct use of condoms – (demonstrate correct use)
- Lowering risk with regard to sexual partner(s) – (type of sexual activities and risk level, protected sex, assertiveness)
- Avoiding contact with infected blood (Use of gloves, washing, bleach, etc.).

activity

Assertiveness

Assertiveness is a very important skill – to be able to say NO to unwanted / unprotected sex.

To enhance skills development on responsible behaviour, ask learners to: ***"Formulate possible responses for when you (or someone else) are being pressurised to have sex with your partner".***

Brainstorm, list, discuss, use real life examples and demonstrate where possible how to say NO, e.g. role-plays to simulate different situations and responses.

Use both sexes for role-plays – male pressurizing female and female pressurising male.

Deal with attitudes simultaneously – e.g. is it the girl's responsibility to say no? – and stereotyping – e.g. male is always the 'hunter".

facilitation pointers

Reflect on the section in Module 4 dealing with getting involved in a sexual relationship and the fact that it can have **negative consequences** for adolescents, namely:

- Unwanted pregnancy
- Contracting of STDs and
- Becoming infected with the HIV virus resulting in AIDS.

facilitation pointers

Reflect on learners' **previous answers / reasons for getting sexually involved**, focusing on skills development with learners:

- **Because of curiosity** (*are there safer ways to find out?)*
- **To prove maturity** *(does this really prove maturity?)*
- **To get attention** *(good / bad attention, other ways to get positive attention)*
- **Because it feels good** *(other ways to feel good?)*
- **To satisfy arousal** *(not always good to act on feelings – angry, kill someone? Safe ways to redirect sexual energy?)*
- **To seek love** *(to seek love by having sex with someone you do not love can perhaps only create heartache and loneliness afterwards?)*
- **Think everyone else is doing it** *(sometimes people exaggerate to get attention or be accepted / liked?)*
- **Because of peer pressure** *(only pressure? control over own life?)*
- **To "prove" love** *(pressure is not proving love, what about respect for your feelings – is that not more proof of love?)*
- **Because they are high or drunk** *(try to escape responsibility for actions – still your choice to use substances – free will)*

activity

Rounds of responses

Reflect on learners' ***answers / possible reasons for NOT getting sexually involved*** *and focus on generating responses from learners asking:*

HOW WOULD YOU TELL YOUR PARTNER THAT YOU DON'T WANT TO HAVE UNPROTECTED SEX BECAUSE YOU ARE .....
(choose your reason from list below):

- Fearful of falling pregnant
- Wanting to avoid the risk of getting a sexually transmitted disease
- Fearful of becoming HIV-infected
- Hoping to seek true love first
- Avoiding barriers to own long term goals or future
- Wanting to reduce your risk of cervical cancer
- Avoiding disappointing your parents
- Preventing comparisons with others and jealousy in future marriage
- Remaining true to your own values and beliefs
- Avoiding gossip or being called bad names
- Avoiding complicating the relationship
- Protecting your feelings and body and
- Saving your teen years for development and preparation for adulthood.

Each learner has a turn to answer:
What would possibly be your partner's response?
How would you deal with that?

activity

Activity suggestions

Discuss each point in the previous exercise in detail with learners and add information and facts when necessary – use scenarios for role-play to practise skills development.

- If available, show the video **"How to say 'NO'"** (available from 'Film Library'). Ask learners about their feelings about the video and discuss important issues for them. Discuss peer group pressure and working out their own strategy for protecting themselves by being more assertive and / or practising safer sex using condoms, or masturbation and
- Get learners involved – teach them a rap song or have them write and perform their own rap song about saying NO to ... (develop own ideas ... e.g. drugs, unprotected sex, sharing needles, etc.).

Non-discrimination and caring for people with AIDS – Policy issues and life skills

activity

Attitudes & values

Questions on HIV/AIDS

The information can be facilitated to learners as an AGREE / DISAGREE game.

ISSUES FOR AGREE / DISAGREE GAME

- Should a person who is HIV positive be isolated?
- Can a person be forced to go for an HIV test?
- Can a doctor discuss a positive test result with others?
- Should condoms be made available at schools?
- Should couples planning to get married be forced to go for HIV tests?
- Should people who are tested HIV positive be forced to reveal their HIV status?
- Can a doctor refuse to treat a person who has AIDS?
- Can a person be fired from his or her job because he or she is HIV positive?

facilitation pointers

- Refer to the National Policy on HIV/AIDS for Learners and Educators in Public Schools and Educators and Students in FET Institutions *(Government Gazette No. 20372: 10.08.99.)* to highlight issues of rights and discrimination
- Deal with perceptions, e.g. should children disclose their HIV status to the school? Should teachers disclose their HIV status to the school and why?
- Ask reasons why people discriminate in general, e.g. learned from parents....

activity

master trainer / teacher level

"What if someone I know is HIV positive?"

Call for two volunteers and explain the setting: one is the doctor, the other one the patient. The doctor will tell the patient that his or her blood is infected, that blood tests are HIV positive. They must role-play it for the group. The group must say what they think the impact would be, in terms of their own attitudes, and what fears the patient might have of possible rejection and isolation.

Read to the group any "case study/ies" from a magazine article / news clipping on people's reactions on hearing the news of being HIV positive.

Divide the group in pairs. Each pair discusses their ***responses to the following questions****. Read one question to the whole group and give them enough time per question to discuss it in pairs and give their feedback on their responses.*

- What would your reaction/feelings be on the news that you were HIV positive?
- Would your friends still want to be your friends and accept you?
- Who would you first tell about it?
- Who wouldn't you tell about it?
- Who would reject you if they knew?
- Who would possibly help or assist you if they knew?

facilitation pointers

Facilitate a discussion on:

- Feelings on the role-plays and questions
- What impact the role-play and questions have had
- Own attitudes
- Why were responses different or similar?

Take care to be sensitive as some participants may be HIV infected or affected and will probably find this activity difficult.

facilitation pointers

The focus for this topic is on learners developing:

- Empathy
- Respect and
- Non-discrimination against people living with AIDS (PLA).

This is to be undertaken through experiential learning activities, real life case studies and role-plays.

Care and support – Ubuntu, dealing with loss and death

activity

Attitudes & values

Brainstorm

Divide participants into four groups, each group to brainstorm, list and report back on one of the issues concerning care and support:

Group 1 = ***needs*** of the HIV positive person

Group 2 = ***fears*** of the HIV positive person

Group 3 = ***guilt and blame*** of the HIV positive person

Group 4 = ***impact*** on the family/friends/community.

Integrate and discuss to create empathy and understanding for PLAs.

activity

Attitudes & values

How will HIV/AIDS affect me?

Draw a big tree with branches. Individually, learners must name each branch in terms of their relationships to people, e.g. family, sport friends, social contacts, friends, sex partner/s, etc., naming the people that play an important role in their life. Assess each branch / person individually:

- What would the consequences be if you tell that person you have HIV/AIDS?
- Must the person be informed? Would you want the person to know and why?
- What will happen/has happened or will change once they know?
- What would you be scared of and how would you feel?
- What would be your future needs with regard to that person?

*Would/could any old branches die? Will new ones form? Learner must **cut off the old branches** if the relationship is dying, drawing a line through it and **draw new branches** that could possibly be developed e.g.:*

- therapeutic relationship might be a new branch
- possible support group
- friend who will understand and
- organisation/services to people living with AIDS etc.

COMMON UNCERTAINTIES people have:

- From whom did I get the infection?
- When will I become ill?
- Will I get AIDS?
- What illnesses will I get?
- Will there be any treatment for me?
- For how long will I live?
- How will people react when I tell them I am HIV positive?

facilitation pointers

Work with participants through the **common uncertainties** to create empathy and compassion and discuss the following:

Why should we show compassion to someone living with AIDS?
Relate to fairness, that there is no cure, unselfishness, etc ... list from them.

How would I feel if someone I know dies of AIDS?
Deal with the information on the bereavement process (see page 96) and other psychosocial aspects of AIDS, keeping in touch with their feelings.

How can the community/school support or help someone living with AIDS?
Discuss to what extent that particular community / school is supportive towards PLA and how they can help.

How can I support or help someone living with AIDS?
Deal with this realistically and sensibly – without creating false expectations, e.g. it is not expected of a young child to cook, wash, clean or care full time for a person dying of AIDS. Rather focus on other ways, e.g.:

A HELPING HEART

- Say hello and visit the person
- Just listen to the person
- Write the person a letter
- Hold the person's hand
- Talk about things
- Invite the person for a snack or meal
- Celebrate special days
- Ask the person how you can help
- Get medicines or goods
- Give the person a hug
- Help clean up – wash cups, etc.
- Help other family members
- Share emotions – laugh, cry
- Read to them
- Play games with the person.

BEREAVEMENT RESULTING FROM THE HIV DISEASE
(after Parkes, 1975)

CONVENTIONAL STAGES OF BEREAVEMENT	PARKES' STAGES
Shock	Alarm
Denial, self isolation	Realisation (from denial to acceptance)
Guilt,anger (internalised), fear	Anger, guilt
New life style (healthier living)	Search for health
Altruism	Identity with loss
Sadness	Feelings of loss
Continued depression and/or anxiety	Pathological grief
Acceptance	Acceptance
Resignation	Resignation

activity

The impact on me

Write what the impact would be for you if someone you love / know dies from AIDS:

PHYSICAL	EMOTIONAL	SOCIAL	SPIRITUAL

facilitation pointers

Be sensitive to participants / learners who have had recent losses. Deal with the reality – refer individuals for support if needed, do not stir up a lot of emotion and leave it open-ended.

evaluation

Evaluation / Assessment

Write on the flip chart/have individual or group feedback/ personal feedback in writing:

1. Ask the group to mention what they have **learned** through this programme
2. Ask the group to mention what they have **enjoyed** in this programme
3. Ask the group to mention what they have **did not like** in this programme
4. Ask the group to mention what **suggestions** they have on this programme.

OR

Ask participants to complete the following table:

Have you developed or improved these skills through this programme?

LIFE SKILLS ASSESSMENT: (Tick or cross in the blocks)	**YES** ✓	**NO** ✗
Effective or good communication		
Good relationship skills (interpersonal)		
Decision-making		
Feeling for others (empathy)		
Problem-solving		
Creative thinking		
Self-awareness and self-image		
Critical thinking		
Coping with emotions and feelings		
Coping with stress or problems		

Resources

De Villiers, Vasti (1996) "*Ekuseni Life Skills Program*"

Family Life Centre (1997) *"Adolescence" information for training on life skills*

Green, C (1989) "*Body changes*" Teen scene, Wayland Publishers, England

Margow, R (1990) "*Sex, what to tell children*" Oxford University Press, Cape Town

"TALKING ABOUT LIFE – Q & A" (1998) flip chart developed by Gauteng Provincial Government – Departments of Health and Education, and other resource materials

WHO & United Nations Educational, Scientific and Cultural Organization (1994) "School Health Education to prevent AIDS and STD – a resource package for curriculum planners" – TEACHERS GUIDE

WHO & United Nations Educational, Scientific and Cultural Organisation (1994) "School Health Education to prevent AIDS and STD – a resource package for curriculum planners" – STUDENTS ACTIVITIES

Young, M & Young, T (1994) "Sex can wait" United States of America

Module 6
Child abuse prevention

outcomes

Through protecting children's rights and focusing on the prevention and management of child abuse, the following specific outcomes from the Life Orientation learning area are aimed at in life skills teaching.

SO 1 – Understand and accept themselves as unique and worthwhile human beings.

SO 3 – Respect the rights of people to hold personal beliefs and values.

SO 4 – Demonstrate value and respect for human rights as reflected in Ubuntu and other similar philosophies.

SO 5 – Practise acquired life and decision-making skills.

SO 7 – Demonstrate the values and attitudes necessary for a healthy and balanced life style.

At the end of this module educators will be able to:

- Teach about abuse
- Handle situations where they might suspect that a learner has been sexually abused or a learner discloses such abuse.

The rights of a child

There is a strong focus on children's rights in this module as respect of these rights is fundamental to the protection of children.

(Refer to the "HANDS OFF – say 'NO' to child abuse" manual and "A Trolley Full of Rights" booklet.)

CHILDREN HAVE THE RIGHT TO:

- Equality, regardless of race, colour, gender, religion, national or societal origin
- Develop physically and mentally in a healthy manner
- A name and nationality
- Adequate nutrition, housing and medical services
- Special care if they have a disability
- Love, understanding and protection
- Free education, to play and recreation
- Be among the first to receive relief in times of disaster
- Protection against all forms of cruelty and exploitation and
- Be brought up in a spirit of tolerance, peace and universal brotherhood.

Recognising child abuse

activity

Attitudes & values

Values voting

Discuss the following statements through playing an **AGREE / DISAGREE** *game. Participants must choose to stand at either sign and motivate their choice:*

- Children should always be obedient to older people and do what they are told to do
- In some cultures it is OK for children to engage in sexual activities
- Children sometimes make up stories of abuse to get attention
- In an abuse situation, children are more at risk with strangers than with trusted adults.

activity

Defining abuse

Ask participants what they perceive as ***child abuse*** *and write it on a flip chart.*

WHAT IS CHILD ABUSE?

Abuse means to use **incorrectly/improperly or misuse**. The word **misuse** in turn means, **cruel or inhuman or to treat harshly or badly**. When applied to children, **child abuse therefore suggests any inhuman treatment of children.**

Child abuse encompasses the:
PHYSICAL
SEXUAL OR
EMOTIONAL ILL TREATMENT OR NEGLECT
of a child by **his or her parents or other older persons** responsible for the child's welfare.

According to Childline, child abuse occurs when a child receives **non-accidental injury** for which the parents, guardian or other adult is responsible and cannot give a 'reasonable explanation' as to why it happened. As such child abuse usually involves **intentional harm** – whether the abuser accepts or admits this or not.

activity

Brainstorm

*Ask participants to identify different **types** and **signs of child abuse**, thinking of their own experiences and knowledge in dealing with child abuse.*

RECOGNISING THE TYPES AND SIGNS OF CHILD ABUSE

Four types of abuse can be distinguished, namely: **PHYSICAL, EMOTIONAL, NEGLECT** and **SEXUAL ABUSE** , each with its own signs and dynamics.

1. PHYSICAL ABUSE	SIGNS
● Any non-accidental injury or pattern of injuries to a child as a result of acts by a parent or care provider that endanger or impair the child's physical health and development. ● Apart from painful physical effects, abused children are left with feelings of worthlessness, and unimportance and see themselves as unlovable. They are unable to form trusting relationships with others.	● Any injuries that are not consistent with the explanation offered (by the child or adult). Signs often include continual bruising, cuts or burns. ● The presence of several injuries that are in various stages of healing – indicating that they have been inflicted over a period of time. ● Parents often abuse the child 'under the clothing' – so that teachers etc. will not be able to see the injuries. ● Physically abused children often fear punishment of any form. ● These children often don't want others to touch them at all. ● They may also appear fearful and distrustful most of the time ● They may wear several layers of clothing (despite hot weather).

2. EMOTIONAL ABUSE	SIGNS
● Often involves excessive or unreasonable parental demands that place expectations on a child beyond his or her capabilities. ● This form of abuse covers a range of behaviours which affect the child's emotional and developmental well-being and sense of self-worth. ● Some examples include, constant criticism, belittling and persistent teasing, excessive discipline, constant verbal attacks, frightening and threatening the child, paying little or no attention or giving little or no affection to the child.	● These children have had their self-worth continually broken down. As a result, children who have been (or are being) emotionally abused often react in one of two ways: ○ They may become extremely attention-seeking and even disruptive (because they do not receive this attention and affection at home) OR ○ They may appear extremely withdrawn and not want to socialise with their peers, etc. ● Emotionally abused children usually have an extremely low self-esteem and may often seem too eager to please their teacher and other adults.

3. NEGLECT	SIGNS
● Refers to continued failure to provide a child with the basic necessities of life. ● This includes failure to provide the child with adequate food, medical attention, clothing, shelter and adequate supervision needed for the child's optimal growth and development.	● A child who is continually dirty with 'uncombed' hair, dirt behind the ears, etc. ● A child who is suffering from malnutrition – they may even become stunted in height. ● Often the child has no stable home or guardians to take care of him or her.

4. SEXUAL ABUSE	SIGNS
● Sexual abuse is defined as engaging of a child in sexual activities that he or she does not understand, to which the child cannot give informed consent, or which violate the social taboos of society. It therefore involves the exploitation of the child for the sexual pleasure of an adult (or adolescent / older person) – whether heterosexual or homosexual. ● It is very important to note that **sexual abuse may be with or without the consent** of the child. Therefore even if a twelve year old girl agrees to have sexual relations with a twenty year old man, this is viewed as child sexual abuse – since a child of this age is not able to make such a decision. ● It is also important to note that child sexual abuse can involve either/both: ○ **ACTS OF SEXUAL CONTACT** – like fondling of genitals (whether the child is clothed or unclothed), frottage, cullingingus, oral-genital sex, interfermol intercourse (dry sex), vaginal penetration, sexual intercourse, sodomy, rape, incest and sexual exploitation (e.g. child pornography and child prostitution). ○ **NON-CONTACT SEXUAL ABUSE** – this involves other forms of sexual abuse in which actual contact is excluded, but it is still sexually abusive for the child to experience. This includes 'sexy talk' (inappropriate remarks concerning a child's private parts), exhibitionism (exposing one's genitals to a child), showing a child pornographic material and involving the child in voyeurism (i.e. making the child watch sexual acts between adults, etc.).	***see next page...***

SIGNS OF SEXUAL ABUSE

Children who have been sexually abused **may or may not exhibit physical (i.e. medical) signs of abuse**. What is definite is that their **behaviour** will change. These changes are very complex and differ depending on the **age of the child**.

THE PRE-SCHOOL CHILD (AGES 3 – 6)	
PHYSICAL SIGNS	**BEHAVIOURAL SIGNS**
If penetration has taken place, physical signs will be evident including: ● Genital trauma (i.e. red, swollen genitals) ● Recurrent infections of the vagina or urinary tract ● Bladder problems ● Signs of sexually transmitted diseases ● Odour of vaginal discharge ● Vaginal scarring and torn hymens ● Flu-like symptoms (high temperature, etc) that upon specialised medical investigation seem to be related to having had sexual contact with adults.	Behavioural signs of this age could include many sexual behaviors such as: ● Compulsive masturbation ● Sexualised play with younger children ● Sexualised kissing and knowledge of sexual acts and words ● Regressed behaviours (e.g. thumbsucking, baby-like talking and behaviours) ● Excessive clinging and attention-seeking ● Bed wetting (beyond the norm) or soiling and sleep disturbances (nightmares, insomnia, etc.).

MIDDLE CHILDHOOD (AGES 7 – 12)	
PHYSICAL SIGNS	**BEHAVIOURAL SIGNS**
Physical signs may be less evident in this age group as the vagina starts to become more elastic etc. **If penetration has taken place there will still be signs which medical professionals can detect.** These children may also suffer from: ● Vaginal and urinary tract infections ● Bladder problems ● Vaginal stretching, scarring and tearing ● Genital trauma ● Signs of sexually transmitted diseases ● Odours of vaginal discharge, etc.	Most of the behavioural signs can be picked up in the school setting and include: ● A child who was performing adequately but suddenly or over time starts to exhibit changes – e.g. poor concentration or day dreaming; learning problems or under achievement ● Running away (from home / school) ● Withdrawing from peers ● Excessive sensitivity about sexual matters ● Changes in personality, appetite and / or sleep patterns ● Psychosomatic complaints (i.e. stomach aches, headaches) ● Self-induced vomiting ● Depression Obsessive / neurotic behaviours ● Stealing ● Lying ● Extreme aggression towards others ● Nail biting ● Bed wetting ● Nervous tics ● Wearing layers of clothing. Behavioural signs may also include: ● Oversexualised behaviours, knowledge and vocabulary ● Public genital display or masturbation ● Sexual interaction with younger children. ***NOTE: Children at this age become more aware of the fact that sexual abuse may be wrong and may thus not exhibit the sexualised signs.***

ADOLESCENT (AGES 13 – 18)	
PHYSICAL SIGNS	**BEHAVIOURAL SIGNS**
Physical signs may be more difficult to detect since the vagina is now more flexible, etc. ● Very specialised medical examinations may detect signs of forced penetration (vaginal bruising, scarring, etc.)	Behavioural signs are often more self-destructive in this age group. These include: ● Suicide attempts ● Self-mutilation (cutting self with razor blades, etc.) ● Eating disorders (anorexia / bulimia) ● Extreme aggression ● Running away from home / school ● Promiscuity ● Prostitution ● Drug and alcohol abuse ● Unwanted pregnancies, etc. Teachers may detect signs at school: ● Poor scholastic performance ● Lack of concentration ● Withdrawing from peers ● Skipping classes and missing school. Other signs include: ● Psychosomatic complaints ● Depression ● Mental disorders ● Problems with relationships, etc.

NB: **None of the above signs can be used on its own to prove child sexual abuse**, but it is vital to take any child seriously who is displaying some of the mentioned symptoms. **Usually a child will display a variety of signs and symptoms** (some not even behavioural or physical).

Sometimes children who have experienced **other emotional trauma** (like divorce, witnessing acts of violence, a death in the family, etc.) will also display some of the above symptoms and have **not necessarily been sexually abused**.

Dynamics involved in child sexual abuse

Unlike other forms of child abuse, child sexual abuse is a distinct form of abuse since it involves both **betrayal of trust** and **physical violation** accompanied by a **degree of coercion or deceit**. It is important to understand that child sexual abuse is a process (rather than one experience) in which various factors combine to form unique symptoms and reactions in each abused child.

It is recognised that sexual abuse is almost always **traumatic** and **intrusive**, requiring **special coping mechanisms** resulting in **serious harm** to the child's experience of him or herself, others and the world.

NOTE: The majority of abusers are known to the children and child sexual abuse thus usually involves the misuse of authority inherent in age differences and family relationships.

Sexual abuse of children usually consists of **repeated incidents**, often starting at an early age (four to six years old) and recurring continuously, or at intervals, over a period of five to ten years without discovery or being broken off. It often begins with less physical force and violence than rape – e.g. fondling of genitals, masturbation, exhibitionism – and then the abuser, over time, leads the child into full sexual intercourse.

The **dynamics** which serve to change the child's mental and emotional orientation to the world and distort the child's self concept are explained below:

Betrayal
Sexually abused children experience immense feelings of betrayal when they discover that someone, on whom they depend (father, grandfather etc.) or at least respect as an adult authority, has caused them or wishes to cause them harm. Children often feel betrayed when they realise that they were tricked into doing something 'bad' through lies and threats. They also feel very betrayed by their mothers if they discover that the mother knows or is unwilling to stop the abuse or protect them. As a result of the betrayal, these children experience a lack of trust in adults in general and a loss of faith in the world.

Stigmatisation
Sexually abused children usually receive negative messages from the abuser. As a result, they come to believe that they themselves are bad, evil, worthless and feel very guilty. Abusers often blame or degrade the victim, either directly or indirectly, through threats. Abusers also use 'secrecy' to keep the child from telling others – and thereby make the child feel responsible and guilty.

Powerlessness

In child sexual abuse, having one's body space constantly invaded against one's wishes (whether through force or deceit) causes an intense feeling of powerlessness – which has a devastating impact on the child's self esteem and body image.

These children often feel powerless because their sense of control is repeatedly overruled and frustrated, and they are often forced to deal with threats and secrecy. By forcing a child to keep the sexual abuse a 'secret', the victim becomes more and more powerless. In this way the abuser uses his or her adult power to reinforce threats and blame.

The abuser often tells the child that it is their fault and/or their 'special secret' and in this way is able to form a bond with the child which keeps the victim separate from the outside world. The children often fear the abusers' threats (e.g. "I will kill your mother if you tell, etc.) and feel so guilty about what is happening that they isolate themselves from their peers.

Traumatic sexualisation

Child sexual abuse often involves an element of reward which is offered by the abuser for sexual behaviour with the child. It may be something like a special gift, money or simply special attention, which the child does not receive elsewhere. As a result the relationship between the abuser and the child becomes highly confusing for the child.

When the experience is physically pleasurable and the reward enticing, the child may have a wish to protect the abuser – in spite of the fear and anger felt towards him or her. This aspect of reward often teaches the abused child to use sexual behaviour as a way of manipulating others to meet their needs (i.e. prostitution, etc.).

When they are treated as 'special' they also become confused about the sexual behaviour. The body boundaries of what is acceptable and 'good touching' are broken and they don't know what is appropriate anymore. The child's sexuality can also become traumatized when frightening and unpleasant memories become associated in the child's mind with sexual activity – resulting in damage to later sexual functioning and intimate relationships.

We need to acknowledge that sexual abuse leaves children with a complexity of feelings. They may feel different things at different times. It is therefore important to:

- Alleviate any feelings of guilt they may have
- Teach them assertiveness skills
- Raise their feelings of self-worth
- Teach them about sexual issues in an honest and age-appropriate manner
- Reassure them by addressing their fears about their physical health
- Teach them about 'good touching' and 'bad touching'
- Teach them age-appropriate socialisation skills.

Management of child abuse – disclosure and referral

activity

Attitudes & values

Buzz groups

*Discuss the following **questions / issues** in small groups and take feedback from the different groups.*

- How do you perceive the teachers' role with regard to child abuse?
- When a child confides in you and tells you about his or her father abusing him or her – how would you deal with it and who would you refer it to and why?
- Who should know about the abuse (disclosure) and why?
- How can the teacher be helped to give support to an abused child in the class?

There are several factors to note when one becomes aware of signs or symptoms of abuse:

- Research shows that children rarely make up stories that they have been sexually abused.
- Victims have more reasons for NOT telling – fear of punishment, threats of the abuser, etc. The consequences for the child are also usually negative – they may be rejected by family members, stigmatized at school, have to go to court to testify, etc.
- Abusers are NOT likely to ADMIT what they have done – in MOST cases they deny or minimise their actions and know that they have a lot to lose if society believes the child.
- Abusers often go to extraordinary lengths to persuade others of their innocence (blaming others – even the mother, etc.).
- Mothers often have reasons for denying the sexual abuse and disbelieving their children (may be financially dependent on the abuser, etc.)

DEALING WITH A DISCLOSURE

It must be stressed from the outset that the role of the teacher is to report the abuse and support the child – and **not to investigate the case**.

Because of the dynamics and factors mentioned earlier in this module in regard to the abuser, many children who are being abused will not be able to speak about it. They often feel exceptionally guilty and fear that others will not believe them. If a child does come forward and 'disclose' that they are being (or have been) abused, it is vital for the teacher / person to remember certain important factors:

- Try to remain calm and not to express a shocked reaction as the child may interpret this as further proof that they are guilty and should not have told you.
- Make sure that you tell the child that you BELIEVE their story (no matter how shocking or unbelievable it sounds).
- Reassure the child that you feel what he or she has said is very important and that they have done the RIGHT thing to TELL you.
- It is vital for you to tell the child that what has happened was NOT their FAULT – instead the adult is 'bad' and/or 'sick' and was wrong and needs help.
- Reassure the child that the matter will be treated in confidence – and that if it has to be discussed with anyone else, this will only be done with their permission. This is vital because they have already lost trust in adults because of the abuse – if you try to help by spreading their story, they will lose all their trust in you (and other adults) and not want your help – they may possibly even retract their story and pretend that they were lying.
- Be careful not to pressurise the child. If they become too anxious, rather ask them to draw a picture or write a note, or tell them that you will talk to them when they have calmed down.
- Comfort the child by telling him or her that you understand how abused children feel – that abuse has happened to other children too and that you are very sorry about what happened to them.
- Praise the child for trusting you enough to tell you – and encourage the child to give you permission to get them help – by referring them to Child Welfare, etc.

Teachers need to be available in different ways because an abused child **may not always speak directly** about the abuse but may **reveal it in other ways** such as in an essay or in drawings.

REFERRAL PROCEDURES

A teacher who notices any symptoms or signs, or has any information about the situation and believes that a child is being abused, is in an excellent position to observe further and to refer to the relevant authorities.

It is advisable for the teacher to **make notes of any 'problematic' behaviour and to note all signs and relevant family information**. Once the teacher feels confident that he or she has enough signs or concerns, the following steps can be taken:

- It is not advisable to attempt to get a disclosure from a child unless the teacher is specifically trained in intensive child abuse issues and counselling. If the teacher has a particularly close relationship with the child, he or she may be able to get enough information about the abuser etc. to take the matter further – but this is not necessary as the child will usually have to re-tell the whole story to the professionals.

- The teacher or principal must not attempt any type of medical examination.

- If the child discloses the information to the teacher, it is vital for the teacher to write down all the details so that this information can be given to the relevant authorities.

- Call Childline or Child Welfare and tell them all the details. This will constitute laying a charge of suspicion and you will not have to give your name etc. Childline or Child Welfare will then investigate further and determine whether the child has been abused, send them for therapy, etc.

- If it is more of an emergency, and the teacher is willing to act as a witness in court if necessary, the Child Protection Unit of the South African Police can be called in. They would investigate further – but take down all the details of the teacher involved.

- If you have observed enough 'behavioural' signs, you could take the child to the hospital to see a psychiatrist who would take the responsibility from you as teacher and would be legally responsible for any treatment given, etc.

- As a teacher, if you witness any 'medical' signs it is not advisable (or legal) to take the child to the hospital yourself. You would then be legally accountable for any procedures, medication or evaluations and parents may sue you. The parents are the legal guardians and unless an 'indemnity' form is signed at school, the teacher does not have permission to take the child for medical assessments. This could also be very traumatic for to the child if he or she is not taken

to a specialist in the field who knows how to conduct sexual abuse examinations. In these incidents it is more advisable to get the mother and/or father (if they are not involved in the abuse) to take the child themselves.

- It is vital that any abused child receive psychological help (usually in the form of regular play therapy which is conducted once a week for several months) and the teacher could follow up whether the parents/other care givers are taking the child for this therapeutic help.

- Remember that the child's mother often experiences similar trauma when she discovers that her child has been abused – the teacher could then also advise psychological help for the mother. If the mother receives support she will be in a much better position to understand, support and encourage the abused child to heal.

'IN CLASS' MANAGEMENT

There are many subtle ways in which a teacher can help to support a child who has been abused. Some useful ways to help them in the classroom environment could include:

- Try to give them extra attention – in order to build a trusting relationship with them. This should not be too obvious as other children will become jealous and suspicious as to why the teacher is singling out one child for attention.
- Communicate to the child in a sensitive way that you are available should they ever want or need to discuss things that are troubling them. This again involves an entire attitude that the teacher must adapt to his or her entire class and involves a child-centered approach.
- The teacher can attempt to make opportunities to give the abused child more time to draw and do creative activities – which would help him/her to express their inner feelings.
- One can encourage other children in the class to befriend the child – especially since abused children usually isolate themselves from others. You could initiate more group activities in class in this regard.
- NEVER tell the other class members what a child may have told you about being abused – this will only cause embarrassment to the child and they will lose all their trust in you.
- Try to set aside some time after class for children to come and talk to you if they want to. It is not advisable to become too involved or take the child to your home, etc. Rather call the appropriate referral team (Child Welfare, Child Protection Unit) etc. who should take care of the problem. As a teacher you may be interested in the child's welfare and whether they are getting help. You can monitor this by calling the relevant authorities or discussing the improvements, etc. with the mother.

Prevention of child abuse – Life skills, e.g. assertiveness, privacy, communication, trust and safety

PREVENTION OF CHILD ABUSE

- It is recognised that sexual abuse is almost always **traumatic** and **intrusive**, requiring special coping mechanisms resulting in **serious harm** to the child's experience of him or herself, others and the world.
- The majority of abusers are known to the abused children and it thus usually involves the **misuse of authority** inherent in age differences and family relationships.
- The child's mental and emotional orientation to the world and the child's self concept are distorted because of:
  - Betrayal
  - Stigmatisation
  - Powerlessness and
  - Traumatic sexualisation.

Prevention is better than cure and the focus of life skills training is to prevent child abuse through empowerment of learners and equipping them with skills such as decision-making, assertiveness, improving their own self-worth, communication and knowledge of their rights, e.g. privacy, bad touching, etc.

activity

Making rules

*Play a **NEVER and ALWAYS game** in the group where participants take turns in making a statement starting with **NEVER or ALWAYS** to generate ideas for teaching adolescents "rules" to prevent possible abuse. Write it down in two lists.*

See facilitation pointers on the next page....

facilitation pointers

Learners can be helped to develop their skills in learning the following NEVER and ALWAYS rules:

NEVER....

- NEVER open the door for strangers
- NEVER let anyone touch the parts of your body that are private
- NEVER promise to keep anything secret from your parents
- NEVER take lifts or accept gifts or rewards from strangers
- NEVER be afraid to say NO to anybody who can potentially harm you
- NEVER go with friends you don't feel safe with
- NEVER choose friends who don't respect your values
- NEVER allow anybody to make you feel uncomfortable physically by playing sexual games, etc.

ALWAYS....

- ALWAYS communicate unpleasant feelings to someone you trust
- ALWAYS let an adult know where you are
- ALWAYS let adult know who you are with, and until when
- ALWAYS tell an adult about bad/forced secrets or threats - things making you unhappy
- ALWAYS say NO to people wanting you to do anything which makes you feel uncomfortable physically as well as emotionally
- ALWAYS yell or try to attract attention in a difficult or forced situation
- ALWAYS insist on your parents knowing your whereabouts
- ALWAYS choose friends who make you feel safe and respect your values
- ALWAYS have money to phone and telephone numbers at hand.

activity

Coping strategies

*On learner level, ask learners to generate **ALWAYS / NEVER** issues.*
*Use a **WHAT IF? ... GAME** to draw on the **LIFE SKILLS** needed to help learners deal with the situations the have raised.*
***ROLE-PLAYS** can be used to demonstrate how learners will cope in a simulated situation.*

Evaluation / Assessment

EVALUATION SHEET

Did you find this session interesting?

_____

_____

_____

What have you learnt that will be of most help to you?

_____

_____

_____

What additional information do you need?

_____

_____

_____

Assign learners with group projects on:

Where to find help if you were abused

OR

Compile a newsletter for their school in which they address important issues surrounding child abuse
For example:

What is child abuse?
What are the signs and sympoms of abuse?
Who are people we can talk to?
Why is it so difficult to talk about abuse?

Resources

Tinka Labuschagne. A Guide for the Effective Management of Child Sexual Abuse, (1997) The Hands Off – Say NO to Child Abuse – Alliance, Community Chest, Johannesburg.

The Johannesburg Community Chest
The Effective Management of the Sexually Abused Child in the Education System (1997) The Hands Off – Say NO to Child Abuse – Alliance, Johannesburg.

Module 7
Substance abuse

outcomes

The general outcomes listed below relate directly to the specific outcomes of the Life Orientation learning area ***(refer to the list of specific outcomes on page 6 in Module 1)***.

At the end of this module:

- Master trainers will be able to inform teachers about substance abuse management and prevention.
- Teachers in turn will be able to facilitate life skills learning on substance abuse with learners, helping them to acquire the skills necessary for dealing with substance abuse – coping skills, i.e. dealing with peer group pressure, friendships, self-image and assertiveness.

What is a drug or substance?

activity

Rating your knowledge

Ask members what they know about drugs. Ask each member to rate their own knowledge on drugs out of five (five = very knowledgeable, one = know almost nothing), then calculate the group average. Write down the results and put them up on the wall, somewhere visible.

Definition of 'drug / substance'

A drug is any **substance** that:

- Changes the **mental state** of a person
- Affects the **thoughts and feelings** of a person
- Changes the **physical state** of a person and
- Is **used repeatedly** for the **psychological and / or physical effect.**

The basic pharmacological or scientific definition of a drug is a **"substance that by its chemical nature affects the structure or function of the living organism"**. The mode of action and the nature of the effects of drugs is the subject of pharmacology.

For the purpose of this training 'a drug' refers to any substance (natural or synthetic) which, when consumed, brings about sensory, physical or psychological change. This would cover the broad spectrum of drugs with reference to the included classifications.

Drug effects differ – it is a function of the interaction between the drug and the individual defined **physiologically, psychologically and socially**. Individuals are complex and varied, therefore drug effects are complex and varied.

For every drug there is:
- An **effective** dose
- A **toxic** dose and
- A **lethal** dose

Individuals vary in **weight, age, sex, and state of health**. They vary in the way they react to their perception of physiological and psychological changes in themselves, and of changes in their physical and social environment

One has only to think about the different **effects of alcohol**, that may make the drinker **sociable, talkative, withdrawn, depressed, gay, tearful, sleepy, abusive, destructive, uninhibited, drunk, or comatose. It all depends on who, why, where, and how much**.

A drug is any substance used for its **effect**. The primary effects of drugs are on the **central nervous system**. Drugs cause **changes in feeling, mood and/or perception**.

Types of drug

DRUG CLASSIFICATION ACCORDING TO AVAILABILITY AND USE

Substances / drugs can be divided into five categories according to availability and use:

1. SOCIALLY ACCEPTABLE DRUGS
e.g. coffee (caffeine), alcohol, and tobacco

2. OVER THE COUNTER DRUGS
e.g. pain killers, cough mixtures, diet tablets

3. PRESCRIPTION DRUGS
e.g. sleeping tablets, tranquilizers

4. INHALANTS / SOLVENTS
e.g. petrol, thinners, glue,

5. ILLEGAL DRUGS
e.g. cocaine, mandrax, LSD, dagga and ecstacy.

DRUG CLASSIFICATION ACCORDING TO EFFECTS ON THE CENTRAL NERVOUS SYSTEM

Drugs can also be classified according to the effects on the cental nervous system, namely:

- **DEPRESSANTS**
- **STIMULANTS AND**
- **HALLUCINOGENS**

ALCOHOL AND DAGGA –
the most commonly used and abused substances

The use of **alcohol** is part of social life in most countries and communities worldwide. Alcohol is used at major social occasions such as births, birthdays, weddings and funerals. Alcohol is often associated with celebration, relaxation and good times.

Dagga is the most commonly used illegal drug in South Africa. Dagga is usually smoked as hand-rolled cigarettes or in pipes. It is important to note that the use of dagga is illegal in South Africa. However in some communities and sub-cultures (e.g. youngsters experimenting with the drug, some traditional communities where older people smoke it) dagga use is an acceptable practice.

activity

Attitudes & values

Questionaire

Divide the group into small groups and do the following exercise, individually first, then in the small groups. Consensus must be reached in each group. Give feedback to the larger group, discussing answers generated in the groups.

STATEMENTS	TRUE	FALSE
1. Alcohol dependency is caused by the dependent person themselves		
2. Pills are legal medication so they cannot be abused		
3. Cocaine is only used by people with lots of money		
4. There are no dangers with occasional alcohol or drug use		
5. 'Hard drugs' like cocaine and ecstacy are more dangerous than 'soft drugs' like alcohol and pain killers		
6. Dagga makes you work harder and better		
7. A glass of wine, a can of beer and one tot of whiskey have the same percentage of alcohol		

facilitation pointers

Facilitate the answers so as to include information about drugs, but focus on the **values** and **attitudes** of different cultures and also the **skills** used in the exercise – e.g. communication, negotiation. Group pressure also needs to be discussed, particularly the effects of peer group pressure on learners.

ANSWERS:

1. False
   What causes alcohol dependency is a difficult and unresolved issue – factors that can influence the development of 'alcoholism' are **genetic inheritance, emotional and social environmental factors**.

2. False
   The abuse of medication results when the medication is **not taken at the right time in the right quantity and for the right reason.** Both legal and illegal drugs can be addictive and harmful. *More people abuse legal substances than illegal substances.*

3. False
Not any more. Cocaine can be obtained in small amounts for ± R50. Cocaine is used in South Africa by **school children, young students and business people**.

4. False
The occasional intake of alcohol or drugs does have **some** risks:
- Because you don't drink / drug often, you don't know how much it will affect you.
- With alcohol / drugs things such as your age, sex, present state of health, whether you have eaten before or while drinking, using other medication, etc. will determine how the intake of alcohol / drugs will affect you.
- Even if you drink occasionally – and in that event if you drink more than five drinks and then drive – you run the risk of being over the 0,08% alcohol limit and can be charged for drunken driving.
- With illegal drugs the danger is that you don't know which different substances are mixed into the drug.

5. False
Cocaine, ecstacy, alcohol, pain killers are all drugs that cause dependency. Each of these drugs has different:
- Emotional effects
- Physical consequences

but are all **equally dangerous**.

6. False
It is scientifically proved that **dagga** causes you to:
- Be less effective in your work
- Less able to carry out difficult work
- Have poor concentration and memory
- Have difficulty in following routine.

7. True
1 tot (25 ml) of whisky or any other spirits contains the same amount of ethol alcohol as 1 can (340 ml) of beer and 1 glass (120 ml) of wine.

facilitation pointers

Use the following questions to further explore attitudes and values within the group:
- To what extent did your answers reflect your own beliefs / values relating to your own cultural background?
- How did you feel when you discussed your answers in the group?
- Did you try to influence other group members or were you influenced by them?
- How do you feel about group pressure?
- What about peer pressure? Gangs?
- What do you think of PAGAD?

Why do people take drugs?

REASONS WHY PEOPLE TAKE DRUGS

- Explore with the group the difference between:
  - Drug use
  - Drug abuse
  - Drug dependency
- When is a person dependent on a substance?

FEELINGS, MOODS AND PERCEPTIONS

Substances have their **primary effects** on the **central nervous system**. An important pharmacological characteristic is that they facilitate changes in **feeling, mood or perception**. People have always sought to change feeling, mood, perception and orientation to self and the environment. They probably always will. The use of psychoactive substances is only one of the many ways in which they seek to accomplish this, but it is one has persisted throughout the ages and throughout the world.

There are **five major effects** sought from substances. All involve changes in feeling, mood or perception. Most frequently these changes include:

- Relief of physical discomfort
- The need to relax and have fun
- Coping with difficult situations
- Acceptability by friends / social group
- Gaining a feeling of confidence.

activity

Reasons for taking drugs

*Ask the group **"why do people take drugs?"** Consolidate feedback on a flip chart in the five categories listed above – put headings in afterwards and add additional information about feelings, moods and perception changes.*

What is use, abuse and dependency?

WHAT IS DRUG USE?

Drug use implies that the person is in control of their substance use and not compromising their health, family, social life and work. If drugs are taken for medicinal purposes, they should be taken according to the prescription and dose levels. Socially acceptable drugs e.g. alcohol and caffeine, are used in such a way that they are not harmful to the person's life or unacceptable according to the standards of society at large.

WHAT IS DRUG ABUSE?

Drug abuse refers to:

- The periodic or chronic excessive consumption of a substance, self-administered for a purpose other than for which it is prescribed, in greater amounts and often in different forms than those intended by the manufacturer
- The use of socially acceptable drugs, such as alcohol, in a way which is contrary to the accepted norms and values of the community.

WHAT IS DRUG DEPENDENCY?

Drug dependency is a **process** during which a person relies more and more on a drug to function.

- The person needs more and more of the substance to experience the same effect – this is referred to as **tolerance**
- The use of the drug eventually has negative effects on the person's life.

THE PROCESS OF DRUG DEPENDENCY OR ADDICTION

Dependency or addiction is a process which progresses through various levels. The level of dependency or addiction can be identified by:

- Changes in **how often** and **how much** of the substance is used
- The **emotional need** the person develops for the substance
- The **harmful effect** on one or more areas of the person's life.

LEVELS OF DEPENDENCY / ADDICTION

The different levels or patterns of abuse can broadly be defined as follows:

Level 1 ABSTINENCE	Not using any substance
Level 2 EXPERIMENTATION	Trying different drugs to experience the changes in feelings and moods
Level 3 OCCASIONAL USE	Using substances occasionally in varied amounts with changes in feelings and moods. The person becomes aware of the mood changes
Level 4 MISUSE / REGULAR USE	Increased use of the substance (how often and how much is used). The person seeks the mood changes actively.
Level 5 ABUSE	The person abuses the substance to such an extent that it impacts harmfully on one or more areas of his or her life, e.g. health, family, work and social life
Level 6 ADDICTION / DEPENDENCE	The person now becomes harmfully dependent on the substance. **Psychologically** he or she needs the drug to cope with life. Sometimes he or she becomes **physically** dependent on the substance and can suffer **withdrawal** symptoms when trying to stop. The person needs more and more of the substance to experience the same effect **(tolerance)**.

The use of substances becomes a problem when:

- There is an increase in **how often** and **how much** of the substance is used
- A person develops an **emotional need** for the substance
- There are **harmful effects** on one or more areas of a person's life.

Identifying substance abuse

Substance abuse can generally be recognised by a **change in patterns of behaviour**, indicated by specific signs and symptoms such as:

- Irregular attendance and poor school performance
- Physical appearance
- Deteriorating relationships and / or
- Changes and 'swings' in attitude and emotions.

activity

Reading the signs

Think about any person you know who abuses alcohol or drugs and how substance abuse affects the person's own life and that of their family.

- Write down the **signs and symptoms** you can identify
- Write down the **defence mechanisms** that this person uses
- Is there anybody who acts as an **enabler** (someone who unknowingly protects the substance abuser and permits the substance abuse to continue) and if so, how does the person enable?

SIGNS AND SYMPTOMS OF SUBSTANCE ABUSE

When identifying a **learner with a substance abuse problem**, examine the change in patterns of behaviour, school performance, attendance and general behaviour towards teachers, classmates and friends, and relate these to the signs and symptoms listed below.

PHYSICAL SYMPTOMS

- Change in activity level – periods of lethargy or fatigue (common with use of dagga, sedatives, cocaine, heroin) and periods of hyper-activity (common with use of dagga, stimulants and alcohol)
- Change in appetite (increase and decrease) and cravings for certain foods (craving for sweets is common with dagga use)
- Thirst, dry mouth
- Weight gain or loss
- Lack of co-ordination
- Altered speech patterns
- Shortness of breath
- Red eyes, watery eyes, droop to the eye-lids
- Runny nose, increased susceptibility to colds and other infections
- Change in sleep habits
- Change in dress habits
- Severe agitation, lack of concentration
- Distortion of perception of time – short times feel much longer
- Needle 'tracks'
- Headaches
- Drowsiness
- Dreamy, absent demeanour.

SOCIAL CHANGES

- Withdrawal, secretiveness, deviousness, vagueness, hypersensitivity, placing the room off-limits to family
- Sudden changes in friends, disdain for olds friends, new people calling, frequenting new hangouts, people visiting for short periods
- Drop in school performance, truancy, resentment towards teachers, avoiding school work (or not bringing books home), lack of interest, poor concentration span in school and generally "a-motivational syndrome"
- New idols, especially drug-using rock stars, songs with drug lyrics, older kids
- Legal problems – late hours, traffic violations, assault, disrespect for police, possession of drugs and paraphernalia
- Resentment towards authority
- Presence of drugs and paraphernalia – incense, air freshener, eye-drop bottles and seeds
- Flagrant disregard of all rules – school, home, legal
- Loss of interest in sports and hobbies
- 'Lost' money / clothing / equipment that cannot be accounted for.

BEHAVIOURAL INDICATIONS

- Aggression
- Restlessness
- Irritability
- Loss of inhibitions
- Impulsiveness
- Apathy
- Rudeness.

EMOTIONAL SIGNS

- Nervousness
- Episodes of giggling
- Low self-esteem
- Lack of confidence
- Decreased sense of responsibility
- Mood alterations – changes /'swings' (euphoria to irritability, anxiety, violence, bizarreness, depression, outbursts of anger)
- Thought pattern alterations – (lack of thoughts, strange and bizarre thinking, hallucinations, paranoid delusions, suspiciousness, depressed thoughts, suicidal thoughts)
- Lies and deceit.

ALL SCHOOL PERFORMANCE PROBLEMS ARE NOT NECESSARILY SUBSTANCE ABUSE PROBLEMS!

Family, personal difficulties, relationship problems, money or illness can also affect a learner's behaviour. Don't start a witch hunt or see one symptom of possible abuse out of context – focus on changes in the **pattern** of behaviour and a **combination of tell-tale signs and symptoms**.

DEFENCE MECHANISMS

It is human to want to protect the things we think are important – for example, our self-worth and dignity – and to seek to avoid hurt. To these ends, all people, at one time or another, use defence mechanisms.

Most substance abusers **deny** that they have a problem. The simplest form of denial is to refuse to admit to any alcohol or drug use at all. But even someone who admits to "occasional or controllable use" will tend to insist that there is no problem and definitely no dependency!

The substance abuser uses defence mechanisms to **maintain, deny, justify, explain or excuse the use of substances**.
For example, a substance abuser might say things like:

- "If you had a father like mine, you'd also drink"
- "I don't have a drug problem, I can handle it"
- "I don't use drugs in school time"
- "I only drink beer"
- "All my friends are doing it"
- "Me and my friends are just having some fun"
- "I'm not addicted"
- "Who are you to tell me dagga is harmful, what about you smoking cigarettes and drinking beer?!"

ENABLING

An **enabler** is someone who unknowingly **protects** the substance abuser and **permits** the substance abuse to continue through:

- Covering up
- Making excuses for them
- Rescuing them
- Taking care of them
- Sharing their denial
- Keeping them from suffering the consequences of their drug-taking behaviour

Managing substance abuse

activity

Your response

Mark the statement(s), which best describe(s) your own responses.

DO YOU:

- Ignore or deny that a problem exists?
- Avoid responsibility for dealing with the problem?
- Make excuses for the learner's problem, for change in his or her school performance and behaviour (do you 'enable'?)?
- Accept ongoing excuses from the learner for poor performance?
- Get angry with a learner for poor performance or behaving inappropriately?
- Want to get rid of a learner with a drug problem, see him or her expelled?
- Feel scared about consequences – e.g. problems with school, parents, police, community?
- Feel guilty about the learner?
- Experience fear or anxiety for the learner – e.g. will the learner drop out of school?
- Become personally involved with learners' problems?

activity

Attitudes & values

Debate

The group decides whether they agree or disagree with the following statements, relating them to their own values and attitudes, and then debates the issues:

- ❍ Schools / teachers are resistant to dealing with learners' personal problems
- ❍ Schools / teachers realise that they cannot ignore school performance problems resulting from substance abuse.
- ❍ There is not a high incidence of alcohol or drug abuse at schools
- ❍ It is normal for adolescents to experiment with drugs at secondary school level
- ❍ Experimenting is a phase that will pass by itself
- ❍ By giving information to learners about alcohol and drugs, we will only tempt learners to start using or experimenting with drugs
- ❍ An aspect of prevention is creating awareness and giving objective information to learners about substance abuse
- ❍ It is a good option to make use of rehabilitated drug addicts or peer counselling in life skills training
- ❍ Learners are sometimes pressurised to use drugs to gain social acceptance by their peer group and friends.

facilitation pointers

activity

In dealing with learner problems related to substance abuse, teachers often experience a range of stressful emotions – **frustration, anger, fear, concern, guilt and weariness** – which can become an obstacle to addressing the problems and prevent them from taking action.

Brainstorm

Debate the role of the school in dealing with substance abuse.

The role of the school in dealing with substance abuse

THE PUPIL SUPPORT PROGRAM (PSP)

This programme is designed to:
- Identify the troubled child or child in a crisis
- Intervene at an early stage
- Minimise the damage and
- Prevent increasing dysfunction.

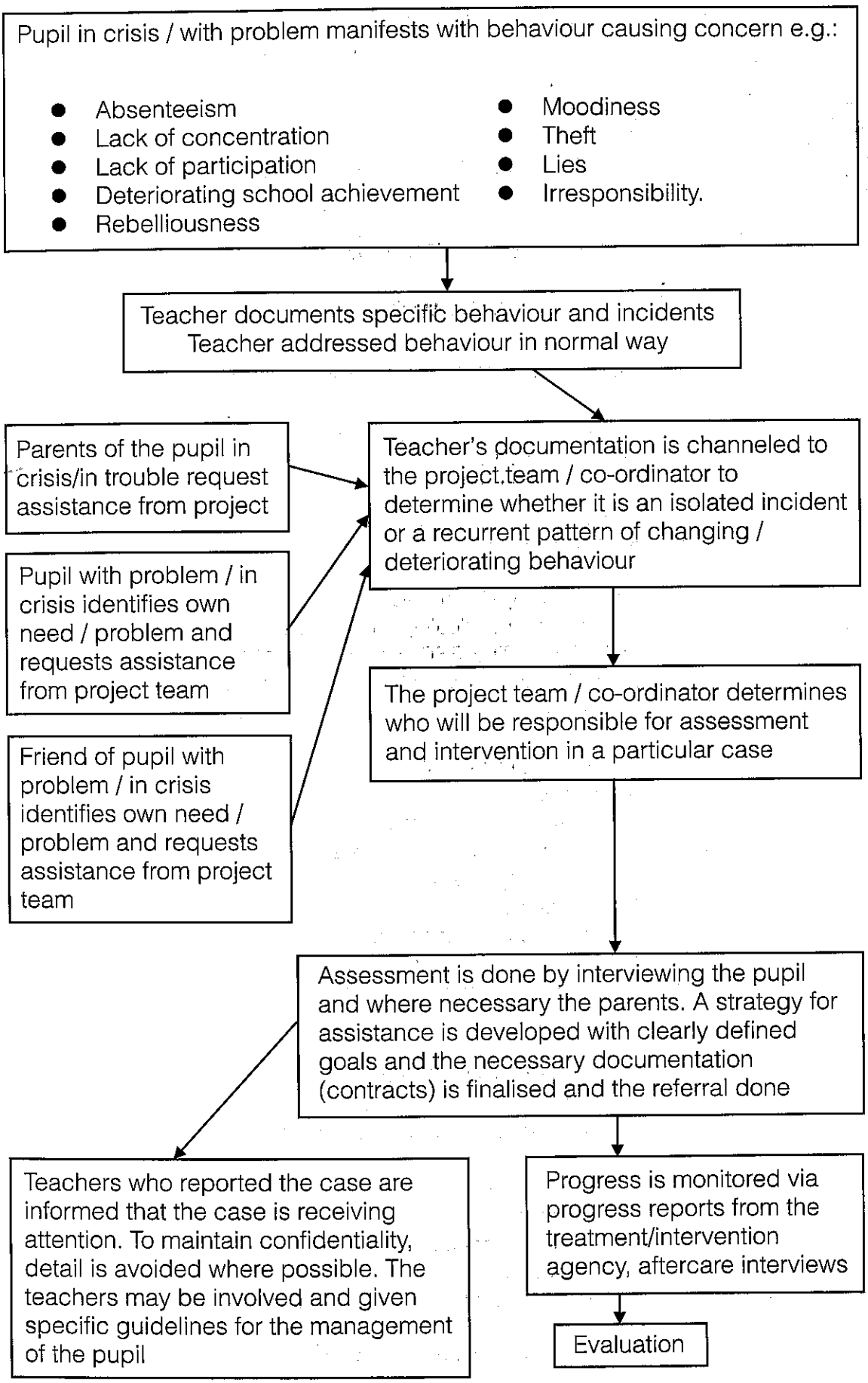
School principals and teachers report that they are spending increasing amounts of time dealing with troubled children and that they are out of their depth. The PSP provides structured guidelines which, if used correctly and consistently, will assist school staff to deal more effectively and efficiently with problems encountered.

Principles of the PSP are:
- Self-reliance
- Community participation
- Ownership by teachers, parents and pupils
- A holistic approach
- Sustainability
- Primarily prevention-based and
- An official stance by the concerned parties (e.g. Department of Education, principal, teachers, pupils, governing bodies and parents).

Advantages of the PSP are:
Research indicates that pupils who participate in the PSP or similar programmes often show improvement in one or more of the following areas:
- Academic performance
- Behaviour
- School attendance
- Coping skills and
- Curbing alcohol / drug use or abuse.

The following flow chart indicates the PSP procedure:

PSP FLOW CHART



PITFALLS IN DEALING WITH A LEARNER WITH A SUBSTANCE ABUSE PROBLEM

- Taking on a counsellor role and attempting to give advice
- Diagnosing the problem
- Making accusations about or comments on the learner's personal life
- Breaking confidentiality
- Arguing about the problem
- Making exceptions
- Discriminating against the learner, e.g. progress and marks
- Not taking action against a learner when needed
- Forcing the learner to accept referral to a resource against parental wishes
- Creating the feeling among other learners that the substance abuser is receiving special treatment from the teacher (favouritism).

What is the role of the teacher in dealing with substance abuse problems?

activity

The roles of teachers

Discuss the roles of teachers and how they can help learners with substance abuse problems.

facilitation pointers

- The roles of the teacher in dealing with learner problems remain the same for all types of problems – not only substance abuse!
- It is not the task of the teacher to diagnose the nature of the problem – but deteriorating school performance is the teacher's concern
- Offering help to a learner with a personal problem does not prevent or stop the teacher taking disciplinary action against a learner where necessary.
- Schools' / teachers' roles include:
  - recognising troubled behaviour
  - dealing with changes in behaviour
  - acting on problem by referring to a resource
  - following up and giving on-going support

(see the box "Constructive Intervention" on the following page)

It is possible to help learners to change, by influencing their **willingness** to deal with the problem and their **readiness** to change. **Constructive intervention** is a way of confronting the learner with a substance abuse problem with the consequences of his or her drinking and / or drug use. The purpose of constructive intervention is to break through denial by presenting the facts of the learner's deteriorating school performance. By referring to community resources, schools can deal with the problem but don't need to be directly involved with a learner's personal problems.

HOW DO PEOPLE CHANGE?

To be able to deal effectively with the troubled learner, it is important to realise that people:

- are **resistant** to change
- **take time** to change
- **make a commitment to themselves** to change
- **can be helped** to change
- go through **stages of readiness** for change.

STAGES OF READINES FOR CHANGE

Stage 1:	No intention to change **"I don't have a drug problem"**
Stage 2:	Seriously thinking about change **"Maybe I need to stop drinking"**
Stage 3:	Making a commitment to change **"I need help, I want to stop using drugs"**
Stage 4:	Taking action to change **"I am willing to go for treatment, I have to talk to my teacher tomorrow"**

HOW CAN WE HELP PEOPLE TO CHANGE?

It is possible to influence the substance abuser's **willingness** to deal with the problem and his or her **readiness** to change. An effective way is through **constructive intervention.**

CONSTRUCTIVE INTERVENTION

Constructive intervention is a way of showing the learner with a substance abuse problem the consequences of his or her drinking or drug abuse. The purpose is to break through their denial by presenting the facts of the learner's deteriorating school performance.

This skill is used by trained people / counsellors in dealing with the substance abuser. Master trainers or teachers would require further training to develop this skill.

activity

Referral

Who would you refer substance abuse problems to and how? Divide into groups and ask groups to identify the resources in their community to whom they would refer substance abuse problems. What is the process for referring a learner to such resources?

Teachers generally might prefer not to be directly involved in providing help to learners with substance abuse problems, preferring outside organisations that have the time and experience to do this. Substance abuse is a specialised field and requires specialised treatment.

REFERRAL

There are a range of **community resources** which can be accessed by schools dealing with learners wih a substance abuse problem, including:

- **Therapists** – psychologists, social workers, counsellors
- **Welfare organisations** – Department of Welfare, FAMSA, Life Line
- **Church organisations** – clergy, religious counsellors
- **Medical** – doctors, health clinics, hospitals
- **Treatment centres** – SANCA Alcohol and Drug Help Centres
- **Support Groups** – Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Al-Anon.

Any of these resources can provide the teacher with information in order to find the best resource for referral purposes. Refer to the resource list on substance abuse for more information on available community resources and treatment options

REFERRAL PROCEDURE

The following steps should be followed in referring a learner with a substance abuse problem to a community resource:

- **Interview** the learner using constructive intervention principles
- **Evaluate** which referral resource would suit the learner's situation
- **Involve** parents and reach an agreement in writing spelling out roles, responsibilities and expectations
- **Contact** the referral resource and make the appointment
- **Keep contact** with the referral resource and obtain regular feedback on the learner's progress.

TREATMENT OPTIONS

In dealing with substance abuse, there is a wide variety of options, e.g. in-patient or outpatient treatment, etc. The choice of treatment option will depend on:

- The learner's readiness to change
- The consequences of the substance abuse
- Parental involvement and attitudes
- The learner's physical and emotional state
- The learner's previous treatment history
- The learner's required absence from school
- Costs
- The availability of medical aid
- School policy.

It is sometimes necessary to make use of more than one option.

RECOVERY PROCESS AND RELAPSE

The process of recovery can relate to the following changes over time:

- Stopping drinking or using drugs
- Making new friends
- Developing new hobbies
- Learning to avoid relapse
- Learning to like oneself again – building self-esteem
- Learning to cope with life in general.

Improvement in school performance can take place, but do not expect miracles – the learner still has to deal with the dependency and possible relapse from day to day.

The recovery process takes time. Any substance abuse problem develops over a period of time and it will take time for the person to learn to live without the substance. There is always the risk of a relapse, but it can be prevented. Provision should be made in the school policy (PSP) for the management of relapse.

evaluation

Evaluation / Assessment

Observe teachers to assess their ability to implement a substance abuse prevention programme.

OR

Ask them to complete a self-assessment sheet *(see opposite)* to assess themselves against the given outcomes.

SELF-ASSESSMENT SHEET

What I did

What I used

What went well

What needs to be improved

Resources

Institute for Health Training and Development (1996) *Life Skills Manual* (Ornè Louw & Cornèll Amorim)

Institute for Health Training and Development (1997) *Training manual for professionals – Gauteng Life Skills Project* (Ornè Louw, Cornèll Amorim & Vasti de Villiers)

De Villiers, Vasti (1996) *Ekuseni Alcohol and Drug Prevention Programme*

Quest International/Lions Club International (1988) *Quest Skills for Adolescence, Granville, Ohio, pIV–39.*

Module 8
Coping skills

outcomes

The outcomes for this module, listed below, relate directly to the specific outcomes of the Life Orientation learning area *(refer to the list of specific outcomes on page 6 in Module 1)*.

In teaching life skills (psychosocial competence) **master trainers and teachers** should be able to create opportunities for learners to practise core skills in dealing with the demands and challenges of everyday life.

Learners should be able to apply skills in dealing effectively with the demands and challenges of everday life.

In this module the focus is on **coping skills** – general life skills, e.g.:

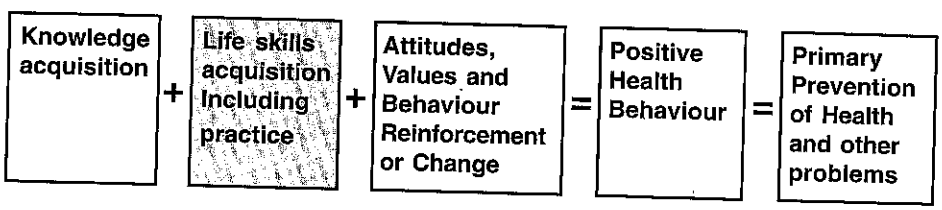
- Crisis intervention
- Conflict management
- Assertiveness
- Decision-making skills
- Interpersonal communication skills.

Intoduction

According to an analysis of the life skills field made by the Mental Health Division of the World Health Organisation, there is a core set of life skills needed to promote the well being and health of youth and adolescents, regardless of cultural, social and geographical differences. These basic life skills are:

- Effective communication
- Interpersonal relationship skills
- Decision making
- Problem solving
- Creative thinking
- Critical thinking
- Self-awareness
- Empathy
- Coping with emotions
- Coping with stress.

The model below shows how life skills form a link between **knowledge**, and the **attitudes and values** necessary for **positive health behaviour**. The acquisition and practice of life skills contribute directly to the **primary prevention of health and other problems**:



facilitation pointers

Master trainers / teachers

Assertiveness

Facilitate and discuss what assertiveness means to participants. Ask them to consider their own understanding or definition of the term.

WHAT IS ASSERTIVE BEHAVIOUR?
Assertive behaviour is a direct, honest and appropriate expression of one's feelings, opinions and beliefs. Assertiveness does not imply violating another's rights but includes an empathy and showing consideration and equal respect for the other person.

- Assertive behaviour is often confused with aggressive behaviour; however, assertiveness does not involve hurting the other person physically or emotionally
- Assertive behaviour aims at equalizing the balance of power, not in 'winning the battle' by putting down the other person or rendering him or her helpless
- Assertive behaviour involves expressing one's legitimate rights as an individual. I have a right to express my own wants, needs, feelings and ideals
- Remember: other individuals have a right to respond to my assertiveness with their own wants, needs, feelings and ideas
- An assertive encounter with another individual may involve negotiating an agreeable compromise
- By behaving assertively, I open the way for honest relationships with others
- Assertive words accompanied by appropriate assertive 'body language' make my message clearer and more effective.
  Assertive body language includes the following:
  - maintaining direct eye contact
  - maintaining an erect posture
  - speaking clearly, audibly and maintaining a firm voice tone
  - making sure you do not have a whiny quality to your voice
  - using facial expressions and gestures to add emphasis to your words
- Assertive behaviour is a skill that can be learned and maintained by frequent practice. *(Herman, 1978: 59)*

activity

Simulation exercise

Divide the group into smaller groups and role-play the following four scenarios. You could act each one several times, with different actors playing the parts to produce different scripts. The rest of the group members act as observers and evaluate whether the responses are ***assertive, non-assertive (submissive),*** *or* ***aggressive*** *and motivate why.*

Imagine that you are in the following situations. What would you say? Try to classify your responses as ***assertive, non-assertive (submissive),*** *or* ***aggressive****.*

You have been waiting outside the cinema for a friend, who is very late. What would you say and what conversation will take place?

A group of friends are sitting around talking. When you come close you overhear them saying something bad about you, unaware that you can hear. What do you do?

At the local take-away you buy some chips. They are cold and greasy. What happens next?

A child in class has 'stolen' the wallet of someone you know. Neither the robbed person, nor you, know who the real culprit is. You are accused. Develop the scene.

facilitation pointers

- From the role-plays – use the motivations and group members' observations to identify assertive and non-assertive behaviour.
- Incorporate and refer to the above-mentioned table to help the group to identify their own signs of assertion/non-assertion

FOUR STEPS TO ASSERTIVENESS

- Know and accept who you are, your wants, needs, your thinking and your feelings.
- Take responsibility for yourself.
- Respect yourself and other people equally.
- Take the risk.

ASSERTIVENESS SKILLS

1. Know what you want to achieve.
2. Know what alternatives are available in negotiation with other people.
3. Express compliments and appreciation if others make a move to meet your wishes.
4. Ask for assistance and make requests of others.
5. Express justified annoyance and hurt feelings in a calm way.
6. Express justified complaints in a dignified manner.
7. Turn down requests politely.
8. State personal opinions in a sensible way without showing anxiety about how they will be received.
9. Recognise when it is inappropriate to be assertive.
   For example: When you are in the wrong, or when it may be counter-productive, eg. with a very domineering or tough person.
10. Appropriate use of assertiveness is not "accepting the status quo' or 'turning the other cheek'. It is **an awareness of the consequences of behaviour, and the ability to weigh up the advantages and disadvantages of alternative strategies**.
11. Use assertive body language in the following way:
    - Maintain direct eye contact
    - Maintain an erect posture
    - Speak clearly, audibly and maintain a firm voice tone
    - Make sure you do not have a whiny quality to your voice
    - Use facial expressions and gestures to add emphasis to your words.

WHY BE ASSERTIVE?

- Contributes towards building positive and meaningful relationships with others
- Prevents conflicts through expressing feelings rather than bottling them up
- Enhances your self-respect and confidence
- Reduces stress and anxiety by expressing your thoughts and feelings openly and honestly.

facilitation pointers

- Who is the person/people that you find it difficult to be assertive towards? Maybe a person is assertive at home but not in the workplace, or with strangers but not with family – open discussion
- How does culture impact on our own values and belief around assertiveness?
- Is assertiveness / non-assertiveness modeled behaviour?

activity

Attitudes & values

Discussion

Discuss the following statements (gut responses):

- "A wife must be subordinate to her husband"
- "Strong women are seen as butch and aggressive and not assertive"
- "If someone hurts you, you must turn the other cheek"
- "You should not think too much of yourself"
- "Other people's needs are more important than yours"
- "If you stand on your rights you are selfish and self-centered"
- "Being assertive will only create conflict"

facilitation pointers

Is there any value or benefit in being assertive? Facilitate this using the following information:

THE VALUE OR BENEFITS OF ASSERTIVE BEHAVIOUR

Being assertive is **valuable** for the following reasons:

- It allows both you and the other person to enter a win-win situation and tension is reduced
- Through being assertive, you avoid bottling up frustration and resentment because of your own non-assertiveness; tension is reduced
- It allows you to avoid losing friends and making enemies in aggressive confrontations. You have no need to be aggressive or feel frustrated and tension is reduced
- You can learn to express your feelings in a constructive way rather than a way harmful to relationships and health
- You will be able to improve your social relationships
- Assertiveness will provide the opportunity for you to improve the likelihood of getting the type of life you want, the friends you want and the goals you set for yourself
- It will mean that you are less anxious, more confident, possess higher self-esteem, and are generally more positive about yourself
- If you are assertive, you will be more in control of your own life, and you will be pro-active, rather than letting things just happen to you. *(Burns 1988: 178)*

facilitation pointers

- How can master trainers help teachers to be more assertive?
- How can teachers help learners learn to be more assertive?
- Is there room for assertiveness in outcome based education?

1. How does your response in a situation determine the outcome?

SITUATION	BEHAVIOURAL RESPONSE	OUTCOMES
NON-ASSERTIVENESS Use an example of a typical interpersonal situation calling for an assertive response	● Self-denying ● Inhibited, hurt, anxious ● Allows others to choose for him / her ● Does not achieve desired goal ● Guilty or angry ● Depreciates others ● Achieves desired goal at others' expense	● Self-denial, withdrawal ● Feelings of inadequacy and helplessness ● Anxiety, lack of spontaneity ● Pent-up negative emotions ● Strained interpersonal relationships
ASSERTIVENESS Use an example of a typical interpersonal situation calling for an assertive response	● Self-enhancing ● Expressive ● Feels good about self ● Chooses for self ● May achieve desired goal	● Feelings of adequacy and mastery of environment ● Positive feelings toward oneself and others ● Spontaneity ● Smooth interpersonal relationships
AGGRESSIVENESS Use an example of a typical interpersonal situation calling for an assertive response	● Self-enhancing at expense of another ● Expressive ● Depreciates others ● Chooses for self ● Achieves desired goal by hurting others ● Self-denying ● Hurt, defensive, humiliated ● Does not achieve desired goal	● Guilt, remorse, fear of consequences ● Anxiety, hypertension ● Withdrawal and alienation ● Lack of meaningful relationships

2. How can being assertive help achieve the specific outcomes 1 – 5 of the Life Orientation learning area *(See Module 1, page 6)* for teachers and learners?

activity

Role-play

Role-play, or ask the group's responses to the following scenarios:

Group 1	*All standing in a queue and one person pushes in front of you.*
Group 2	*All sitting in a circle / group smoking. You enter and are offered a cigarette which you refuse but they keep putting pressure on you.*
Group 3	*All sitting in a group and when you come close you overhear them say something bad about you behind your back.*
Group 4	*All sitting down to eat and when you get up to fetch something you see someone taking your bread from your plate.*

facilitation pointers

Ask the other three groups for feedback on the learners' responses according to the following:

- Was he or she **passive** or **aggressive** or **assertive**?"
- Did he or she **stand on their rights without denying others their rights**?"

ASSERTIVENESS IS.....

- Communicating what you want in a clear and firm manner
- Expressing thoughts and feelings honestly
- Stating what you want in a constructive instead of harmful or destructive way
- Expressing your views and feelings in a polite and non-aggressive way
- Respecting and protecting your own rights as well as others' rights.

NON-ASSERTIVENESS IS.....

- Ignoring your own feelings and opinions
- Not expressing your thoughts and feelings honestly
- Allowing others to violate your rights
- Expressing your views and feelings in a harmful or destructive way
- Allowing others to make choices for you to avoid conflict or unpleasantness
- Being aggressive and rude.

evaluation

To evaluate this section on assertiveness, master trainers and teachers can make use of the following table, desiged to recognise and evaluate assertion or non-assertion. Ask learners to use the indicators to identify their own behaviours. This activity should indicate to master trainers and teachers whether learners are able to recognise and identify assertion and non-assertion in their own and others' behaviour.

IDENTIFYING ASSERTIVE, NON-ASSERTIVE and AGGRESSIVE BEHAVIOUR			
SIGNS	**NON-ASSERTIVE**	**ASSERTIVE**	**AGGRESSIVE**
VOICE	• Sometimes wobbly • Tone may be singsong or whining • Too soft or over-warm • Often dull and in monotone • Quiet, often drops away at end	• Steady and firm • Tone is middle-range, rich and warm • Sincere and clear • Not too loud or too quiet.	• Very firm • Tone is sarcastic sometimes cold • Hard and sharp • Strident, maybe shouting, rises at end
SPEECH PATTERN	• Hesitant and filled with pauses • Sometimes jerks from fast to slow • Frequent throat clearing	• Fluent, few awkward hesitance's • Emphasises key words • Steady even pace	• Fluent, awkward hesitancy • Often abrupt and clipped • Often rushed • Emphasises blaming words
FACIAL EXPRESSION	• Ghost smiles when expressing anger, or being criticised • Eyebrows raised in anticipation (e.g. of rebuke) • Quick changing features	• Smiles when pleased • Frowns when angry • Otherwise 'open'. • Features steady, not wobbling • Jaw relaxed	• Smile may become 'wry' • Scowls when angry • Eyebrows raised in amazement – disbelief • Jaw set firm • Chin thrust forward
EYE CONTACT	• Evasive. Looking down	• Firm but not 'stare-down'	• Tries to stare down and dominate
BODY MOVEMENTS	• Hand wringing • Hunching shoulders • Stepping back • Covering mouth with hand • Nervous movements which detract (shrugs & shuffles) • Arms crossed for protection	• Open hand movements (inviting to speak) • Measured pace hand movements • Sits upright or relaxed (not slouching or cowering) • Stands with head held high	• Finger pointing • Fist thumping • Sits upright or leans forward • Stands upright head in air • Strides around (impatiently) • Arms crossed high (unapproachable)

Decision making skills

activity

Attitudes & values

Master trainers / teachers

Discussing values

Discuss the following questions in the group and make notes on the flip chart e.g. list of values. Spend approximately 10 minutes on each question:

- What examples of **personal values** can you give? e.g. respect, honesty, fairness, responsibility, dignity, self-control
- Why are **values** important?
- Can a person's **values change**?
- Do values have anything to do with **decision making**?

activity

Learner level

On learner level facilitate the following exercise, individually and then in the group. Motivate answers.

PERSONAL AND FAMILY VALUES		
Mark in the blocks next to each value	**YES**	**NO**
1. I value respect for self and others		
2. I value self control		
3. I value health and safety		
4. I value education and hard work		
5. I value fun and excitement		
6. I value my body and respect it		

activity

Learner level

Predicting outcomes

*Choose a **bad** and a **good** outcome for each of the following decisions:*

Take illegal drugs

Drop out of class or group

Don't do a job or task

Make someone pregnant

Join a gang

DECISION MAKING STEPS

1. **State the problem**
2. **List all the possible solutions**
3. **Consider the consequences of each solution**
4. **Choose the best solutions**
5. **Implement, and evaluate the outcome of your decision.**

Interpersonal relationship skills

PEER GROUP RELATIONSHIPS

Friendship is increasingly important during adolescence. Teenagers feel that their friends often understand them better than their families do. They feel more able to share their experiences, dreams, fears and doubts with someone closer to their own age and who probably is experiencing similar thoughts and feelings. It makes life seem a little easier to cope with when they know others are going through similar experiences.

Adolescents have a need to belong and be accepted by others of their own age. They therefore experience a lot of pressure from peers to conorm and fit in. The result is that they often follow their friends' decisions without weighing up the consequences of these choices.

facilitation pointers

The focus of this section is to help learners examine the importance of friendship. Teachers and master trainers should facilitate the development of skills for coping with peer pressure

activity

Friendship

Discuss and brainstorm, with aid of a flipchart, ***"What do we need friends for?"*** *and* ***"What should a friend not do?"****.*

WHAT DO WE NEED FRIENDS FOR?	WHAT SHOULD A FRIEND NOT DO?
Friends share	Friends do not:
Feelings	● Speak behind your back
Fantasies	● Hurt you
Experiences	● Ignore you
Emotions	● Break confidence
Problems	● Bully or hurt you
Money, goods, etc.	● Force you to do things

activity

Tracing the values

Trace around a friend's hand. Write down the qualities you value about your friendship. Write one quality in each finger.

Draw an identification bracelet on the wrist of the hand. Print the name of your friend on the bracelet. Cut out the hand and mount it on another sheet of paper. Give the hand silhouette to its owner.

activity

On learner level, assess the values of friendships and relationships. Rate your friendship according to the things you value:

	RATE 1	2	3	4	5
1. My friend always keeps promises to me					
2. My friend always returns things					
3. My friend always does things to help me					
4. My friend stands up for me and defends me					
5. My friend says sorry if he or she has let me down					
6. My friend is always willing to listen to my troubles					
7. My friend does not talk about me behind my back					
8. My friend listens to my opinions, even if he or she does not always agree					
9. My friend cares enough about me not to allow me to hurt myself					

activity

Discussion

Discuss the following statement: "I always follow my friend in what she does." Talk about what if ... e.g. it is against my own beliefs or values, involves drugs or illegal things,etc.?

facilitation pointers

Facilitate a discussion on:

- What is **peer group pressure**?
- What are the **advantages** of the peer group?
- Brainstorm **positive** and **negative influences** of peer group.

PEER GROUP PRESSURE

Peer group pressure is that force exerted on a member to conform to the norms of the group. Peer groups can have positive or negative influences on members. Some advantages are **belonging, reward, acceptance, achievement, identity and encouragement.**

POSITIVE INFLUENCES	NEGATIVE INFLUENCES
The group provides the opportunity to: ● Learn social skills ● Experience new social roles ● Communicate with the opposite sex. The group provides: ● Support for separation from parents ● Warmth, security and friendship ● A safe environment for discussing feelings, relieving tension from family conflicts. The group offers: ● Education and social pressure to conform to social norms ● Affirmation and helps the individual to formulate his or her identity, and recognise achievements ● Status and prestige – share in the group's identity.	The group may: ● Reject or ridicule the individual ● Damage his or her self esteem ● Have deviant norms which put the member in conflict with his or her family, society or own values ● Be rigid and inhibiting, demanding total conformity and stifling healthy development ● Punish the member for differences or out of jealousy.

activity

Decisions and friends

Ask for four volunteers from the group. Ask the rest of the group to divide into four groups and ask each group to form a line behind one of the four volunteers. Ask them: ***What made you decide which line to stand in?*** *With the students still standing in their rows, ask them to re-arrange themselves so that the strongest person is the last person in the line, and the weakest person is at the head of each line. They must place themselves in the position they feel they should occupy, but they are not allowed to fight or push each other otherwise they are disqualified.*

facilitation pointers

To assist learners in focusing on possible pressures from friendships and the peer group because of the need to be accepted – **discuss with them why they need a friend and what they want to share with a friend.**

THE NEED TO BE ACCEPTED

The following are some of the reasons that drive the need to be accepted by a broader group:

- Fear of loneliness
- Fear of isolation
- Fear of being kicked out
- Wanting to be liked
- Wanting to be loved
- The need for attention
- Wanting to be cared about
- The absence of family
- The desire to be a follower
- The need not to be exposed
- The desire to just go along, etc.

facilitation pointers

Why is pressure so great during adolescence?
(Relate this to feelings, e.g. lack of confidence, security, feelings of inferiority, fear of being different, outcast, ridiculed, rejected, etc.)

IMPORTANT SKILLS IN DEALING WITH PEER GROUP PRESSURE

- Skills to distinguish positive and negative influences
- Decision-making skills
- Value clarification skills and
- Assertive communication skills.

facilitation pointers

Teach learners the **A-S-K – Three step process for saying "NO"**

A = ASK QUESTIONS
Ask questions to know what you are getting into

S = SAY "NO"
If it is wrong and will get you into trouble and reasons

K = KNOW ALTERNATIVES
Know and suggest some positive alternatives

(From: Quest International)

Practise the **A-S-K – 3 step process** with simulations / ideas / role-plays.

activity

I have courage

*Ask learners to select one of the following statements and to develop an action plan of how to **have the courage to**:*

- Be different
- Be left out
- Be myself
- Handle teasing and mocking
- Not make fun of others
- Say "NO" when I want to
- Make positive suggestions

Communication skills


activity

Expressions

Divide learners in four groups to do the following exercise. Show learners pictures of people with different facial expressions. Each group must say in turn what they see in these pictures – how does the person feel / what impression do they get from each person – e.g. looks very sad, friendly or stern person etc.


facilitation pointers

Ask the groups what **ways / elements of communication** can be identified in these pictures and integrate their responses on the flip chart – e.g. body language / facial expression / body gestures / movements etc.

Explain that **70% of the time the body language conveys the real message**.


activity

Communication

Ask for a volunteer and demonstrate by means of three short role-plays, different ways of communicating, e.g.:

Role-play 1

The learner must enter and greet the teacher / trainer who in turn smiles and answers in a very friendly manner.

Role-play 2

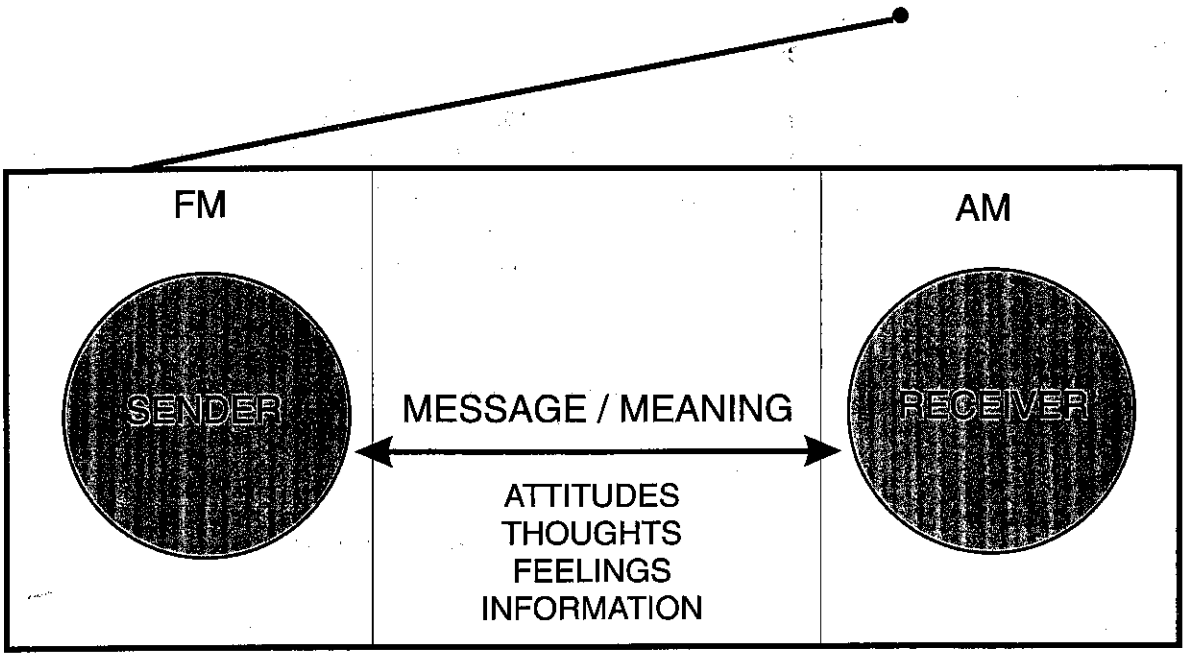
The learner must enter and greet the teacher / trainer, who in turn doesn't smile and answers in a very unfriendly and angry manner.

Role-play 3

The learner must enter and greet the teacher / trainer, who in turn signals that he or she cannot talk and asks for a paper to write a message while still signaling and using strong body language.

*Ask the groups to identify the types of communication that took place and **define "process of communication"**. Integrate the responses on the flip chart (e.g. use the overhead of the "communication radio"*

'COMMUNICATION RADIO'



VERBAL AND NON-VERBAL

Signals / symbols / writing

COMMUNICATION...

...is the exchange of meaning through symbols between a sender and receiver and involves sending and receiving messages

activity

Who says we should have good communication, and why?

*Groups must brainstorm the **advantages** of good communication. Integrate on flip chart, e.g.*

- Help meet your needs
- Others understand you/feelings
- Build relationships
- Build trust
- Express clearly what you want
- Carry out decisions.

facilitation pointers

Communication involves the sending and receiving of messages in a variety of different ways including:

- Body language
- Signs / symbols
- Touch
- Written language
- Verbal language
- The way we move our bodies
- Facial expression.

Communication involves different aspects or **types** of communication.

TYPES OF COMMUNICATION

Non-verbal communication

Body language is the first base of communication and the one further messages rest on. Our first actions in life are to relate to our feelings and our needs via body messages, e.g. a new-born baby. We learn our non-verbal cues by responding to others' body messages.

Verbal communication

We normally communicate to others through words and body language where the words contain the facts while our posture and tone reveal our feelings towards these facts. Aligning our verbal language with our body language is the key to effective communication and the building up of trusting relationships.

Active listening

While it is important to express our feelings and emotions accurately, it is equally important to be receptive to the messages received. Listening is the second half of the process of communication and requires more than just a mere presence. There is a big difference between **hearing** and **listening**.

> **Hearing** = a physical and involuntarily reaction to sound e.g. dropping something when a sudden noise is heard
>
> **Listening** = a mental and active process of paying attention, not only hearing words (passive listening), but also noting the way in which a person speaks, body language, etc. Because it is not involuntarily, we call it **active** listening.

Feedback

Feedback is both the underlying cues / messages we give out as well as the direct reactions we get from others that give us information on how the communication was received. This technique is dealt with in a later session.

*The following acivities address **elements of communication**:*

activity

Masking our feelings

Ask learners to think of any feeling, e.g. happy, angry, silly, scared, etc.
Hand out a mask and colour crayons or pens to everybody and each must draw their own feeling mask, cut it out and put it on.

Divide learners in pairs. Each couple must face each other and tell the other what feeling their mask shows. Ask them if they can identify the real feeling behind the mask of the other person.

activity

Brainstorm

*Brainstorm what they think the **visual elements** of communication are and put on the overhead / flip chart. Give additional information and discuss.*

VISUAL ELEMENTS IN COMMUNICATION

EYE CONTACT

FACIAL EXPRESSION

USE OF FREE INFORMATION

ACTIVE LISTENING

We have 656 muscles, 43 to frown, 17 to smile!

activity

Listening for clues

1. *Ask for five volunteers. The rest of the learners must close their eyes and lie on their arms with their heads down and listen carefully.*

2. *Each volunteer should role-play one of the following scenarios. The learners must not open their eyes but must listen to the* ***vocal*** *elements of communication.*

   Learner 1 = **Tone of voice** (very angry, asking if it was you who broke the window?)

   Learner 2 = **Speed** (talking fast, asking if you could come quickly to help)

   Learner 3 = **Fluency** (talking slowly and fluently, asking if he or she can be of assistance to you)

   Learner 4 = **Affect** (talking in a caring way, asking if you feel better today)

   Learner 5 = **Accent** (talking with a 'funny' accent, asking which road he should take to Newcastle?)

3. *The learners must now open their eyes and give their feedback on the* ***vocal*** *elements of communication, put on the overhead / flip chart and add to the list.*

VOCAL ELEMENTS IN COMMUNICATION

TONE OF VOICE

SPEED

FLUENCY

AFFECT

ACCENT

activity

Active listening skills

Divide into groups of threes. Groups can decide who is A, B and C.

A must talk about something that interests them.
Instruct B to look as bored as possible, fidget and show little interest in what A says.
C needs to observe what happens and how A is affected by B's behaviour.

Did A find it difficult to continue their story?
What did it feel like not to be listened to?

Reverse the role-play and ask B to look interested and practise active listening skills.

activity

Talkers and listeners

*Divide the groupminto two – listeners and talkers. The **talkers** form one group (Group A) and the **listeners** form a second group (Group B). Then do the following:*

Prepare group A (TALKERS) for role plays:
Act the role of **people with a problem** – e.g. mother / money / illness /drinking. Participants must show their emotions – e.g. worried / angry /shy / hurt / confused / loving / frustrated.

Prepare group B (LISTENERS) for role plays:
Instruct them to demonstrate **good listening skills initially** – e.g. pay attention, listen carefully, respond to feelings, look at the person, don't move around or fiddle, be interested until the teacher / trainer gives the sign by turning over a page on the flip chart. Now Group B must demonstrate **bad listening skills** by looking around, fiddling with things, dropping stuff, not keeping eye contact and becoming disinterested.

*Ask Group A how they felt about Group B's listening skills and list them in two columns on the flip chart: **'GOOD'** and **'BAD' listening skills.***

facilitation pointers

Discuss the advantages of **'active / assertive' listening** are, e.g.active / assertive listening:

- forces people to really listen to others
- diffuses potential problem situations
- prevents misunderstandings
- leads to respect for the sender of the message, creating an opportunity for further responses.

I - MESSAGES

D = Describe	Describe the behaviour that worries you
E = Express	Express your feelings regarding the behaviour described
S = Specify	Be specific and focus on one thing at a time
C = Consequences	Describe what effect, or consequence, the behaviour has

Composing an I-message:

When you ..... ***When you*** *don't phone to tell me you'll be late,*
I feel ..... ***I feel*** *angry* ***because*** *I worry that something*
Because ..... *might have happened to you."*

activity

I – messages

Ask learners to choose their own problem situations and respond / write down their response using I - messages.

Example of I-message:

"I feel angry when you take my book and don't return it. I would like you to give it back as soon as possible otherwise I will not be able to lend something to you again."

D = Describe actions	*"..when you take my book and don't return it.."*
E = Express feelings	*"I feel angry.."*
S = Specify behaviour	*"because I need to use it for homework."*
C = Consequences of actions	*"otherwise I will not be able to lend something to you again"*

PRE REQUISITES FOR EFFECTIVE COMMUNICATION

- Sharing your thoughts, feelings and opinions
- Listening to and accepting the other person's thoughts, feelings and opinions, even if the differ from your own
- Showing acceptance and understanding
- Becoming involved with the other person and deepening the relationship.

OBSTACLES TO COMMUNICATION

R = ROUTINE RESPONSES
I = IRRATIONAL BELIEF SYSTEMS
O = OVERHASTY CONCLUSIONS
T = THE USE OF "BUT"

activity

Role-play

Use role-play activities to demonstrate obstacles in communication. Choose four volunteers. Each learner will ask the group leader a question and four different "obstacles" will be demonstrated and discussed.

Role-play 1

The learner must come in and greet the teacher / trainer and ask: "How are you today?" The teacher / trainer in turn looks very unhappy and angry but answers: "Fine thank you, and you?". Irrespective of what the learner answers, the teacher / trainer replies "That is good" (10 min)

R = ROUTINE RESPONSES.

Role-play 2

The learner must come in and greet the teacher / trainer and ask: "How are you today?" The teacher / trainer in return looks very depressed and answers: "Things always go wrong with me, why always me?" Irrespective of what the learner answers, the teacher / trainer replies: "I'm a failure, I can't do anything right, I can't live like this anymore". (10 min)

I = IRRATIONAL (WRONG) BELIEF SYSTEMS

Role-play 3

The learner must come in and greet the teacher / trainer and ask: "How are you today?" The teacher / trainer in return looks very puzzled and answers: "O.K. You look happy. Oh, yes, you never have problems." Irrespective of what the learner answers, the teacher / trainer replies: "OK, I'm sorry, other people don't seem to struggle as I do" (10 min)

O = OVERHASTY CONCLUSIONS

Role-play 4

The learner must come in and greet the teacher / trainer and ask: "How are you today?" The teacher / trainer in return looks very puzzled and answers: "O.K., but you know I have been better, but I can change, but it's difficult, but I'll try... and how are you?" Irrespective of what the learner answers, the teacher / trainer replies: "But see I have a plan but then I don't know if it will work but I must run now, but I'll tell you later" (10 min)

T = THE USE OF "BUT"s

activity

Discussion

How do our beliefs influence our communication? IRRATIONAL BELIEFS can become a major obstacle in communication.

Ask learners to think of a situation in which they feel desperate or helpless and discuss it in the group. Ask them if they have a hope that they an overcome this problem or is it hopeless? Do they always expect the worst of people?

Focus on some general beliefs. Use the flip chart. Ask learners to form four groups. They must try to reach consensus on the following two questions and each group must report back. Integrate on flip chart:

- What DO you believe in ?
- What DON'T you believe in?

Can you identify which of your beliefs could be an obstacle to communication? What could you do to overcome this?

SKILLS TO MANAGE CLEAR COMMUNICATION

- Give a clear message and include your feelings involved
- Listen carefully and openly
- Repeat the specific:
  - message and
  - expressed feelings and
- Clarify whether you've heard correctly
- Give of yourself:
  - Your feelings about the message that you received
  - Your response to the message (facts and feelings).

Conflict management

outcomes

At the end of this section on conflict management, participants should be able to demonstrate:

- Awareness and insight into their own conflict management styles
- Improved knowledge of conflict management methods and their uses
- Non-judgemental attitudes towards other people's styles or beliefs
- A knowledge of the importance of skills – e.g. assertiveness – in improving conflict management

activity

Attitudes and values

Discussion

Discuss the following statements in the group:

- Conflicts are bad and will always cause harm to relationships
- When there is a difference, you must 'bridge the gap' by 'giving in'
- It is expected of you that when someone fights with you, you will turn the other cheek
- Conflicts are destructive and should rather be avoided
- Conflicts can be managed by the application of specific methods.

CONFLICT MANAGEMENT

How important your **personal goals** are to you and how important a **relationship** is to you **affects how you act in a conflict**.

It is possible to identify **five styles of managing conflicts** according to the relative value placed on personal goals and relationships:

The teddy bear and the sheep (Smoothing)

This conflict management style is one in which the person:

- Views the relationship as being very important, while their own goals are of little importance
- Wants to be accepted and liked by other people
- Thinks that conflict should be avoided in favour of harmony
- Believes that conflicts cannot be discussed without damaging relationships
- Is afraid that, if the conflict continues, someone will be hurt and that that would ruin the relationship
- Gives up their goals to preserve the relationship
- Says: "I'll give up my goals, and let you have what you want, in order for you to like me"
- Tries to smooth over the conflict in fear of harming the relationship.

The giraffe, turtle, ostrich, hyena and owl (Withdrawing)

In this conflict management style the person:

- Withdraws into their shell to avoid conflicts
- Gives up their personal goals and relationships
- Stays away from the issues over which the conflict is taking place and from the people they are in conflict with
- Believes it is hopeless to try to resolve conflicts
- Feel helpless
- Believes it is easier to withdraw (physically and psychologically) from a conflict than to face it.

The gorilla and the donkey (Forcing)

This conflict management style is adopted by the person who:

- Tries to overpower opponents by forcing them to accept their solution to the conflict
- Attaches great importance to their own goals, and considers the relationship of minor importance
- Seeks to achieve their goals at all costs
- Is not concerned with the needs of other people
- Does not care if other people like or accept them
- Assumes that conflicts are settled by one person winning and one person losing
- Wants to be the winner
- has a sense of pride and achievement from winning
- experiences a sense of weakness, inadequacy and failure from losing
- Tries to win by attacking, overpowering, overwhelming and intimidating other people.

The canary and the peacock (Confronting)

People who employ thjs style of conflict management:

- Value their own goals and relationships
- View conflicts as problems to be solved and seek a solution that achieves both their own goals and the goals of the other person in the conflict
- See conflict as improving relationships by reducing tension between two people
- Try to begin a discussion that identifies the conflict as a problem
- Try to find solutions that satisfy both themselves and the other person and maintain the relationship
- Are not satisfied until a solution is found that achieves their own goal and the other person's goal.

The weasel (Compromising)

In this conflict management style the person:

- Is moderately concerned with their own goals and about their relationships with other people
- Seeks a compromise
- Gives up part of their goals and persuades the other person in a conflict to give up part of their goals
- Seeks a solution to conflicts where both sides gain something – the middle ground between two extreme positions
- Is willing to sacrifice part of their goals and relationships in order to find agreement for the common good.

activity

Self-awareness exercise

*Give participants the **conflict management hand-out (the different animals)** and ask them to identify how they manage their own conflicts.*

facilitation pointers

Facilitate awareness of how cultural and / or religious beliefs affect one's approach to conflict management.

Help participants understand the consequences of their own conflict management styles and the appropriate and inappropriate use of a specific method.

METHODS	WHAT HAPPENS WHEN USED	APPROPRIATE TO USE WHEN	INAPPROPRIATE TO USE WHEN
Denial or Withdrawal	Person tries to solve problem by denying its existence, results in win/lose.	Issue is relatively unimportant: timing is wrong; cooling off period is needed; short term use	Issue is important; when issue will not disappear, but build up.
Suppression or Smoothing over	Differences are played down; surface harmony exists. Results in win/lose in forms of resentment, defensiveness and possible sabotage if issue remains suppressed	Same as above, also when preservation of relationship is more important at the moment.	Reluctance to deal with conflict leads to evasion of important issue, when others are ready and willing to deal with issue.
Power or Dominance	One's authority, position, majority rule or a persuasive minority settles the conflict. Results in win/lose if the dominated party sees no hope for self	When power comes with position of authority, when this method has been agreed upon	Losers have no way to express needs, could result in future disruptions
Compromise or Negotiation	Each party gives up something in order to meet midway. Results in win/lose if "middle of the road" position ignores the real diversity of the issue	Both parties have enough leeway to give; resources are limited; when win/lose stance is undesirable	Original inflated position is unrealistic; solution is watered down to be effective, commitment is doubted by parties involved
Collaboration	Abilities, values and expertise of all are recognised; each person's position is clear, but emphasis is on group solution. Results in win/win for all	Time is available to complete the process; parties are committed and trained in use of process	The conditions of time, abilities and commitment are not present.

Crisis intervention

TEN TRUTHS ABOUT PEOPLE
(source: Life Line)

- Everyone is an alone being (relationships are our deepest need because we are born with a sense of "incompleteness")
- Everyone has a covert and an overt self
- Everyone has the same basic needs (e.g. to love and be loved, to be secure, to belong, to be accepted, to have self-esteem, to develop one's full potential, to enquire, to defend oneself, to have a fulfilled life)
- Everyone is totally unique (each person should be treated as precious... a royal soul)
- Everyone is a product of their past (very often the prisoner of their past. We each carry the marks of the family we come from)
- Everyone sees things through the filter of their emotions
  - everything that **happens to me**, I see through the filter of my **emotions**
  - everything that **happens to you**, I see through the filter of my **intellect**, BUT
  - everything that **I do**, I see through the filter of my **intellect**
  - everything that **you do**, I see through the filter of my **emotions**.
- Everyone has areas where they feel inadequate and vulnerable
- Everyone can be hurt, probably has been hurt, and quite likely is hurting in some area
- Everyone has times when they need to be carried (nobody deserves to be taken for granted)

Relating to some of the above 'truths' – learners and their families might at some time find themselves in crisis, feeling paralysed and incapable of dealing with their problems. This is when they need help (crisis intervention) and might need to reach out to outside people, for example Life Line. The person they reach out to will then be doing crisis intervention.

CRISIS INTERVENTION MODEL

The impact of a crisis usually threatens one's needs, values or goals. This causes one or more of the following symptoms: tension, anxiety, depression, negative self-esteem, vulnerability, helplessness, anger, withdrawal, apathy, disorganisation, lethargy, hopelessness.

A crisis situation can also affect the person's perception of the crisis event and if he or she receives no support or there is an inability to cope with the event, it will result in a crisis breakdown.

A crisis usually develops in three clearly defined stages:

Stage 1 – Shock

I can't belive it. It's not true. How can this be? The person may feel confused, bewildered or a sense of disbelief.

Stage 2 – Reaction

The person may feel angry or resentful that this has happened to him or her, or they may feel afraid or helpless. I won't be able to cope with this. Why did it have to happen to me?

Stage 3 – Acceptance

This stage takes time but ultimately the person learns to adjust to the changed situation. This stage is sometimes accompanied by feelings of depression.

Intervention should aim at:

- **Building a relationship of trust** – A person in crisis may feel that no-one understands or that nothing can be done to alleviate the situation. You should be empathetic and supportive but take care not to compound the situation by adding your own anxiety.

- **Helping the person identify and clarify the problem** – You should try to help the person work through their state of confusion. Ask factual questions and work on a logical rather than an emotive level.

- **Developing an action plan together with the person in crisis to help them cope with the situation** – Offer options and assistance in helping to resolve the crisis and formulate specific steps that can be taken to resolve the immediate crisis.

Any intervention should be seen as a form of emotional assistance. It is a short term helping process that aims at providing immediate relief in an overwhelming situation.

activity

Master trainers and teachers

Crisis intervention

Divide into groups. Ask the groups to use the process of crisis intervention in dealing with someone who has been raped.

activity

Who can help?

Ask the learners to identify people or organisations they can talk to if they have been raped.

Evaluation / Assessment

evaluation

Ask the learners to draw a face to express how they feel about what they have learnt.

Ask participants to complete the evaluation sheet opposite:

EVALUATION SHEET

New skills gained

I can apply these when...

I need more information on / practice in...

Some skills I didn't know I had are...

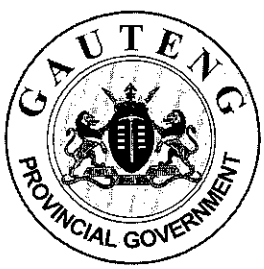
I discovered that...

TALKING ABOUT LIFE

HIV / AIDS and Life Skills Training Manual

for Primary Schools

Developed by: Barbara Michel
Assisted by: Judy Alter and Sharon Kruger
Edited by: Lynn Cornfield



DEPARTMENTS OF HEALTH
AND EDUCATION

Design and layout by Aloe Communications

First published March 2000, Johannesburg

Developed by: Barbara Michel
Assisted by: Judy Alter and Sharon Kruger
Edited by: Lynn Cornfield

Acknowledgements

The Gauteng Departments of Health and Education, HIV/AIDS and Life Skills Programme, gratefully acknowledge the valuable contributions of:

Family Life Centre, Johannesburg
Institute for Health Training and Development
Life Line (West Rand)
Planned Parenthood Association of South Africa
Township Aids Project and
Community Chest

who provided the training on which this manual is based.

References

A variety of references were used in compiling this manual. Some of the activities were developed from personal experience and were used by facilitators at some stage during the training. Where possible, original sources are acknowledged but in writing the activities our thinking was also often informed by the ideas and experiences of colleagues in workshops over the years.

Contact details:

Gauteng Department of Health Tel: (011) 355 3227
Gauteng Department of Education Tel: (011) 355 0835

Design and layout by Aloe Communications 082 659 0952

Contents

Module 1
About this manual

Introduction

This manual reflects the training presented to the Department of Education Master Trainers in the area of HIV/AIDS. This initiative has been specifically targeted because of the distressing increase of the incidence of HIV particularly in young people. This has also increased the likelihood that learners who are HIV infected, or are ill with symptomatic AIDS, will be entering the school environment.

It is becoming increasingly essential that the Departments of Education, Health and Welfare, and their communities be equipped to deal with the epidemic.

The initiative, along with the implementation of Outcomes Based Education (OBE) through the Curriculum 2005 Project, concentrates on the inclusion of critical information needed to support learners and teachers. It can be used also in other settings by adapting the activities and facilitation process.

Although this training course is based on OBE principles, it is not intended to teach this method here. The manual should rather be seen as part of the reconstruction and development of the educational curriculum offered in the formal schooling system.

Initial funding for the project was granted by the European Union. The development of the manual is to support and sustain the implementation of Life Skills and HIV/AIDS related education for learners in school. The sensitive nature of the subject of HIV/AIDS makes it difficult for most people. Although the manual concentrates on HIV/AIDS, it is important to include it within the framework of the new, revised curriculum in which Life Skills and HIV/AIDS education are lodged in the Life Orientation Learning Area and can be implemented across the curriculum in an integrated approach.

The HIV/AIDS draft policy published in December 1998 in the government gazette lent formal support to the need to implement a HIV/AIDS Life Skills Programme in the classroom. The policy outlines aspects of disclosure and anti-discrimination towards an infected person. The right to confidentiality for the infected learner and the educator is also addressed.

It is essential that trainers and teachers acknowledge their own feelings and attitudes towards HIV/AIDS because these can impact on the way

in which they handle the subject and, to be effective, it needs to be handled in an objective, sensitive and non-judgemental fashion.

It is also important to acknowledge that, in order to share with the learner the information on HIV/AIDS that is presented in this manual, the educator needs to be comfortable with the content, the issues and the skills of facilitation.

You cannot attempt to change behaviour or to assist in breaking down bias and discrimination by telling learners what to do and how to do it. Success is more likely if you give information and develop skills so that learner can make responsible, informed choices of their own. This applies to the master trainer as well as to the educator.

We hope you will find the manual easy to use and that it will help you to develop your own ideas.

How to use the Manual

The manual aims to:

- Place HIV/AIDS within the context of the Life Orientation Learning Area and Life Skills Programme
- Link the content with the critical and the specific outcomes required in the Life Orientation learning Area
- Equip trainers and teachers with the skills to facilitate – Modules 2,3 and 10
- Alert facilitators to the different needs of adult learners – Module 2
- Introduce the qualities and skills needed by learners to cope better with the HIV/AIDS problem – Modules 4,5 and 6
- Initiate discussion on sexuality, HIV/AIDS and grieving – Modules 7,8 and 9.

Part 1 deals with the skills needed to present a Life Skills Programme
Part 2 deals with content relevant to a HIV/AIDS Life Skills Programme
Part 3 deals with the planning and implementing of such a programme

The manual provides a number of activities and exercises that the trainer/ teacher can use in a HIV/AIDS Life Skills Programme. The modules and activities can be used in a mix-and-match style to integrate information and skills in a flexible programme. The activities given are not exhaustive and are merely examples of what a trainer or teacher might do. As a trainer you are encouraged to develop activities of your own that are suited to the group with which you a working.

Most of activities presented in this manual are suitable for training facilitators (teachers) or for facilitators to use with learners. Master Trainers, too, could benefit from doing the activities before they use them in programmes.

Linking content to the required outcomes of the curriculum

The **Critical Outcomes** required by the South African Qualifications Authority (SAQA) across all eight Learning Areas of the curriculum are that all learners are able to:

- Communicate effectively using visual, mathematical and/or language skills in the modes of oral and/or written presentation.
- Identify and solve problems by using creative and critical thinking.
- Organise and manage themselves and their activities responsibly and effectively.
- Work efficiently with others in a team, group, organisation or community.
- Collect, analyse, organise and critically evaluate information.
- Use science and technology effectively and critically, showing responsibility towards the environment and the health of others.
- Understand that the world is a set of related systems, ie problem-solving contexts do not exist in isolation.
- Show awareness of the importance of effective learning strategies, responsible citizenship, cultural sensitivity, education, career opportunities and entrepreneurial abilities.

These are the broad critical outcomes of the curriculum. Each learning area also has more specific outcomes. These specific outcomes assist the learner to achieve the critical outcomes.

The **eight specific outcomes** of the Life Orientation Learning Area require that learners should be able to:

LO.SO. 1:	Understand and accept themselves as unique and worthwhile human beings
LO.SO. 2:	Use skills and display attitudes and values that improve relationships in f family, group and community
LO.SO. 3:	Respect the rights of people to hold personal beliefs and values
LO.SO. 4:	Demonstrate value and respect for human rights as reflected in Ubuntu and other similar philosophies
LO.SO. 5:	Practise acquired life and decision-making skills
LO.SO. 6:	Assess career and other opportunities and set goals that will enable them to make the best use of their potential and talents
LO.SO. 7:	Demonstrate the values and attitudes necessary for a healthy and balanced lifestyle
LO.SO. 8:	Evaluate and participate in activities that demonstrate effective human movement and development

A module may highlight more than one specific outcome and it is hoped that the trainer/teacher will adapt them wherever possible.

A common way to reflect a specific outcome of a particular Learning Area is to use an abbreviation, e.g. Life Orientation Specific Outcome Number 5 is abbreviated to: **LO. SO. 5**.

At the beginning of the modules dealing with material for a Life Skills Programme on HIV/AIDS and related issues, the LO.SOs for the module will be specified.

PART 1

SKILLS AND METHODOLOGIES FOR LIFE SKILLS PROGRAMMES

Module 2
Facilitation

At the end of this module you will:

- Understand the process of facilitation
- Be able to link the process of facilitation to OBE principles
- Know the skills and qualities of a good facilitator
- Understand the adult learner
- Be aware of experiential learning models.

Introduction

This module is intended to assist the master trainer in adult education as well as in teacher training. It is not intended as the only approach but is intended to present the main principles and philosophy of facilitation. Master trainers and teachers are urged to use other resources to complement this one.

Although this manual reflects OBE principles, the OBE model will not be presented here, rather you will be helped to integrate information on sexuality and HIV/AIDS into a Life Skills Programme in the Life Orientation Learning Area.

Facilitation is both a philosophy and an approach to teaching and learning whether by adults or children. The main principles relate to participation as a process of learning, and to the facilitation skills needed to guide this process. It involves the use of different methodologies and structured activities that guide participants towards their own learning.

To facilitate means to "make easier." In the context of education it means to make learning easier by making it a shared experience. Through facilitation learners learn by sharing ideas, opinions and attitudes. Debates around contentious and controversial issues develop critical thinking and responsible decision-making. For this style of teaching and learning to be successful the facilitator must create a climate conducive to learning, ie a non-judgemental atmosphere in which learners feel safe to express themselves.

There are many ways in which to promote this process and various methodologies to help you are discussed in Module 3.

Traditional and OBE teaching principles

Facilitation as a teaching strategy highlights the differences between the old and the new models of teaching. As an educator grappling with the concepts of OBE, it is useful to compare the principles underlying traditional and outcomes based approaches:

TRADITIONAL	OUTCOMES BASED
Passive learners	Active learners
Exam-driven	Learners are assessed on an on-going basis
Rote learning	Critical thinking, reasoning, Reflection and action
Syllabus is content-based and broken down into subjects	Integration of knowledge, learning relevant and connected to real life situations
Textbook/worksheet-bound	Learner centred, teacher as facilitator, group work, variety of resources
Teacher responsible for learning,motivation depends on the personality of the teacher	Learners take responsibility for their learning, learners motivated by constant feedback and affirmation.

Source: Curriculum 2000, Department of Education 1997/1998

In traditional teaching the teacher is more a presenter; in outcomes based teaching the teacher is more a facilitator. As a master trainer you need to be a good facilitator. However, there are a number of principles of presentation that are useful to a facilitator:

- Body language – maintains eye contact, smiles, open manner, friendly facial expression
- Voice – varied tone and pitch
- Dress – neat and tidy
- Self confidence – positive and expert
- Preparation and organisation
- Enthusiasm and commitment.

The facilitator

The Role of the Facilitator is to:

- Challenge thinking
- Summarise
- Share ideas
- Serve as a model
- Raise questions
- Guide discussions
- Restate ideas
- Create a climate for learning
- Administrate
- Further group learning
- Further individual learning.

The Skills of a Facilitator:

- Creates a comfortable learning environment
- Listens
- Asks open ended questions
- Encourages
- Compares and debates different thoughts and feelings contributed
- Clarifies and introduces new information
- Compares responses
- Summarises discussion points
- Knows how and where to use the new information
- Facilitates a strategy for the implementation of the new knowledge
- Monitors and evaluates the usefulness of the new knowledge
- Revisits issues as the need arises
- Improvises when necessary
- Handles conflict.

The Qualities of a Facilitator:

- Flexible and adaptable
- Organised and well prepared
- Practical
- Creative with materials and activities
- Non-judgemental, all participants are encouraged to have their point of view
- Tolerant
- Sharing
- Enthusiastic and genuine.

Adult learning

As master trainers it is likely that most of your learners will be adults, eg teachers. For them, facilitated learning is particularly effective. This is because adults bring a vast range of experiences with them that they can contribute to, and use in, new learning experiences. On the downside, past experiences bring with them feelings, behaviours and attitudes that can interfere with learning. For example, the judgemental attitudes of some adults might stop them from engaging with the issues around HIV/AIDS. Often, it is the facilitator's skills that determine whether situations like these lead to conflict or to enrichment.

facilitation pointers

HANDLING CONFLICT

- Anticipate that conflict will happen because, to greater or lesser extent, it will
- Stop the process before it sabotages the session
- Show conscious leadership
- Summarise and identify opposing opinions
- Explore the why and what of the opposing opinions
- Relate to the bigger picture in the world or societies
- Encourage the group to take responsibility for the conflict and for dealing with it
- Reach a point that enables the group to move forward
- Acknowledge differences when agreement cannot be reached easily.

You will need to use your observational skills to pick-up signs of discomfort, or to judge the tone of the group, when handling contentious issues or sensitive and potentially embarrassing topics such as sexuality. Some of the greatest difficulties experienced when working with groups are caused by feelings of discomfort and conflict.

facilitation pointers

WORKING WITH DISCOMFORT

- Watch for symptoms e.g. fidgeting, uncomfortable body language, lack of response or aggressive verbal response, lack of participation, change in the mood of the group, dynamics, facial expression
- Confront gently by telling the group what you are seeing and feeling
- Find out why through facilitative questions and discussions
- Allow for silence so that thoughts can be channelled into the courage to speak
- Encourage all participants to express their thoughts and feelings
- Support participants in sharing and talking about their feelings
- Ask permission to confront the discomfort
- Ask them how the situation could be eased
- Implement their ideas
- Ensure a time to heal
- Know when to move on

Although it is sometimes difficult to confront a group, it is important to clarify the problem. You can generally do this before a problem escalates by asking the group for feedback.

activity

The Feelings Barometer

Ask:
How are you feeling? Is the pace fine? Is the content clear/ Is it too simple or too complicated? Are you happy? Would you like to change some things? Is there anything else that you would like to discuss with the group?

It is not essential to accommodate all demands but the issues can be addresses and discussed.

facilitation pointers

Facilitators are responsible for a number of tasks, eg preparing the venue, the material, the "lesson" plan and the outcomes of the learning encounter. But, the most important task of all is being sensitive to the needs of the group. At the outset it is important to assess what the participants expect from the learning experience and to adapt the material, tasks and pace to suit them. However, the learner must also take responsibility for his/her own learning and assess what he/she brings to the encounter.

CHARACTERISTICS OF ADULT LEARNERS

Adult learners are usually:
- Committed
- Enthusiastic
- Motivated
- Attentive
- Willing.

But they may also:
- Have many other responsibilities besides being a learner
- Have been forced into learning because of policy decisions and are, therefore, not enthusiastic and learning for personal development
- Find it difficult to implement learning because of lack of materials
- Feel overwhelmed
- Have to master areas that were previously out of their realm of expertise and skill

Three areas that affect participation are: the learners' willingness, energy and focus.

activity

Rating Scale

At the start of a learning session get the learners to assess their willingness to be there, the energy they are prepared to invest and their ability to focus. Get them to draw a rating scale, numbered 1 – 9, for each of the three variables and to score themselves along it. Give examples of life situations that could interfere with their involvement in the learning process.

- If their boss sent them on the course and they had no choice in the matter they might not be open to the session;
- If their sick baby had kept them awake most of the night they might be too tired for the session;
- If they had argued with their partner the previous night and the argument was not resolved they may not be able to focus on the session.

facilitation pointers

Take a minute for everyone to consider what reasons they may have for wanting/not wanting to be at the session that might affect the quality of their learning experience. This helps learners to acknowledge their role and responsibility in the learning process.

ADULT LEARNING

There are a number of principles of adult learning that master trainers should use as a guide to inform their roles as facilitators of adult learning.

activity

Adult learning principles and their implications

Read the principle in the left-hand column and comment in the right-hand column. You need to consider what the facilitator needs to do so that the principle is carried out in the learning situation. This activity can be done individually or in small groups. It is important to discuss the impact that the principles might have on the learning situation and on the adult learner, eg the teacher.

Part of the master trainer's job is to help teachers to adapt these principles, and the implications they have for facilitated learning, to the needs of child and adolescent learners.

PRINCIPLES	IMPLICATIONS
Adults learn best in a relaxed and comfortable environment	
Adults respond to a variety of teaching methods	
Adults can learn from each other	
Adults learn by solving realistic problems	
Adult learning is affected by experience	
Adults want guidance, not grades	
Adults learn at different rates	
Adults can only handle so much at a time	
Adults are social creatures	
Adults need reinforcement	
Adult learning can be affected by physiological changes	
Adult self concepts are higher than children's	
Adults learn only when they feel a need to learn	

(Source: Disend, J.E. Train the Trainer — How to make training more powerful and effective (1989)).

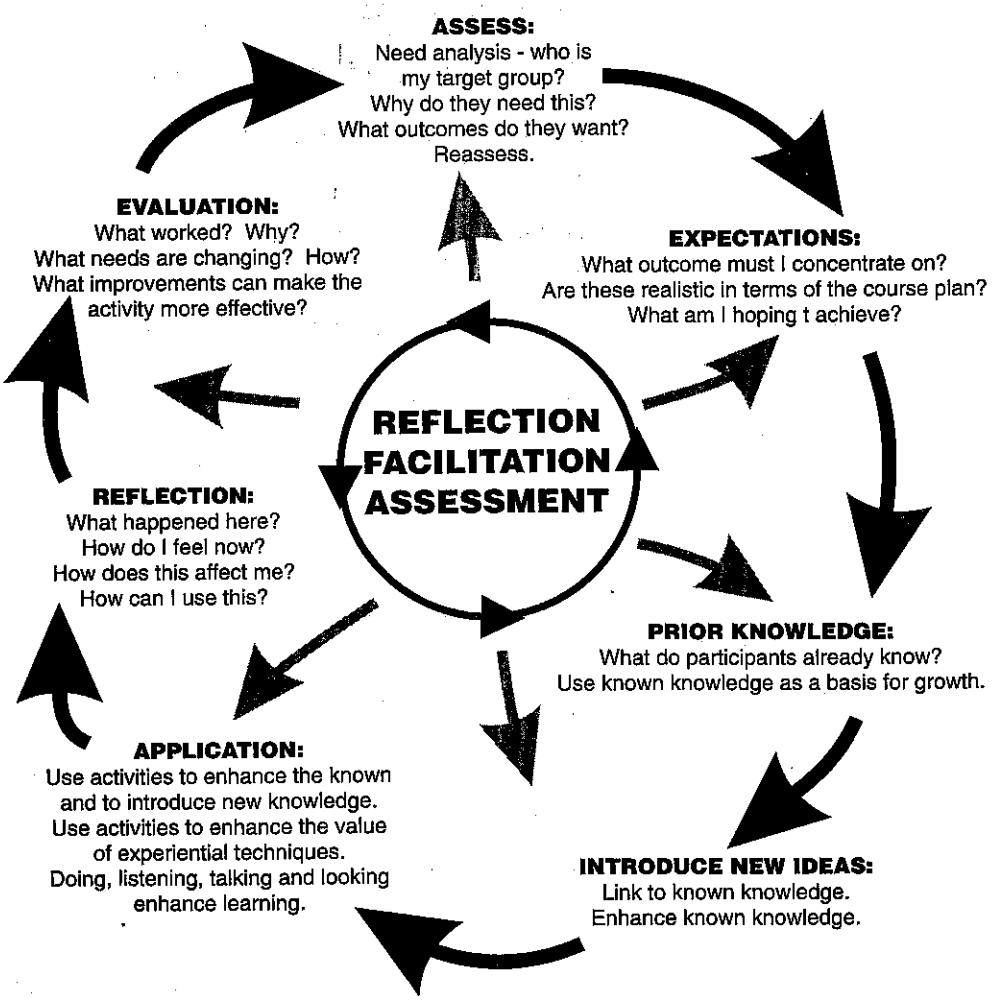
Participatory learning

THE EXPERIENTIAL LEARNING CYCLE

In previous sections you have learnt about both the trainer and the learner in the facilitation process. Now it is time to consider the process itself. The facilitator has many ways available to him/her to transfer knowledge and skills but the experiential learning cycle model lends itself to a facilitative teaching style. This model involves both individual and group work. A variety of useful activities and methodologies that can be used within this model are discussed in Module 3.

The cycle has 7 main steps:

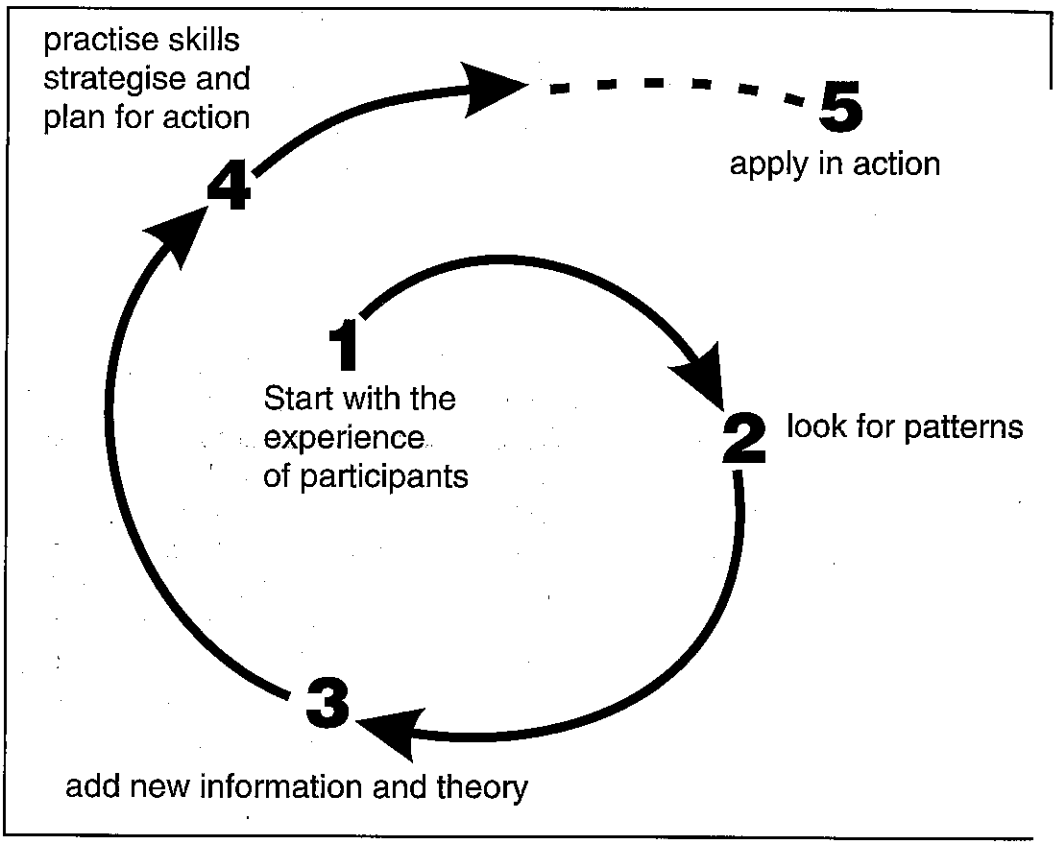
1. Acknowledge the experiences of the learner
2. Share information in groups or through discussion
3. Look for patterns – similarities and differences
4. Add to, or clarify, new or existing information and theory
5. Practise skills
6. Apply skills in a real life situation
7. Reflect on the process and make observations at any, and all, stages.



SPIRAL MODEL OF EXPERIENTIAL LEARNING

The spiral model is an action-oriented variation of the experiential learning cycle. In this model a lot of emphasis is placed on the learner's prior knowledge and how to extend it with new knowledge.

The experience of your learners will be varied because of many factors. Culture is one. Age is another. Gender another. This means that the learners will not share a common knowledge and skills base. Children, for example, will have limited experience. Nonetheless, it is possible to use the experiential model with young children if the activities are appropriate to their level of understanding.



STAGES IN THE SPIRAL MODEL:

1. **Pooling experience and sharing information** – Differences in the group add to the richness of the learning experience and learners can learn from each other. Differences can, however, lead to bias or discrimination.

2. **Adding information** – Adding information can correct incorrect perceptions as well as expose learners to relevant knowledge they have not been exposed to before. This often challenges long-held opinions and attitudes, particularly in adults and 'older' youth. It also promotes critical analysis, one of the critical outcomes in Outcomes Based Education.

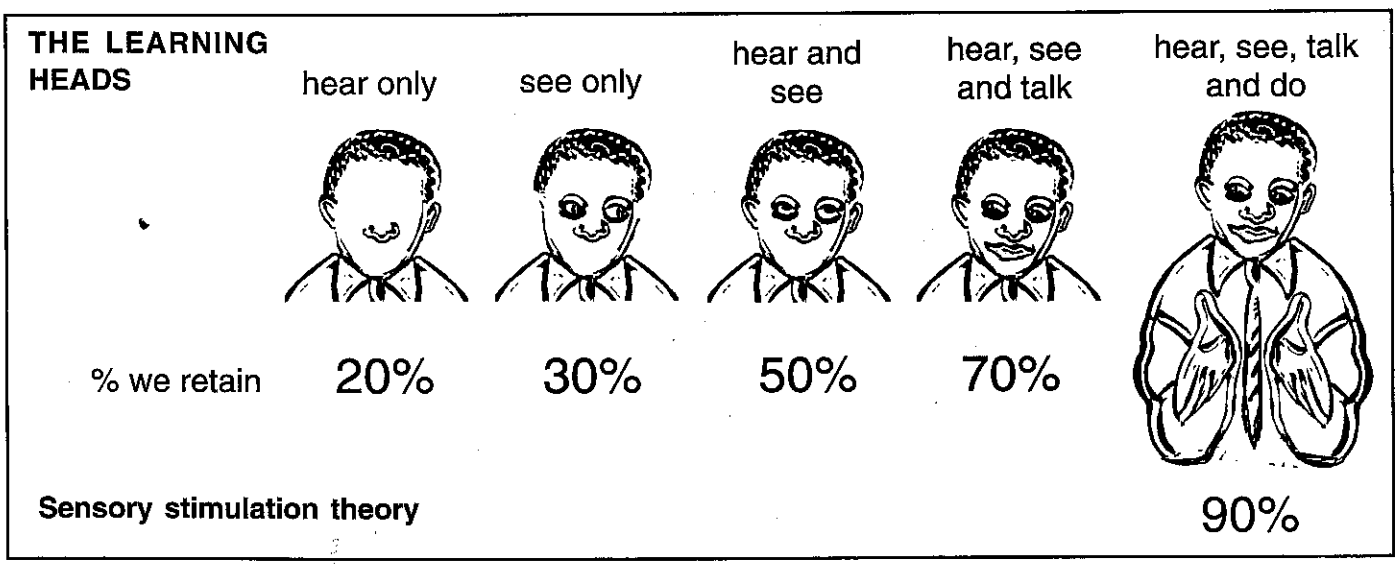
3. **Practising skills** – Often the classroom environment allows a safe, non-threatening place to try out new ideas and behaviours. On the other hand it can be difficult to perform in front of peers. Some methodologies teach learners new skills by watching other people exercise the skills but there is great value in practising a skill before a real life situations arises in which it needs to be applied.

4. **Reflecting*** – Reflection should happen throughout a learning process. Both the content and the process of the learning experience should be reviewed. Reflection helps to assess what has been achieved, how it has been achieved, and what still needs to be done. The trainer can facilitate reflection by asking questions such as:
   - What are you learning?
   - How are you feeling?
   - How is this information useful to you?
   - When will you be able to use it in your own life?
   - How will it make a difference in your daily activities or interactions?

facilitation pointers

REFLECTION
- Reflection gives the facilitator the opportunity to assess the session itself and her/himself.
- Did I achieve the objectives that I set out to achieve?
- What worked, what didn't?
- How can I improve the session next time?
- What issues will I need to revisit in the next session?
- What areas need more time, or less time, to discuss?
- What needs to be added, what needs to be cut?
- Was the activity appropriate for the objectives?

The spiral model incorporates other learning strategies in its various stages. Coupled with the **Learning Heads**, derived from a sensory integration model of learning, it is an approach that meets OBE objectives.



VISUALISATION IN PARTICIPATORY PROGRAMMES – VIPP

One of the reasons that some teachers, and even schools, reject learning through participation is that the process can become chaotic and inefficient. For this reason the VIPP model, developed by UNICEF, has devised a method of card-writing that keeps track of the ideas and discussions presented in learning groups. There are a set of rules that govern card writing which should be part of the *modus operandi* of the facilitator although the rules would not be presented all at once to the learners.

RULES FOR CARD-WRITING

- Write only one idea per card so that clustering of ideas is possible
- Write only three lines on each card and form blocks of words
- Use key words instead of full sentences
- Write large letters in both upper and lower case, if possible, so that your words can be read from 10 meters
- Learn to write legibly and use the broadest side of the marker, not the point
- Apply two sizes of script to distinguish main points
- Use the different sizes, shapes and colours of cards to creatively structure the results of discussions
- Follow the colour code established for different categories of ideas

Cards of different shapes, sizes and colours are used so that individuals or groups can categorise and record their ideas, expectations and slogans in a concise, practical and visual format.

The card system can be used in experiential learning to generate thoughts, feelings and outcomes, as well as in consultative strategy planning with management personnel. It is invaluable in focussing discussion and setting limits by stipulating the number of responses expected from each group e.g. each group needs to reflect 5 concerns they have about an HIV positive learner in the classroom.

Cards can be used for individual responses to encourage all learners to participate. This encourages everyone, no matter how shy, to contribute something to the session. As educators you need to acknowledge at the outset that each and every one of the learners in the group has a feeling and an opinion.

The model ensures that the findings and progress of group discussions and decisions are recorded.

QUESTIONING

From all that you have learned so far about facilitative, experiential learning it should be clear that the quality of group discussions depends on the quality of the questions asked. The art of questioning is considered to be a basic VIPP technique.

GOOD QUESTIONS:	BAD QUESTIONS:
Induce curiosity/motivate spontaneous replies.	Are leading or rhetorical questions which demand obvious or yes / no answers.
Stimulate further discussion.	Are vague, general statements.
Create group understanding and do not single out individuals.	Can only be answered by absent specialists, experts, an authority or require evidence which is not available.
Touch on matters of common interest.	Threaten to invade / attack an individual's privacy or culture.
Have a strategic function in advancing the group process.	Merely set up self-presentations.
Bring out the good qualities of the group and its achievements.	Demonstrate someone's incompetence or are paternalistic.
Reveal aims, signify wishes, or include an explanation of intentions and actions.	Serve only as vindication or retribution.
Conclude with a new question.	

Source: VIPP Training Manual, UNICEF 1997

HANDLING QUESTIONS

One of the most important skills of the facilitator is that of asking and answering questions.

The experiential approach encourages learners to challenge issues so it is likely that you will be asked a number of questions. Sometimes questions are asked for reasons other than to gain information. Other agendas for asking a question may be to:

- Check your knowledge
- Check your attitude
- Catch you out
- Embarrass you
- Make you feel inadequate.

This is particularly likely when the content of the session is sensitive and difficult to handle such as HIV/AIDS issues.

facilitation pointers

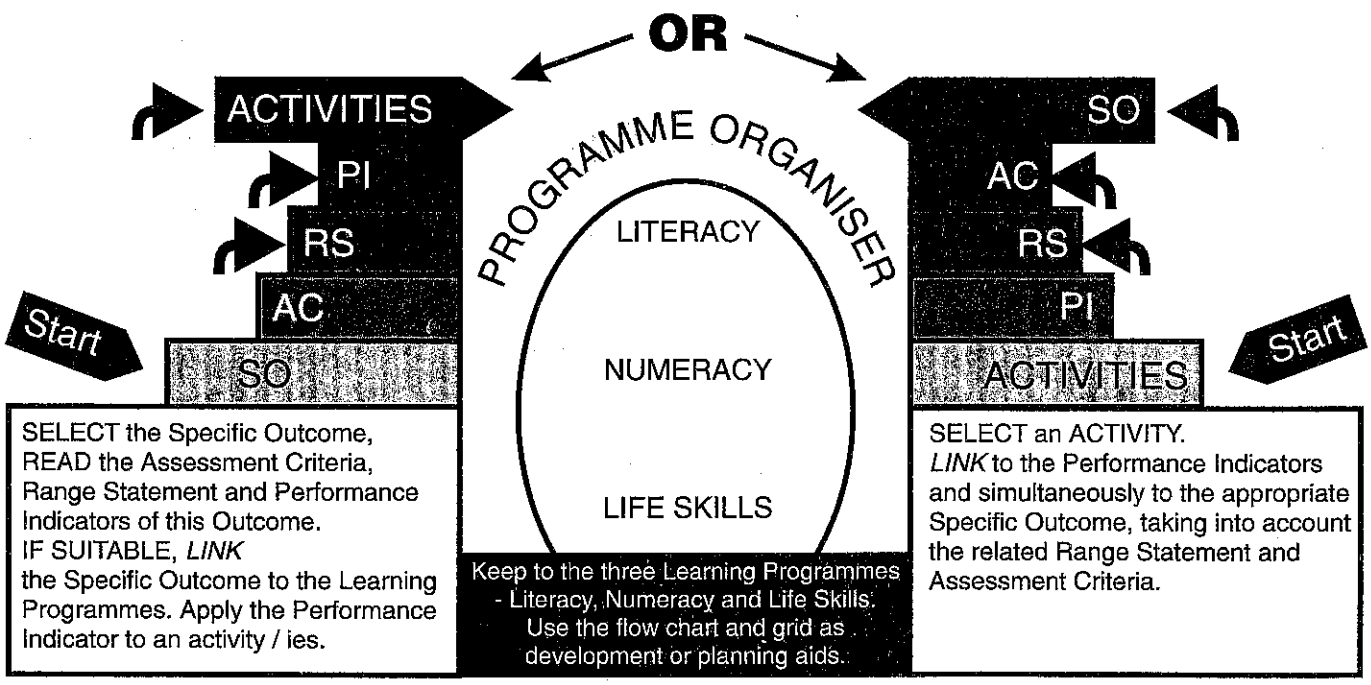
STRESS BUSTERS

- Take a deep breath
- Throw the question back to the group
- Say: 'I don't know and will tell you tomorrow' and then do so
- Say: 'Now is not the time to discuss this – talk to me later and I will explain it to you'
- Say: 'It's not important what I think – what do you think?'
- Provide the answer and invite discussion
- Laugh and say: 'you are embarrassing me,' ignore the statement and carry on with the discussion
- **Always be prepared.**

Facilitation and OBE

"Be prepared," should be the facilitator's credo. Good facilitation of learning depends on good preparation. A good facilitator must know beforehand what he/she wants to achieve in each session, what knowledge or skills need to be acquired, what content, activities and materials are needed for their acquisition and how he or she is going to know if the learners have, indeed, acquired the knowledge and skills. This is what outcomes based education is about. Facilitators within the education field, ie teachers and adult trainers, should be well versed in OBE principles and requirements.

In the OBE approach there are two recommended ways of reaching specific outcomes. The following graphic shows the two ways. They can be applied to classroom activities or adapted to adult training.



Module 3
Methodologies

At the end of this module you will:
- Be able to set-up an activity
- Apply a working knowledge of a number of methodologies that are used in facilitating a Life Skills Programme.
- Access a range of activities to use in a Life Skills Programme
- Be able to use media effectively when facilitating.

In the previous module you learnt about facilitation, about the facilitator and about the adult learner. This module is more concerned about the "how to" of facilitation, ie techniques that facilitate participation and the learning process. In order for participatory activities to be successful, participants need to know what is expected of them and why.

Setting up an activity

Introducing the activity
- Explain the objectives of the activity
- Explain the task and the time available
- Check for clarity, understanding and consent
- Identify and distribute materials / handouts if any
- Decide how to group the learners

Doing the Activity
- Participants work at tasks individually or in small groups
- Facilitator is available as a resource or to clarify
- Facilitator monitors time and alerts the group to time

Discussing the Activity
- Return to the large group
- Reflect on the experience
- Look for patterns emerging from the experience
- Focus on the feelings aroused by the exercise
- Add new or left out content
- Clarify misunderstandings
- Synthesize

Examples Of Activities

In this module several different kinds of activities are described. It is up to the facilitator to create his/her own activities around the guidelines.

Icebreakers

At the beginning of a workshop, when strangers meet for the first time and perhaps have nothing in common other than that they want to learn about the same thing, there is often a lot of tension. Icebreakers are short activities designed for the beginning of the workshop, or the start of each day in a long workshop. They help people to relax, to get to know each other and to gain the confidence to speak in front of the group. Icebreakers should encourage participation and mutual support among the participants in a workshop, or class members, and therefore should not demand deep, personal disclosures or require actions that could make people feel ill at ease.

Most trainers have a number of icebreakers that they have tried and tested; you will probably have your favourites and should always be adding to them so that you have a variety to call upon to suit different groups.

Here are some icebreakers to add to your stock:

Greetings
Discuss how people in different countries greet each other. Then ask participants to draw a paper slip from a hat or basket on which one of the following (and others if you know of others) have been written:

- Place hands together and bow (India)
- Kiss on both cheeks (France)
- Rub noses (Iceland)
- Hug warmly (Russia)
- Slap on each hand and bump each hip (some parts of Southern Africa).

Ask the participants to move around the room greeting each other in the way indicated on their slip.

Your Own Space
Let each person find a space within the learning area where they will not touch anyone else. Ask them to close their eyes and to jump, dance, exercise or do anything else they wish to do in their own space. Then ask them to hug themselves and, generally, feel and touch themselves. Get them once again to move within their space and to describe y how they feel about themselves at that moment, eg relaxed, tense, good, bad, etc.

Wallpaper
Ask participants to draw a picture of themselves doing something they enjoy. After 10 to 15 minutes get each one to show and explain his/her picture. Afterwards they should sign their pictures and put them up on the wall. Some people feel very anxious about drawing, so do this activity only with a group of people who are able to do it without undue anxiety.

Beautiful Bee
"I'm Bee and I'm beautiful" ...
Every person says their name and a positive word – starting with the same letter as their name – to describe themselves (no put-downs allowed!), eg "I'm Lynne and I'm lovely." The same technique can be used to introduce another group member, eg "This is Sue and she's super." Alternatively group members could be asked to state a fact instead of something positive, eg "I'm Lynne and I have three children." "I'm Sue. I won a million rand."

Bingo Game
The aim of the bingo game is to get group members to become acquainted in a non-threatening climate.

Using prepared Bingo-type cards (see sample below), everyone moves around the room until they find a person who fits a description in one of the boxes on the card. That person signs his/her name in the appropriate slot. The activity keeps going until the cards are filled.

Plays Tennis _____	**Is Wearing Red** _____	**Likes Watching Soccer** _____	**Likes Blue** _____	**Has Grand-Children** _____
Drives a Sports Car _____	**Hates Football** _____	**Loves Football** _____	**Flies a Plane** _____	**Speaks Foreign Language** _____
Plays Piano _____	**Has Tropical Fish** _____	**FREE** _____	**Skis** _____	**Committee Chair-Person** _____
Has Red Hair _____	**Hates Spinach** _____	**Has Two Children** _____	**Likes Camping** _____	**Has Attended National Conference** _____
First Time Attendee _____	**Drives Pickup** _____	**Brown Eyes** _____	**Reads Newsweek** _____	**Visited Foreign Country** _____

Participatory learning techniques

Brainstorming

The aim of brainstorming is to get workshop participants to generate, without inhibition, as many ideas as possible on a specific topic within a given time. Once you have presented a topic, invite the group to relate freely to the topic, calling out any ideas, comments, phrases or words, no matter how bizarre, that they can connect to it. Write all the contributions newsprint or a flipchart. During the process no comment on the contributions is allowed. People must feel that what they say is not being evaluated or judged. Then analyze the ideas for their usefulness to the task at hand. Brainstorming is an exercise in creativity and can bring new perspectives to a topic. It is especially useful at the start of an activity or new topic or at stuck points.

Variations on brainstorming include "webs" or "balloons." Here the trigger word is written in a "balloon" in the centre of a page and related ideas are written around it and are connected to it, or to each other, until there is a "web of ideas."

Another creative activity meant for individual participants is "free writing." Here individuals write non-stop for about three or four minutes about a given topic. As with brainstorming and webbing, the aim is to encourage the free-flow of ideas and feelings without censorship.

Group Discussion

Group discussion is a very popular technique in facilitative learning because it gives all the participants a chance to express their views and, at the same time, to learn from one another. It is often used with other teaching methods in one activity. Large group discussion is useful for drawing conclusions after an activity or the presentation of a topic. Facilitators must ensure that the discussion is not dominated by a few and that all participants have an equal opportunity to participate, although they should not be forced to do so.

Talking in large groups can be intimidating. A way to overcome this and still gain the benefits of open discussion is to break the large group into smaller groups. Generally people find it easier to share experiences, or to relate to their own lives, in pairs or small groups. Speaking in small groups also enables less confident people to participate more fully in the workshop and to build up confidence to speak in the plenary sessions. Each small group can discuss and report back on a different aspect of the topic in question for further discussion in the large group. The report back could be done in different ways, eg artwork, drama etc.

There are a number of ways of working with small groups depending on the nature of the training. If, for example, the training requires that participants share a lot of personal information, as is often the case in Life Skills Programmes, then you might want to form "home groups" or groups whose membership does not change through the training (although they might be

split on occasion for special tasks). In home groups participants build up trust and solidarity with one another. On the other hand, you might want to make sure that people mix thoroughly in which case you would make sure that participants were in different groups in every activity. Usually the facilitor randomly assigns participants to groups.

Buzz Groups

Buzz groups are a variation on discussion groups. Participants break into twos or threes for short, sharp discussions ('buzzes") on a specific aspect of what the speaker has been saying. Buzz groups are very brief. They are used to break the monotony of input and are a good way to get discussion going in a large group. Buzz groups can report back to the large group, or "snowball" by each buzz group joining with another, then this newly formed group joining with another and so on until the whole group is back together again.

Role Play

Role-plays, or simulation games, imitate reality. They make situations, experiences, attitudes and feelings come to life in a dramatic and enjoyable way. In this way role-play teaches through experience. It is used to practice skills or to feel what it is like to take the role of the other, ie to develop empathy.

Participants are assigned roles and are given a certain situation to act out which may be based on a real-life case or be carefully designed to suit a specific purpose. The role players must have a clear idea of their roles and of the objectives of the role-play.

Role-play is a fairly "open" technique, allowing a situation to develop once people are in their character roles and the basic setting is established. The technique should be used only after group trust has built. After a role-play participants should be thoroughly debriefed. That is, they must be given the opportunity to say how they felt in the role, to acknowledge that they are no longer in the role, to affirm that they are once again themselves in their own life situations. Thereafter they can summarise the lessons learned from the role play. If the participants are not properly debriefed there is a danger that they might harbour inappropriate thoughts and feelings carried over from the character they were portraying.

The idea of role-play often causes anxiety amongst participants. Often, simply not calling it "role-play" but rather "drama" or "acting out a situation" can lessen this anxiety.

Statement Ranking

Statement ranking is a useful technique in value and attitude clarification. Usually the statements given to the participants are controversial and are aimed to stimulate thought and discussion. They must be carefully chosen in accordance with the objectives of the learning experience. The participants must rank the statements according to their priorities or according to how much they agree or disagree with them.

Sentence Completion
Participants are given the stem of a sentence which they must complete in their own words, eg I hate ... The sentence must be completed with the first thought that comes into their heads. This stops them from censoring their thoughts and feelings. It is a more open activity than statement ranking because each person's statements are personal. Sentence completion is mainly a technique of self-disclosure. If the sentences are to be used in discussion there must be a high degree of trust between group members.

Questionnaires
Questionnaires are usually used to test knowledge but they also can be used to examine attitudes.

Case Studies
Case studies can be real, or hypothetical, stories about people and situations. They provide material on which participants can practice the analytical tools they have learned and exercise critical thinking. Case studies should be carefully designed with specific objectives in mind and tailored to fit the concepts or problems they are intended to address. They need to be carefully prepared and tested.

Guided Fantasy or Visualisation
Guided fantasy or visualisation can be used as relaxation techniques or to encourage individual's to let go and free their imaginations. Participants close their eyes, relax and follow in the mind's eye the fantasy that the facilitator spins. The technique can also be used to practice skills, eg self-assertiveness skills. Participants first visualize themselves successfully using the skills they have learned before they try them out in reality. Desired outcomes can be manipulated in the imagination to give the participants the feel of success.

Creative Work
Creative work, such as drawing, painting, making collages or models, composing songs, poems or plays, are meant to aid self-expression or to promote communication. These activities can be done individually or as a group. It is important to stress that they are meant as vehicles for ideas, not as tests of talent or drawing abilities.

Starters
Starters are activities prompted by objects, photographs, cartoons, drawings, newspaper articles etc that can be provided by either the facilitator or by participants. The aim is to provide a trigger for discussion. The facilitator needs to make sure that the "starter," and questions about it, are related to the content of the workshop, eg in a workshop on self awareness participants might be asked to choose an object that represents their lives.

Debates
Debates are speeches in which opposing parties present the pros or cons of a certain issue. They provide the opportunity for different

perspectives to be presented and help participants to "see the other side of the story" and to clarify thinking on controversial issues.

Rounds
A round is an exercise in which each participant, one after the other, must respond immediately to a given question or quickly give an opinion or report a feeling. Rounds are useful to monitor exercises, mood or learning. They are particularly useful when there is uneven participation in the group. Sometimes, however, people may not want to reveal their true thoughts or feelings about a specific topic to the group. In this case, instead of talking, people can anonymously write their feelings, thoughts or questions on index cards or slips of paper that they place in a box. These are shuffled and each person takes a card, without knowing whose it is, and reads the content to the group. In this way everyone's ideas are expressed and shared. This is called the "Ballot Box."

Energisers

Games and energisers are useful for breaking up monotony, raising energy levels and letting people enjoy themselves. They can also be used to raise sensitive topics in a light-hearted way.

Energisers can be used any time during the training when energy or attention is flagging, such as after lunch or in a session on theory. They can also be used to express group feelings particularly at the beginning of the workshop, after separate sessions for men and women, or when there have been sharp differences of opinion.

The activities are meant to be fun. Here are some suggestions – choose those that are culturally appropriate for the group, add your own, and ask groups if they know any games or songs. This encourages a feeling of group participation. Each energizing activity takes about 10 – 15 minutes, depending on group size. Facilitators can join in too – you also need to be revived at times!

Opening the Day
The participants all stand in a circle. Each one takes a turn to make a sound and a gesture to show how he or she is feeling. In a long workshop this is a good one to do at the start of a day after everyone has got to know each other. A variation is for people to imitate the sounds and actions of others.

Untangling
Ask the group to stand in a circle and to close their eyes until you tell them to open them again. They must move slowly towards each other stretching out their hands and catching hold of another hand until they are holding someone else's hand in each of their hands. They can then open their eyes. They will find that they are tangled in a knot. With their eyes open, and still holding hands, they must untangle themselves until they are all standing in a circle again.

All Change

Take away one of the chairs or mats so that there are enough for all except one person to sit down. The "spare" person is the caller and must call out a characteristic that will be common to some, but not all, the people in the group, eg those wearing blue, or those with an E in their name. Those people must leave their chairs and rush, with the caller, to find another empty seat. The one who fails to find a seat is now the caller. If the caller shouts, "All Change," then everyone must change seats.

The game can be used just to get people moving, but it can also be used to build awareness or to exchange information, eg the caller could make all grandparents, managers, heads of households etc run for new seats. Be aware that some people may not want to share certain information publicly. Also be aware that some people cannot run – you might allocate runners for them.

Word and Deed

The first person in the circle imitates one action but claims to be doing another, eg pretends to type but says, "I'm cooking." The next person acts what the first person said she was doing, while saying she's doing something else, eg pretends to cook but says, "I'm scratching my nose." This continues round the circle. This is not for people who want to remain dignified at all costs!

Tropical Rainforest

Everyone stands in a circle and the facilitator starts rubbing his hands together. The person on his right copies the action then the next person to the right and so on in a chain reaction until everyone is rubbing their hands together. The facilitator then changes to snapping his fingers and, one by one, everyone changes to finger snapping, then thigh slapping, then feet stamping. When everyone is stamping the facilitator reverses the sound sequence until there is silence once again. The effect is of a rainstorm in a forest, starting quietly, building up and gradually dying away again. It is important that everyone copies the person to the right of them and not the facilitator, and that the facilitator waits until everyone is doing the action before changing to a new one.

facilitation pointers

TEACHABLE MOMENTS

Teachable moments are those moments that occur spontaneously in day-to-day teaching and facilitation and that present themselves as here-and-now opportunities to illustrate a point or to demonstrate a skill. They are those moments when an educator can exclaim, "That's exactly what I'm talking about!" The situation itself facilitates learning. By using live situations that happen in the classroom the facilitator helps the learner to make links between classroom activity and 'real' life. A teachable moment demands that the teacher models the skills and attitudes that he/she is trying to demonstrate to the learners.

Using media

There is a range of media that can assist you when facilitating. These are detailed below:

TYPE OF MEDIA	USES
Overhead Transparencies	• Displaying charts and graphs • High visibility for large groups • Showing summaries / sequences • Showing relationships • Showing process steps
Flip Charts	• Charting / graphing • Showing summaries / sequences • Listing, recording, outlining • Instructing • Reinforcing and recording group contributions
White Boards	• Listing / Recording • Reinforcing key messages • When no other media are available
Slides	• Displaying high quality art work • Displaying a series of photos • Creating a mood / inspiring
Video tapes and films	• Demonstrating a process • Creating a mood / inspiring • Presenting testimonials • Supplementing presentation ideas
Handouts	• Providing background information • Sending your ideas home • Reminding • Providing a record of presentation • Weighing up a variety of alternatives • Clarifying abstract or complex topics

Selecting the appropriate media for your presentation will depend on what you want to do and on what resources are available to you.

PART 2

CONTENT FOR HIV/AIDS LIFE SKILLS PROGRAMME

Module 4
Self-awareness

SPECIFIC OUTCOME:

LO SO 1: Understand and accept themselves as unique and worthwhile human beings.

At the end of this module you will:

- Illustrate self-awareness during training
- Understand how self-awareness is an on-going exercise that occurs throughout our life time
- Acknowledge feelings as an integral part of self-awareness.

In this module you will experience some of the techniques of participatory learning that were described in Module 3 The techniques will be used to promote self-awareness.

Self-knowledge

Before you can determine your values, learn to communicate or to take care of yourself and others, you need to be aware of who you are. Self-awareness is self-knowledge. It is an awareness of your strengths and weaknesses, what you do and do not enjoy, how you feel about yourself and others and the acknowledgment that your feelings are important. True self-awareness incorporates the understanding of responsibility, accountability and ownership. With the right to choose comes the responsibility for the consequences of the choice.

As adults, you have travelled some distance in becoming self-aware. But, as master trainers and teachers it is your responsibility to constantly re-examine and re-evaluate how you think and feel about different areas of your lives. This is essential so that you will not unwittingly impose your own attitudes and feelings on others.

Here is an example that will help you to explore your own self-awareness and that you can use in a training programme for others.

activity

A life's journey

Get participants draw a pathway or road map of their lives. On the path they need to note an important, or life-turning event, and to link it to what they learnt about themselves or others through this experience. The path should include all major developmental stages from the earliest time they can remember.

Once the road map is complete, divide the participants into small groups of three or four and encourage them to share some of the meaningful events on their life paths.

Back in the big group, rather than discuss content, ask them to focus on what feelings and meaning this exercise has for them. You could pose these questions:

- Was this a difficult exercise?
- Did you become aware of an insight that was new to you?
- Was it difficult linking experiences to insight?
- Have you learnt anything new about yourself?
- Did you become aware of how you've used previous insights to enrich your life?

Exercises for learners

activity

Learner level

This is me

Ask the learners to bring photographs of themselves to the classroom or to draw a picture of themselves. These can be pasted onto heart or star contact frames. Generate a discussion around the uniqueness and specialness of everyone as well as explore what each child likes about themselves.

facilitation pointers

Young learners will probably talk about physical features they like about themselves. Many of them will not be aware of their intellectual or social abilities at this stage. You may want to provide further opportunities to help them discover these qualities.

activity

Learner level

Describing

*Ask each learner to write down three words that describe him/her in a **positive** way.*

*Ask each learner to write down three words that describe him/her in a **negative** way.*

Start a discussion about the importance of self-awareness and the words they have used to describe themselves. If the class has listed fairly easy words such as kind or strong, use this exercise to extend their descriptive vocabulary and to look more deeply at themselves.

Some words you could use include:

- Unsure / Confident
- Uncreative / Creative
- Unfulfilled / Satisfied
- Inhibited / Spontaneous
- Nervous / Relaxed
- Punishing / Forgiving
- Negative / Positive
- Sensitive / Insensitive
- Unreliable / Dependable

Repeat the exercise so that learners have the opportunity to use their new awareness words. A variation is to get the learners to describe themselves as they think someone else sees them, eg mother, friend etc.

The importance of self-esteem

Knowing who you are and feeling good about yourself is an essential part of any Life Skills and HIV/AIDS education programme. A learner with positive self-esteem is more confident in making decisions, is able to assert him or herself and is more likely to ask for help in times of need.

Teachers can encourage learners to feel good about themselves and should create opportunities for learners to see themselves as special and valued individuals.

activity

Learner level

Create a collage / mobile

Ask the learners to make a collage or create a mobile by encouraging learners to complete the following sentences. These can be completed through words, drawings or cutting out pictures. Complete each sentence on a separate piece of cardboard and then attach each to an iron hanger with string or create an individual or group collage.

- My favourite colour is
- Things I like about my appearance
- Things I like to do
- Important people in my life
- A feeling I have often
- Things I like
- Things I dislike
- A worry I have
- Things that make me happy
- Things that make me sad

It is important that after each sentence completion the group discusses with the facilitator the feeling it evoked as well as the similarities and differences each individual displays and to normalise these.

Awareness of feelings

Awareness of feelings is an integral part of self-awareness. Once you are aware of and acknowledge, your feelings it becomes easier to manage them and to communicate them.

activity

Learner level

Completing sentences

Teachers at foundation phase level need to work with only the basic feelings of sad, happy, cross, scared, worried, love. Young learners can become aware of their feelings, and what they are linked to, by completing feeling sentences such as:

I feel sad when ...
I feel happy when ...
I feel scared ...

The teacher can use the exercise both to explain the importance of feelings and to normalise them. The learners can then talk about their feelings, how they handle them, to whom they talk about them, and how others react to them.

activity

Learner level

Guess my feeling

Ask the learners to identify what they are feeling at that moment and to act-out the feeling non-verbally through facial expression and body language. The other learners must then guess what the feeling is. If someone does not want to reveal what they are feeling at the present moment, they should be free to choose any emotion for the exercise. The value of using a present emotion is that it helps the learner to become aware of him / herself and to communicate a real feeling. For those doing the guessing, it promotes sensitivity to others.

The activities you choose should help learners to understand their emotions and realise that it is normal to have different feelings.

Teachers can encourage learners to share what they are feeling and help them to respond in constructive and positive ways.

Module 5
Values

SPECIFIC OUTCOMES:

LO SO 1: Understand and accept themselves as unique and worthwhile human beings.

LO SO 3: Respect the rights of people to hold personal beliefs and values.

At the end of this session you will:

- Be more conscious of your own values
- Acknowledge the influence your values have on your life style
- Recognise and respect that others hold different values to your own.

Know your own values

In the previous module you learnt how important self-awareness is in the development of Life Skills and self-management. Values are an integral part of every person. They are developed through complex cultural, social, religious and emotional influences. Individuals are sometimes not aware of their value systems nor have they thought through why they hold the beliefs that they do or whether they wish to maintain or reject them. Yet values exert a powerful influence over behaviour.

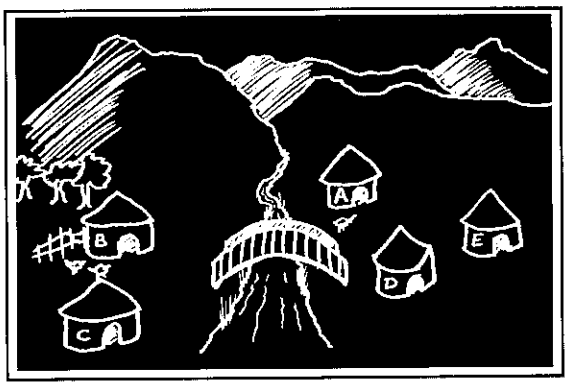
Responsible facilitation of a Life Skills Programme demands that facilitators review their own values and acknowledge that they have been derived from their own cultures, religions and belief systems. Therefore, facilitators should not impose their own value systems on the learners but rather seek to provide enough information, knowledge and discussion so that learners can make informed value choices of their own. Another aim in a Life Skills Programme is to create a climate that encourages individuals to respect the different value systems of others while remaining comfortable with their own. The process seeks to empower individuals by affording them the safety to explore choices, ask questions and listen to others.

Here is an exercise for master trainers to do themselves and then to use in a Life Skills Programme.

activity

Clarification of values

Display the picture below on a poster or a transparency, tell the story and pose the moral dilemma that follows to the learners for discussion. Substitute real names, appropriate to the group, for the letters A, B etc. in the picture and the story.



This is a small village in the mountains. In this village lived a beautiful young girl (A). She had a boyfriend who was a farmer (B). His neighbour was also a farmer (C). In the village lived a very wealthy man (D). He owned the only boat in the village. There also lived a wise old man (E).

A and B loved each other very much and were planning to get married. Every night they met on the bridge and talked. The night before their wedding there was a terrible storm and the bridge was swept away by a flood. The flooded river was very dangerous and the bride and groom could not reach each other. They stood on opposite sides of the river staring at each other. The river was so wide they couldn't even shout to each other. After a long time they went away.

A was heart broken and asked D to take her across the river. D said he would if she would spend the night with him. She said she couldn't because she was in love with B.

She went to E to ask his advice. He said he couldn't tell her what to do, she had to make her own decisions.

After pondering her problem at length, A spent the night with D. The following day he took her across the river. She ran to B who was delighted to see her. She told him the whole story about how she got there because it was important to her that there should be no secrets between them.

B beat her and chased her away.

She sat crying with her head in her hands. C asked her what was wrong and she told him the whole story. He beat up B and A then married C.

Get the participants individually to rank each person's behaviour from best to worst and to motivate their answers. Afterwards there can be a discussion.

A crucial part of Life Skills and HIV/AIDS education is assisting learners to form values, attitudes and beliefs about their own identity and about relationships. Young learners are still in the process of finding out and learning about what they believe in or value in life.

The teacher can guide the learner towards developing a sense of right and wrong. The development of values must be considered as a lifelong process. Teachers also need to recognise their role in modelling appropriate values. They need to model universal values such as tolerance, acceptance and a genuine concern for themselves and others.

Module 6
Decision-making and problem solving

SPECIFIC OUTCOME:

LO.SO. 2: Use skills and display attitudes that improve relationships in family, group and community

LO.SO. 5: Practise acquired life and decision-making skills

At the end of this session you will:

- Know the principles of decision-making
- Understand the link between values and choices
- Acknowledge the importance of allowing learners to make their own choices
- Know not to allow your own value system to influence learners

Decision-making

As a child, young person, adult or master trainer you are faced with making decisions or solving problems on a daily basis. Some of your decisions or choices are extremely important, e.g. marriage, cheating in exams, getting involved with drugs. Others are not so important, e.g. what to wear for the day or to eat for breakfast. The consequences of your choices can have a dramatic impact on your future. It is not extravagant to say that your life today is more or less the product of all the decisions you have made in the past. That is why knowing how to make a decision is so important.

In previous modules you have already learned about the central role values play in your life and about the importance of self-awareness. That is because the decisions you make are directly linked to your feelings, knowledge, attitudes and values. Some of the following issues could influence your decisions and choices:

- Previous experiences
- Religious beliefs
- Culture and traditions
- Personal or family values
- Law of the country(the constitution)
- Personal goals.

You need to be aware of these influences when making decisions and, as a master trainer, you need to make your learners, whether adults or children, aware of them.

Before presenting the steps of decision-making to the group set the following task so that participants can become aware of how they go about making important decisions.


activity

Past decision

Divide the group into pairs or small groups. Each person must think of a difficult decision they had to make recently. Allow the participants time to share their experiences. The challenges they need to face are:

- What were your alternatives?
- How did you decide on the choice you made?
- Why did you make this choice?
- Are you happy with the choice you made?
- What were the consequences?


facilitation pointers

This exercise can touch on sensitive issues and be difficult for some people. Activities that involve sensitive personal experience can sometimes best be facilitated by not talking about content, ie what the decision was about, but rather about the process, ie how the decision was made. For example, whether pros and cons were carefully considered or whether risks were taken.

Once the participants have become aware of their own styles present the formal steps in decision-making.

Steps in decision-making

1. Define the problem
2. Set some aims or outcomes
3. Think of as many as possible alternative solutions
4. Consider the consequences of each alternative
5. Evaluate the alternatives in terms of personal values
6. Prioritise alternatives in terms of possibilities
7. Choose one
8. Put it into practice
9. Evaluate the results, if the first line of action was unsatisfactory choose another alternative and try again.


facilitation pointers

Give the participants time to apply these steps to the decision they discussed previously. Have they learnt anything?

Children and decision-making

Decision-making skills should be learnt as early as possible in life and the above model is also appropriate for children: the decision-making process is similar but the content is different. Children's decision-making skills should be practised. Issues should be appropriate to their age.

Practise in making decisions in hypothetical problem situations, eg peer pressure to take drugs, will give the young person the opportunity to master skills in anticipation of needing them.

Children will not have the same level of insight into the process because of their limited cognitive development. The younger the child the more concrete the problem should be.

When guiding children in developing decision-making skills you need to:

- Prompt them to think of alternative solutions
- Help them to work out the consequences of their choices
- Allow them to make age appropriate choices
- Support their choices
- Encourage them to try again if they make a mistake.

activity

Learner level

Decision-making for the younger learner

Give a specific amount of play money to each child and invite him/her to spend it at the 'class shop'. The shop can be "stocked" with empty product containers, eg egg box, cold drink tin, which the children have collected for the class activity. Each item should be priced. Give the children time to make their purchases. Once they have made their choices they must "pay" for their purchases. In this way number skills can be incorporated into the activity.

facilitation pointers

Now their decision-making skills can be analysed and assessed.

- Did they understand the problem?
- What alternative purchases were considered?
- Were there other ways to get what they wanted?
- What did they decide were the most important purchases?
- Why were they the most important?
- If they bought what they did, what couldn't they have?
- Were they happy with the outcome?

Module 7
Sexuality

SPECIFIC OUTCOME

LO SO 1 - Understand and accept themselves as unique and worthwhile human beings.

At the end of this module you will:

- Know the definition of sexuality
- Have explored the related issues with regard to gender and role expectation
- Have confronted your own level of comfort in talking about sexuality
- Have explored the various activities and ways of facilitating information to the learner and teacher

Getting comfortable talking about sex

With the rise in incidence of child sexual abuse and in HIV infection, sexual awareness has become a priority for today's youth so that they can protect themselves from harm and make healthy decisions.

It is not the intention of this manual to provide information appropriate for a sex education manual rather it is the intention to provide guidelines on handling the topic of sexuality.

The facilitator, whether a master trainer or a teacher, is urged to gather as much information as possible about sex, sexuality, gender and gender issues so that they can guide informative and sensitive learning experiences about sex and sexuality.

All the preceding modules in this manual have contributed to providing the facilitator with the skills to cope with the subjects of sexuality and HIV/AIDS. Self-awareness, value clarification and decision-making are also essential skills for learners to deal successfully with their own sexual issues.

To successfully facilitate learning experiences in sexuality and HIV/AIDS awareness the facilitator must be very aware of his/her own values and attitudes towards these topics and related topics such as homosexuality. It is essential that the facilitator is comfortable talking about sexual issues on all levels.

To get rid of embarrassment, to become aware of your own values and areas of difficulty when talking about sex, it is suggested that as master trainers you get together in a group and do the following exercise that you can incorporate in a training programme and that teachers can use in the classroom.

The aim is to desensitise yourself so that you are comfortable in handling workshops on sexuality and that teachers are desensitised so that they are comfortable with their learners.

activity

Teacher level

Desensitisation

Brainstorm around the word sex, ie as a group write down every uncensored thought about sex that comes to mind on a board or flip chart.

Here are words that commonly arise:

sexual intercourse	gender
male	female
rape	love
abuse	teenage pregnancy
lingerie	prostitute
caring	affair
homosexuality	sin
marriage	intimacy
babies	peer pressure
curiosity	

For the purposes of desensitisation it would be a good idea to add slang words and crude words. The list will differ from group to group and will reflect their attitudes, knowledge and understanding. Once the list has been made the group should break into smaller groups and discuss the words in detail. The more the facilitator talks about sex the easier it will become.

Reluctance to deal with sex issues

A major obstacle for master trainers to overcome is the teacher's reluctance to deal with the topic in the classroom. There is a great deal of controversy around how much information should be given to primary school children about sex and also whose responsibility it is to give this information.

The World Health Organisation (WHO) states that the younger the child is when introduced to skills to protect themselves the better the result.

The following activity is specifically for teachers or facilitators who work with sex education for young children.

activity

Teacher level

Is sex education necessary for young children?

Initiate a discussion around the following questions:

On a personal note:
- How did you get information about sex?
- Was it correct?
- What attitudes did it generate?
- How did it help you?
- What do you wish you had known?

On a child's account:
- What is the impact of telling a child selective information or none at all?
- How can a child protect him/herself in an abusive situation if they do not know what is OK and what is not?
- If a child needs to tell the authorities what happened to him/her, how easy would it be without the correct words?

Another technique is to present case studies of children who have experienced abuse or have been infected with HIV that could have been prevented if they had had the right knowledge and skills.

Children are generally very curious and are unaware of the embarrassment around sex. Their most important need is for correct information. Simple facts are appropriate to the learning abilities of young children just entering school. It would be inappropriate to tell them the full details of sexual intercourse – unless there is a problem or they ask specific questions. More complex information, issues and attitudes are more appropriate to adolescents.

Understanding sexuality

The biological sex of a child is determined at conception. Although boys and men later express mostly masculine characteristics, and girls and women mostly feminine characteristics, it must be remembered that everyone has both masculine and feminine characteristics to a greater or lesser degree.

Sexuality is the total expression of your maleness or femaleness from birth to death. As such, sexuality is an integration of the physical, emotional, social and intellectual aspects of an individual's personality expressed in maleness or femaleness.

Sex education and Life Skills interventions, therefore, confront not only the physical concerns of men and women but also gender issues, self-esteem and self awareness. An educational programme needs both to provide information on the physical aspects of sex and sexuality and to create the opportunity to explore the broader issues around sexuality,

eg morality, responsibility, love etc.

Seen in this light, all the modules in this manual could relate to the expression of sexuality. Self-awareness, values, decision-making and problem solving are all relevant in discussing sexuality.

The factual part of sex education – ie the reproductive systems of the male and female bodies, sexual intercourse and pregnancy – are difficult to transmit to the younger learner. A section of a Life Skills Programme should include the anatomy and physiology of men and women and of reproduction, and so these topics will be addressed in this module.

It can be very boring for learners to focus for a long time just on the theoretical presentation of the physical aspects of sexuality. It is a good idea to include other activities to maintain their concentration.

Activities

activity

Learner level

OK and Not OK Touch (1)

The aim of this activity is to normalise discussion about sexual body parts and to introduce the idea of OK to touch not OK to touch.

Draw the outline of a girl and a boy on a piece of paper for each child. You can have both outlines on one page or each can have its own page.

Ask each child to cut out different clothes from old magazines to dress the paper dolls. Alternatively, they can draw clothes for the dolls.

Let the group discuss why people wear clothes, eg warmth, decoration, protection, privacy. Specifically emphasise the concept of privacy.

facilitation pointers

The topic can be broadened to look at special clothes for special kinds or work, eg nurse, dentist, police woman/man, supermarket cashier etc., or for special activities, eg. going to school, baking a cake, swimming etc. At this point the facilitator can point out that the swimming costume covers the bare minimum for public decency and can introduce the idea of the "swimming costume boundary" of where its OK for others to touch you and where it is not.

An alternative exercise (for the older foundation phase or intermediate phase) is:

activity

Learner level

OK and Not OK Touch (2)

Get the learners to make outlines of the bodies of a boy and a girl – they can either make individual drawings or, as a group, can use news sheet and actually draw around someone's frame – and write in the names of all the body parts. In a matter-of-fact way encourage the children to draw in "private parts" as well as the usual noses and ears. Discussion can then be directed to who can touch their bodies, where they can be touched and why. The children can colour in their drawings in different colours to indicate which parts of the body are OK to touch and which are not.

facilitation pointers

Children may reflect different boundaries and feelings about touch. These should be normalised in the group. This could be a good time to facilitate a discussion about personal space and respect for each other's bodies and feelings.

activity

Learner level

Body parts

Draw a number of outlines of male and female bodies, as well as all the important parts that belong inside it. Number all the parts so that similar parts have similar numbers, eg head –1, brain – 2. Cut each 'body' into its parts and give each learner a part. They must find partners who have parts with the same key number. The group task is to describe the functioning of that body part. Presenting the sexual organs in among the other organs and body parts helps to normalise them and to lessen embarrassment about them.

facilitation pointers

There is a great deal of debate about whether or not to teach the real names of the sexual parts of the body. However, more and more this is being accepted as the best approach. There are so many slang names it will be difficult to find a common one. Also, many slang terms are derogatory. It is important to be able to talk about all parts of the body without embarrassment and with respect. The real names help to refer to the sexual and reproductive organs in the same way as to the rest of the body. Using both the local slang names as well as the 'correct' terms is a useful alternative. All the learners know what you are talking about and, at the same time, they learn the more formal language.

activity

Learner level

Formal sexual terms

To get the learners used to formal sexual terms the teacher can prepare a list of the names of the different parts of the male and female body. He/she could include slang words if this was felt to be appropriate.

The list could look something like this:

ovary
testicle
penis
pituitary gland
vagina
urethra
fallopian tube
breasts
nipples
scrotum
pubic hair
cervix

Source: LDA; Knowing me, Knowing you

The learners must then assign each word to the categories Male, Female, or Both. They can check their answers against a model answer supplied by the teacher.

facilitation pointers

Activities that desensitise the learners to embarrassment about talking about sex, and that provide the vocabulary of sexuality, pave the way for frank discussions about HIV/AIDS.

The following activities can be used to explore gender expectations.

activity

Learner level

Age and gender expectations

The learners bring photographs of themselves at different ages. If they do not have photographs they can draw themselves at different ages doing different things or cut out pictures of children of different ages. The aim is to show how abilities and responsibilities change with age. To add to the fun the photographs can be mixed-up so that the group has to identify which picture belongs to whom. Cut-out pictures can be used to project the future: when I am a teenager, a young adult, a parent.

The learners must complete sentences to caption their pictures. Incomplete sentences:

When I was this age, ...

I could....
I was responsible for....
Now I can....
I am responsible for....
In five, ten years I will be responsible for....

In the discussion that follows the task the learners should compare the answers of boys and girls. Are boys and girls expected to do different chores? How does that shape attitudes towards the different sexes? Have family expectations of them changed over time? Are they capable of more now than three years ago?

facilitation pointers

Attitudes and responsibilities

This activity gives the teacher the opportunity to guide the learners into new awareness of responsibility and to anticipate the new responsibilities, including sexual responsibilities, expected of them in the future. It also gives the opportunity to explore gender discrimination. It is a good idea for facilitators also to examine their attitudes.

There are many ways in which to explore these issues. Add your own activities.

A useful activity is to get the workshop participants to construct their own activities and test them in the group. They should write the activities down and make copies to give to each other so that they can build up a collection of different activities on each topic.

Sexuality is an emotionally charged topic. The discussions and activities around sex are likely to arouse all kinds of feelings. They need to be acknowledged and worked through.

activity

Learner level

How do you feel?

This activity explores negative and positive feelings and should be introduced during a sex education session to deal with the feelings that have been aroused.

The teacher prepares a list of basic 'feeling words' that is displayed in the class.

The list could look like this:

anxious	frightened	puzzled
apologetic	frustrated	
		relieved
bashful	happy	
bored	horrified	sad
	hot	shocked
cold	hurt	surprised
concentrating		
confident	indifferent	thoughtful
curious	interested	
		undecided
determined	lonely	
disappointed	lovestruck	
disgusted		
	mischievous	
envious	miserable	
exasperated		
exhausted	negative	

(Source: LDA; Knowing me, Knowing you)

The teacher asks:
How are you feeling now?
Choose a word from the list.
What makes you feel that way?

The discussion can be taken out of the present and learners can be encouraged to express, using words from the list, how they feel about sex generally.

facilitation pointers

The feeling list need not be confined to the sex education class. The teacher could use it at any time of the day to assess the effect of any subject or lessen on the group or on an individual.

OTHER MODALITIES THROUGH WHICH TO EXPRESS FEELINGS

Learners can also express their feelings about sex through painting or music. Think about how, in movies, different kinds of music suggest different kinds of sexual expression, eg tender, passionate etc.

The inclusion of feelings in a sexuality component is essential. Learners need to understand and anticipate their sexual feelings and feelings of love in order to control them and express them appropriately. They also need to understand how other people feel in order to develop empathy.

Helping children to be more in touch with their feelings helps them to be more in touch with themselves and with others.

Module 8
HIV / AIDS

SPECIFIC OUTCOME:

LO.SO. 2: Use skills and display attitudes and values that improve relationships in family, group and country.

LO.SO.4: Demonstrate value and respect for human rights as reflected in Ubuntu and other similar philosophies.

LO.SO.7: Demonstrate the values and attitudes necessary for a healthy and balanced lifestyle.

At the end of this module you will:

- Realise the importance of age appropriate information for children on HIV/AIDS
- Know the importance of having a good knowledge of HIV/AIDS
- Know the misconceptions related to the HIV infection
- Understand the rights of the HIV infected person to confidentiality
- Know the rights of the HIV infected person to non-discrimination.

The Draft National Education Policy Document, gazetted in December 1998, clearly documents the need for an HIV/AIDS component within the Life Skills or Life Orientation Learning Areas but many teachers and educators are against including HIV/AIDS in the primary school curriculum. However, if the situation in South Africa is considered, then the need for HIV awareness, from as young as possible, must be acknowledged.

Statistics from ante-natal clinics indicate that the number of HIV infected children is growing daily. This means that more infected learners – who have the right to education, care and support – will be entering the school system. Infected children will have to deal with their condition and non-infected primary school children will come face to face with the disease and its consequences.

It must also be taken into account that there are school children who are older than the average for their grade who may be sexually active and, therefore, at risk of becoming infected.

It is important that master trainers have resolved issues they may have had about HIV/AIDS before embarking on teacher training on the subject.

Apart from being comfortable with the subject, master trainers need to be sure of their facts about HIV/AIDS. If you are not confident and sure of your information you will sow further doubt and mistrust in an area already fraught with misconception and discrimination.

Three areas of concern that master trainers and educators must address are:

- Lack of factual knowledge
- Fear of becoming infected with the disease related to fear and ignorance of the disease
- Discrimination and negative attitudes resulting in stigmatisation.

This module will not attempt to present all the relevant information on HIV/AIDS. It is the job of the facilitator or teacher to see that he/she consults the relevant resources and has a solid knowledge base. Again it is the process and not the content of the learning experience that is the focus of the module.

Lacking the proper information, and understanding about HIV/AIDS, children are often overwhelmed and frightened by the way the disease is perceived and discussed in the community. It is important to help them without causing them undue distress.

It is preferable that HIV/AIDS is not understood as a 'very special' sickness but is seen in the same light as any other illness.

Introducing HIV/AIDS into the Life Skills Programme

To be affirming, a Life Skills Programme should introduce the concept of health before the concept of illness is introduced.

activity

What keeps us healthy?

Divide the children into small groups and pose the question: What are the things we do to keep healthy? Each group should draw a picture about a different aspect of healthy living, eg nutrition, exercise, personal hygiene, environmental health and mental health. The themes can be handled over several weeks and their pictures can be pinned on the wall as constant reminders of the weapons they have to fight illness – but sometimes the battle is lost.

Germs are blamed for many illnesses. Teachers need, in very simple terms, to explain about germs to the learners and to explain the difference between bacteria and viruses. This can then lead to information of infectious and non- infectious diseases. HIV/AIDS can be introduced in a discussion about a range of other illnesses such as measles, colds, diarrhoea, TB; and diabetes. It can be classed with infectious diseases because it is passed from person to person.

Here are some activities that can help facilitate an understanding of germs and illness:

activity

Germ Invaders

Learners representing the skin join hands and form a circle. Outside the circle are the learners representing germs, inside the learners representing the "soldier" cells of the immune system. The 'germs' must to try and get through the 'skin' into the body. The 'skin' must try to stop them. The "skin" must alert the 'soldier' cells to the danger and they must try to protect the skin. The teacher must draw the parallel to the white 'soldier' cells mobilising to fight an infection. The game can be noisy and should be played outside.

Because games are a less threatening way to introduce the facts, the above activity can be adapted to demonstrate what happens in HIV infection: the soldier cells are taken out so that there is no army to defend the body against infection. Explain that HIV and AIDS are not illnesses in themselves but that they destroy the immune system so that the infected person cannot fight other illnesses.

Having arrived at the topic of HIV/AIDS, the educator has two tasks: to clarify knowledge and to explore attitudes.

KNOWLEDGE

activity

True and false statements

This activity is useful for training the master trainer or teacher. A list of statements about HIV/AIDS is handed to each participant. Either in small groups, or individually, they must decide which statements are true and which false. The facilitator must clear up misconceptions.

Here is an example of such a list:

- AIDS came from Africa
- You can't get AIDS from Kissing
- Everyone with the HIV infection will die of AIDS
- You can become infected with HIV from a toilet seat
- Mosquito bites can infect you with HIV
- Condoms help protect you from HIV/AIDS
- You can become infected with HIV by sharing toothbrushes
- You can become infected with the HIV by donating blood
- Women who use the contraceptive pill are protected from HIV/AIDS
- You can become infected with HIV/AIDS if you share needles with substance abusers
- French kissing can infect you
- Sharing a house with an infected person can infect you
- You can see by looking at someone that they are infected
- Visiting a hospital can infect you
- Only homosexuals get AIDS.

The list is useful not only as a quick check list on the knowledge base of the learners, their answers will also reveal their attitudes and prejudices which can serve as springboards for further discussions.

activity

Safety posters

Based on the information gleaned from the true/false statements, learners can make a 'SAFE' and 'UNSAFE' signs for the wall of the room, or they can cut pictures out of magazines to show safe and unsafe behaviours, or they can stick statements on the wall and find pictures to match the statements.

facilitation pointers

Physical Involvement

The more physically involved the learners are in the activities' the more they will integrate their learning. Participants should not be singled out because of their lack of knowledge, but rather acknowledged for what they do know.

Where there are large gaps in the participants' knowledge and understanding of HIV/AIDS, you will need to improve this by providing information. If participants are reluctant to ask questions because they

reveal their deep-seated fears or prejudices, they can, anonymously, request information by dropping unsigned notes into a box. Encourage them to confront their feelings by suggesting questions such as:

'The thing that I am most concerned about regarding the infection is...,'

or

'The most scary question I can be asked in the classroom about HIV/AIDS is ...'

These queries can be discussed in the group so that other participants can give input. It is not essential that you, as facilitator, know everything but, what you don't know you will need to find out before the end of the workshop so that you don't leave gaps in the participants' knowledge.

ATTITUDES

activity

Voting values

This activity deals more directly with attitudes, fears and prejudices. It is called, 'Values Voting'.

Make three large signs for the wall: Agree, Disagree, Not sure/don't know. Stick them on the walls at different places in the room.
One by one pose the following statements to the group:

- People with HIV/AIDS should live in separate communities.
- People with HIV deserve to get it.
- Children with HIV must tell the school that they are positive.
- Married women never get HIV infected.
- Learners who are HIV positive should stay away from school.
- You can get infected with the HIV/Aids through casual contact.

After each statement the participants must decide what they think and physically place themselves under one of the three signs: Agree, Disagree, Don't know.

Give the three groups a short time to discuss their feelings and then have a representative from each present the views of that group. Facilitate a discussion with the participants allowing a few representatives to speak on behalf of the group. Allow a debate to develop but do not let it become destructive.

Add statements to this list or make a list of your own.

facilitation pointers

Challenge

This exercise is meant to challenge the thinking of the participants. The more ridiculous or controversial the statements, the more discussion and debate they initiate but be careful of over kill. The facilitator should be well prepared. Try to anticipate comments and arguments so that you can offer thought-provoking contributions and can keep the peace. The more groups you facilitate the less you will be caught off guard.

You cannot change people's attitudes in a single session. But you can, through skilled facilitation, gently challenge people's fears and anxieties that are at the heart of their prejudice.

Confidentiality

When dealing with HIV/AIDS, confidentiality is an issue. The facilitator needs to be well acquainted with the draft National Education Policy Document regarding HIV/AIDS at school and with the New South African Constitution. Those infected with HIV have a right to confidentiality.

activity

Confidences

Ask participant's to think about something very personal about themselves or their lives. Have they shared this information with anyone?
In the group they will not be asked to share the information but just to talk about what happened.

Why did they choose this person?
How did the person handle the information?
Were they betrayed?
If so, how did it feel?
What happened in the relationship with that person?
How do they handle the secrets people tell to them?

This exercise is meant to promote empathy and respect for the feelings of others.

Children need to understand about confidentiality. They need to know that people have a right to privacy and that they have a responsibility to protect those who have confided their secrets in them. Yet they must be able to tell the difference between 'good' and 'bad' secrets. Bad secrets are those which, when kept, are damaging to themselves.

Universal precautions

It is important to include in the session, age appropriate information regarding the Universal Precautions against HIV/AIDS. For primary school children the most relevant is how to avoid contamination from blood because young children are prone to minor scrapes.

So far the learners have learned that the AIDS virus is transmitted from person to person. They have also learned that the infected person has the right to confidentiality and, possibly, that you can't see who has HIV just by looking at them (not unless they are very ill). Now they need to know how to keep the environment at school safe. A good rule is:

Treat everyone as if they were positively infected.

activity

Universal precautions

Set up role-plays in which a child is hypothetically injured on the playground and two friends help. Have water and a first aid box available. The friends must put on plastic gloves (or put their hands in a plastic bag) before touching the bleeding graze. They must wash the wound and cover it with a bandage. The gloves must be washed and thrown away.

In this activity the children practise skills that should have been taught to them at an earlier date. The procedures should be part of school policy and incorporated in the school rules. If they are, then, when they are applied to someone, it will not seem unusual and in this way special attention is not drawn to anyone.

Case studies are also valuable tools for learning. They can be used to encourage empathy, to explore values and attitudes, and promote self-awareness.

Here are some useful examples. You will benefit if you reflect on them yourself before you use them in a workshop.

CASE STUDY 1

A learner in your class is infected with HIV. The mother of the child has told you as the school manager or teacher. A decision is taken to keep the information confidential. The information somehow leaks out. A number of parents come to the school to complain about the chances of the infection being transmitted t o their children. They are now demanding that the infected child is removed from the school or else they will remove their children.

What will you do?
How will you go about arranging things?

CASE STUDY 2

An HIV positive learner is in the soccer team. The information is not general knowledge. The coach is aware of the diagnosis and has 'non-specifically' implemented the universal precautions in the first aid procedure. There is an unpleasant incident when a visiting team sees the universal precautions being used and accuses the school of exposing their team players to the risk of contracting the infection.

How do you handle this situation?

CASE STUDY 3

Linda is a girl who has just started school in your class. On her first day her mother tells you that she is HIV infected. Although she is well her mother is concerned about her being at risk of infections from the other children.

What do you do?
Whom do you tell?
What will you do in the classroom?

CASE STUDY 4

John's mother is very ill. She has AIDS and as a result John is also HIV infected although he is well. Some of the children in his class heard that his mother is sick and now exclude him from games and playtime. This is having a bad effect on him emotionally and some of the children are scared to talk to him.

What are your responsibilities as a teacher?
How do you want to deal with the issue in the classroom?

facilitation pointers

Stories

Stories are a valuable way to help people imagine and anticipate dealing with things before they happen. Stories should reflect a situation that can be a reality. Because they seem real they can be "too close to home" for some people. Be alert to the possibility so that you can handle the child appropriately. You must also make teachers aware of this possibility.

Helping the sick person

Many of the children and adults participating in the Life Skills workshops will already be living with AIDS. Either they will be ill themselves or they will know someone who is ill.

One of the most difficult things to come to terms with is personal helplessness in the situation. The following activities are aimed to help the participants to **empathise** with the sick person and to give them some skills with which to cope with the situation.

activity

Fever

Tell the children to run around and get really hot. Then they must cover themselves with a blanket or towel or put on a jersey. Allow a minute or two so that they feel hot and sweaty. Ask them to describe how they. Once they have removed their covers and after they have cooled off draw comparisons with being ill with a fever (a high temperature).

activity

Being ill

Get the learners to draw a picture of someone in hospital or sick in bed at home. Initiate a discussion around being ill.
Ask questions such as:

- Have you ever been ill?
- How did you feel physically?
- How did you feel emotionally?
- Who looked after you? How does it feel to?
- What did you want most when you were sick?
- What made you feel better?

facilitation pointers

Upsetting

Remember that there may be learners in the group who are chronically ill and these exercises may be upsetting for them. If anyone becomes upset during an activity quietly take him/her away from the group. Preferably have someone available who can talk to him/her on their own until they are ready to rejoin the group. Reassure the group and draw their attention to how upsetting illness can be.

There are a number of ways in which younger learners, or any learners, can help someone who is sick. They are may not specifically tailored to someone with HIV/AIDS illnesses but to anyone who is ill.

activity

Caring for the sick

Get the learners to brainstorm ideas about how to help a sick person. It is important that they understand that they cannot make the illness go away. They can only make things easier and more comfortable for the sick person.

Be sure that at least the following ideas are put forward:

- Letting them know that someone is thinking about them and is concerned
- Keeping them company
- Giving them comfort and care
- Helping them with basic cleanliness (washing hands and face or brushing teeth)
- Ensuring that they stay well hydrated (to drink water or other light fluids)
- Playing quiet games with them to keep them occupied
- Doing chores for them.

Getting the learners to find out about who takes care of sick people in the community can develop this activity further, they can find-out about resources that are available to help the sick.

(Source: The Child to Child Programme).

Several activities can be structured around the ideas that come up in the brainstorming session that will enable the learners to practise the skills that will be needed, eg learners can paint or draw a get-well card.

Module 9
Grief and loss

SPECIFIC OUTCOME:

LO.SO. 2: Use skills and display attitudes and values that improve relationships in family, group and country.

LO.SO.5: Practise acquired life and decision-making skills.

At the end of this module you will:

- Know the process of grieving in adults and children
- Understand the importance of dealing with grief and loss in a Life Skills Programme related to HIV/AIDS
- Identify with feelings of loss in everyday life
- Be sensitive to the emotional impact the programme may have on participants.

Grieving

A Life Skills Programme that deals with HIV/AIDS must address the painful issues of death and grieving.

Working with grief and loss is an area that needs special attention and sensitivity. It is essential that the facilitator is comfortable with the subject of bereavement and has worked through his/her own losses and personal griefs.

People deal with loss in almost every aspect of their lives and this can be used as a point of departure when assisting learners to understand grief and loss, especially loss through death.

facilitation pointers

Be available
Facilitators should be available, over and above workshop time, to listen to individual participants in private to deal with emotions and feelings that may have been evoked during the session.

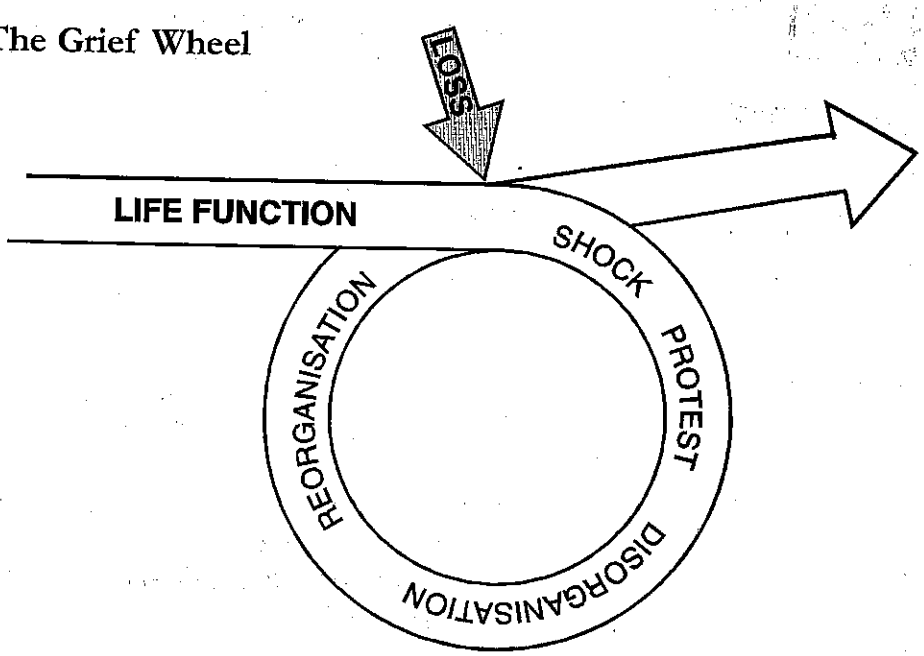
Death and bereavement are universal but are handled differently in different cultures. In some cultures the subject of death is a taboo and often mourners are left feeling isolated and guilty about their grief. Sometimes, if mourning is avoided or incomplete, the person may not be able to live life fully.

237

Stages of mourning

The mourning process has five distinct but overlapping stages. These are: anger, denial, bargaining, depression and acceptance. Most people go through these stages of the grieving process although they experience them to different degrees for different lengths of time.

The Grief Wheel



PHASES OF THE GRIEF WHEEL

1. **Shock** – the reality of the loss has not yet set in. Often the experiences in this phase are of numbness, denial, disbelief and slow, ponderous thinking. Suicidal thoughts are also common.

2. **Protest** – many strong and powerful feeling may occur in this phase as the bereaved person struggles to accept the reality of the loss. These feelings include sadness, guilt, fear, relief, yearning, searching and preoccupation. The bereaved person may display physical distress and/or nightmares.

3. **Disorganisation** – this happens when the reality of the loss becomes real. Often the bereaved person feels confused, apathetic, restless and depressed. This phase is characterised by low self-esteem, anxiety and loneliness. There are often concentration and memory difficulties, and a loss of meaning in life.

4. **Re-organisation** – this is when the bereaved person begins to rebuild his/her life in some meaningful way. They begin to return to their previous levels of functioning and also develop a new sense of purpose and new direction in their lives.

Attitudes to death

Here is an activity to help the master trainer and adult trainer to explore some of their own attitudes to death.

activity

Teacher level

Words that describe death

Divide the group into smaller groups of three or four participants. Give each group a piece of flip-chart paper. Ask them to write down words and phrases that describe death, such as:

Passed away	Deceased
Gone away	Gone to heaven
Passed on	With Jesus
Passed over	Lost
	Gone to a better place.

There seems to be a tendency to hide death, to wrap it up in comfortable phrases and words, especially when talking to children. Get the groups to explore the implications of these terms. What do the say about the culture's attitude to death? How is a child's understanding of death affected by these terms? Ask the group to brainstorm ways to clarify and talk about death without hiding behind gentler terms.

activity

Teacher level

The Flag

Get participants to think of someone who is close to them, of whom they are fond, and who is well and healthy. Then ask them to consider the following:

The aspect of his/her personality I like the most.	The aspect of our relationship I like the most.	The most difficult thing I would have to face in the event of his/her death.
The aspect of his/her personality I like the least.	The aspect of our relationship I like the least.	In the event of his/her death, what I would now be able to do.

Once they have completed the exercise individually, divide them into small groups and ask them to share their "flags" with the others. They can then return to the large group for general discussion about what they learnt from the exercise and what surprised them

Children and grief

Children grieve in similar ways to adults but have certain age-appropriate ways of expressing their feelings. They can display a variety of reactions to the death of a loved one. They often experience grief for as long and as intense as adults and usually have the same needs as adult grievers. The same symptoms and issues arise and are caused by the same things. Factors that will affect their reactions include:

- Their understanding of death
- Their level of emotional development
- Their relationship with the person who died
- The resulting disruption to their environment
- The way adults close to them are affected by death and react to the death
- The opportunities and support they are given to express their feelings.

Younger children may find it hard to express their thoughts and feelings in words, therefore, it is essential that teachers and educators help children to express themselves through constructive exercises.

Children can display the following symptoms:

- Anger
- Aggression
- Irritability
- Behaving in grown-up ways
- Disruption in eating and sleeping patterns
- Inconsistent grieving (intermittent)
- Regressive behaviour

By helping children to grieve and giving them the opportunity to learn to cope with loss, you help them to develop, and test, coping skills they can use when dealing with losses in adult life.

We help children to grieve by:

- Providing a secure caring environment
- Providing honest and factual information
- Giving permission to talk about feelings and fears
- Explaining to the child the rituals of mourning and what these include
- Using playing, drawing, painting and discussion to express the fears and feelings
- Helping the child to hold onto their memories of the person who has died
- Not assigning roles to the child that are inappropriate for their age.

activity

Learner level

Day-to-day losses

Ask young learners to think of a much-loved, favourite toy/book and to share what it would feel like if they were to lose it. Get them to identify their feelings through description, drawing or collage. Help them to understand that this is in part how someone feels when a love one dies.

facilitation pointers

Read age-appropriate case studies

When helping learners to deal with death, reading appropriate books to them is often very useful. Age-appropriate case studies can be found in them and these give the mourner an opportunity to identify with the subjects in the story and to gain from their experience. A discussion after the story helps to normalise feelings.

activity

Teacher level

Down Memory Lane

Thinking about yourself as a child and your childhood experiences of death and loss.
Can you remember:

- What was most important to you?
- What made you feel safe?
- What made you most frightened?
- What had the biggest effect on you?
- What made it easier or harder to cope?
- What was the attitude of the adults around you to death or loss?

Use your insights to assist you in helping the learner to understand death and loss. Create your own activities and create a safe environment for children to explore these difficult issues.

PART 3

PLANNING AND IMPLEMENTING A LIFE SKILLS PROGRAMME

Module 10
Planning, monitoring and evaluation

At the end of this module you will:

- Be able to plan a Life Skills Programme
- Be able to monitor a Life Skills Programme
- Be able to evaluate a Life Skills Programme.

Starting a programme

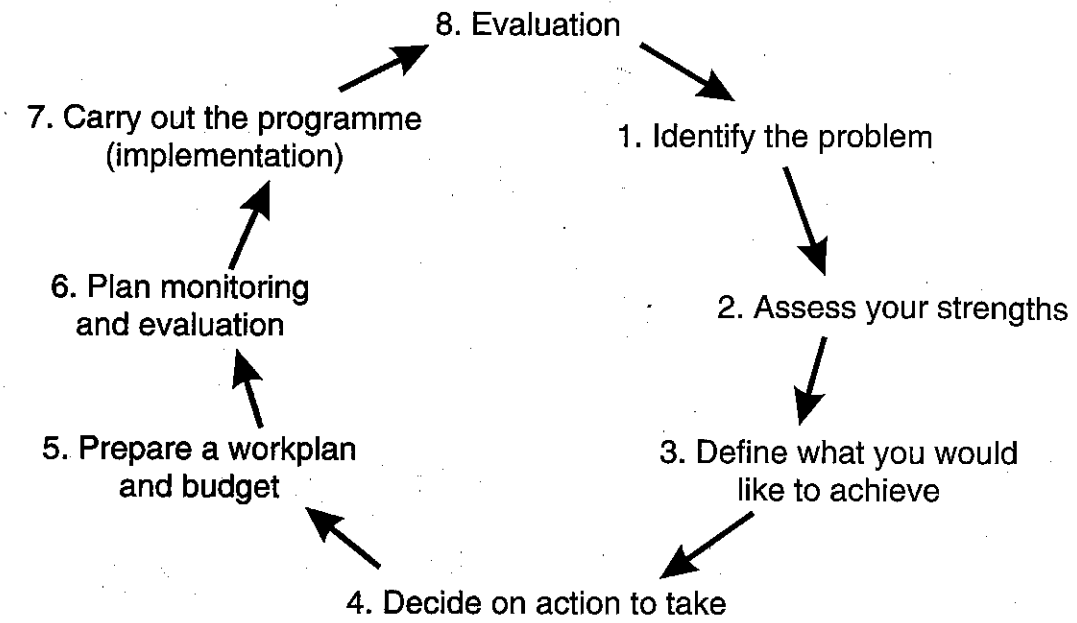
As you have worked through the manual you have acquired the knowledge and skills to equip you to draw-up your own Life Skills Programme around HIV/AIDS. In this section you will learn to plan, monitor and evaluate your programme. Planning is central to the success of any project.

Planning starts before you begin a project and continues throughout the process as you adjust and change according to the needs of the programme. This is known as the 'cycle of project planning.'

Any intervention or project must have definite goals. So much so, that a project can be defined as a set of activities to be carried-out in a specific period of time to achieve a particular aim.

A detailed plan helps in implementing the project by keeping the focus on tasks and time limits. The plan should be drawn-up by a team of people who will be involved in the implementation of the project.

The cycle of project planning



The Cycle of Project Planning
Source : Positive Development, Global Network of People Living with HIV/AIDS, 1998

Approaches to planning

There will be a number of needs and some obstacles in any Life Skills programme. It is useful to plan in phases to avoid feeling overwhelmed.

Here is an activity to use in the early stages of planning. It assists in identifying the goals, aims and outcomes of the proposed intervention.


activity

The Problem Tree

Write the main problem on a board. Brainstorm around the issue. Decide from the contributions exactly what your project wants to achieve ie the main idea. Brainstorm again about how to achieve your ends and the problems likely to arise. Graphically represents the results in the drawing of a tree: the roots are the deeper issues or source of the problem; the trunk is the main idea; the branches are the concerns related to the main idea.

NEEDS ASSESSMENT

Many projects have failed because a needs assessment has not been done.

Through a needs assessment you need to find out:

- How many people in the targeted community for the project have expressed a need for what you propose to do?
- What exists already?
- Will there be a conflict of interests or duplication of effort?
- What information is available?
- Who else might be interested in the project who could assist or may want to be more deeply involved?

Failure to ask, and answer, these questions can cause a project to fail. Here is an example: The outcome of a project is to get learners in abusive situations to use the clinic services. If the project planners did not consult with the clinic so that the staff members were aware of what was happening, they might not be prepared, or willing, to deal with the extra workload – and the project would fail.

SWOT ANALYSIS

Once a needs assessment has been done it is useful to do a SWOT analysis, ie assess your:
Strengths
Weaknesses
Opportunities and
Threats.

Another approach to planning is the Force Field Analysis.

FORCE FIELD ANALYSIS

Define what you want to achieve.
This is usually one, specific overall statement describing what the project will have achieved by the end of the initiative. This keeps the project workers focused on the task. All the role players must be in agreement with this statement.

Decide on the action plan.
The different aspects and components of the plan are described in detail. It outlines what will be done; by whom; for whom; by when and why.
Action plan statements are: specific; measurable; appropriate; realistic; time bound.

Write up the plan and the budget.
The work plan must detail the specific steps in the various tasks, the materials required, the manpower needed, the responsibilities of each person, the time estimation for the each job, and a break-down of the costing for each aspect.

The work plan and budget provide a framework by which to monitor the project and, if things are not working according to plan, revised plans can be made in time.

Not all activities need money but often need man power. This should be reflected in the written plan to confirm that people are clear about their role in the plan.

The time allocations for each component is reflected to enable the project team to monitor the progress and avoid delays. When this occurs the relevant other people involved can be notified and revised plans negotiated in time.

Monitor and evaluate the plan
How a project will be monitored should preferably be decided as the project is being planned. The work plan and budget, if they were properly drawn-up and recorded, provide the framework by which the project is monitored. Periodic checks are made to see whether deadlines are being met, whether people are carrying out their responsibilities and whether the project is still within its budget. Where programmes have been implemented it is necessary to find out how participants responded, what worked, what didn't work, what needs to be changed, what else needs to be done. Unexpected information arising out of an initiative needs to be recorded and, sometimes, requires action that has not been anticipated, eg five learners, after a workshop on safe and unsafe touch, reveal that they are being sexually abused. Separate action must be taken to help them. This kind of information also contributes to the evaluation of a programme.

The focus group

A focus group is useful in planning, implementing and evaluating an activity or project. It can be used in an initial needs analysis or as part of ongoing reflection and reassessment of a project or action. As its name suggests, a focus group usually focuses on a specific problem or stuck point, it is, therefore, an ideal monitoring tool.

As the facilitator of a focus group, you do not take part in the discussions other than to introduce the group, ask key questions and record main points.

Select a group of about 10 people with similar interests who are likely to relate well to each other. They could be people who are going to work together on a project, or learners assisting in the needs assessment. Sometimes the group might be all men or all women. Joint sessions of focus groups might be organised if needed.

Arrange a convenient time for the group in a venue where group members can, if possible, sit in a circle. Explain that the aim of the discussion is to guide the next phase of action in a specific area. Prepare a brief outline of the main points for discussion and the information sought, e.g. what difficulties are teachers having in implementing an HIV/AIDS/Life Skills Programme with learners? Prepare general and specific questions to elicit concrete suggestions and thoughts that will give you the information you need.

Refer to the prepared brief outline to help keep the group focussed on the specific needs in order to achieve the desired outcomes.

Encourage the discussion to be as open as possible. Remind people of the objectives. Try to ensure that all the participants have an opportunity to contribute their ideas. Keep notes of the conversation but do not become involved in the discussion except to ask specific questions. The discussion should not last longer than two hours.

To close the meeting, summarise the contributions made by the group without adding your own opinion and feeling. Clarify any misconceptions and mention instances that prejudice or bias. These can be explored briefly. Call for further recommendations related to the aims of the discussion.

Evaluation of the plan / programme

Evaluation means to judge the effectiveness of the project and usually happens at the end of a project although it is better to link it to an ongoing the monitoring process.

Evaluation of projects is neglected for many reasons, one of them being the perception that it is difficult yet its benefits outweigh the difficulties. Here are some:

- Evaluation helps to determine adjustments to an initiative
- Lessons can be learnt from the successful, or less successful, projects
- Evaluation helps to assess the value of the programme and often helps to decide whether to continue or to stop a particular initiative.

THERE ARE A NUMBER OF WAYS TO EVALUATE A PROJECT:

- Monitor the progress against the work plan.
- Collect data, either qualitative or quantitative. Qualitative data usually answers the questions why and how; quantitative data usually records who, what, when, how much, how many, how often.
- Checklists or questionnaires. These need to be easy to use, relevant, short and specific otherwise there is a possibility that people will not complete them, or will complete them incorrectly.
- Structured group discussions or focus group discussions.

AN EVALUATION CHECKLIST

- ✓ Have you helped things to change
- ✓ Is the situation better than before? By how much?
- ✓ Have you accomplished your objectives?
- ✓ Did it go as well as you anticipated?
- ✓ Have your efforts changed the big picture?
- ✓ Are the people and organisations involved in your group happy with the results of their action?
- ✓ Are they happy with the process?
- ✓ Are they satisfied with their participation in the process?

IF YOU DID NOT ACCOMPLISH WHAT YOU INTENDED:

- Why not?
- Did you re-plan your strategy?
- What would you do differently another time?
- What have you learned for this experience?

EVALUATION OF A LEARNING PROGRAMME

According to the Curriculum 2005 booklet to evaluate a programme you need to assess:

- Changes of knowledge in the learner
- Changes in skills
- Changes in attitudes and behaviour.

Assessing whether or not a programme is having a desired effect is not an easy task. Some effects are easy to assess and others more difficult. It is easy to assess whether facts have been learnt or skills acquired but more difficult to assess whether the knowledge and skills are retained over time. The impact of a Life Skills Programme, or behavioural change, or attitudinal change, must all be measured over the long term against external indicators, eg a reduction in teenage pregnancy; or an increase in the basic personal hygiene of the learners. In the time between the intervention and the measurement of results other variables might have impacted on the learners that could have influenced their attitudes and behaviour making it very difficult to be certain about cause and effect. Notwithstanding this, it is important to record achievements as truthfully and as honestly as possible.

facilitation pointers

Role model

The best way to help reinforce learners' skills is to be a good role model. Use the skills you teach in the daily management of your classroom, eg if a class decision needs to be made, use the principles of decision-making; if two children argue about something, use the principles of problem-solving.

HOW TO EVALUATE THE LEARNER

The Curriculum 2005 criteria are once again valid here. You need to assess changes in the learner's knowledge, skills, attitudes and behaviours. Therefore, many of the techniques used to evaluate a programme can also be used to evaluate the learner. Refer to the criteria in the experiential learning cycle.

Techniques you can use include:
- Asking questions, verbal and written
- Observation and recording
- Focus groups or group discussions
- Games and activities
- Written material, articles and minutes of meetings.

Learners can reflect change in many ways:
- By asking in-depth questions
- By practicing what they have learned, eg Universal Precautions against HIV
- By promoting safety in the school
- By behaving more positively towards each other
- By participating more in school initiatives.

facilitation pointers

Instant assessment of activity
A quick way to assess an activity is to get the learners to answer the following questions:
- What did I learn?
- How does this affect me?
- How can I use this information in my own life?

At the end of a training session get written feedback from your group. You can design an evaluation form yourself or use one that you liked. The effects Life Skills programmes are best seen after sustaining them for 3-5 years. Keeping records of them contributes to the necessary ongoing spiral research that assists in strategic planning.

Finally, after you have evaluated your programme, the questions to ask yourself are:

- **What have I learned from this evaluation?**
- **How am I going to use my learning to improve?**

Resources

Child to Child Trust, Children for Health, 1993; UNICEF

Global Network of People Living with HIV/AIDS, Positive Development, 1998; Russell Press, Amsterdam

Commonwealth Youth Programme, Working with Young People, 1995, Common wealth Secretariat, London.

Sanders, P. Swinden, L., Knowing Me, Knowing You, 1994, LDA, London.

Myles, H. et al, Taught not Caught, 1994, The Trinity Press, London.

Rooth E., Lifeskills A Resource Book for Facilitators, 1995, Macmillan Boleswa Publishers, Swaziland.

Rooth E., Introduction to Lifeskills, 1997, Via Afrika, Western Cape.

Goodall A., et al, The Bereavement and Loss Training Manual, 1994, Winslow Press Ltd., United Kingdom.

Booklets from:

The National Department of Education, Curriculum 2005, Lifelong Learning for the 21st Century, 1997, CTP Books, Cape Town

The Media in Education Trust, Curriculum 2005, Orientation Programme, 1997, The Media in Education Trust

Disend, J.E. Train the Trainer – How to make training more powerful and effective (1989)).