



Sexuality Education in
Life Orientation

Scripted Lesson Plans

Grade 12 Learner Book



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

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in Life Orientation

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BACKGROUND AND CONTEXT FOR THE GRADE 12 SLPs

1. INTRODUCTION

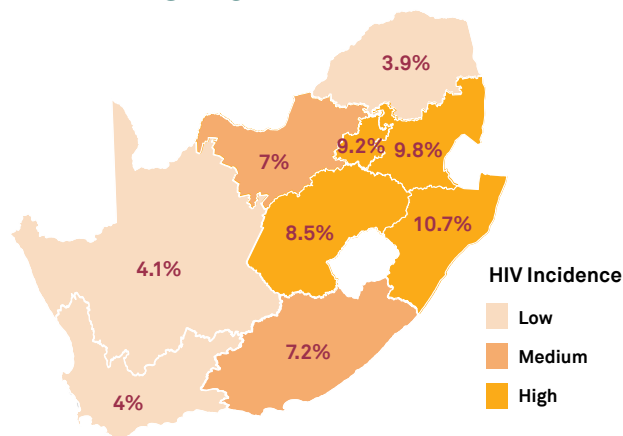
Young people face many pressures and risks; many of these are different than the risks adult may have faced when we were younger. HIV and other infections and early and unintended pregnancy are those we may think of first. But there are many unhealthy pressures around relationships, and influences that come from many sources.

The difficult facts on HIV prevalence highlight the need for effective Sexual and Reproductive Health (SRH) education so that young people will be well equipped to deal with today's challenges.

HIV is everyone's problem.

No matter where we live in South Africa, everyone is affected or at risk in some way. Working together to break the silence, show compassion, support those on treatment, and address risks, are the only way to stop the epidemic.¹

HIV:² While all young people are at risk, girls are getting infected with HIV at higher rates than boys. This trend continues through young adulthood.



Source: SANAC, accessed January 18, 2019

Figure 1: HIV prevalence by province, 2016

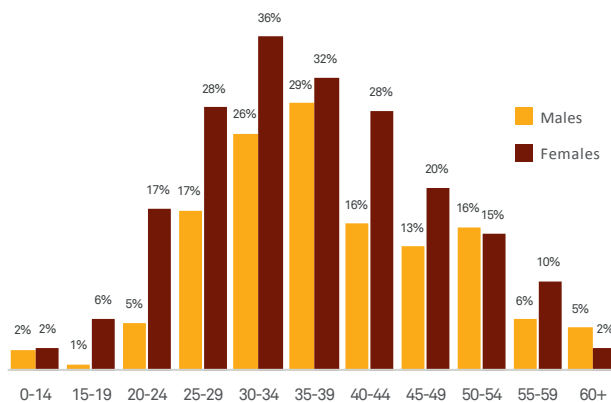


Figure 2: HIV infection rate by age

2. PURPOSE

The Scripted Lesson Plans (SLPs) include comprehensive lessons or activities, with assessment tasks, that will help you to understand the concepts, content, values and attitudes related to sexuality. The lessons encourage you to think about the kind of behaviour and attitudes that lead to a safe and healthy lifestyle.

The aim of the activities is to provide you with accurate (true) information on many issues or questions that young people have, or about decisions that young people face regarding their sexual health and well-being. The activities are practical and interesting for you to try. The activities are done individually, in pairs or in groups so that you can share information and have discussions with your peers. Some of the tasks require that you have discussions with your parents, guardians or another trusted adult who you feel comfortable talking to about sex openly.

The activities have assessment tasks that you need to complete. The assessment tasks are engaging and help consolidate new Sexuality Education (SE) content that is included in the lessons. Many assessment tasks require you to reflect on your own understanding and decisions about what is being taught. Through the assessment tasks you are able to consider your own behaviour and make decisions that will bring you

1 Shisana, O., Rehle, T., Simbayi, L.C., Zuma, K., Jooste, S., Zungu, N., Labadarios, D., and Onoya, D. (2014). *South African National HIV Prevalence, Incidence and Behaviour Survey, 2012*. Cape Town, South Africa: HSRC Press.

2 Ibid

closer to the behaviour, values and attitudes you think are acceptable and good for you. You can discuss, share, compare and encourage your peers with your responses. Try setting up a group with friends who have thoughts and attitudes similar to yours. This supportive group of friends will encourage you in your decisions, as you will encourage them, and help you to build a safe environment in which you will feel free to talk about difficult issues in a trusting, positive and open way.

In the earlier grades, activities required that you identify your goals. Setting goals comes with choosing how you will live a healthy lifestyle, which includes a healthy sexual and reproductive life.

In Grades 10 to 12, the SLPs will help you determine if your goals need to change, if you need to develop new goals, which behaviour, values and attitudes are best to support your goals and what should you put in place to ensure that you sustain a healthy, well-balanced life in the future

3. STRUCTURE

Each part of the SLPs is important and has a specific purpose. Please refer to the diagram below:



4. THE CORE MESSAGES

The following have been selected as CORE MESSAGES to be reinforced throughout the activities. Use these messages to remind yourself and your peers of what you should know about choosing a safe and healthy sex life. Use them on postcards, bookmarks, posters, bumper stickers etc. to raise awareness and show what you choose to do!

1. I will choose if, and when, to have sex and when not to.
2. I have the right to say “no” and the responsibility to respect “no” to sexual attention and sex at any time and in any situation.
3. If my partner and I choose to have sex, my partner and I will use a condom correctly every time.
4. To protect myself and others, I need to be honest and communicate well in sexual relationships.
5. I respect my own and others' well-being.
6. I know my HIV and STI and general sexual and reproductive health status.
7. My partner and I are equally responsible for preventing pregnancy, HIV and other STIs.
8. I want to be part of a community that stops gender harm and violence and creates safety and peace in its place.



5. KEY TO ICONS

A set of icons is included to guide you on different parts of the activity



ACTIVITIES



READING



ASSESSMENT



HOMEWORK



RESOURCES



CONSOLIDATION



GLOSSARY



Lesson 12.1

Our needs and our rights,
taking action

Lesson 12.1

Our needs and our rights, taking action

BRIEF LESSON SUMMARY

In this lesson you will explore concepts related to sexual and reproductive health rights. You will be exposed to a very successful South African human rights campaign. You will then develop your own campaign.

The lesson takes place in three parts:

Part 1: Introduction to a health campaign

You will discuss concepts and examples of responsible citizenship, discrimination and related rights, under the South Africa Bill of Rights, starting with your own experiences. To motivate and inspire active and responsible citizenship, you will evaluate an advocacy campaign that was taken all the way to the Constitutional Court, where all pregnant women living with HIV, won the right, under the Bill of Rights, to receive antiretroviral treatment to prevent mother-to-child transmission (PMTCT) of HIV.

You will begin to plan your own campaign, beginning with the identification of a problem or need, related to sexual and reproductive health. You will apply a planning process to define your activities, audience, messages and mode of delivery. Tools are provided in your learner books to support the planning process. You may need time outside of the classroom to plan and prepare your campaign strategies.

Part 2: Presentation day

Your educator will set a date as part of the Annual Teaching Plan. A class session will be held, in order for you to present your campaign designs and plans. During this session, you will listen to each other's presentations on what you plan to do and provide feedback to each other. Based on the feedback, you will revise your plans to implement your campaign, if needed.

Part 3: Delivery of campaign activities

This will not be done during class time. This is an opportunity for you to organise your own presentation day, which could be done as a special school activity, where your actual campaigns are presented to your peers in other classes, or even to the rest of the school learner body. Your groups will have the opportunity to evaluate your team work and the effectiveness of your campaign activities, using the self-assessment tool provided in your learner books. As a motivation to work on your presentations, the best campaign could become your school's activity towards *World AIDS Day* celebrated on 1 December as part of the schools' calendar.

KEY POINTS

1. Campaigns are used to raise awareness, build commitment and support for a cause and to inspire activism.
2. Each of us must decide where we stand and if we are willing to take a stand when it comes to discrimination and human rights violations.
3. Along with rights come responsibilities, these should be identified as the learners develop their campaigns.

4. Understanding and referring to the Bill of Rights in the South African Constitution will make campaign more effective.
5. We can all begin to join and support human rights campaigns that we feel strongly about.



ACTIVITIES

Activity A: Active citizens

Introduction: In this activity we will learn from a successful health and human rights campaign in South Africa, in order to understand how responsible citizens can take action to ensure that our needs are addressed and our rights are fulfilled.

1. Give examples of what you think it means to be a responsible and active citizen. Refer to the explanation and examples in **Reading 12.1.1: Responsible and active citizens**. Can you give an example of an activity you have participated in as a responsible and active citizen?
2. Give examples of what you think the word “discrimination” means. Review the definition in your Learner Books in **Reading 12.1.2: Definitions: Discrimination**.

Share some examples. Can you link that discrimination to any specific human rights that have been violated? You can talk about your own experiences where you have felt discriminated against or witnessed discrimination. Follow up with the questions in in **Worksheet 12.1.1: How does discrimination make you feel?**

3. Have you ever been part of a campaign? If yes, what were you campaigning for? Look at the campaigns in your learner books. Which human rights are the campaigns linked to?
4. We are going to look at a successful campaign that took place some years ago. The Treatment Action Campaign (TAC) demanded that the needs of pregnant women living with HIV and their unborn babies be met, in order to give women access to treatment, and also reduce the number of new infections of HIV among newborns.

Look at **Reading 12.1.3: A successful campaign**. The reading is about the Treatment Action Campaign (TAC) winning a case at the Constitutional Court. The Constitutional Court is the highest court in the land.

5. Form groups. Think about what you have read. Then discuss the questions under **Worksheet 12.1.2: A campaign that changed our lives forever**.

Review your responses together as a class.

6. Read the note from **Reading 12.1.4: What the TAC did to win treatment access as a result of its campaign**. After reading it, evaluate the different methods the TAC used. When you evaluate something you are analysing it to assess what worked and why.
7. Remember these key points:
 - It is important to know our rights and, where necessary, to campaign to claim them.
 - It is important to research the facts about the right you want to claim.
 - The Bill of Rights (BoR) provides the solid foundation for designing campaigns that aim to ensure the rights of citizens are fulfilled.
 - We can all be responsible citizens and become active in initiating or joining human rights campaigns that we feel strongly about.

Activity B: Designing a campaign activity

1. This is an activity to create a campaign for your school. Campaigns are used to raise awareness, build commitment and support for a cause and to inspire activism. Think about the challenges you have been exploring in the lessons on comprehensive sexuality education (CSE) and brainstorm ideas for a campaign that you think will help young people have better health and well-being. This could be an issue related to the changes of adolescence, healthy relationships, violence prevention, pregnancy or HIV. Select a topic related to sexual and reproductive health and rights (SRHR) that you feel strongly about. You should review the steps together in **Worksheet 12.1.3: Planning your own campaign**. Make sure that you know what you need to do for each step.
2. Form groups for this activity. Some planning may have to continue outside of class, so it is important to form groups with people you can work with outside of class. Your group will be given an opportunity to present your campaign. **Worksheet 12.1.4: Campaign planning calendar** will guide the design and planning for your campaign.
3. Continue planning your campaign for the rest of the lesson. You may have to complete your plans outside of class, in order to be prepared to present your plans during the next session.

Activity C: Presentation day

Introduction: Your group will present your strategy and get feedback from your class.

1. Present your campaign strategy with your group. Take five minutes to present your ideas. Your educator will ask two or three learners to provide written feedback on your presentation and you will get comments from the class.
2. After you have presented and received feedback, you may need to revise your plans. During the break between Term 1 and Term 2, you will have further opportunity to complete your preparations.
3. You will discuss plans for final delivery of your campaign activities with your educator, during Term 2.



CONSOLIDATION

1. Review all the key points and look at the core messages. Identify what issues you feel passionate about and how you can be involved in pursuing rights and being responsible citizens in that field. Beyond health, you may have interests in animal rights, environmental rights, or other human rights.
2. You should be familiar with the Bill of Rights – these are your rights!
3. Take note of the AIDS helpline. This is a resource for any questions or concerns to do with HIV and AIDS, including what happens when you go for an HIV test, treatment care and support, and living positively. It is good to know your HIV status. If you are HIV-positive (HIV+), you can live a healthy life on antiretroviral treatment and have a satisfying relationships as well as a healthy pregnancy. When your virus levels are down to undetectable levels, you will not transmit the virus to another person.



Core messages

- I respect my own and others' well-being.
- I want to be part of a community that stops gender harm and violence and create safety and peace in its place.



HOMEWORK

You may need more time to plan, discuss and prepare for your media strategies for a school-based sexual and reproductive health campaign.



ASSESSMENT

1. You will present your campaign plans as an assessment task.
2. **Worksheet 12.1.5: Campaign scoring rubric** is a self-assessment tool to help you assess your campaign presentations. Go through the criteria as part of the preparation for your campaigns. The criteria give you a sense of what is important in a campaign and what to think about even as you plan and design the campaign.
3. The “self-reflection” opportunity at the end of the rubric is to allow you to reflect on your thinking around what is important in a campaign. So far the activity has been done in a group but you may have your own feelings and thoughts you want to include.



RESOURCES/MATERIALS

READING 12.1.1: Responsible and active citizens

A responsible citizen is someone who helps people, animals and our planet by promoting the realisation of the Bill of Rights in our Constitution. A responsible citizen is well informed about the issue they want to take up as an activist or to support. They have done the research and know the facts. By learning the facts you can make a stronger case for what you believe in. You become an activist, an active citizen or a change agent when you stand up against social, economic or environmental injustices. Your actions will make your school, your community and the world we live in a better place.

Examples of responsible and active citizenship

- Vote in elections
- Report bullying, sexual harassment or any other abuse
- Join a community clean-up campaign
- Join a group that challenges injustice
- Campaign for your school to provide sanitary pads, clean, private toilets, and condoms. These are necessary for your SRH.

READING 12.1.2: Definition - Discrimination

You are discriminated against when you are judged and treated badly. For example, a person or a group may be discriminated against because of their sexual orientation, disability, country of origin, religion, skin colour, health problems or mental health status. Someone living with HIV, a foreigner or a pregnant learner could suffer from discrimination.

When a person is discriminated against, it makes it hard for them to meet their needs and fulfill their rights as human beings, and it is harmful to their overall well-being. When you oppose discrimination, you are taking on the role of a responsible and active citizen.

Learners may raise issues that constitute positive discrimination, which include policies and practices that try to address the imbalances of the past. This type of discrimination favours people previously disadvantaged or tries to correct historically unfair situations. It is also called *affirmative action*.

READING 12.1.3: A successful campaign

Preventing mother-to-child transmission of HIV (PMTCT)

In the early 2000s, a civil society campaign made it possible for pregnant HIV+ women to access treatment which dramatically reduces the number of babies born with HIV.

Statistics show success

According to the Avert (2015) report on the global information and education on HIV and AIDS,³ HIV transmission from mother-to-child (MTCT) in South Africa fell to just 1.5% in 2015, a decline from 30% in the early 2000s, which exceeds the national target of 1.8%. The sharp decline in new infections is attributed to improved access to antiretroviral treatment (ART). 91% of expectant mothers living with HIV now receive ART from government clinics to prevent HIV transmission to their child and for their own health.

The increase in the number of women receiving ART has also led to a slight fall in the number of women who died during pregnancy, childbirth or before 42 days of giving birth. The report states that the decline in the number of woman who die during childbirth (called maternal mortality) is due mainly to improvements made in dealing with non-pregnancy-related infections, including HIV-related deaths.

As more pregnant women living with HIV access treatment, the number of maternal deaths caused by HIV is expected to continue to decline. Many more babies are being born HIV-negative despite their mothers being HIV-positive. Many more women on treatment are surviving childbirth too.

3 www.avert.org/news/south-africa-exceeds-national-mother-child-transmission-target

READING 12.1.4: What the TAC did to win treatment access as a result of its campaign

We asked Sharon Ekambaram, a founder member of Treatment Action Campaign (TAC), to tell us how they approached their campaign. This is what she told us:

We empowered people living with HIV

We wanted to empower people living with HIV with the science of this disease. This included understanding how the virus replicates in your body, what treatment is available [antiretroviral treatment (ART)] and how treatment can reduce the virus replicating.

We held treatment literacy workshops

We ran treatment literacy workshops with all TAC members as an activity of the TAC branches. This enabled activists to go out and speak knowledgeably about the virus: what treatment was available, the names of the treatment, explain the cost of the drugs. They could also speak about affordability of the drugs and that pharmaceutical drug companies should not be profiteering from life-saving treatment.

We spread the word about safer sex

In meeting our objectives to reduce the number of new infections, to raise awareness about how HIV is transmitted and what people can do to reduce their risk of contracting HIV, TAC spoke about safer sex and use of condoms. But we also discussed reducing the number of babies born with HIV. We taught about how babies can be infected during and after pregnancy, and how ART works to reduce the risk of babies getting HIV.

A movement of those of us living with HIV

TAC was a movement of people living with HIV. Our principle was: “Nothing about us without us.”

TAC conducted workshops throughout the country in poor communities, to trade unions, NGOs and business people explaining the science of mother-to-child transmission prevention of HIV/AIDS. We organised massive marches on each day that the court case was heard both at the High Court and the Constitutional Court.

We wrote letters and picketed

TAC wrote letters to members of parliament and Department of Health at local, provincial and national levels. There was a strong lobbying of the ANC government and we tried to identify sympathisers in government. We also picketed and wrote letters to representatives of the pharmaceutical companies including Pfizer and GlaxoSmithKline.

We worked with doctors and other organisations

TAC worked with a network of paediatricians who formed an organisation or movement called “Save our Babies”. They joined TAC on its marches and pickets.

TAC was part of the AIDS Consortium, a membership based network of community-based organisations and nongovernmental organisations working in the field of HIV. Many were doing prevention work and home-based care for people terminally ill and dying of AIDS-related illnesses.

We used media to get our messages across

Our activists produced posters with strong powerful messages. This was in the era just before social media, but TAC had a website.

We spoke on radio stations and ran workshops for journalists to teach them about the science of HIV. We also explained why words like “AIDS sufferers” was not the way to describe someone living with HIV. We highlighted human dignity and addressed stigma. The HIV-positive T-shirt was the most powerful. It openly identified and pledged solidarity with people living with HIV. It captured the reality that we are all living with HIV whether we are affected or infected. Talking openly about HIV was a critical aspect of this campaign to work against the shame that was associated with HIV.

We spread the important message that ARVs offered hope. That HIV was not a death sentence.

TAC also spoke about why women are at greater risk of contracting HIV because of the unequal gender power dynamics making it very difficult for women to negotiate with their partners to use condoms and have safer sex.

Acknowledgement: *Sharon Ekambaram of the TAC is a well-respected and very experienced human rights and health activist in our country. Sharon provided the information about this campaign and assisted with writing the note for the purposes of this activity.*

WORKSHEET 12.1.1: How does discrimination make you feel?

- If you felt discriminated against (or have witnessed discrimination), how did it make you feel?
- What did you do?
- Have you discriminated against someone (with or without intending to)? How do you think they felt?
- How would you avoid being discriminated against in the future? What will you do to see that others are not discriminated against?

WORKSHEET 12.1.2: A campaign that changed our lives forever

The information gives us lot to think about. Review what we can learn from this experience:

- What methods (ways of doing things) did TAC campaigners use to achieve their goal? Take into account that the TAC’s goal was for every HIV+ pregnant women to get antiretroviral treatment to prevent babies being born with HIV.
- What different kinds of people and groups of people were involved in the campaign?
- Was it an important cause to take up? Why do you think so?
- Use these two sections of the Bill of Rights⁴ to answer the question: In what ways did pregnant women living with HIV and their unborn babies experience discrimination?

Section 10

- **Human dignity:** Everyone has inherent dignity and the right to have their dignity respected and protected.

Section 11

- **Life:** Everyone has the right to life.

⁴ South African Government (1996). Constitution of the Republic of South Africa, 1996 - Chapter 2: Bill of Rights. Retrieved: <https://www.gov.za/documents/constitution/chapter-2-bill-rights>

WORKSHEET 12.1.3 Planning your own campaign

These steps should be followed to develop your own campaign activities:

Step 1: Identify and define the problem (the need, the gap or the injustice) you would like to address and define it as clearly as you can. For example, the problem could be related to puberty and adolescence; healthy relationships; prevention of violence; pregnancy or HIV. Select a topic related to SRH and the rights that you and your group feel strongly about.

Step 2: Gather information about this problem. Facts can include statistics, observations and experiences that you or someone you know may have had. The greater the number of people who have experienced the problem, the easier it is to demonstrate that it should be a high priority.

Step 3: Analyse your information. Who is affected by this problem? How serious is the problem? How does this need relate to our Bill of Rights? Who is in a position to make a positive change?

Step 4: Define your target audience. Identify who needs to be reached? What information do you need to share? Who is the target audience? Consider your peers and younger learners in your school community, educators and school officials, parents and others in your community. If appropriate and relevant, think about which leaders should be reached. For example, traditional leaders, religious leaders, policy-makers and politicians or business leaders.

Step 5: Design your campaign: Use the *Campaign Planning Calendar* to help you. Based on your analysis, these planning questions can help you:

- What key messages and ideas will you communicate to your target audience? Consider the core messages used in your SE classes and any others you feel might be important.
- How will you communicate them? Be creative and make it interesting. Here are some ideas: a poem, story, a song, a drama or play, a series of posters or an activity to communicate solidarity.
- Where and when will you conduct or display your campaign activities? For example, school assembly, drama/theatrical production in the school hall or playground, public service messages in school or on local radio, WhatsApp or Facebook.
- What materials, if any, will you need?
- Whose support (or permission) will you need?

Step 6: Present your campaign: Present your campaign design to the class for feedback on the date during Term 1 that your teacher has decided on. Coordinate with your teacher to confirm where and when you will deliver your campaign. Make revisions as needed, based on feedback.

Step 7: Deliver your campaign: This should be based on your planning process and with agreement from your teacher, principal or whoever else you need to get permission from.

Step 8: Evaluate: Ask: What worked well? What was not successful? What would we do differently or better next time? Use the self-assessment tool provided to rate your group work on this campaign.

WORKSHEET 12.1.4: Campaign planning calendar

Steps for planning	Date: by when will we do this?	Progress (✓)	Planning notes
Step 1: Define problem			
Step 2: Gather facts			
Step 3: Analyse facts			
Step 4: Define your audience			
Step 5: Design campaign			
Step 6: Present plan to class; revise as needed			
Step 7: Implement campaign			
Step 8: Evaluate			

WORKSHEET 12.1.5: Campaign scoring rubric

Criteria	Assessment rubric (3=very strong, 2=mostly strong, 1=needs improvement)	Suggestions for improving the plan
Step 1: Problem definition Is the problem well defined?		
Step 2: Gather key facts Have they gathered useful information for their campaign?		
Step 3: Analyse your information Has the group provided enough information to help people to understand the problem?		
Step 4: Define your audience: Who do we need to reach? Who will be our target audience? Is it clear who the group is trying to reach?		
Step 5: Design your activities What will we do to deliver our message? Does the group have a clear plan for their campaign activity (key messages, plus when, where and how they will deliver them)?		
Results What happened as a result of our campaign? Did people seem more aware of the issue? Do we see signs that positive change will occur?		
Teamwork How well did we work together? Did we communicate effectively? Did everyone do their part?		
Effectiveness How well did we get our message across?		
Other self-reflections I felt that ...		



GLOSSARY

Active citizenship: When ordinary citizens get involved in their communities or countrywide to bring about positive change for people, they are being active citizens. Active citizenship can be as small as a campaign to clean up your street or as big as educating all young people in the country about democracy, human rights, and the importance of taking responsibility for their sexual and reproductive health.

Campaign: A campaign is a planned set of activities to raise awareness about a cause and inspire action for change. It generally involves individuals and groups working together and using a variety of strategies and actions such as marches, petitions, meeting with decision-makers and local leaders, and use of media to educate and motivate people. A campaign is also a way to hold governments to account for the rights it is supposed to provide.

Civil society: Groups and organisations that are working in the interest of citizens and are not part of governmental or the business world. They fall into the category of nongovernmental organisations (NGOs).

Discrimination: This is the unjust or unfair treatment of individuals or groups of people because of prejudices about their race, age, sex, gender orientation, religious, ethical background or political beliefs. The South African Bill of Rights protects individuals and groups from discrimination.

Evaluate: To weigh up facts, outcomes, evidence or information in order to assess whether something is positive or negative, has potential or is not worthwhile. It usually involves gathering factual data (for example, did more mothers and babies have access to testing and treatment) as well as discussions to learn more about people's opinions (why something worked, didn't work, or how it could be done better).

Human rights: These are basic rights and freedoms that every person is entitled to. In South Africa our rights are found in the Bill of Rights in the Constitution. Examples of rights include the right to education, healthcare and clean water. Rights come with responsibilities. For example, if it is our right to have a clean environment but it is our responsibility not to litter or pollute dams or rivers.

Human rights violations: When our rights are taken away from us or we are unable to access our constitutional rights, this is a violation of our human rights. For example, if someone stops you from going to school, they are violating your human right to education.

Nevirapine: This is a drug used in the prevention and treatment of HIV. It is part of antiretroviral therapy (ART).

Responsible citizenship: A responsible citizen is an inhabitant of a particular town or city who knows and understands their rights and responsibilities and acts according to them. Responsible citizens are active citizens when they stand up and protect their legal rights and the rights of others.



Lesson 12.2

Human factors affecting our
health – and what we can do
about them

Lesson 12.2

Human factors affecting our health – and what we can do about them

BRIEF LESSON SUMMARY

This lesson will explore a range of human factors that influence our health in both positive and harmful ways. You will have the opportunity to think critically about the roles that gender inequality/equality, poverty, as well as social, cultural and religious factors, play either as risk or protective factors for your well-being.

You will identify lifestyle issues and habits that can affect your well-being both positively and negatively. You will analyse scenarios related to sexual and reproductive health, and to all aspects of well-being. This will include identification of positive intervention strategies (protective actions).

KEY POINTS

1. It is important that we are aware of things that could have:
 - A negative effect on our own or others' well-being and pose a risk (these are risk factors).
 - A positive effect on our own or others' well-being and enable us to be safe and healthy (these are protective factors).
2. Being aware of risk and protective factors help us to anticipate challenges and opportunities. It helps us plan actions (intervention strategies) to anticipate challenges and manage them.
3. We can support each other to avoid risks.



ACTIVITIES

Activity A: Lifestyle factors and our well-being

Introduction: In this activity you will talk about your well-being, and the many factors that affect well-being.

1. What makes up your well-being? Consider: physical, emotional /mental, social and spiritual health. Together these all make up well-being.
2. Give examples of things people do (the 'human factors') that affect our well-being either positively or negatively. These can be habits, lifestyle, protective actions, and/or the risks people take. Affirm responses that are on point.
3. Summarise from the discussion that the state of different parts of our well-being are the result of many factors (things) in our lives. Some factors affecting our well-being we cannot control, for example the body and genetic make up that we are born with. But many things we can control, and for this reason we need to be aware of them.
4. Refer to **Illustration 12.2.1: My Life /My Well-being** in your Learner Books. Refer to the glossary to assist with understanding of the concepts.

5. Go through each circle on the diagram and give protective and risk factors, regarding your well-being.
6. Move into small groups. Each group should select one of the two scenarios in your Learner Books from **Reading 12.2.1: Risk and Protection**. Your groups can use **Worksheet 12.2.1: Risks and Protection** to document your answers. The note in your Learner Books explains what to do. Ensure that you understand what to do. Your group should pick someone to share your ideas with the bigger group.
7. For each scenario your group should informally share your ideas with the class. You should actively listen to the group before, and note down ideas. Each group should highlight what you can do to be more protective of your well-being. We all need protective strategies for situations that could become risky, and places to get help when problems occur. Remember that we never blame the victims if someone else does something bad to them.

Activity B: Responding to accidents and problems related to sexual and reproductive health

Introduction: In this activity you will deal with behaviours and practices that are risks to your well-being, as well as those that protect our well-being.

1. Refer to **Worksheet 12.2.2: Problem Situations** in your Learner Books. Go through the examples. Break into groups and brainstorm some examples of your own. Discuss what can be done to promote well-being.
2. You can share examples from each column, with the class and discuss them if needed.
3. Protecting our health requires behaviours which include adopting protective practices, and seeking care when we have problems. All of us need to develop our **personal intervention strategies**. These include personal actions that we can take to protect ourselves by both preventing problems, and promptly seeking care when they happen. Knowing where to find services for prevention, early detection, treatment, care and support is critical for maintaining good health.
4. In this activity we will focus on three scenarios related to sexual and reproductive health. We will begin to consider protective actions and personal interventions for the people involved. In the lessons that follow, we will further develop our ideas for personal intervention strategies and protection plans, and come back to this again in later lessons.
5. Divide into groups. Your group will work on one of the three scenarios in **Worksheet 12.2.3: When Problems Occur**. Your group should address the specific questions under your scenario, and be prepared to share your responses with the class.
6. Share your responses to the three scenarios, as well as the services that exist to help. Share any services you are aware of that are particularly youth friendly, or responsive to the needs discussed today.
7. Your educator will give you information on sexual and reproductive health resources in your community.



CONSOLIDATION

In consolidating the activity, go over the key points in this lesson. Articles can be read for homework activity. Consider the core messages below:

- I will choose if, and when, to have sex, and when not to.
- I have the right to say 'no' and the responsibility to respect 'no' to sexual attention and sex at any time and in any situation.
- If we choose to have sex, my partner and I will use a condom correctly every time.
- To protect myself and others, I need to be honest and communicate well in sexual relationships.
- I respect my own and others' well-being
- My partner and I are equally responsible for preventing pregnancy, HIV and other STIs
- I want to be part of a community that stops gender harm and violence and create safety and peace in its place.



ASSESSMENT

1. Use Activity B as an assessment activity. Discuss selected topics and negotiate with each other on what you would like to present to the whole class. After each group's presentation, make comments about the presentation.
2. For individual consolidation you can write up what you have learnt from the different presentations and make notes in your Learner Books.
3. Write an article for the local health magazine in which you present your views on:
 - How can gender dynamics and power imbalances affect a person's well-being?
 - What role does poverty play in our well-being?
 - What is the relationship between our physical and our mental well-being?
 - What role does spirituality play in our well-being? Remember, you don't have to belong to a formal religion to be spiritual. You can develop your own spirituality that gives you meaning.



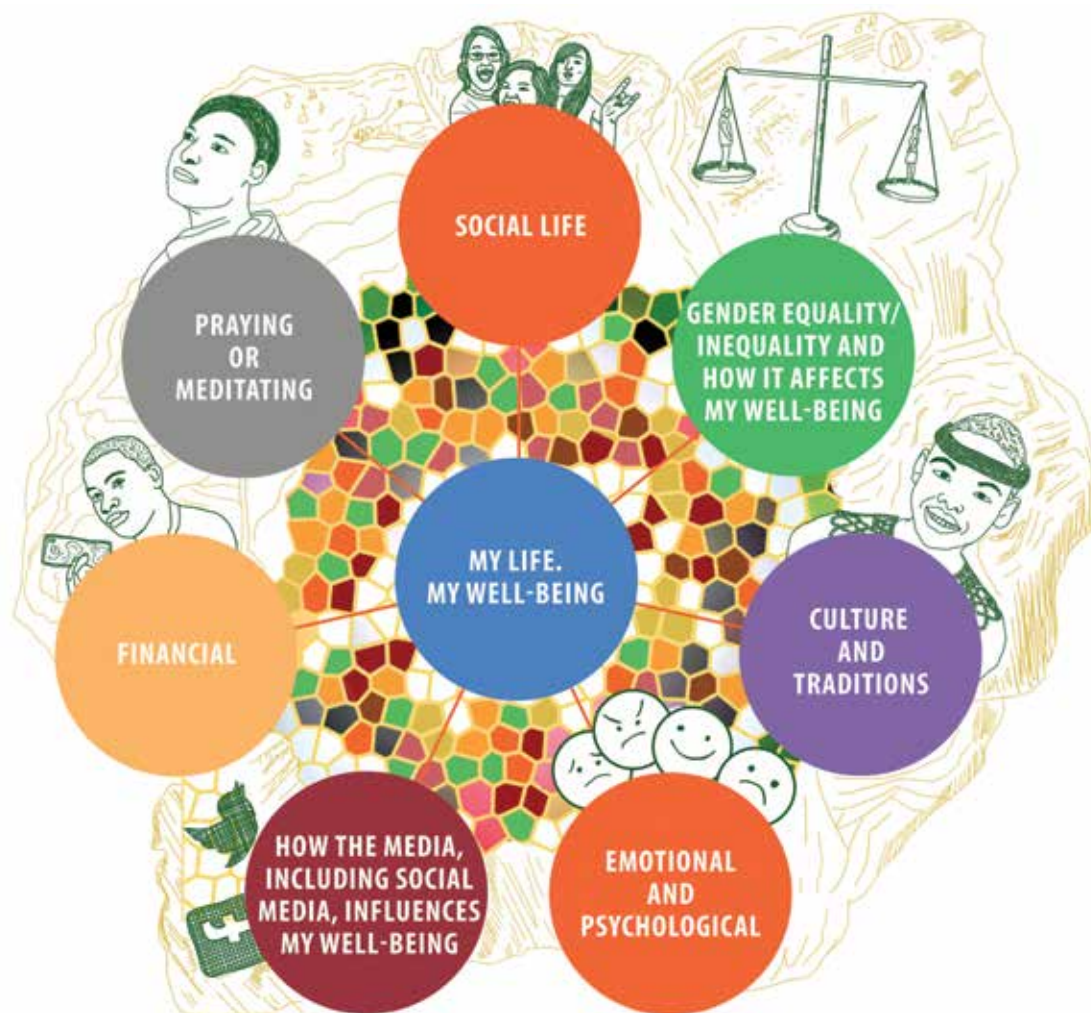
HOMework

Read **Reading Activity 12.2.1: Red spots on my pillow⁵** at home with a member of your family. Discuss together what was important to your family in this story.

Read **Reading Activity 12.2.2: FACT FILE: Play your part to stop TB**, and look at the infographic. TB is a family health challenge. If anyone in your family has signs of TB, they should support each other to go to the clinic. TB can be cured.

Together as a family make a poster reflecting your answers to the Q & A in the section on TB.

ILLUSTRATION 12.2.1: My Life/My Well-being



⁵ 'Red spots on my pillow' and 'Play your part to stop TB' are from *Rise Young Women's Clubs magazine* Issue 13, published by Soul City Institute for Social Justice.

READING 12.2.1: Risk and protection

Risk and protective factors: some scenarios

Each of these common scenarios is an opportunity to think about risks as well as protective actions you can take. Read the scenario and decide what are the risks for each situation - note with a (-), and what are some protective factors – note with a (+).

SCENARIO 1: GOING TO A PARTY

If you go to a party, go with a group of friends you trust. Think of this as a protective (+) thing you can do to protect yourself from harm.

Going to a party alone might make you more vulnerable to harm. This would be a negative (-) thing. The red sign represents a risk.



What ideas do you have for other protective (+) and risky (-) factors to consider?

SCENARIO 2: BEING IN A ROMANTIC RELATIONSHIP

Make an agreement with a romantic partner that you don't want to have sex as part of your relationship.

- You decide to always be with other people when you're together (+ factor).
- You haven't communicated clearly with each other clearly about your sexual expectations and limits. You get into a situation where you're alone together and unplanned sex happens without a condom. Being alone together in a particular situation can be a (-) factor.

Discuss what other risk factors exist and what protective factors may be at play in this scenario.

WORKSHEET 12.2.1: Risks and protection

Instructions:

- Think of your own example of something that could contribute to an adolescent's risk and being unsafe. Use the symbol (-) to show risk.
- From your discussion above, how could these things negatively affect their well-being?
- Think of strategies you could use to protect yourselves from risk and vulnerability. Use the symbol (+) to show protective strategies.

Protective Factors (+)	Risk Factors (-)

WORKSHEET 12.2.2: Problem situations

Poor health: Examples of human factors that contribute to poor health	Accidents: Examples of different types of accidents and the human factors that may cause or contribute to them	Personal crisis or 'disaster' Examples of psychosocial and mental health factors that influence our ability to cope with a crisis or disaster
Unsafe/unclean drinking water Not going to a clinic if I have had unprotected sex and a worrisome symptom	Driving without a licence Using a condom whose package is worn out or passed its expiry date	An unplanned pregnancy for someone in an abusive or violent relationship. A grandparent who has been particularly supportive of her grandson struggling with his sexual identity has died. A single mother who is living with HIV has begun to feel sick but is worried about supporting her family.
Poor health: Examples of human factors that contribute to poor health	Accidents: Examples of different types of accidents and the human factors that may cause or contribute to them	Personal crisis or 'disaster' Examples of psychosocial and mental health factors that influence our ability to cope with a crisis or disaster
Class examples		
Your own examples		

WORKSHEET 12.2.3: When problems occur

Example of a personal accident	Example of a personal crisis	Example of a personal disaster
<p>A couple, Lungi and Lindiwe, didn't know that oil-based lubricant weakens a condom, and that you're supposed to use water-based lubricants.</p> <p>Before they made love, they smeared the condom with lube. But after he ejaculated and withdrew his penis they noticed the condom had broken. Their hearts sank.</p> <p>They don't know each other's HIV status and Lindiwe isn't using another contraceptive.</p>	<p>Zed's girlfriend Sanna wants him to have sex with her. She says it's time to take the relationship to the next level. She's threatening to break up with Zed if he doesn't have sex.</p> <p>Zed still wants to be in a relationship with Sanna. She's fun and caring and he finds her sexy. He thinks his friends will say he's mad not to have sex with Sanna. Sanna's friends are also pressuring her to have sex.</p> <p>It's all getting to be too much pressure on them both.</p>	<p>Lovemore is in a gay relationship with Mike. One evening during a romantic dinner, a gang burst into Lovemore's home. They dragged Mike out of the house, shouting homophobic abuse. They forced him into the veld nearby.</p> <p>Lovemore's heart broke as he heard Mike's screams. But Lovemore could not go to him because a member of the gang had tied him up. When Lovemore finally freed himself, everything was quiet outside. Lovemore called his father and told him what happened. His father came over straight away. In torchlight in the veld they found Mike's body.</p>
<p>What do you think the possible impact of this accident could be on both Lindiwe and Lungi's physical, social, emotional/mental and spiritual well-being?</p>	<p>What do you think the possible impact of this situation could be on Zed and Sanna's physical, social, emotional/mental, and spiritual well-being?</p>	<p>What do you think the possible impact of the disaster physically, emotionally (mental health) and socially/spiritually for (a) Mike and his family and friends, (b) for Lovemore, and (c) for the gay community and (d) general community.</p>
<p>Problem solve: what protective actions should the couple take now?</p>	<p>Problem solve: what could Zed do? What could Sanna do? What protective actions each could take?</p>	<p>Problem solve: what can Lovemore and Mike's community do? What protective actions could be taken?</p>
<p>Prevention strategy: what can they do in the future to make sure this doesn't happen again?</p>	<p>Prevention strategy: what can Zed do in future about this kind of relationship pressure?</p>	<p>Prevention strategy: what can communities do to prevent hate crimes such as these?</p>

What help, care, support and treatment do they need? What services exist that can help someone in this situation?	What help, care, support and treatment do they need? What services exist that can help someone in this situation?	What help, care, support and treatment do they need? What services exist that can help someone in this situation?
What are the key messages being addressed?		

READING ACTIVITY 12.2.1: Red spots on my pillow

Instruction: Read the story below.



It was late at night and Melanie wakes up. She is coughing again. She's had this cough for three weeks now. She pushes herself up and switches on the light. There are tiny red spots on her pillow. She looks again. Blood? From coughing?

And then she remembers what her friend Xoliswa said to her. "Those night sweats and fever and losing so much weight. It sounds like TB to me."

"Rubbish," Melanie had replied. "It's just the change of season." Melanie grabs her phone and googles www.soulcity.org.za/media/materials/tb. She finds a list of signs of TB:

- Cough for more than two weeks
- Cough up blood
- Don't feel like eating
- Pains in your chest
- Unexplained weight loss
- Feel very tired all the time
- Sweat a lot at night (even when the weather is cool)
- A fever that comes and goes for longer than two weeks
- Get short of breath easily

You may not feel or experience these symptoms all at once.

Melanie messages Xoliswa: "hw do I knw 4 sure if I hv tb? Her phone vibrates straightaway, "clinic asap. Easy test. U just spit in a bowl."

"K." Melanie replies.

"If u got tb I will hlp u get thru treatment," Xoliswa answers, "my bro hd it. He fyn now."

Melanie takes a deep breath. There is pain in her chest. She gets up to make tea. In a funny way, she is feeling relieved. One: she is going to the clinic tomorrow. Two: she has Xoliswa on her side.

READING ACTIVITY 12.2.2: Play your part to stop TB⁶



Cover your mouth with your elbow when you cough or sneeze.



Keep windows open so the germs can blow away.



Wash your hands often.

Fact file

- Tuberculosis (TB) is a bacteria – a type of germ.
- TB spreads through the air when people cough, spit or sneeze and breath in the germ.
- TB can be cured.
- If you have HIV and TB, the TB treatment will still work to cure your TB.

Q&A on TB

Q: What does the TB germ do?

A: The TB germ attacks your lungs. It makes holes and causes other damage to your lungs. The TB germ can also spread through your blood to other parts of your body, like your brain or liver.

Q: What happens when you have a TB test?

A: The clinic or doctor may ask you to cough your spit into a small bottle two mornings in a row. They send your spit to a laboratory. They look through a microscope to see if there are TB germs in your spit.

Q: What if I've got TB?

A: You will begin treatment. The medicine is free from a government clinic. The people you live with need to be checked to see if they have TB too.

Q: Will I infect other people?

A: After taking the TB medicine for two weeks, you cannot pass the TB germ on anymore. Often, when someone in the family has TB, other family members have to take medicine as well.

Q: I want to take my medicine, but 6 months is a long time. How will I manage?

A: Ask someone to support you to take your medicine. Your supporter makes sure you take your medicine every day. They encourage you when you feel like giving up.

Q: What if I stop taking my TB treatment before the health worker says I can?

A: You will get sick again. The TB germ can become resistant to the medicines (drugs). This means you have multi drug resistant (MDR) TB. The usual TB medicines will not work. This is VERY SERIOUS because the TB treatment becomes MUCH more difficult and takes much longer. You can die from MDR TB.

Q: Are there any side effects to the medicine?

A: There can be. For example, you might feel nauseous, get a skin rash and have pink urine. But you must not stop your treatment. Talk to a health worker at the clinic for help and advice.

⁶ 'Red spots on my pillow' and 'Play your part to stop TB' are from *Rise Young Women's Clubs magazine* Issue 13, published by Soul City Institute for Social Justice.



GLOSSARY

Intervention strategies: These are planned actions that you, or a group of people, can develop to try to avoid a situation or prevent a situation from continuing or taking place in the future. They can also be referred to as protective actions. An example of an intervention strategy could be a group of friends who attend a social event together, agreeing that if one or other sends a text message with a code word, it means that they are not feeling safe. When you or your friends get the message, they will come and stand with you because together you are stronger to handle any potential danger.

Protective factors: These are conditions or qualities such as skills, strengths, resources, supports or coping strategies that individuals, families, communities and society can draw on to cope with stressful events or avoid risk. For example, self-confidence and good self-esteem help you to make decisions and choices that protect your well-being. Having easy access to youth-friendly clinics and their services can be a protective factor.

Risk factors: These are attribute, characteristics or exposure that puts people at risk of contracting a disease, suffering an injury or other dangers. For example, a drunken driver puts themselves and other drivers at risk. In this case, alcohol and the driver are risk factors. In the case of someone who has too much to drink at a party doesn't use a condom before having sex, alcohol and unprotected sex are risk factors.

Gender equality: Equal rights, responsibilities, opportunities, resources and protections regardless of whether you were born male or female. An example of gender equality in education is when all children, male and female, have access to good quality education.

Genetic makeup: Our genetic makeup refers to the genes we inherit from our biological parents that determine what we look like and what other physical characteristics we have. We are born with our genetic makeup and it cannot easily be changed.



Lesson 12.3

STIs:

protecting ourselves,
protecting our future

Lesson 12.3

STIs: protecting ourselves, protecting our future

BRIEF LESSON SUMMARY

In this lesson you will learn more about sexually transmitted infections (STIs), their signs and symptoms, and what to do if you suspect they have an STI, including HIV. You will have the opportunity to test your knowledge and engage in an interactive session on the topic. The content covers specific infections, prevention and care seeking for early detection and treatment. It also covers the importance of partner treatment, and specific information related to HIV testing and STI treatment.

You will have the opportunity to:

- Consider what barriers and enabling conditions you currently have for your well-being.
- Assess your own personal actions and intervention strategies to prevent getting STIs, including HIV.
- Look at strategies for early detection of STIs, if you have been sexually active, in order to get treatment, care and support.

KEY POINTS

1. Use a male or female condom every time you have sex and with every partner to prevent HIV.
2. Dual protection, or use of a contraceptive method along with a condom, provides extra protection from unintended pregnancy. There is now a new medicine called PrEP which can provide extra protection from HIV infection.
3. Building your confidence and assertive communication skills helps you to discuss difficult topics with your partner, such as using a condom, or getting tested for HIV.
4. It is your body and your well-being. You have control of what you do and do not want.
5. Talk about it! The more we discuss safer sex, getting tested, and getting care when we need it, the more 'normal' it will become. All sexually active people should have these conversations before they have sex!
6. You cannot diagnose yourself or your partner. If you think you have HIV or an STI, to go to a health worker for testing and care.
7. Everyone should know their HIV status. If you have been sexually active, you should be tested regularly.
8. If you start a new relationship, get tested together and disclose your status to each other – it is a way to show how much you care. Use condoms every time you have sex, no matter what the test result is.
9. Know where to get help, testing and treatment.
10. If you have a STI you and your partner should both be treated. Know the facts about HIV (see Resources for additional information).



ACTIVITIES

Activity A: What you need to know about STIs

Introduction: In this activity you will deal with facts about STIs and understanding how having the correct information helps protect your own well-being.

Part 1: Test your knowledge: how much do you already know about STIs?

1. You will begin the class with an informal quiz that you will do together as a group. Read the true or false statements in **Quiz 12.3.1: Your knowledge about STIs** aloud to the class. Raise your hands to indicate your response. As you go through the quiz, review answers.

Part 2: Interactive talk

1. It is very important to have correct and complete information to protect yourself. You will talk through basic information about sexually transmitted infections, STIs. Some of the information will be familiar to you already. However, there may be some information you have not covered.
2. Refer to **Reading 12.3.1: Your well-being is important** and read it aloud in class. As you read the information in each section, ask the questions in the reading. Share your knowledge, and have an active discussion in class. Make sure you get the correct information.
3. Read the information below on **Your rights as a patient**, and share information with your family members and friends.

LEARNER NOTE: Your rights as a patient

- You have the right to receive support and help with any health issue, without being judged, intimidated or harassed.
- If you feel you have been treated badly, you have the right to complain. You also have the right to have that complaint investigated.
- When speaking to nurses, doctors or any health care providers about issues like sex and sexuality, your feelings, problems or contraceptives you have the right to confidentiality. They must not tell your parents or guardians unless you give them permission.

Activity B: Protect yourself, protect others

Introduction: In this activity you will deal with protective practices and enablers as part of getting correct information on STIs.

1. This activity is about critical thinking to better understand factors that make it harder to protect yourself. It also looks at creating enabling or supportive conditions that make it easier to adopt positive sexual health practices in your life. Go through **Reading 12.3.2: Protective practices: barriers and enablers**.
2. Work in groups. Choose one example to work through in **Worksheet 12.3.2: Protecting ourselves: Tool for analysing barriers and enablers**.
3. Share the work you have done in your groups. Add other ideas that might help your peers.
4. The remaining examples can be completed as homework, individually or in pairs.



CONSOLIDATION

Consolidate the lesson by sharing what you consider the most important information in this lesson. Think about the Key Points that were not mentioned by the class. Look at the Core Messages below.

Make sure you know where you can find organisations where they can find assistance, in your Learner Books, including both national helplines and local clinics and organisations.

Core messages

1. If we choose to have sex, my partner and I will use a condom correctly every time.
2. To protect myself and others, I need to be honest and communicate well in sexual relationships.
3. I respect my own and others well-being.
4. I know my HIV and STI and general sexual and reproductive health status.
5. We are equally responsible for preventing pregnancy, HIV and other STIs.



HOMEWORK

1. For homework use the **Table 12.3.1: STIs: what you need to know** in your Learner Books. Do a quick fact finding mission at home. You should identify: a) three infections that cause abnormal discharge; and b) three infections that cause bumps or ulcers. You should write your responses on **Worksheet 12.3.3. Facts about STIs**. Be sure you know how to use the reference material and know basic information about STIs.
2. You can complete additional examples using **Worksheet 12.3.2 Protecting ourselves: Tool for analysing barriers and enablers**. You should think of a particularly difficult situation and use the tool to figure it out.



ASSESSMENT

1. Use the **recall of knowledge** questions in Activity A to consolidate the information you have learnt in this lesson. Answers have been provided. You can use the answers to correct any information they have got incorrect.
2. **Activity A Part 2** uses questions and answers to consolidate the information shared on STIs. After answering the questions, you can check yourself, the answers are provided at the end of the lesson.
3. Use **Worksheet 12.3.2: Tool for analysing barriers and supportive conditions** to assess your understanding of content and reflect on their own personal barriers and enablers.

Your responses will be revisited in SLP 12.4, when you will develop your personal protection plan.



RESOURCES/MATERIALS

QUIZ 12.3.1: Test Your knowledge about STIs

Say whether the following statements are true or false:

1. You can always tell by looking at someone whether they have an STI.
2. If your partner has a STI and you have had unprotected sex, you always have to get treated.
3. You are only likely to get a STI if there is full penetrating sex (penis enters vagina or anus or mouth).
4. A person who is sexually active should have an HIV test every year.
5. All of the following infections are sexually transmitted: gonorrhea, chlamydia, HIV, syphilis, herpes, yeast/candida/thrush, and genital warts.
6. A young person in South Africa must be at least 12 years old or older to consent for their own testing, as well as care and treatment for a STI, including HIV.

POSSIBLE ANSWERS

1. **You can always tell by looking at someone whether they have an STI.**

Answer: False. It is possible for a person to have a sexually transmitted infection without any visible signs or symptoms.

2. **If your partner has a STI and you have had unprotected sex, you always have to get treated.**

Answer: True. If only one partner is treated, it is very likely that she or he will get the infection again, especially if they have any unprotected sex.

3. **You are only likely to get a STI if there is full penetrating sex (penis enters vagina or anus or mouth).**

Answer: False. Infections can be sexually transmitted through any unprotected sexual contact between sexual organs and vagina, mouth or anus.

4. **A person who is sexually active should have an HIV test every year.**

Answer: True. It is recommended that all people in a current or recent sexual relationship have a test every year. It is possible to have a test more often. Testing more often is advisable if you have had unprotected sex with a new partner, or you believe your partner has had another partner.

5. **All of the following infections are sexually transmitted: gonorrhea, chlamydia, HIV, syphilis, herpes, yeast/candida/thrush, and genital warts.**

Answer: False. Yeast infections are not sexually transmitted. The others are sexually transmitted. Both partners must nevertheless be treated.

6. **A young person in South Africa must be at least 12 years old or older to consent for their own testing, as well as care and treatment for a STI, including HIV.**

Answer: True. The Children's Act of 2005 provides that a child may consent for her or her own medical treatment if s/he is over the age of 12 and has the mental capacity to understand the benefits and risks of the treatment. This includes HIV testing.

READING 12.3.1: Your well-being is important

Your well-being is important

Most people are sexually active at some time in their lives. Sex is a wonderful part of a romantic, intimate, respectful, mature and committed relationship.



With sex, unless it is safe sex using condoms every time, you have the risk of getting an STI, including HIV.



Most sexually active people worry at some point that they might have an STI when they have an itch or a sore or discomfort in their genitals. There is no need to feel ashamed or shy about going to the clinic. It is better to be cautious and get checked, than to hope a symptom will

just go away (most won't).

Common questions about sexually transmitted infections

Question: Who is at greater risk of an STI?

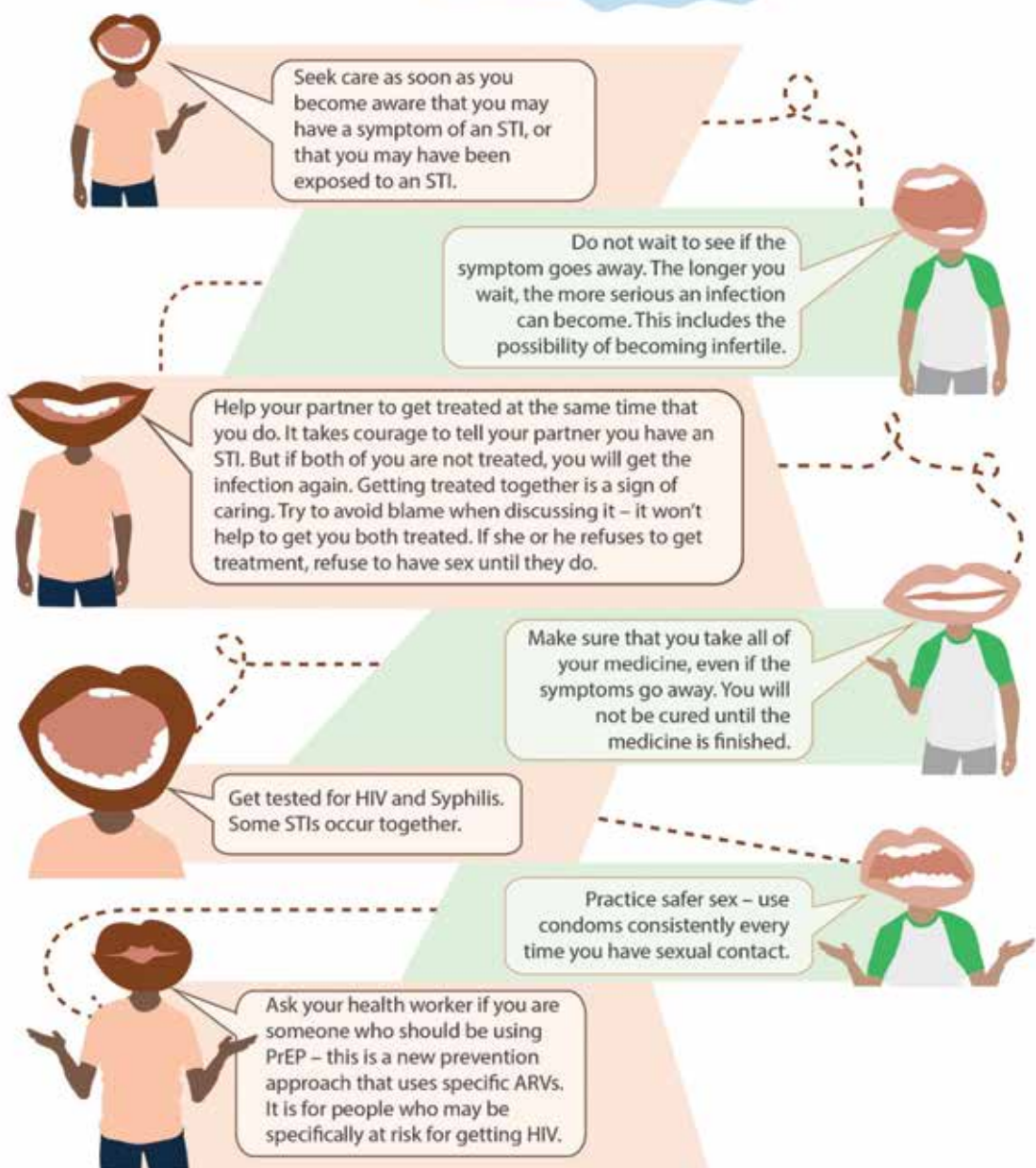
- If your partner has signs of an STI
- If you have more than one partner, or your partner has more than one partner
- If you have begun a relationship with a new partner, and they had a partner before you with an STI

Important: All unprotected sex is risky until you are in a mutually monogamous and committed relationship, and both partners have been tested for HIV and STIs.



Question: What should you do if you suspect you have an infection?

? What should you do if you suspect you have an infection?



Warning: Don't try to diagnose yourself. The only way of knowing if you do or don't have an infection or an illness is to go for a check-up with a health care provider.



Question: what can happen if you don't get treatment for STIs?

Untreated sexually transmitted infections can have lasting consequences for everyone, including:

- Infertility in both men and women.
- Lasting pain in the lower abdomen.
- Complications of pregnancy: babies born early, too small or blind.
- Pregnancy outside of the womb (the mother can die from this).
- HIV can advance to AIDS.
- HPV can advance to cancer of the cervix.

MAKE HIV TESTING A PART OF YOUR PERSONAL PROTECTION PLAN

Question: When should I get tested for HIV?



- Everyone should know their HIV status. Sexually active people should be tested at least every year.
- If starting a new relationship, get tested together. Mutually disclosing (sharing results) is a way of showing how much you care.
- Getting tested more often is advisable if you have unprotected sex with a new partner, or you believe your partner has other partners.
- If you have a STI, you should have an HIV test, even if you had negative test before. Also, people with a negative HIV result should take a repeat test in 6-12 weeks. This is to be sure a new infection is not missed. This is common. Don't worry if you are asked to come back for another test.
- Someone who has been sexually abused or raped should have an HIV test.



Question: Can people living with HIV have safe sexual relations and safe pregnancies?

Yes. A person living with HIV can have safe sexual relations, provided that they adhere to ARV treatment, and have achieved full viral suppression. This means their HIV viral load is so low that they are unlikely to transmit HIV. **However it is always safer for both partners if you use condoms**, because it is possible to transmit the virus to someone before getting to viral suppression, and both partners need to avoid other sexually transmitted infections. There is also now prevention medicine available called PrEP (pre-exposure prophylaxis) which can help a negative partner to remain negative. For more information and to answer your questions, you can call the toll-free AIDS helpline, or visit your clinic.

A couple where one or both partners are living with HIV can also have a safe pregnancy and child that is HIV-free. In situations where one person is positive and their partner is negative (referred to as discordant couple), with planning in consultation with a health provider and treatment adherence, it is possible to safely conceive (become pregnant) as well.

READING 12.3.2: Protective practices: barriers and enablers

A barrier is something that stands in the way when you are trying to do something. For example, knowing you need to exercise to be healthy but feeling like you don't have enough time.

An enabler is something supportive that will help you to do something. For example, noticing your friends are also taking steps to protect themselves and so you feel encouraged to take those steps too.

Barriers and enabling conditions are important to think about when you are trying to adopt a protective practice or use services; they are especially important when it comes to protecting your sexual and reproductive health. With any positive health behavior, our aim is always to identify and reduce the barriers, and create the most supportive conditions to help ourselves.

WORKSHEET 12.3.2: Tool for analysing barriers and supportive conditions

Protective action	Barriers: What makes it hard for you to do this?	Supportive conditions (enablers): What would make it easier for you to do this?	Sources of help – what supports and services exist?	What actions should you take?
Tell my partner I have an STI and they will need to get treated	My partner will be angry with me My partner doesn't like going to the clinic and won't want to get tested.	They are willing to discuss, without anger or blame They are willing to come to clinic with me Having a health worker talk to us both Talk with my older sister My partner listens to his brother	Aunt knows a nurse who helps young people Health clinic Hot line Website for local services	Find a time when we are both relaxed to discuss Ask his brother to talk with him Ask my sister to come to the clinic with me
Talk to my partner about safer sex				
Get tested for HIV with my new romantic partner				
Identify a protective action that you would like to take, but find difficult.				

WORKSHEET 12.3.3: Facts about STIs

Using **Table 12.3.1: STIs: what you need to know** answer the following questions

1. Write three sexually transmitted infections that cause abnormal discharge:

2. Write three sexually transmitted Infections that cause bumps or ulcers:

Possible answers:

Answers to STIs: what you need to know (fact-finding exercise)

Sexually transmitted infections that cause abnormal discharge:

- Chlamydia
- Gonorrhea
- Trichomonas

Infections that cause bumps or ulcers:

- Genital Warts /HPV
- Herpes
- Syphilis

TABLE 12.3.1. STIs: what you need to know

STI	Signs	Important information	Treatment
Chlamydia Caused by bacteria	It is an STI that hides with no signs. You have a test to check if you have it.	If untreated, chlamydia can cause wider infection in women (pelvic inflammatory disease) which has more serious complications. It can also lead to infertility.	Antibiotic medicine for you and all partners. All medicine must be completed by both partners.
Genital herpes Caused by a virus	Herpes ulcers begin to appear between 2 and 21 days after you've been infected. They begin as painful blisters mainly on the inside of your vagina, penis or anus, depending on sexual contact. Early symptoms may include: <ul style="list-style-type: none"> • a tingling feeling on your skin before the blisters erupt • painful itching and burning • headache • swollen glands in your groin • muscle aches. 	Genital herpes can be managed but cannot be cured. Outbreaks occur throughout your life, but get fewer and less severe over time. It is important to avoid sexual contact during an outbreak. This will stop you from infecting your partner. It will also stop you getting more STIs. A herpes outbreak during childbirth is risky for the new-born. Women who are pregnant and have a herpes outbreak should advise their health provider who will help you to take steps for a safe birth.	There are medicines, like creams and pills that help to reduce outbreaks, and make them less painful. A healthy lifestyle, with less stress, can reduce outbreaks.
Gonorrhoea Caused by a bacteria	Signs usually occur at the point of sexual contact, between 5 to 30 days after getting the virus. Signs: <ul style="list-style-type: none"> • burns when you urinate • a yellow discharge and bleeding • sore when you have a bowel movement • sore throat 	If untreated, gonorrhoea can cause wider infection in women (pelvic inflammatory disease) which has more serious complications. It can also lead to infertility.	Antibiotic medicine for you and all partners. All medicine must be completed by both partners.

STI	Signs	Important information	Treatment
HIV Caused by a virus	There may be no symptoms for years. Signs that HIV infection has led to AIDS include not getting better when you have minor infections, like the 'flu' and it turning into chest infections, like pneumonia.	HIV is sexually transmitted but is transmitted in other ways. If you are infected, it is very important to know your HIV status, and to protect yourself and your partner by adhering to your treatment and by using condoms every time you have sex. Your partner can take a medicine called PrEP if she or he is HIV (-). PrEP can be used by anyone who may be at risk for HIV. It has to be taken every day. It is effective prevention against HIV, but only HIV. Therefore it should be combined with condoms to prevent other infections, and contraceptives for extra protection against pregnancy. You must see a health worker to get started on PrEP.	HIV can't be cured but it can be treated. Without ARV treatment, HIV will eventually weaken your immune system and progress to AIDS, making you very sick. With ARV treatment, healthy living, good nutrition and exercise, you can live a long and healthy life. Once you achieve viral suppression you are less likely to transmit during sex and pregnancy.
Trichomonas Caused by an organism similar to bacteria	You might not get symptoms. Some signs are: <ul style="list-style-type: none"> • green-yellow vaginal discharge with an unpleasant or fishy smell. • itchy and uncomfortable vagina and vulva • pain when you pass urine or have sex 		Antibiotics for you and partner(s). Do not drink alcohol while taking the medicine.
Syphilis Caused by bacteria	You can be infected and not know it for years. Syphilis is a VERY serious, silent STI. There are different stages: <ul style="list-style-type: none"> • an untreated sore • rashes, fever, swollen glands, sore throat, loss of hair, headaches and muscle aches • damage to internal organs, including your brain, nerves, eyes, heart and liver 	Untreated syphilis can lead to death. If you have syphilis and you are pregnant your baby can be born with very serious permanent health problems including disabilities, including death.	Antibiotics – treatment as soon as possible for you and your partner(s). All medicine must be completed.

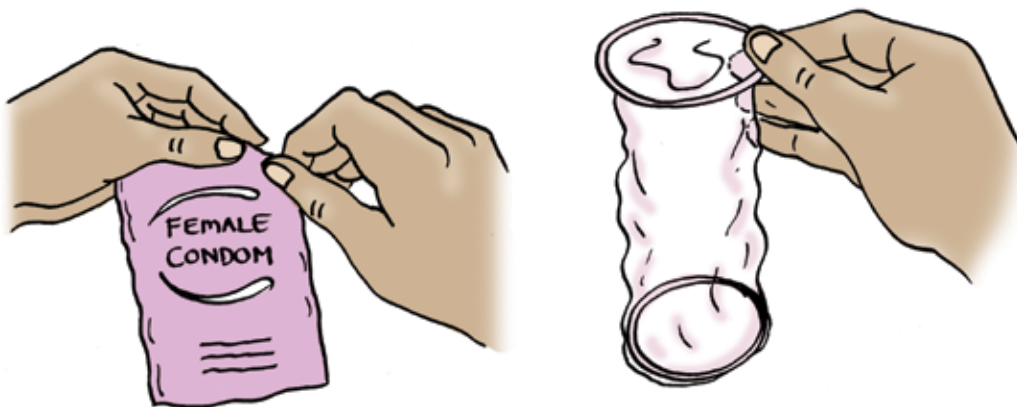
STI	Signs	Important information	Treatment
Hepatitis A and B Caused by a virus	Hepatitis affects your liver. You might not have signs. If you do, they can include: <ul style="list-style-type: none"> • flu-like symptoms • lose your taste for foods and other things • dark urine and light colored feces. • jaundice (your skin or the whites of your eyes look yellow) 	You can avoid infecting another person with careful personal hygiene. Don't share toothbrushes or razors. Complications such as liver damage or cancer can occur.	No medicines are used. Avoid alcohol and drugs, which both affect your liver. The body recovers with plenty of rest and fluids to drink
Human Papilloma Virus (HPV)/ Genital warts Caused by a virus	This virus can cause genital warts and can lead to cancer of the cervix. Often there are no signs of infection, and you won't know if you or your partner has HPV. If you develop genital warts, they start as small pink spots or bumps which can grow and sometimes have a cauliflower shape. The warts can be on the outside, or hidden in the vagina. Men can have them on their penis, on or under the foreskin (if not circumcised), or have no signs of HPV.	You can get this virus even if you use a condom. This can happen through touching infected skin as well as sexual fluids. Genital warts can interfere with intercourse and childbirth. Growths may also be hidden or invisible. That's why regular testing is important. Women should have pap smears which help to detect cancer of the cervix. Men who have anal sex should have regular anal swabs.	There is no cure for the virus. Genital warts can be removed with lasers, creams, surgery or frozen off. Early detection and treatment is possible before cancer develops, through pap smear or other direct examination. Once a woman is sexually active she should have one of these each year. Cervical cancer can be treated effectively, if caught in its early stages.
Thrush/ Candid/ Yeast	A common infection that is not sexually transmitted. It causes itching around the vagina as well as a creamy discharge from the vagina.	It is sometimes a side effect of taking antibiotics and can be easily treated.	Treated with a cream and is easily cured.

ILLUSTRATION 12.3.1: STIs: what you need to know

Male condoms



Female condoms



PrEP

- Pre-exposure Prophylaxis, or PrEP, is a new medicine to prevent HIV infection.
- It is now available in South Africa, through your local clinic.
- PrEP must be taken every day, including on days when a person does not have sex.
- There are some side effects, which go away after a few weeks.
- If you are in a sexual relationship and would like to consider PrEP, see your local clinic.
- Note that PrEP works well against HIV, but **does not protect against pregnancy or other sexually transmitted infections**. Therefore it should be combined with condoms and other safer sex practices, and contraception for extra protection to avoid unplanned pregnancy.

Examples of some STIs⁷

GONORRHOEA

Signs usually occur at the point of sexual contact, between five to 30 days after getting the virus. Signs:

- burns when you urinate
- a yellow discharge and bleeding
- sore when you have a bowel movement
- sore throat



HUMAN PAPILLOMA VIRUS (HPV)/ GENITAL WARTS – THROAT WARTS

This virus can cause genital warts and can lead to cancer of the cervix. Often there are no signs of infection, and you won't know if you or your partner has HPV.

If you develop genital warts, they start as small pink spots or bumps which can grow and sometimes have a cauliflower shape.

The warts can be on the outside, or hidden in the vagina.

Men can have them on their penis, on or under the foreskin (if not circumcised), or have no signs of HPV.

Throat warts can also be a symptom.



SYPHILIS

You can be infected and not know it for years. Syphilis is a VERY serious, silent STI. There are different stages:

1. an untreated sore
2. rashes, fever, swollen glands, sore throat, loss of hair, headaches and muscle aches
3. damage to internal organs, including your brain, nerves, eyes, heart and liver



HEPATITIS A

Hepatitis affects your liver. You might not have signs. If you do, they can include:

- flu-like symptoms
- lose your taste for foods and other things
- dark urine and light colored feces.
- jaundice (your skin or the whites of your eyes look yellow)



⁷ Chlamydia: https://phil.cdc.gov/PHIL/Images/3802/3802_lores.jpg / Gonorrhoea: https://phil.cdc.gov/PHIL/Images/20031121/3a95150ecf204a028be2902e0d25469a/5192_lores.jpg / HPV: https://upload.wikimedia.org/wikipedia/commons/f/fb/Throat_Warts_-_HPV.jpg / Syphilis: https://phil.cdc.gov/PHIL/Images/12627/12627_lores.jpg / Hepatitis A: https://phil.cdc.gov/phil_images/20030110/28/PHIL_2860_lores.jpg



GLOSSARY

Barriers: These are obstacles that stop us from understanding something or taking action.

Dual Protection: Using two methods of protection, condoms to protect against STIs, and another contraceptive method for additional protection against pregnancy. An example of this would be using a condom (male or female) and a hormonal contraceptive method to prevent pregnancy.

Enablers: People or things that give somebody the authority or the means to achieve something.

Monogamy: Monogamy means having a sexual relationship with one other person only. A monogamous couple only have sex with one another.

Multiple concurrent sexual partners: Having more than one sexual relationship at the same time is having multiple concurrent sexual partners.

Mutual monogamy: This means agreeing to be sexually active with only one partner and that person agreeing to be sexually active only with you.

Polygamy: This is the practice or custom of having more than one husband or wife at the same time.

Protective action: This means taking action that will ensure one's safety and is good for one's well-being. An example of a protective action is to make sure you use a condom every time you have sex and to avoid people who are engaged in risky behaviour, such as taking drugs.

PrEP / Pre-Exposure Prophylaxis. Medicine that can protect a person from HIV if they have sex with someone living with HIV. PrEP is effective protection from HIV, but not other sexually transmitted infections, nor pregnancy.

Protective action: what you can do to make good well-being decisions and choices, including plans to take care of yourself and your well-being.

Sexually Transmitted Infection (STI): An infection transmitted through sexual contact caused by bacteria, viruses, and parasites. The Human papillomavirus infection, herpes, chlamydia, and HIV/AIDS are examples of STIs.



Lesson 12.4

Looking ahead:
my personal protection plan

Lesson 12.4

Looking ahead: my personal protection plan

BRIEF LESSON SUMMARY

This is the final session in this series of comprehensive sexuality education (CSE) lesson plans. You will have the opportunity for a final reflection on your life goals and how romantic and intimate relationships fit in. You will conduct a self-assessment exercise, reviewing all of the areas of protective practice that have been covered throughout the lessons, related to healthy relationships, prevention of STIs and unplanned pregnancy, HIV prevention and testing, and harmful, coercive and abusive relationships. You will identify areas where you feel strong, and areas for which you will need to take additional steps, as well as other support you might need. To do this you will reflect on barriers and enabling or supportive conditions, building on the process you began in lesson 12.3. Based on this self-assessment process, you will complete a personal protection plan, which you have proactively developed and can draw upon in years to come.

KEY POINTS

1. We have covered a large number of themes in these lessons related to intimate SRH, prevention of unintended pregnancy, HIV and STIs, and situations of sexual violence and coercion.
2. This has required us to explore gender dynamics, power, consent, and the way these affect our relationships, and our ability to protect ourselves.
3. Many factors influence our ability to take protective steps in our lives. Some of them are supportive and enabling, while others can act as barriers or obstacles to taking care of ourselves. When we identify and analyse these factors, we can identify steps to take to deal with and overcome issues that are difficult in our lives.
4. With greater self-confidence, good SRH, and a clear vision for our goals in life – we can enjoy friendships; have satisfying romantic relationships, if and when we want them, and overall greater personal well-being.



ACTIVITIES

Activity A: Conducting a self-assessment

Introduction: In this activity review the knowledge and concepts you have learnt over **Lessons 12.1 to Lesson 12.3**.

1. Begin with a review of Grade 12 lessons: where are we now? Remember the themes we have explored and the activities you have done. In this final lesson you are going to bring it all together, to help you feel prepared for the years that lie ahead.

12.1 A successful human rights campaign	12.2 Human factors affecting our health – and what we can do about them	12.3 STIs: protecting ourselves, protecting our future	12.4: Looking Ahead: My personal protection plan. Now you will:
<ul style="list-style-type: none"> • Explored issues related to your sexual and reproductive rights • Created ideas and plans for social activism 	<ul style="list-style-type: none"> • Explored lifestyle and the factors that influence our health and well-being 	<ul style="list-style-type: none"> • Analysed barriers and supportive conditions needed for protective actions 	<ul style="list-style-type: none"> • Review your goals and life plans • Take stock of your confidence in relation to your personal life and prevention needs • Develop a personal protection plan

2. Pair up with someone with whom you feel comfortable. Later in this lesson you will be consulting each other for advice.
3. You will begin with a reflection on your goals and how relationships fit into your life plans. This will be step one of a self-assessment you will complete, as part of your personal planning process.
4. Refer to **Worksheet 12.4.1: Self-assessment**. Complete the section on goals (Section I). You should think about what you would like to be doing five years from now and what steps you need to take in order to get there. You have five minutes to complete this section.
5. Have your goals changed since the last time you worked on them?
6. Consider how romantic or intimate relationships fit in with your goals, both now and in the future. Complete Section II.
7. Complete the section, **My Self-assessment (Section III)**. Remember there are many joys to intimate relationships, and this is your chance to do a careful assessment of the needs and challenges you might face. No one will feel very confident about everything, and this is meant to help you identify priorities for planning ahead.
8. When the self-assessment is complete, work with your partner, and give details on one or two areas where you feel strong, and one or two areas where you feel more confident. Have you noticed anything in common with your partner? Was anything surprising?
9. Look at the instructions on how to use **Worksheet 12.4.2: My personal protection plan**, they are on the top of the worksheet. You are free to work in pairs and consult each other for ideas.
10. Do you want to share any new thoughts you had from doing this exercise? Identify and share at least one need you had in common.



CONSOLIDATION

Review the core messages that you have worked with in this course, listed below. Remember that these core messages should always be with them, as they venture through life.

Core messages

- I will choose if, and when, to have sex, and when not to.
- I have the right to say “no” and the responsibility to respect “no” to sexual attention and sex at any time and in any situation.
- If we choose to have sex, my partner and I will use a condom correctly every time.
- To protect myself and others, I need to be honest and communicate well in sexual relationships.
- I respect my own and others' well-being.
- My partner and I are equally responsible for preventing pregnancy, HIV and other STIs.
- I want to be part of a community that stops gender harm and violence and create safety and peace in its place.



RESOURCES/MATERIALS

WORKSHEET 12.4.1: Self-Assessment

Complete the following. Not every line will be relevant to everyone. Answer the questions most relevant to your personal situation.

<p>I. My goals:</p> <p>What would I like to be doing five years from now? In what way do my goals excite me? What steps do I need to take to get there? Things that might get in the way?</p>	
<p>II. My relationships:</p> <p>How do relationships fit in with my goals? What do I want now? Am I ready for an intimate relationship? When would I like to begin a serious and committed relationship?</p> <p>If in a romantic or intimate relationship now – am I getting the support I need from my boyfriend/ girlfriend/partner? What more do I need from him or her?</p> <p>What can I do to be a more supportive partner to ensure a safe and healthy relationship?</p>	

III. My self-assessment:

Consider these personal needs that most people have in relation to their personal, romantic and/or intimate relationships. Each of these has been covered in some way as part of these lessons on CSE. For each, think about how confident you feel.

How confident or well prepared do I feel for each of these? (Mark the column that best suits how you feel)

	1 very confident	2 somewhat confident	3 not very confident	4 I'm a bit worried
1. Establish a healthy love relationship				
2. Wait until I am ready for sex (or return to abstinence until I am ready)				
3. Plan for safer sexual relationships				
4. Get tested for HIV and share results with my partner				
5. Ask my partner to get tested and share results with me				
6. Communicate about sex				
7. Avoid relationships where one partner has other partners				
8. Avoid use of substances that can interfere with my ability to say no to sex, or ensure we are having safe sex				
9. Say no to relationships where the person offers to provide money or nice things in exchange for an intimate relationship				
10. Practice safer sex				
a. Practice dual protection – consistent use of condoms as well as another method of contraception				
b. Seek services and consistently practice safer sex. Find out if PrEP would be right for me.				
c. Seek post exposure prophylaxis (PEP) and emergency contraception for broken condoms or rape (and other support, if raped)				

	1 very confident	2 somewhat confident	3 not very confident	4 I'm a bit worried
d. Practice positive prevention if living with HIV (disclosing my status to my partner and helping him/her to seek PrEP; practicing safe sex; staying on treatment and getting tested for viral load)				
11. Avoid a violent, pressured or abusive relationship				
a. Say no to unwanted sexual advances – get help if the person does not listen				
b. Avoid sexual contact with someone who has power or control in my life				
c. My partner and I will engage only in sexual activities when both of us consent				
d. Avoid, leave, or get help for abusive or exploitive relationships (including times when you might be the one treating the other badly)				
12. Prevent stigma and support peers				
a. Show empathy toward others: tolerate and respect others who may be different, accept diversity including sexual diversity, show compassion and support those affected by HIV				
b. Prevent and respond to stigma (including self-stigma)				
13. Seek help from a trusted adult (at home, teacher, services, help-line or community) or peer if I am having difficulty coping with life				

WORKSHEET 12.4.2. My personal protection plan

1. Sitting in pairs, complete the work on your own, but you can share ideas. Write the items where you marked 2, 3 or 4 in the self-assessment, in Column I (in order to be able to do this...). If there are other needs you wish to address, add them as well. Rank the items in Column I in the order you feel they need to be addressed.
2. Consider the actions you need to take in order to feel more confident in your ability to take the protective action in Column I. Remember the barriers and supportive conditions exercise you completed during the last lesson (turn back to it as a reminder). Use that process to identify protective actions you will need to take, and write them in Column II. You should have at least one action for each row you have completed in Column I.
3. Where you think you might need support from someone or access to services that are available, note that in Column III.
4. Feel free to consult your partner for ideas, and to share any ideas you have that might be helpful to that person.

I. In order to be able to do this...	II. I will need to do this...	III. I may need help from...



GLOSSARY

Lifestyle actions related to sexual and reproductive health (SRH): these are the things you do to protect yourself from sexually transmitted infections, including HIV, unintended pregnancy and staying in unhealthy relationships. For example, insist on using condoms each and every time you have sex and with every partner.

Personal health goals: These are aims or intentions to relating to one's personal health. To achieve personal health goals, we will commit to certain actions and practices that are good for our well-being. Examples of personal health goals are to do some physical exercise every day; to wear a condom with each sexual encounter and to have one sexual partner at a time.

Personal protection plan: This is a plan that a person develops to protect themselves from engaging in harmful activities or placing themselves in dangerous situations.

Pre-exposure prophylaxis (PrEP): This is a medicine taken by people who are at a very high risk of getting HIV to decrease their chances of getting the infection. If used as prescribed, PrEP is very effective in preventing the infection from taking hold and spreading throughout the body.

Protective practices: These are practices based on choices and decisions that are good for one's your health and well-being. An example of a protective practice is to get regular STI testing if you are sexually active.

Supportive services: These are organisations that offer healthcare, counselling for rape, HIV, domestic violence, and other services such as legal advice, for example. In the case of SRH or HIV and AIDS, an individual can access STI testing, counselling services, general health check-ups from a range of organisations. Examples of support services in your community might be:

- Department of Social Development: 012 312 7500
- Local Health Clinic
- National HIV Help Line: 0800 012322
- POWA: 011 634 54345
- SANCA: 011 892 3829
- SAPS Emergency No: 10111
- SONKE Gender Justice
 - Bushbuckridge: 013 795 5076
 - CPT: 021 423 7088
 - Diepsloot: 011 339 3589
 - Gugulethu 021633 3164
 - JHB: 011 339 3589
- Teddy Bear Clinic: 011 484 4554

NOTE: The numbers may be for the national helplines. When you call these numbers, they will refer you to the local organisations.

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The SANAC website (<http://ivizard.org/sanac/viz/>)



Mrs Angie Motshekga,
Minister of Basic Education



Mr Enver Surty, Deputy
Minister of Basic Education

These workbooks have been developed for the children of South Africa under the leadership of the Minister of Basic Education, Mrs Angie Motshekga, and the Deputy Minister of Basic Education, Mr Enver Surty.

The Sexuality Education in Life Orientation Scripted Lesson Plans form part of the Department of Basic Education's range of interventions aimed at improving the performance of South African learners in Grade 12. As one of the priorities of the Government's Plan of Action, this project has been made possible by the generous funding of the United States Agency for International Development (USAID). This has enabled the Department to make these workbooks, in English, available at no cost.

We hope that teachers will find these workbooks useful in their everyday teaching and in ensuring that their learners cover the curriculum. We have taken care to guide the teacher through each of the activities by the inclusion of icons that indicate what it is that the learner should do.

We sincerely hope that children will enjoy working through the book as they grow and learn, and that you, the teacher, will share their pleasure.

We wish you and your learners every success in using these workbooks.

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