SWAZILAND GOVERNMENT

Ministry of Education and Training

GUIDANCE AND COUNSELLING LIFE SKILLS EDUCATION

TEACHER'S HANDBOOK
LEVEL 2

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Written
by
Bethusile Dlamini, Gcina Mabuza, Muzi Tsabedze,
Torch Dlamini, Stanfrey Khumalo, Sanelisiwe Nkonyane,
Pinkie Masuku, Siphiwe Khumalo, Thembinkosi Mamba,
Edwin Simelane, Vumile Dlamini, Bhekithemba Mavuso,
Dan Bhusuman, Sindi Malindzisa, Beth Gragg
and Christina Stellini.

GUIDANCE AND COUNSELLING LIFE SKILLS EDUCATION TEACHER'S HANDBOOK

FOR SECONDARY SCHOOLS

LEVEL 2

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FOREWORD

Today's young people are living in an exciting time, with an increasingly diverse and mobile society, new technologies, and expanding opportunities. To help ensure that they are prepared to become the next generation of parents, workers, leaders, and citizens; every student needs support, guidance, and opportunities during adolescence, a time of rapid growth and change. They face unique and diverse challenges, both personally and developmentally, that impact on academic achievement.

Secondary school is one transition into adulthood and the world of work as students begin to be somehow independent from parents. Students discover who they are, what they do well, and what they will do when they graduate. It is a time when they evaluate their strengths, skills and abilities. Peer pressure plays a major role in decision making for the learners in relation to belonging, acceptance and receiving feedback. They need guidance in making concrete and compounded, as well as, meaningful healthy decisions.

The Ministry of Education and Training has strengthened the Guidance and Counselling Life Skills Education Programme in schools to assist students to make informed decisions and develop the necessary life skills they need to be better citizens. This has been done through the reviewing and finalisation of the Guidance and Counselling Syllabus which has already been approved by the ministry's Curriculum Coordinating Committee (CCC). To support the syllabus aims and objectives, Guidance and Counselling Life Skills Education Teacher's Handbook for each level has been produced.

It is envisaged, therefore, that through this programme all stakeholders, working with and working for the common goal of assisting students become better citizens and in the long term contribute to the development of the country, will be guided as to how they can make valuable inputs in executing the three strands (Guidance and Counselling, HIV and AIDS and Health Promotion) covered in the programme.

SIGNED

DR. S.M. MTSHALI-DLAMINI
DIRECTOR OF EDUCATION & TRAINING

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The Guidance and Counselling Life Skills Education Teacher's Handbook was developed through a concerted effort by the Ministry of Education and Training and its partners, with the critical input of secondary school teachers and students across Swaziland. The product is the first of its kind to be rolled out in Swaziland's secondary schools.

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Ministry of Education and Training departments

- Educational Testing Guidance &Psychological Services
- National Curriculum Centre
- In-Service Teachers Education and Training

Ministry of Health

- Schools Health
- Swaziland National Health Programme (SNAP)

Development Partners

- Bantwana Initiative (World Education)
- United Nations Children's Fund (UNICEF)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Population Fund (UNFPA)
- Media and Education Trust (MIET)

Guidance and Counselling Panel

NAME	INSTITUTION
1. Lindiwe Dlamini	ETGPS - HQ
2. Lindiwe Sibisi	REO - Manzini
3. Dudu P. Hlophe	ECCDE
4. Celiwe Mohammed	Senior Inspector - SiSwati
5. Simon Mazibuko	ETGPS - HQ
6. Musa Thwala	REO - Lubombo
7. Mandla Shabangu	ETGPS - Shiselweni
8. Sindi Ndzimandze	REO - Manzini
9. Nathi Maziya	ETGPS - Hhohho
10. Zodwa Dladla	REO - Shiselweni
11. Thompson Bhembe	ETGPS - Lubombo
12. Futhi Ndlela	REO - Shiselweni
13. John Hlophe	ETGPS - HQ
14. Zanele Simelane	REO - Shiselweni
15. Jabulani Mavuka	Inset
16. Zanele Nxumalo	Royal Swaziland Police
17. Hazel Ndzimandze-Hlatshwayo	MOET
18. Dudu Ngcamphalala	School Health Nurse
19. Thuli Sihlongonyane	REO - Hhohho
20. Samukelisiwe Shongwe	Teacher - Mbukwane High
21. Khabo Ndlangamandla	REO - Hhohho
22. Nelisile Mavuso	Teacher - Mhlahlo High
23. Frank Hurube	Royal Swaziland Police
24. Paromina L. Nyoni	Teacher - Siteki Nazarene
25. Mzwethu Nkhambule	FLAS
26. Thandi Nkhambule	Teacher - St. Mary's High
27. Thulani Earnshaw	Bantwana
28. Thembinkosi Mamba	National Commissioner for UNESCO
29. Bheki Mavuso	Bantwana
30. Menzi Dlamini	World Vision

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INTRODUCTION

Guidance and counselling is the process of helping learners discover and develop their educational, vocational and psychological potentials, and thereby to achieve an optimal level of personal happiness and social usefulness.

Rationale and philosophy

Guidance and Counselling Life Skills Education is important to the learners. It develops personal skills needed in everyday life that supports responsible social behaviour. It helps learners understand themselves and build meaningful relationships with others. It also gives them opportunities to make sound personal decisions.

The programme enables learners to gain comprehensive knowledge, information and life skills to curb the HIV and AIDS pandemic. It also seeks to help learners acquire skills and values on behaviour change for HIV prevention, treatment, care and support.

In addition, they acquire knowledge and skills to deal with issues of puberty, reproductive health, human sexuality, health and hygiene, nutrition, environmental cleanliness, sexual and substance abuse, gender, and common infections. Learners are also provided at all levels with knowledge and skills of healthy growth (physical, mental, spiritual, social, and vocational) and development, to promote their positive mental health and to assist them in acquiring and using life skills.

Approach

The approach seeks to balance the content in each level by directly linking it in a thematic and spiralling manner. These are some of the basic principles that have been used when developing this material:

Articulation – there is a relationship between the topics. School learning relates to current life outside the school.

Balance – there is a reasonable balance in curriculum content in terms of order and; scope and sequence. There is also a balance between the breadth and depth of content for this level. The sequence in each of the content elements taught, reflect a reasonable balance between individual needs, interest and mental maturity of the learners.

Integration – it integrates issues of Guidance and Counselling, Life Skills, HIV & AIDS and Health promotion.

Assessment

Assessment is an integral part of classroom practice. It is an important part of teaching and learning. Guidance and counselling, however, is a non-examinable syllabus in the meantime. Assessment will be both formal and informal. Informal assessment is direct observation in the teaching and learning

environment without quantifying the learner's performance. Formal assessment will take the form of written assignments, quizzes, and presentations. The learner's performance can be graded in numerical terms.

Organisation of the teacher's handbook

The Guidance and Counselling Life Skills Education Teacher's Handbook is organised around three themes, namely Guidance and Counselling, HIV and AIDS and Health promotion. Each theme consists of a number of topics. Each topic is divided into two sections; background information on the topic and a session plan.

Themes

This material is divided into three themes, namely;

1. **Guidance and Counselling.**

   This theme consists of ten topics taught in sessions each with their own background information and session plan.

   - Communication skills
   - Assertiveness
   - Study skills
   - Time management
   - Seeking financial assistance

2. **Health promotion**

   This theme consists of four sessions which are related to health promotion.

   - Primary infection
   - Signs and symptoms of sexually transmitted infections
   - Intergenerational sex
   - Transactional sex
   - Delaying sexual debut

3. **HIV and AIDS**

   This theme has five sessions. It deals with HIV and AIDS related topics.

   - Environmental cleanliness
   - Hygiene and infectious diseases
   - Early parenthood
   - Coping with alcohol and substance abusers

Background information

The background information outlines the content and skills needed to achieve the objectives of each session. It is organized into sub-topics to help the teacher identify the topics that directly address the objectives of the session. The teacher is expected to read the background information and the session plan prior to delivery.

Session Plan

A session is a semi-permanent interactive information interchange, also known as a dialogue, a conversation or a meeting. It is a typical lesson plan which provides the teacher with a guide on how to conduct each session. Each session plan begins with;

- Instructional objectives *(the objectives that the teacher must work towards achieving in each session)*
- Duration *(the amount of time estimated to finish the session. each period in guidance is 40 minutes. However, it is worth noting that schools vary in their arrangements)*
- Teacher's resources *(a suggested list of support materials)*
- Teacher Preparation *(what the teacher needs to do in preparation for each session)*
- Suggested teaching strategies *(suggested teaching methods and strategies that can be used to achieve the objectives of the session)*
- Key messages *(the messages that each learner must keep in mind during and after the session)*
- Steps *(the sequence of suggested steps stated for the teacher in order to achieve the objectives of the session)*
- Exercise *(suggested questions to which learners respond to either orally or in writing)*
- Self-evaluation *(a section of the session where the teacher evaluates the extent to which his or her teaching has been effective in the attainment of the stated instructional objectives of the session)*
- Hand outs *(At the end of some sessions there are hand outs which the teacher may utilise or adapt according to the needs of the learners).*

GUIDANCE AND COUNSELLING

COMMUNICATION SKILLS

Background Information

This session will help learners understand communication skills. Communication is an activity of conveying information through exchange of ideas, feelings, intentions, attitudes, expectations, perceptions or commands. These may be verbal and/ or non-verbal, body language, eye contact, sign language, braille and large prints for recipients with special needs.

Communication involves speech, gestures, writings and behaviour. It is meaningful exchange of information between two or more participants. It requires a sender, message, medium and a recipient. Communication partners share a common ground and it is complete once the receiver has clearly understood the message and this is referred to as effective communication.

Effectivecommunication skills are essential for all learners, especially in situations where they must advocate for their own health and rights. Learners need to be able to communicate with peers, caregivers, teachers, community members and many others.

There are three basic umbrella modes of communication but they can be broken down into styles. These are simplex, duplex and full-duplex. The Simplex mode is a way of communication that goes one way such as in radio and television broadcasting. Duplex is a two way mode of communication with one person relaying a message at a time such as in the use of a walkie-talkie, mostly used by police and security personnel. Full-duplex is two way communication where parties communicate simultaneously as in telephone or mobile communication.

Modes of communication can be classified as follows: face to face, video, audio, and text-based. Face to face is a communication style that is commonly used. It may be casual communication between two people or formal such as in business meetings. It is instant and has the benefit of visual cues from the person or people to whom you are communicating. Video communication is the next best communication mode after face to face as you get most of the effects of face to face communication. It is achieved by the use of the internet to connect two or more parties; for example, skype, video conferencing, video calls and viber. However, this type is not always possible due to bad connections, costs, accessibility or other technical issues. Audio is a voice only form of communication that uses recorded messages, a telephone or cell phone. This is a good form of communication as visually challenged individuals can access it. Text communication includes internet communication such as email, social media, and text messaging and printed materials.

In order for communication to be effective; it should include listening attentively, listening to how the person is saying something, (that is, clues about their feelings), listening without judging, understanding what is being said before you respond, speaking clearly, assertively without being emotional, and understanding the feelings of the other person. Good communication strategies help in building good relationships.

This lesson focuses on practical ways of helping learners develop their skills in presenting their point of view in a non-threatening manner that compels the listener to pay attention.

SESSION PLAN

Instructional Objectives

By the end of the session learners will be able to:

- define communication
- discussmodes of communication
- explain effective communication.

Duration: 2 periods

Teacher's Resources:

- Background informationon pages 1-2
- Guidance and Counselling Syllabus

Suggested Teaching Strategies:

- Exposition
- Role-play
- Demonstration

Teacher Preparation:

- Read the following suggested activities
- Read the background informationon the topic on pages1-2

Key Messages:

- Communication is an activity of conveying information from a sender to a receiver.
- Communication involves the use of a sender, message, medium and a recipient
- Effective communication skills are essential to a person's ability to advocate for his or her feelings, intentions, attitudes and emotions well.
- People who communicate well are able to do so in an assertive manner conveying the message without being abusive to others.

Step 1: Define Communication

Teacher's Activities	Learners' Activities
• Ask learners what they think the word communication means. • Write down and discuss the definitions the learners come up with (refer to the background information).	Learners will be expected to: • define communication

Step 2: : Explain effective communication

Teacher's Activities	Learners' Activities
• Ask learners if all communication is effective and they should give reasons for their answers. • Based on the responses of the learners define effective communication • • Ask learners to relay a whispered message from the first person to the next person until it gets to the last learner. The last learner must say what s/he heard. Once the last learner has shared the message highlight the importance of communicating effectively which has to be clearly understood by the recipient • State and explain the ways of effective communication (refer to background information)	Learners will be expected to: • define effective communication. • Partake by relaying the whispered message. At the end of the chain the first learner shares the initial message to the class. • discuss as a class the reasons for the distorted

Step 3: Discuss the modes of communication

Teacher's Activities	Learners' Activities
• Ask the learners to share on ways they use to communicate with their friends • Write the responses on the board and use these responses to identify the modes of communication used by the learners and discuss them • Highlight those that they might have missed out	Learners will be expected to: • provide responses to class on how they communicate with friends. • discuss the modes of communication.

Exercise

Some suggested questions:

a) What is communication?

b) List the different modes of communication?

c) Write a statement that clearly demonstrates effective communication.

Self Evaluation

Have I been able to assist learners to:

- define communication
- discuss the modes of communicating
- explain effective communication.

ASSERTIVENESS

Background Information

This session will assist learners understand forms of behaviour that can help them to develop assertive ways of dealing with challenges. Being assertive allows a person to freely express his opinions, feelings, ideas and thoughts without fear of being intimidated by others. Assertiveness is the quality of being self-assured and confident without being aggressive. It is also knowing when and how to state one's opinion or feelings so that they are clearly understood by the recipient, Behaving assertively means standing up for your rights and standing for what you believe in without violatingothers. On the other hand passiveness is when a person takes no action to defend his or her rights.

Assertiveness

Assertive behaviour is a direct, honest, and appropriate expression of one's feelings, opinions and beliefs. It can cover a wide variety of different situations from rejecting the sexual advances of a fellow learner, to standing up to what you believe in and refuse when peers influence you to take drugs.

Assertiveness allows one to:

- Say no without feeling guilty.
- Disagree without becoming angry.
- Ask for help when you need it.

Aggressiveness

Aggressive behaviour is a direct honest but inappropriate expression of one's feelings.

- Aggressive person stands up for herself/himself, but in the process violating other peoples' rights.
- The aggressive person may use disrespectful, threatening, sarcastic, harsh language, and even physical violence to get a point across.
- He may seem confident yet having a low self-esteem or image.

Passiveness

Passive behaviour is not responding to a situation as expected that may lead to an inappropriate display of emotions or feelings. A person will demonstrate the following characteristics.

- May not participate effectively or readily to situations.
- Tends to be less involved in activities and may be slow to react
- Unmotivated or sluggish
- Easily influenced and affected by others, gives in to peer pressure
- Remains silent even when she/ he disagrees or feels unhappy about something and allows others to make decisions.
- Tends to have low self-esteem / image.

SESSION PLAN

Instructional Objectives

By the end of the session learners will be able to:

- explain self-assertiveness
- list characteristics of being assertive
- demonstrate assertive behaviour in challenging situations
- differentiate among aggression, passivity and assertiveness.

Duration: 1 period

Teacher's Resources:

- Background information on the topic on page 5
- Guidance and Counselling Syllabus
- Siphiwe's story
- Hand out 1: Identify assertiveness, passiveness and aggressiveness pages 7-9

Suggested Teaching Strategies:

- Lecture
- Discussion

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on page 5
- Read the scenario in step 2 and prepare the tickets in this for step 4 (Sphiwe's story)
- Make copies of the hand-outs page 7

Key Messages:

- Assertiveness, aggressiveness and passiveness are ways people react to situations.
- Developing the ability to choose the appropriate kind of communication in any given situation is crucial.

Step 1: Explain Assertiveness

Teacher's Activities	Learners' Activities
• Ask learners to explain what assertiveness is? Write their responses on the chalkboard and clarify any misconceptions about the assertiveness. Share the definition of assertiveness as highlighted in the background information	Learners will be expected to: • Explain assertiveness.

Step 2: List characteristics of being assertive

Teacher's Activities	Learners' Activities
• Read the following scenario aloud: *Siphiwe has been standing in a queue for over two hours to buy a concert ticket. Her feet are achingand she is now in trouble with her mom, who expected her to be at home a long time ago. When she is just about to reach the ticket counter, two girls jump the queue.* • Ask the learners what they would have done if they were in Siphiwe's position. Write down the learners' responses and discuss with them those that portray characteristics of assertive.	Learners will be expected to: • listen to the scenario read to them. • identify and listthe characteristics of being assertive.

Step 3: Differentiate among aggression, passivity and assertiveness

Teacher's Activities	Learners' Activities
• Discuss with the learners among assertiveness, aggressiveness and passiveness, thereafter using the hand-out • Ask the learners to identify among assertiveness, aggressive and passiveness using the statements in the hand-out. • Assist the learners as they identify the behaviours, to ensure they make the correct identification.	Learners will be expected to: • read through hand out 1 and differentiate which of the statements portray assertiveness, aggressiveness and passiveness.

Step 4: Demonstrate assertive behaviour in challenging situations

Teacher's Activities	Learners' Activities
• Ask about 10 learners to role play the Siphiwe scenario in step 1. Select one learner who will act as Siphiwe; two of the learners will play the role of the girls that jumped the lineand the four in the line in front of the queue and one selling tickets. The 1st one should demonstrate an assertive behaviour in response to the girls who jumped the queue, the 2nd one an aggressive behaviour and the 3rd one a passive behaviour. • Ask the rest of the learners to comment on the role play and state whether the characters role playing the different behaviours are doing so well.	Learners will be expected to: • read through hand out 1 and differentiate which of the statements portray assertiveness, aggressiveness and passiveness.

Exercise

Some suggested questions:

a) What is assertiveness, aggression and passivity

b) Which of the three do you think is the best choice? Why?

c) Which version do you think is most common amongst assertiveness, aggression and passivity

Self Evaluation

Have I been able to assist learners to:

- define what self-assertiveness is
- list characteristics of being self-assertive
- demonstrate assertive behaviour in challenging situations
- differentiate among aggression, passivity and assertiveness.

HANDOUT 1: STEPS IN ASSERTIVE NEGOTIATION

1. Explain your feelings and the problem.
2. State how you feel about the behaviour or problem and describe the behaviour or problem that violates your rights or disturbs you. You may say:
   - I feel frustrated when …
   - I feel unhappy when …
   - I feel … when …
   - It hurts me when …
   - I don't like it when …
3. Make your request by stating clearly what you would like to have happen.
   You may say:
   - I would like it better if …
   - I would like you to …
   - Could you please …
   - Please do not …
   - I wish you would …
4. Invite the other person to express his feelings or thoughts about your request. You may say:
   - How do you feel about that?
   - Is that O. K. with you?
   - What do you think?
   - What are your thoughts on that?
   - Is that all right with you?

5. Accept with thanks if the other agrees with your request. Saying 'thanks' is a good way to end the discussion. You may say:
   - 'Thank you'.
   - 'Great, I appreciate that'.
   - 'I'm happy that it is okay with you'.

RECOGNISING PASSIVE, ASSERTIVE, AND AGGRESSIVE NEGOTIATION

Signs	Passive	Assertive	Aggressive
Voice	• Sometimes wobbly • Tone may be singsong or whining • Too soft or over-warm • Often dull and in monotone • Quiet, often drops away at end	• Steady and firm • Tone is middle-range, rich and warm • Sincere and clear • Not too loud or too quiet	• Very firm • Tone is sarcastic sometimes cold • Hard and sharp • Stringent, maybe shouting, rises at end
Speech Pattern	• Hesitant and filled with pauses • Sometimes jerks from fast to slow • Frequent throat clearing	• Fluent, few awkward hesitations • Emphasises key words • Steady even pace	• Fluent, awkward hesitancy • Often abrupt and clipped • Often rushed • Emphasises blaming words
Facial Expression	• Ghost smiles when expressing anger, or being criticised • Eyebrows raised in anticipation • Quick changing features	• Smiles when pleased • Frown when angry • Otherwise 'open' • Features steady, not wobbling • Jaw relaxed	• Smile may become harsh • Jaw tightened
Eye Contact	• Evasive Looking down	• Firm but not stare down	• Tries to stare down and dominate
Body Movements	• Hand wringing • Hunching shoulders • Stepping back • Covering mouth with hand • Nervous movements which detract (shrugs & shuffles) • Arms crossed for protection	• Open hand movement (inviting to speak) • Sits upright or relaxed (not slouching or cowering) • Standing with head held high	• Finger pointing • Fist thumping • Sits upright or leans forward • Stands upright head in air • Strides around (impatiently) • Arms crossed high (unapproachable)

EFFECTIVE STUDY SKILLS

Background Information

In this session learners will be equipped with knowledge and skills on how to study effectively using note taking and note making techniques. Developing effective ways of studying is the gateway to success in learning andexaminations.A learner needs to have good study habits and use effective strategies for studying. It is important to learn better ways of reading, preparing summaries, answering questions, information gathering, useof the library and other resources. Many learners face challenges with tests and examinations mainly because they use inappropriate and ineffective study habits and techniques. Every learner must take responsibility for their future and not rely solely on the teacher and parents for their school work. Thus, one needs note taking skillsto improve learning, prepare for tests and examinations.The following are ways a learner may use to acquire good results:

Note Taking –This skillhelps to keep the learner to be attentive and alert during lessons thus focused on the important points of the subject. It allows the learner to revisit and remember the information learnt later. This would reduce the amount of time used in writing thus, making it easier for the learner to pay more attention to what the teacher or presenter is saying.Apart from being time-consuming word for word writing makes it difficult for the learner to keep up with the lesson, so they need tolearn to use short hand techniques such as:

- Abbreviations
  - e.g.- for example
  - i.e. - that is
  - aka -Also known as
  - PTO -Please turn over
  - UNISWA -University of Swaziland
  - ASAP -as soon as possible
  - LG -Life is good
- Symbols
  - SZL-Swazi Lilangeni
  - @ - at
  - + - and
  - & - and
  - = - equal to
  - < - less than
  - > - greaterthan
  - # - number
- Writing only word-beginnings
  - fig. -figure
  - tel. -telephone

- info - information
- Eliminating vowels
  - sth-something
  - lv -love

Many young people use short-hand technique when communicating using Short message service (sms), Facebook, Twitter, WhatsApp, and other web communication systems. They make use of abbreviations and symbols instead of complete sentences most of the time.

Note Making- when learning new material make sure that you are able to process the material in such a manner that you understand and can recall it. Note making is a way of grouping information from various sources andarranging it in an organised manner. The following are some strategies of making notes:

- Read through the whole material before making notes
- Do not write down the main points when reading for the first time.
- Read for the second time and as you do so, identify main points.
- Close the book and try to recall the main points or ideas in your own words.
- Avoid word for word copying of information but only write down what you understand.
- Organise your notes using strategies such as concept-mapping or mind-mapping that show relationships between ideas or key points.

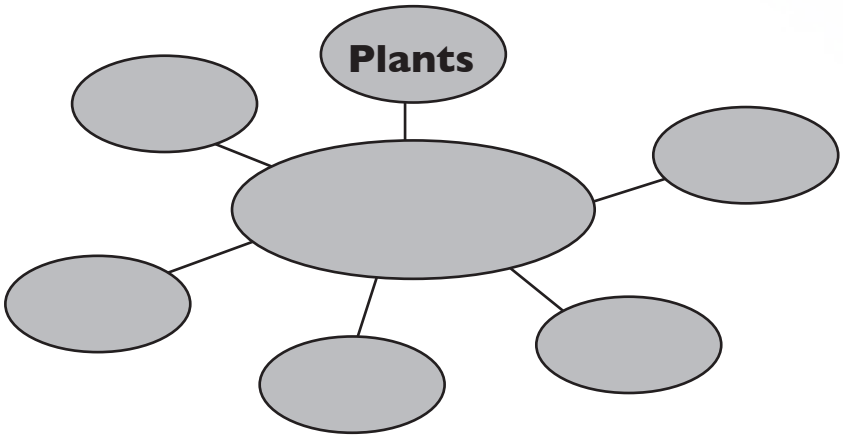
Strategies for Preparing for Examinations

It is essential to know the dates, venue, time, subject and the paper (1/2) for each examination. Identify all the necessary resources required for the examination. Allow enough time for rest a day before the examination instead of studying all night. You may glance at the summary of your notes just to refresh your memory. The use of your notes may be accompanied by creating a Mind map diagram which helps break large topics down into manageable chunks.

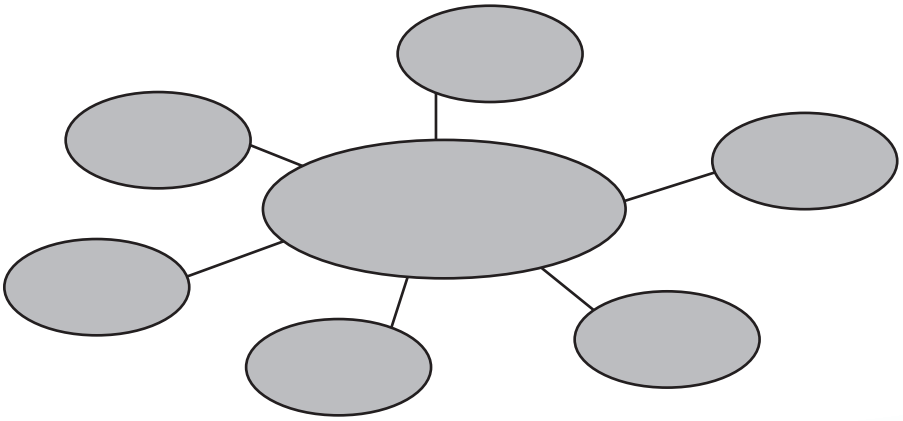
Mind mapping-Mind Maps are more compact than conventional notes, thus making it easier to plan effectively without getting overwhelmed and without forgetting something important. When created using colours and images or drawings, a Mind Map can even resemble a work of art *(see the example in the topic Time Management)*. To draw a Mind Map, follow these steps:

1. Write the title of the subject you're exploring in the centre of the page, and draw a circle around it. This is shown by the circle marked in Figure 1.

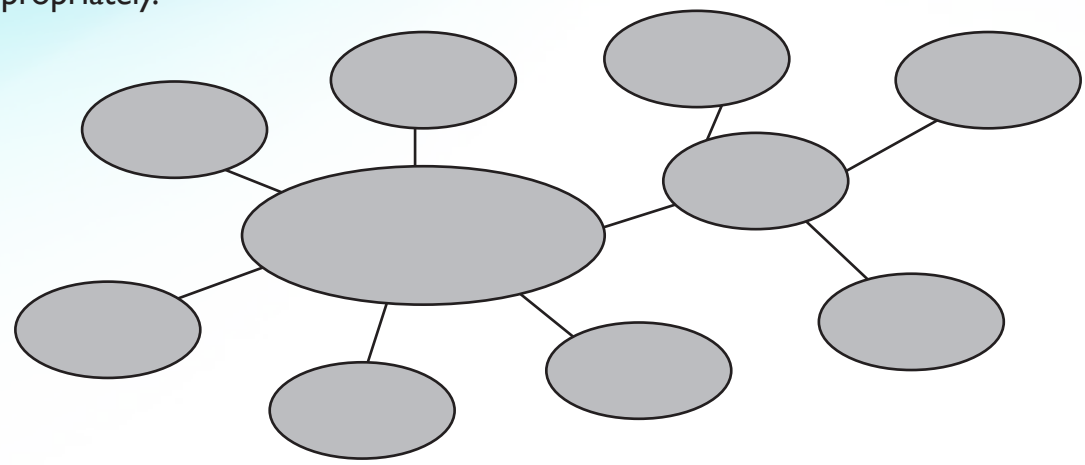
2. As you come across major subdivisions or subheadings of the topic (or important facts that relate to the subject) draw lines out from this circle. Label these lines with these subdivisions or subheadings.



3. As you "dig" into the subject and uncover another level of information (further subheadings, or individual facts) belonging to the subheadings, draw these as lines linked to the subheading lines. These are shown in



4. Then, for individual facts or ideas, draw lines out from the appropriate heading line and label them. These are shown here. As you come across new information, link it in to the Mind Map appropriately.



SESSION PLAN

Instructional Objectives

By the end of the session learners will be able to:

- explain the importance of taking notes
- explain the importance of making notes
- discuss different methods of making notes and a summary
- list effective note taking strategies
- state the strategies involved in preparation for examination.

Duration: 2 periods

Teacher's Resources:

- Background information on the topic on pages 10-13
- Guidance and Counselling Syllabus

Suggested Teaching Strategies:

- Discussion
- Practice summarising lectures

[Note: This is a good session for having learners practice skills by taking notes and summarising your lecture on note-taking]

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on pages 10-13

Key Messages:

- Taking good notes is an important study skill.
- Summarise large "chunks" of information into a brief outline to make major points.
- Short sentences are easier than complete sentences when making notes.
- Mind maps are good for remembering the relationship between bits of information.

Step 1: Explain the importance of taking notes

Teacher's Activities	Learners' Activities
• Begin the session by reading a short story. Instruct learners to take notes as you read. • At the end of the reading ask a few learners to read their notes and discuss how the theme has been well captured	Learners will be expected to: • take notes as the teacher reads the story. Then present the notes at the end of the reading

Step 2: Explain the importance of making notes

Teacher's Activities	Learners' Activities
Ask learners the following questions; • What was the main theme of my story? • What are two or three other points that stood out in the story?	Learners will be expected to: • respond to the teacher's questions

Step 3: Discuss different methods of making notes and a summary

Teacher's Activities	Learners' Activities
• Asks the learners what strategies they used to remember the main points of the previous lecture	Learners will be expected to: • identify and discuss those methods that they use

Step 4: Identify importance of taking good notes

Teacher's Activities	Learners' Activities
• Asks learners to list the reasons why taking good notes is important, both in school and in life.	Learners will be expected to: • prepare a list and share with others how to use these methods.

Step 5: Discuss the strategies involved in preparation for examination

Teacher's Activities	Learners' Activities
• Talk about strategies involved in preparation for the examinations. (See background infor-mationdetail.) • Practise the different strategies during the next session.	Learners will be expected to: • makenotes on how to prepare for examina-tions

Exercise

Some suggested questions:

a) Give learners a short paragraph from which they may practice making notes using note taking techniques.

b) Let learners select a concept from which they could make a mind map on.

Self Evaluation

Have I been able to assist learners to:

- state the importance of taking notes
- state the importance of making notes
- use different methods of making notes and a summary
- list effective note taking strategies
- state the strategies involved in preparation for examination.

TIME MANAGEMENT

Background Information

In this session learners will learn and be assisted on understanding the importance of time management. Time is one of the most valuable resources that determine a student's success at school. Lost time may never be recovered and that is why there is need for effective time management. Time management is a skill which once mastered; an individual will be more organised, efficient and happier. Effective time management includes allocating time for each of the various activities you are involved in. There is also the need to prioritize the activities so that those that are most crucial have more time. There is need to have time to prepare for class, study, rest, participate in sports and recreational activities. Failure to manage time may lead to anxiety towards examinations, lack of rest, inability to meet deadlines and failing examinations. The following are some of the indicators of poor time management:

- Constant rushing (e.g. between assignments or tasks)
- Frequent delays (e.g. in attending classes, meeting deadlines)
- Low productivity, energy and motivation (e.g. 'unable to get time to do anything')
- Frustration (e.g. things don't go according to wish)
- Impatience (e.g. can't get what you're looking for)
- Continuing uncertainty between options (e.g. never sure on what to stick to)
- Struggle setting and achieving goals (e.g. unsure what is expected)

The skills for Time Management

1. **Planning:** list all the things you need to do and what you want to achieve
2. **Set goals:** set achievable goals with targets
3. **Prioritising:** requires the ability to rank activities in relation to pressing demands and completion. The ranking should have a sense of flexibility in order to accommodate change in the plan. All key activities that need to be done, must be put first and started early, to avoid procrastination.
4. **Avoid procrastination:** Procrastination means letting the low-priority tasks interfere with the completion of high-priority ones. Procrastination can be avoided by doing the following
   a) Awareness reasons why you procrastinate
   b) Make a commitment to completing scheduled task
   c) Focus on what you must do
   d) Be positive minded

5. **Make good decisions:** to have time for important things to be done. Young people are faced with situations where they have to decide on whether or not to go to a party on a weekend, hang out with friends. Saying "no" may often seem

impossible at times, but saying "yes" to everything could lead to inability to complete tasks.

6. **Schedule:** so that you can manage the workload to a steady flow rather than an overwhelming amount.
7. **Delegate and follow up**: by organising time to study for all your subjects as well as time for the social to remove feeling of guilt when you have a lot to do and you cannot catch up

Designing a Study Schedule

Studying without a study schedule may lead to inefficient time management. Give yourself time to plan the hours you have available to use for study after all home duties have been done. Draw up a timetable that will accommodate all your subjects throughout the week. After drawing the timetable, share it with those who are likely to interact with you to avoid disrupting you during your study time. Allow breaks to refresh and interact during this time.

The table below presents some of the common suggestions that a learner may consider when planning study time:

Advice	Explanation
Plan how to use time	• Look at how much time you have then divide it into the activities you can fit into that time each day
Prepare study schedule	• List the subjects you are taking. Allocated time for each subject including time for subjects that require more time
Ensure manageable workload	• Too many subjects per session is not a good idea. • Avoid spending a lot of time on one subject

SESSION PLAN

Instructional Objectives

By the end of the session learners will be able to:

- discuss different time management skills
- identify effective time management skills
- prepare a daily study schedule.

Duration: 1 period

Teacher's Resources:

- Background information on pages 16-17
- Guidance and Counselling Syllabus

Suggested Teaching Strategies:

- Demonstration guided by practice scenarios

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on pages 16-17

Key Messages:

- Use time effectively
- Avoid procrastinating.
- Set priorities.
- Develop a schedule for effective time management.
- Stick to the schedule.
- Allocate time for rest, friends, and recreation to avoid feeling left out.

Step 1: Discuss different time management skills

Teacher's Activities	Learners' Activities
• Review time management session done in level 1 ask: what is time management, what are the benefits of time management? • Introduce the concept of time management skill. Ask learners to brainstorm on what they know about time management skill. • Lead the discussion as the group presents their comments and share strategies • In the large group, allow the learners to discuss briefly on which of their strategies have been more effective.	Learners will be expected to: • respond to questions on time management • brainstorm on different time management skills

Step 2: Identify effective time management skills

Teacher's Activities	Learners' Activities
• Divide learners into groups and ask learners to state the challenges they face with managing their time and how best they can overcome these challenges • Reinforce the skills necessary to manage time best by stating these out to the learners	Learners will be expected to: • discuss in groups and list the challenges they experience with managing time and list solutions to these challenges • present in a plenary the challenges and the solutions

Step 3: Preparing a daily study schedule

Teacher's Activities	Learners' Activities
• Ask learners to list all activities they have on their school timetable and write them on the board	Learners will be expected to: • list activities done at school including the time allocated for each activity. • list activities they do at home on a daily basis. • calculate how much time remains after the deducting the school and home activities. • make a plan using the remainder of the time for study

Exercise

Some suggested questions:

a) What are the different time management skills?
b) Discuss effective time management skills.
c) Outline steps in preparing a daily study schedule.

Self Evaluation

Have I been able to assist learners to:

- discuss different time management skills
- identify effective time management skill
- prepare a daily study schedule.

SEEKING FINANCIAL ASSISTANCE

Background Information

This session is aimed to assist learners to know what to do and where to go when compelled by circumstances to seek financial assistance towards schooling and other personal needs. Learners should be able to identify sources of financial assistance and what they require. The school should be in a position to be able to assist learners to solicit financial assistance from reputable sources of finance.

There are two types of financial assistance provided to learners at different levels of education. These are bursaries and scholarships. Sometimes these two terms are used interchangeably yet they differ in meaning. Bursaries are granted on bases of financial needs, while scholarshipsareawarded on bases of academic performance or expertise of the applicant (sport). However, organisations have different criteria and requirements to qualify for the financial aid they provide.

It is therefore, important for a student to know the rules and regulations or guidelines for getting financial assistance through a bursary. For instance, some organisations may want to determine the financial status of the applicant before awarding a bursary. This may include checking parents' or guardians' income and the learner's academic performance. In the bursary there is no reimbursement of the money spent on the candidate.

Support for Orphaned and Vulnerable Children (OVC)

The Ministry of Education, working together with the Deputy Prime Minister's office, provides financial assistance to destitute learners, especially orphans and vulnerable children. The Deputy Prime Minister's office with the assistance of *Kagogo* Centre Managers, Guidance and Counselling officers and the school head teachers use a database to identify all orphaned and vulnerable learners. There are also private organisations that offer financial assistance to learners such as World Vision International, Save The Children and *Moya* Centre.

Tibiyo Taka Ngwane also offers scholarship to needy learners. This entity advertises through the local daily newspapers, looking for learners who may need finance for schooling. Application forms are then sent to Regional Education Offices (R.E.O). Learners who are interested complete the forms and send them back to R.E.O who then transmits them to Tibiyo offices. Application forms are scrutinised and those who qualify are notified through the local newspapers. This process takes place on an annual basis.

Needy learners can also contact *Umphakatsi* (Chief's Residence) for accessing financial assistance through care givers such as *Lihlombe Lekukhalela, Bagcugcuteli* and *Banakekeli*.

SESSION PLAN

Instructional Objectives

By the end of the session learners will be able to:

- discuss the different types of financial assistance
- explain the role of the school in aiding learners secure financial assistance
- identify sources and requirements of financial assistance available to learners.

Duration: 1 period

Teacher's Resources:

- Background information on pages 20-21
- Guidance and Counselling Syllabus

Suggested Teaching Strategies:

- Lecture
- Research
- Discussion

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on pages 20-21
- Read other materials on seeking financial assistance
- Find brochures and application forms

Key Messages:

- There are public and private institutions that provide financialassistance to learners.
- Schools can assist learners to apply for financial assistant.
- The community structures are channels of assistance between financial sources and the learners.
- All learners must apply in order to acquire financial assistance

Step 1: Discuss the different types of financial assistance

Teacher's Activities	Learners' Activities
• Ask learners to identify situations that could lead one to seek financial assistance. • Ask learners to form groups to discuss the different types of financial assistance • Consolidate the activity by highlighting differences among the types of financial assistance	Learners will be expected to: • Brainstormthe situations as a class. • form groups to discuss the different types of financial assistance for learners *(scholarship, bursary and grants).*

Step 2: Explain the role of the school in aiding learners' secure financial assistance

Teacher's Activities	Learners' Activities
• Find out from the learners how they expect the school to help them secure financial assistance. • Allow the groups to present the conclusions of their discussion. • Highlight the important points of the group discussion.	Learners will be expected to: • discuss in groups and compile how they expect the school to help them secure financial assistance • present the conclusions of their discussion

Step 3: Identify sources and requirements of financial assistance available to learners

Teacher's Activities	Learners' Activities
• Ask learners to list potential financial assistance for them in groups • Ask learners to list the steps necessary for achieving financial assistance	Learners will be expected to: • form groups and identify potential financial assistance.

Exercise

Some suggested questions:

Conduct a research on the requirements for financial assistance from the different financial aiders.

Self Evaluation

Have I been able to assist learners to:

- discuss the different types of financial assistance
- explain the role of the school in aiding learners secure financial assistance
- identify sources and requirements of financial assistance available to learners.

HIV AND AIDS

PRIMARY STAGE OF HIV INFECTION

Background Information

This session will help learnersdevelop an understanding of HIV, how infection occurs and the factors that drive HIV infection. The main focus will be on the initial stage of HIV infection known as the primary infection stage. Learners will be made aware of the various stages of HIV infection and then correct their misconceptions about HIV/AIDS.

- In most of Sub-Saharan Africa, many people do not fully understand the progression of the HIV infection into AIDS. Therefore many people risk their lives unduly and at the same time stigmatise those who are known or suspected to be infected or who have developed AIDS.

- The progression of an individual from infection with HIV to AIDS generally follows the six stages outlined below:

- Point of Infection: Point at which person becomes infected with HIV. The person has no signs or symptoms of the virus.

  - Person not presenting any symptom opportunistic infections will return negative even though the person is infected and can infect others.
  - This period can last 2-3 months or longer.

- **Window Period stage:** Period between point of infection and the body's detection of the virus. In this stage the person has no signs or symptoms of the virus. The body has just started producing antibodies to the virus, but there are not yet enough for detection. Therefore an **HIV test** examining the blood for antibodies. The window period is characterised by:
  High viral load (hence the high possibility to infect the next person)
  - Low antibody levels (hence the negative HIV test if taken during this period)
  - Person looking and feeling healthy

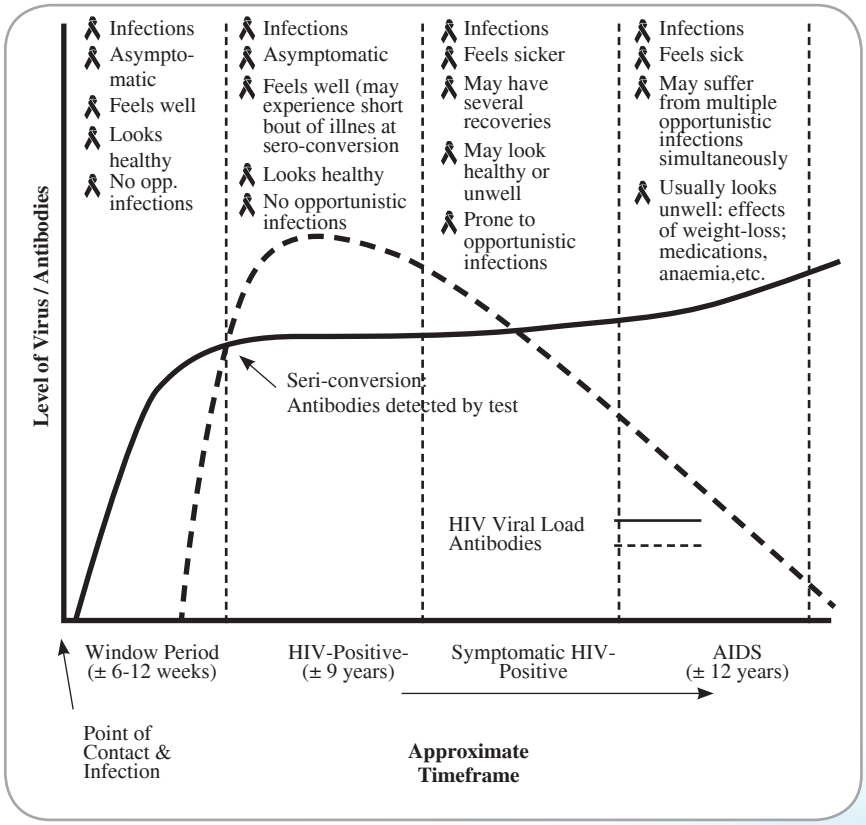
- **Sero-Conversion stage:** This is the period of time during whichHIV antibodies develop and become detectable. The sero-conversion stage is associated with various temporary symptoms or short term illnesses. Common illnesses may take the form of a sore throat, fever, rash, mouth ulcers, diarrhoea, and severe headache. Severe illnesses are rare at this stage. Although these symptoms occur to 80% of the people infected with HIV, they may be caused by other illnesses. So the only way to know that an individual is HIV positive is to take an HIV antibody test.

- **Asymptomatic HIV Positive stage:** This is the phase in which the immune system in someone slowly deteriorates but the person still shows no symptoms of being HIV positive. The length of this period varies between individuals but some people can go

up to 10 years or longer without symptoms. It is important to note that positive health choices can prolong this period.

- **Symptomatic HIV Positive Stage:** In this period an individual starts showing various signs of being HIV positive. This happens when the immune system has become severely damaged by HIV. The poor immune system allows the emergence of certain opportunistic infections and diseases. Infections are likely to occur in almost all body systems. Examples of such symptoms include fever, diarrhoea, weight-loss, fatigue, night sweats, thrush, and herpes zoster.
- **The AIDS stage:** This is the stage in which the immune system has become more damaged. The individual may increasingly develop severe opportunistic infections and cancers. In short illnesses and infections become a syndrome. "Syndrome" implies that an individual suffers multiple illnesses and opportunistic infections simultaneously.

The chart below summarises the characteristics of a window period compared with the other stages of HIV infection;



Sourced from the Centre for Disease Control

IMMUNE RESPONSE TO HIV

The immune system describes all processes that occur in the human body leading to the detection [recognition] and destruction [killing] of foreign invaders [attackers] such as bacteria, viruses and cancer cells. This means that the human body is able to tell if the invaders have entered the blood system even if an individual is not aware that anything has happened. Once the body recognizes the invaders, it uses a number of tactics [strategies] to destroy it, keeping the individual protected from harmful diseases.

The best way to explain how HIV [compromises] defeats the immune system is to study diagrams x and y below. Diagram x shows how the immune system normally works if an individual is infected by any other invader except HIV. Under normal circumstances, when an invader enters the body ,the immune system activates protective T-cells [soldier cells] that work to capture it. The T-cells will then start to produce antibodies which bind and eventually destroy the invader. In that way the human body remains protected from harmful viruses and bacteria.

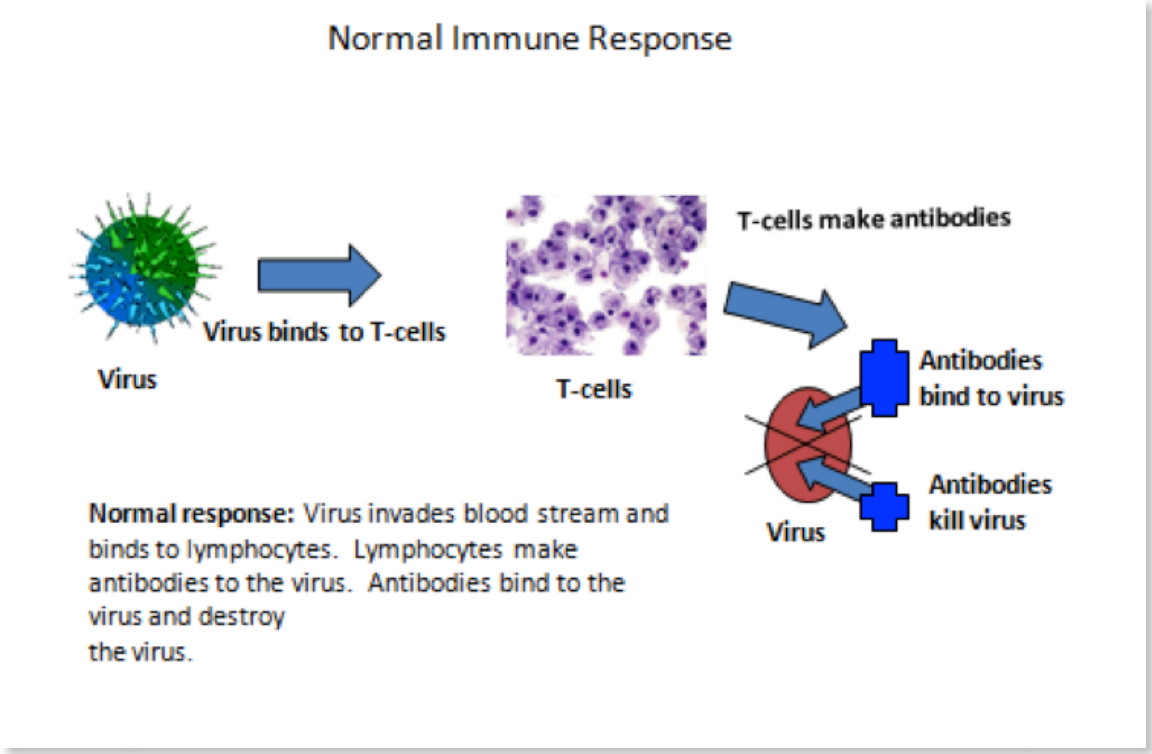
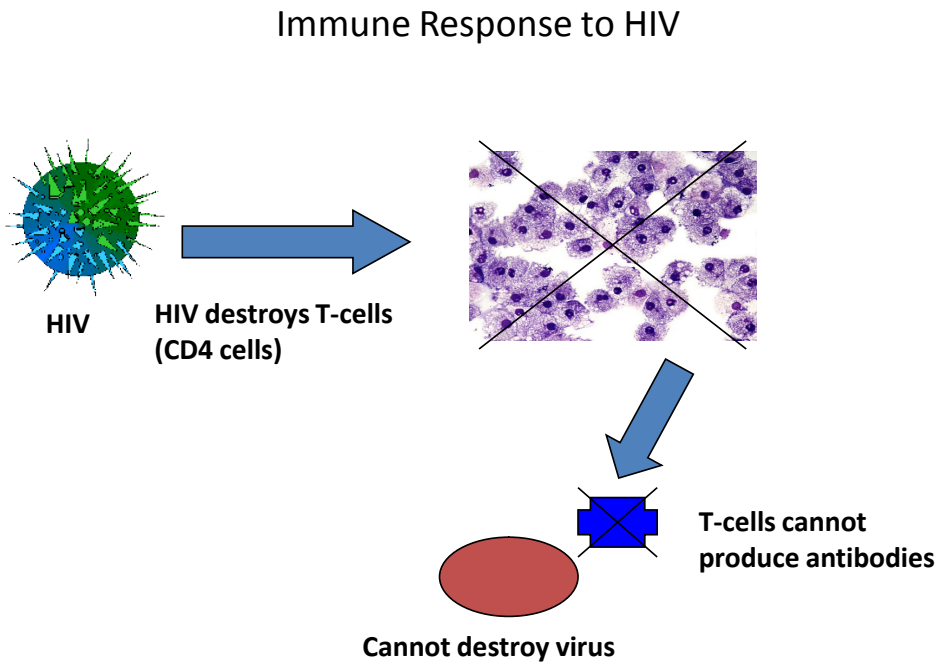


Diagram X

How the immune system destroys invading viruses and bacteria in the human body

Diagram y explains what happens if the invader is the HIV. When HIV enters the body it directly attacks or infects the T-cells, making them unable to produce antibodies. In the absence of the adequate number of antibodies the immune system fails to control the spread of the virus. Instead

of protecting the body, the infected soldier cells start replicating [producing more new HIVs] leading to further weakening of the immune system. This explains how HIV infection progresses from the window period to the AIDS stage ultimately causing an individual to die.



How HIV weakens the immune systems in the human body

Diagram Y

SESSION PLAN

Instructional Objectives

By the end of the session learners will be able to:

- define the window period
- identifycharacteristic of the window period
- describe the immune system's response to HIV

Duration: 1 period

Teacher's Resources:

- Background information on pages 27-28
- Guidance and Counselling Syllabus

Suggested Teaching Strategies:

- Storytelling
- Group discussion
- Role play

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on pages 27-28
- Read and familiarise yourself with Victor's story and the role play on the body's response to HIV, pages 27-28

Key Messages:

- The window period is the time between which a person gets infected with HIV and the appearance of detectable antibodies to the virus in his/her body
- During the window period, a person may test negative (uninfected) for HIV, when in fact he is positive.
- A person in the window period is highly infectious
- Absence of symptoms does not mean a person is HIV negative
- A single HIV test is not enough to determine true HIV status

Step 1: Define the window period

Teacher's Activities	Learners' Activities
• Ask learners if they can provide the correct definition of HIV and AIDS. Assist them to come up with correct definitions • Explain to the learners that it takes time for an HIV infected person to progress to the AIDS stage • Have learners sit in comfortable positions whilst you tell them the story of Victor appearing at the end of this session plan (page 00) • After telling the story, use the guiding questions at the end of the session plan to bring out an understanding of "window period"	Learners will be expected to: • define HIV and AIDS • listen to "Victor's Story" being told by the teacher • use what they picked from the story and from their own understanding to provide information on the window period.

Step 2: Identify characteristics of the window period

Teacher's Activities	Learners' Activities
• With reference to Victor's story, give the learners the characteristics of the window period.	Learners will be expected to: • ask questions if something is not clear.

Step 3: Describe the immune system's response to HIV

Teacher's Activities	Learners' Activities
• Explain to the learners that they will participate in a role play that will describehow the immune system responds to a new HIV infection • Invite 11 volunteers whowill act out the role play whilst the rest of the class observes • Give the volunteers instructions (see the guidelines below) and allow them to act out the role play • Wrap up the session by summarising how the immune system responds to HIV using the diagrams in the background information section to enrich the summary	Learners will be expected to: • volunteer to act out the role play • participate in the role play • observe how the human immune system works • describe how the immune system gets compromised by HIV

Exercise

Some suggested questions:

a) What is a 'window period'?
b) What are the characteristics of the window period?
c) How does the immune system respond to HIV?

Self Evaluation

Have I been able to assist learners to:

- define the window period
- give the characteristics of the window period
- describe the immune system's response to HIV.

HANDOUT 1: VICTOR'S STORY

1. Victor is 28 years old. He works as an electrician. He is fit and healthy; he has never liked cigarettes, and he plays football twice a week. He is funny and kind and has many friends.

2. Victor goes to a friend's party, where he meets Ruth. Ruth is HIV+, but she doesn't know this. Victor and Ruth talk for a long time. She is charming and pretty and laughs at all his jokes. She asks him to come home with her, and he accepts. Later Ruth tells Victor that she is taking birth control pills, so he doesn't need to worry about contraception.

3. They have unprotected sexual intercourse.

4. After three months, Victor has a mild fever for two days, but did not worry much about it because many people have been sick this season, so he guesses that he just has a mild case of flu. Soon he feels perfectly healthy again. Victor continues to work as an electrician; eventually he starts his own business.

Questions- Victor's story

1. When did Victor acquire HIV? *(When he had unprotected sexual intercourse with Ruth, who was HIV+.)*
2. Do you think Victor noticed that he was infected with HIV? Why?
3. When Victor went for an HIV test immediately a few days after he got infected with HIV, the test results came out negative. How is that possible? *(His body might not have developed antibodies, so the test would not have detected the HIV. This is called the window period.)*
4. If Victor had unprotected sex at this time, would he have infected his partner with HIV *(The chance of infecting your partner if you are in the window period are high because of the high load of HIV in the system at this time)*
5. After 3 months of infection Victor had a mild fever for two days. From what you know about a new HIV infection, what do you think was the cause of this? *(sero-conversion)*

HANDOUT 2: ROLEPLAY ON IMMUNE SYSTEM'S RESPONSE TO HIV

Characters:

1. "Body";
2. "T-cell" *(emasotja emtimba)* x 2 (representing the immune system);
3. HIV" x 4;
4. "Flu";
5. "Pneumonia";
6. "Diarrhoea";
7. "STI";
8. "TB".

1. The Body stands in the middle of the room, strong and healthy. T-Cells are moving around the Body.
2. Flu comes in, tries to get to the Body, but gets chased away by the T-Cells
3. The same thing happens with TB and Diarrhoea. They might be able to reach the body, but T-cells fight them off quite easily by grabbing them.
4. HIV comes in and "befriends" T-cells, gives one of them a hug and holds their arms. Flu comes in, and the other T-Cell can still fight it off, but with more strain.
5. Another HIV comes in and grabs the other T-Cell. Now the immune system can't fight off Flu anymore. More HIV's are running around, looking for more T-Cells. The other diseases see the opportunity and attack the weakened Body
6. To make it clear that this doesn't happen overnight, you can add signs with time references (3 months for the replication of the virus; 8-10 years before the immune system is totally disabled).

Background Information

This session focuses on what sexually transmitted infections (STI's) are and how they can facilitate the transmission of HIV/AIDS. Learners willhave to be aware of various STIs and be able to protect themselves against these infections. Most of these infections are transmitted by unprotected sexual contact with an infected person. Someof these STI's aredescribed below including their signs and symptoms.

- **Gonorrhoea** is a common STI that is caused by a bacterium. It can be transmitted through sexual intercourse. In women the infection may spread to the uterus or womb and cause chronic pain, abscesses (pockets of infection with pus) and infertility. In men the infection can cause epididymitis, an infection of the tubes behind the testicles that can be very painful. If untreated gonorrhoea can spread to the joints or blood and possibly cause death.

- **Chlamydia** is a very common bacterial infection. It can be transmitted between men and women through sexual intercourse, touching parts of the body with fingers. In women chlamydia infections can damage the uterus and fallopian tubes and lead to chronic pelvic pain, infertility and ectopic pregnancies (pregnancies that occur in the fallopian tubes and can lead to internal bleeding and even death of the mother). In men chlamydia can rarely lead to infertility.

  Many men and women infected with chlamydia have no symptoms and therefore do not even realize that they carry the infection. Some women may experience an abnormal vaginal discharge or burning with urination. Men may have discharge from the penis or burning with urination. Occasionally men may have swelling and/or pain in their testicles. Anal infections can result in rectal pain, bleeding and/or discharge.

  Chlamydia can be treated and cured with oral antibiotics. A person can be tested with a cotton swab or a urine sample. If a man or woman is treated and then has sex with an infected person they can get infected again with chlamydia.

- **Genital herpes** or herpes simplex virus (HSV) is an STI caused by a virus. Herpes is transmitted through sexual intercourse, kissing and touching infected areas whether or not the infected person has any visible sores. Many people who have been infected have minimal or no symptoms and so do not realize that they carry the virus. When a person is infected s/he may have painful sores around the genitals, rectum or mouth that last for 2-4 weeks as well as a fever, body aches and swollen glands or lymph nodes. These sores may recur frequently or infrequently, usually in the same location.

Health care providers can diagnose herpes by examining the sores. Sometimes a sample from the sore or a blood test can be used to diagnose herpes. There is no cure for herpes however there are some medication to minimise the effects of the infection. Once infected a person can always transmit the infection to others and may or may not have regular outbreaks of the sores. Herpes is dangerous to new-borns and so pregnant women must be tested.

- **Human papillomavirus or HPV (Genital Warts)** is the most commonly spread infection transmitted through skin to skin contact and sexually. There are more than 40 types of HPV that can infect the genital areas of both men and women. HPV can be transmitted through sexual intercourse. Almost every sexually active person contracts at least one type of HPV during their lives but fortunately most have no symptoms.

  While the initial infection does not cause any symptoms, HPV infections may cause genital or anal warts that sometimes can be quite large or numerous. Some types of HPV may cause cervical cancer in women. Pap smears are done regularly on women to screen for cervical cancer. Other cancers that may be caused by HPV include vulva, vaginal, penile, anal and oropharyngeal (mouth and throat). Genital warts can be treated with topical medicines and the various cancers may require surgery and others treatment. If the cancers are not detected early enough they may lead to death.

  The HPV causes most of the genital warts and cervical cancer. Treatment can be administered to prevent outbreaks with vaccinations in children because they have not been exposed.

- **Hepatitis B** is a viral infection that can be passed through blood, semen and other body fluids. The transmission can occur with sexual activity, sharing of needles or from an infected mother to her baby. Hepatitis infects the liver and can cause mild to severe illness. Symptoms include fever, fatigue, loss of appetite, vomiting, abdominal pain, grey-coloured stools, dark yellow urine and jaundice (when the skin and eyeballs become yellow). The infections may be mild or severe, brief or lifelong, and can even cause death.

  Hepatitis B can be prevented by a series of vaccinations. These vaccinations are given to children before they become sexually active. Practicing safe sex including the use of latex condoms can be effective in preventing hepatitis infections.

- **Trichomoniasis** is a very common STI that is caused by a parasite. It is passed during sex and usually infects the vagina in women and penis in men. Women may notice burning and or itching, redness or pain in the vulva/vagina, pain with urination or a frothy yellow-green vaginal discharge with a strong smell. Men may have itching or irritation inside of the penis or pain with urination. The infection may make it painful to have sex and can last for months or years if not treated. It can also cause an infected pregnant woman to deliver her baby too early (prematurely). Trichomnoniasis can be treated and cured with an oral antibiotic.

- **Syphilis** (a pimple like sore) is an STI that is caused by a bacterium and transmitted through sexual contact. There are three stages of a syphilis infection. In the primary or first stage a single sore appears at the site where the syphilis entered the body (which could be on any part of the body). The sore is firm, round and painless and may not be noticed. It lasts for about 3-6 weeks and then goes away. Syphilis is transmitted through contact with the sores in the primary or secondary stages. If the infection is not treated then it progresses onto the secondary stage.

  In the secondary stage an infected person has skin rashes and sores in the mouth, genital area and/or anus. There may be rough red or red-brown spots on the palms of the hands and soles of the feet. Other rashes may appear on the body. Large raised grey or white lesions may appear in the mouth, under the arms or in the groin. Infected people may also have fever, swollen lymph nodes or glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches and fatigue.

  If untreated then syphilis may go into the latent or late stage, years after the original infection. In the late stage the brain is infected and can cause lack of coordination, paralysis, numbness, gradual blindness and dementia (permanent confusion and loss of memory). Other organs such as the heart, blood vessels, liver, bones and joints may be infected and can lead to death.

  A blood test is the most common way to detect the infection. Material from sores can also be tested under a microscope. Treatment with antibiotics will kill the bacterium and prevent further damage but will not repair the damage that has already occurred.

- **Chancroid** is caused by a bacterium.The symptoms appear any time between one day to 2 weeks of becoming infected and the person will develop a small bump on their genitals.

Within a day, the bump becomes a painful soft ulcer ranging from about 2-3 mm to 4 cm. The ulcer bleeds easily, is covered with grey or yellowish-grey material and has a dry crusty border.

The ulcer may be anywhere on the penis or scrotum in men or on the outer lips or labia of the vagina in women. In some cases, those infected will develop enlarged glands or lymph nodes in the fold where the leg joins the body.

The ulcer can be treated with several different oral antibiotics. While the ulcer or chancroid will go away on its own, the antibiotics will clear it up faster, thus, prevent a person from infecting others and help prevent scarring.

If someone is concerned that they might have an STI, or have been exposed, there are several places where they can go to seek help. The sooner a person seeks help for a possible STI the quicker they can be treated and the less likely to suffer from short-term and long-term complications such as pain, scarring and infertility. Facilities and health care providerswho offer help include:

- Public health centres/clinics
- FLAS (family life association)
- Hospitals
- Municipality clinics
- Private clinics and hospitals

STIs and HIV

A person who has an STI is at higher risk of contracting HIV. Some STIs such as cancroids, gonorrhoea, thrush or herpescreate sores and ulcers on the genital areas and on the skin. These openings create portals for infection with HIV, sexually or from contact with infected areas. For people who are HIV positive, having an STI increases viral loads both in the blood and in the genital fluids and this makes them very infectious even if they are taking ARVs. STIs accelerate the development of AIDS in HIV infected individuals.

SESSION PLAN

Instructional Objectives

By the end of the session learners will be able to:

- define sexually transmitted infections (STI)
- describe signs and symptoms of STIs
- state the relationship between STIs and HIV
- identify institutions that offer help on sexually transmitted diseases.

Duration: 2 periods

Teacher's Resources:

- Background information on the topic on pages 33-37
- Guidance and Counselling Syllabus
- STI Quiz
- Health practitioner to assist with the lesson
- Pictures showing different STIs infections

Suggested Teaching Strategies:

- Exposition
- Discussions

Teacher Preparation:

- Read the following suggested activities
- Read the background informationon the topic,pages 33-37
- Pictures of STI, if available
- quiz,
- Review the STI Quiz to ensure you know the answers to questions
- Read and prepare true and false statements on the relationship between STIs and HIV. Include questions on other ways of transmitting STIs apart from sexual transmission for step two.
- Locate the nearest facility that treats STI and be prepared to share that information with any learner who suspects that she or he may have an STI

[Note: This may be a session in which girls would prefer to be separate from boys to discuss symptoms of STIs without worry. You may also want to bring in a resource person from a local health facility to speak to learners]

Key Messages:

- Sexually transmitted infections are infections that are transmitted primarily through sexual or other very intimate contact with an infected person.
- HIV is one of sexually transmitted infection, as are STI's (e.g. syphilis, gonorrhoea, genital sores, genital warts, chlamydia, and herpes).
- The presence of an STI can increase the likelihood of aperson acquiring HIV.
- If they are not diagnosed and properly treated, STIs can lead to very serious health problems such as blindness, deformities in babies, infertility and death.
- Learners should be supported to seek treatment for STIs if they suspect they have one.

Step 1: Define sexually transmitted infections

Teacher's Activities	Learners' Activities
• What STI stands for • To list some examples of STIs	Learners will be expected to: • answer the teacher's question by explaining what each of the four lettersin the abbreviation stand for and then copy the correct answer into their exercise books. • Give examples of STIs

Step 2: Describe signs and symptoms of STIs

Teacher's Activities	Learners' Activities
• Find out what the learners know and understand by signs and symptoms of STIs. • Using pictures assist the learners to describe the signs and symptoms of different sexually transmitted infections.	Learners will be expected to: • Talk about what they know about STIs • describe the signs and symptoms of STIs

Step 3: Relationship between STIs and HIV

Teacher's Activities	Learners' Activities
• Ask learners to respond to statements on the relationship between HIV and STIs. Including other ways of transmission other than sexual. Discuss each of the statements in relation to the answers.	Learners will be expected to: • to ask questions that will inform them • participate actively in the discussion on the relationship between STIs and HIV.

Step 4: Identify institutions that offer help on sexually transmitted diseases

Teacher's Activities	Learners' Activities
• Give to the learners the names of the institutions that offer help for diagnosis and treatment of STIs such as gonorrhoea and syphilis	Learners will be expected to: • put in writing the institutions that offer help for diagnosis and treatment of STIs

Exercise

Hand out the following quiz. (Note remove the answers to the questions before giving it to the learners.)

STI Quiz

Question 1: What do the letters STI stands for?

Answer: *The letters stand for Sexually Transmitted Infections.*

Question 2: Can all STIs be cured?

Answer: *No. AIDS cannot be cured. Some types of gonorrhoea are also becoming difficult to cure.*

Question 3: What are Sexually Transmitted Infections (STIs)?

Answer: *Diseases that can be passed from one person to another through sex.*

Question 4: True or False? Having an STI greatly increases your risk of becoming infected with HIV.

Answer: *True (please ask for an explanation). People with STIs have sores and small cuts (abrasions) on their genitals. These openings give way for HIV to enter easily. A person exposed to HIV through sexual activity is 2-5 times more likely to become infected with HIV if they already have a sexually transmitted infection or STI.*

Question 5: True or False? If you have been infected with a STI, you may have an unpleasant discharge when you urinate.

Answer: *True. This is one of the symptoms of a STI. However, you may still be infected*

even if you do not have a discharge.

Question 6: Is HIV/AIDS an STI?

Answer: *Yes. One of the ways HIV is transmitted is by having unprotected sex with an HIV-infected partner.*

Question 7: Apart from HIV, are other STIs serious?

Answer: *Yes (please ask for an explanation). STIs can make a person blind, sterile, or even kill you. It can also damage the body's organs. Syphilis can damage the nervous system, brain and other organs if not treated. Gonorrhoea can cause blindness in children.*

Question 8: Can you get herpes from kissing?

Answer: *Yes. Herpes can be passed on from one person to another if either person has a cold sore.*

Question 9: Is it important to let your partner know if you have an STI?

Answer: *Yes. You should avoid having sex until the infection has cleared up, else use condoms correctly and consistently if you decide to have sex at this time. Your partner(s) also needs to see the medical person giving you the treatment for examination and treatment if necessary. This is a very important way of breaking the chain of infection.*

Question 10: True or False? Having many sexual partners increases the risk of getting STIs including AIDS.

Answer: *True*

Question 11: True or False? If you have sex, you could get an STI. It does not matter what age, race or sex you are.

Answer: *True*

Question 12: True or False? STIs can be painful and deadly.

Answer: *True*

Question 13: Can you protect yourself from contracting STI's by abstaining from sex?

Answer: *Yes, abstinence is the only 100% sure way of avoiding STI's.*

Question 14: True or False? You have to use condom every time you want to have sex to reduce your risk of contracting STI.

Answer: *True*

Self Evaluation

Have I been able to assist learners to:

- define the window period
- give the characteristics of the window period
- describe the immune system's response to HIV.

Background Information

This session is aimed at helping learners develop an understanding of the relationship between intergenerational sex and HIV. Intergenerationalsexis where one partner is ten or more years older than the other. These sexual relationships can be between older women and younger men and older men and younger women. They carry a heightened risk of HIV transmission for the younger partner because that partner is less likely to be able to refuse to sex or negotiate safe sex (for instance, sex with a condom) due to unequal power balance.

An age disparate relationship is another form of intergenerational sex. It is the kind of sexual relationships between a young person and an individual at least five years older. These types of relationships put young people at heightened risk of HIV transmission. They often have less power to refuse sex or negotiate the use of condoms. In this kind of relationship receiving gifts is a viewed as normal for the sexual relationship.

Factors that foster intergenerational sex

The factors that foster intergenerational sexual relationships maybea forced relationship, exploitation ofvulnerable girls and women lacking control of when and with whom they have sex or engage in an intergenerational sexual relationship to meet basic survival needs. The other extreme, is active participation from the vulnerable partner whose motives may include the search for love and affection, a marriage partner, and the desire for economic security or comfort.

SESSION PLAN

Instructional Objectives

By the end of the session learners will be able to:

- Define intergenerational sex
- Discuss how intergenerational sex increases vulnerability to HIV infection

Duration: 1 period

Teacher's Resources:

- Background information on the topic on pages 41-42
- Guidance and Counselling Syllabus
- Charts showing HIV prevalence amongst Swazi population aged 2 and older according to the 2007 DHS (page 44)

Suggested Teaching Strategies:

- Group work
- Case studies
- Discussions

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on pages 41-42
- Print chart, pages 52,on the prevalence of HIV in Swaziland (according to the 2007 DHS)

Key Messages:

- Intergenerational sex is where one partner is 10 or more years older than the other. It can include sexual relationships between adult women and younger men, and older men and younger men.
- In Swaziland relationships involving older men and younger women are most common and are socially acceptable.
- Factors that foster intergenerational sexual relationships are coercion, vulnerability and exploitation
- Current DHS data clearly demonstrates that older male partners have higher levels of HIV prevalence and that a substantial age differential in relationships increases the risk of HIV infection.

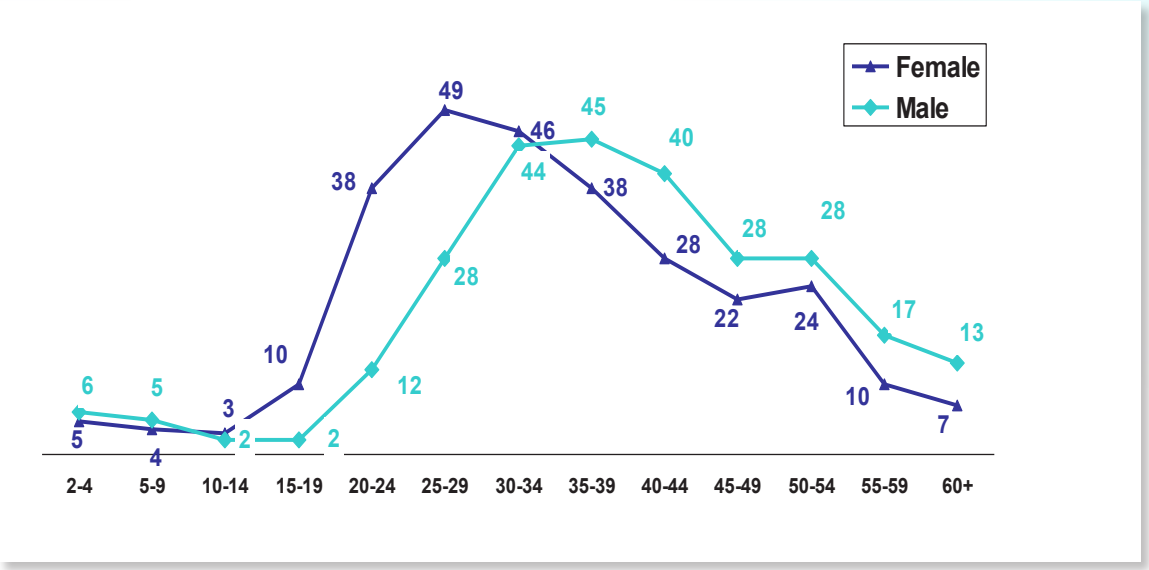
Step 1: Define intergenerational sex

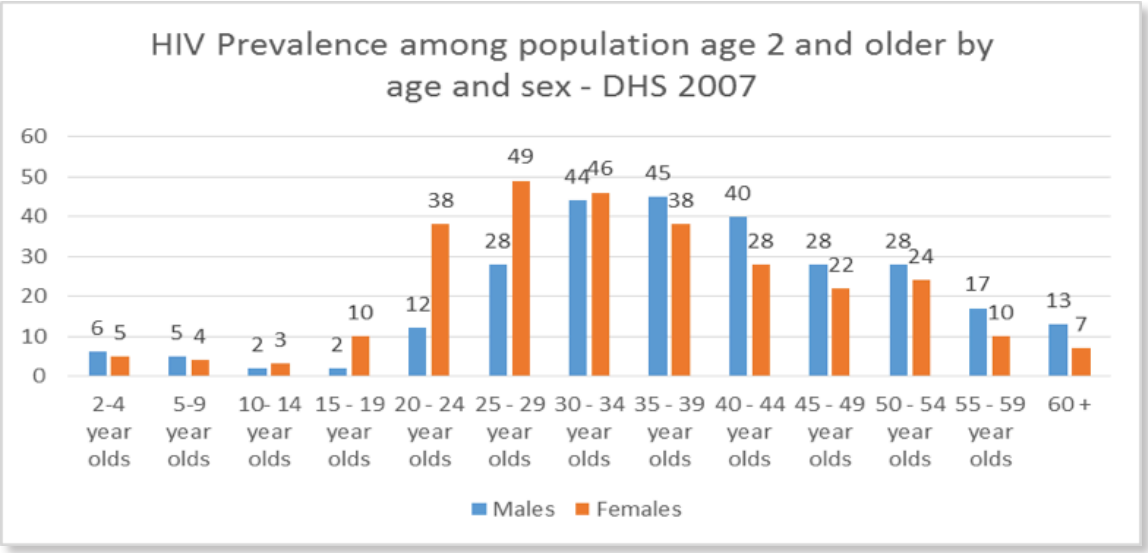
Teacher's Activities	Learners' Activities
• Ask learners what they think intergenerational sex is. • Assist them with coming up with the correct definition (refer to the background information). • Ask the learners if they know of situations where this has happened?	Learners will be expected to: • brainstorm on inter-generational sex

Step 2: Discuss how intergenerational sex increases vulnerability to HIV infection

Teacher's Activities	Learners' Activities
• Discuss with the learners the factors that foster intergenerational sex. Also discuss with the learners how intergenerational sex makes young people vulnerable to HIV infection. • Divide the learners into small groups (not more than 6 learners in each group) • Distribute copies of the prevalence graphs to the groups and give them questions that will guide their discussions in interpreting the chart to highlight the risks of engaging in intergenerational sexual relations for adolescents in Swaziland • Reconvene the class and ask them to share the answers out loud	Learners will be expected to: • discuss the factors that foster intergenerational sex with the teacher. • study and interpret graph guided by the questions asked by the teacher.

The chart to highlight the risks of engaging in intergenerational sexual relations for adolescents in Swaziland (DHS, 2007)





Study the graphs above and answer the questions that follow

1. What are the infection rates for the boys and girls in the following age groups
   a) 2-4 year olds
   b) 5-9 year olds
   c) 10 – 14 year olds
   d) 15 – 19 year olds

2. What can you say about the age groups 10 to 14, 15 to 19 and 20 to 24 in relation to the infection rates and any differences noticed between the males and females in each age group?
3. Looking at the prevalence rates in the older age groups and from your experience, which age groups can you hold responsible for the new infections of the females in the age group 15 to 19 considering that their male in the same age group has very low infection rates? *In Swaziland, older men are more likely to be infected with HIV than are young boys.*
4. In your understanding of how HIV is transmitted, what do you think makes girls vulnerable to HIV when they are in relationships with older men
5. What does this mean for any young girl who has sexual intercourse with an older man, for any reason?
   a. *It means that the girl is at an increased risk of being exposed to HIV because of the following reasons:*
      i. *Higher rates of infection amongst older men*
      ii. *The imbalance in the power relations that will make it difficult for the girl to negotiate for protection to reduce risks of HIV infection*
      iii. *In most cases the older men that engage in sexual relations with younger girls are either married or involved in sexual relations with other females in their age groups*
6. Why do you think we have a lot of girls in Swaziland that are sexually involved with older and sometimes even married men? *(In Swaziland it is acceptable for older men to have sex with young girls, so if a girl has unprotected sex with an older man, there is a good chance she will be exposed to HIV.)*

Exercise

Some suggested questions:

a) Define "intergenerational" sex
b) Why do young people engage in intergenerational sex
c) What are the risks of intergenerational sex to young girls?

Self Evaluation

Have I been able to assist learners to:

- define intergenerational sex
- discuss how intergenerational sex increases vulnerability to HIV infection

TRANSACTIONAL SEX

Background Information

This session aims at helping learners develop an understanding of the relationship between transactional sex and HIV in Swaziland. Transactional sex is a kind of relationship in which gifts or money is exchanged for sex.

Transactional sexis a fairly common form of sexual partnering which is different from formalised sex work or prostitution. It refers to the practice of exchanging sex for financial or lifestyle rewards. In Swaziland, it is most likely to occur between young women and older men.
Even though intergenerational and transactional sexual relations have been observed more in relationships where the girls are younger and are receiving gifts in exchange for sexual favours, there is a rise of relationships where younger boys are getting material benefits from sexual partners.

Reasons young people engage in transactional sex

Young people may engage in transactional sex in search of love or affection, social status, a marriage partner, economic security, comfort, to support their basic needs (e.g., food, clothing, school fees). Gifts for sex may seem as a sign of love and respect one partner feels for the other or the importance the other partner places on the relationship. In contrast, particularly for women, "giving away" sex stigmatizes young women as "loose" and lacking self-respect.

How to avoid transactional sex

These are various strategies that can be used by young people to avoid transactional sex.

- practice abstinence until one has established a lifetime monogamous relationship
- get comprehensive knowledge about the risks associated with transactional sex
- respect and observe cultural norms, attitude, values and behaviours that discourage transactional sex
- join peer group or a social groups that have made a commitment not to engage in sexual activities
- personalize the risk associated with early sexual activity, sex outside of marriage, multiple partnerships, and cross-generational sex and transactional sex;
- avoid alcohol and substance abuse which increase the risks of engaging in transactional sex
- strive to excel academically in order to increase chances to professional and gainful employment
- enrol in Behaviour Change Communication (BCC) intervention programs
- develop life skills that would help in healthy life decisions
- use assertive communications skills to negotiate ways to reduce their risk of exposure to STIs and HIV from intergenerational and/or transactional sex

SESSION PLAN

Instructional Objectives

By the end of the session learners will be able to:

- Define transactional sex
- List examples of transactional sex occurrences
- State how transactional sex can be a driver for HIV
- Discuss ways of avoiding transactional sex

Duration: 1 period

Teacher's Resources:

- Background information on the topic on pages46-47
- Guidance and Counselling Syllabus
- Case studies A and B

Suggested Teaching Strategies:

- Case studies,
- Discussions

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on pages 46-47

Key Messages:

- Transactional sex is a kind of relationship in which gifts or money are exchanged for sex
- Young people may engage in transactional sex in search of love or affection, social status, a marriage partner, economic security or comfort, to support their basic needs
- Young people who engage in transaction sex have little or no control on whether or not to use a condom to protect them from HIV infection.
- Abstinence is one of the effective ways to avoid transactional sex
- Using assertive communications skills can help young people negotiate ways to reduce their risk of exposure to STIs and HIV from intergenerational and/or transactional sex.

Step 1: Define transactional sex

Teacher's Activities	Learners' Activities
• Ask the learners what transactional sex is. Let them say any idea that comes to mind about transactional sex and write their contribution on the chalkboard. • Discuss and clarify each contributions from the learners • Read out Thandi's story to the learners and ask the major reasons for Thandi to have a relationship with Peter • Explain to the learners what Transactional sex is.	Learners will be expected to: • contribute what they know about transactional sex

Step 2: List examples of transactional.

Teacher's Activities	Learners' Activities
• Give an example of transactional sex and briefly discuss it with the learners. • Ask learners to brainstorm on other examples them know. • Ask the learners if they know of situations where adolescents are in transactional sexual relationships and their reasons for being in these relationships • Ask the learners to list examples of transactional sex	Learners will be expected to: • give examples of situations where someone they know has had sex in return for a gift or a favour or money.

Step 3: State how transactional sex can be a driver for HIV.

Teacher's Activities	Learners' Activities
• Ask learners to share on how transactional sex can be a driver of HIV • Write the responses on the board and use these responses to identify the risks associated with transactional sex • Highlight those that they might have missed out (refer to background information)	Learners will be expected to: • provide responses to class on how they think transactional sex increases the risk of HIV infection

Step 4: Discuss ways of how to avoiding transactional sex

Teacher's Activities	Learners' Activities
• Divide the learners into two groups of boys and girls. Ask them to discuss ways of avoiding transactional sex. • Make yourself available for any questions • Lead the discussion as the groups present the conclusions of the ways of avoiding transactional sex. Emphasize the most useful ways to avoid transactional sex. • Decide with the learners how they can use the information in their daily lives.	Learners will be expected to: • talk about what they can do to avoid engaging in transactional sex.

Exercise

Some suggested questions:

a) Define "intergenerational" sex

b) Why do young people engage in intergenerational sex

c) What are the risks of intergenerational sex to young girls?

Self Evaluation

Have I been able to assist learners to:

- define transactional sex.
- list examples of transactional sex occurrences.
- state how transactional sex can be a driver for HIV.

DELAYING SEXUAL DEBUT

Background Information

This session is aimed at identifying delaying sexual debut as the safest way of preventing new HIV infections. Its main focus is to prepare learners with the skills they need to delay sexual debut. Delaying sexual debut means waiting to have your first sexual contact until you are older. There are many reasons to abstain or delay sexual debut that young people should be aware of so that they can make good decisions about their own sexual behaviour.

Early sexual debut can place adolescents at increased risk of HIV, and other sexually transmitted infections (STIs) as well as unintended pregnancy. Recent data indicate that the youth, especially girls, who begin sexual activity early may be more likely to have sex with high-risk partners or multiple partners. These partners are usually older men whom the girls might find difficult to influence to use a condom during sexual encounter. This is one of the critical drivers of HIV in Swaziland.

Myths and Misconceptions Driving Youth to Early Sexual Debut

There are several myths and misconceptions that drive the youth towards early sexual debut. Studies in some sub-Saharan countries have shown that the youth is driven to early sexual initiation because of mistaken beliefs. Our youth believes that delayed sexual debut:

- Causes pimples
- Makes adolescents grow fat
- Causes infertility in future since sexual inactivity reduces production of adequate reproductive cells
- Makes women have difficulty during child birth
- Cause build-up of sperm in the body that will migrate to the brain and cause madness
- Reduces ability to practice skills of doing sex perfectly

In addition to these myths, our youth seems to be coerced into early sexual initiation by factors such as:

- Peer pressure
- Lack of parental love
- Sexual abuse
- Poverty (seeking money for survival)
- Lack of parental guidance and;
- Media influence (watching or reading pornographic material)

Beliefs and Cultural Practices that Contribute to Early Sexual Debut for Girls

There are also certain cultural beliefs and practices that promote girls' early sexual debut. Such practices tend to hinder the girl's ability to make her own choice concerning whether or not to engage in sexual intercourse. These include:

- **Arranged marriages for young girls:** Young girls are forced to get married to older men without their consent (no fixed age limit). Older men are wealthy and deemed capable ("seasoned") of taking care of the girl.
- Men and boys believe that when Swazi girls say 'no', they actually mean 'yes'.
- **Acceptability of early marriages:** In sub-Saharan Africa accept early marriages with female minors.

Skills for Preventing Early Sexual Debut

While abstinence is the only way for any person to guarantee prevention of STIs/HIV and pregnancy, teens must be equipped with information and skills so they can take the necessary measures to engage in safe sex (to protect themselves) if they find themselves in a sexual relationship. Research has proven that providing young people with information about safer sex does not make them more likely to engage in sexual activity, but does help them to protect themselves.

The youth can also use both communication and decision making skills to delay sexual debut. Communication skills include:

- **Assertiveness** : Having courage to express good opinions about not having sex early
- **Negotiation:** Ability to talk themselves out of a tempting situation
- **Refusal:** Having guts to say no to having sex
- **Resisting peer pressure :** Ability to walk away from peers who try to influence you to have sex
- **Seeking information:** Ability to seek good advice from trusted adults.
- **Discussion:** Explain reasons for delaying to have sex and talk about them with someone

Decision making skills include:

- Resist influence from bad friends
- Never receive gifts from strangers
- Avoid going out at night
- Decide not to have sex till you are ready
- Avoid drug abuse
- Avoid groups that might force or influence you to have sex

Plan for Delaying Early Sexual Debut

Young people can use their strong decision making skills to delay sexual debut and then prepare a realistic plan to achieve functional goals. The plan should preferably target the following outcomes:

- **Target outcome 1:Delaying first time of sexual encounter**
  - Abstain from sex as a safest way to avoid pregnancy and sexually transmitted diseases
  - Not rushing into love affairs and marriage until one is physically and emotionally ready for sex
- **Target outcome 2: I will work to counter and dispel misconceptions about delaying sexual debut**
  - Continuously seeking relevant information
  - Listening to well informed and trusted adults
  - Being assertive in communicating factual information
- **Target outcome 3: Improve skills for delaying sexual debut**
  - Sharpening my communication skills so that I depict assertiveness in negotiating my way out of risky situations, refusing, resisting and walking away from people who try to influence me to have sex
  - Taking strong decisions concerning delaying first sexual encounter, spending more time on school work, sports and religious activities
  - Avoid bad friends and situations that will expose me to having sex
- **Target outcome 4: Increase self efficacy to delay sexual debut by:**
  - Having all relevant facts about delaying sexual debut
  - Be vocal about the dangers of engaging in early sex
  - Having no shame in working for my future without worrying about sex

SESSION PLAN

Instructional Objectives

By the end of the session, learners will be able to:

- Explain delaying sexual debut
- Describe the risks, of early sexual debut
- Discuss ways of delaying sexual debut
- Discuss myths/ beliefs, misconceptions and pressures related to delaying sexual debut
- Identify and demonstrate the skills they should practice to delay sexual debut
- To make a personal plan for avoiding early sexual debut, including where to seek support for positive behaviour

Duration: 2 periods

Teacher's Resources:

- Background information on the topic on page 50-53
- Guidance and Counselling Syllabus

Suggested Teaching Strategies:

- Quiz,
- Role plays,
- Discussions
- Walking debate

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on pages 50-53

Key Messages:

- Early sexual debut is when a child becomes sexually active or has his/herfirst sexual encounter at a young age (below 15).
- Early sexual debut is one of the major drivers of HIV transmission in Swaziland.
- Delaying the age at first sexual debut is a key HIV prevention strategy, especially for girls, as they are most vulnerable to exposure to sexually transmitted infections, including HIV.
- Myths, social pressures and cultural factors influence young people to have early sexual debut
- The youth can use communication and decision making skills to delay sexual debut
- Young people can demonstrate commitment to delaying early sexual debut by developing their person preventive plans

Step 1: Explain delaying sexual debut

Teacher's Activities	Learners' Activities
• Ask learners what is meant by 'sexual debut'? *(The point at which a person begins having sexual intercourse)* • Give learners a chance to respond and explain the purpose for discussing this topic. • Summarise the learners discussion by highlighting salient points	Learners will be expected to: • brainstorm what 'sexual debut' and 'delaying sexual debut means. • pick the key definitions and salient points of the discussion

Step 2: Describe the risks of early sexual debut

Teacher's Activities	Learners' Activities
• Ask learners to imagine that they have a brother or sister who is 12 years oldvirgin and has met a boy she wants to have sex with. He/she is asking you what he/she should do. • Organise learners into manageable groups and ask them to express their opinions concerning whether or not the adolescents should have sex • Consolidate this step by highlighting the risks associated with engaging in sex at an early age	Learners will be expected to: • assess the situation and participate in the discussion • brainstorm on risks associated with having sex at an early age

Step 3: Discuss ways of delaying sexual debut

Teacher's Activities	Learners' Activities
• Ask learners to brainstorm on tactics they could use to delay engaging in early sex	Learners will be expected to: • brainstorm on ways of delaying early sex.

Step 4: Identify myths, beliefs, misconceptions and pressures related to delaying sexual debut

Teacher's Activities	Learners' Activities
• Read out the statements on myths, beliefs and misconception and pressures related to delaying sexual debut • Ask learners to listen to the following statements carefully and to individually write whether they think the answer to the statement is 'true' or 'false'. Read the following statements aloud, pausing a few seconds to let learners decide their answers:	Learners will be expected to: • listen to the statement on delaying sexual debut and write down whether they think the answer is true or false. • discuss the statements and consider what belief statements they can adopt to empower themselves to delay sexual debut.

Step 5: Identify and demonstrate the skills they should practise to delay sexual debut

Teacher's Activities	Learners' Activities
• Ask learners to demonstrate one skill of delaying sexual debut and allow them to add statements of saying no to sexual advances • Review the important concepts of delaying sexual debut. • Allow learners to identify pressurizing statements • Ask the learners to divide into groups of 3 – 4 people each. Each group should have pen and paper.	Learners will be expected to: • brainstorm on skills of delaying sexual debut to come up with a list • brainstorm in groups, phrases and sentences which people use when trying to persuade a partner to have sex

Step 5: Identify and demonstrate the skills they should practise to delay sexual debut *(continued)*

Teacher's Activities	Learners' Activities

• Ask the learners to divide into groups of 3 – 4 people each. Each group should have pen and paper.
  • Each group should then brainstorm phrases and sentences which people use when trying to persuade a partner to have sex. Each group should aim to have about 5 statements.
  • Allow learners to practise saying' No' to Sex
  • Ask the group to break into pairs. Each pair needs to nominate 'A' and 'B' partners.
'A' partners should start off by being the person who wants to have sex, and should read the first of their five statements. 'B' partnersshould then reply giving a reason why they do not want sex.
• Partner 'A' continues until all the statements have been read, and partner 'B' has responded to them. *(This should take about 7 - 8 minutes.)*
 	
• When all the statements have been read, the partners should exchange roles.
 	
• Discuss the learners' practise
• Reconvene the group and ask them how it felt when responding to the 'persuading' statements. Find out:
• If it was difficult to think of responses?
• How it felt to refuse all the time?
• If there are other ways to challenge someone effectively?
 	
Ask the learners to repeat the exercise from the perspective of the person who was being refused:
• How did it feelto be constantly rejected? (Some learners in other situations have said they got angry, and others have said they just got bored and gave up.)
• Which responses they found to be the most successful in helping understand that the partner did not want to have sex?
	Learners will be expected to:
	
	• in pairs, have one partner try to persuade the other to have sex while the partner practises saying no to sex.
	• discuss with the group what was learned about trying to persuade someone to have sex and refusing to have sex.
	• identify and discuss which strategies and responses they found to be the most successful in negotiating how to say no.
	• recognise the benefits of delaying early sexual debut

Step 5: Identify and demonstrate the skills they should practise to delay sexual debut *(continued)*

Teacher's Activities	Learners' Activities
• Wrap up the session by explaining that learners will be continuing to work on how to figure out if they are ready for sex in future sessions. • Close the session by emphasizing on the need to be assertive in refusing unwanted sex will be continuing to work on how to figure out if they are ready for sex in future sessions. • Close the session by emphasizing on the need to be assertive in refusing unwanted sex	

Step 6: Make a personal plan for avoiding early sexual debut, including where to seek support for positive behaviour

Teacher's Activities	Learners' Activities

• Ask learners to reflect on what they have learned in the steps above and give them the following assignment as homework
For the homework assignment, ask them to:
• Develop a plan for avoiding early sexual debut
• In the plan, consider:
  • What skills they can use to avoid early sexual debut (e.g. assertiveness)
  • The benefits of delaying sexual debut and how delaying sexual debut would help them meet their personal goals
  • Where one can seek support to help reinforce their decision to delay sexual debut (Guidance and Counselling teacher, parents)
Once the assignment has been completed, review the plans and provide feedback. Revisit the plans later in the term to determine how the learners are doing and where they may need support.
	Learners will be expected to:
	• develop a personal plan for avoiding early sexual debut.

Exercise

True/False Quiz on Delaying Sexual Debut

1. HIV is something that older people should worry about, not me, because I am too young to get pregnant and to get HIV. ***False.*** *You are at risk of HIV whatever your age if you have sexual intercourse. All girls who have started menstruation are at risk of getting pregnant if they do not use a condom or contraception.*
2. If my boyfriend or girlfriend proposes love to me, I don't need to have sex with him or her. ***True.*** *Just because someone has proposed love to you does not mean you have to have sex with them. Kissing and cuddling are non-risky ways of showing affection.*
3. A girl cannot get pregnant the first time she has sex. ***False.*** *All girls who have started menstruation are at risk of pregnancy if they do not use a condom or contraception from the first time they start having sex.*
4. Abstaining from sex causes a build-up of sperm that makes boys go mad. ***False.*** *Abstaining from sex is completely healthy and cannot damage a boy's body or impair his ability to perform sexually in the future.*
5. If I want things like food or clothes, I shouldn't have to initiate sex to get them. ***True.*** *You should not have to initiate sex to get things such as food or clothes. Exchanging sex for basic needs (such as food or clothes) or for gifts and money is very risky and can lead to exploitation and other dangerous situations.*
6. HIV occurs only when you have multiple partners. ***False.*** *You can become infected with HIV by having sex with one infected partner just one time.*
7. Being a real man means having many sexual partners as early as possible. ***False.*** *Being a real man means taking responsibility for yourself, respecting your partners, and is not only about sexual activity.*
8. HIV infection is inevitable and the future is bleak anyway so there is no point in delaying sex. ***False.*** *The majority of people in Swaziland are not HIV positive and if you delay having sex until you are ready for it, protect yourself, and focus on your education, you have a good chance of a long and fulfilling life.*

Self Evaluation

Have I been able to assist learners to:

- describe the causes, consequences, and risks of early sexual debut
- identify myths, beliefs, misconceptions and pressures related to delaying sexual debut
- identify and demonstrate the skills they should practice to delay sexual debut
- make a personal plan for avoiding early sexual debut, including where to seek support for positive behaviour.

HEALTH PROMOTION

ENVIRONMENTAL CLEANLINESS

Background Information

In this session learners will be equipped with skills on how to practice environmental hygiene. Environmental hygiene refers to the cleanliness of the areas around you (your environment). This can include your school, bathrooms, kitchen, home and neighbourhoods. Keeping these areas clean and without rubbish or litter is an example of cleanliness. Hygiene means personal cleanliness, while sanitation means public cleanliness.

Some reasons to keep cleanin order to avoid an unhygienic environment include:

Bathrooms and toilets: A dirty bathroom, overflowing toilets, pit latrines that are not treated and properly covered, sinks that are clogged or do not work are all signs of an unclean environment (poor sanitation).

Food preparation areas: kitchens, whether at home or school, and street food vendors can spread infections if they are not kept clean.

Water collection and storage: Water must be collected from safe and clean source then stored in a clean and safe container. If it is stored in a dirty area or container it get contaminated and infect people making them sick.

A person can contaminate an area/food/water: If someone is ill with an infection and does not wash their hands and cover their mouth when they cough or sneeze then they can contaminate or infect a clean area.

Hands: unwashed and dirty hands can spread disease around an area, even if it looks clean, and to other people.

Littering: An environment with a lot of rubbish in the area may attract rats, flies, cockroaches or form small pools of water in which mosquitoes breed and transmit malaria

Strategies of maintaining a clean environment:

Food related: many infections are transmitted through contaminated food and water. These infections can be reduced by storing food in areas where animals and insects cannot reach it. Washing hands and then cleaning the area where food will be prepared and cooked is a very important way to prevent contaminating clean food or water with dirty surfaces. Using clean utensils, plates and glasses will help as well.

Water should be stored in a clean container and only use clean cups, pots or buckets for drinking, boiling or carrying the water.

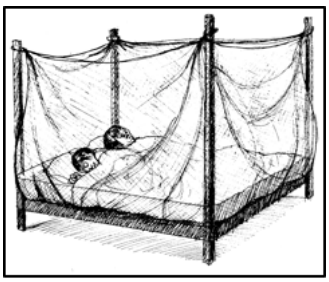
Bathrooms: rubbish such as tissues should be placed in a covered dust bin and emptied before getting full. The toilet bowl inschools and public areasshould be cleaned on a daily basis. Clogged or blockedtoilets must be cleared quickly in order to prevent infections from spreading to other areas. Make sure that sinksworkproperlyand there is soap for hand washing after using the bathroom. Girls and women use the bathroom frequently during menstruation. Access to clean bins and sanitary towels in the bathrooms is important.

Some dangers of an unclean environment:

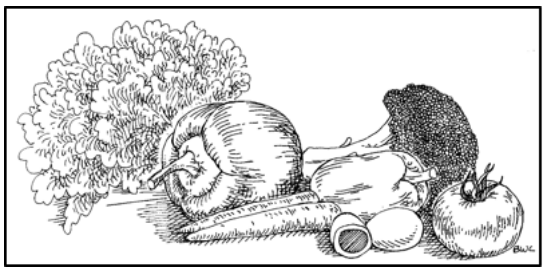
- Diseases increase the germs that cause infectionwill breed in such environments.
- Areasinfested with rubbish, pestssuch as rats, cockroaches and where mosquitoes that carry malaria breed.
- Unclean environmentare a cause of highrisk infectionfor peoplewho are most vulnerable such as children, pregnant women, the elderly and the sick.

A clean environment with fewer infections and injuries means that there will be less time missed from work and school by those who are sick or injured or those who need to stay home and care for the sick.

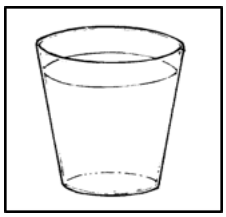
Keep your living area clean



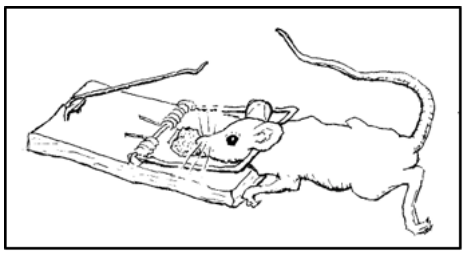
Use safety nets to prevent mosquito bites



Wash fruits and vegetables before using them



Water must be collected from a clean source and stored ina clean and safe container.



Keep your environment clean to control pests such as rats, cockroaches etc.

Always use a toilet to dispose of human waste

SESSION PLAN

Instructional Objectives

By the end of the session, learners will be able to:

- Define environmental cleanliness
- State factors that reduce environmental cleanliness
- Discuss strategies for maintaining a clean environment
- Discuss the dangers associated with an unclean environment

Duration: 1 period

Teacher's Resources:

- Background information on the topic on pages 61-62
- Guidance and Counselling Syllabus
- Environmental Health pictures

Suggested Teaching Strategies:

- Storytelling, role-playing, using pictures to generate discussion

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on pages 61-62
- Copy and cut out Environmental Health pictures

Key Messages:

- Environmental cleanliness *(sanitation)* and personal cleanliness (hygiene) work together to help prevent illnesses and infections.
- Everyone has a personal role to play in protecting his or her own environment, as well as the cleanlinessof thecommunity.

Step 1: Environmental cleanliness

Teacher's Activities	Learners' Activities
• what they know about environmental cleanliness • the relationship between "hygiene" and "sanitation" giving examples Write responses and clarify the difference between hygiene and sanitation	Learners will be expected to: • define environmental cleanliness • state the relationship between "hygiene" and "sanitation" and give examples.

Step 2: Factors that reduce environmental cleanliness

Teacher's Activities	Learners' Activities
• Form groups of five and state and discuss factors that reduce environmental cleanliness • Present on the factors that reduce environmental cleanliness • Consolidate learners' responses.	Learners will be expected to: • discuss factors that reduce environmental cleanliness • present on the factors that reduce environmental cleanliness

Exercise

a) What is environmental cleanliness?
b) State are the factors that cause environmental uncleanliness
c) What are the dangers of environmental

Self Evaluation

- define environmental cleanliness
- state factors that reduce environmental cleanliness
- discuss strategies for maintaining a clean environment
- discuss the dangers associated with an unclean environment.

HYGIENE AND INFECTIOUS DISEASES

Background Information:

In this session learners will learn about infectious diseases and the different modes of transmission as well as how they can be prevented. Infectious diseases are caused by the entry of transmittable agents, called germs, into the body. These germs are either bacteria, small organisms such as worms, or viruses. The diseases are infectious because they can easily be passed on from one person to another.

Poor personal hygiene and environmental sanitation contribute to the spread of infectious diseases. Outbreaks of diseases, or epidemics, cause a lot of deaths each year, particularly affecting poor and developing nations.

Common Infections

Some infections can be prevented with vaccines or good hygiene; others can be treated with antibiotics, and some by avoiding contaminated water or unprotected sex. The organisms can be transmitted from infected people or the environment in several ways. Understanding the types of organisms and modes of transmission can help a person decrease the risk of infection.

Types of Organisms

Viruses: Primitive single cell organisms that cause many diseases such as HIV, chickenpox and hepatitis. Antibiotics are not effective but infections caused by viruses may be prevented with vaccines.

Bacteria: Single cell organisms that cause a wide variety of illnesses including diarrhoea, skin infections and pneumonia. Antibiotics can be effective if the person seeks medical care soon as possible.

Parasites: Organisms that may live in the body for a long period of time. There are many types of parasites that can cause a variety of illnesses and symptoms that range from a rash or diarrhoea to fever and even death. Examples include:

Single cell parasites: Giardia (diarrhoea, stomach upset)

Multicellular: Helminths such as hookworm, whipworm, Ascaris Malaria,

Methods of Transmission

Infections, whether from viruses, bacteria or parasites, are transmitted from one infected person to another or from a contaminated environment to a person. There are four major routes of transmission: 1) contaminated food or water, 2) airborne, 3) direct contact and 4) vector borne. Understanding these concepts can help people protect themselves and their communities from avoidable infections.

1. ***Contaminated food or water: living organisms can also be a threat*** food and/or water is usually contaminated by faeces from infected people. The organism is not visible in the water or on food but can enter the body when a person drinks or eats. Proper use of clean bathroom facilities can reduce the risk of these infections. Good hand washing before and after eating or handling food, treatment of water, avoidance of contaminated surface water such as streams and lakes can also help. Wash fruits and vegetables in clean running water before use. Surface water can also contain infectious organisms that can enter the body through the skin. Some examples of water and food diseases are listed below:

- **Hepatitis A:** Can be found in contaminated water or food that was handled by someone with the infection. Hepatitis is a virus that infects the liver and can cause a variety of symptoms including fever, fatigue, loss of appetite, abdominal pain, jaundice (yellow eyes and skin), dark urine and grey-coloured bowel movements. There is an effective vaccine to prevent this disease.

- **Dysentery/bloody diarrhoea:** There are several bacteria that can cause intestinal infections that produce dysentery or bloody diarrhoea. Cholera is the most well-known and if untreated can lead quickly to dehydration and death. All of these infections are easily spread by contaminated food or water or direct contact. The most effective control measures to prevent bloody diarrhoea are: improving access to sanitation, safe water and food supplies, and improving personal hygiene practices such as hand washing.

- **Typhoid fever:** typhoid fever is caused by bacteria that only live in the bloodstream and intestinal tract of infected people. Typhoid is spread to food or water through contact with infected faeces (stool). Food is usually contaminated when infected people do not wash their hands well after using the bathroom. Persons with typhoid fever usually have a high fever, weakness, stomach pain, headache and sometimes a rash of flat, rose-coloured spots. Oral antibiotics are administered and the patient must finish the course.

- **Rotavirus:** An infection caused by a virus and is the most common cause of diarrhoea. The diarrhoea can be severe in infants and lead to dehydration and even death. There is an effective vaccine for rotavirus. Infections can be reduced through good hand washing.

- **Bilharzia (Schistosomiasis):** This disease is caused by a parasite that lives in water that has been contaminated by faeces from an infected person. The parasite swims invisibly in the water and can enter a person's body directly through their skin when they are wading or swimming. Infected people may develop a rash or itchy skin. Within 1-2 months of infection, symptoms may include fever, chills, cough, and muscle aches. Without treatment, bilharzia can last for years. Symptoms may include abdominal pain, blood in the stool or

blood in the urine, and problems passing urine. Infection can be prevented by avoiding swimming in contaminated water and by making sure that communities near surface water use proper sanitary facilities.

2. **Droplet/airborne:** These infections are from viruses and bacteria that spread from an infected person through the air. When an infected person sneezes or coughs the virus or bacteria are suspended in the air within tiny droplets. If these droplets are breathedin or land on the skin of another person they can lead to infection. An ill person can reduce the risk of infecting others by covering their nose and mouth when sneezing and coughing and by washing their hands regularly.

- **Viral respiratory infections:** Viruses can cause a variety of colds and influenza that are spread very easily through the air. Because there are many people in close proximity in schools these infections often spread quickly throughout a school and surrounding community. Antibiotics are not effective in treating these infections. Influenza can be prevented by a yearly vaccine. Covering the nose and mouth when coughing or sneezing can reduce the spread of the virus through the air.

NO TISSUE? DO THE SLEEVE SNEEZE!

- Cover your mouth and nose with a tissue when you cough or sneeze.
- If you don't have a tissue, cough or sneeze into your sleeve or elbow, not your hands.
- Wash your hands often with soap and water for 20 seconds. (Tip: wash your hands for as long as it takes you to say the alphabet in English.

- **Tuberculosis (TB):** A serious chronic and life-threatening bacterial infection, TB is transmitted through air droplets from person to person. Unlike viral respiratory infections, it is more difficult to become infected with TB and usually requires prolonged exposure such as between family members or close friends. Symptoms include weight loss, chronic cough with sometimes bloody sputum (liquid that comes into the mouth with a cough), tiredness, weakness and difficulty in breathing.
  Antibiotics are usually effective but require several months to fully overcome the infection. Stopping antibiotic treatment too soon can lead to recurrent infections that antibiotics can no longer treat. Testing for TB is available and recommended for anyone who may have been exposed to the infection.

- **Pneumonia:** Lung infections or pneumonia can be caused by viruses and bacteria. The more serious infections are from bacteria and can be treated with antibiotics. These infections can cause severe illness or death in children and the elderly.

3. **Direct contact:** Many viral and bacterial infections can be spread by direct contact with an infected person. The infection may come from a rash (measles or chickenpox), through unprotected sexual activity or after someone uses the bathroom, coughs or sneezes and not wash ones hands.

- **Measles:** Can be spread by direct contact or airborne respiratory droplets. Highly contagious and will spread rapidly through a community unless almost all of the people have been vaccinated. After exposure to an infected person it will be 10 days until someone develops a fever and about 14 days until a rash appears. Measles vaccine is very effective

- **Chickenpox:** Also can be spread by direct contact with the rash or unwashed hands or by respiratory droplet. Highly contagious but a person can only get chickenpox once. The rash appears 10-21 days after exposure

- **Scabies is a skin infection caused by a mite.** The mite burrows under the upper layer of the skin and can cause intense itching and rashes. Often there will be small lines from these infections on the hands and between the fingers. Prolonged contact with someone with scabies or sharing clothing and bedding can spread the infection. Washing clothing and bedding regularly will help to reduce this risk of infection. Scabies can be treated with a medicated cream.

- **Sexually transmitted:** These infections are transmitted only by unprotected sexual contact with an infected person. Gonorrhoea and syphilis are caused by bacteria
  HIV and genital herpes are caused by viruses. HIV is NOT spread by casual contact with an infected person or their belongings

4. **Vector borne:** Insects can transmit some infections from an infected person to an uninfected person. The insects can be flies, sand-fleas, mosquitoes, ticks or other biting insects. As the bite may be unnoticed, people will not realize that they have been exposed to the infection until they become sick

- Malaria: This is the most well-known insect/vector borne infection and is spread by mosquitoes. Malaria is more common in very hot climatic areas. Regular use of mosquito nets and others measures to prevent mosquito bites are most effective ways to avoid infection. Antibiotics are effective but must be started early especially in children and pregnant women. Symptoms include fever, headache, confusion, sweating, nausea/vomiting, fatigue and weakness.

- Sometimes flies will also land on infected faeces or food and then fly to uninfected food and contaminate it. When a person eats the contaminated food they may develop diarrhoea or other infections.

Major Methods for Preventing Infectious Diseases

There are many ways in which individuals and communities can help reduce the spread of infection. Understanding the various types of infections and how they may be transmitted can help to determine the best means for keeping healthy. For example, a school may help to prevent the spread of diarrhoea by making sure that students and staff wash their hands after using the bathroom.

Some of the most important activities for improving the health of communities include:

1. Improved hygiene: Hand washing and safe handling of food can effectively reduce the spread of many diseases including diarrhoea and hepatitis. It is important that individuals, schools and communities take responsibility to prevent transmission of infections by using hand washing facilities and following public health recommendations when preparing and serving food.
2. Vaccines and antibiotics: Together many infections such as measles, polio, TB and malaria can be prevented by vaccines or treated with antibiotics. Unfortunately, many infections such as HIV and herpes cannot be treated or prevented with antibiotics or vaccines.
3. Government and community investments in clean drinking water and sanitation systems: Many infections are spread when drinking water is contaminated by sewage from communities or households without good sanitation systems.

Personal Hygiene

Hygiene refers to how clean something is, whether it is a person, thing or area. Personal hygiene means how clean an individual is: skin, mouth, hair, and clothing. Good personal hygiene means that someone bathes regularly, washes one'shands after using the bathroom and before eating, has clean clothes and brushes one'steeth regularly. When a person has poor hygiene they have an increased risk for infection as the germs (viruses, bacteria and parasites) described earlier remain on their body. For example, when someone does not wash their hands after using the bathroom any germs that they come in contact with in the bathroom can move from their hands to their face, mouth, or food. When the germs reach a part of the body they can enter then the person can get sick.

Common infections related to poor hygiene:

Diarrhoea/vomiting or gastrointestinal illnesses: viruses and bacteria can both cause diarrhoea, vomiting, abdominal pain and/or other problems. Usually these infections come from unclean food or water. A person eating or drinking clean food or water with dirty hands can contaminate it and then get sick. Germs can stay on clothing if it is not washed periodically.

Upper respiratory infections such as sore throats and colds are passed by droplets in the air or contact with infected surfaces. For example, if someone with a cold touches a door knob then another person touches the sameknob; they can pick up the germs on their hands and infect themselves by touching their face, eyes or nose. The risk of these infections can be decreased by regular hand washing with soap or use of an alcohol gel during the day and when returning home from school or work.

Good personal hygiene habits that reduces the risk of infections:

- Wash your hands after using the bathroom, before eating and when returning home.
- Bathe and wash your hair at least every few days
- Clean clothes and bedding on a regular basis
- Brush your teeth at least two times a day and visit the dentist regularly

SESSION PLAN

Instructional Objectives

By the end of the session, learners will be able to:

- list common infections related to poor hygiene
- explain the conditions associated with infections.

Duration: 2 periods

Teacher's Resources:

- Background information on the topic on pages 65-70
- Guidance and Counselling Syllabus
- Science books or internet where possible

Suggested Teaching Strategies:

- Research and presentation, peer teaching (Optional: Field trip around school grounds, clean-up campaign, or publicity campaign)

Teacher Preparation:

- Read the following suggested activities
- Read the background information on the topic on pages 65-70
- Collect textbooks that could make it easier for learners to conduct a research on this topic

Key Messages:

- Infections can be caused by a wide variety of organisms (microbes, germs) that cause many different diseases. These organisms include viruses, bacteria and parasites.
- Infections are transmitted from one infected person to another or from a contaminated environment to a person.
- There are four major modesof infection transmission: contaminated food or water, airborne, direct contact and vector borne like mosquitoes, houseflies, etc.
- Important activities for improving the health of communities include: improved hygiene; prevention and treatment with vaccines and antibiotics; and government and community investments in clean drinking water and sanitation systems.

Step 1: Common infections related to poor hygiene

Teacher's Activities	Learners' Activities
• Ask learners to define hygiene and sanitation. • State the dangers associated with unclean environments • Formfour groups. Each group should research on a mode of transmitting infectious diseases. Each group should then prepare a presentation and posters showing the importance of adhering to good hygiene	Learners will be expected to: • define as a class hygiene and sanitation and state dangers associated with an unclean environment. • work in groups to research and create a presentation including a poster on infectious diseases as well as good hygiene habits.

Step 2: Explain the conditions associated with infections

Teacher's Activities	Learners' Activities
• Ask learners to present their research projects • After presentations emphasise the importance of good hygiene	Learners will be expected to: • present their group research from previous session.

Exercise

In this session, hand out the following word puzzle. Please note that you are not expected to give the learners the answers to the puzzle until learners have completed the exercise.

Word Scramble

To stimulate thinking, allow learners time to work in teams or pairs to unscramble each word and write it next to the scrambled word. For extra points, define the word!

1. irvus
2. xse
3. rehpse
4. iedssae
5. sgmer
6. ahiespitt
7. adsi
8. srmintnsoasi
9. usniiamomnti
10. etirbcaa
11. gfunsu
12. nooobdlber

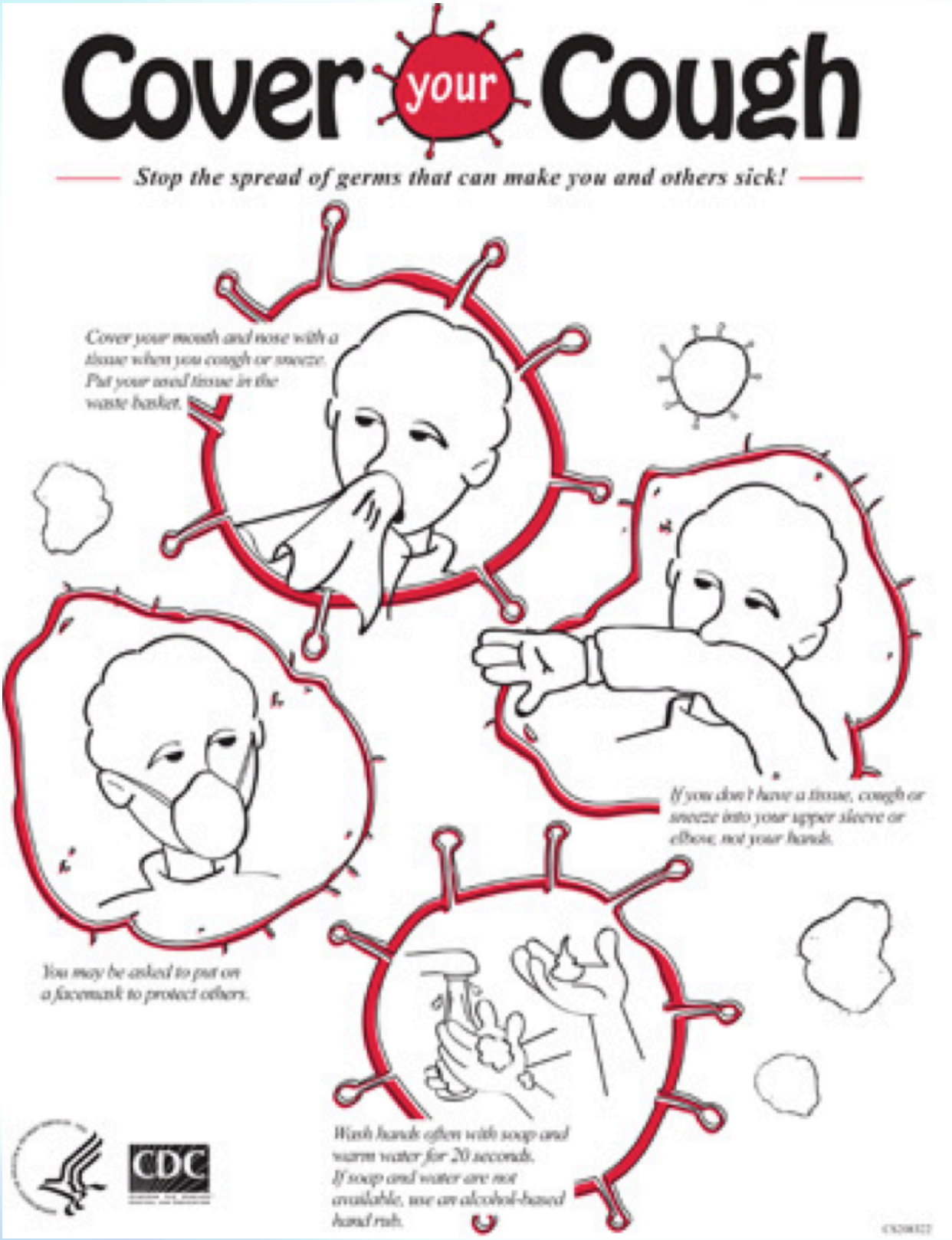
Answer Key to Word Scramble:

1. virus
2. sex
3. herpes
4. disease
5. germs
6. hepatitis
7. AIDS
8. transmission
9. immunisation
10. bacteria
11. fungus
12. blood-borne

Self Evaluation

Have I been able to assist learners to:

- list common infections related to poor hygiene
- explain the conditions associated with infections.

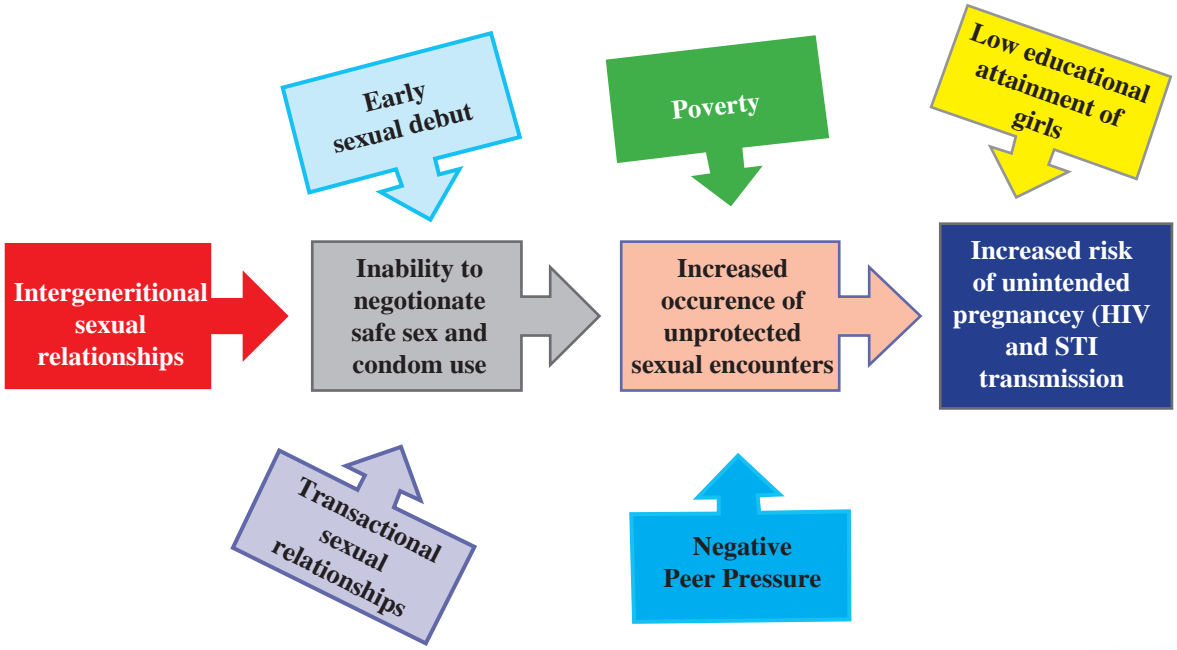

Cover your Cough
Stop the spread of germs that can make you and others sick!
Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.
If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
You may be asked to put on a facemask to protect others.
Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.
CDC

Background Information

In this session learners will discuss the challenges of early parenthood as a result of teenage pregnancies. There is a great need in Swaziland to nurture learners that will be able to make decision that lead to a successful future. Teenage pregnancy is a global challenge that needs to be addressed. Many teenagers become pregnant and face the challenge of being parents at an early age. There are risks that are involved in becoming pregnant at an early age. Some of these could be life threatening to the teenage mother and baby. HIV, STI's, fistula and possible death are some of the risks. Others could be dropping out of school, sterility, emotional and mental stress.

There are circumstances that lead a teenage girl to being a parent at an early age. Contributors to high prevalence of teenage pregnancy are early sexual debut, unprotected sex, rape, substance abuse that maylead to unprotected sex, transactional sex and intergenerational relationships in which girls have a difficult time negotiating if and when to have sex. They are also more likely to drop out of school. Babies born to adolescent mothers have a higher risk of infant and child mortality and are more likely to have low birth weight. Additionally, struggles to raise the child on limited finances can cause hardship for the young mother as well as for the child.

Factors contributing to teenage pregnancy in Swaziland



SESSION PLAN

Instructional Objectives

By the end of the session, learners will be able to:

- list the driving factors of early parenthood
- discuss the challenges of early parenthood
- identify ways of avoiding teenage pregnancy and early parenthood

Duration: 2 periods

Teacher's Resources:

- Background information on the topic on page 75
- Guidance and Counselling Syllabus
- Hand-out on page 75

Suggested Teaching Strategies:

- project (journal writing)
- brainstorm
- fishbowl
- role play

Teacher Preparation:

- Read the following suggested activities
- Read the background informationon this topic on page 75
- Develop fishbowl questions
- Contact/Organize guest speaker
- Make copies of Hand-outpages87.

Key Messages:

- Abstinence key in preventing teenage pregnancy and early parenthood
- There are many responsibilities, risks and challenges associated with early parenthood that affectboth parents, children and the teenage parent.
- Factors that contribute to unintended teen pregnancy include negative peer pressure, unprotected sexual intercourse; rape/sexual abuse; substance abuse; early sexual debut; intergenerational sex, transactional sex – which often leads to unprotected sex.

Step 1: List the driving factors of early parenthood

Teacher's Activities	Learners' Activities
• Ask the learners to o brainstorm on the factors driving early parenting o present in plenary the lists and you may add to their lists should there be any factors missing	Learners will be expected to: • brainstorm and list the factors that lead to early parenting • share their responses with the group

Step 2: Discuss the challenges of early parenthood

Teacher's Activities	Learners' Activities
• Ask learners to o Divide the class into small groups to explore risks and challenges associated with becoming pregnant and having a child at an early age. o Reconvene the group and ask them to share their answers out loud.	Learners will be expected to: • write on a chart paper all the challenges and the risks that teenagers face when they get pregnant • select someone to present the challenges to discuss as a class

Step 3: Identify ways of avoiding teenage pregnancy and early parenthood

Teacher's Activities	Learners' Activities
• Ask learners to o discuss how they can avoid pregnancy, impregnating and early parenthood o teacher consolidates points from the discussion	Learners will be expected to: • list ways they can use to avoid pregnancy, im-pregnating and early parenthood

Exercise

Some suggested questions:

a) What actions can betaken by a teenager to prevent teenage pregnancy?
b) What are the dangers of becoming pregnant as a teenager?

Self Evaluation

Have I been able to assist learners to:

- list the driving factors of early parenthood
- discuss the challenges of early parenthood
- identify ways of avoiding teenage pregnancy and early parenthood.

HANDOUT: TIMES OF SWAZILAND ARTICLE

MYTHS ON SEX AND CONTRACEPTION

Studies have shown that out of at least eight reasons for having sex, having a child is the last frequent motivator for most people.

Throughout human history, people have wanted to be able to decide when or whether to have a baby. Given this, birth control methods have been used in one form or another for many years now, and as the contraceptives evolve, so have the myths surrounding their use.

How much do you know about birth control, sex myths and your chances of getting pregnant? Can you identify the myths versus the facts?

A woman cannot get pregnant the first time she has sex

A woman can become pregnant any time after she begins to ovulate. This means that a person can become pregnant even before her first period (since she ovulates approximately 14 days before her period begins). According to FLAS' nurse Futhi Dlamini, people should not be deceived and start believing that a woman cannot get pregnant during first sexual activity.

A female cannot get pregnant if the man pulls out before he ejaculates

Withdrawal is not always a reliable method and there are several reasons for this. Once a man becomes aroused, he ejects pre-ejaculate fluids, these fluids can contain many sperms and it only takes one sperm to join the egg. There is also the risk that he does not pull out in time as , in the heat of the movement, it can be hard to keep control.

Even if he ejaculates outside the vagina, sperm can swim, so semen anywhere near the vagina can still lead to pregnancy (this means that pregnancy can occur even when the male ejaculates on or near the vagina).

Withdrawal can be an effective method, but if it is done perfectly which is extremely hard to do.

A female cannot get pregnant if she has sex during her periods

Many women and men believe this myth. It is possible for a female to get pregnant at anytime during her menstrual cycle. Generally, when you are having periods, it means you are not ovulating. If this is the case, then you will not get pregnant. However, females with irregular or short cycles can actually ovulate during their periods. It is not guaranteed that you will ovulate mid cycle. Sperm can live up to five days in the body of a woman, so if you ovulate anytime within seven days of having unprotected sex you will get pregnant.

FLAS nurse Futhi Dlamini shows a female condom. (File Pic)

Using a balloon or plastic if you cannot find a condom

Balloons or any plastic are no substitutes for condom. Plastics and balloons are not for preventing pregnancy. On somewhat related note, never use a toothpaste and hope it will kill sperms as some people say. It does not work and again, toothpaste is not for killing sperms and preventing pregnancy.

Pregnancy is prevented by jumping up and down or placing seeds in the vagina

There are many beliefs that sneezing, coughing and jumping after sex will dislodge sperm. This is all untrue, sperms are too quick and too tiny for any of these methods to work. Plus, placing an object such as seeds in the vagina, before, during or after sex will have no effect on preventing conception. This can be dangerous as it can be harmful to the female's body.

Having sex while standing up works as a contraceptive method

Myths surrounding the way you have sex are very common. Nurse Futhi says, "the most frequent one is that you cannot get pregnant if you are standing up while having sex and she also stated that even if you are not having sex frequently that cannot prevent pregnancy." Dlamini also said, "any advice you sturmble across that say pregnancy depends on how many times you have sex or the position you are when having sex is not a birth control method and will most likely result in failure."

Not having orgasm can be a great method of birth control

"A lot of women believe that if they do not allow themselves to climax during sex, they will not get pregnant yet pleasure has nothing to do with birth control, whether or not you enjoy sex (with or without orgasm) you can still get pregnant," says nurse Futhi. She also advises females to be careful of men who do not want to use condoms claiming that they are using birth control methods. While there are methods that can be used by men, they may deceive the woman, hence resulting in unwanted pregnancy.

Birth control effectiveness

When choosing a contraceptive method, certain birth control considerations may come into play. The effectiveness of the contraceptive method may or may not be an important act depending on whether or not it is used consistently and correctly. That being said, the failure rates of some contraceptives are significantly higher than others. You need to decide what level of effectiveness is most acceptable to you. To understand how to determine the effectiveness of a contraceptive, it is important to know that effectiveness rates are often provided as typical user rates and perfect user rates .Typical user rate refers to failure rates for people who do not consistently and correctly use their birth control. Perfect user refers to failure rates for those whose use is correct and consistently.

100 per cent effectiveness

Abstinence is the only 100 per cent effective method in preventing both pregnancy and sexually transmitted infections.

All other birth control methods have some risks. It is important for you to evaluate the effectiveness of contraception and carefully consider which level of reliability you feel most comfortable.

Deciding upon effective birth control method

Having sex is about making choices. We choose our partners, when we are ready to have sex, when to wait and what we feel comfortable doing. Finally, we can choose to have sex in the safest way. With so many options choosing birth control method can be hard, there are some questions you have to ask your self;

How comfortable are you with a particular method?

Consider your comfort level when choosing a birth control method. If you are not at ease with an option or you might not consistently use it (for any reason), that method is likely to result in failure in the long run. Decide whether or not a particular method may cause irritation or discomfort for you or your partner and consider how comfortable you are with touching your body. For women some methods require inserting them to the vagina and taking them out. For men, using a condom requires rolling it onto your private parts.

Will the contraceptive prevent sexually transmitted infections?

Condoms are the only birth control method that reduces the risk of getting sexually transmitted infections, including HIV. Remember, unless you know for sure that your partner has no other sex partners and is free of infections, you are at risk of catching an infection. To protect yourself use a condom in addition to any birth control method and keep in mind that a male condom should never be used the same time with a female condom.

Do I want a biological child in future?

First, you need to decide if you want a permanent or temporary birth control, whether or not you wish to conceive any children can help in this decision. If you are not sure about your future, consider a temporary method .When choosing one ,think about how quickly you can become pregnant after stopping that particular method. Also, keep in mind that you can regret choosing a permanent method if you are young and if you have few or no children because your partner wants you to give birth; you think it will solve money problems or you believe it fixes relationship problems.

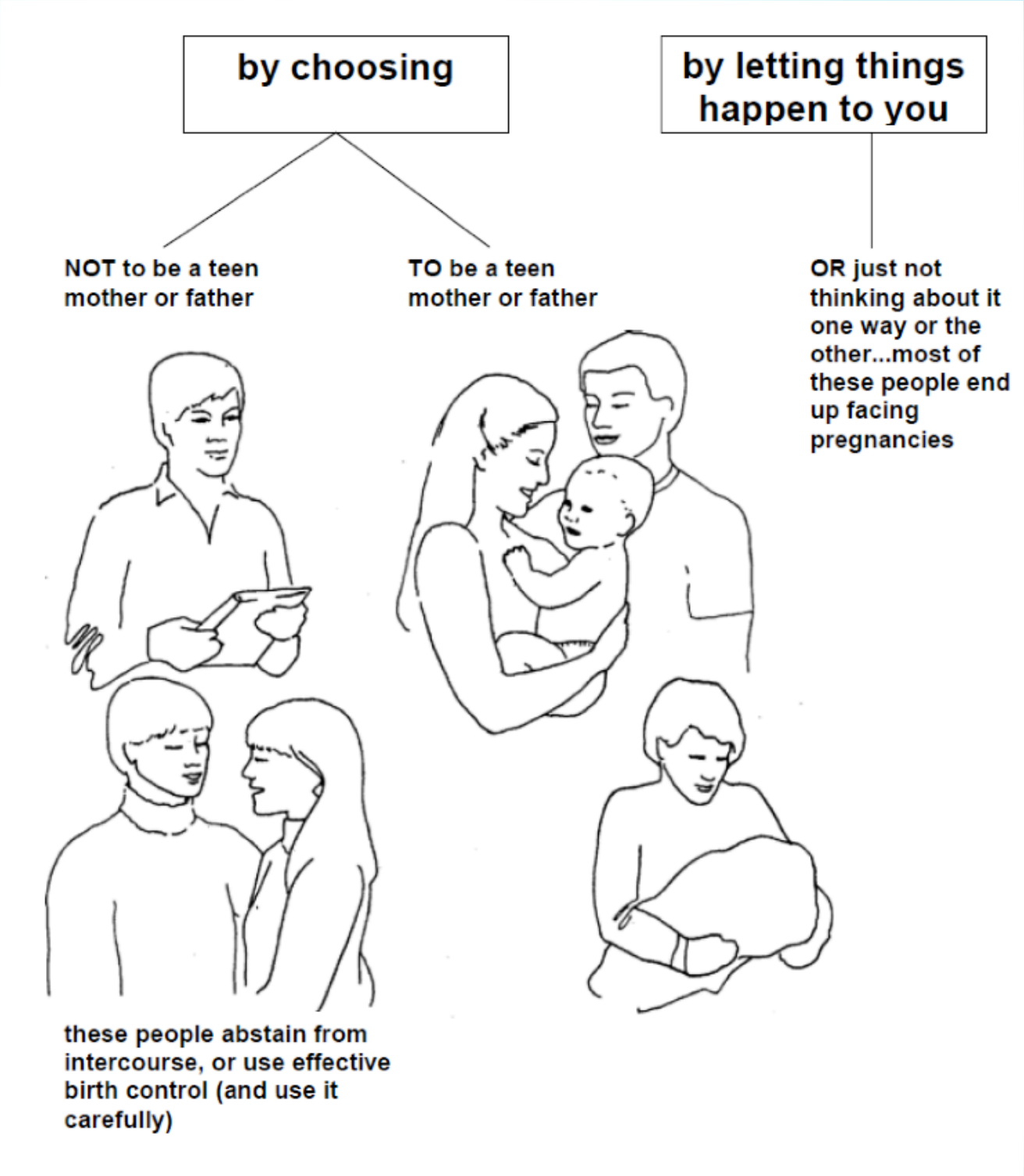
How effective do I want my contraceptive to be?

Though some birth control methods are more reliable than others, no method is 100 per cent effective in preventing pregnancy except abstinence. So, choosing the effective birth control method is important. In general, permanent methods and hormonal ones tend to be more reliable. Normally, methods that require less for you tend to have low failure rates. Carefully consider how effective you want your birth control method to be and what rate you will feel most comfortable.

Do I have health factors that may limit my choice of contraceptive?

If you have certain health problems or other risk factors, some birth control methods may not be the safest option for you. Though there could be health issues that might prevent you from using a certain method, these are usually rare. To be safe before beginning any contraceptive, always talk with a service provider or health practitioner first. Another health factor to consider is whether or not you currently or potentially could have been exposed to sexually transmitted infections. This situation could also help determine the safest option for you to choose.

HANDOUT: DECISION MAKING



COPING WITH ALCOHOL & SUBSTANCE ABUSERS

Background Information

This session will focus on identifying challenges of dealing with alcohol and substance abusers and building learners' ability to effectively cope with alcohol and substance abusers. Alcohol and substance abuse is a harmful practice for mood altering purposes which often lead to frequent and far reaching consequences to the life of the abuser and those around him/her. Alcohol and substance abuse is a major problem for many people today.

Manyyoung people are struggling to cope with alcohol and substance abusers in their families and friendships. Alcohol and Substance abuse can place a great strain on family members and friends of substance abusers. The family and friends of alcohol and substance abusers can experience a range of challenges and negative emotions. Some of the challenges are domestic violence, vulgar language, neglect, abuse of family funds, lack of safety, security, and harassment. Understanding these challenges will help young people develop skills on how to handle alcohol and substance abusers. There are ways family members and friends can use to cope with a loved one who suffers from substance abuse.

Ways of coping with alcohol abusers

- Understand the causes of alcoholism
- Try talk to an alcohol and substance abuser when she or he is sober.
- Avoid arguing with a drunk relative
- Accept the fact that your parent's alcoholism is not your fault.
- Write down how you feel in a diary as one of the ways of finding disclosure or expending the tension within yourself.
- Engage in activities that will take your mind off the pressures caused by alcoholic and substance abusers such as sporting activities, visiting other relatives, going to church, etc
- Since you are fully aware of the negative effects of staying with alcoholics, do your best to avoid drinking yourself.
- Find a safe environment
- Find support from a school counsellor, a favourite teacher, or religious leader.
- Be aware of your emotions.

SESSION PLAN

Instructional Objectives

By the end of the session, learners will be able to:

- define substance abuse
- list the challenges associated with people living with alcohol and substance abusers
- discuss ways of coping with alcohol and substance abusers

Duration: 1 period

Teacher's Resources:

- Background information on the topic on page 80
- Guidance and Counselling Syllabus
- Hand-out on page 84

Suggested Teaching Strategies:

- Brainstorm
- Discussion
- Problem Tree Analysis

Teacher Preparation:

- Read the following suggested activity plan
- Background information on this topic on page 80
- Make copies of the *How to Respond to Drug and Alcohol Abuse Hand-out*

Key Messages:

- Alcohol and substance abuse includes the abuse of drugs, alcohol, and nicotine.
- Alcohol and substance abuse can place a great strain on relationships and family members and friends of substance abusers can experience a range of challenges and negative emotions.
- Seeking help and support can improve the well-being and coping mechanisms of the family and friends of alcohol and substance abusers

Step 1: Define substance abuse

Teacher's Activities	Learners' Activities
• Ask the learners to: • state whatalcohol and substance abuse is • Write the definition of "alcohol and substance abuse" on the chalkboard. • Emphasize on the challenges of alcohol and substance abuse	Learners will be expected to: • Learners will be expected to: • Define alcohol and substance abuse

Step 2: List the challenges associated with people living with alcohol and substance abusers

Teacher's Activities	Learners' Activities
• Discuss the following case with learners: o A 14 year-old boy does not attend school on several days a month to take care of his father who often drinks too many beers and ends up not going to work. • Ask learners to brainstormon the consequences of the father's behaviour on the boy. • Focus the discussion on the effect that drinking (or using other substances) can have on a person's life and the challenges they may present for the lives of their friends and family members. • Once the challenges have been noted, lead a discussion on the best way for dealing with alcohol and substance abusers. • Close the session by emphasising to the learners that there are people who can help them cope with alcohol and substance abusers in their homes or family.	Learners will be expected to: • brainstorm on the root causes and consequences of the problem statement. • discuss the consequences and the challenges associated with living with people who abuse alcohol and other substances • discuss the best ways to deal with alcohol and substance abusers.

Step 3: Discuss ways of coping with alcohol and substance abusers

Teacher's Activities	Learners' Activities
• Ask learners to brainstorm on possible ways of coping with people who abuse alcohol and substance (drugs). It can be useful to suggest one way first. • Let each group present their finding for class discussion. Note the conclusions of the discussion on the board.	Learners will be expected to: • brainstorm on ways to cope with people who abuse alcohol and substance (drugs) in groups.

Exercise

Some suggested questions:

- What is alcohol and substance abuse?
- State the challenges associated with people living with alcohol and substance abusers
- Write down the names of people and service providers who offer the different services for supporting drug and alcohol abuse.

Self Evaluation

Have I been able to assist learners to:

- define substance abuse
- list the challenges associated with people living with alcohol and substance abusers
- discuss ways of coping with alcohol and substance abusers

HANDOUT: HOW TO RESPOND TO ALCOHOL AND DRUG USE

- Understand and educate friends about why people use alcohol and drugs, and their danger.

- Understand that if adults or other youth in your life are using and abusing alcohol, you are an individual with your own goals and talents, and you have the right and power to make different choices. Know you are NOT alone and do not despair; seek help and support from others to ensure you stay on the right path and have an outlet to effectively deal with your feelings or any negative emotions you may have.

- Talk to a trained counsellor, religious leaders, teacher, or any trusted adult mentor or caregiver if:
  - You feel sad, depressed, lonely or helpless
  - Your parent, caregiver, or sibling has a problem with alcohol or drugs: the effects of witnessing this problem can make you more vulnerable to abusing substances so it's important you have support to make sure you avoid the same problem.
  - You can't stop using drugs or alcohol

- If you or someone you know has a problem with alcohol or drugs, talk to them and suggest they see a trained counsellor, doctor, community organization representative, or any trusted adult mentor or caregiver. There are people and organisations that have been trained to help people with drug and alcohol problems.

- Talking to a family member who abuses alcohol or drugs can be difficult. If you are uncomfortable, you can ask a trusted adult to talk to the family member to suggest they get help to stop using drugs and alcohol.

- Demonstrate to your peers your confidence in your choice NOT to use alcohol or drugs. If you are happy and confident in your decision, others will admire the path you have chosen. Be proud you do not drink or use drugs.

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