



# YOLO Participant's Journal

A programme for the reduction of HIV infections, and teenage and unplanned pregnancy

Department of Social Development (DSD)

**UPDATED 2017**



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA





# Public holidays

## 2017

1 January: New Year's Day  
2 January: Public holiday  
21 March: Human Rights Day  
14 April: Good Friday\*  
17 April: Family Day\*  
27 April: Freedom Day  
1 May: Workers Day  
16 June: Youth Day  
9 August: National Women's Day  
24 September: Heritage Day  
25 September: Public holiday  
16 December: Day of Reconciliation  
25 December: Christmas Day  
26 December: Day of Goodwill

## 2019

1 January: New Year's Day  
21 March: Human Rights Day  
19 April: Good Friday  
22 April: Family Day  
27 April: Freedom Day  
1 May: Workers' Day  
16 June: Youth Day  
17 June: Public holiday  
9 August: National Women's Day  
24 September: Heritage Day  
16 December: Day of Reconciliation  
25 December: Christmas Day  
26 December: Day of Goodwill

## 2018

1 January: New Year's Day  
21 March: Human Rights Day  
30 March: Good Friday  
2 April: Family Day  
27 April: Freedom Day  
1 May: Workers' Day  
16 June: Youth Day  
9 August: National Women's Day  
24 September: Heritage Day  
16 December: Day of Reconciliation  
17 December: Public holiday  
25 December: Christmas Day  
26 December: Day of Goodwill

## 2020

1 January: New Years Day  
21 March: Human Rights Day  
10 April: Good Friday  
13 April: Family Day  
27 April: Freedom Day  
1 May: Workers Day  
16 June: Youth Day  
9 August: National Womens Day  
10 August: Public holiday  
24 September: Heritage Day  
16 December: Day of Reconciliation  
25 December: Christmas Day  
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## *BUILDING BLOCK ONE: 'I am important': Self-awareness, self-identity*

### **SESSION 1**

### **Self-identity**

Draw a picture of yourself. Include features that are unique to you, such as your height if you're tall, or, if you enjoy playing a musical instrument or a sport, draw yourself doing one of those pastimes.



## Why am I important?

Write down three qualities that you like about yourself.

I am \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_

Write down three characteristics that you would like to change.

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

Write down your own purpose statement.

I am \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_, and I can make change with \_\_\_\_\_

\_\_\_\_\_

and \_\_\_\_\_

\_\_\_\_\_

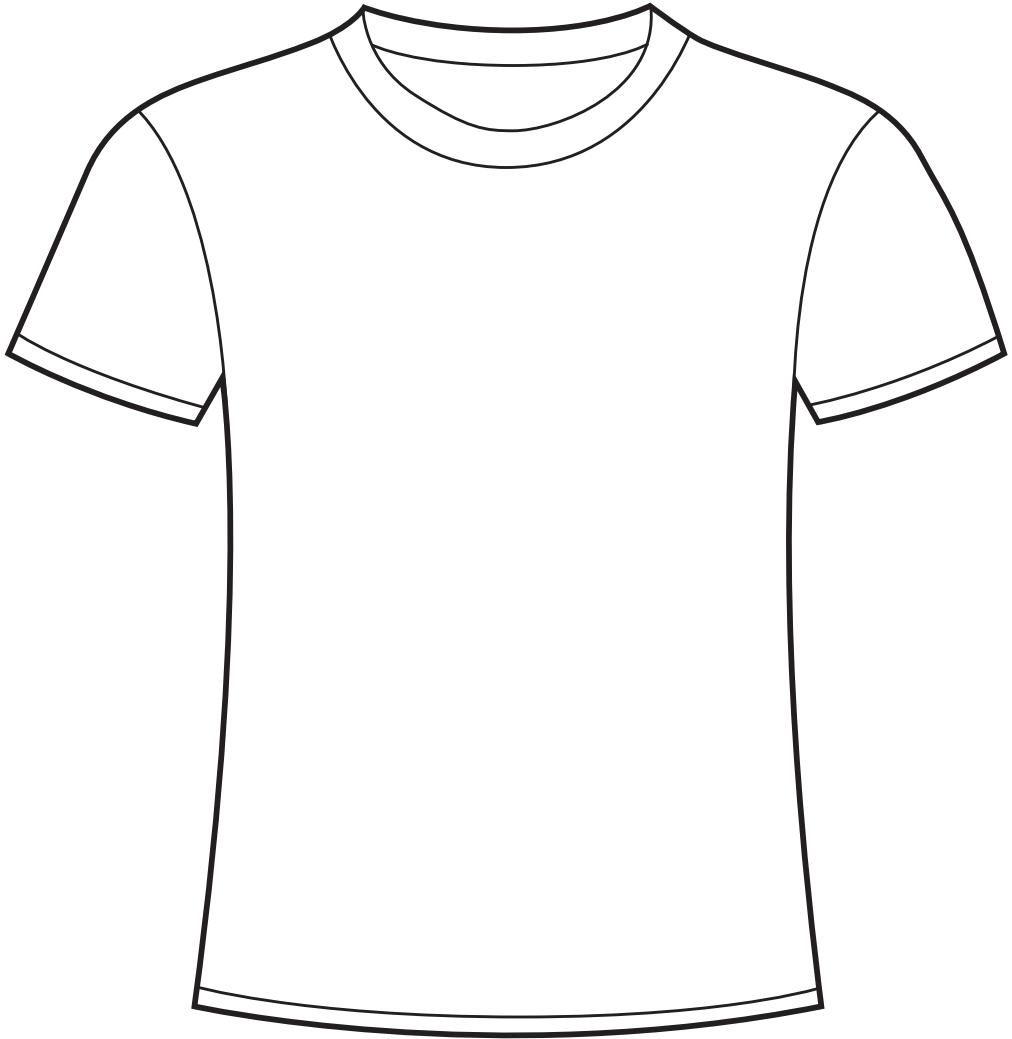
### **Did you know gender stereotypes affect our self-identity?**

*Before the mid-1800s, all babies – boys and girls – were dressed in white. Coloured clothing for babies only became popular from the mid-1850s onwards, yet it wasn't as we know it today. This quote, which comes from an article published in a trade magazine called Earnshaw's Infants' Department in 1918, confirms how gender-specific colours have changed over the decades:*

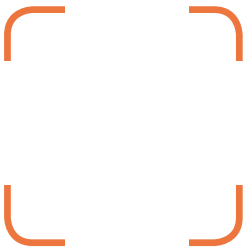
*"The generally accepted rule is pink for the boys and blue for the girls. The reason is that pink, being a more decided and stronger color, is more suitable for the boy, while blue, which is more delicate and dainty, is prettier for the girl."*

*This shows that it is a modern gender stereotype that boys should wear blue (masculine) and girls should wear pink (feminine).*

### Create your identity T-shirt

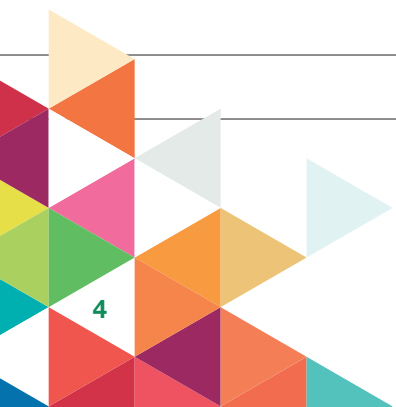


*My thumbprint*



**I am unique,  
just like my  
fingerprint**

**What am  
I here for?**

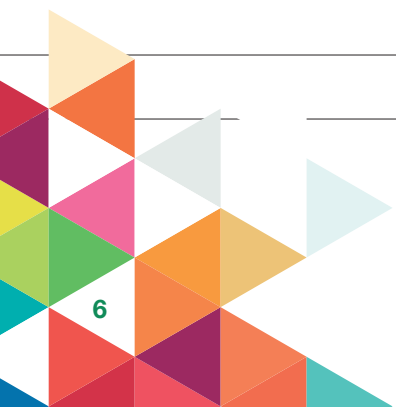






*'We are always in the process of becoming. Self-identity is a fusion of our prior decisions and our current thoughts.'*

*– Kilroy J Oldster, Dead Toad Scrolls*





*'We are always in the process of becoming. Self-identity is a fusion of our prior decisions and our current thoughts.'*

*– Kilroy J Oldster, Dead Toad Scrolls*

## SESSION 2

## Building self-esteem and self-confidence

### What does self-talk mean to me?

Self-talk is \_\_\_\_\_

### How much do I value myself?

1 = not at all important

10 = very important

How important are these issues in my life?	
Having personal goals and aspirations	1 2 3 4 5 6 7 8 9 10
Feeling that I can cope with life's pressures and stresses	1 2 3 4 5 6 7 8 9 10
Knowing I have rights and responsibilities	1 2 3 4 5 6 7 8 9 10
Knowing myself and my capabilities	1 2 3 4 5 6 7 8 9 10
Feeling secure in my friendships	1 2 3 4 5 6 7 8 9 10
Having the right to ask for help	1 2 3 4 5 6 7 8 9 10
Understanding that I will make mistakes	1 2 3 4 5 6 7 8 9 10
Knowing that I can cope with changes in my life	1 2 3 4 5 6 7 8 9 10
Believing that I have the right to express my feelings	1 2 3 4 5 6 7 8 9 10
Feeling in control of my life and my choices	1 2 3 4 5 6 7 8 9 10

### Results

*Mostly 1–3: You should try to increase your self-esteem. Think about talking to a social worker or a teacher who you trust.*

*Mostly 4–6: Your confidence is good, but you can improve your self-esteem in some areas.*

*Mostly 7–10: You have great self-esteem and confidence. Keep it up!*



### Self-reflection

Because I value myself, I make this promise to myself: I will \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_

### Let's boost self-confidence!

Answer yes or no.	Yes	No
Do you like what you see in yourself?		
Do you feel that you have praiseworthy skills?		
Are you able to stand up to peer pressure?		
Can you accept valid criticism?		
Can you handle unfair remarks others make about you?		
Do you feel loved?		
Do you take care of your health?		
Are you happy for others when they succeed?		
Do you generally view yourself as successful?		



### Self-reflection

My self-esteem is: high ☐ medium ☐ low ☐

List two ways that you can improve your self-esteem:

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### **Who do I want to spend time with?**

I like to hang out with someone who is

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I don't like to hang out with someone who is

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### **Self-reflection**

**Think of someone you helped in the past, then answer these questions:**

Who was that person?

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What did you do for him or her?

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How did that person feel about the help?

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How did you feel afterward?

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Now think of other people you could help, and write down how you could assist them.

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*'One important key to success is self-confidence. An important key to self-confidence is preparation.'*

*– Arthur Ashe*







*'One important key to success is self-confidence. An important key to self-confidence is preparation.'*

*– Arthur Ashe*



### SESSION 3

## Assertiveness and boundaries

Is it difficult for you to speak out about what you want? \_\_\_\_\_

Are you okay when others tell you what they want? \_\_\_\_\_

Is it difficult for you to share your ideas and thoughts with others? \_\_\_\_\_

Is it difficult for you to say yes or no when you feel pressure? \_\_\_\_\_

Is it difficult for you to disagree with someone without getting upset? \_\_\_\_\_

Do you sometimes share too much personal information with strangers? \_\_\_\_\_

Describe a time when you felt your personal boundaries were ignored. \_\_\_\_\_

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How did this make you feel?

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How could you have handled this in an assertive way?

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*Sexual boundaries – just like personal boundaries – are boundaries that you put in place to protect yourself when it comes to your sexual choices and behaviour. Look at the statements below and think about your answers. We won't be writing these answers down as this is private, but it's good to know what your sexual boundaries are.*

*These are my sexual boundaries ...*

*This is what I am going to do in the future to protect my sexual boundaries ...*

*I would like to change these sexual boundaries ...*

*I need help to deal with these sexual boundaries ...*



**Self-reflection**

Identify three areas in your life where you think you need to be more self-confident.

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List three things you can do to improve your self-confidence.

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List two ways you will carefully set personal boundaries.

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*'Assertiveness is not what you do, it's who you are!'*

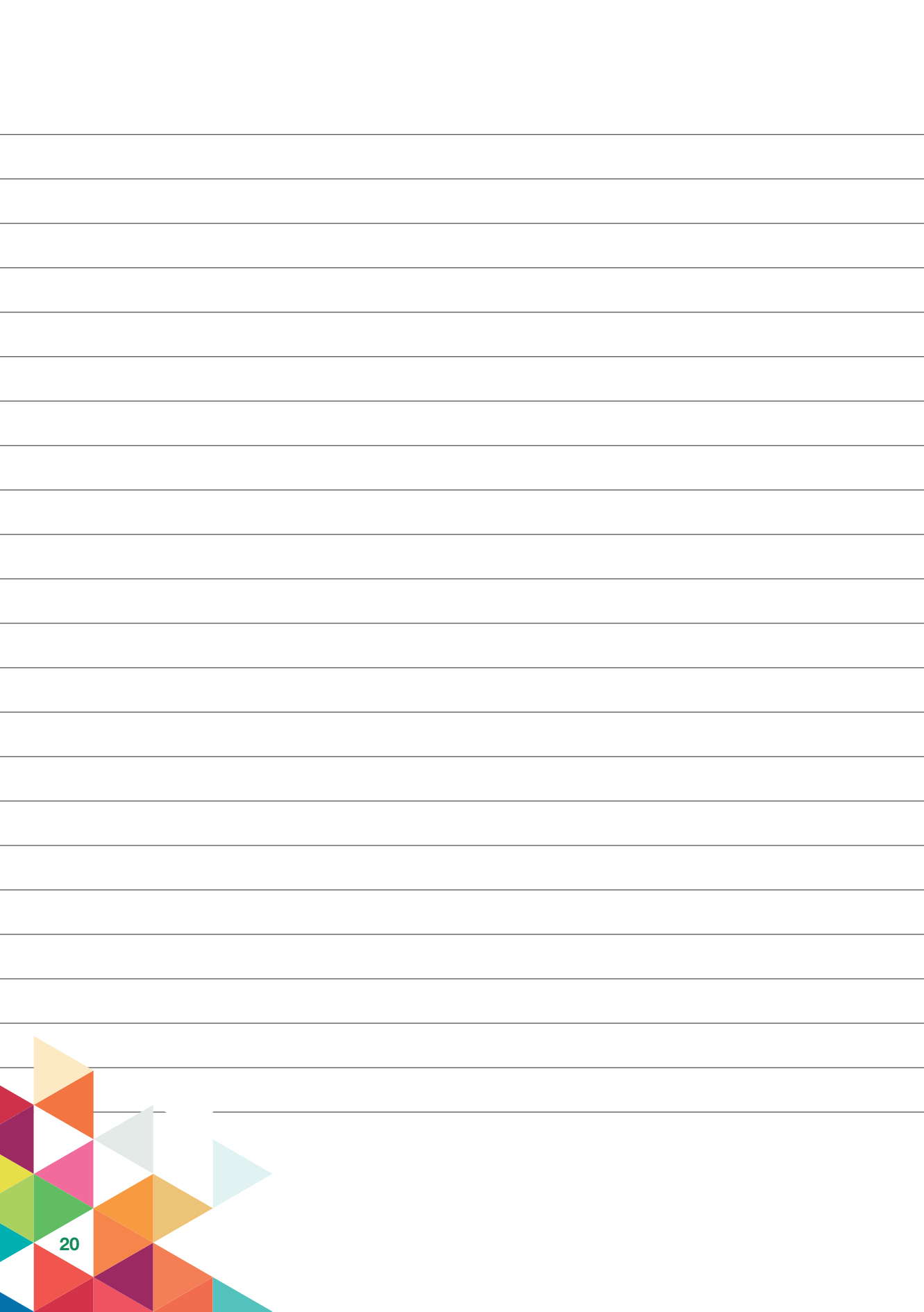
*– Shakti Gawain*





*'Assertiveness is not what you do, it's who you are!'*

*– Shakti Gawain*





## ***BUILDING BLOCK TWO: Understanding sexual health***

*Sex refers to the state of sexual health.*

*Sexuality is more than sexual feelings or sexual intercourse. It includes all the feelings, thoughts and behaviours of being in love and in a relationship, which includes sexual and sensual intimacy.*

### **SESSION 4**

## **Healthy sexual behaviour and good attitudes about sex**

### ***Talking about sex***

Do you think people should talk about sex? Why?

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Do you talk about sex? If yes, who to?

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If you aren't able to talk about sex, is there anyone you would like to talk to about sex?

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What are the risks involved with having sex?

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Sex can be good if/when ...

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### Self-reflection

What does healthy sex mean to you?

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### When is sex 'right'?

The word 'right' has many meanings when it comes to sex. It doesn't only mean morally right or the right time, it can also mean empowered or effective. Having sex is your choice, but YOLO aims to teach you how and why to make empowered, effective and informed choices regarding sex.



*'I think sex education should include enhancing a girl's sexual self-image and self-esteem,  
and give her the tools to say 'no', and ultimately 'yes', when the time is right.'*

*– Anita H Clayton*





*'I think sex education should include enhancing a girl's sexual self-image and self-esteem,  
and give her the tools to say 'no', and ultimately 'yes', when the time is right.'*

*– Anita H Clayton*



## *BUILDING BLOCK THREE: My rights and my responsibilities*

### **SESSION 5**

## **My sexual and reproductive rights and responsibilities**

This is my rights wall and these are my rights:


### **Sex and consent**

Defining sexual assault

What is sexual assault?

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What types of sexual assault are there?

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Why do you think sexual assault happens?

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Who do you think is at fault when sexual assault occurs? Why?

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**Defining consent**

What is sexual consent?

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List five ways to give sexual consent

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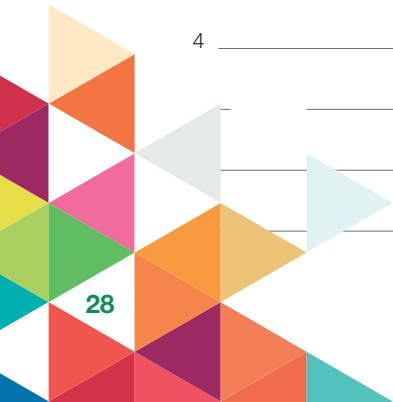
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4

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### Healthy and unhealthy relationships

What makes a relationship healthy?	What makes a relationship unhealthy?

Sex and sexual behaviour can be an important part of making a relationship healthy or unhealthy. Talking about sex is complicated and making choices is difficult, but being responsible and making effective, informed and empowered decisions is very important – and that's why YOLO is here to help you.

Sexual discussions and negotiation	How could you respond?
'Baby, if you don't have sex with me I'll go crazy.'	<hr/> <hr/>
'Let's have sex. It's a good form of exercise and it's good for our development.'	<hr/> <hr/>
'If you want to be with me, you have to get in line. I have lots of girls who give me what I need.'	<hr/> <hr/>
'If you want to be loved, you must have sex.'	<hr/> <hr/>



## Self-reflection

### What does healthy sex mean to you?

What are your sexual and reproductive rights?

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Think about your own relationship. Would you describe this as healthy, unhealthy or abusive?

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If your relationship is unhealthy or abusive, what can you do to change this? Who can you contact?

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### Useful contact details

*National counselling line 0861 322 322 (Lifeline)*

*National Aids helpline 0800 012 322*

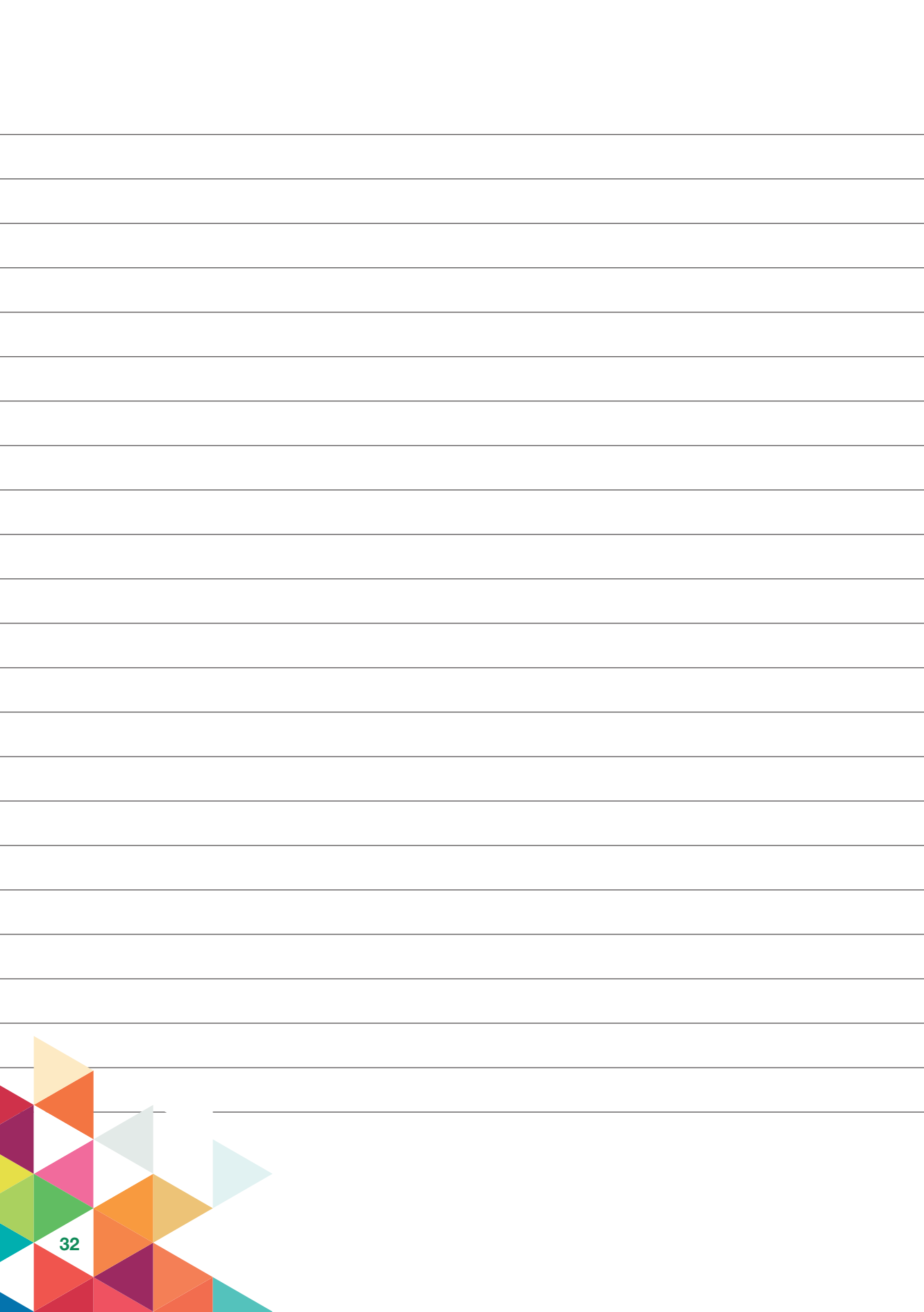
*Stop Gender Violence helpline 0800 150 150*

*Crime Stop 08600 10111*



*'Sexual health is more than freedom from sexual disease or disorders ...  
Sexual health is non-exploitive and respectful of self and others ... Sexual  
health is dependent upon an individual's well-being and sense of self-esteem.  
Sexual health requires trust, honesty, and communication.'*

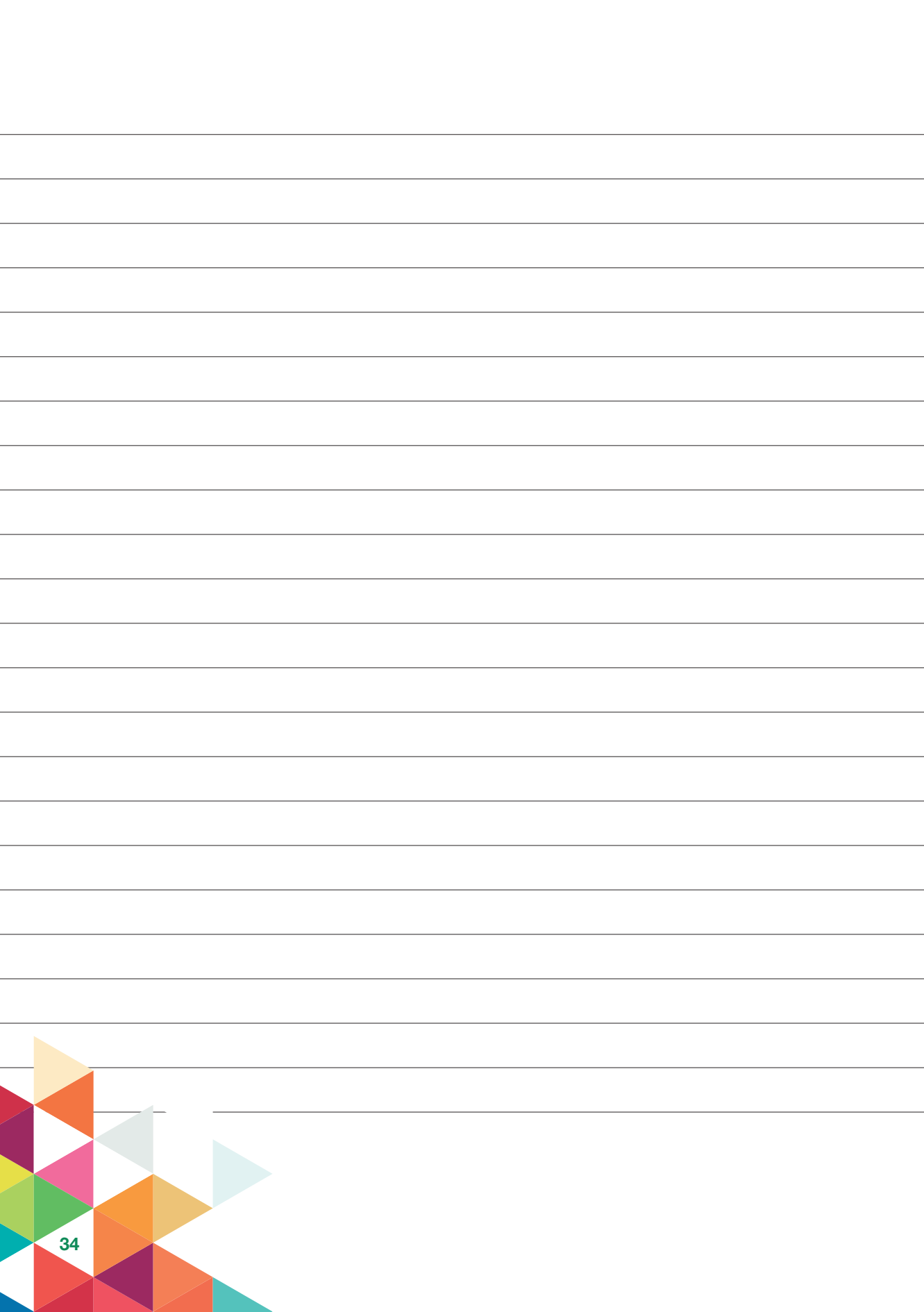
*– Dr Eli Coleman*





*'Sexual health is more than freedom from sexual disease or disorders ...  
Sexual health is non-exploitive and respectful of self and others ... Sexual  
health is dependent upon an individual's well-being and sense of self-esteem.  
Sexual health requires trust, honesty, and communication.'*

*– Dr Eli Coleman*



## SESSION 6

## Goals in sexual and reproductive health

### Life goals

Before we can make sexual and reproductive health goals, we need a life goal!

This is my definition of a life goal:

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*Here are a few exercises that will help you figure out and set your life goal.*

Name five things you really enjoy in life.

1 

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2 

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3 

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4 

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5 

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Now think about your short-term goals. These are things you want to do or change in your life immediately or over a short period of time.

These are five of my short-term goals	This is what I can do to achieve these goals
1	
2	
3	
4	
5	





Write a list of things you don't want in the left-hand column, then change them into things that you do want in the right-hand column.

Things that I don't want	Things that I do want
Eg I don't want to be stuck at home	Eg I want to be able to go to different places

It's also important when we set any type of goals to know our strengths and successes.

Five of my strengths are ...	Five of my successes are ...
1	1
2	2
3	3
4	4
5	5

Is your life goal still the same or has it changed? If it's changed, what is it now?

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**Sexual and reproductive health goals**

These five things are important to me in my sexual and reproductive health goals.

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If you feel comfortable doing this, write down your sexual and reproductive health goal.

My sexual and reproductive health goal is to ...

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## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**Self-reflection**

On a separate piece of paper write a letter to yourself, reminding yourself of your strengths and goals. Include why you are unique and important.

Once you're done, fold it up and put it in a place for safekeeping. After one year has passed, take it out and read it.

Write down two sexual and reproductive rights that directly apply to you.

1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write down three sexual and reproductive goals that you could set as boundaries to avoid unhealthy relationships.

1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## *BUILDING BLOCK FOUR: Taking chances and dealing with consequences*

### **SESSION 7**

### **Risky Behaviour**

What does “risky behaviour” mean to you?

Write down five types of risky behaviour	What are the consequences?	What can you do to make your behaviour safer?
1 _____ _____	_____ _____	_____ _____
2 _____ _____	_____ _____	_____ _____
3 _____ _____	_____ _____	_____ _____
4 _____ _____	_____ _____	_____ _____
5 _____ _____	_____ _____	_____ _____

**Let's now look at risky sexual behaviour.**

What do you think risky sexual behaviour is?

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Why do you think people make risky sexual choices?

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How do you think people can change these risky sexual behaviours?

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Write down three types of sexual behaviour that can place you at risk of pregnancy, HIV or a sexually transmitted infection.

1 

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2 

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3 

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Write down two specific lifestyle habits for a healthy sexual lifestyle.

1 

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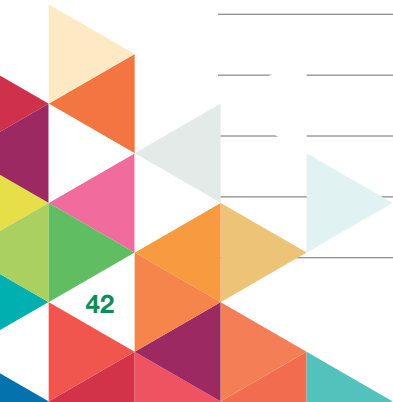
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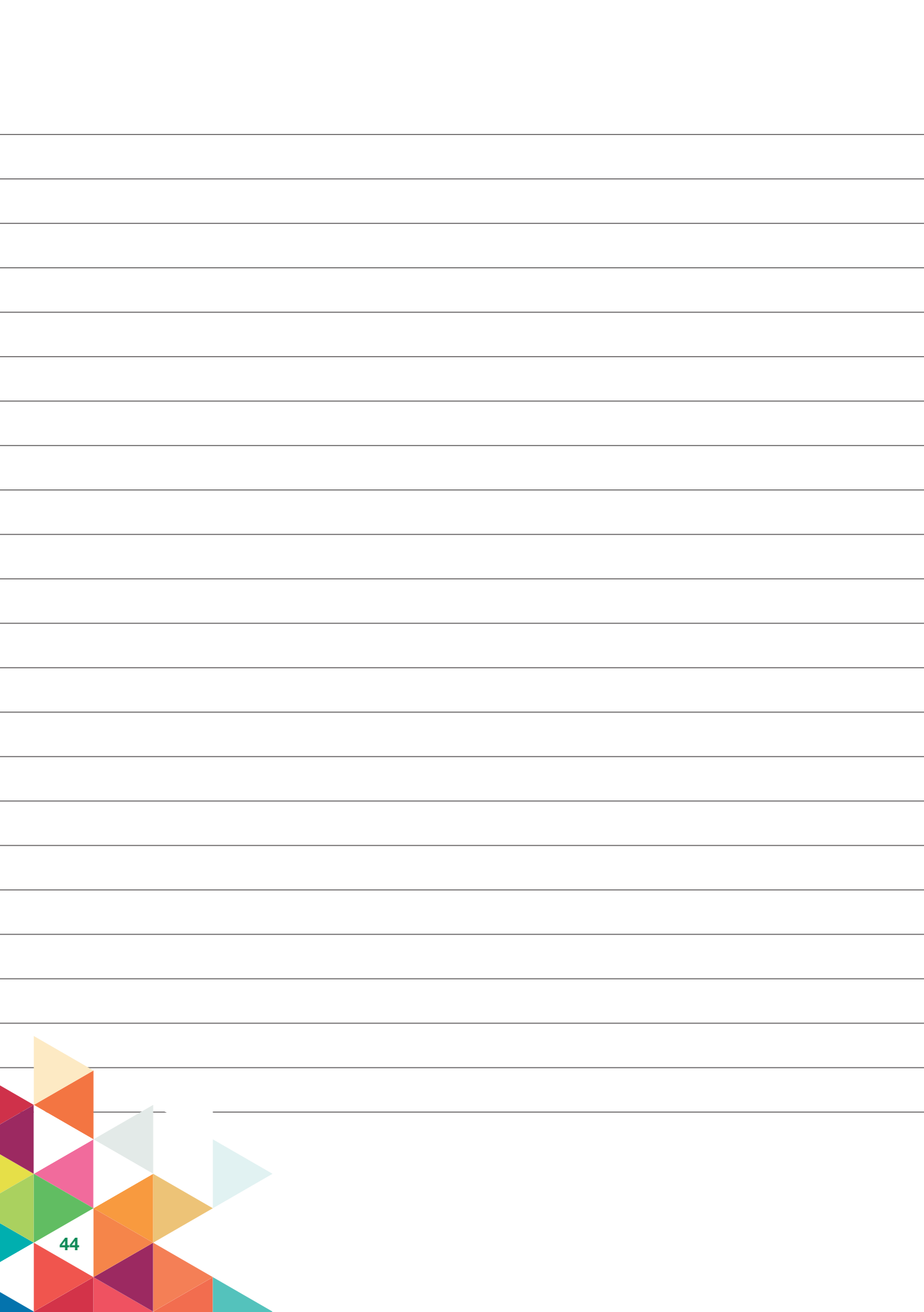
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*'More than one million sexually transmitted infections (STIs)  
are acquired every day worldwide.'*

*– World Health Organization*

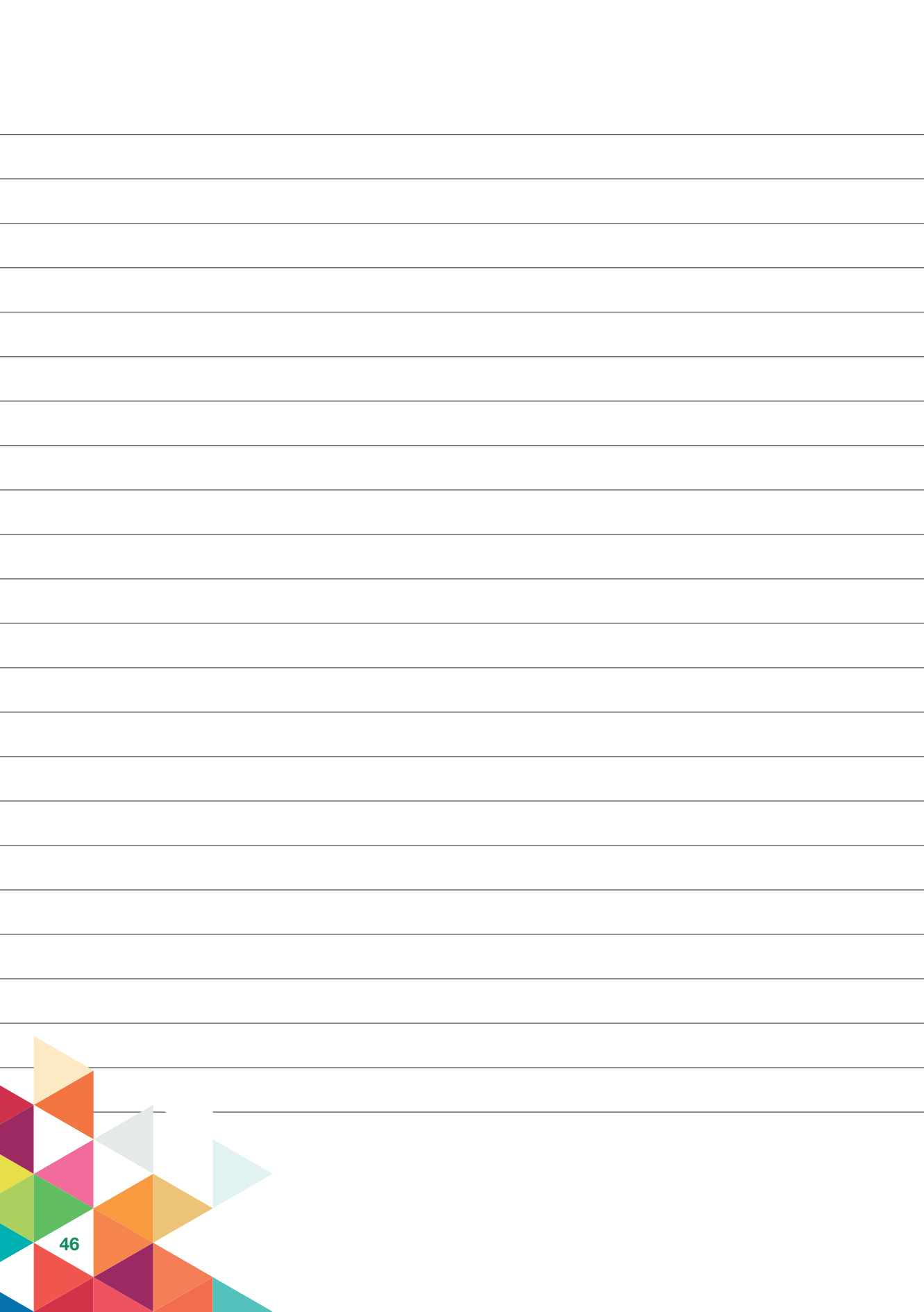






*'More than one million sexually transmitted infections (STIs)  
are acquired every day worldwide.'*

*– World Health Organization*



## Playing it safe and making changes for a healthier lifestyle

Let's think about the consequences of risky sexual behaviour.

	The person who is HIV positive	The family of the person who is HIV positive	The community	South Africa as a nation
What are the effects and consequences of acquiring HIV for ...				
	The mother and father	The family of the young parents	The community	South Africa as a nation
What are effects and consequences of teenage pregnancy for ...				

Now, let's discuss decisions and taking responsibility. This means making safer sexual choices and playing it safe.

## Safer sex

Responsibility

What do you think it means to take responsibility?

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Who are the responsible people in your life?

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Write down five ways young people could be more responsible and make safer sexual choices

1

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2

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3

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4

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5

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Self-reflection

If you feel comfortable, you can write the answers down. If you don't, then just think about your answers.

I can make my existing relationships more responsible in the following ways.

1

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2

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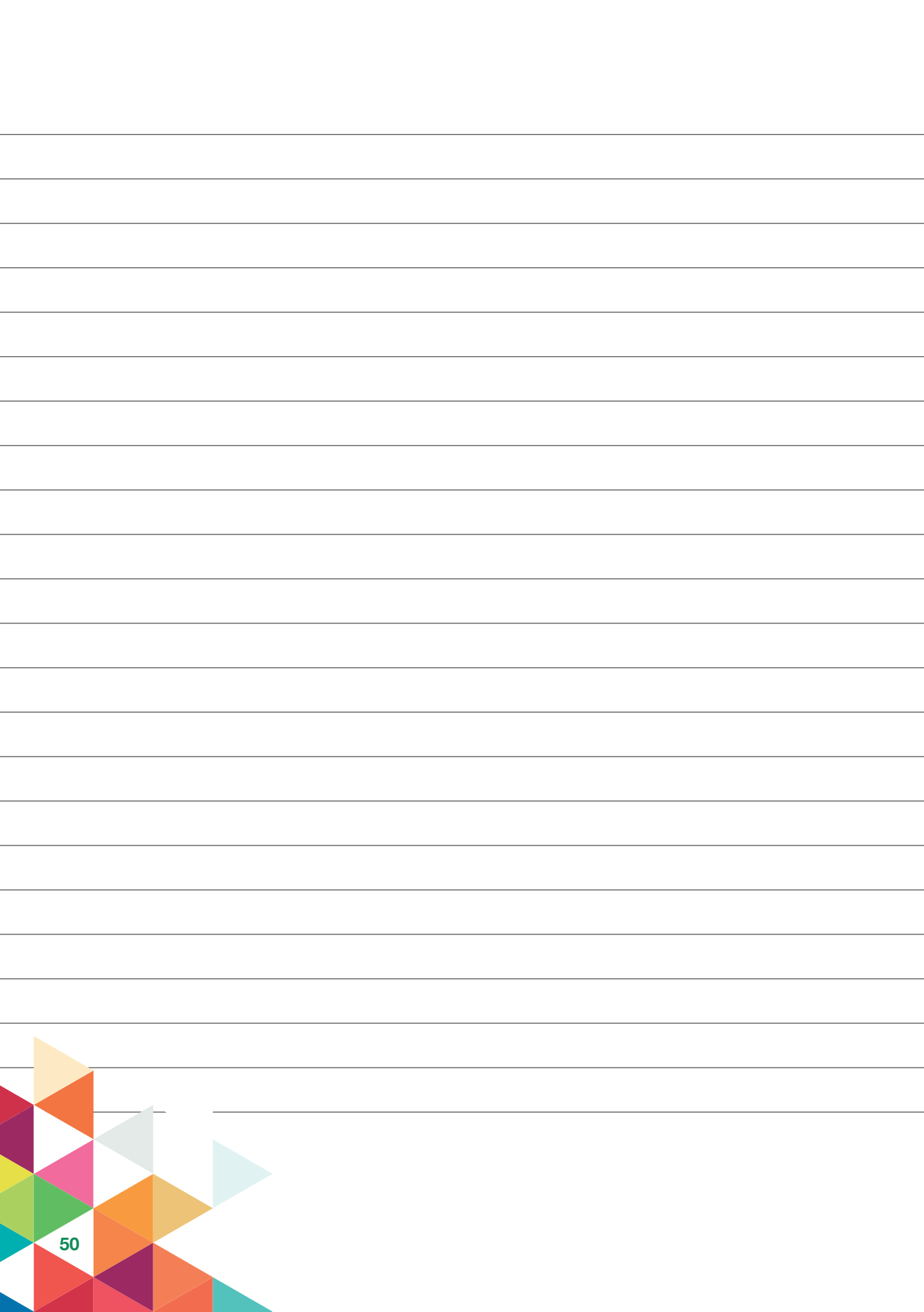
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*'Perhaps our greatest distinction as a species is our capacity, unique among animals, to make counter-evolutionary choices.'*

*– Jared Diamond*





*'Perhaps our greatest distinction as a species is our capacity, unique among animals, to make counter-evolutionary choices.'*

*– Jared Diamond*





## SESSION 9

# Dealing with emotional and social challenges

### Dealing with Change:

Write your name using the hand you don't usually use to write, ie if you're right-handed, use your left, and vice-versa.

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How did that feel?

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How did it make you feel?

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Write down 10 ways to reducing stress.

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How do you currently handle stress and challenges?

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Write down three things that currently cause you to stress.

1 

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2 

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3 

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What can you do to handle these three stresses differently?

1 

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2 

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3 

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List two ways you can deal with stress and the consequence of risky behaviour if you do become infected with HIV or pregnant.

1 

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2 

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*'In times of great stress or adversity, it's always best to keep busy, to plow your anger and your energy into something positive.'*

*– Lee Iacocca*





*'In times of great stress or adversity, it's always best to keep busy, to plow your anger and your energy into something positive.'*

*– Lee Iacocca*



## *BUILDING BLOCK FIVE: 'Others are important': Improving my relationships*

### **SESSION 10**

### **Healthy relationships**

It is important for all of us to have healthy relationships. Look back at Session 8 and remind yourself what makes a healthy or unhealthy relationship.



#### **Self-reflection**

##### **What does healthy sex mean to you?**

Why do you think some people have unhealthy relationships?

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What would you advise a friend who was in an unhealthy relationship to do?

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Self-reflection

What does healthy sex mean to you?

List all the healthy relationships you currently have and have had.

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List all the unhealthy relationships you currently have and have had.

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How can you make your unhealthy relationships better?

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*'Nobody can hurt me without my permission.'*

*– Mahatma Gandhi*





*'Nobody can hurt me without my permission.'*  
– Mahatma Gandhi



## SESSION 11

# Communication skills and reading the signs

We can use assertiveness and body language to communicate our feelings: what we want and what we don't want.

List five ways you communicate with people around you.

- 1 \_\_\_\_\_  
\_\_\_\_\_
- 2 \_\_\_\_\_  
\_\_\_\_\_
- 3 \_\_\_\_\_  
\_\_\_\_\_
- 4 \_\_\_\_\_  
\_\_\_\_\_
- 5 \_\_\_\_\_  
\_\_\_\_\_

Describe three different types of body language and their meanings.

- 1 \_\_\_\_\_  
\_\_\_\_\_
- 2 \_\_\_\_\_  
\_\_\_\_\_
- 3 \_\_\_\_\_  
\_\_\_\_\_

**Sexual communication**

Talking about sex is difficult! How can you make it easier?

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What can you do to make yourself heard if you feel you are not being listened to?

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## Self-reflection

Are your current communication techniques effective?

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What can you do to make them better?

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List five situations in which you would want to say no and how you could say it.

- 1 

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- 2 

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- 3 

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- 4 

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- 5 

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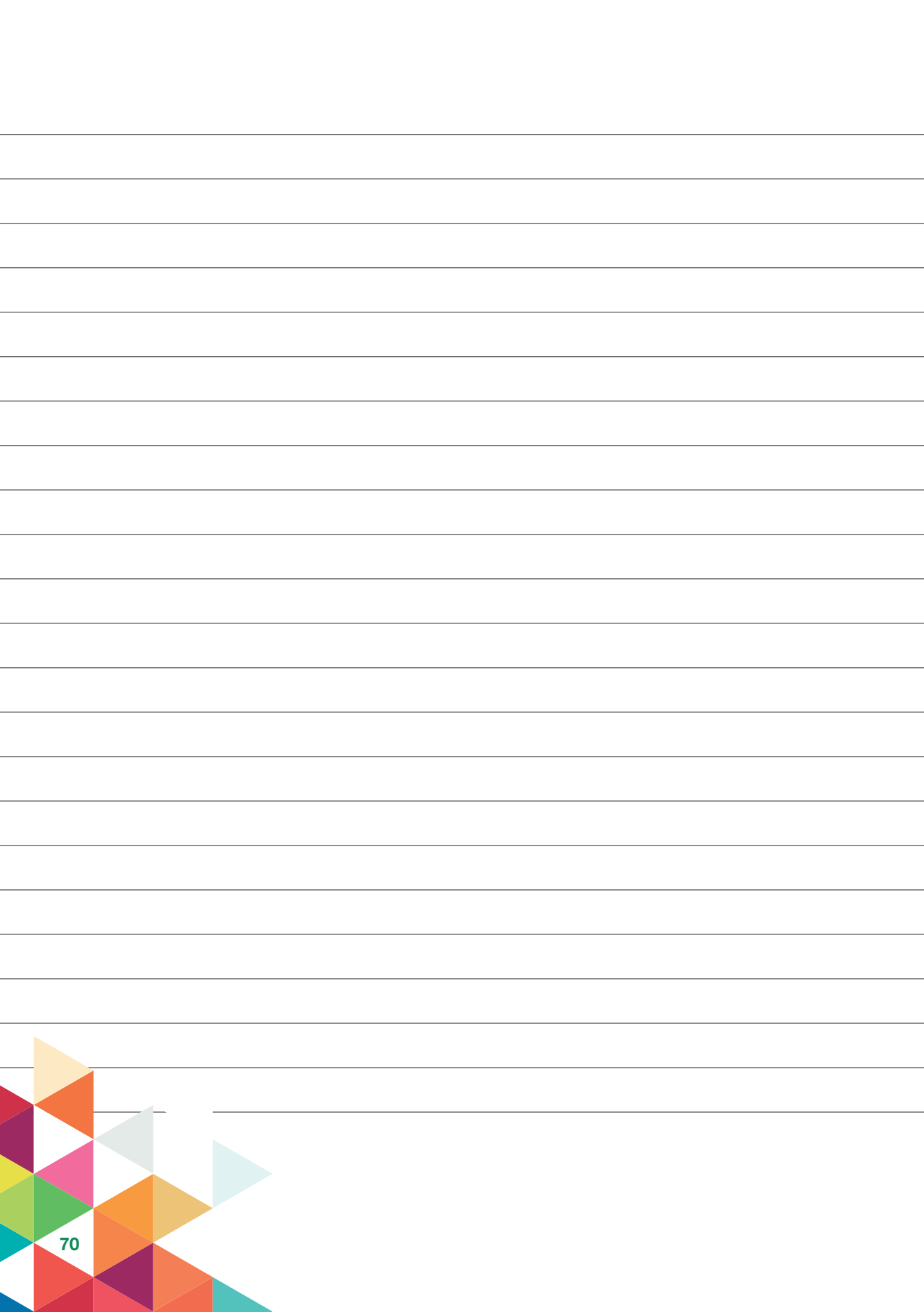






*'To effectively communicate, we must realise that we are all different  
in the way we perceive the world and use this understanding as a  
guide to our communication with others.'*

*– Tony Robbins*





*'To effectively communicate, we must realise that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others.'*

*– Tony Robbins*

## SESSION 12

### Making effective decisions and taking responsibility

**We can use assertiveness and body language to communicate our feelings: what we want and what we don't want.**

YOLO has shown you how to make empowered, informed and effective decisions, without judging these as being good or bad decisions. Now you need to take responsibility for these decisions and for your behaviour.

**Write down your feelings about the responsibilities associated with the scenario in each question.**

In a relationship, whose responsibility is it to decide if you should have sex or not? Why?

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If the girl falls pregnant, whose responsibility is it and who decides what to do about the pregnancy? Why?

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If you have a baby, whose responsibility will it be to change the baby's nappies and feed him/her during the night? Why?

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In a relationship, who should buy condoms? Why?

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If you contract HIV, is it your responsibility to tell your sexual partner? Why?

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Whose fault is it if the girl falls pregnant? Why?

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Let's make some last points about being responsible. Being responsible is:

- Doing something when you say you are going to do it.
- Taking responsibility for your own actions.
- Thinking about your behaviour before you do or don't do something.
- Making effective, empowered and informed decisions.
- Remembering to be assertive and self-confident.

This course has been to improve your self-esteem, your knowledge and you decision-making abilities.  
Use what you have learnt!



**Self-reflection**

Who are the most important people in your life and how can you behave more responsibly towards them? Write down three people and three approaches.

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Write down some of the responsible choices you will need to make to keep these relationships healthy.

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Write down three ways you can improve your communication skills in these relationships.

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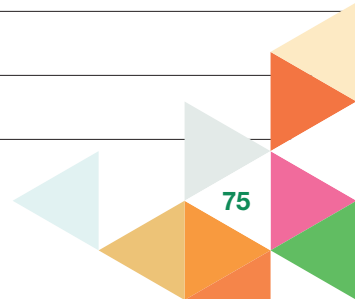
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**Action plan:** How are you going to be a YOLO star?



**Congratulations!**  
You are a YOLO star!







*'You cannot escape the responsibility of  
tomorrow by evading it today.'*

*– Abraham Lincoln*





*'You cannot escape the responsibility of  
tomorrow by evading it today.'*

*– Abraham Lincoln*



## Some information for you ...



So now you are a YOLO star! Congratulations on completing the YOLO programme. You have learnt many things on this journey and your facilitator has shared a lot of information with you. It is important that you keep this information in your mind, because it is this information that is going to help you make safer sexual choices and contribute to you practising safer sex. The next few pages are full of facts and knowledge on these important topics:

- Sex and sexual health
- HIV and AIDS
- Modes of transmission
- Prevention Strategies
- HCT
- Human rights
- Sexual rights
- Our Sexual Bodies

Read this content and remember you can always come back to your YOLO workbook in the future as a reference and knowledge guide.

## Sex and sexual health

### What is SEX?

DEFINITION: Sex refers to the biological characteristics that define humans as female or male.

DEFINITION: The term 'sex' is also often used to mean sexual activity.

Understanding 'Sex' and 'Sexuality'

- Sexuality is more than simply sex.
- Sexuality is about many things such as emotions, beliefs, relationships and self-image.

- All human beings are sexual and develop their sexuality from a number of influences. These include social, cultural, biological, economic and educational factors. Sexuality can be a sensitive issue, and there is often confusion about how best to address it.
- Remember, sex is a natural and biologically important act. Without sex, there would be no children and humans would die out. So sex is important and something our bodies are driven to have. Sex is meant to be enjoyable so that people will have it. It is how we choose to have sex to keep ourselves safe, and to have children when we are ready for them, which is for us to decide.

### What is SEXUAL HEALTH?

DEFINITION: SEXUAL HEALTH is a state of physical, emotional, mental and social well-being in relation to sexuality.

Sexual health requires a positive and respectful approach to sex, sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion (force), discrimination and violence. (WHO, 2006).

According to the USAID Terminology Guidelines (2015), sexual health is: 'Not merely the absence of disease, dysfunction or infirmity – it is a state of physical, emotional, mental and social well-being in relation to sexuality. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences that are free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.'

### What is REPRODUCTIVE HEALTH?

DEFINITION: REPRODUCTIVE HEALTH is the wellbeing of the reproductive system and to its functions and processes. According to the USAID Terminology Guidelines (2015), reproductive health 'is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility that are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.'

People have the freedom to decide if, when, and how often to reproduce. Reproductive health requires men and women to be informed about and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice.

## HIV AND AIDS

### What are HIV and AIDS?

DEFINITION: HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).

HIV attacks the human body and makes it weak and open to infection. AIDS is a collection of different illnesses. These can include pneumonia, tuberculosis, cancer or many other complex illnesses. A person does not die from the HIV virus itself, but from the different illnesses that are able to attack the body as a result of the effects of HIV.

### HOW IS HIV TRANSMITTED?

People can get HIV through three ways: sexual intercourse, blood and mother-to-child transmission (MTCT). The most common way for HIV to be transmitted is through heterosexual sex (sex between males and females). Remember for HIV to be transmitted, there has to be HIV present. You cannot acquire HIV from someone who doesn't have it. The difficult thing is to know if someone has HIV. You need to make safer choices.

#### 1. *Unsafe sexual behaviour*

- If you have unprotected sex with someone who has HIV.

This means sex without a condom or 'condom-less' sex

- Anal sex without condoms;
- Unprotected sex when you have STIs;
- 'Dry' sex (drying out the vagina);
- Unprotected sex with sex workers;
- Multiple partners;
- Concurrent partners (different partners at the same time);
- Sharing sex toys;

Remember: You cannot get HIV from kissing, masturbation and mutual masturbation. There is a low risk of getting HIV from oral sex.

You can make choices to have safer sex: use condoms EVERY time you have sex; don't drink too much or take drugs as this lowers self-control; have only one sexual partner at a time; have a partner who is in the same age group as you – avoid blasser relationships.

#### 2. *Blood*

- Touching blood from someone who has HIV with open cuts on your hands
- Sharing razors
- From a blood transfusion with HIV-contaminated blood;
- Sharing a needle with someone who has HIV when using drugs;
- A needle-stick injury in the medical profession.

Remember: You can take measures to protect yourself from acquiring HIV from blood:

- Do not touch anyone else's blood;
- Always wear gloves or wrap your hands in a plastic bag if it is an emergency and there are no gloves;
- Don't share razors and toothbrushes;
- Use tested blood in blood transfusions (there is very low risk with blood transfusions);
- Use new needles if you inject drugs; and
- Use new razors for circumcision and ritual scarring.

### 3. *Mother-to-child-transmission (MTCT)*

There are three ways a mother can transmit HIV to her child. However, South Africa has made great advances in reducing MTCT through providing ARVs to pregnant women and breastfeeding mothers, and there is a real possibility of no children acquiring HIV from their mothers anymore if the mothers are on ARVs.

- A mother can transmit HIV to her baby while she is pregnant as the mother's blood mixes with the baby's blood. It is very important to have an HIV test as soon as you find out you are pregnant and to go for antenatal testing so you can get ARVs to take while you are pregnant to protect your child.
- During childbirth, there is a lot of blood and a mother needs to be on ARVs during labour to reduce the chances of transmitting HIV to her baby during the birth.
- An HIV-positive mother can pass the virus on to her baby from breastfeeding as HIV is found in breast milk. However, according to the World Health Organisation, breastfeeding is best for babies. If the mother is HIV-positive, she can safely breastfeed her baby if she is on ARVs. It is not safe to breastfeed your baby if you are HIV positive and are not taking ARVs. If you are not taking ARVs, you can breastfeed your baby for six months but this must be exclusive breastfeeding with no mixed feeding.

## PREVENTION STRATEGIES

YOLO has looked at ways to reduce new HIV infections and reduce the numbers of unplanned and teenage pregnancies. Below you will find information on how to prevent HIV infection and pregnancy.

Preventing Pregnancy:

### CONTRACEPTION

DEFINITION: CONTRACEPTION: A method or device used to prevent pregnancy

Abstinence is the safest way to avoid pregnancy. But, as we have mentioned, abstinence is not a long-term solution. The vast majority of people will have sex at some stage in their lives whether it is as teenagers, young adults and older adults.



Young people can get safe methods of contraception that work well from family planning service providers, clinics, doctors and pharmacies.

The condom gives between 80-90% protection against pregnancy. It has no chemical effect on the body and is available in the community free or at a low cost. Condoms and hormonal birth control methods when used together deliver dual protection.

Dual protection is the use of non-barrier contraceptive methods with male or female condoms. Non-barrier methods usually refer to the pill, hormonal injections, the patch or the IUD/loop. Condoms on their own are only effective in reducing pregnancy if used properly.

### **Contraception is important in reducing adolescent pregnancy rates.**

- Contraception is available to help adolescents reduce risks of and negative health consequences related to unintended pregnancy.
- Over the past 10 years, a number of new contraceptive methods have become available to adolescents.

### **Contraception methods include:**

'Natural' methods: These methods do not make use of any contraceptive devices or medications.

- Abstinence – this means you don't have any sex at all.
- Natural rhythm method – this method means you abstain during ovulation. It is a very risky method of contraception because you can never be sure when a woman ovulates.
- Withdrawal Method – this method involves pulling the penis out of the vagina before ejaculation. It is not a reliable contraceptive method as sperm can be released before ejaculation.

### **Barrier methods:**

Barrier contraceptive devices physically prevent the sperm reaching the egg in the uterus or Fallopian tubes of the woman.

- Male and female condoms. Condoms are a freely available at a number of places. These include clinics, work places, universities, bars, clubs and shebeens.
- Diaphragm and cervical cap
- Spermicides ('sperm killers') in form of foams, creams and gels.

Hormone methods: work by stopping the ovaries from releasing an egg each month (and/or to keeping the cervical mucus thick so that sperms cannot easily pass through it.) They all contain synthetic hormones. Hormonal methods require visiting a doctor or clinic for a prescription, injection, or placement of implants/rings.

- Oral contraceptives – the Pill - taken daily
- Hormonal injections – lasts 8-12 weeks
- Implants – placed under the skin of the arm
- Vaginal rings – placed into the vagina

### Other methods:

- IUD - (intra-uterine device) – the ‘loop’ fitted inside a woman’s uterus by a doctor.
- Emergency contraception – the “morning after pill” is emergency contraception to be used within 72 hours of unprotected sex to prevent pregnancy. If a person has had sex without using contraception, or a condom has broken, or has been raped, they can go to the nearest clinic, within 72 hours, for emergency contraception. These special pills will prevent conception. The quicker the person takes the medication, preferably within 24 hours, the more effective it will be.
- Abortion or Termination of Pregnancy (TOP) - Sometimes young girls are frightened of the consequences and attempt unsafe abortions. This can damage their uterus, resulting in problems with future pregnancies. It is important for young women to seek professional help in these cases.

The best way of avoiding teenage pregnancy is to either abstain from sexual intercourse or practise safer sex. If two people do decide to have sex, they should discuss the means of birth control and protection. They might use a condom or female condom, the pill or injectables.

Remember only condoms prevent STIs, HIV and pregnancy. The pill and injectables do not protect you from HIV and STIs. Usually men and women chose different kinds of contraceptives for different reasons.

### Preventing HIV Infections:

There are a number of ways to prevent HIV infection. These include abstinence, being faithful, medical male circumcision, always using clean needles to inject drugs, correct and consistent condom use, PrEP and PEP.

**ABSTINENCE:** Although abstinence from sexual intercourse is a way to stay HIV-negative, this is not an effective long-term option as just about everyone eventually has sex some time in his or her lives. It is a better option to become informed about safer sex practices, to be empowered to make informed decisions and to reduce risky sexual behaviour. In the case where one is sexually active, consistent and proper condom usage is the most effective form of preventing HIV transmission during sexual intercourse

**BE FAITHFUL:** Other ways to reduce the chances of HIV transmission are to be faithful to your partner, get tested regularly and limit the number of sexual partners that you have.

**MEDICAL MALE CIRCUMCISION:** Men can undergo voluntary medical male circumcision (VMMC) to reduce their chances of contracting HIV during sexual intercourse. However, this only reduces chances of HIV transmission and HIV transmission is still possible.

### USE STERILE NEEDLES AND SYRINGES TO INJECT DRUGS:

Never share drug equipment.

**CORRECT AND CONSISTENT CONDOM USE:** Condoms, either male or female (not both at the same time) must be used every single time you have sex. There is no point in using condoms only sometimes. Remember: correct use means you have to use them in proper way – make sure they haven't expired; check that the condom package and condom are not damaged; put the male condom on correctly or make sure the female condom is correctly inserted; take condom off penis before erection is lost and tie a knot in the used condom to keep the sperm inside before you throw it away in a safe place.

#### PrEP AND PEP- PRE-EXPOSURE PROPHYLAXIS AND POST EXPOSURE PROPHYLAXIS PrEP

Research in pre-exposure prophylaxis (PrEP) studies is currently showing some hope for biomedical HIV prevention options that can empower men and women to protect themselves against HIV. According to the USAIDS Terminology Guidelines (2015): 'Pre-exposure prophylaxis (PrEP) refers to antiretroviral medicines prescribed before exposure (or possible exposure) to HIV. Several studies have demonstrated that a daily oral dose of appropriate antiretroviral medicines is effective in both men and women for reducing the risk of acquiring HIV infection through sexual or injection transmission.'

In South Africa, the Medicines Control Council (MCC) has officially registered the use of a combination of two antiretroviral drugs as a form of pre-exposure prophylaxis (PrEP) medication. People who are HIV-negative can take a pill every day to significantly reduce HIV transmission.

PrEP is a major advance in HIV prevention in South Africa, with the potential to save many lives. It can provide almost complete protection against infection if taken consistently.

#### Five (5) things you need to know about PrEP

##### 1. What is PrEP?

'PrEP provides an additional prevention option for those who are at high risk for HIV,' explains Dr Saiqa Mullick, director of implementation science at the Wits Reproductive Health and HIV Institute.

'It's an ARV drug in the form of a tablet and it's for HIV-negative people. It needs to be taken daily to significantly reduce the chances of getting HIV,' she tells Health-e News. 'It works if people are taking it every day but they don't need to take PrEP for the rest of their lives – only during the period of their life when they are at a significant risk for HIV.'

It's important to remember that the ARVs used in Truvada also form part of standard HIV treatment when combined with a third ARV. People who use PrEP will have to regularly test for HIV to ensure that they are switched onto a three-drug regimen should they contract HIV to avoid developing drug resistance.

##### 2. What's the evidence that PrEP works?

According to the South African National AIDS Council, 12 clinical trials have tested the effectiveness of oral tablets for PrEP in Africa, Asia, Europe, South America and the United States. Daily PrEP has been shown to lower a person's risk of sexually contracting HIV by more than 90 per cent.

3. Is it safe?

The efficacy and safety of Truvada as PrEP has been tested in 10 randomised clinical trials, according to the Southern African HIV Clinicians Society. PrEP can cause initial side effects like nausea in some people, according to the US Centres for Disease Control, but side effects are rare.

'There's a lot of myths that the drug is toxic and that there are side effects,' said Dr Kevin Rebe, specialist medical consultant for the Anova Health Institute. Rebe runs a small programme offering PrEP to men who have sex with men in Cape Town. 'Side effects are only present in one in 10 patients.'

4. Is it only available for sex workers?

South African drug regulatory body the Medicines Control Council (MCC) approved Truvada for use as PrEP. According to Rebe, the MCC's approval means that anyone is free to ask their doctor if PrEP is right for them. Medical aid Fedhealth has said it will cover at least six months of PrEP for medical scheme members who are at a high risk of HIV as well those who are in relationships with HIV-positive partners.

5. How much does it cost?

A monthly course of PrEP ranges from about R200 to R550.

Source: <https://www.health-e.org.za/2016/03/15/5-things-you-should-know-about-hiv-pre-exposure-prophylaxis/>

Post Exposure Prophylaxis (PEP)

Another HIV transmission prevention option is post-exposure prophylaxis. Post-exposure prophylaxis 'refers to antiretroviral medicines that are taken after exposure (or possible exposure) to HIV' (USAID Terminology Guidelines, 2015). The exposure to HIV may happen during work (eg a needle stick injury for doctors and nurses) or after sex without a condom or after rape.

**What Is PEP?**

Post-exposure prophylaxis is a short-term anti-retroviral (ARV) treatment that reduces the likelihood of HIV infection after exposure to HIV-infected blood or sexual contact with an HIV-positive person. PEP consists of a combination of ARV medications that are taken for a period of four weeks. Some healthcare workers suggest beginning PEP 24-36 hours after possible exposure to HIV through rape or unprotected sex. South African policy advises that PEP should be administered within 72 hours after the potential exposure to HIV.

**Who is PEP for?**

PEP may be considered where there is potential risk that HIV infected bodily fluids (ie blood, semen, or vaginal fluids) have entered the bloodstream through direct contact, including any of the following:

- Anal or vaginal sex without a condom
- Anal or vaginal sex where the condom slipped off or broke
- Sharing injecting equipment

- A needle stick injury – when a nurse or doctor sticks a needle from a patient into themselves by accident

You can't be given PEP treatment if you are already HIV positive. You won't be given PEP treatment if you refuse to take a HIV test. Tests that are positive immediately after exposure mean that you were already infected with HIV before the exposure and you will be referred for counselling about living with HIV and to a clinic to monitor your health.

### **What are the laws regarding PEP?**

The government is required to provide PEPs free of charge without a case number

- Rape victims do not have to report the rape to police to get PEP.
- By law, a rape victim may ask the police to test a rape suspect for HIV if he is arrested.
- A court will order a rape suspect to go for a HIV test.
- A rape suspect can only be tested up to 90 days after the rape occurred.
- If a rape suspect tests HIV negative, you should still complete the PEP treatment and go for follow-up HIV tests as the doctor suggests.
- If a rape suspect tests HIV positive, it is very important to take PEP medicines properly, and to take more HIV tests to be sure that you have not contracted HIV.
- Even if you feel very angry, you are not allowed to tell others that a rape suspect has HIV, whether by writing to a newspaper or publishing on social networks like Facebook or Twitter.

## **HIV COUNSELLING AND TESTING (HCT)**

### **Why is it important to go for testing if you are sexually active?**

Young people can go through a process called Voluntary Counselling and Testing (VCT), which includes voluntary pre-and post-test counselling and voluntary HIV testing. This process is now called HCT-HIV Counselling and Testing. This is a South African government-based campaign which encourages people to access health and wellness units or to contact their nearest public health facilities for free HIV counselling and testing. HCT services may also be offered in school, higher education and workplace (public and private) settings. School-based testing increases access to HCT for sexually active youth who are at least 12 years old. School-based settings may also be targeted as part of a national HCT campaign.

It is important for sexually active people to go for regular HIV tests because reports show that HIV is transmitted mainly through sexual intercourse. Therefore, people should get tested if they are having unprotected sex before starting a new relationship, if the condom broke or if they haven't been using a condom consistently. Remember, regular testing does not keep you HIV-negative – it only tells you when you have HIV so you can take care not to infect anyone else and start treatment.

Testing for HIV is the only way to know if you have HIV or not, and regular tests ensure that a person is always up to date with their HIV status (Avert, 2015).

Most importantly, if detected at an early stage, one can learn more about the virus, how it affects the body and what measures need to be taken in order to remain healthy for a long time. This can also help in monitoring the disease and to determine when one needs to start taking antiretroviral treatment. South Africa now has a policy called 'Test and Treat'. Under this policy, any person who tests positive for HIV will be able to immediately go onto ARVs regardless of their CD4 count.

Knowing your HIV status also helps a person not to get re-infected and/or transmit HIV to another person or to acquire other STIs, which can weaken the immune system by continuous engagement in risky sexual behaviours.

How do you get tested?

Government health facilities offer free HIV testing. To get tested, visit your local doctor, community-based clinics, organisations, AIDS services organisations, etc. (AIDS.gov. 2014). This helps the person who wants an HIV test to cope with stress and to be able to make informed decisions regarding HIV and AIDS (UNAIDS, 2000).

### **Core Principles of HIV Counselling and Testing (HCT) in South Africa**

The HCT campaign provides opportunities for individuals to:

- Be counselled, and informed on the nature of HIV and AIDS, STIs and TB;
- Be encouraged to adopt a healthy lifestyle to prevent development of other non-communicable diseases;
- Get tested for HIV and screened for TB and other non-communicable diseases;
- Know that TB can be cured even if you are HIV positive;
- Get treated for HIV and AIDS and TB before your immune system is too weak;
- Prevent AIDS and TB related deaths; and
- Prevent HIV transmission and new TB infections.

Age of Consent: Any person above 12 years of age with sufficient maturity and mental capacity to understand the benefits, risks, social and other implications of HIV testing may give consent for HIV counselling and testing (HCT) services in South Africa. (See INFORMATION SHEET 5 in guide for additional content)

### **SELF-TESTING**

HIV self-testing is when a person conducts HIV test on him or herself. HIV self-testing is currently not recommended and supported in South Africa. Further research is still required to support the implementation of self-testing. However, it appears that self-testing will be addressed in the new National Strategic Plan (2017-2022) and will become available throughout South Africa.

## WHAT TO DO IF YOU TEST HIV POSITIVE?

Whether a person feels sick or not, the first step after you have been diagnosed with HIV is to see a healthcare provider to assess the progress of the virus and to determine whether one needs to start taking antiretroviral treatment immediately

(AIDS Info, 2015).

According to press releases in May 2016, from 1 September 2016, any person in South Africa who tests positive for HIV should be entitled to government provided ARVs. This programme is referred to as 'Test and Treat'.

If an individual is HIV positive, he/she should:

- Go for post-counselling, or join support groups in their community for ongoing emotional support (UNAIDS, 2000);
- Adopt a healthy and active life, always use a condom correctly and consistently to avoid getting re-infected and spreading the virus to other people (AIDS Foundation of South Africa, 2014);
- Take ARVs as prescribed to keep healthy and prevent the onset of AIDS.

## Antiretrovirals (ARVs) and Antiretrovirals therapy (ART)

Antiretroviral therapy (ART) stops the virus from multiplying in the body, and allows the person's immune cells to live longer. ART can't cure HIV transmission. Once a person is HIV positive, he or she is HIV positive for life, but he or she can still live a long, productive life on ART.

If you are on ART, you are taking ARVs. ARVs are antiretroviral medicines that you take when you are on antiretroviral therapy (ART). ARV's are the medicines themselves and should not be confused with ART that relates to therapy of taking ARVs. Some people don't like taking ARVs or being on ART because they experience side effects from the medicine.

## HUMAN RIGHTS and SEXUAL RIGHTS

DEFINITION: A human right is a right that is believed to belong justifiably to every person.

DEFINITION: Sexual rights are the application of existing human rights to sexuality and sexual health.

Sexual rights protect all people's rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination (WHO, 2006, updated 2010).

Our Constitution and the Bill of Rights

The Bill of Rights sets out the fundamental rights of all South Africans.

According to the Bill of Rights, everyone is equal before the law and has the right to equal protection and benefit of the law. Furthermore, nobody may discriminate against you on the grounds of race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth. You have the right to dignity and to have your dignity respected and protected.

Reproductive and sexual rights are linked to human rights

Reproductive (and sexual) rights are linked to human rights, such as the rights to equality, non-discrimination, dignity and privacy. Therefore, every South African has reproductive and sexual rights under the Constitution. According to the USAID Terminology Guidelines (2015), sexual rights embrace 'human rights that already are recognized in many national laws, international human rights documents and other consensus statements: the right of all persons to the highest attainable standard of sexual health, free of coercion, discrimination and violence. This includes the following: accessing sexual and reproductive health-care services; seeking, receiving and imparting information related to sexuality; obtaining sexuality education; enjoying respect for bodily integrity; choosing a partner; deciding to be sexually active or not; participating in consensual sexual relations; engaging in consensual marriage; determining whether or not (and when) to have children; and pursuing a satisfying, safe and pleasurable sexual life.'

### **Sexual rights in South Africa**

In South Africa, you may:

- Decide for yourself how many children you want to have, and whether you want to be a parent at all.
- When you are old enough, you may decide for yourself whether you want to have sex or not, and you can insist on using contraceptives to prevent having a baby and condoms to protect yourself from falling pregnant, getting HIV, or other sexually transmitted infections. The age of consent in South Africa is 16, as specified by sections 15 and 16 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 and Amendment Bill 2015. It states that children between the ages of 12 and 15 can consent to sexual acts with each other.
- Decide for yourself if you want to get married or not.
- Marry someone with any gender or sexual orientation (and you may choose to use the wording 'marriage' or 'civil partnership' to describe your union).
- Adopt a child if you are an adult, regardless of your sexual orientation.
- Have your sex status altered in the population registry (you'll be issued a new identity document) if you have received hormone replacement therapy (you need not to have undergone sex reassignment surgery).
- Under Customary Law, marry more than one person (in this case, traditional practices such as paying lobola, bogadi, bohali, xuma, lumalo, thaka, ikhazi, magadi or emabheka will form part of the negotiations).

Responsibilities: On the other side of these rights are also responsibilities related to sex and sexuality.

### **What is a sexual act?**

In South Africa, a sexual act is considered any act that can cause sexual stimulation, such as kissing to the point of arousal or touching a person's genitals.



### **What is consensual sex?**

Consensual sex occurs when both parties agree to have sex and conform to all the legal requirements. The status of the relationship – whether the people are married, boyfriend and girlfriend, or whether they are friendly with one another – does not make the act consensual. Non-consensual sex is rape no matter who it happens between. In other words, sex between married people that is non-consensual is rape. Both parties must give explicit permission before every sexual act whether it is kissing to the point of arousal or touching a person's genitals. Sex with a child younger than 16 is considered statutory rape, a criminal offence – regardless of consent.

**Responsibilities** mean we have to show respect to others and not violate their rights.

### **Sexual Violation**

In South Africa, (according to the Sexual Offences Act), you may NOT:

- Discriminate against a person who has a different sexual orientation to you (for example, someone who is heterosexual, homosexual, and bisexual, asexual, pansexual or polysexual) or a transgender person.
- Have sex with a child younger than 16 if you are an adult (over 18) (statutory rape).
- Watch pornography if you are younger than 18.
- Have sex with a family member (called incest).
- Share photos or films of someone's sexual parts or them performing a sexual act without their permission ever.
- Share photos or films of someone's sexual parts or them performing a sexual act if they are under the age of 18 even if you have their permission. This is regarded as owning and distributing child pornography.
- Show your sexual parts to someone without their consent.

The Act also states that a child under the age of 12 is too young to give permission to any sexual act. Therefore a sexual act with a child under the age of 12 is automatically a crime. However, changes to the Criminal Law (Sexual Offences and Related Matters) Amendment Bill were adopted by the National Assembly.

It states that children between the ages of 12 and 15 can consent to sexual acts with each other.

### **Who can help if your human rights are violated?**

If your human rights have been violated, you can ask the SA Human Rights Commission to help you by emailing them at [sahrcinfo@sahrc.org.za](mailto:sahrcinfo@sahrc.org.za) or phoning them on **011 484 8300**.

The Aids Legal Network also helps people whose human rights have been violated.

Their legal aid desk can be contacted at: Tel: **+27 21 447 8435 /**  
**lad@aln.org.za.**

If you have been unfairly treated because of your gender, the Commission for Gender Equality can help: [cgeinfo@cge.org.za](mailto:cgeinfo@cge.org.za) / Tel: +27 11 403 7182.

### Stigma

Although the Constitution allows South Africans the freedom of choice regarding their sexual orientation, a survey in 2013 showed that 61% of South Africans think that society should not accept homosexuality (MSM) (In 2008, the percentage was 84 per cent.)

There is a high level of stigma against MSM (men who have sex with men) and transgender people in South Africa.

### What is the Children's Act?

The Children's Act serves to enforce principles relating to care and protection of children's rights as contained on the constitution. The Children's Act 38 of 2005 states that children, 12 years and older, have rights relating to reproductive health, this including access to contraceptives and information on sexuality and reproduction, and the right of consent to HIV and AIDS testing and treatment. Children under the age of 12 years old can also give consent to the above provided they are of sufficient maturity to understand the benefits, risks and social implications of the test. It further states that children, 12 years and above, may not be refused access to condoms, either through sale or where condoms are distributed free of charge. They are also entitled to confidentiality regarding this matter. (Juliana Han and Michael Bennish, 2009 Children's Act of 2005).

### What is the Domestic Violence Act?

Gender-based violence, also known as intimate partner violence (Jen Thorpe, 2014) is addressed under the Domestic Violence Act. This Act 116 of 1998 seeks to strengthen protection for domestic violence victims, who are normally women and children. The Act considers domestic violence to include physical abuse, sexual abuse, economic, emotional, verbal and psychological abuse, stalking, entry to a complainant's residence without their consent, or any other controlling or abusive behaviour towards a complainant. The Act aims to provide victims with legal protection against domestic violence and to ensure that the provisions of this Act are enforced by various bodies of the state (Domestic Violence Act 116 of 2008).

## OUR SEXUAL BODIES

**Ejaculation:** is when semen which is the fluid containing sperm cells comes out of the penis when a man has an orgasm.

**Menstruation:** is the lining of the uterus coming away.

**Ovaries:** produce eggs to be fertilised to become babies. Women have two ovaries and they are part of the female reproductive system.

**Fallopian tubes:** join the ovaries to the uterus. When an egg is released from the ovary, it travels through the Fallopian tubes into the uterus.

**Uterus:** also known as a womb, the place where babies grow.

**Testicles:** make sperm cells. Adult testicles can make 2 000 sperm cells every second!

**Vagina:** a penis goes into the vagina during vaginal intercourse, not the womb/uterus.

**Clitoris:** is situated on a woman above the urethra (where a woman urinates) and opening to the vagina and is for pleasure for the woman.

**Erection:** is when a boy's penis gets bigger and hard. It is caused by blood flowing into the veins in the penis as a result of sexy thoughts and touching of the penis.

## References



- Brainerd, J. and Reyna, V. F. (2005) *The science of false memory*. Oxford University Press, New York.
- Campbell, C. and MacPhail, C. (2002) 'Peer education, gender and the development of critical consciousness: Participatory HIV prevention by South African youth', *Social Science and Medicine*.
- Constitution of the Republic of South Africa Act no. 108 of 1996.
- Department of Social Development. (2013). *Comprehensive HIV and AIDS, TB & STI Strategy 2013– 2016*
- Deutsch, C. and Swartz, S. C. (2002) *Rutanang: Learning from one another: Towards standards of practice for peer education in South Africa*, Pretoria: Department of Health.
- Dorrington, R. E., Johnson, J. F., Bradshaw, D. and Daniel, T. (2006) *The demographic impact of HIV/AIDS in South Africa. National and provincial indicators for 2006*, Cape Town: Centre for Actuarial Research, South African Medical Research Council and Actuarial Society of South Africa.
- Fishbein, M. and Ajzen, I. (1975) *Belief, attitude, intention, and behaviour: An introduction to theory and research*, Reading: Addison-Wesley.
- Harrison, A., Cleland, J., Gouws, E. and Frohlich, J. (2005) 'Early sexual debut among young men in rural South Africa: Heightened vulnerability to sexual risk?' *Sexually Transmitted Infections*, 8, 259–261.
- <http://www.capriza.org>
- <http://www.unaids.org/en/regionscountries/countries/southafrica>
- [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf)
- <https://c-changeprogram.org/focus-areas/capacity-strengthening/SBCC-Toolkit>
- [http://www.gov.za/sites/www.gov.za/files/Department\\_of\\_Health\\_Annual\\_Report\\_2014.pdf](http://www.gov.za/sites/www.gov.za/files/Department_of_Health_Annual_Report_2014.pdf)

- <https://www.health-e.org.za/2016/03/15/5-things-you-should-know-about-hiv-pre-exposure-prophylaxis/>
- <http://www.medicalnewstoday.com/articles/232363.php>
- Human Sciences Research Council (2012) *South African National HIV Prevalence, Incidence and Behaviour Survey*, HSRC Press, Cape Town.
- Limpopo Provincial Government (2011), *Factors Associated with teenage Pregnancy in Limpopo Province*. Accessed at <http://policyresearch.limpopo.gov.za>
- National Strategic Plan on HIV, STIs and TB: 2012-2016. Accessed at [www.sanac.org.za/nsp/the-national-strategic-plan](http://www.sanac.org.za/nsp/the-national-strategic-plan)
- Richter, L. (2004) *The impact of HIV/AIDS on the development of children*, in Pharoah, R. ed., *A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa*, Pretoria: Institute for Security Studies.
- Shisana, O., Rehle, T., Simbayi, L. C., Zuma, K., Jooste, S., Pillay-van-Wyk, V., Mbelle, N., Van Zyl, J., Parker, W., Zungu, N. P., Pezi, S. and the SABSSM III Implementation Team (2009) *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: Human Sciences Research Council.
- Statistics SA Mid-year Population Estimates (2013). Accessed at [www.statssa.gov.za/publications/p0302/p03022013.pdf](http://www.statssa.gov.za/publications/p0302/p03022013.pdf)
- Swartz, S. and Bhana, A. (2010) *Teenage Tata: The Voices of Young Fathers in South Africa*. HSRC Press. Cape Town.
- Webber, C. (Dr) and Tosio, P, *Address Your Stress* (unpublished) [www.junostudycourse.com](http://www.junostudycourse.com)

