



Living



*Skills for Life:
Botswana's Window of Hope*

Senior Secondary School

Worksheets



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This document has been prepared by the Botswana Ministry of Education, Department of Curriculum Development and Evaluation; the BOTUSA Project; and Education Development Center, Inc. (EDC).



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TABLE OF CONTENTS

Acknowledgements	I
Note To Learners	V
Testimonial	VII
I. Self-Awareness	1
II. Values	15
III. Goal Setting	29
IV. Communication	37
V. Decision Making	51
VI. Stress Management	61
VII. Sexuality	67
VIII. HIV and AIDS: Facts, Myths, and Prevention	81
IX. Risk Reduction	93
X. Benefits of Relationships	103
XI. Dilemmas	115
XII. Social Responsibility	121
XIII. Healthy Living	133

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SCHOOLS INVOLVED IN THE NEEDS ASSESSMENT AND PILOT PROCESS

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NOTE TO LEARNERS

Living, Skills for Life: Botswana's Window of Hope is an activities book designed to help you become the best you can be. Each activity tries to build skills that you will find useful now, and throughout your life. With these skills you can make healthy choices and help to build a better Botswana.

HIV and AIDS is affecting everyone in Botswana. There are many education materials that talk about HIV and AIDS. *Living* is different from most others for two reasons. The first is that this book is specific to the needs of Botswana because it was developed by teachers and learners from all parts of the country. The second is that *Living* focuses on skills, not just information, to care for yourself, your family, and community.

Skills are developed by practice. You can practise skills in each of these activities through role plays and case studies and other methods that ask you to actively participate. Honest and energetic participation from you, and other learners in your class, will make each of the 13 chapters in the book a success.

By the end of this book you will learn to:

- Assess yourself
- Develop and uphold values
- Set and achieve goals
- Communicate better
- Make informed decisions
- Manage stress
- Be aware of your sexuality
- Distinguish between some facts and myths about HIV and AIDS
- Reduce your risk
- Appreciate the benefits of relationships
- Cope with dilemmas, especially because of AIDS
- Be socially responsible
- Live Healthy

This is one book in a series of five that will cover Standard 1 to Form 5. The characters you will read about appear at all levels, that is, from Lower Primary to Senior Secondary. You have met these characters from Primary School and now you are going to finish your Senior Secondary School with them. The role plays and stories are fictitious, or made up, to show real-life situations but without naming a particular person. These are the names of the main characters in this book:

GIRLS	BOYS
Mmaonyana	Thuso
Thabo	Biki
Tshepo	Kabo
Mosetsana	Nxau
Kedisaletse	Tanyala

If you know someone that has one of these names, or someone that is in a similar situation as described in the stories or role plays, it is only a coincidence.

HIV and AIDS has been in Botswana for many years. Experts know more about AIDS education now than ever before. This book brings many of those lessons together to the benefit of young learners today. You are Botswana's Window of Hope.

Living can help you think about and prepare decisions for many situations that you will face in your life. The decision, however, is yours alone.

TESTIMONIAL

KGALALELO NTSEPE'S STORY

Kgalalelo had a terrible headache in 1998 that would not go away. A friend advised her to go for an HIV test. She was afraid because she associated being HIV positive with dying and on two occasions turned to go back from a voluntary counselling and testing centre. A pamphlet on HIV and AIDS that she came across encouraged her to test. She finally tested on 3rd of July 2001 and her results came out HIV positive.

The counselling she received, support from friends and church helped her accept her status. Her family was in denial for a long time and they actually believed she was bewitched. Kgalalelo is coping well and currently works as a trainer for the Centre for Youth of Hope (CEYOH). Ever since she tested, she leads a very healthy life.

She started the anti-retroviral therapy on the 10 of August 2001. When she started the therapy her CD4 cell count was 222 and it has increased to 813; her body weight was 45 kg, now it's 75kg; her viral load was 13800 and now it's undetectable.

Kgalalelo's advice to the young people is to delay sexual debut. She says young people should delay sex until they marry. She also wants intervention programmes that are specific to both in-school and out-of-school youth.



I. Self-Awareness



INTRODUCTION

Self-awareness is knowing who you are, that is, your likes and dislikes, your abilities, strengths, and limitations. It enables you to build on your strengths and improve your limitations. Self-awareness helps you accept the things you cannot change about yourself and not be defensive about them. It helps you understand that there are rights and responsibilities that are common to all of us, as a people. Self-awareness helps you develop a positive self-image, which leads to self-respect. Being aware of yourself and others helps you appreciate the fact that people are different and helps you not be judgemental of others based on what they are able or not able to do.

At this level, you are thinking and planning your life after senior secondary. Though you are still dependent on other people, you may also be trying to show that you are adult enough to think for yourself. It is therefore especially important that you know your strengths and limitations as well as your rights and responsibilities in society.

KEY TERMS

- *Need*: Essential; a requirement for life.
- *Want*: Something one would like to have but can do without; a desire.
- *Prioritise*: To rank in order of importance.
- *Appropriate*: Suitable, acceptable, and practical.
- *Right*: Something one is entitled to that is protected by law.
- *Responsibility*: An obligation to perform specific duties.
- *Violation*: An instance in which one's rights or responsibilities are not upheld.
- *African Charter on the Rights and Welfare of the Child*: An official document (from the Organization of African Unity) that defines children's rights and responsibilities.

Complete this worksheet, following the directions for working both individually and with a partner:

- a. Study the Johari Window below:

The Johari Window

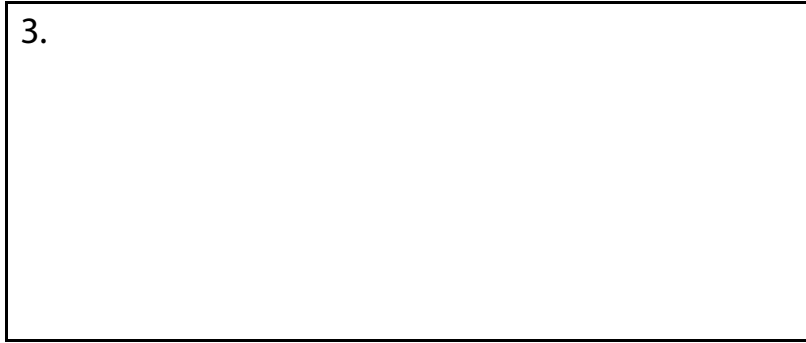
1. What you know about yourself that is known to others (<i>for example, your name, age, family, school results, behaviour</i>):	3. What you do not know about yourself that is known to others (<i>for example, how others think of you and what they think of your abilities, your weaknesses, your behaviour, your reliability</i>):
2. What you know about yourself that is unknown to others (<i>for example, your private life; your feelings, aims, and fantasies; secret parts of your life</i>):	4. What you do not know about yourself that is unknown to others (<i>for example, your future, the things you can do but have not yet done, your career, your opportunities, your health, your luck</i>):

- b. Draw the windowpanes on manilla paper, leaving space for your answers.
c. Fill out Windowpanes #1 and 2 individually.

1.
2.

d. Work with a partner to fill out Windowpane #3.

3.



e. Fill out Windowpane #4 individually, visualising and describing what you would like your future life to be.

4.



Remember:

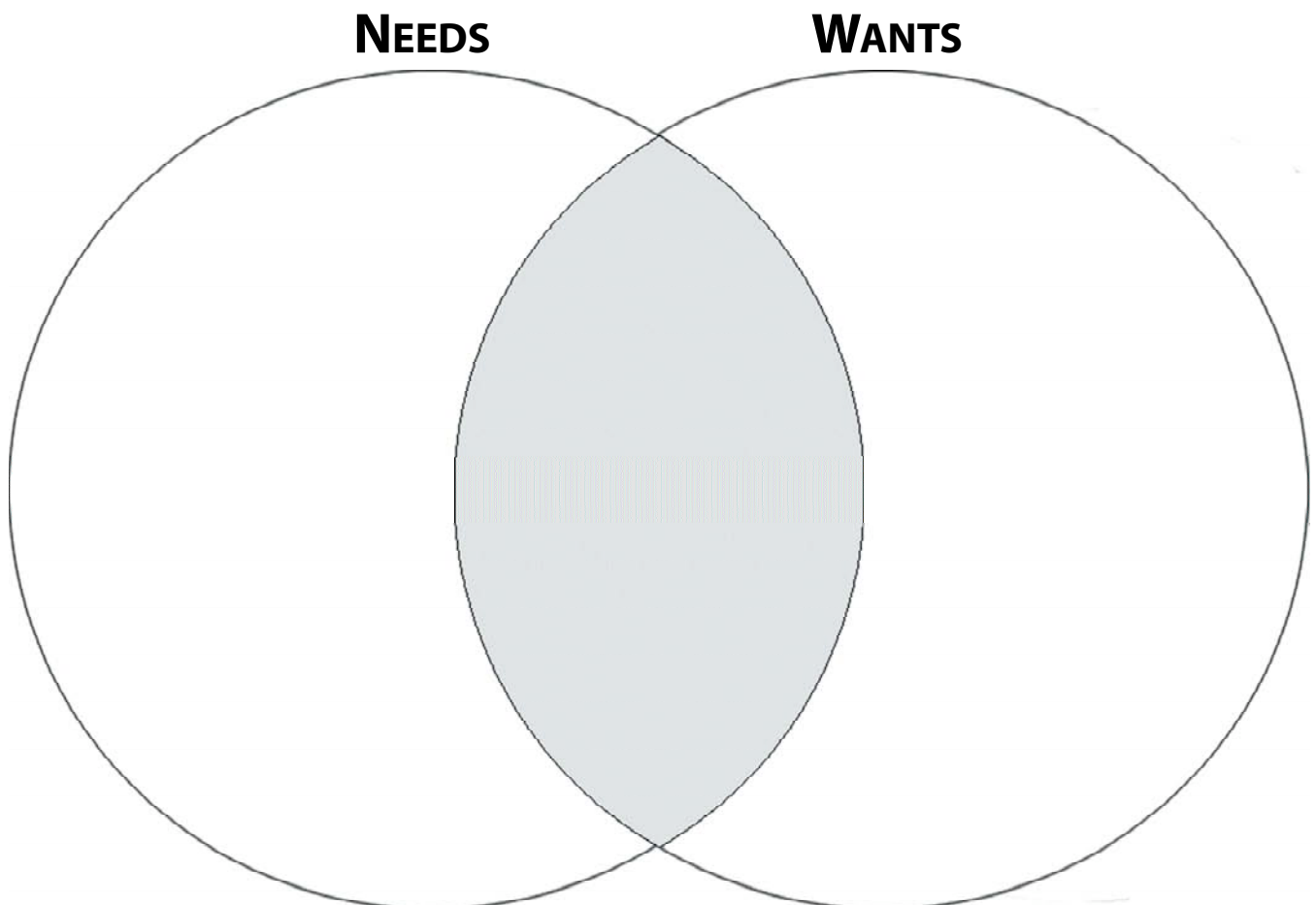
Knowing yourself well can help you set clearer, more realistic goals and help you make better and healthier decisions. Sharing feedback with others helps us become better people because it gives us an opportunity to celebrate our strengths and improve our weaknesses.

Answer the questions below:

a. State the differences between *Needs* and *Wants*:

b. From the list below, identify which are needs and which are wants, and fill in the table accordingly. The shaded part is for those things that you think are both *Needs* and *Wants*:

food shelter sex cell phone alcohol clothes television cash
car companionship love identity education safety



c. Make a list of your own needs and wants:

d. Prioritise your list of needs and wants (number them in order of importance).

Read the story below and answer the questions that follow:

Story: Sinah

Sinah is a 17-year-old Form 4 student whose family is not well off. Her friends are better off, they are always speaking of new phones, fancy trips, and stylish clothes. Sinah recently started a relationship with a 27-year-old man. When he promises her expensive gifts and a two-day trip to Sun City on the condition that she will have unprotected sex with him, Sinah obliges.

a. What do you think Sinah's needs are?

b. What do you think Sinah's wants are?

c. What are your views about Sinah's decision? Give reasons for your answer.

d. In a similar situation, what would you do? Give reasons for your answer.

Remember:

Needs are our basic necessities for life. Our wants have less priority. Only when we have taken care of our most important needs may we work to achieve or fulfil our wants.

With your group, describe two appropriate ways in which you can meet each of the needs listed below:

a. Health:

b. Education:

c. Belonging:

d. Appearance:

Remember:

When making decisions on how to meet our needs, we should think of ways that will not affect our health negatively. It might be tempting to find shortcuts or “easy” ways to meet our needs, such as having sex for money or stealing what we want, but this is likely to hurt us in the long run.

Read the story and answer the questions that follow:

Story: Nxau's Decision

Nxau is a 17-year-old boy who has had a good record in both academics and sports since primary school. He passed JC with a first class and was admitted to Shashe River School. At Shashe, he excels in class and in athletics, and he is the envy of his friends. One evening, at the hostel, a dorm mate teases him by saying, "*Hei monna, this is a senior school . . . ha o ka tswelela o itira Glody Dube, re tlile go go tima diparty le bojalwa!*" (Hey man! If you continue acting like Glody Dube, we will enjoy beer and parties without you!) Nxau has a sleepless night, pondering this issue. He wonders whether he is concentrating too much on his academic work and sports at the expense of his social life. However, he also knows that what he is doing now will help him in the future. Eventually, he decides he is doing the right thing; he wants to excel in school and in athletics, and that is what is important to him. The following year, Nxau is selected to represent Botswana at the Commonwealth Games in London, and he brings home a gold medal! On Prize-Giving Day, he scoops the Best Form 5 and Best Athlete prizes.

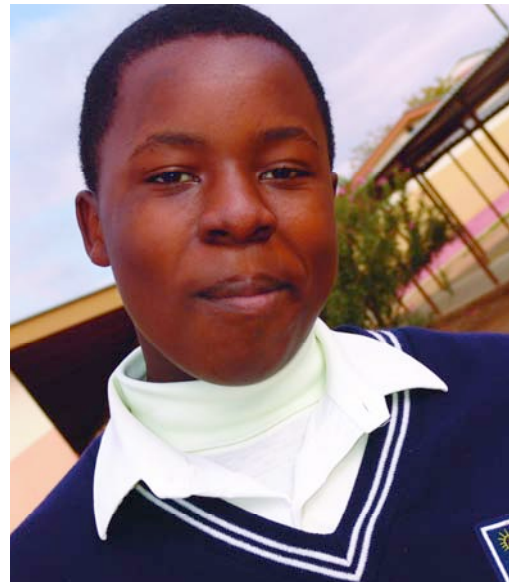
- a. How did Nxau make his decision?

- b. How do you think he feels about his achievements?

c. Is Nxau's dorm mate acting like a good friend? Explain.

d. What are some things you can excel at?

e. To what would you attribute your achievements?



Remember:

When we understand what's important to us, we can make decisions that support our personal goals. Appraising our interests and abilities can help us choose what's right for us and sacrifice what's less important. It is also important to respect and support other people's interests and abilities.

Complete this worksheet with your group:

- a. What are some rights of children that are stipulated in the African Charter on the Rights and Welfare of the Child and the Botswana Children's Act? Write them in the left-hand column of the table:

Rights	Responsibilities

- b. What are some responsibilities that are associated with each of these rights? Brainstorm some responsibilities with your group, and write them in the right-hand column.
- c. Think of learners similar in age to you whose rights as children may have been violated. Without naming any names, briefly describe these situations:
- d. How can you address these rights that were violated?
- e. Discuss ways in which you can defend your rights while ensuring that you are able to meet your responsibilities.

You will be asked to create a role play that represents the main points of your discussion.



Remember:

All human beings are born with rights, which should not be taken away. Each of our rights comes with responsibilities. Knowing our rights empowers us to protect and defend them when they are being violated. We should also remember that our rights exist together with those of others, and we should ensure that our rights do not infringe on the rights of others. We should also stand up for other people to make sure that their rights are not violated.

II. Values



INTRODUCTION

A value is a belief you hold that is important to you and that guides your life. Your values are initially shaped by your parents, but as you get older, more and more of your values are influenced by factors outside your family, such as your religious beliefs, your friends, the community, and the media. Loyalty, respect, and honesty are human values that can help you relate positively to your friends, family, and society.

Your values influence your decisions, actions, and goals. Knowing what your values are can help you behave or live in a way that honours them. Knowing your values can also help you resist negative peer pressure and other environmental factors, such as the media, that may promote unhealthy values.

KEY TERMS

- *Botho*: The concept of being humane. A person with *Botho* is known by the following:
 - ❖ Having a well-rounded character, being well-mannered, courteous, and disciplined, and realising his or her full potential, both as an individual and as part of the community to which he or she belongs
 - ❖ Earning respect by first giving it, and gaining empowerment by empowering others
 - ❖ Applauding rather than resenting those who succeed
 - ❖ Disapproving of anti-social, disgraceful, inhumane, and criminal behaviour, and encouraging social justice for all

Botho makes all Batswana capable of stretching the largeness of our spirit to the utmost limits.

(Adapted from *Vision 2016: Long-Term Vision for Botswana*, 1997)

- *Date*: A single meeting with someone for a movie, a drink, a meal, etc. for the purpose of getting to know each other.
- *Dating*: A steady relationship that happens over time.
- *Courtship*: The process of getting to know each other better in preparation for marriage.

Write a short essay on your personal values that covers the following points:

- What your values are
- Where your values came from
- How personal values can affect one's behaviour
- How a person can make decisions that go along with his or her personal values
- How your values have helped you

A large, empty rectangular box with a thin black border, intended for the student to write their short essay on personal values.



Remember:

Values define our identity. Our values are shaped by our personal, family, religious, and cultural beliefs. Upholding our values encourages us to choose healthy, responsible behaviours.

In your group, read the case study below and answer the questions that follow:

Case Study: Three Honest Men

A story is told of two taxi operators and their friend who found a bag full of money, estimated to be 4.2 million Pula. The three men handed over the money to the authorities immediately.

Reactions from the public:

- Observer 1: How can anyone in their right mind return such a fortune?
- Observer 2: *Banna ba ba loilwe! Ke jone boloi jo! Ba tla swa e le bahumanegi ba nta ya tlhogo.* (These men have been bewitched. This is pure witchcraft! These men will die destitute.)
- Observer 3: Look at these stupid men. This is stupidity at its worst. They are driving scrap vehicles, *MOLOLA, DIPARTS!* (ASHES! VEHICLE PARTS!) Why didn't they use the money to buy new combis? *Bone bare ba ditrain-bus le di double-decker basimolotse jang? Ba ne ba sela madi jaaka bone jaana.* (How do they think those who own train buses and double-deckers got started? They also got lucky and picked up some money.)
- Observer 4: God will bless them tenfold. This is surely an act of loyalty, honesty, and courage.

The three men after exposure to such comments:

Taxi Operator 1: *Monna*, did you hear what people are saying about us?

Taxi Operator 2: Pal, do not worry. As they say, "*Ai to ja tjo abilila tjoyo tjo zha nge nlonga*". (You need not go hunting for your fortune; if it's yours, it will always come your way.) It was not meant for us.

Taxi Operator 3: You are right. You see, I remember from my Sunday school days: Thou shall not steal. Honesty is the best policy. But above all, there is the Golden Rule: Do unto others as you would have them do unto you. Imagine *gore ba ba latlhileng madi a ke lesika la gago. Monna o tla bo a jele mmereko*. (Imagine if those who lost the money were your relatives, the man would have lost his job.) Maybe he or she is taking care of an ailing relative or just got a bank loan to bury some family member.

A trust fund was set up and a ceremony was held to thank and praise the three men. They appeared on national TV and were each given around P15,000.00. Loyalty pays in the end, and he who laughs last, laughs longest. This scenario embodies the principles of *Botho*.

a. How many examples of loyalty do we see in this short story?

b. What are some ways in which loyalty can be applied?

c. Given a chance, which group would you identify with and why?

- The taxi operators
- The public observers

Be prepared to discuss your responses with the class.



Remember:

Your actions can affect others, such as your family and the wider community. Sometimes it might be easier and more convenient to make decisions based on our interests only, without regard to how others are affected. However, a value such as loyalty helps guide our actions so that we consider others and stay focused on what's right for us, regardless of what anyone else may say.

Read the case study below and answer the questions that follow:

Case Study: Thabo

Thabo comes to school regularly. However, every day she gets home very late and tells her parents that she has been working on her agriculture project at school or that she is involved in a sports activity at school. Her parents are concerned by all these late-night activities and decide to go to the school to see the teacher-counsellor. They visit the institution, and Thabo is summoned to the teacher-counsellor's office. Thabo admits that she is involved with a bus conductor who beats her up whenever she doesn't turn up at his house, and that her peers know of this.

a. What are some examples of disrespect in this scenario?

b. If you were in Thabo's situation, what would you do?

- c. What are some ways that you can show respect to yourself, your family, your partner, and your friends?

Be prepared to discuss your responses with the class.

Remember:

When we show respect for ourselves, our families, and our community, we are also promoting healthy behaviours that reduce our risk of such things as physical abuse and HIV infection.

In your group, discuss the following:

- a. Describe what is meant by the principles of *Botho*.
- b. List instances where you have shown *Botho* to others.
- c. State the importance of the principles of *Botho*.

Be prepared to share your responses with the class.



Remember:

Botho is central to the values of our society. It encompasses all that is considered good in our society. It is what makes us who we are. The Setswana saying "*Molaakgosi o a bo a ee itaela*", which, when translated directly, means, "When you do something to another person, know that they will do it to you", stresses the concept of *Botho*. To be respected, one has to respect others. It is important to remember the value of *Botho* when we are dealing with other people.

Read the first three situations on the worksheet, and decide with your class whether they are situations of “respect” or “disrespect”:

No.	Situation	Respect	Disrespect
1.	Your boyfriend/girlfriend slaps you in public.		
2.	Your boyfriend/girlfriend walks out on you while you are having dinner.		
3.	A couple has scheduled a movie date for 19:00. At 18:45, the boy calls to say that he is held up with maths revision group and will make it up to her later. The girl calmly accepts and wishes him luck.		

Add three more examples of situations where young people do or do not show respect in dating:

4.			
5.			
6.			



Remember:

Respect is an important part of any relationship, even in dating situations. When each person in a couple demonstrates respect for the other, they are more likely to make thoughtful decisions and act in a way that will keep both partners healthy and happy.

III. Goal Setting



INTRODUCTION

Goal setting involves identifying what you want to achieve at certain times in life and planning how you will attain it. As you aim to achieve your goals, you will experience challenges as well as triumphs. Part of goal setting is identifying possible barriers to achieving your goals and planning ways to overcome these barriers.

Learning how to set and achieve personal goals is an important skill that can help you throughout your life. It helps you maintain your focus on where you are going and what you value most in life. Establishing personal goals can help you prioritise the things that are most important to you and get the desired results. At the senior secondary level, you are preparing for adulthood and for becoming a productive member of society. Goal setting will help you be prepared for the challenges you are likely to meet on the way.

KEY TERMS

- *Goal*: Something you plan to achieve.
- *Short-term goal*: Something you plan to achieve within a short time frame, e.g., by the end of the term or the end of the year.
- *Long-term goal*: Something you plan to achieve over a longer time frame, e.g., by age 20 or age 40. It may be broken down into a series of short-term goals, which may make it easier to reach the bigger goal.

Read the story below and answer the questions that follow:

Story: Mmaonyana's Goals

Mmaonyana, who is an orphan, is the eldest in her family. She has two siblings, the younger of whom is HIV positive. Mmaonyana has just completed Form 3 and is admitted to Matshekge Senior School with a first class pass. Her goals in life are to become a doctor and to be able to take care of her siblings. Unfortunately, she does not have enough time and resources to be an adolescent care-giver as well as a student.

- a. What are Mmaonyana's short- and long-term goals?

Short-term goals:

Long-term goals:

- b. What barriers are likely to prevent Mmaonyana from achieving her short- and long-term goals?

- c. What services do you know of that are in place in your community that would help Mmaonyana achieve her goals?
- d. What can Mmaonyana do to make use of these services?
- e. What else can she do to overcome the barriers?



Complete the table below.

My short- and long-term goals:
Barriers to achieving my goals:
Ways to overcome these barriers:



Remember:

Our short- and long-term goals give us a sense of purpose, even in difficult situations. Setting goals help us prioritise our needs, wants, and actions, which also facilitates decision making. Staying focused on our goals can help us work out how to overcome any barriers we face. There are services in the community that can assist us in overcoming some of these barriers. It helps to find out about these services and seek assistance accordingly.

Individually, answer the questions below.

a. Identify two long-term goals:

1.

2.

b. Break down these goals into short-term goals that will help you achieve your long-term goals:

c. What have you done so far in trying to achieve each of your goals?

d. What are the barriers you faced in trying to accomplish each goal?

e. How did you address these barriers?

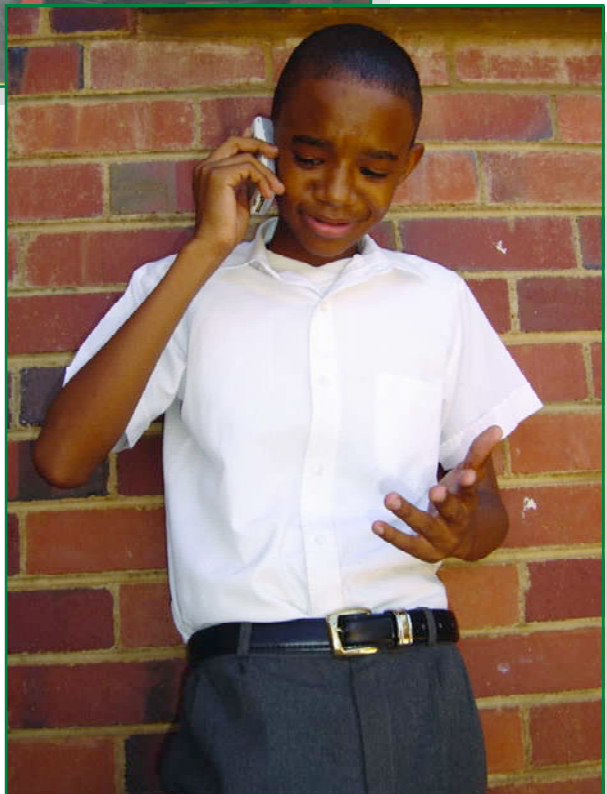
f. What are additional things you can do to achieve each of your goals?



Remember:

Goals help you know which direction to take, give you a sense of purpose, and motivate you to act. Sometimes it helps to break down long-term goals into short-term goals that are manageable, realistic, and measurable. Writing down and reviewing your goals enables you to look back on what you have achieved so that you can map the way forward.

IV. Communication



INTRODUCTION

Communication is the ability to exchange information and to express needs and wants. It is a skill we use to express ourselves in ways that other people can understand. Good communication requires effective listening, speaking, and writing.

Communication includes both verbal and non-verbal components. Verbal communication is the exchange of words. Technically, “verbal communication” refers to both spoken and written words, though it is generally used to refer to oral (spoken) communication. Non-verbal communication reinforces your verbal messages with the use of body language, gestures, and facial expressions.

When a person communicates in a passive or aggressive manner, the communication is non-effective. People who are passive do not say what they want to say, due to their fear of being put down or saying the wrong thing. They allow other people to hurt them or do things they feel bad about. On the other hand, people who are aggressive want to be listened to at all costs; they do not take other people’s feelings into consideration. Effective communication requires being assertive, which means being clear, confident, and firm in your position, rather than passive, and being respectful rather than aggressive.

You need good communication skills in order to build and maintain positive relationships. Effective communicators are able to protect their interests and stay safe. Through good communication, you can reduce feelings of anger, mistrust, or frustration in relationships with your family, friends, teachers, and others. You are able to clearly communicate what you want to say without intentionally hurting other people’s feelings. You are also better suited to help others, such as friends and family, because you are making an effort to understand the other person’s feelings, wants, and needs. Effective communication is enhanced when people have established their values, set their goals, and developed their decision-making skills.

KEY TERMS

- *Constructive communication:* Positive comments that build the individual, result in a positive self-image, and help the individual become more confident and assertive.
- *Destructive communication:* Negative comments that insult and diminish the other person and may result in angry responses or hurt feelings.
- *Assertive communication:* Communicating one’s position in a clear, firm, and confident manner without sending mixed messages. An example of assertive communication is saying no when you mean no.

- *Aggressive communication:* Communicating one's position in a manner that is forceful, pushy, and determined; it is often considered to be rude, and in many cases is not effective.
- *Passive communication:* Communicating one's position in a manner that is lacking in energy, confidence, and clarity of meaning.

Answer the questions below:

a. How can each of the following be a barrier to good communication?

- Age difference *(for example, a senior secondary student talking to a grandparent, or a senior secondary student talking to a Standard 3 student)*
- Difference in status and culture *(for example, a senior secondary student talking to a police officer or to a chief)*
- Difference in gender *(for example, a boy and a girl talking, a boy and an older woman talking, a girl and an older man talking)*

b. What are some ways to overcome each barrier?

Remember:

A number of factors can be barriers to good communication, such as differences in age, status, culture, and gender. We need to identify and overcome these potential barriers in order to avoid misunderstandings and hurt feelings.

Answer the questions below:

- a. List all the ways that people communicate with you that you like and find easy to understand. What was the result?

- b. List all the ways that people communicate with you that you don't like and find hard to understand. What was the result?



Remember:

Constructive communication helps people build and maintain their self-esteem by encouraging them and offering suggestions for improvement. People are more likely to understand each other when they practise constructive ways of communicating.

WORKSHEET 4.3**DEALING WITH CONSTRUCTIVE AND
DESTRUCTIVE COMMENTS**

Discuss rows 1 and 2 with the class and then respond to 'a' and 'b' below in your group:

- a. For rows 3, 5 and 7, come up with ways to respond positively to the comments.
- b. For rows 8 and 9, come up with two comments and some ways to deal with each of them.

Comments	Type (C or D)	Possible Responses	Possible Actions
1. "Very good essay!"	C	"Thank you very much."	<ul style="list-style-type: none"> • Continue working hard • Form study groups to sustain your performance
2. "Letagwa le! O ithuta leng fa o le mo bareng jaana?" "You drunkard! When do you study? You spend all your time in bars."	D	"You are a teacher at school and not here in the bar!"	<ul style="list-style-type: none"> • Continue drinking • Stop studying • Become more defiant
3. "Letagwa le! O ithuta leng fa o le mo bareng jaana?" "You drunkard! When do you study? You spend all your time in bars."	D		
4. "You look good today".	C	"I know. I have a mirror in my house".	<ul style="list-style-type: none"> • Become more vain • Spend more money on your clothes and appearance
5. "You look good today".	C		

6. "You eat too much! That's why you are so fat!"	D	"Mind your own business! You are not so perfect either!"	<ul style="list-style-type: none"> • Become withdrawn and depressed • Continue overeating
7. "You eat too much! That's why you are so fat!"	D		
8.			
9.			



Remember:

By learning to react in a constructive way to others' comments, whether they are positive or negative, we maintain our self-esteem. We also need to learn to respond to positive comments, such as praise, in a humble and appreciative manner.

Review the table below with your class and then individually respond to the situations on the next page:

Assertive Communication	Aggressive Communication	Passive Communication
You Do: <ul style="list-style-type: none"> ask for what you want, directly, openly, and appropriately know that you have rights, and stand up for your rights ask confidently and without undue anxiety 	You Do: <ul style="list-style-type: none"> try to get what you want, in any way that works often behave in a way that causes bad feelings in others threaten, cajole, manipulate, use sarcasm, and fight 	You Do: <ul style="list-style-type: none"> hope that you will get what you want sit on your own feelings rely on others to intuit or guess what you want
You Don't: <ul style="list-style-type: none"> violate other people's rights expect other people to magically know what you want freeze up with anxiety 	You Don't: <ul style="list-style-type: none"> respect that other people have a right to get their needs met look for situations in which you both might be able to get what you want (win-win situations) 	You Don't: <ul style="list-style-type: none"> ask for what you want express your feelings usually get what you want upset anyone get noticed

Read Situations 1–3 below, and tick the response that you would give:

Situation 1

Your boyfriend/girlfriend insists that you should have sex, and you feel you are not ready. You say:

- a. No. I told you I'm not ready to have sex. Right now, I want to focus on my studies.
- b. *Mh ... Hei! aa!* OK.
- c. You stupid fool! How many times should I tell you? Go and look for a prostitute to have sex with.

Situation 2

Your friend wants you to lend him your textbook. You would rather not. You say:

- a. Well, I suppose it's okay.
- b. You must be crazy! My textbook! No way! Get lost!
- c. I'm sorry, maybe you can ask the teacher for one. I need mine for an assignment.

Situation 3

You are at your friend's birthday party. A classmate insists that you try some punch. You know it's alcoholic, and you don't want to. You say:

- a. *Tswa fa!* (Get off!) You think I'm stupid. I don't take alcohol. *O batla go intagisetsa.* (You want to make me drunk so that you can take advantage of me later.)
- b. Bogosi, I'm clear about not taking alcohol. No thanks, a Coke would do just fine.
- c. *Hei, ke a tshaba! Legale,* let me taste. (I'm scared, but anyway, let me taste.)

Come up with a situation similar to Situations 1–3 in Worksheet 4.4a, and list three responses, one that is aggressive, one that is assertive, and one that is passive.

Situation 4:

You say:

a. Aggressive response

b. Assertive response

c. Passive response

Be prepared to share your responses with the class.

Remember:

There is a big difference between being assertive, being aggressive, and being passive. It is important to learn to be assertive rather than aggressive or passive. When we are assertive, we are more likely to get what we want without disrespecting others, and we usually feel better about ourselves than those who are passive or aggressive do.

Conduct a role play for each of the situations below. USE NO WORDS, ONLY ACTIONS:

- a. A student trying to console another student
- b. A teacher scolding a student
- c. A boy trying to be brave enough to ask a beautiful girl out on a date
- d. A teacher trying to touch a student in a bad way
- e. A boy trying to convince a girl that they should have sex, and the girl resisting



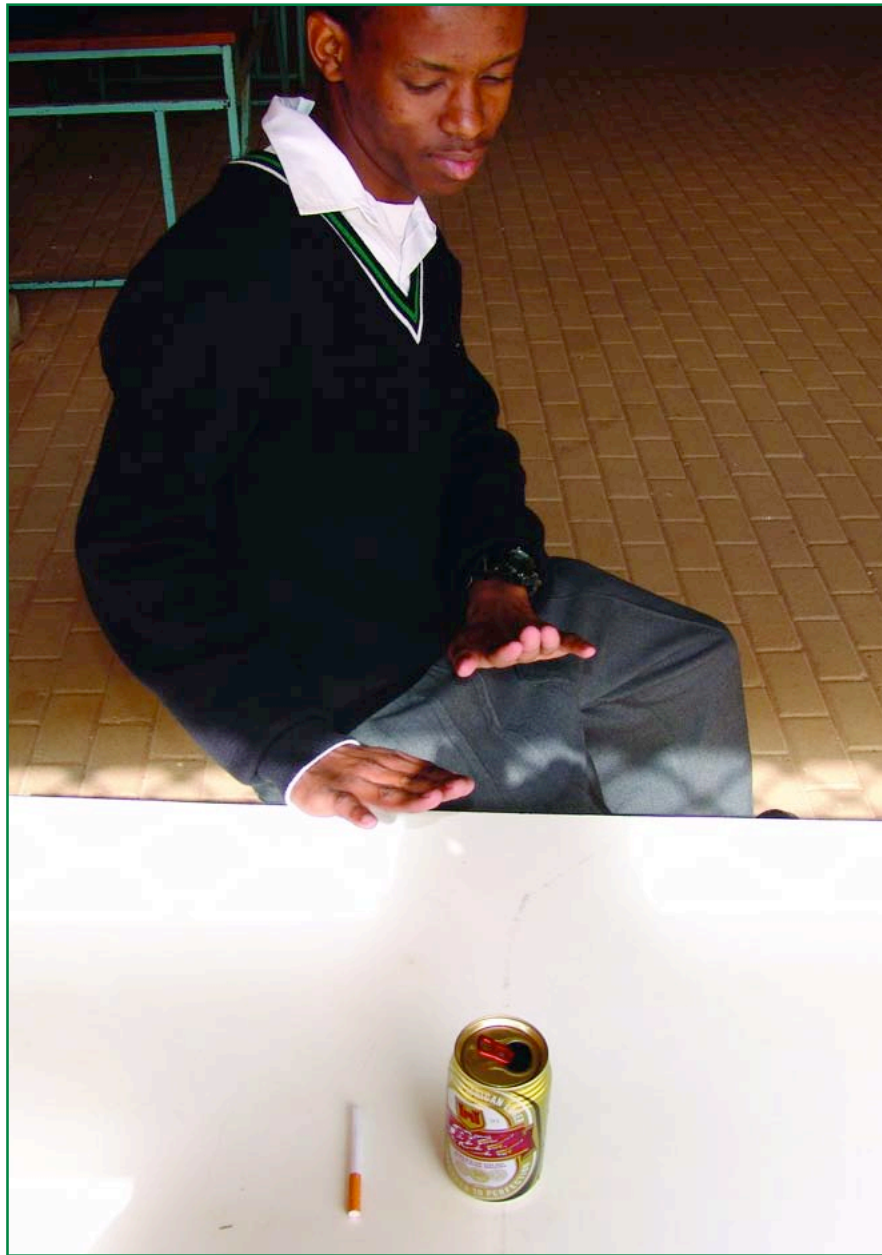
Use the table below to take notes on the non-verbal behaviour, such as body language and facial expressions, that you observe in each role play.

No.	Situation	Non-Verbal Expressions
a.	Student consoling another student	<ul style="list-style-type: none">• Concerned look on face• Hugging or leaning towards the other student
b.	Teacher scolding a student	<ul style="list-style-type: none">• Angry eyes• Pointing finger or shaking hands at student• Tense body
c.		
d.		
e.		

Remember:

Non-verbal communication not only reinforces the message being given verbally, it can also convey messages of its own. What we communicate non-verbally should match the verbal message we are giving so that there is no misunderstanding.

V. Decision Making



INTRODUCTION

Decision making is a critical skill that everyone needs to have. It involves defining the decision to be made in a particular situation, identifying the possible options, determining the possible positive and negative consequences of each option, weighing those consequences, and then choosing the best option. Once you have made a decision, you should review it to evaluate the outcome so that you can learn from your past experience and make better decisions in the future.

Decision-making skills enable you to think critically and to actively solve problems that may arise in personal and social situations. Decision-making skills help you face risky situations by guiding you to identify different options, weigh the consequences, and recognize the internal and external influences on your choices in order to make informed decisions.

At this level, you are making critical decisions regarding your health. These decisions will have an impact on your future career, family life, and all other aspects of your future. Learning skills for making good decisions and taking responsibility for your choices will give you more control over your life.

KEY TERMS

- *Consequence*: The outcome or result of a choice made.
- *Risky situation*: An event that exposes one to danger.
- *Internal influences*: The factors that come from you as an individual that affect the decisions you make, such as your values, strengths, limitations, likes, dislikes, and past experiences.
- *External influences*: The factors that come from your surroundings, such as your friends, family, community, and resources, that affect the decisions you make.
- *Critical decisions*: Urgent, necessary choices that you must make.

The four steps of decision making:

1. Stop
 - Check out the scene and remind yourself to think before acting.
2. Think
 - Identify the decision to be made.
 - Gather information and examine resources.
 - List possible options.

- Identify and weigh the possible consequences of each option.
- Choose the best option. Ask yourself, Does this option:
 - ❖ Respect your mind and body?
 - ❖ Respect the people who care about you?
 - ❖ Respect your important values (family, cultural, religious)?
 - ❖ Follow rules and laws?
 - ❖ Keep you and others from risk of serious negative consequences?

3. Act

- Act on your best option. (What would you say or do?)

4. Review

- Evaluate the solution and its actual consequences. (Would you do anything differently?)

Read the scenario and answer the question:

Your school is running holiday teaching. You are expected to attend these lessons daily because these lessons will not be repeated. However, your parents did not budget money for transport.

- a. What do you think you should do? Use the four decision-making steps (Stop, Think, Act and Review) to come up with a solution. (Refer to Key Terms if needed.)

Be prepared to discuss your response with the class.



Identify at least five decisions you have had to make at one time or another and state the consequences of and lessons learnt from each decision in the table below:

Decision	Consequences (Positive and Negative)	Lessons Learnt
1.	<i>Positive:</i> <i>Negative:</i>	
2.	<i>Positive:</i> <i>Negative:</i>	
3.	<i>Positive:</i> <i>Negative:</i>	
4.	<i>Positive:</i> <i>Negative:</i>	
5.	<i>Positive:</i> <i>Negative:</i>	

Remember:

An important part of decision making is evaluating your decisions after you have made them. You need to look at how you handled the positive and negative consequences of each decision so that every decision you've made, good or bad, can inform the next one you face.

WORKSHEET 5.2a IDENTIFYING CHOICES AND CONSEQUENCES

IDENTIFYING CHOICES AND CONSEQUENCES

Read the story below and answer the questions that follow:

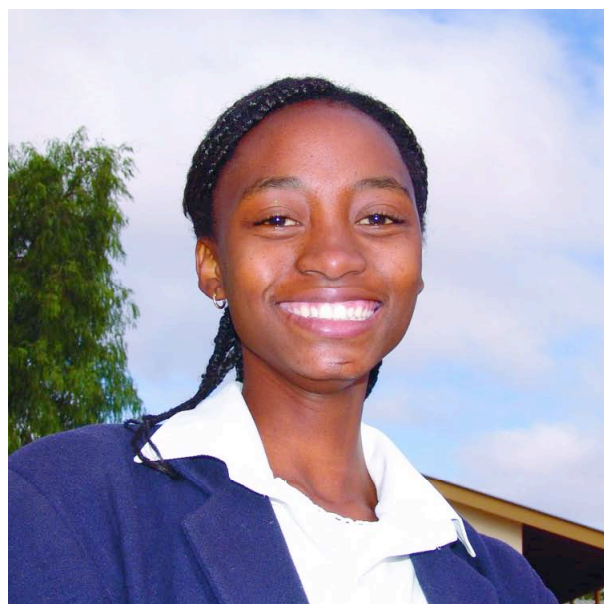
Story: Tshepo's Choice

Tshepo, who is 18 years old, wants to delay having sex until she is 24 years after university. She does not want to become pregnant or get infected with HIV or other sexually transmitted infections. She has no skills in using condoms; therefore, she is not confident in using them. She knows that even with a condom, there is a possibility that she can fall pregnant or get infections. Tshepo's boyfriend, Thato, who is also 18 years, wants them to have sex. He promises Tshepo that he will use a condom. He threatens to leave her if she refuses to have sex with him.

- a. What is the decision that Tshepo is faced with?
- b. What are her choices?
- c. What are the possible positive and negative consequences of each choice that Tshepo could make?

- d. Considering Thato's behaviour, is he ready to take up the responsibilities that come along with having sex?

- e. Since Thato realises that Tshepo is not ready to have sex, what other options can he consider?



Read the story below and answer the questions that follow:

Story: Tanyala's Choice

Tanyala is approached by Magdeline, a beautiful 18-year-old girl. She makes it very clear she likes Tanyala and wants to have sex with him. However, academic work is Tanyala's priority, and he is involved in many sporting activities. He has decided to delay sex until he is older, but he has kept this decision to himself. Magdeline writes him sexy notes, but Tanyala does not respond. During lunch, Magdeline approaches Tanyala again and tries to seduce him, saying things that suggest sex. She finally invites him to meet her at the park after sunset and promises him that they are going to have a night to remember.

a. What is the decision that Tanyala is faced with?

b. What are Tanyala's choices?



c. What are the possible positive and negative consequences of each choice that Tanyala could make?

d. What options does Magdeline have?



Remember:

Some decisions have greater possible consequences and therefore require a more thoughtful decision-making process. Decisions that can affect your future or harm you or others require that you consider and weigh all the possible consequences before going forward. There will always be pressure to make a decision that is less wise, but stand firm and choose what will keep you healthy and protect your future.

VI. Stress Management



INTRODUCTION

Stress is a person's response to challenging or difficult situations, based on how he or she experiences them. People may respond differently to the same situation, depending on how they understand it and how successfully they cope with stressful situations in general. Stress management refers to the coping skills we develop to overcome stress or keep it under control, lessen the negative effect of stressful situations, and keep ourselves healthy.

Stressors (situations that may cause stress) can be positive as well as negative. For example, having a part in a play, playing in a sports game, or starting a new job may all be positive activities, but they can still produce stress that encourages us to play our best or practise more so that we perform well. On the other hand, a death in the family or failing our exams can be negative stressors that can lead to depression and general ill health.

There are a variety of ways to manage stress. The simplest way is to avoid as many stressful situations as possible. We can also plan in advance how to deal with unavoidable stressors, for example, studying hard and being well-prepared in order to manage the stress of taking a test. The most difficult situations are those that we cannot avoid or plan for, such as the stress that results from a death in the family; in these situations, coping strategies can help us manage our stress levels.

At this stage, you may be prone to high levels of stress because you are preparing for exams that will determine your future. In addition, health issues may have become central to your life due to the HIV pandemic.

KEY TERMS

- *Depression*: Sad feelings of gloom and low self-esteem.
- *Coping*: Coming to terms or dealing successfully with something.

Discuss the situations and examples below and complete the table as directed:

- Discuss the first two examples, rows one and two, below with your class.
- Discuss the third row with your class, and decide together how to fill in that row.
- Fill in the row for the fourth situation, "Receiving news that someone close to you is HIV positive".
- For the fifth and sixth rows, list two situations that caused you stress.
- Complete the three columns for each situation.

Stress-Causing Situation	Symptoms or Consequences	Ways to Avoid This Stressful Situation (if applicable)	Stress-Management Strategies
1. Being the caregiver of an HIV+ mother	<ul style="list-style-type: none"> • Low morale • Late coming to school • Little or no concentration on school work • Depression 	Not applicable	<ul style="list-style-type: none"> • Positive self-talk • Sharing with someone • Acceptance • Spiritual support groups
2. Teenage pregnancy	<ul style="list-style-type: none"> • Drop out from school • Possible exposure to HIV or other STIs • Depression • Health complications 	<ul style="list-style-type: none"> • Abstinence • Assertiveness • Condom use • Goal setting 	<ul style="list-style-type: none"> • Acceptance • Visit guidance teacher • Visit ante-natal clinic • Get information about PMTCT (prevention of mother-to-child transmission) • Inform parents

3. Poor academic performance			
4. Receiving news that someone close to you is HIV positive.		Not applicable	
5.			
6.			



In your groups, answer the questions below:

- a. Identify a situation in your school or community where someone might have been affected by un-managed stress. Try to give an example that everyone in the group is familiar with.
- b. What were the symptoms and consequences of this person's stress?
- c. Was there any way that this situation could have been avoided? If so, how?
- d. What stress-management strategies would you suggest?

Remember:

Stress can be challenging and even more difficult to manage when we face it alone. Stress can be a result of any change that takes place in our lives. It may be positive, such as graduating to a new school, or negative, such as breaking off a relationship we care about. The symptoms of stress may be physical, mental, or emotional. Once we fully understand the consequences of stress, are able to identify the situations that are likely to cause us stress, and can recognise our personal symptoms of stress, we can choose healthy strategies that will help us cope, and avoid unhealthy behaviours that can cause more stress.

VII. Sexuality



INTRODUCTION

Sexuality refers to the properties that distinguish organisms on the basis of their reproductive roles. It includes one's physical appearance, emotional well-being, and thoughts of love and physical intimacy.

Adolescence is a challenging time of change. You will be experiencing many different changes, which are physical, emotional, intellectual, and social, all of which will be happening at once. During this time, your body changes in size and shape. These changes take place in different ways and at different times for different people. For example, some girls start menstruating earlier than others, and for some this will be accompanied by pain, while for others there will be no pain at all. Some boys' voices will deepen earlier than those of others, and some boys will have voices that are higher than those of others. Learning about sexuality involves looking in detail at all of these changes and their implications.

Adolescence is also a time when you develop feelings for others, and other people might develop feelings for you. At this level, you are still relatively young but you may look mature, which makes you susceptible to sexual advances. Understanding what you are going through will help you resist these advances.

This period can be particularly unsettling. It is easy to become more concerned about your body and how you look and start criticising yourself unnecessarily. But all of these changes are a normal part of growth, and you need to understand and accept the changes that are taking place in order to feel confident and comfortable with yourself.

KEY TERMS

- *Adolescence*: The time period between puberty and adulthood.
- *Puberty*: The biological process during which young people develop the sexual ability to create and bear children. It is a time of significant physical changes in boys and girls, which may also be accompanied by emotional and behavioural changes, such as awkwardness, high or low energy, anger, moodiness, and restlessness.
- *Menstruation*: A monthly discharge of blood from the uterus of non-pregnant women.
- *Coping*: Coming to terms or dealing successfully with something.
- *Abuse*: Cruel or inhumane treatment; an action or expression intended to offend or hurt. Abuse can be verbal, physical, sexual, or emotional.

- *Rape*: Violence expressed through sex. It involves a perpetrator and a victim and can happen to both boys and girls. Nothing the victim does warrants this act, regardless of how the victim dresses, speaks, or acts. In other words, the victim never deserves it. Victims are encouraged to report a rape in time to allow legal and medical intervention.

POINTS TO KEEP IN MIND

Unprotected sex can result in infection and pregnancy. Becoming pregnant as a teenager will disrupt schooling. The pregnancy also brings about added responsibility for both the father and mother; even if the child will be looked after by the mother's parents, it is still a life long responsibility. Having a child will cost money and time and will change the teenager's life completely, as he or she will jump right into adulthood. Having a child can also be a very rewarding experience; however, it has to be done in the right circumstances, at the right time, and with a full understanding of the consequences.

Some couples facing a pregnancy will be overwhelmed by the consequences and will choose abortion. In most cases, teenagers resort to back street (illegal) abortions, which may result in reproductive health complications.

Sexual Orientation

The following are different types of sexual orientation:

- *Heterosexuality*: Sexual attraction to persons of the opposite sex.
- *Homosexuality*: Sexual attraction to persons of the same sex. "Lesbianism" refers to sexual attraction between women, and "being gay" refers to sexual attraction between men.
- *Bisexuality*: Sexual attraction to persons of both sexes.

Knowledge of different sexual orientations is important because we will come across a diverse range of people in our lives. We have to find ways of living with everyone, regardless of who they are, because this is part of being a compassionate, just, and caring nation.

In your group, complete the table below by adding any emotional and physical changes of puberty that you know of (Some examples are provided.):

Changes at Puberty for Boys			
Physical Changes	Coping Strategies	Emotional Changes	Coping Strategies
Facial hair	Trim and cut as appropriate	Increased libido	Learn to control feelings with the objective of delaying sexual debut
Body odour	Practise cleanliness; use deodorant		
Wet dreams	Clean and change bedding and underwear as appropriate		

Changes at Puberty for Girls			
Physical Changes	Coping Strategies	Emotional Changes	Coping Strategies
Periods	Use sanitary products and dispose of them appropriately, e.g., in a sanitary bin or incinerator; keep clean	Mood changes	Understand cycles and pre-menstrual stress
Breasts develop	Wear a bra; do self-exams for lumps		



Remember:

Puberty brings a lot of emotional and physical changes, which can affect us negatively or positively. It is important to find positive ways of coping with these changes so that we remain healthy. We need to understand and accept these changes as they are a normal part of growing up.

Work in pairs to complete the worksheet:

- a. Explain the natural self-cleansing process of the vagina.
- b. Explain how to clean the vagina.
- c. What are the dangers of douching?
- d. Explain how to clean the penis.
- e. What are some unhealthy and dangerous ways to clean one's private parts?

Remember:

As we get into our late teens it's important to know how to take good care of our body without hurting it. Understanding the changes that are happening in our body and how to manage them will help keep us healthy and prepare us for the next stage of life.

Case Study: Dineo and Segametsi

b. What would you do if you were the boy?

c. How can the boy help himself at each of these levels

- Personal:

- Family:

- School:

- Social:

In your pair, read the case study below and answer the questions that follow:

Case Study: Tebogo

Tebogo arrives at her aunt's home at 11am, pushing a wheelbarrow loaded with the monthly food rations for orphans. Tebogo, who is wearing an old, torn dress too small for her, is an 18-year-old girl doing Form 4 at Shashe River SSS. She off-loads the groceries, puts them in one of the rooms, and starts preparing the meal for the day.

Tebogo stays with Mantho, her maternal aunt, who has four children: two sons, Kadimo (22 years) and Botshelo (19 years), and twin daughters, Lorato and Ratanang, who are 17 and doing Form 5 at the same school as Tebogo.

Ratanang: Hee hee! Lorato, look at the destitute girl, today she has Pink Dawn and 2 kg Omo, she feels like a queen. If her mother had not died, she wouldn't be having all these.

Lorato: You are right, remember she used to buy "*punchenyana ya 150 g*"? (A small packet of punch at 150g) *Mma, ke raya wena o mosetlha*, (Hey you, with ashy skin, I'm talking to you) have you ironed my uniform? And, remember to cover my notebooks.

Tebogo: *(in a timid voice)* I will do all those after cooking.

(Kadimo enters.)

Kadimo: Hee! Cousy! *(patting Tebogo on the buttocks)*, you look so dirty. When was the last time you bathed?

(Tebogo does not respond but is visibly upset. Botshelo enters, whistling, hands in pockets, and approaches Tebogo.)

Botshelo: *(whispering loud enough for Kadimo to hear)* Tonight it is my turn in the bedroom.

(The twin girls laugh.)

Lorato: *A mme le a itlhokomela ka "condom" mo malwetsing a sone selo se?* (Do you gusy protect yourself with condoms from this thing's illnesses?)

Ratanang:	<i>Gone mma, ke raya wena Tebogo, fa oka ima o tla re ke mang?</i> (But seriously Tebogo, if you were to fall pregnant, who would you say is the father of the kid?)
<i>(The four children laugh. Tebogo runs to her room crying, while the others feast on the food she prepared.)</i>	

- a. In this passage, can you identify instances of emotional abuse?

- b. Can you identify instances of sexual abuse?

- c. What are the bad touches in this scenario? What other bad touches do you know of?

- d. Imagine you are Tebogo. How can you help yourself at each of these levels?
 - Personal:

 - Family:

 - School:

 - Social:

Remember:

Sexual and emotional abuse can take place in any situation at any time. Abuse is destructive to a person's sense of worth. It harms one's health as well as one's spirit. Recognising the behaviour of a potential abuser helps us identify and avoid situations that can lead to abuse. Even people we think we can trust may be capable of sexual and emotional abuse. By being aware of our concerns and of behaviours that lead to abuse, such as bad touches, we are better able to protect ourselves. In situations where one has experienced sexual abuse, the abuse needs to be reported. If we find ourselves in such a situation, we should remember: There are people who can help us.

Read the letter below, which appeared in a recent edition of a local magazine:

Dear Mattie,

The man I am engaged to has many different girlfriends, and because of his promiscuity, I've had various sexually transmitted diseases in the past. I've suggested that we use condoms when we make love, but my fiancé thinks of them as an obstacle to pleasure. I'm afraid of getting HIV from him, but I am reluctant to break up in view of our impending marriage. What do you advise me to do?

Worried

Before reading the response below, discuss with your group what advice you would give the writer.

Here is the response that "Worried" got from the magazine counsellor:

Dear Worried,

*If you value your life but can't get your fiancé to use condoms, **don't have sex with him**. Not only will this show him that you are serious about your suggestion, it will also teach him that you are not prepared to be a victim of his reckless sexual behaviour. In the end, however, it's really up to you to decide whether you'd prefer to break off your engagement and stay alive, or marry this man and, very likely, **work your way towards becoming infected with HIV**.*

Mattie

(Adapted from *Crossing the Line*, IGCSE English as a Second Language, Learner's Book 2, Gamsberg, MacMillan.)

In your group, discuss this response. How does it compare with the response you came up with?

Below are two other letters to Mattie that appeared in a recent edition of a local magazine. In your groups, write a response to each that addresses the issues being raised.

Letter 1

Dear Mattie,

I would be very happy if you can help me as you have helped many people.

I am 20 and she is 18. We've been in love for two years now. We never had sex in our relationship. We agreed that we would not involve ourselves in sexual activities without knowing our status. In March, we decided to go to Tebelopele Voluntary Testing Centre. The results showed that I am negative and she is positive. She was very depressed and tried to commit suicide, but I managed to stop her.

But now the worst part of it is that she is involving herself in sexual activities with many men in the hope of spreading the virus. I tried to convince her to stop it because she is putting the lives of others in danger, and hers too, but she is not listening to me. I do all this because I really love her and I want to help her.

What can I do? I have tried everything. Please help me to stop this girl from killing herself.

In Despair

Dear In Despair,

Letter 2

Dear Mattie,

I am a young lady of 19 years. My father passed away two years back, and from my observation, my mother had an extramarital affair before my father died. At the beginning of this year, the man she had the affair with married her.

One night when my mother was away on night duty, this man sexually abused me. While I was asleep, he came into my bedroom and forced me to have sex with him. I am very afraid because I don't know his status and I do not want to fall pregnant. Also, I don't want to get a sexually transmitted infection.

I hope you will be able to help me, as I am very worried.

Mpho

Dear Mpho,

Remember:

Sexuality issues can be confusing during the adolescent years, when so many things are happening to your body and emotions. We've seen how dangerous ignorance can be. We must learn to discuss anything that is confusing or worrying and not keep it to ourselves. People we can talk to include parents, aunts, uncles, teachers, counsellors, health workers, agony aunts, and responsible peers.

VIII. HIV and AIDS: Facts, Myths, and Prevention



HIV AND AIDS: FACTS, MYTHS, AND PREVENTION

INTRODUCTION

AIDS is an incurable disease that impacts everyone's life. It scares people, causing them to believe and spread misinformation. Many myths and misconceptions surrounding the AIDS pandemic have resulted from ignorance about how HIV is transmitted and the fear of dying. These misconceptions have also resulted in the fear of going for an HIV test, because people are afraid to learn their status.

Myths may confuse you and block factual information from reaching you. Several myths about HIV and AIDS have become well-known, such as "AIDS is widowhood (*boswagadi*)". Because you are likely to receive a great deal of false information, the distinction between facts and myths related to AIDS, HIV, and other STIs must be made clear.

You need to be fully informed of the truth about HIV and AIDS. It is particularly important for you to know the facts and differentiate them from myths before you become sexually active, as this will help you make healthy choices and prevent you from becoming infected with HIV. In particular, the modes of transmitting HIV and STIs need to be clearly explained, especially the danger of using unsterilised sharp instruments, for example, needles and body piercing instruments, and of having unprotected sex.

KEY TERMS

- *Fact*: Something that is known with certainty; a truth that can be supported with objective evidence.

An example of a fact: Unprotected sex puts one at risk of HIV infection.

- *Myth*: A story or idea not supported by evidence; a notion based on fantasy, tradition, or convenience rather than on fact.

An example of a myth: Having sex with a virgin cleanses one of HIV, the virus that causes AIDS.

- *Misconception*: An idea that is wrongly interpreted and that can lead to a myth.

An example of a myth: You can contract HIV from a mosquito or a toilet seat.

- *Stigma*: A symbol of disgrace.

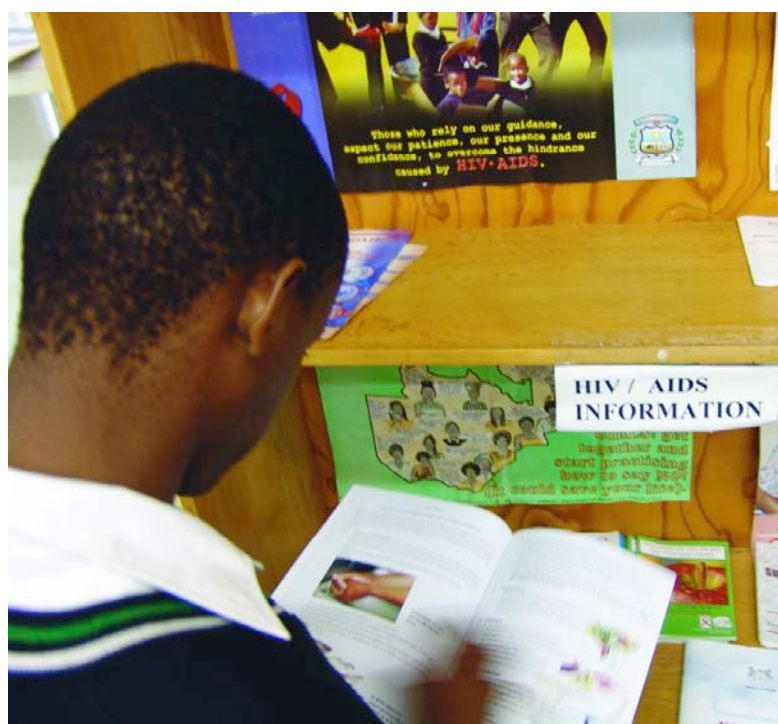
- *Discrimination*: Unfair treatment of a person or group on the basis of prejudice.

- *HIV (human immunodeficiency virus)*: A retrovirus that causes AIDS by infecting cells of the immune system. It is transmitted primarily by exposure to contaminated body fluids, especially blood and semen.
- *AIDS (acquired immune deficiency syndrome)*: A collection of diseases as the immune system weakens due to HIV infection. These diseases include, amongst others, Tuberculosis, Pneumonia, Cryptococcal meningitis, Kaposi's sarcoma, etc.
- *STI (sexually transmitted infection)*: A condition caused by germs (bacteria or viruses) or parasites, contracted through sexual intercourse or other intimate sexual contact.
- *ARVT (anti-retroviral therapy)*: The act of treating the symptoms and monitoring the health condition.
- *ARV*: The drugs that treat symptoms of HIV infection.
- *HAART (highly active anti-retroviral therapy)*: A combination of ARV drugs used to treat HIV infection.
- *PMTCT*: Prevention of mother-to-child transmission of HIV.

Read the statements below and use a tick to mark each statement as a Fact or Myth:

No.	Statement	Fact	Myth
1.	AIDS is caused by a virus called HIV.		
2.	There is a vaccine to prevent people from getting HIV.		
3.	AIDS is caused by a virus that destroys the immune system so that resistance is lowered.		
4.	There is a cure for AIDS.		
5.	You can be tested to find out if you are infected with HIV.		
6.	People can carry HIV and pass it on without knowing they have it.		
7.	Everyone who has HIV gets AIDS within three years.		
8.	Common symptoms of AIDS are tiredness, weight loss, fevers, and sweating.		
9.	People with AIDS often suffer from pneumonia, tuberculosis, cancer, AIDS-related mental illnesses.		
10.	HIV cannot survive for long outside the human body.		
11.	HIV can be passed on by touching an infected person, sharing cutlery with the person, sharing the same toilet seat, or breathing in the person's germs.		
12.	HIV is passed from one infected person to another through blood or other body fluids (particularly semen or vaginal fluid).		
13.	It is very easy to be infected with HIV through casual contact with an infected person.		
14.	Drug users who inject their drugs can pass on HIV by sharing needles.		
15.	People are at high risk of being infected with HIV from an infected partner if they are having un-protected sexual intercourse.		
16.	People are at lower risk of being infected with HIV from an infected partner if they are having intercourse using a condom.		

17.	People are at high risk of being infected with HIV if they kiss an infected person.		
18.	People are at high risk of being infected with HIV if they touch or stroke an infected person.		
19.	Only men can get infected with HIV.		
20.	Pregnant women who have HIV can pass it on to their babies.		
21.	A person with multiple sexual partners has a higher risk of contracting HIV or another STI than a person with only one partner.		
22.	Abstaining from sex is an effective way of preventing HIV infection.		
23.	"Abstinence" refers to not having sex at all.		



Remember:

Knowing factual information helps us separate facts from myths, and this is a major step towards protecting our lives. Information on HIV, other STIs, and AIDS is being updated all the time. It is our responsibility to ensure that we get the correct information. When in doubt, we should ask our teachers or a health worker.

Read the passage below and answer the questions that follow:

Voluntary Counselling and Testing

If you want to know whether you have HIV, you can discuss it with a trained HIV counsellor. A counsellor is someone who is trained to help you understand your situation, think about possible solutions to problems, and answer questions you may have. A counsellor helps you make your own plans and decisions about what to do to enable you to cope with your problem. The counsellor will listen to you and discuss the advantages and disadvantages of being tested for HIV, any worries you might have about being HIV positive, and how you could live healthy if you tested HIV positive. This is called pre-test counselling. During pre-test counselling, the counsellor will discuss with you issues about HIV prevention and your personal and family life.

Once you feel that you are ready to go ahead with the HIV test, a blood sample will be taken from you for HIV testing. Sometimes people will want some time to think about HIV testing or want to discuss it with their partner or family first. If this is your situation, you can ask to come and see the counsellor again after a few days. You can come back on your own, or you can bring your partner or a close family member.

The counsellor will tell you that everything you have discussed is confidential and that only the counsellor and you will know your test result. If you decide to share your test result with anyone, this will be your personal choice. In some voluntary counselling and testing centres, you will not have to give your name. This is called anonymous testing.

If your result is HIV positive:

- The counsellor will explain to you what this result means.
- The counsellor will help to support you and will listen to the worries you want to express.
- The counsellor will help you make plans for the next few days and make sure that there is someone to support you at home if you need it.
- The counsellor will also help you decide whom, if anyone, you want to tell about your result.
- Often, when people have tested positive, they cannot take in much information immediately after they get their test results, due to worry,

confusion, or anxiety. The counsellor may therefore ask you to come back in the next few days, to help you understand your result better and also to guide you on what you need to do in order to live positively.

- The counsellor will help you identify organisations and government agencies that can provide further counselling and support to you and members of your family.
- Some people find it helpful to see their counsellor several times. This supports them in understanding their situation, being able to live a better and more meaningful life with their HIV result, and planning for the future.

If your result is HIV negative, the counsellor will discuss with you the options available for you to remain HIV negative forever.

Adapted from *Care for Children Infected and Those Affected by HIV/AIDS, A Handbook for Community Health Workers*, Save the Children UK, 2003.

a. How can knowing your status help you make healthier choices?

b. How can knowing your status help you keep those you love healthy?

c. What other benefits are there to knowing your status?

d. What is counselling?

e. What is the difference between pre-test and post-test counselling?

f. How does a counsellor help a person who has tested positive?

Be prepared to share your responses with the class.



In your group, role-play the following situation:

Role Play: Thuso and Segametsi

Thuso proposes to Segametsi. Segametsi says that she can only go out with Thuso if they both go for HIV testing, but Thuso is reluctant. Segametsi convinces Thuso by telling him that it is important to know their status to have a relationship. He finally agrees, and they both go for testing.

In the counselling office, the counsellor asks them why they want to test and what they expect their results to be. The counsellor also asks them how they would react to their results. The counsellor explains that if one or both test HIV positive, there are still options for healthy living, such as good nutrition, exercises, and monitoring the number of cells in our bodies that kill viruses (known as one's CD4 cell count). The counsellor explains that ARV treatment is available for those whose CD4 cell count is below 200.

Thuso and Segametsi take the test and find out that Segametsi is HIV positive. They discuss their options with the counsellor. Thuso tells the counsellor that he still loves his girlfriend, he will support her and will ensure they use a condom every time they have sex. The counsellor asks Thuso to come back and check his status regularly. The counsellor says that it is not going to be easy, but if they are strong and support each other, they can make the relationship work. They can also get help from support groups and services available in the community.

Remember:

The HIV pandemic is an especially difficult situation because of the uncertainty and fear, and the mass of information and misinformation available. If we are infected, it is important to know our status early so that we can protect ourselves and the ones we love. Through voluntary counselling and testing, we can learn our HIV status and get the information we need to make healthy choices.

In your pairs, create a role play in which one person who is a risk-taker is worried that he has been infected with HIV but is reluctant to go for an HIV test. The second person should try to persuade the first to seek voluntary counselling and testing by explaining the benefits. Make sure that your role play addresses the following:

- Why the risk-taker thinks he or she has contracted an infection
- Why the risk-taker resists the idea of getting tested (include issues of stigma and discrimination)
- What arguments the friend can make for healthy living
- What arguments the friend can make for knowing one's HIV status
- What arguments the friend can make for voluntary counselling and testing

Be prepared to present your role play to the class.



In your pair, generate two case studies based on the situations below and answer the questions that follow:

Situation 1

A Form 5 leaver applies for a job and passes the interview but is denied the post when the employer learns that the applicant is HIV positive.

Situation 2

A member of a netball team is HIV positive. When the other members of the team find out, they refuse to socialise with their team-mate, going as far as refusing to touch the ball after their team mate has.

- a. Why is the person in the first situation being discriminated against?

- b. Why is there discrimination associated with the person in the second situation?

- c. What can you as a friend do to help both people?

Remember:

It is important to know our HIV status so that we can make informed decisions about our well-being. And yet, not all people get tested. One of the things that discourages people from going for an HIV test is their very real fear of stigma and discrimination.

You can help reduce this stigma and discrimination by supporting those who are HIV positive and by challenging those who discriminate against others.

IX. Risk Reduction



INTRODUCTION

Risk reduction refers to activities or behaviours that allow you to avoid or lessen situations that may cause harm or suffering. Several risk factors can lead to possible infection with HIV, including alcohol and other drug use, unprotected sex, inconsistent use or breakage of condoms, and having multiple sexual partners. Risk reduction requires you to use life skills, such as decision making and communication.

Because adolescence is typically a time of discovery, it is particularly important that you understand that taking risks exposes you to harm. Although taking a risk may sometimes be necessary, for instance, to help someone in danger, how you conduct your everyday life generally determines how often you are exposed to risk.

You need to be aware of how risky behaviours can compromise your health and well-being. It should be clear to you that to reduce your risk of HIV infection, you must abstain from risky sexual activities.

KEY TERMS

- *Risky behaviour*: Proceeding with an action without regard to or the knowledge of the possibility of danger.
- *Risky situation*: An activity or circumstance that exposes one to danger or harm.
- *Risk reduction*: Behaviour that allows one to avoid or minimise situations that may cause harm or suffering.

Complete the worksheet below:

Ask yourself the following questions. Write a 'Y' for yes, an 'N' for no, or a 'U' for unsure on the line next to each question, according to what you believe:

Am I at risk of getting HIV or another STI if ...

I hug, kiss, or massage a friend? _____

I don't protect myself when handling blood? _____

My sexual partner has unprotected sex with others? _____

I drink beer or other kinds of alcohol at bars? _____

I masturbate? _____

Mosquitoes bite me? _____

I inhale glue with my friends? _____

Semen or vaginal fluid touches my outer (unbroken) skin? _____

I have unprotected sex with more than one person? _____

I share a razor with someone? _____

I don't always use a condom when having sex? _____

I don't know if my sexual partner is HIV infected or not? _____



In your group, brainstorm a list of risky behaviours and identify ways to reduce each risk:

Risky Behaviour	Ways of Reducing Risk

Be prepared to share your responses with the class.

Remember:

There are many things we can do to reduce our chances of contracting HIV or another STI. Abstaining from alcohol and other substances will help sharpen our decision-making skills. Abstinence from sex is the only sure way to avoid infection with STIs. Although there are other ways, besides sex, that one can get HIV, such as through an infected needle. If we do become sexually active, being faithful to one person is the best way to reduce our exposure to HIV and other STIs. Having multiple sex partners greatly increases our risk of HIV infection. We can reduce the risk of HIV and STI infection by using condoms correctly and consistently.

In your group, read the case study below and answer the questions that follow:

Case Study: Kabo and Mosetsana

Kabo and Mosetsana have been friends since Form 4. They studied for BGCSE exams together. They recently received their results, and to their great relief, they both passed. After all their hard work, they now had an accomplishment to show for their efforts. Kabo needed these grades to get into University of Botswana (UB), and Mosetsana needed them to get into Witwatersrand (Wits) in South Africa.

When Kabo received his results, he ran straight to Mosetsana's house to share the news. They both were so happy that they decided to go out that night and celebrate. Mosetsana knew of a friend, Mpho, who was having a party. Kabo had heard about Mpho's parties before and they had a reputation for being very wild. He preferred to go to the mall for dinner and a movie with Mosetsana. Mosetsana hadn't heard anything about Mpho's parties except that they were fun, and she wanted to see for herself. She begged Kabo to go with her to the party.

At the party, there was good music, dancing, and drinking. It was loud, and people were having a good time. Kabo was talking to some friends, and Mosetsana was dancing with a boy she had just met. Mpho was happy that the party was going well. He had been drinking all night and was very drunk. He noticed, however, that they were out of beer. He asked Kabo to take a drive with him to get more beer. Mosetsana had never drunk beer before, but she tried some that night. The boy she was dancing with got closer and closer to her as the night went on.

- a. What risks are Kabo and Mosetsana exposing themselves to?

b. What are some of the benefits they will get for taking these risks?

c. What dangers might they face by taking these risks?

d. What could they have done to avoid these risks?



Remember:

Substance use is a behaviour that puts us at risk. It makes us lose our sense of judgment and take dangerous chances. One of these chances is engaging in sex. While sex is a natural act and something that most of us will do eventually, it also brings with it many choices, decisions, and potential consequences, such as pregnancy and infection with HIV and other STIs. Reducing our risk by avoiding substances and abstaining from sex will increase our chances of staying healthy.

Write an essay that addresses the questions below:

- a. What risks have I taken recently?
- b. What risks am I likely to take in the future?
- c. What are the potential negative and positive consequences of these risks?
- d. Is the potential danger worth the benefit?
- e. How important is it for me to be healthy?

f. Besides myself, whom will I hurt if I am not healthy?

g. What are some things I can do to reduce my risk?

h. Who or what can support me in reducing my risk?

i. What did I learn about myself in answering these questions?



Remember:

Risks are part of life, and some risks may be worth the benefit. However, in the case of risks that could result in an STI, including HIV, our health and our lives are in danger. There are several actions you can take to reduce your risk. By developing a plan for yourself, you are better prepared to make the choices that are best for you.

X. Benefits of Relationships



INTRODUCTION

A relationship is a connection between two or more people. Relationships can refer to family, some of whom are, brother, sister, mother, father, aunt, uncle, cousin, as well as to friendships and love relationships where there are no blood ties. The benefits of relationships are many, especially those that centre on fidelity, commitment, loyalty, and honesty. In particular, monogamous relationships help to reduce the risk of contracting HIV and other STIs.

Relationships are important to all of us, particularly adolescents. Social pressures to “act like everyone else” are strong at this time, and your feelings of wanting to belong may often take precedence over your good sense. Since you are now developing patterns of behaviour in relationships that will last into your future, it is very important that you learn to value fidelity and commitment in a relationship that is characterised by trust. Reducing your risk of contracting HIV and other STIs depends heavily on your ability to maintain fidelity and commitment in a faithful love relationship.

A love relationship involves two people who might contribute to the relationship differently. However, each partner in the relationship has the same responsibility to be caring, trusting, honest, respectful, and committed to making the relationship work. When the contribution to the relationship is unequal, or if one of the partners learns that he or she is HIV positive, this may result in the failure of the relationship. It might even lead to abuse, which is uncalled for in any relationship. The worst example of such abuse is passion killings.

KEY TERMS

- *Monogamous*: Being married and faithful to one person exclusively.
- *Polygamous*: Being married to more than one person.
- *Commitment*: Entrusting oneself to another; being bound emotionally with devotion and trust.
- *Fidelity*: Faithfulness to one’s obligations and duties; loyalty and reliability; adherence to one’s vows or promises.
- *Passion killing*: A murder resulting from strong feelings of jealousy, rage, and betrayal.

In your group, read the story below and answer the questions that follow:

Story: Bogosi's Relationships

Bogosi, a 19-year-old Form 5 student, has a love relationship with Thabo. However, Bogosi also occasionally "services" (performs sexual favours for) a woman who is 10 years older than him. In return, the woman allows him to drive her car on occasion, gives him cash, and gave him the latest cell-phone as a birthday present.

- a. What kind of a relationship is Bogosi and Thabo's?

- b. Is there commitment in this relationship?

- c. What kind of risks is Bogosi exposing himself to?

- d. What risks is he exposing Thabo to?

- e. Is there fidelity between Thabo and Bogosi? Explain.

- f. What kind of a relationship is the older woman and Bogosi's?
- g. What are the advantages and disadvantages of the relationship between the older woman and Bogosi?
- h. How are monogamy, fidelity, and commitment related?
- i. What are the advantages of each?

Be prepared to share your responses with the class.

Remember:

Honesty, respect, trustworthiness, and loyalty are integral elements of strong, healthy relationships. Partners who are involved in an uncommitted relationship often end up frustrated. Committing oneself to monogamy and fidelity with the person who is committed to you holds the greatest promise for happiness and health.

In your group, prepare arguments for and against the statement below. Consider your arguments at the individual level, family level, community level, and national level, as well as any other level you consider important:

In the advent of HIV and AIDS, monogamous, faithful relationships are good for our country.

Level	Arguments For	Arguments Against
Individual	<ul style="list-style-type: none"> A stable relationship is better for a child 	Individuals don't have the freedom to be with whomever they want
Family	<ul style="list-style-type: none"> Would reduce the number of broken families 	
Community		
Nation		
Other		

Be prepared to share your arguments with the class.



Remember:

Commitment, trust, and respect are some of the key elements of a successful monogamous relationship. But it is just as important to be faithful to yourself—to your own values and beliefs. Understanding that a relationship is important to you and how to stay committed to that relationship will help you pass the test of being faithful and trustworthy in all of your relationships.

WORKSHEET 10.3a My PERSONAL PROFILE

Answer the questions below:

- a. Why might being committed in a relationship be important to me?
- b. How might my commitment affect others (for example, my partner and family)?
- c. What challenges might I face that will make it difficult to stay committed?
- d. How might I overcome these challenges?

e. Who can give me support?

f. What can I do if I fail but want to start anew?



WORKSHEET 10.3b MY PERSONAL PROFILE

Develop your plan using the outline below:

My Personal Plan for Maintaining a Committed Relationship

Staying committed is important to me because _____

It is also important to people I care about, like _____

I may face challenges in my life that will make it hard for me to stay committed, such as _____

But I will overcome these challenges by _____

I can count on others for support, like _____

If I should fail, I will make amends with myself and those I care about by _____

Signed:

Date:

Witnessed:

Date:

Remember:

Devising a personal profile of how to maintain healthy relationships will assist us in making sure that we remain faithful to our commitments. In life, our commitments in relationships may not always go the way we have planned, but the life skills we have acquired will help us maintain our focus on what we hope to achieve. If we follow our plans and adjust them whenever the need arises, we will be successful.

XI. Dilemmas



INTRODUCTION

A dilemma is a situation that requires a choice between unappealing alternatives. For example, if a friend asks to borrow homework, we must choose between (1) helping the friend cheat and (2) refusing and having that friend get angry. Another example is testing HIV positive and having to decide whether to tell one's parents or keep it to oneself. In Setswana, a dilemma is known as *ketsaetsego*.

The HIV and AIDS situation has heightened the importance of resolving dilemmas successfully, as the consequences of not doing so can be dangerous. You should be aware of the dilemmas you may face with regards to HIV and AIDS in the following areas:

- **Going on a date:** You may be uncertain as to whether to go on a date or not, because of the expectations associated with dating, for example, if someone buys you a drink, what if that person then expects sex in return, which can lead to HIV infection? This fear comes from the misconception that a date should always result in sexual intercourse.
- **Peer pressure:** If your friends are having sexual relationships, you may feel out of place if you do not have a relationship, yet also feel pressured to be part of the group. However, you may also know that a relationship, especially one that is sexual, carries the risk of HIV infection. The dilemma is how to be part of the group without giving in to the pressure of having a sexual relationship.
- **Voluntary Counselling and Testing for HIV:** You may be afraid to know your status due to fear of death or stigmatisation, but knowing if you are HIV positive may allow medical treatment to boost your immune system and may prevent you from unknowingly spreading the infection. You may also be afraid to test for HIV due to embarrassment or the fear of being labelled promiscuous. In addition, because of your age, you cannot get tested for HIV without the consent of your parents or guardians. This poses a dilemma in terms of how to approach your parents or guardians without risking their anger and accusations.
- **Getting treatment for STIs:** You may be afraid to go to the clinic to get treatment for STIs due to embarrassment or the fear of being labelled promiscuous by health care workers at the clinic or your friends. However, if you do not get treatment, you run the risk of complications related to reproduction or even mental illness.
- **Communication with adults:** You may not feel comfortable discussing issues of sexuality and HIV and AIDS with your parents or guardians, most likely due

to cultural norms and the age difference. This may lead to you being misinformed, especially by your peers, on issues of sexuality, which in turn can result in HIV infection. Also, as a young person, you are expected to respect adults, and you may not be able to show assertiveness when faced with abusive adults. This inability to be assertive can lead to sexual abuse and infection with HIV.

- **Family instability:** A variety of situations, including orphan hood, young people becoming their family care-givers, and poverty, can enhance dilemmas related to HIV and AIDS. Family instability can make you look outside your family for reassurance, money, and a sense of belonging. As such, your peers can play a very important role, to the extent that family ties may no longer mean as much. Family instability can also lead to a complete breakdown in communication with adults, because you can lose trust in adults, or you may not have a trusted family member to turn to in times of trouble. Children who have become care-givers are usually faced with poverty, which may force them to go hungry, steal food, or have sex to get money for their basic needs.

In your life, you will face a variety of dilemmas; therefore, you need to be assertive, maintain your self-esteem, and seek professional help when you need it if you are to face dilemmas in a healthy and constructive way.

KEY TERMS

- *Date:* A single meeting with someone for a movie, a drink, a meal, etc., for the purpose of getting to know each other.
- *Dating:* A steady relationship that happens over time.
- *Courtship:* The process of getting to know each other better in preparation for marriage.
- *HIV (human immunodeficiency virus):* A virus that causes AIDS by infecting cells of the immune system. It is transmitted primarily by exposure to contaminated body fluids, especially blood and semen.
- *AIDS (acquired immune deficiency syndrome):* A collection of diseases that affect the body as the immune system weakens due to HIV infection. These diseases include amongst others Tuberculosis, Pneumonia, Cryptococcal meningitis, Kaposi's sarcoma, etc.
- *STI (sexually transmitted infection):* A condition caused by germs (bacteria or viruses) or parasites, contracted through sexual intercourse or other intimate sexual contact.

In your group, study the situations below, discuss the possible responses, and choose one response:

1. Your partner informs you that he/she is HIV positive. You:
 - a. Dump him/her.
 - b. Tell everyone in the community.
 - c. Become supportive and decide to go for an HIV test yourself.
 - d. Decide that he/she is lying because you think it is not true because he/she doesn't even look ill, and in any case, people like you don't get HIV.
2. Your friend dates a sugar daddy/mummy and pressures you to follow suit. You:
 - a. Refuse, and tell your friend the dangers of his/her actions.
 - b. Decide to also date a sugar daddy/mummy.
 - c. Tell him/her off, and then spread rumours and gossip around the school about your friend.

Now come up with your own dilemma and some possible responses, using the format above, and select the response you think is best. Be prepared to present your dilemma to the class.



Remember:

When in the midst of a dilemma, we must consider our choices and the possible consequences and then make the decision that is best for us and our health, without hurting others. This is especially true nowadays when we are all faced with dilemmas involving HIV, other STIs, and AIDS.

In your group, study the situations below, discuss the possible responses, and choose one response:

1. You suspect that your sister, who is very ill, may be HIV positive. Your parents are convinced that she has been bewitched. You:
 - a. Consult a traditional doctor.
 - b. Educate your family about HIV and AIDS and then convince your sister of the need to go for an HIV test.
 - c. Are not really bothered. It's none of your business, anyway. Your sister had it coming; it's her fault.
2. You have realised that your boy/girlfriend indulges in drugs and wants you to experiment with drugs too. He/she also wants to have sex with you, but you feel you are not ready. You:
 - a. Tell your mother, father, or guardian about the relationship.
 - b. Go along with his/her suggestions.
 - c. Refuse, but insist that he/she gets help.

Now come up with your own dilemma and some possible responses, using the format above, and select the response you think is best. Be prepared to present your dilemma to the class.



Remember:

In life, we will always be faced with dilemmas. HIV, other STIs, and AIDS only bring more complications to our lives and the decisions we must make. When faced with a dilemma, there is no easy answer; the best approach is to call on our decision-making skills and our ability to weigh risks and benefits so that we can make the decision that is best for ourselves and our health, without hurting others.

XII. Social Responsibility



INTRODUCTION

Each member of the community is connected in some way to the other members, whether through family relationships or friendships. This connection is strengthened through the sharing of values, beliefs, norms, and responsibilities that the community upholds. Because of this connection, one member's actions affect all others in the community.

Being responsible means being accountable for your actions. Social responsibility begins with you taking responsibility for your welfare and by doing so ensuring that you are able to do what is good for the society as a whole. This is what in Botswana is referred to as *Botho*. You need to understand *Botho* as the basis for behaviour and actions that affect your family and community.

The scourge of HIV and AIDS has brought a new urgency to social responsibility. HIV not only affects individuals, it affects the family and community as well. Your social responsibility now includes ensuring that you protect other people by testing for HIV and ensuring that those who are infected do not suffer from stigma and discrimination.

KEY TERMS

Botho: The concept of being humane. A person with *Botho*:

- Has a well-rounded character; is well-mannered, courteous, and disciplined; and realises his or her full potential, both as an individual and as part of the community to which he or she belongs
- Earns respect by first giving it, and gains empowerment by empowering others
- Applauds rather than resents those who succeed
- Disapproves of anti-social, disgraceful, inhumane, and criminal behaviour
- Encourages social justice for all

Botho makes all Batswana capable of stretching the largeness of their spirits to the utmost limits.

(Adapted from *Vision 2016: Long Term Vision for Botswana*, 1997)

In your group, read the case study below and answer the questions that follow:

Case Study: At the Village ‘Kgotla’

Kedisaletse and her peers from Maun Secondary School (Youth Against AIDS and Peer Approach to Counselling by Teens members) initiated a 10km sponsored walk to raise funds to buy Christmas presents for orphans and vulnerable children from Boseja Primary School. Kedisaletse also suggested a Red Ribbon Day to augment the fund.

Kedisaletse and the other students have now gathered to give the presents to the children. First, the Maun Secondary School Head makes a speech: “*Bagaetsho*, (My tribesman) we are here to witness a good gesture from peer educators and Youth Against AIDS. What these groups have done is commendable. They are leading their primary school younger sisters and brothers by example. This actually touches on the five principles of our nation, particularly *Botho* and Self-Reliance. This is a challenge to us as village leaders, VDC, councillors, *bogosi*, *mapalamente*, *go ya fela kwa godimo*. *Re tshwanetse go ikitaya ka thupana bagaetsho*” (chiefs, members of parliament, and other leaders, we are supposed to pull up our socks.).

The chief then hands over the packages to the social worker, who distributes them to the orphans. As a token of their appreciation, the orphans present a musical item:

Jesu o a galalela (Jesus is ever shining)

O a galalela ... (He is ever shining)

- a. How did Kedisaletse and her friends demonstrate social responsibility?

b. How did their actions help the children?

c. What else might people in the community do to help orphans and other vulnerable children?

Be prepared to share your responses with the class.



Remember:

Each one of us has a responsibility to the community we live in, and the AIDS epidemic has brought even greater responsibilities.

When we carry out activities in the school to help people in our community, we are exercising our social responsibility.

Your task is to create a role play in which the principles of *Botho* are not being exercised. Plan your role play by addressing the following questions:

- a. What situation will you role-play?
- b. How many characters are in your role play?
- c. What are the qualities and features of each character?
- d. What is the setting (time and place) of your role play?
- e. In what ways are the characters not exercising *Botho*?



Remember:

Botho is a central value in Botswana, it is what holds our society together.

For peace and prosperity to prevail in Botswana, we must all uphold the principles of *Botho*, on which the pillars of Vision 2016 are based.

In your group, read the poem below and answer the questions that follow:

- 1 *Persistent fevers, aggressive herpes simplex, weight loss;
Persistent diarrhoea, aggressive zoster, appetite loss;
Persistent cough, generalised pruritic dermatitis, hair loss;
Persistent headache, generalised candidiasis, skin texture loss;*
- 5 *Persistent body weakness, generalised lymphadenopathy, memory loss;
Unemployment, lost self-esteem, lost relationships; lost opportunities.
Name them. Ask me the feel of one, two, three, four or all of them;
Singularly or grossly combined.
The famous syndrome tortured me mercilessly. Crowded general hospital wards*
- 10 *Discharged me ruthlessly. What next then? Back to my village to die of course
But ...
East, West, North or South; Left, Right or Centre; Home is best.
Readily welcoming me back, a ghost, a skeleton, a shadow.
But just how far can this 'welcome' stretch?*
- 15 *I hated the goddam place especially in my health status!
A mere ugly, wrinkled pale image that I was.
Free entertainment to relatives, friends, in-laws;
Hurriedly flocking in to visit the patient I was.
More to see a case of 'slim' live than sympathise or empathise.*
- 20 *I, all my kinsmen, swallowed this painfully.
Till minutes, hours, days, months, years have rolled by,
With stretched necks, whispered words of 'maybe it was not';
I DID NOT AND HAVE NOT DIED
What a sweet relief it is to share this fatal dilemma!*

25 *A problem shared is a problem halved.*

Going public with AIDS

Leaves little or no more to hide.

Varied reactions arise of course;

Rejection, sympathy, stigmatisation, empathy;

30 *Finally acceptance; and perhaps genuine respect with time.*

—by Elizabeth Adikini Ofwano

From: Everett, K. (1995). *Get Wise About AIDS: Lessons for a Safer Lifestyle*. Manzini, Swaziland: MacMillan Boleswa Publishers.

a. What does this poem tell you about the importance of *Botho* in the era of HIV and AIDS?

b. Read lines 13–20. What is the writer feeling at this time?



- c. If you were living in the same community as the writer, what would you do to exercise your social responsibility?
- d. Read lines 21–30. What are the changes that have taken place in the writer's life?
- e. What does the poem tell you about the importance of positive thinking and emotional support in dealing with HIV and AIDS?

Be prepared to share your responses with the class.



Remember:

When people are infected with HIV and become sick with AIDS, they experience a variety of emotions. In particular, they may feel isolated and lonely.

They are also stigmatised and discriminated against by some members of the community. However, people who are sick are also part of the community.

Providing support and care to these people is part of our social responsibility, and it also helps them think positively and cope with their condition.

In your group, read the scenario below and discuss the questions that follow:

All the relatives are gathered to appeal to the ancestors (*go phekola*) because Sinah has been ill on and off, presenting with, among other symptoms, herpes, dry cough, fever, diarrhoea, and vomiting. Soon after the ceremony, Tshepo, a student at Shashe River School and Sinah's cousin, shares a story with her family of someone she knows:

Tshepo: She was as sick as Sinah, if not worse, but now she is much better. In fact, this term she was not absent from school for a single day.

Auntie 1: *Nnyaa, o a bua, o ne a fedile ngwana yole*, she was all skin and bones. *Ka re gompiano o tika lerago*. (Yes, that is true, that child was very sick. Today she can even shake her behind.)

Uncle 1: *Ga se yone ngaka ya setso* that she went to? (Is it not because of the traditional doctor she went to?)

Uncle 2: *Le gone go phekola* (And appealing to the ancestors); did they have a ceremony like ours?

Tshepo: I'm not too sure about that, but I know for certain that she is taking ARV, which is anti-retroviral therapy.

Auntie 1: Then I guess we should cook ARV for Sinah.

Tshepo: *(laughing) Eh-eh! Rakgadi! Ga se dijo kgotsa ditlhare tsa setso. ARV ke kalafi e e ritibatsang mogare wa HIV.* (No, Aunt! It is neither food nor traditional medicine. ARV is medicine that helps to suppress HIV in the body)

Sinah: Will they give me this ARV immediately? I really want to get well, like ...

Tshepo: Not necessarily. Administration of the new ARV will depend on the viral load and what is termed the CD4 count. This means you will have to be tested for the virus first. If you do have the virus, they will check to see how much of it is in your blood, as well as the level of immunity in your body. It will then be decided when you should take the ARV.

All: *(with relief and optimism) A re mo iseng jaanong jaana a ye go tlhatlhojwa* (Let's take her now for the HIV test.)

- a. What cultural and spiritual practices are helpful in times of trouble?
- b. How was Tshepo able to sensitise her family members to the importance of taking Sinah to the hospital?
- c. How were social norms and the principles of *Botho* used within this scenario?

Now imagine that one of your relatives is very ill like Sinah. Role-play a scenario in which one of you sensitises your relatives the way that Tshepo did.

Remember:

A lot of information about HIV and AIDS is available in this country; however, there are some people who are still ignorant of the real facts.

As people who have the correct information, we have a social responsibility to continually educate those around us on the facts.

Helping those who are infected and affected is part of exercising *Botho* and being a Motswana.

XIII. Healthy Living



INTRODUCTION

“Health” is the general state of social, mental, physical, and spiritual well-being, absent of disease and infirmity. “Healthy living” refers to the practice of maintaining this state of well-being. It requires us to recognise that each day we are faced with choices that can influence our health in a wide range of ways and that we can develop practices to keep us safe.

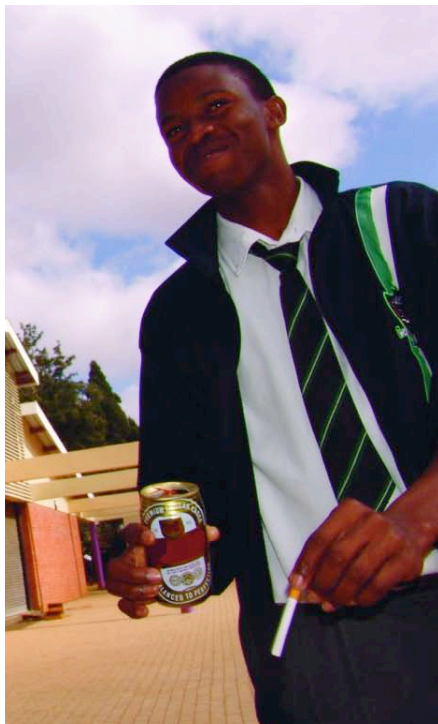
There are times when people take risks with their health, for example, by not exercising or by having multiple sex partners. However, in this time of HIV and AIDS, people need to know which behaviours put them at risk of contracting HIV, and which behaviours will protect them, so that they can stay healthy and live longer.

KEY TERMS

- *Mental health:* A state of well-being in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively, and fruitfully, and is able to make a contribution to his or her community.
- *Nutrition:* The process by which an organism assimilates food and uses it for growth and maintenance.
- *Exercise:* The activity of exerting your muscles to keep fit.
- *Hygiene:* Sanitary conditions or practices that promote and preserve health.
- *Protection:* Defence against injury.
- *Spiritual well-being:* The state of being well in areas concerning faith, religion, and the soul.

In your group, complete the table below. Decide whether the behaviours in the list are healthy or unhealthy, and write one or two reasons to support your statement. Then add six more behaviours (three healthy and three unhealthy) to the table, identify them as healthy or unhealthy, and list your reasons:

Behaviour	Healthy or Unhealthy	Reasons
Exchanging sex for money		
Eating a well-balanced diet		
Staying committed to one partner who is HIV negative		
Taking regular exercise		
Rendering first aid without wearing gloves		
Bathing a sick person without wearing gloves		
Abstaining from sexual intercourse		
Not using condoms during sex with someone whose status you do not know		



Remember:

Unhealthy behaviours are usually tempting because they are easier to engage in than healthy behaviours. When you use your decision-making skills, you may realise that the easiest choice isn't always the best one. Your health relies on your ability to choose safe behaviours that you can and will maintain, even when it is difficult to do so.

In your group, role-play a situation in which healthy living is not being practised, and then role-play how the situation can be corrected. Use the following questions to plan your role play:

- a. How many characters are in your role play?
- b. What unhealthy behaviours are being practised by these characters?
- c. Why do they behave this way?
- d. What can your characters do to develop healthy behaviours? What would cause them to make this choice?



Remember:

There are situations around us where healthy living is not being practised. There are steps we can take to correct unhealthy situations. If we have the opportunity to help ourselves and others by correcting an unhealthy situation, we should do so whenever we can.

In the table below, appraise your own healthy living practices, and note what you will do to improve your efforts to practise healthy living:

Category	What do you currently do in each category?	What can you do to improve in each category?
Nutrition		
Activity		
Hygiene		
Protection		
Mental Health		
Spiritual Health		

Make a commitment to healthy living by making a personal pledge:

My healthy living pledge is:

Remember:

Living healthy is a daily commitment. To practise healthy living, we need knowledge and skills as well as the attitude of wanting to be healthy. One way to do this is to develop and abide by a healthy living pledge or plan, the benefit of which is a healthier, happy life.



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